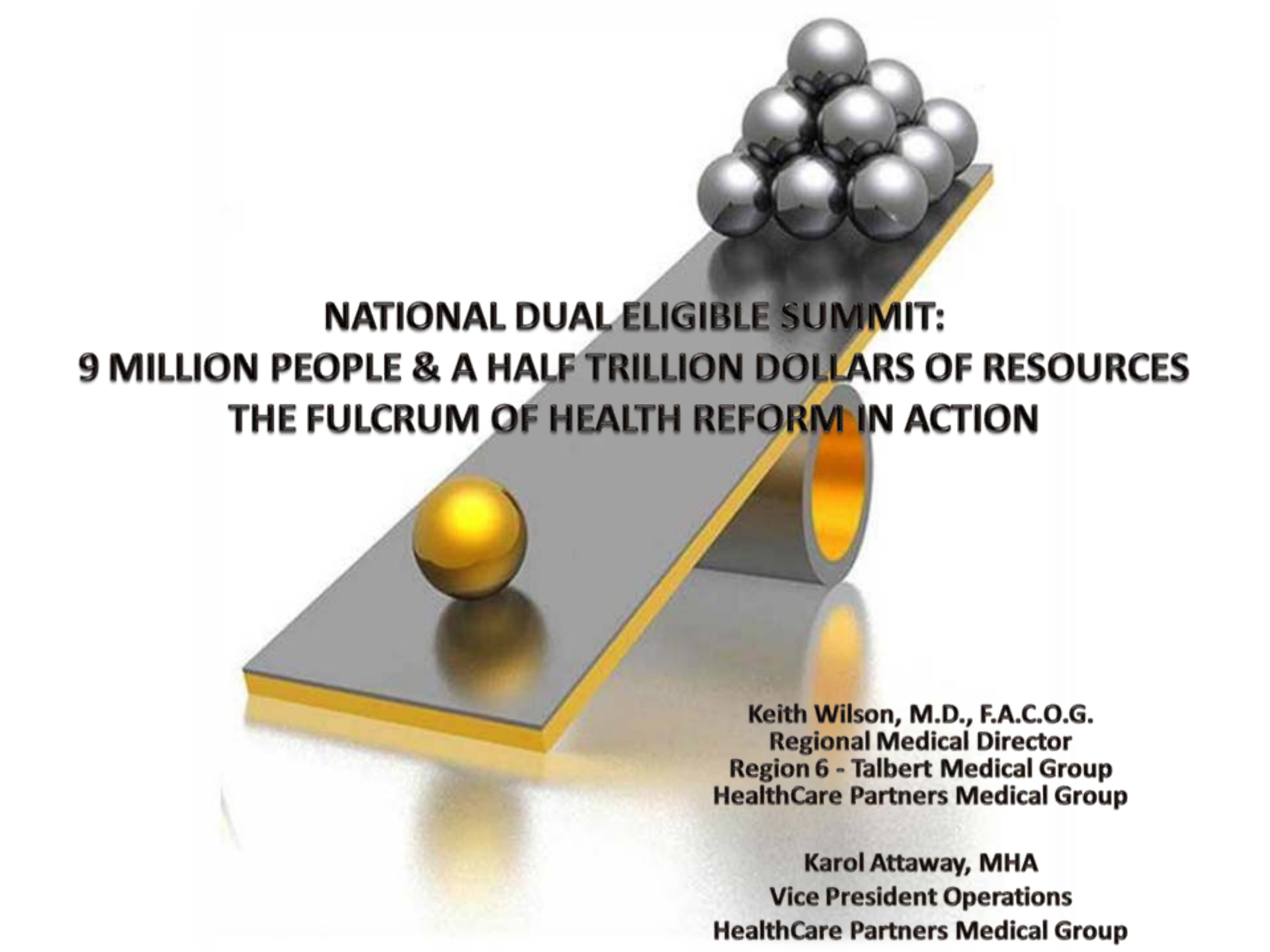
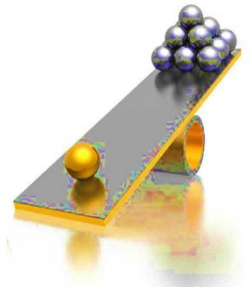


NATIONAL DUAL ELIGIBLE SUMMIT:
9 MILLION PEOPLE & A HALF TRILLION DOLLARS OF RESOURCES
THE FULCRUM OF HEALTH REFORM IN ACTION

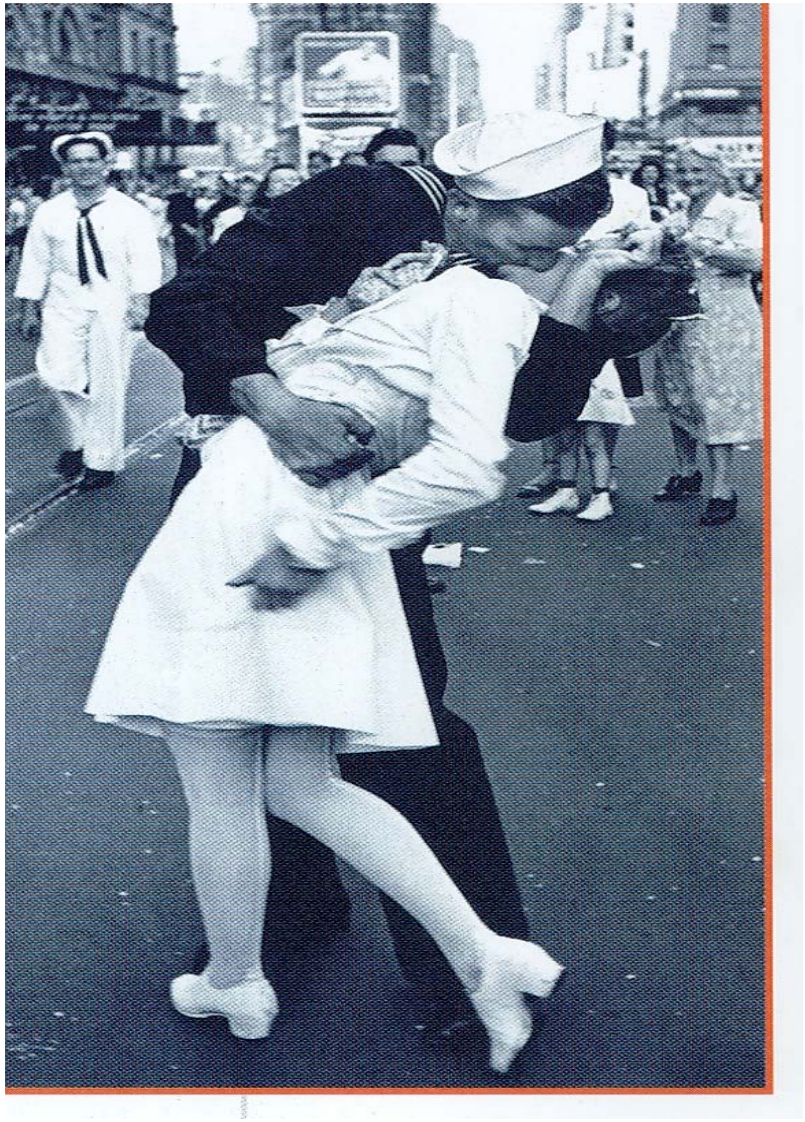
Keith Wilson, M.D., F.A.C.O.G.
Regional Medical Director
Region 6 - Talbert Medical Group
HealthCare Partners Medical Group

Karol Attaway, MHA
Vice President Operations
HealthCare Partners Medical Group

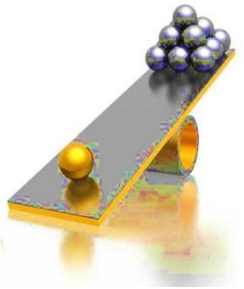


THE PROBLEM…

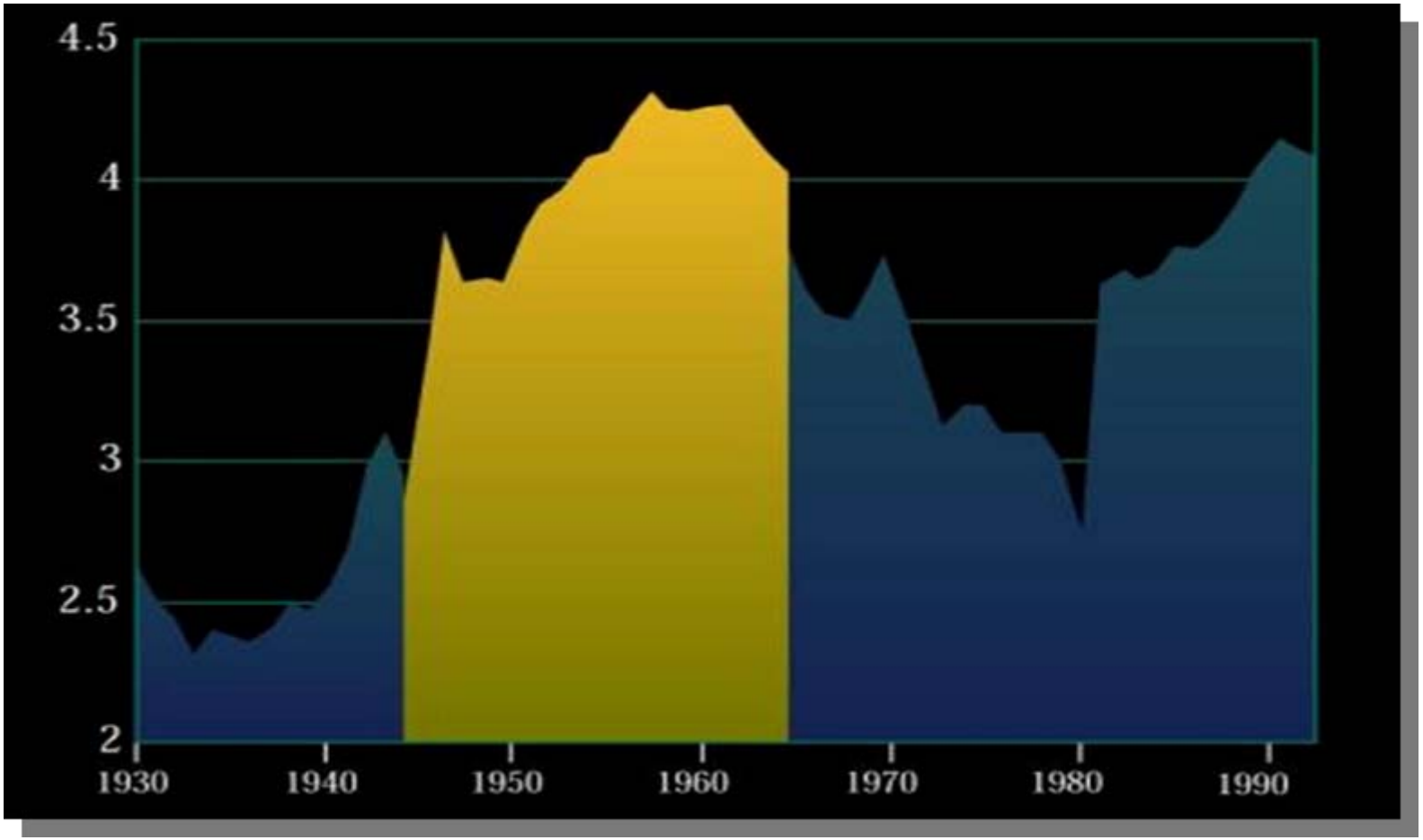
It started with a kiss...



The Baby Boom

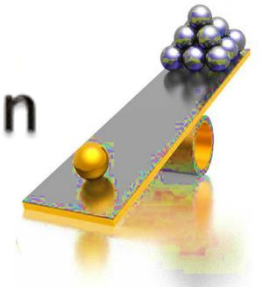


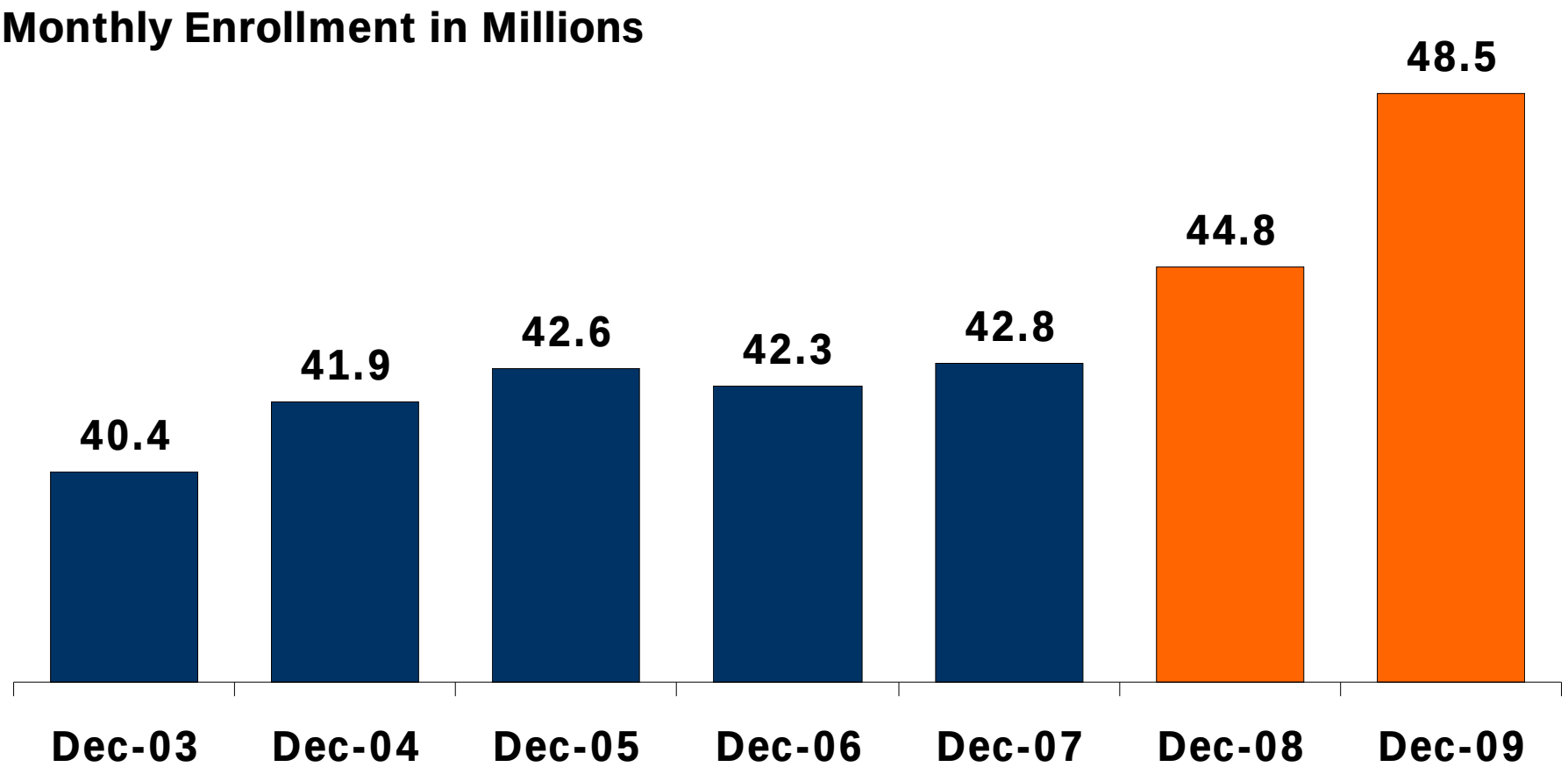
1946 - 1964



Births in Millions

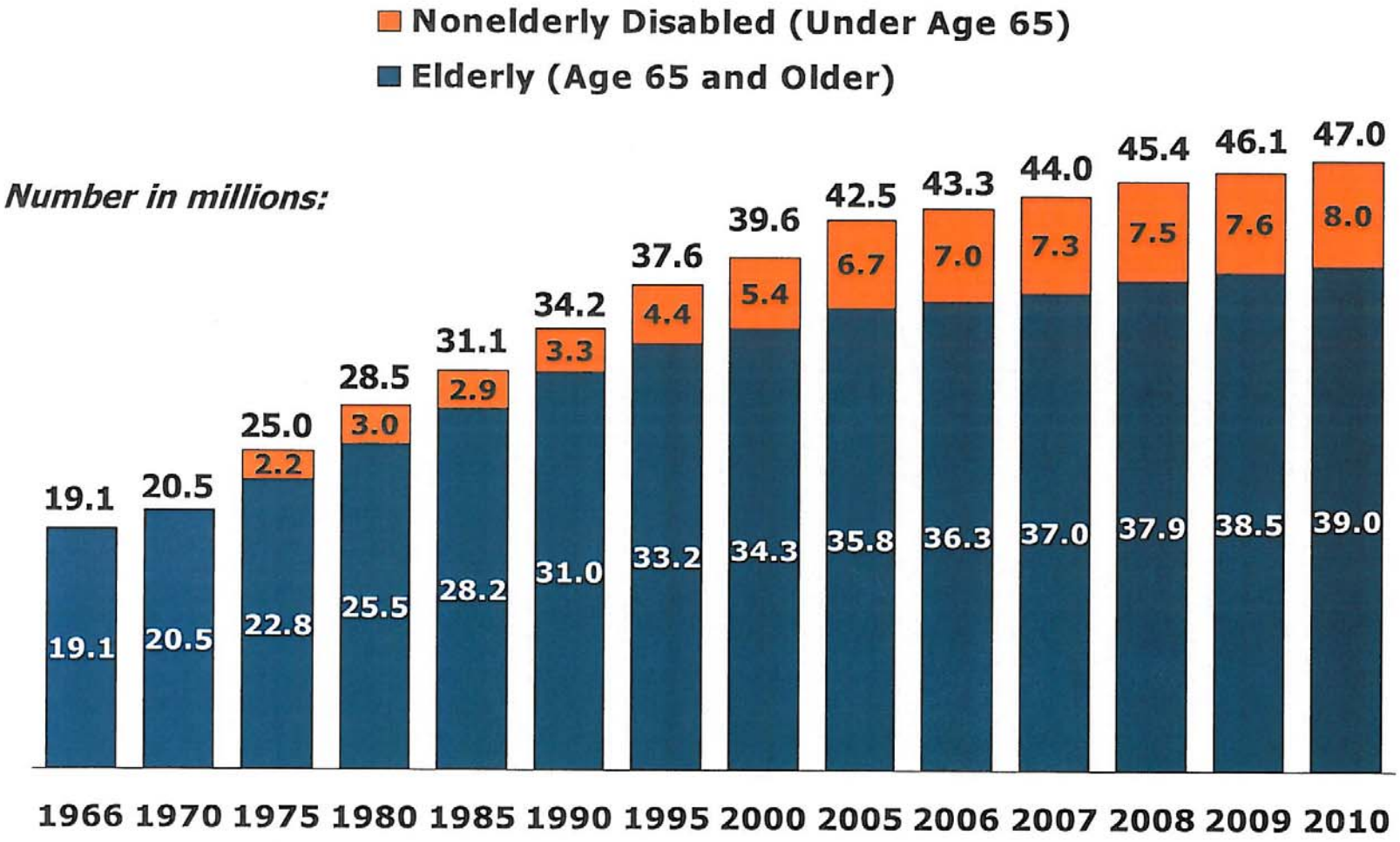
Medicaid Enrollment Has Increased by Nearly 6 Million Since the Start of the Recession





SOURCE: Analysis for KCMU by Health Management Associates, using compiled state Medicaid enrollment reports

Medicare Enrollment, 1966-2010

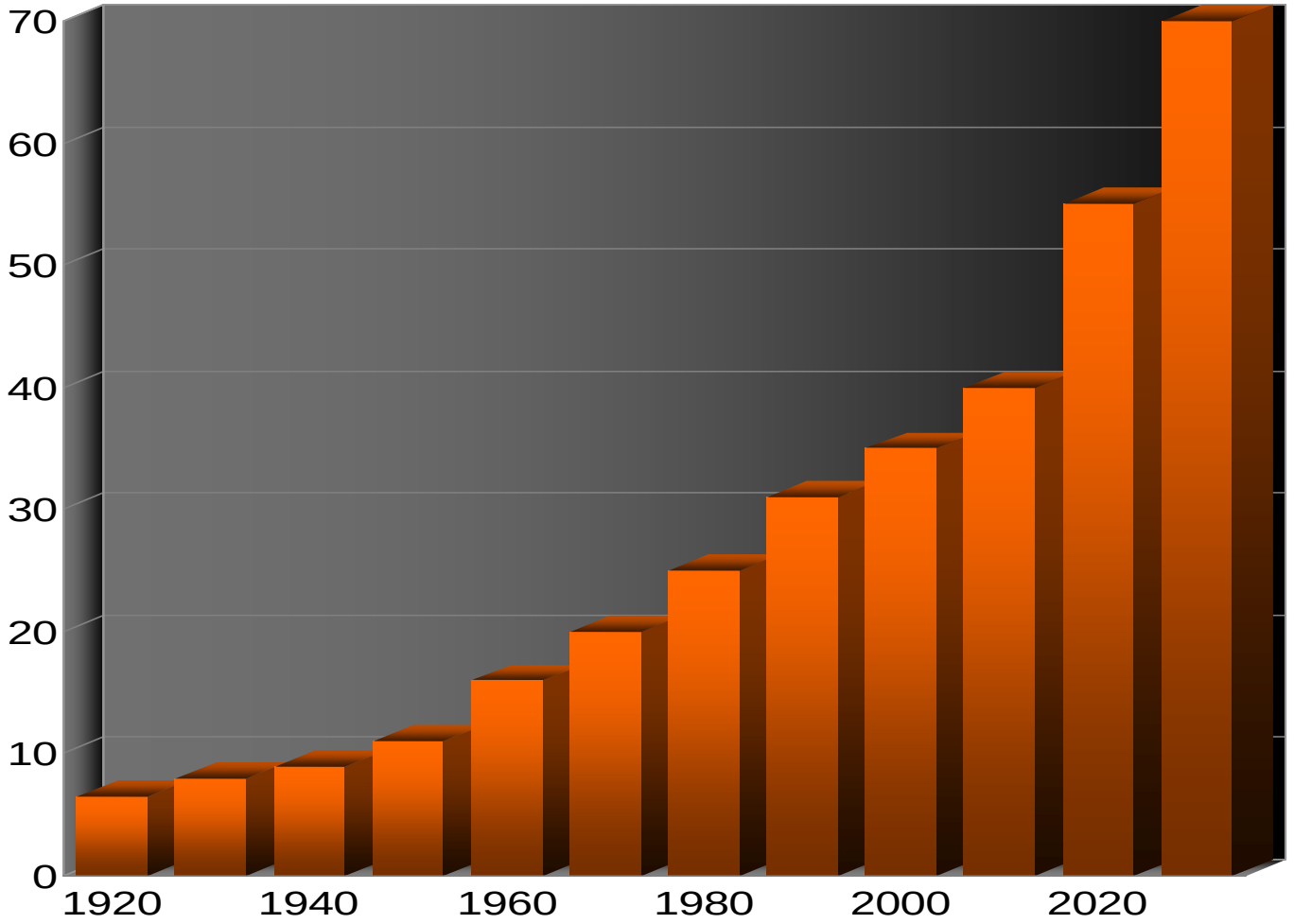


NOTES: Numbers may not sum to total due to rounding. People with disabilities under age 65 were not eligible for Medicare prior to 1972.
SOURCE: Centers for Medicare & Medicaid Services, Medicare Enrollment: Hospital Insurance and/or Supplemental Medical Insurance Programs for Total, Fee-for-Service and Managed Care Enrollees as of July 1, 2008: Selected Calendar Years 1966-2008; 2009-2010, HHS Budget in Brief, FY2011.

THE HENRY J. KAISER FAMILY FOUNDATION

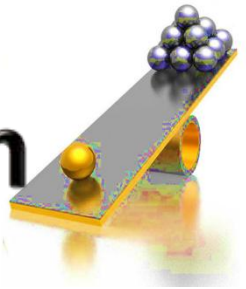
Growth of the 65+ Population

1900 - 2030

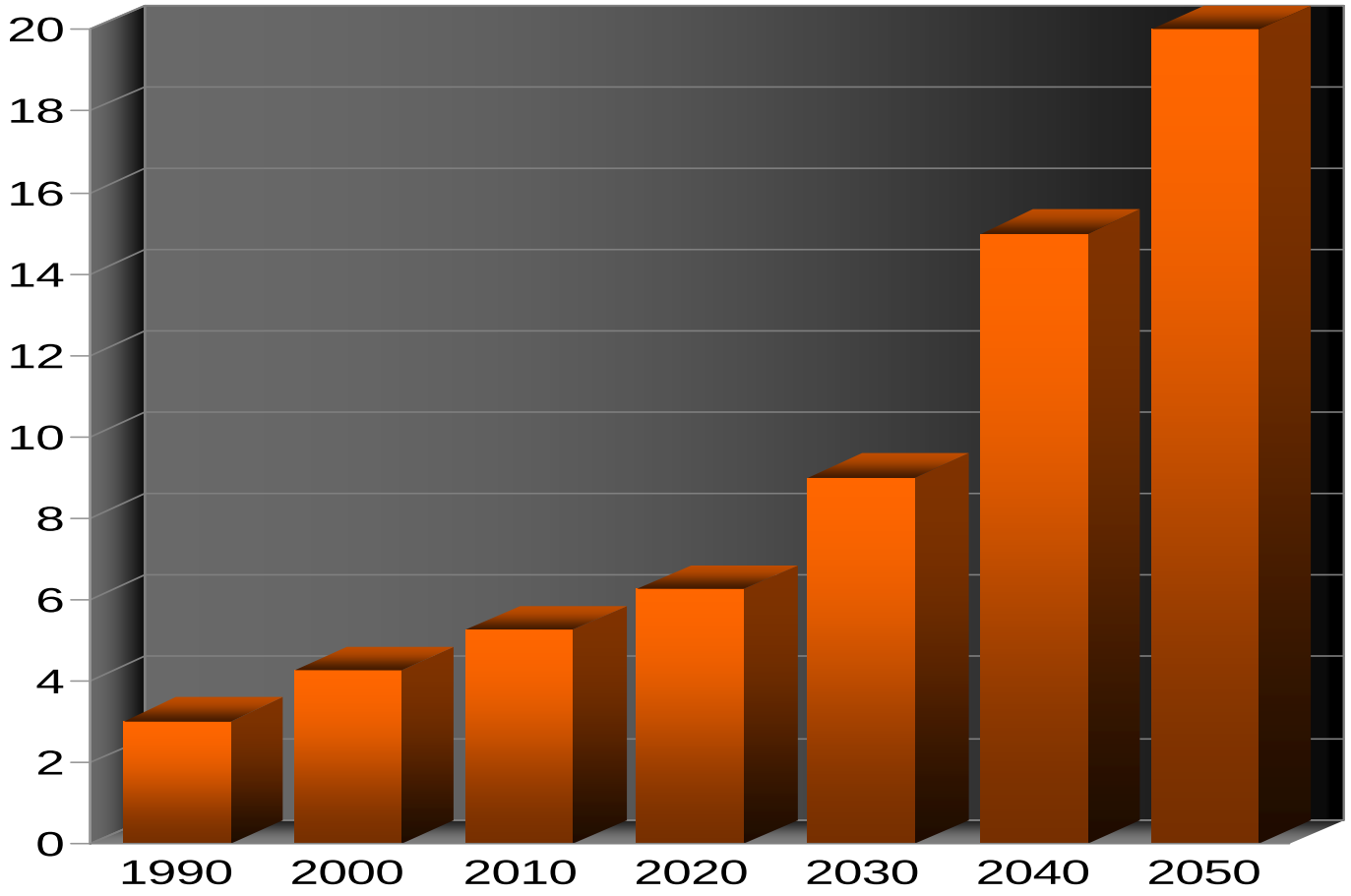


Source: U.S. Bureau of Census 2002

Growth of the 85+ Population

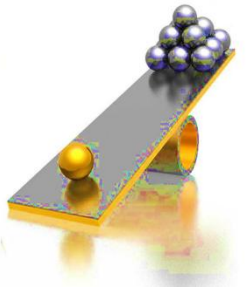


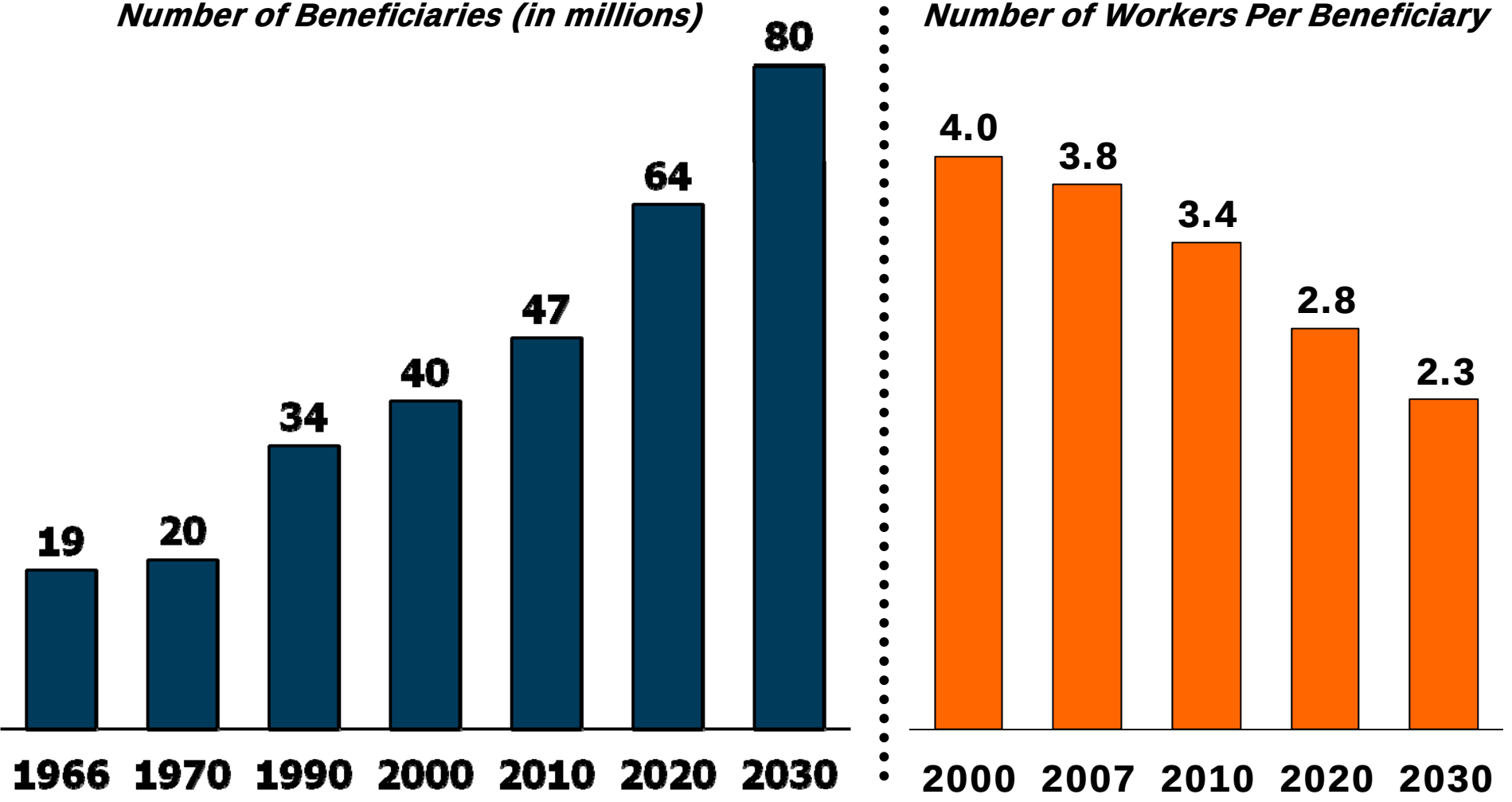
1990-2030



Source: U.S. Bureau of Census 2002

Historical and Projected Number of Medicare Beneficiaries and Number of Workers Per Beneficiary

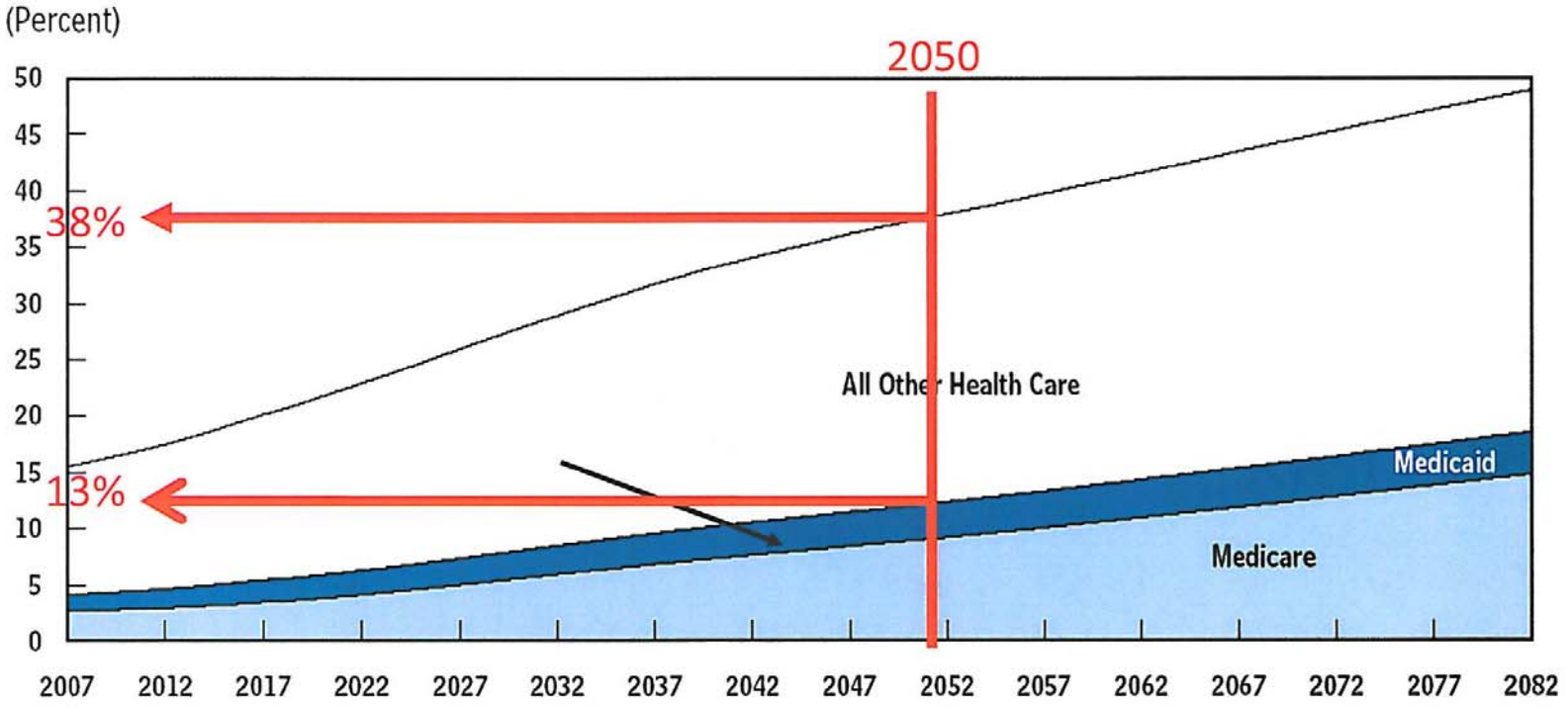




SOURCE: 2010 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds.

Figure 4.

Projected Spending on Health Care as a Percentage of Gross Domestic Product

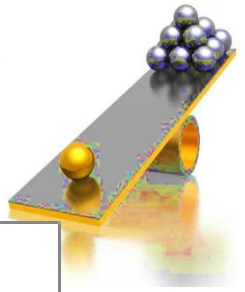


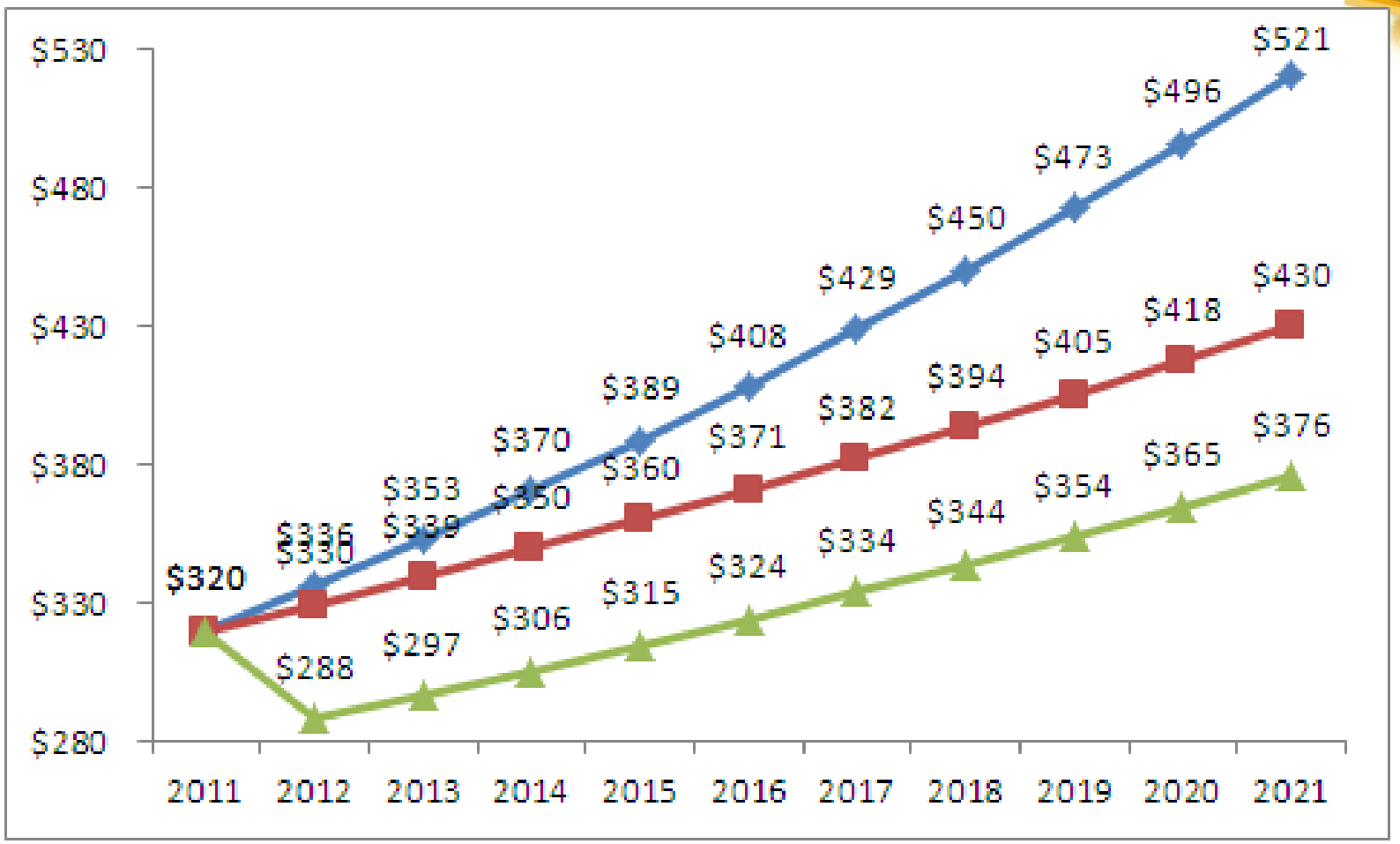
Source: Congressional Budget Office.

Note: Amounts for Medicare are net of beneficiaries' premiums. Amounts for Medicaid are federal spending only.

SOURCE: http://www.cbo.gov/ftpdocs/87xx/doc8758/11-13-LT-Health.pdf

The Issue





Source: Citi equity research

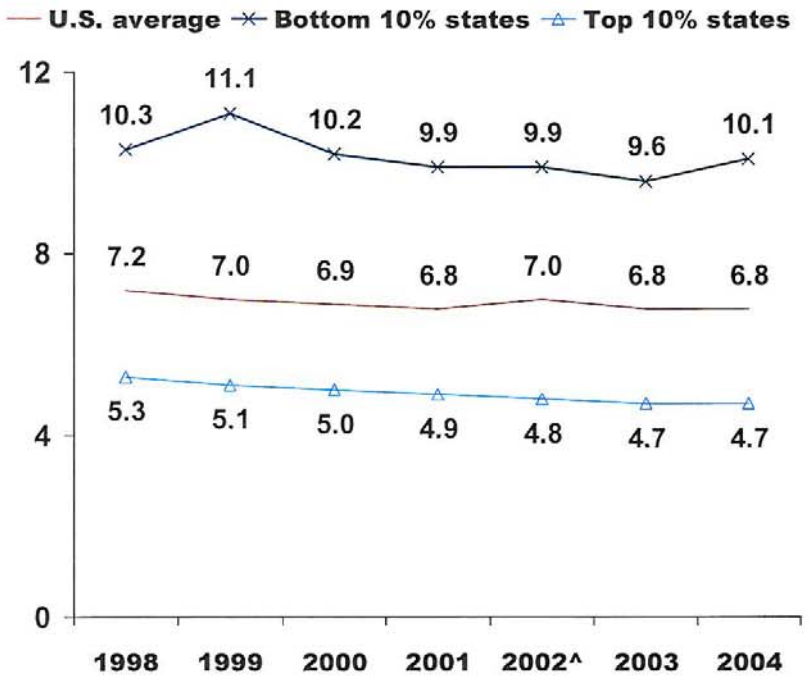
Savings could exceed $900B over 10 years.


WAITING ROOM
HEALTH CARE REFORM
BEEN HERE LONG?..
2009 OBAMA PLAN
1993 CLINTON PLAN
NEWSDAY

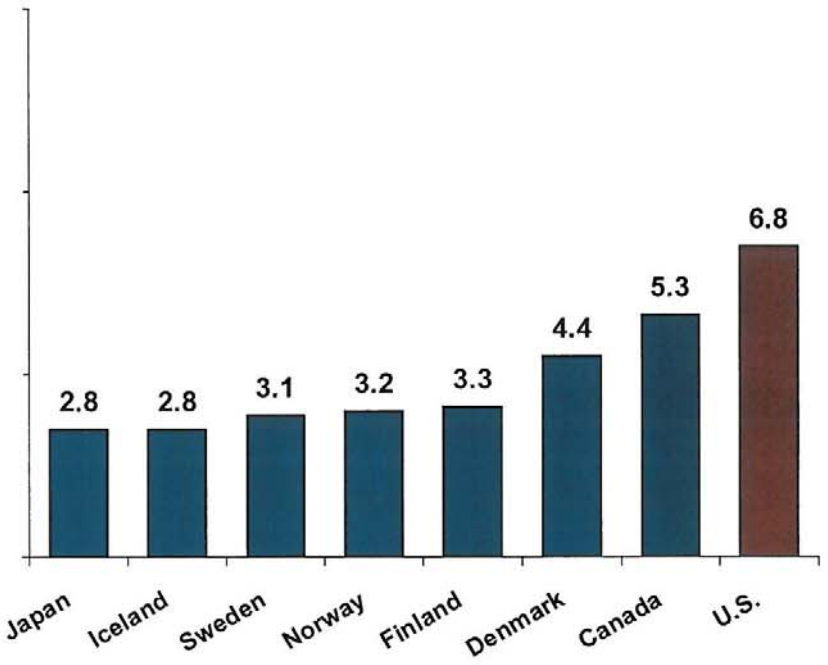
Infant Mortality Rate

Infant deaths per 1,000 live births

National Average and State Distribution



International Comparison, 2004



^ Denotes baseline year.

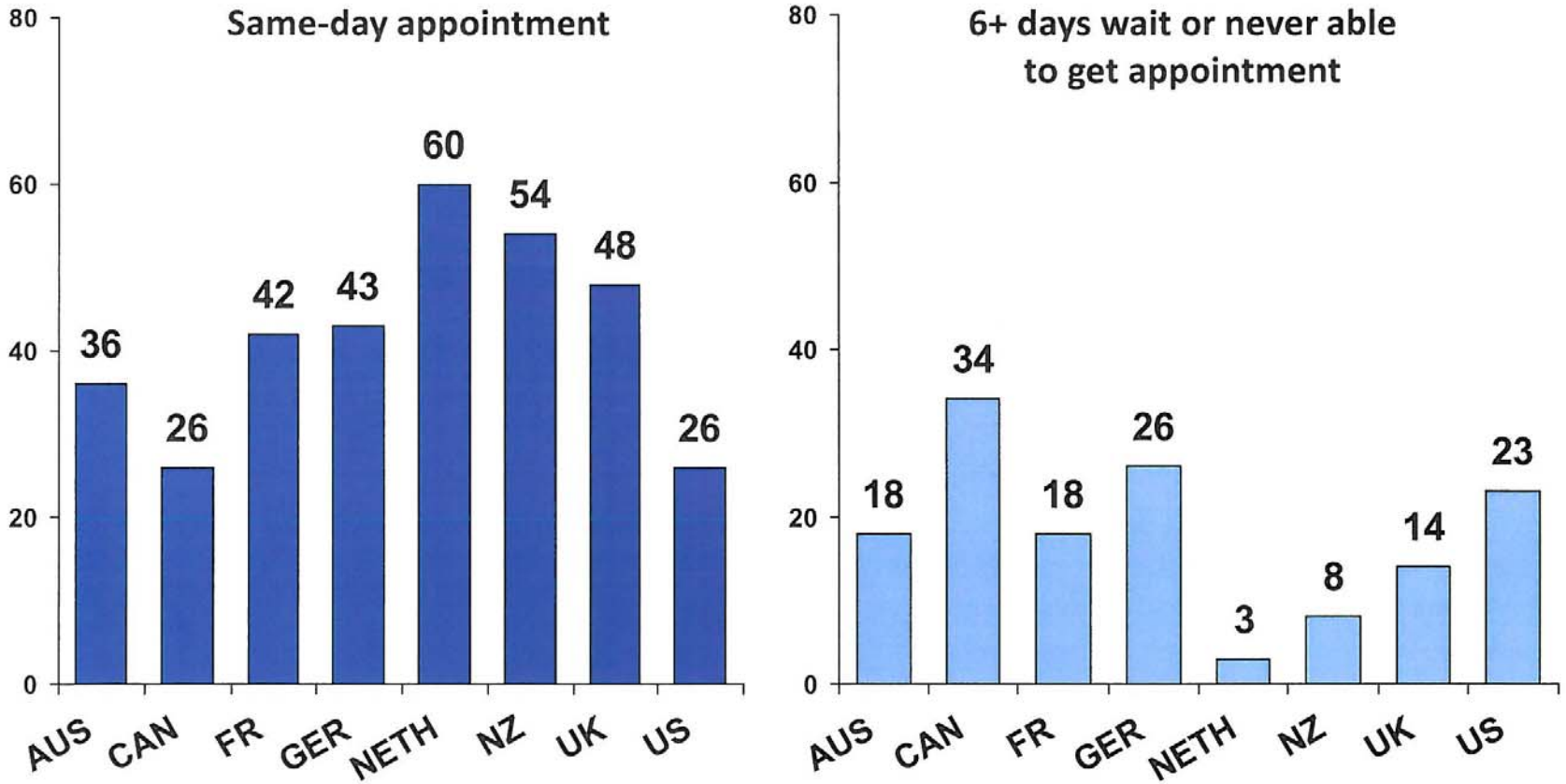
Data: National and state—National Vital Statistics System, Linked Birth and Infant Death Data (AHRQ 2003, 2004, 2005, 2006, 2007a); international comparison—OECD Health Data 2007, Version 10/2007.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

Access to Doctor When Sick or Needed Care

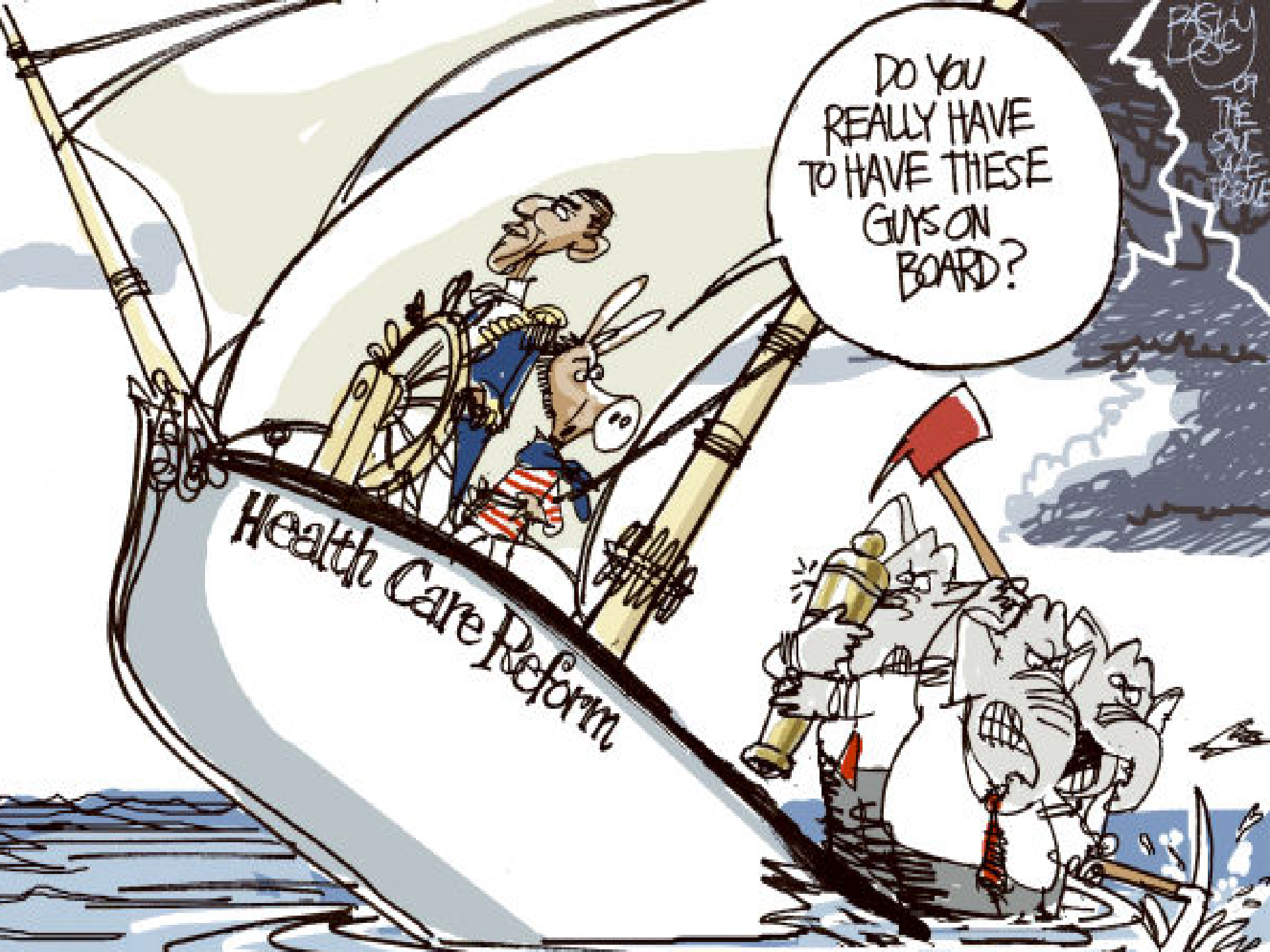
Base: Adults with any chronic condition

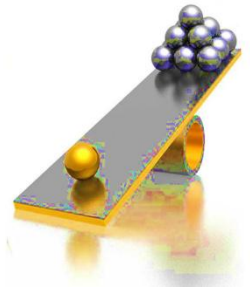
Percent



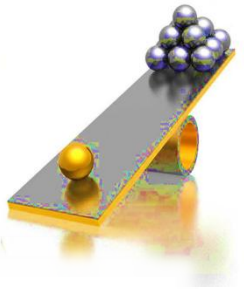
Data collection: Harris Interactive, Inc.

Source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults.


DO YOU REALLY HAVE TO HAVE THESE GUYS ON BOARD?
Health Care Reform



WHO ARE THE DUAL ELIGIBLES?



Medicare

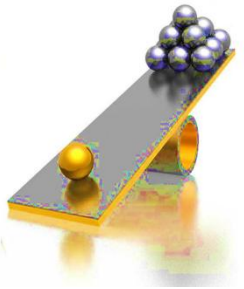
- Elderly or Disabled
- 47 million people
- Total spending: $520 billion (all federal)
- Administered by federal government

Dual Eligibles

- Low-Income and
- Elderly/Disabled
- 9 million people
- $239 Billion ($122 B Medicare, $117 B Medicaid)

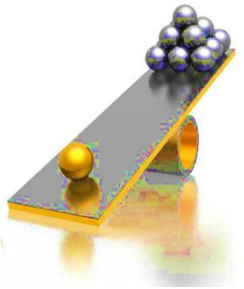
Medicaid

- Low-Income
- 50 million people
- Total Spending: $400 billion ($270 Billion Federal $130 Billion States)
- Administered by state and federal governments

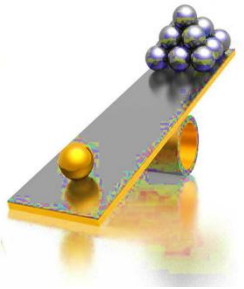


- Nearly nine million people, including:
  - 5.5 million low-income seniors
  - 3.4 million people with disabilities under age 65

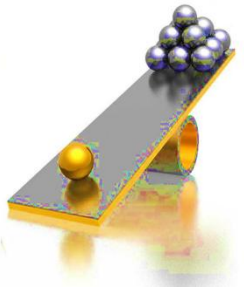
  are dually eligible for and enrolled in both the Medicare and Medicaid programs



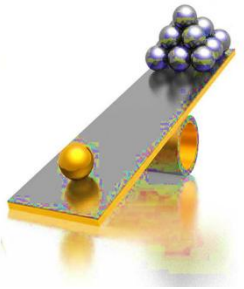
- Dual eligibles are among the sickest and poorest individuals covered by either program.
  - Half of dual eligibles are in fair or poor health
  - Dual eligibles are more likely than others on Medicare to have mental health needs
  - 55% of dual eligibles have annual incomes below $10,000



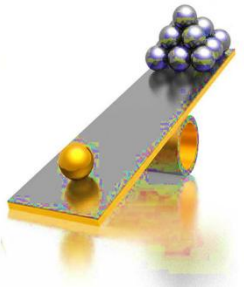
- Dual eligibles qualify separately for Medicare and Medicaid.
  - Eligibility for Medicare is based on age (usually those aged 65 and over), disability, or a diagnosis of End-Stage Renal Disease or Amyotrophic Lateral Sclerosis (ALS).
  - Medicaid eligibility generally is based on low income status, disability status along with somewhat higher income limits,
  - Most dual eligibles also qualify for Supplemental Security Income (SSI) benefits



- Dual eligibles receive benefits under the:
  - Medicare and Medicaid programs. Medicare is the primary payer, covering medical care such as hospital, physician, diagnostic tests, post-acute and other services and prescription drugs
  - Medicare does not cover long-term care services.

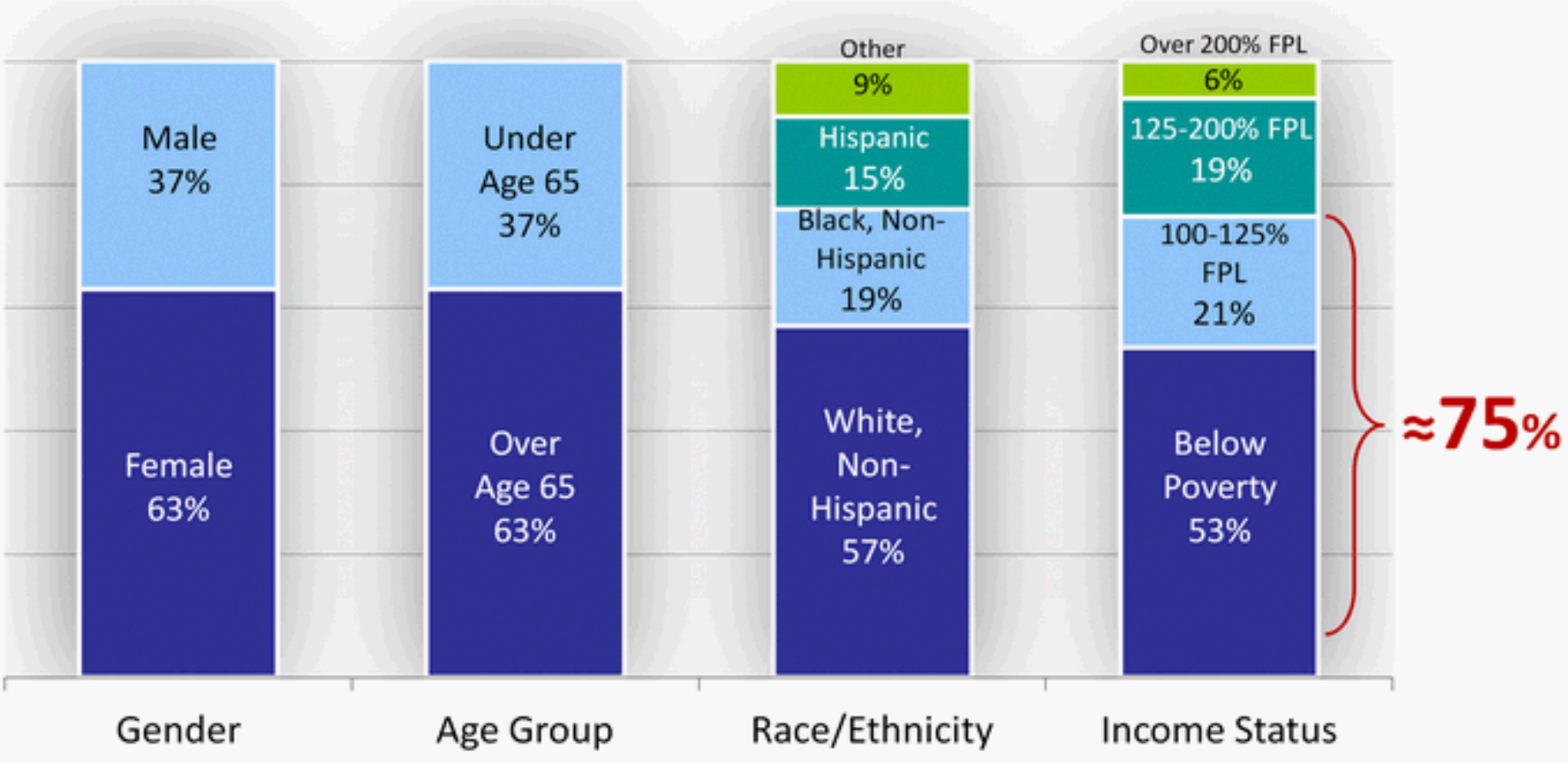


- Dual eligibles comprise 15% of Medicaid enrollees but 39% of total Medicaid spending
- Dual eligibles comprise 21% of Medicare enrollees but 36% of total Medicare expenditures



- Integration opportunities were recognized through the 2010 health reform law by the creation of the Federal Coordinated Health Care Office, now known as the Medicare-Medicaid Coordination Office

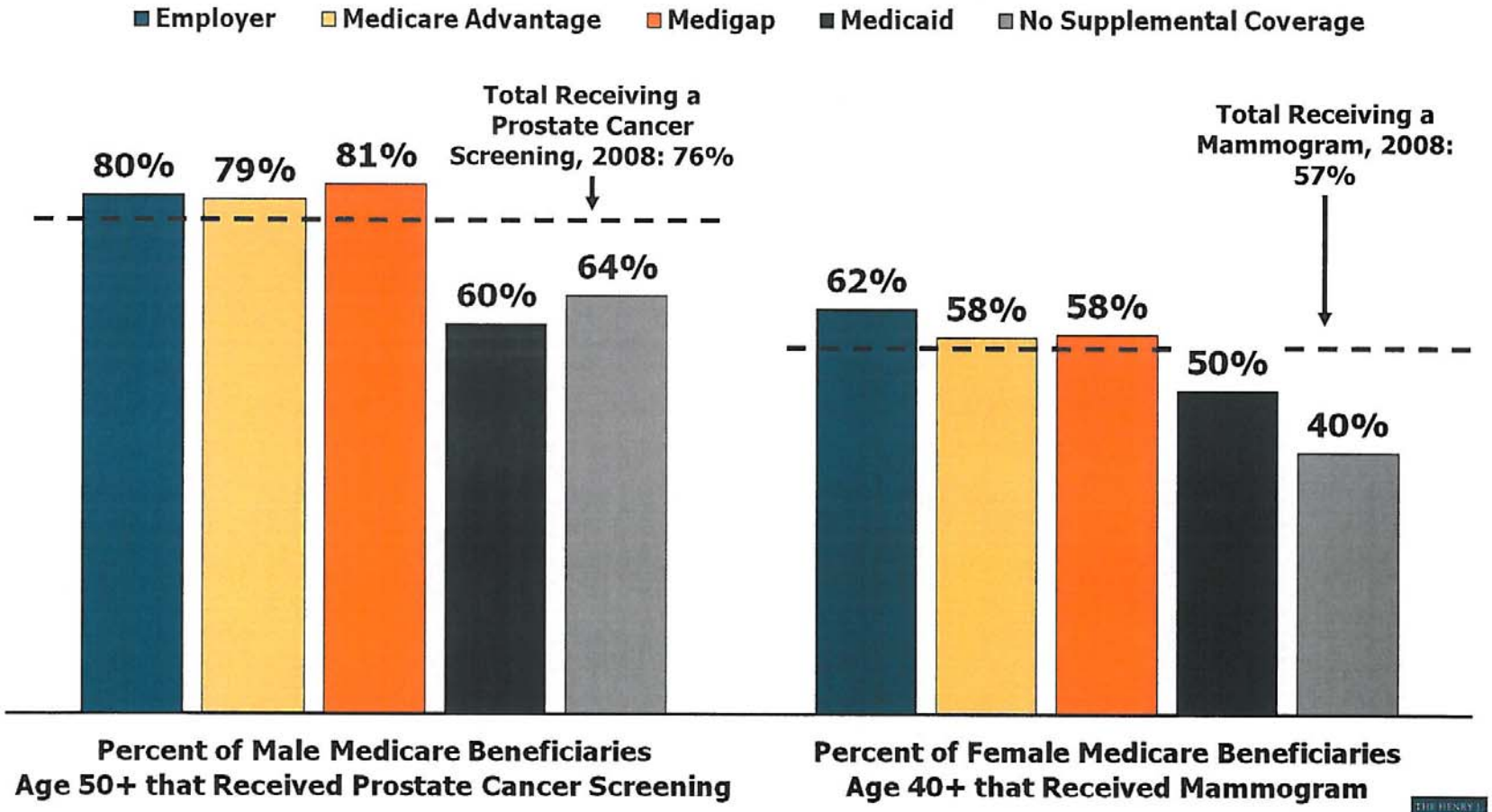
Dual eligibles demographics



Nearly 75% below Medicaid eligibility threshold

Source: Kaiser Commission on Medicaid and the Uninsured report, "Chronic Disease and Co-Morbidity Among Dual Eligibles: Implications for Patterns of Medicaid and Medicare Service Use and Spending" July 2010.

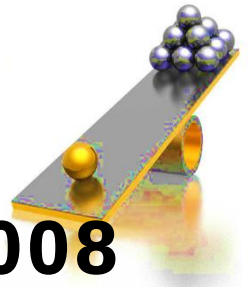
Percent of Medicare Beneficiaries Receiving Selected Preventive Services, by Source of Supplemental Coverage, 2008

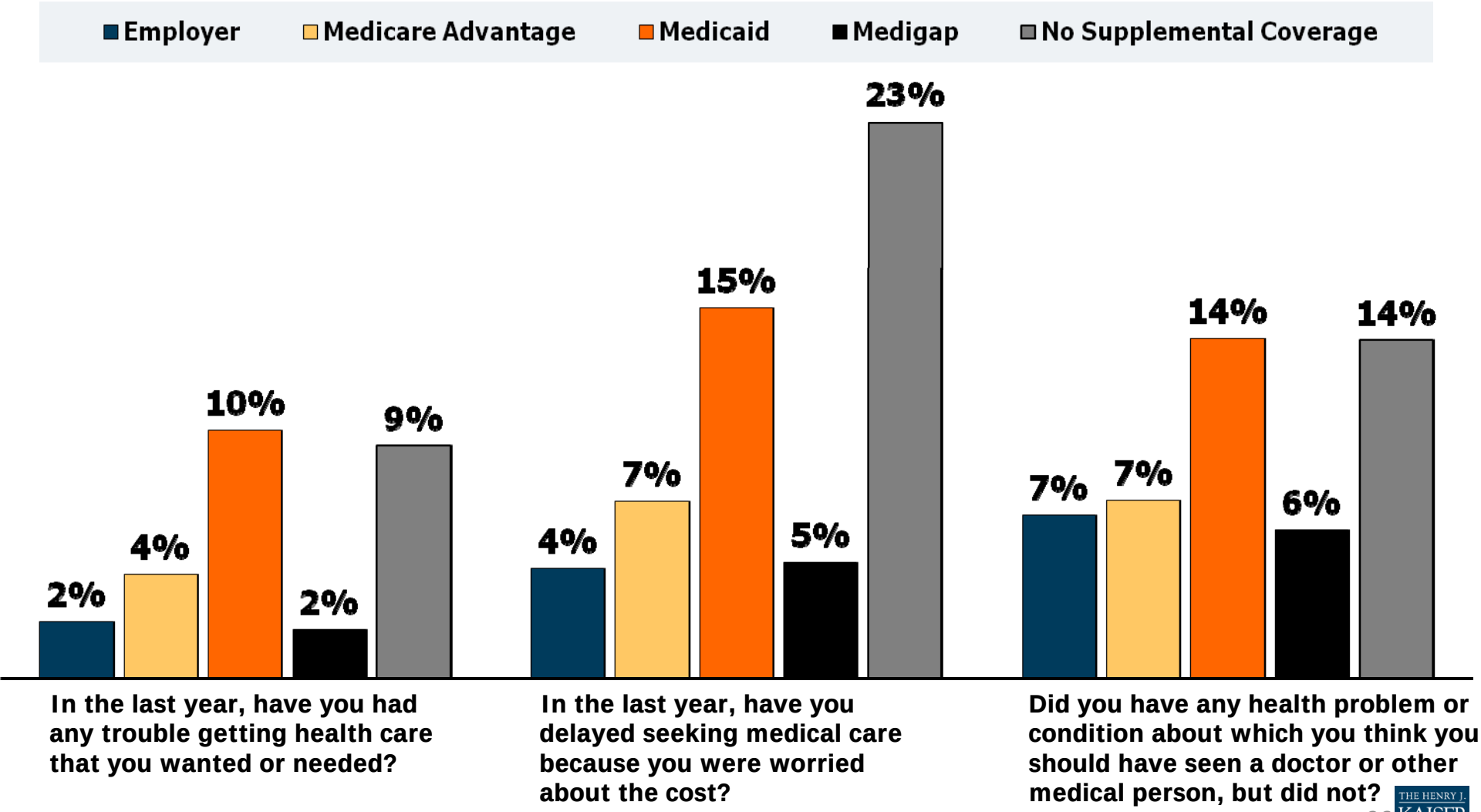


NOTES: Analysis includes community residents only.
SOURCE: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey Access to Care File, 2008.

THE HENRY J. KAISER FAMILY FOUNDATION

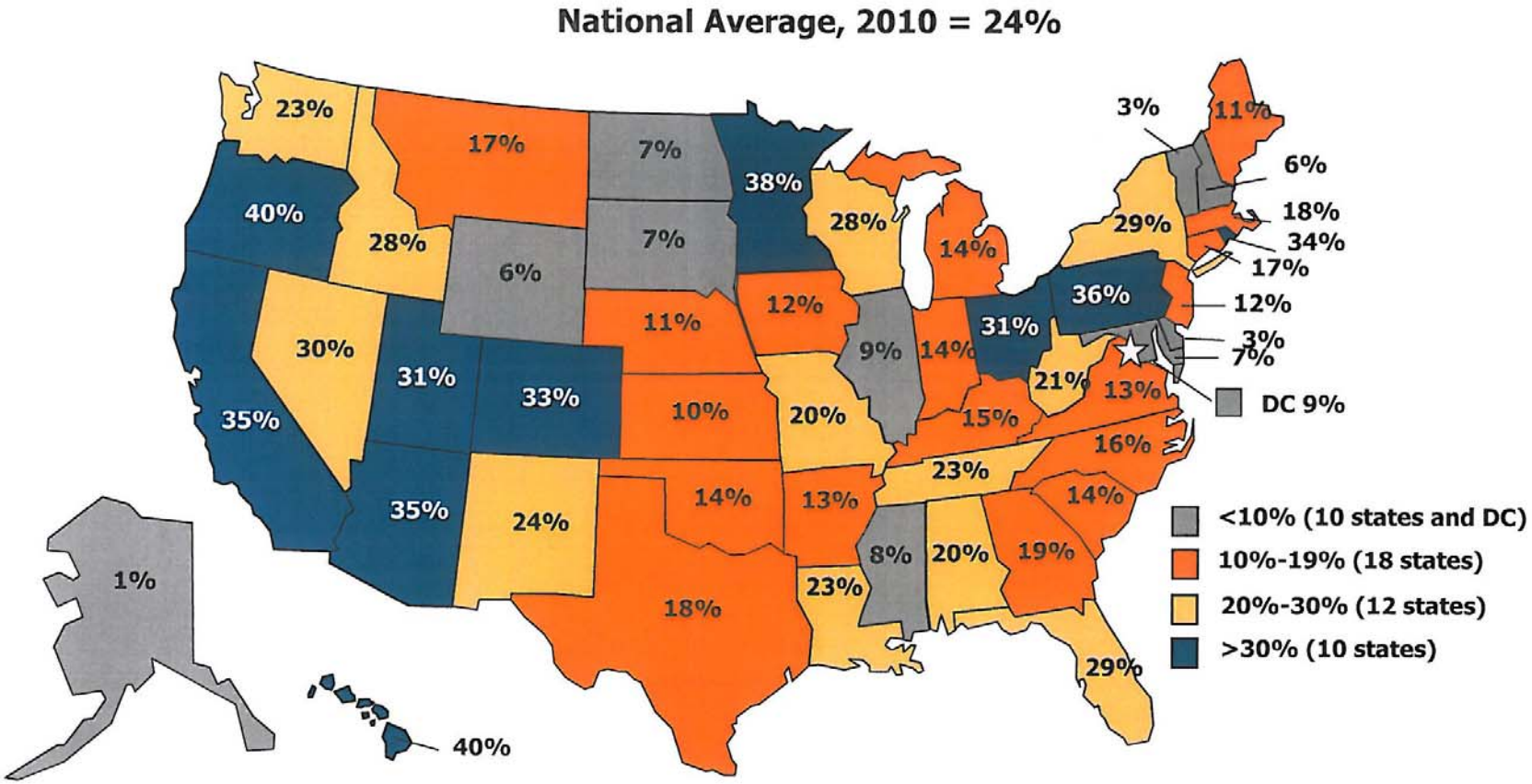
Measures of Access to Care Among Medicare Beneficiaries, by Source of Supplemental Coverage, 2008





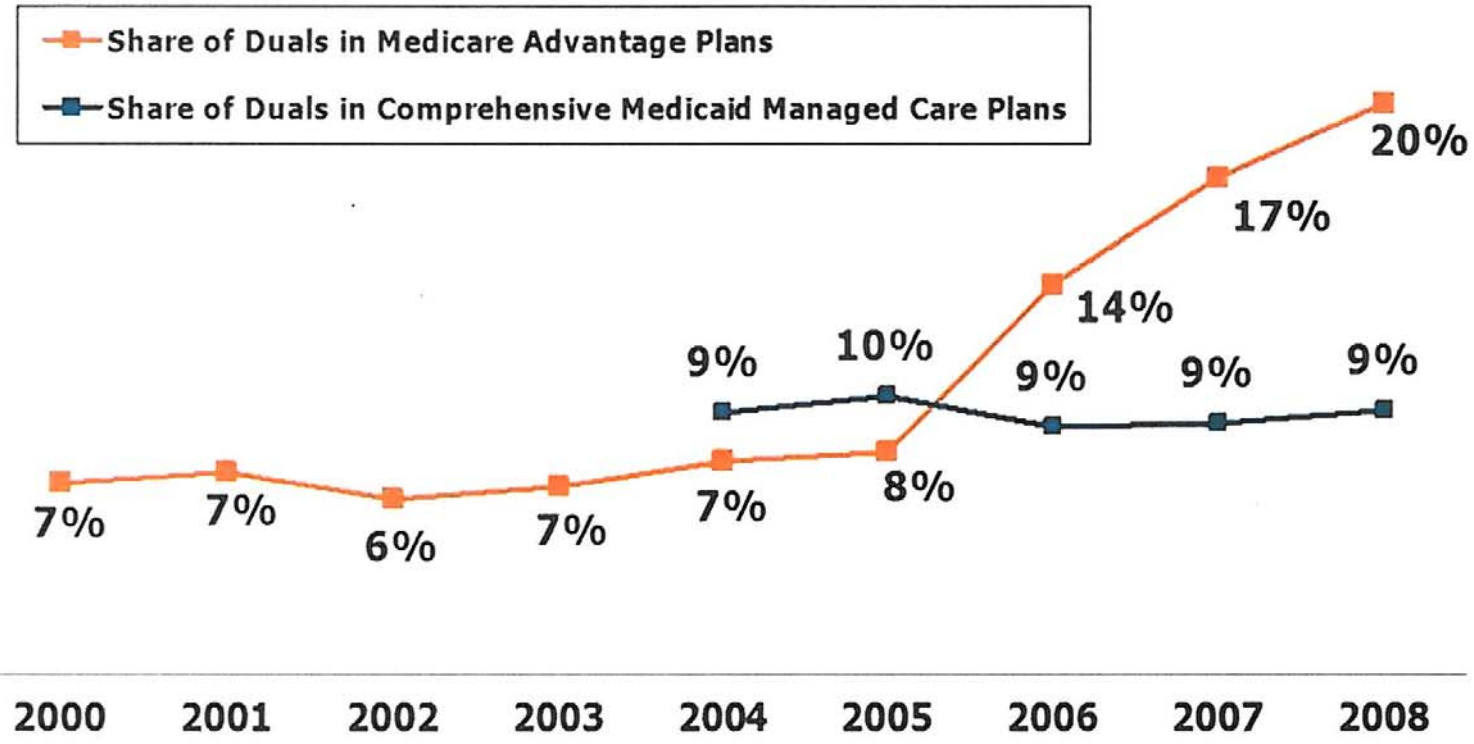
SOURCE: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey Access to Care File, 2008.

Medicare Advantage Enrollees as a Percent of Medicare Beneficiaries, by State, 2010



NOTES: Share of Medicare Advantage enrollees includes beneficiaries in Medicare HMOs, PPOs, PSOs, MSAs, PFFS, demonstrations, PACE, employer direct PFFS, and cost plans.
SOURCE: Kaiser Family Foundation analysis of data from CMS, Medicare Advantage State/County Penetration Data, February 2010.

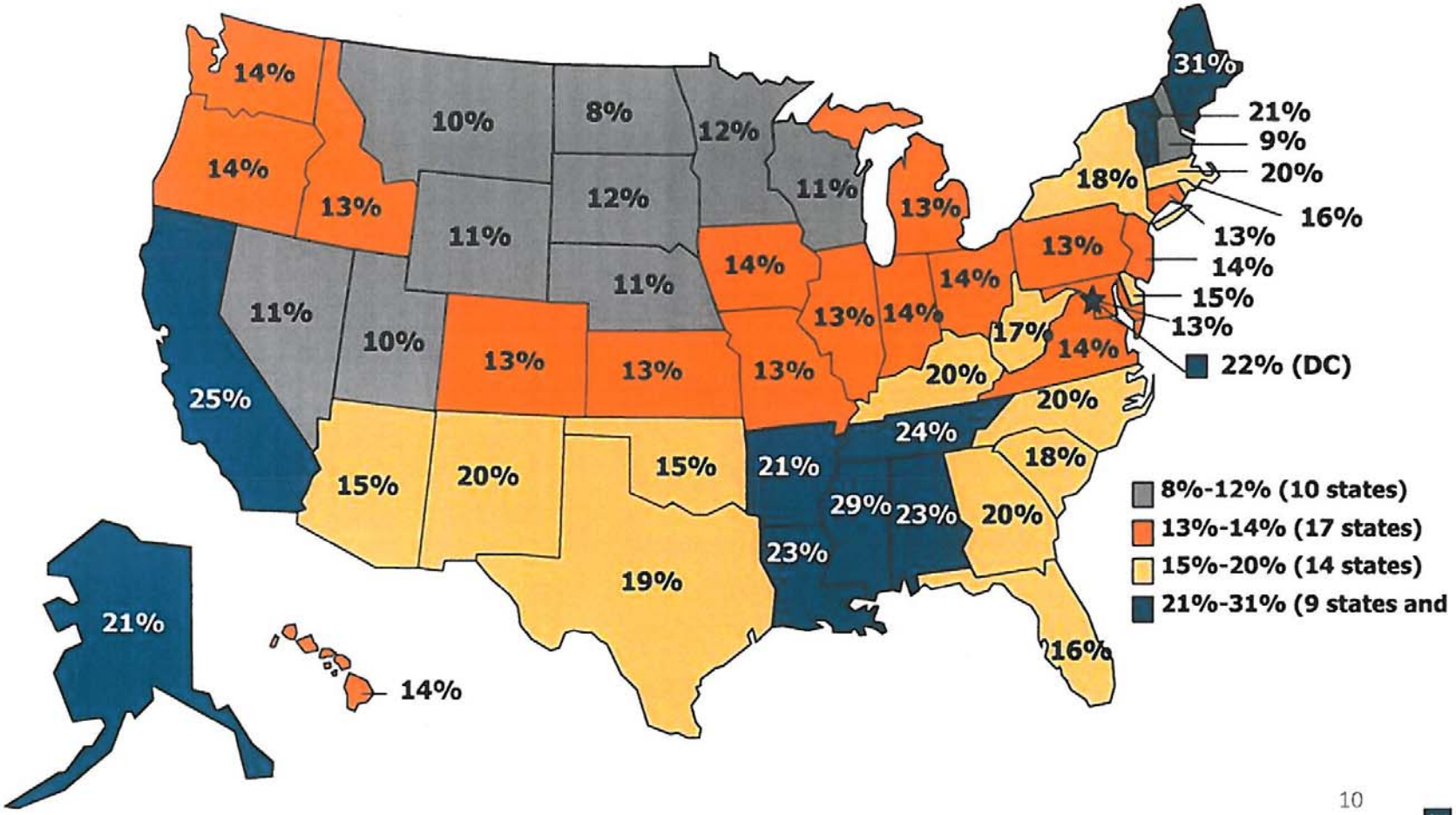
Share of Dual Eligible Beneficiaries in Medicare Advantage and Medicaid Managed Care Plans, 2000-2008



NOTES: Data exclude dual eligibles living in Puerto Rico and other territories. Medicaid manage care data include duals in commercial and Medicaid managed care organizations (comprehensive risk), health insuring organizations, and PACE plans. Information on dual enrollment in Medicaid comprehensive managed care plans was not available at the time of publication for years prior to 2004.
SOURCE: Gold M., Jacobson G, and Garfield R. analysis of the CMS MCBS Cost and Use File, 2000-2008, CMS Medicaid Managed Care Enrollment Reports, 2004-2008, and Medicaid Statistical Information System 2004-2008., Health Affairs 2012.

Dual Eligibles as a Percent of State Medicare Populations, 2008

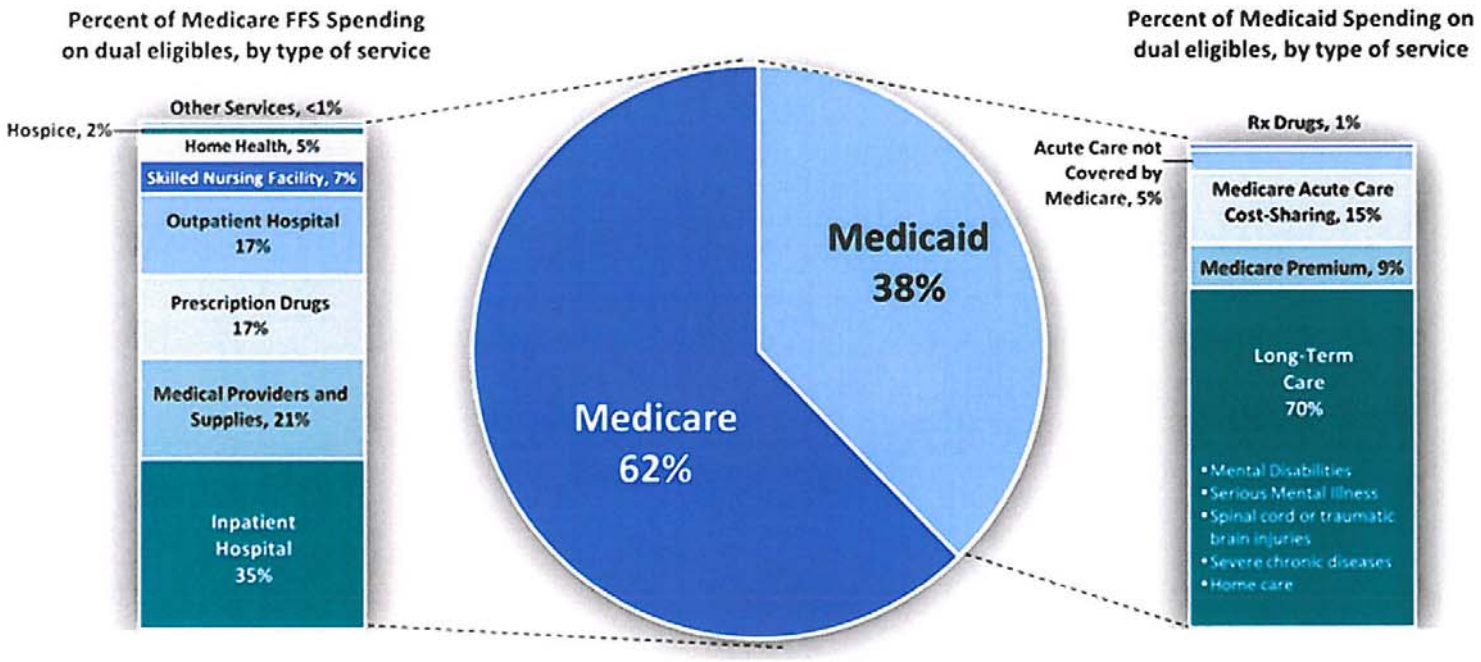
National Average, 2008 = 17%



SOURCE: Centers for Medicare & Medicaid Services, Medicare Enrollment: Hospital Insurance and/or Supplemental Medical Insurance Enrollees by Area of Residence.

Dual eligible spending

Percent of Dual Spending by Program



Total Dual Spending, 2009: $321 Billion

Sources

1 Urban Institute analysis of data from MSIS and CMS Form 64, prepared for the Kaiser Commission on Medicaid and the Uninsured, Medicare Chartbook, 2010

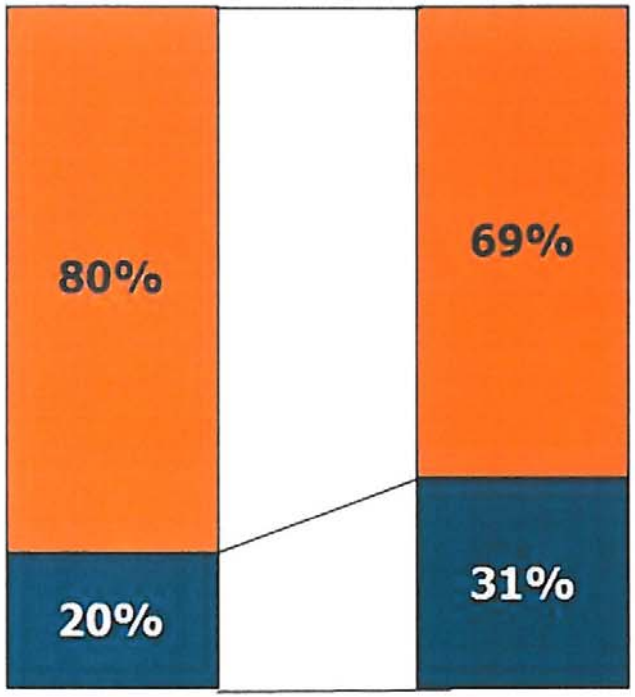
2 Kaiser State Health Facts

3 Medicare Payment Advisory Commission (http://www.medpac.gov/documents/Jun11DataBook(EntireReport.pdf)

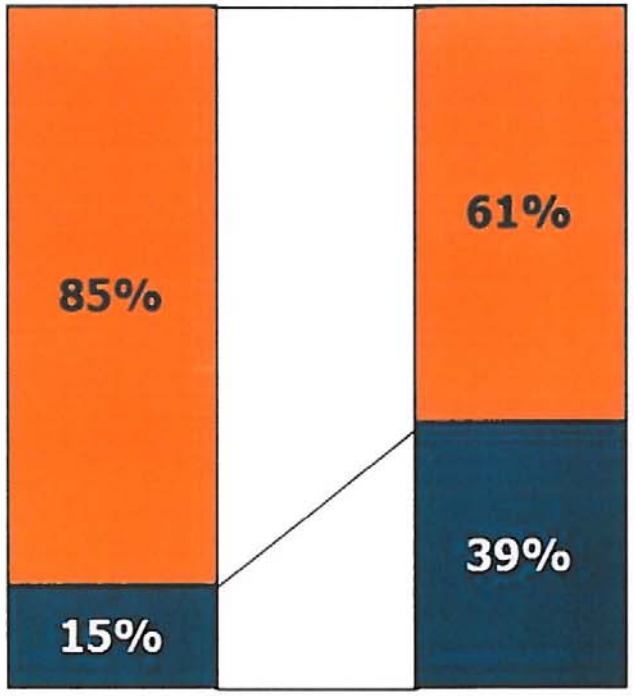
MOLINA HEALTHCARE

Dual eligible beneficiaries account for a disproportionate share of Medicare and Medicaid spending, 2008

Dual Eligible Beneficiaries as a Share of Medicare Population and Spending

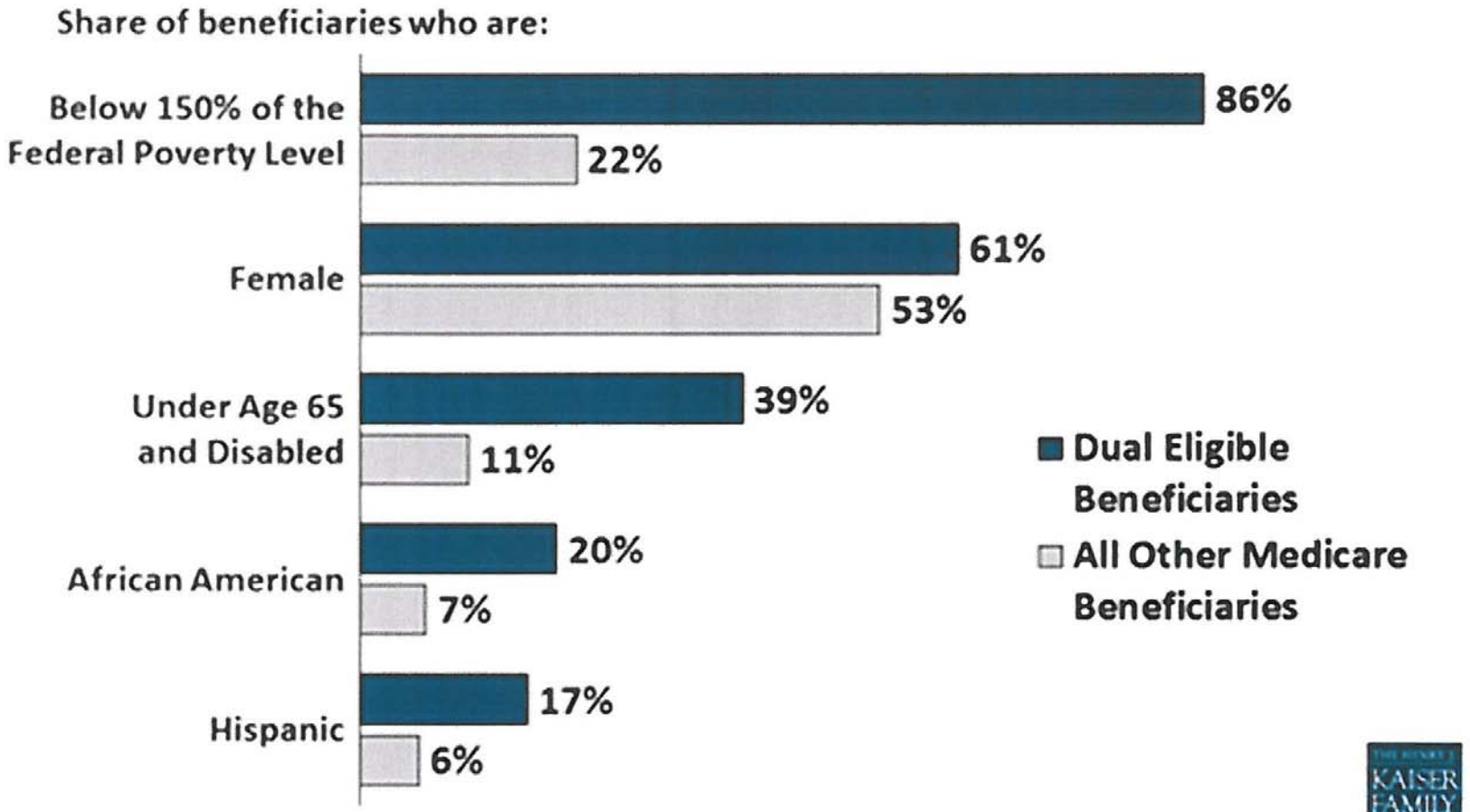


Dual Eligible Beneficiaries as a Share of Medicaid Population and Spending

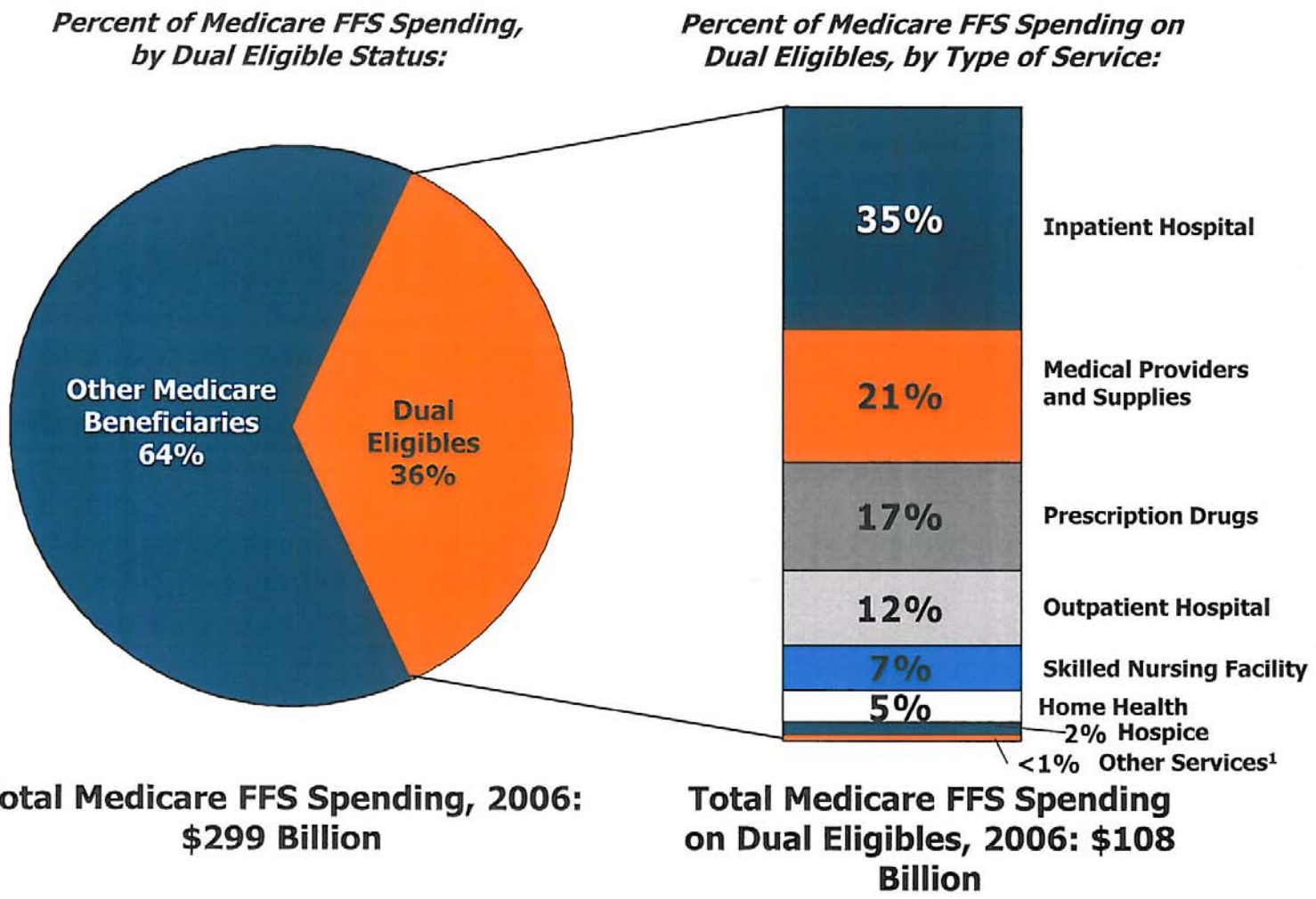


SOURCE: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey Cost and Use File, 2008, and Kaiser Commission on

A Larger Share Of Dual Eligible Beneficiaries Than Other Medicare Beneficiaries Is Low-income, Female, Non-elderly Disabled And Minority



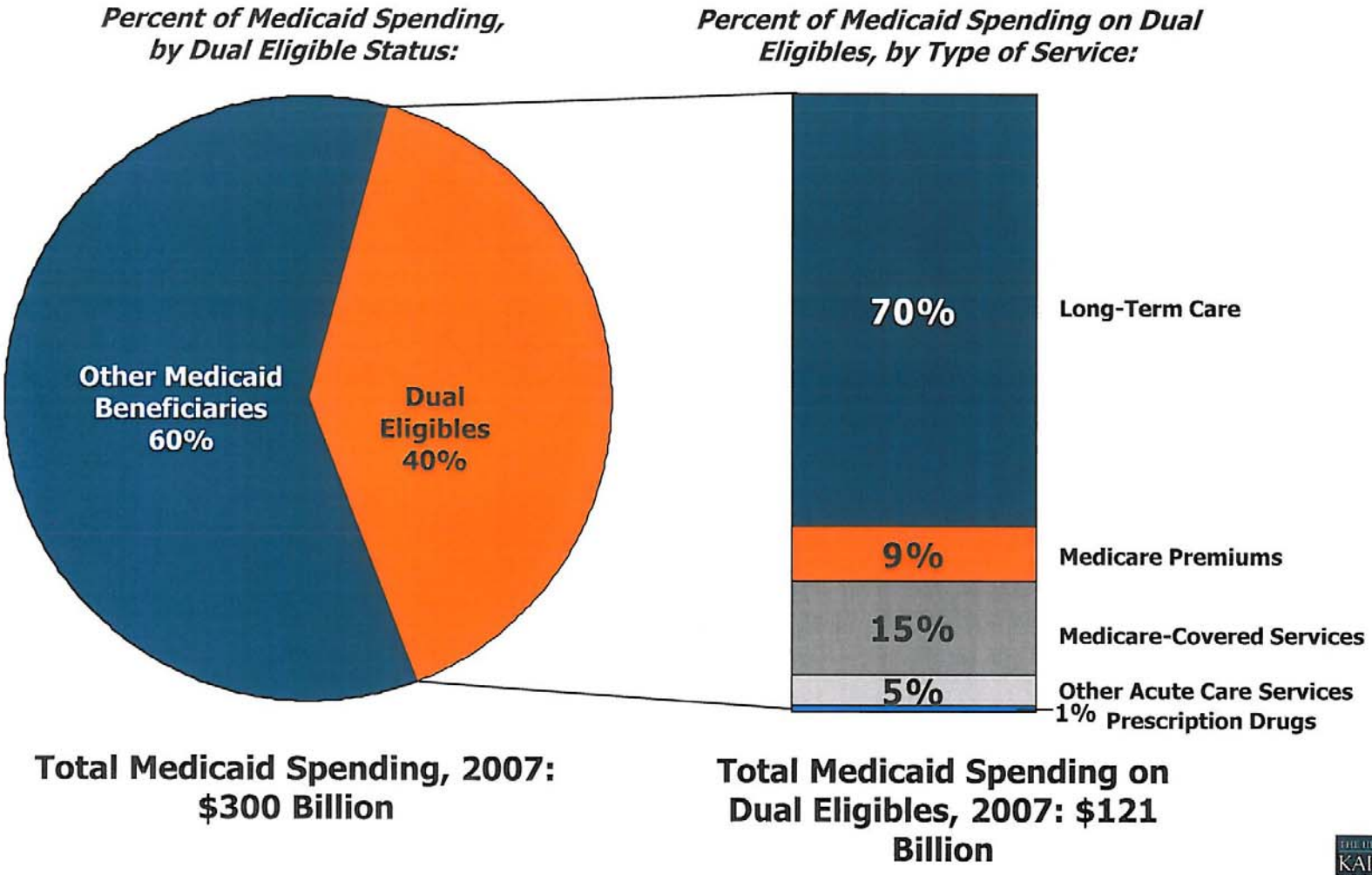
Medicare Expenditures for Dual Eligibles, 2006



NOTES: FFS is fee-for-service. Figure shows average total spending for non-institutionalized and institutionalized beneficiaries, excluding Medicare Advantage enrollees.
[1]Other services include dental and long-term care facility stays.
SOURCE: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey Cost and Use File, 2006.

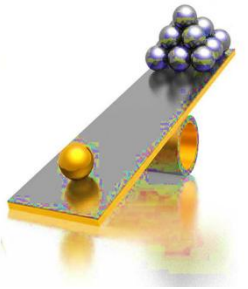
THE HENRY J. KAISER FAMILY FOUNDATION

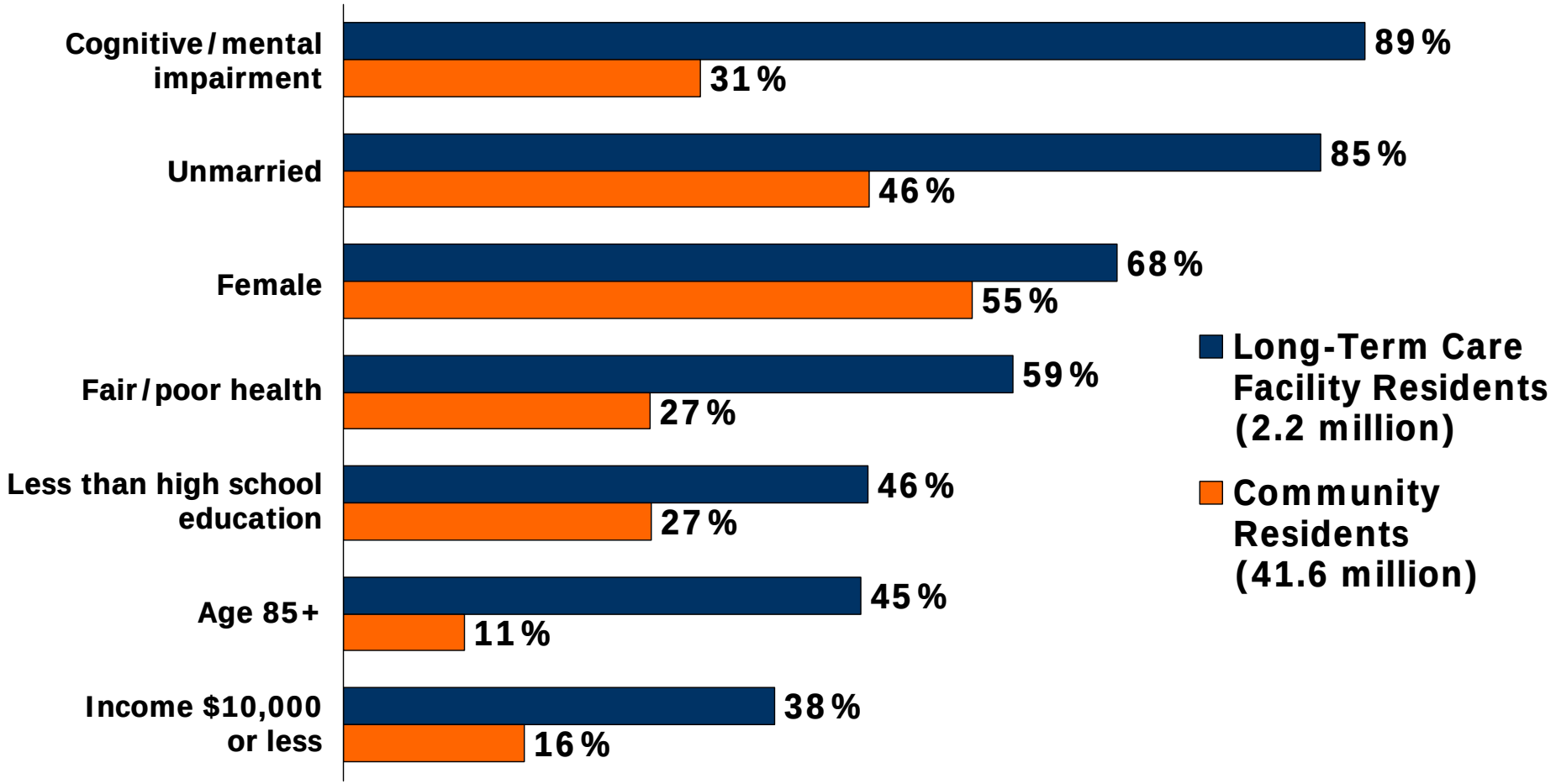
Medicaid Expenditures for Dual Eligibles, 2007



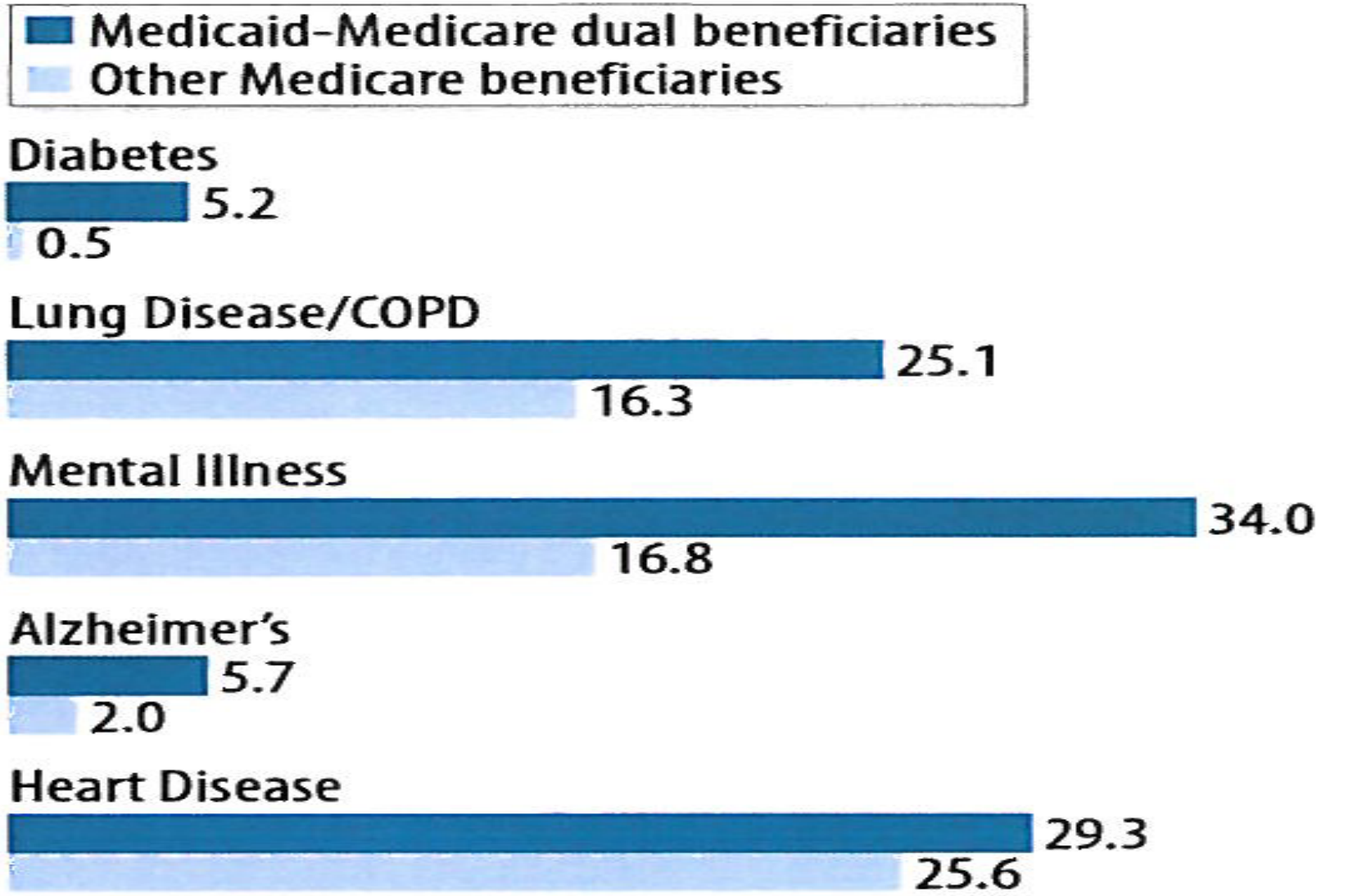
SOURCE: Urban Institute analysis of data from MSIS and CMS Form 64, prepared for the Kaiser Commission on Medicaid and the Uninsured, 2010.

Comparison of Medicare Beneficiaries Residing in Long-Term Care Facilities and the Community, 2006





SOURCE: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey Cost and Use File, 2006.

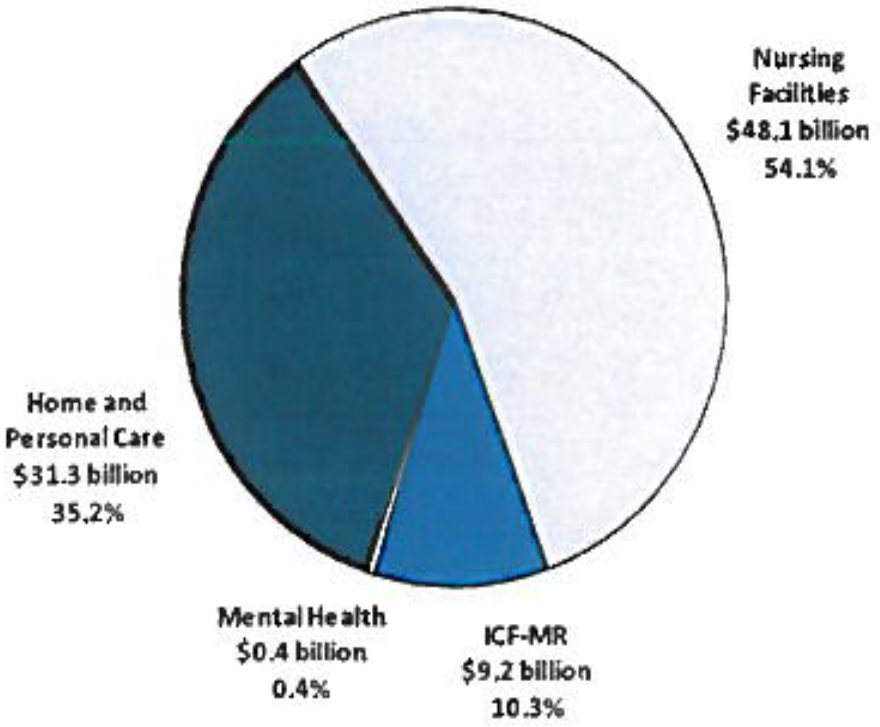


Note: data are for 2007.

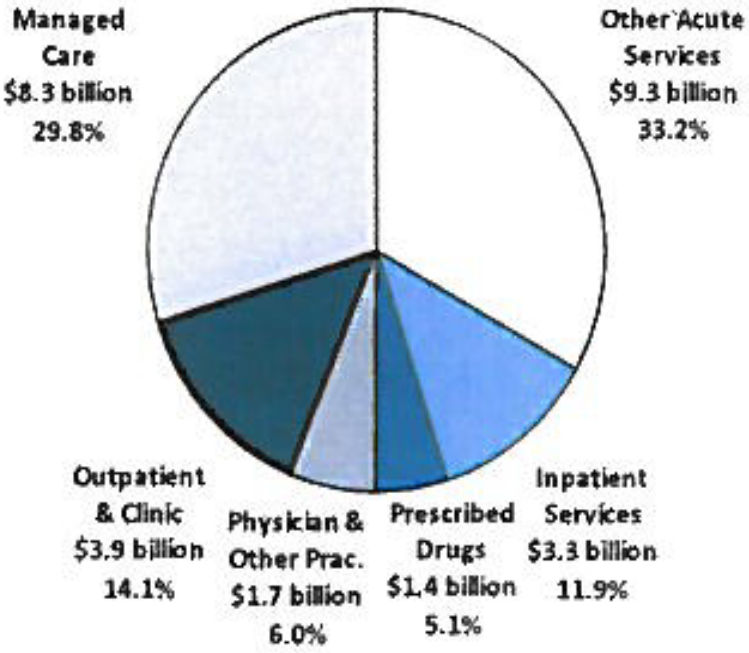
Source: Urban Institute analysis of MSIS-MCBS 2007 linked file for the Kaiser Commission on Medicaid and the Uninsured.

Medicaid Spending by Type of Service for Dual Eligibles, FFY 2008

Long-Term Care



Acute Care



Total = $89.0 billion

Total = $28.0 billion

Source: Kaiser Commission on Medicaid and the Uninsured and Urban Institute estimates based on data from FY 2008 MSIS and CMS-64 reports, 2012.

Note: Does not include Medicare premiums. Totals and percentages may not match other tables and figures that include premium data.

Is There a Role for Risk Stratification?

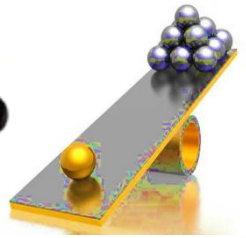
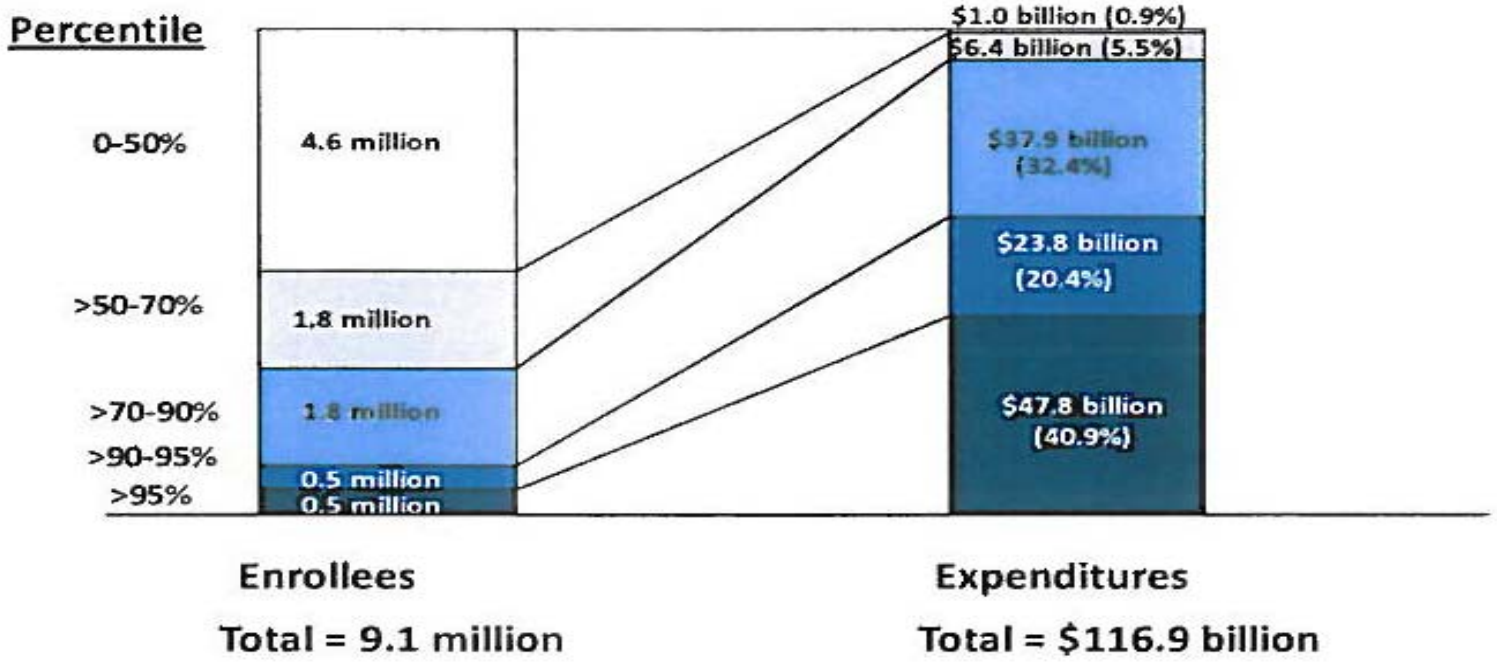


Figure 6

Dual Eligible Enrollment and Medicaid Spending by Per Enrollee Spending Percentile, FFY 2008

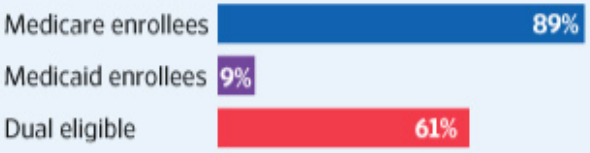


Source: Kaiser Commission on Medicaid and the Uninsured and Urban Institute estimates based on data from FY 2008 MSIS and CMS-64 reports, 2012.

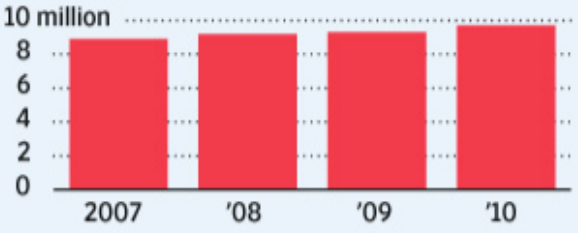
Note: Does not include Medicare premiums. Totals and percentages may not match other tables and figures that include premium data.

Health Chart | Medicare/Medicaid 'dual eligibles' take a big bite of spending; a snapshot of the group

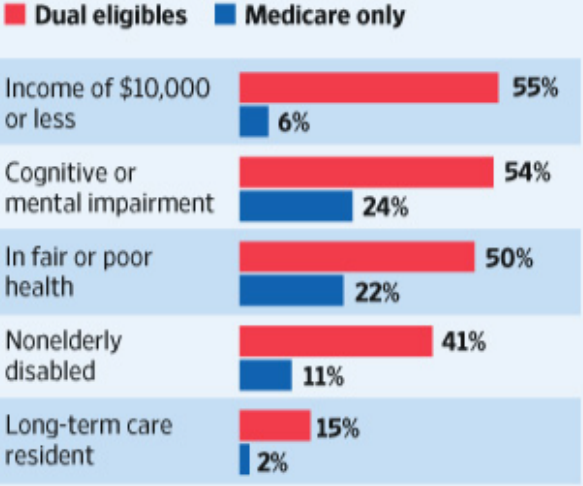
The percentage who are age 65 and older



The number of people eligible for both Medicare and Medicaid has been rising*



How dual eligibles compare to other Medicare beneficiaries



Many hospitalizations of dual eligibles are potentially avoidable, one study showed.

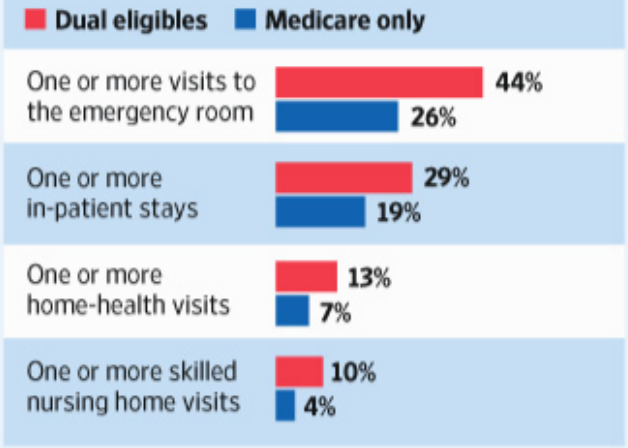
Total hospitalizations for dual eligibles, 2005
958,837

Potentially avoidable hospitalizations
382,846, 40%

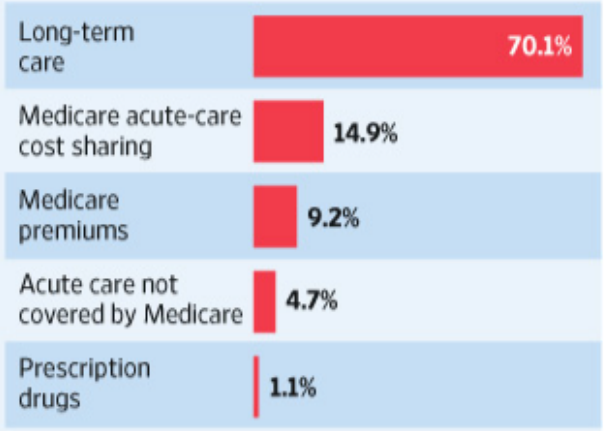
For potentially avoidable hospitalizations

Average length of stay	Average cost to Medicare	Average cost to Medicaid
6.7 days	**$7,846**	**$321**

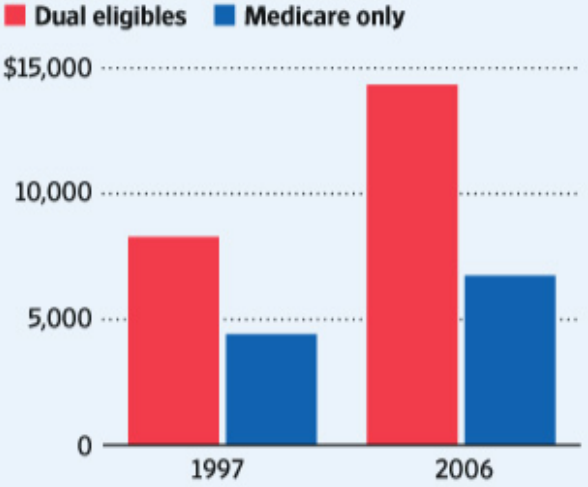
Dual eligibles use more medical services than other Medicare beneficiaries. Share of 2006 beneficiaries with:



Dual eligibles make up about 40% of Medicaid spending. Where the money goes:



The average Medicare spending per dual eligible is higher than for other beneficiaries.



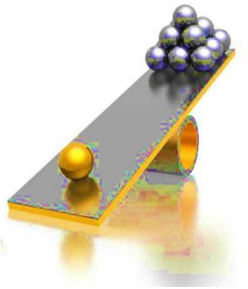
*2007 and 2008 are fiscal years, 2009 and 2010 calendar years.

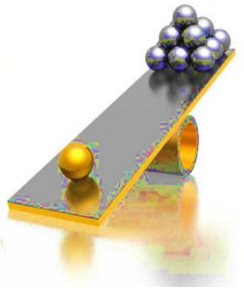
Sources: Centers for Medicare and Medicaid Services; Kaiser Family Foundation; Medicare Payment Advisory Commission


SURE WE CAN FIND the CAUSE. I'LL JUST SCHEDULE ANOTHER MRI, CAT SCAN, ELECTROCARDIOGRAM, COLONOSCOPY, BLOOD TEST.....
Medical Costs

TABLE 2: Medicare Dual Eligible Special Needs Plans (D-SNPs)

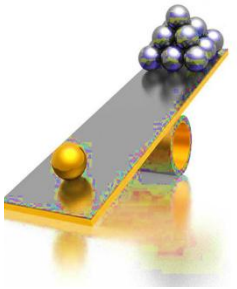
Demonstration County[8]	Selected Demo Plan	Medicare D-SNP Plan Name	D-SNP Plan ID	D-SNP Enrollment[9]
Los Angeles (373,941 Duals)	Health Net	Health Net Seniority Plus Amber I and II	H0562-055-0 H0562-070-0	4,632
	L.A. Care Health Plan	L.A. Care Health Plan Medicare Advantage	H2643-001-0	2,860
Orange (71,588 Duals)	CalOptima	OneCare	H5433-001-0	13,400
San Diego (75,724 Duals)	Care 1st	Care1st TotalDual Plan	H5928-009-0	2,086
	Community Health Group	CommuniCare Advantage	H7086-001-0	1,071
	Health Net	Health Net Seniority Plus Amber I and II	H0562-055-0 H0562-070-0	2,318
	Molina	Molina Medicare Options Plus	H5810-001-0	1,252
San Mateo (13,787 Duals)	Health Plan of San Mateo	HPSM CareAdvantage	H5428-001-0	7,925



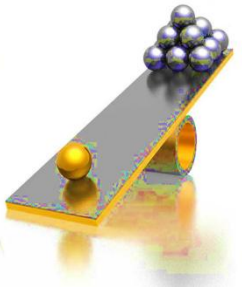


Medicare Ratings Key	
5 Star	Excellent
4 Star	Above Average
3 Star	Average
2 Star	Below Average
1 Star	Poor

TABLE 1: Medi-Cal and Medicare Plan Performance Overview

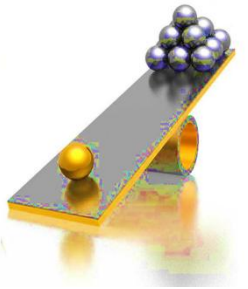


County	Plan	Overall Plan Rating	
		Medi-Cal (Adult)	Medicare
		(Out of 5 Stars)	(Out of 5 Stars)
Los Angeles	L.A. Care Health Plan	1 Star	2.5 Stars
	Health Net	1 Star	3.5 Stars
Orange	CalOptima	1 Star	4 Stars
San Diego	Care 1st	1 Star	3 Stars
	Community Health Group	1 Star	Insufficient Data
	Health Net	1 Star	3.5 Stars
	Molina	1 Star	2.5 Stars
San Mateo	Health Plan of San Mateo	3 Stars	3.5 Stars



Medi-Cal Ratings Key (Adult Medicaid)		
5 Star	Excellent	≥ 90th percentile
4 Star	Very Good	75th and 89th percentiles
3 Star	Good	50th and 74th percentiles
2 Star	Fair	25th and 49th percentiles
1 Star	Poor	< 25th percentile

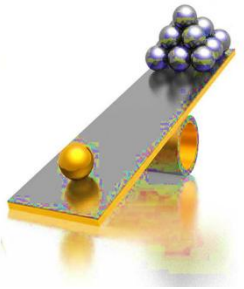
TABLE 7: Los Angeles County Medi-Cal Plan Performance Ratings



Medi-Cal Plan Performance Ratings		
Los Angeles County (373,941 Duals)		
Performance Measures	**Health Net**	**L.A. Care Health Plan**
Rating of Health Plan (Adult Medicaid)	1 Star out of 5	1 Star out of 5
Rating of All Health Care (Adult Medicaid)	1 Star out of 5	1 Star out of 5
Getting Needed Care (Adult Medicaid)	1 Star out of 5	1 Star out of 5
	2nd Lowest Rated Plan Statewide	
Getting Care Quickly (Adult Medicaid)	1 Star out of 5	1 Star out of 5
Shared Decision-Making (Adult Medicaid)	1 Star out of 5	1 Star out of 5*
	Lowest Rated Plan Statewide	

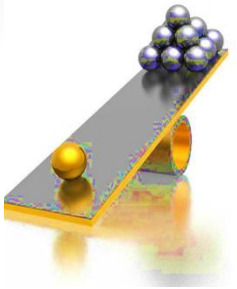
* Less than 100 Respondents

TABLE 8: Orange County Medi-Cal Plan Performance Ratings



Medi-Cal Plan Performance Ratings	
Orange County (71,588 Duals)	
Performance Measures	**CalOptima**
Rating of Health Plan (Adult Medicaid)	**1 Star out of 5**
Rating of All Health Care (Adult Medicaid)	1 Star out of 5
Getting Needed Care (Adult Medicaid)	2 Stars out of 5
Getting Care Quickly (Adult Medicaid)	1 Star out of 5
Shared Decision-Making (Adult Medicaid)	2 Stars out of 5

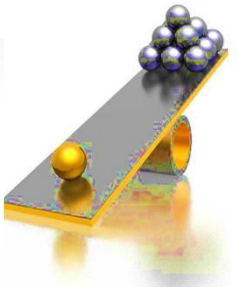
TABLE 9: San Diego County Medi-Cal Plan Performance Ratings



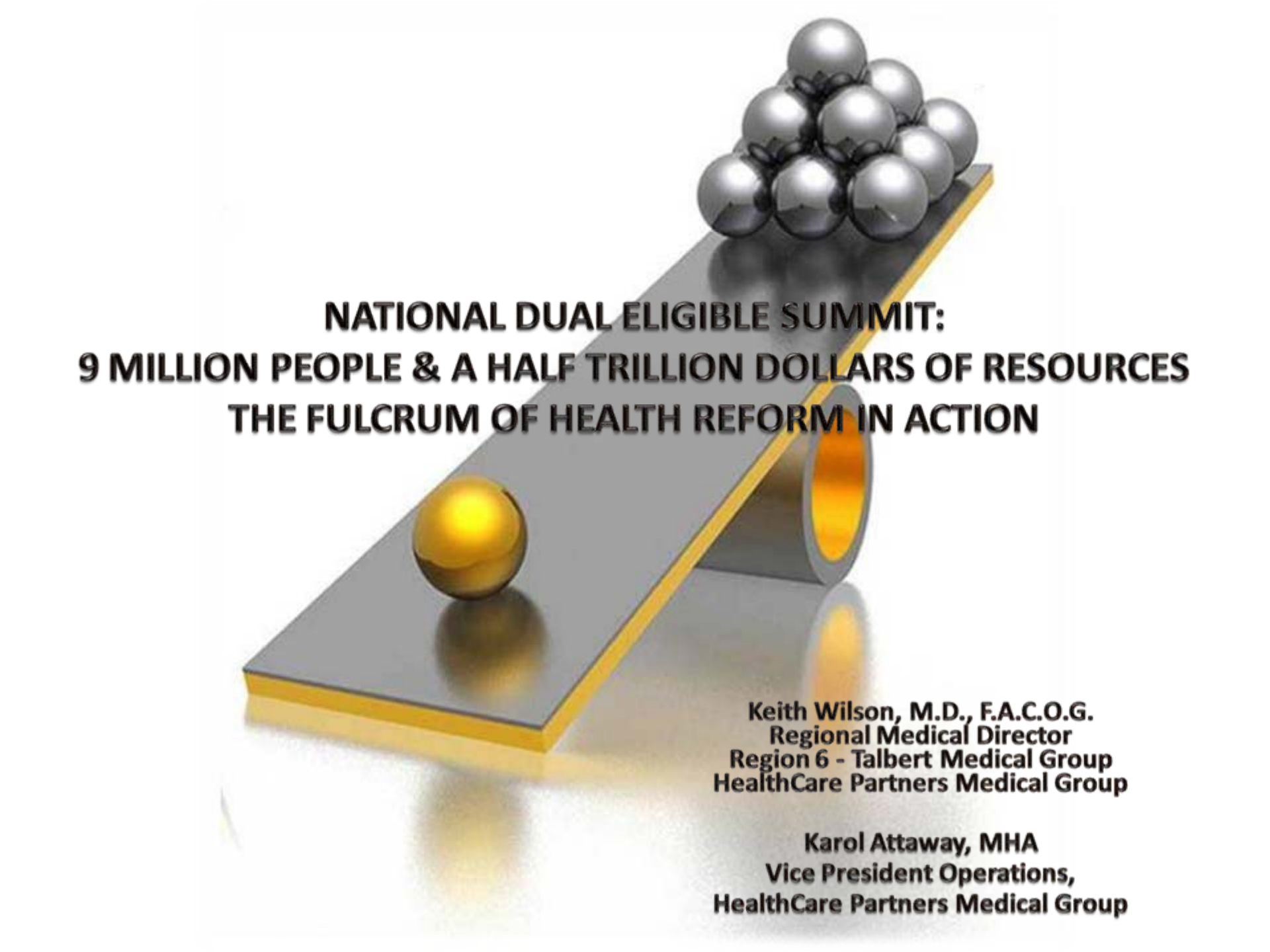
Medi-Cal Plan Performance Ratings				
San Diego County (75,724 Duals)				
Performance Measures	**Care 1st**	**Community Health Group**	**Health Net**	**Molina**
Rating of Health Plan (Adult Medicaid)	1 Star out of 5	1 Star out of 5	1 Star out of 5	1 Star out of 5
			Lowest Rated Plan Statewide	
Rating of All Health Care (Adult Medicaid)	1 Star out of 5	1 Star out of 5	1 Star out of 5	1 Star out of 5
	5th Lowest Rated Plan Statewide		3rd Lowest Rated Plan Statewide	
Getting Needed Care (Adult Medicaid)	1 Star out of 5	1 Star out of 5	1 Star out of 5	1 Star out of 5
			Lowest Rated Plan Statewide	
Getting Care Quickly (Adult Medicaid)	1 Star out of 5	1 Star out of 5	1 Star out of 5	1 Star out of 5
Shared Decision-Making (Adult Medicaid)	1 Star out of 5	2 Stars out of 5	1 Star out of 5*	1 Star out of 5
	2nd Lowest Rated Plan Statewide		5th Lowest Rated Plan Statewide	

* Less than 100 Respondents

TABLE 10: San Mateo County Medi-Cal Plan Performance Ratings



Medi-Cal Plan Performance Ratings	
San Mateo County (13,787 Duals)	
Performance Measures	**Health Plan of San Mateo**
Rating of Health Plan (Adult Medicaid)	**3 Stars out of 5**
	3rd Highest Rated Plan Statewide
Rating of All Health Care (Adult Medicaid)	3 Stars out of 5
	3rd Highest Rated Plan Statewide
Getting Needed Care (Adult Medicaid)	2 Stars out of 5
	5th Highest Rated Plan Statewide
Getting Care Quickly (Adult Medicaid)	1 Star out of 5
Shared Decision-Making (Adult Medicaid)	5 Stars out of 5
	Highest Rated Plan Statewide

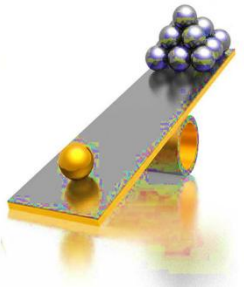


NATIONAL DUAL ELIGIBLE SUMMIT:
9 MILLION PEOPLE & A HALF TRILLION DOLLARS OF RESOURCES
THE FULCRUM OF HEALTH REFORM IN ACTION

Keith Wilson, M.D., F.A.C.O.G.
Regional Medical Director
Region 6 - Talbert Medical Group
HealthCare Partners Medical Group

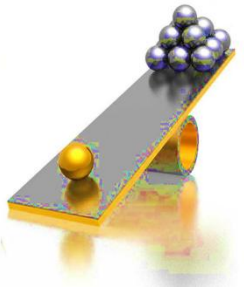
Karol Attaway, MHA
Vice President Operations,
HealthCare Partners Medical Group

WHAT DO DUALS WANT?



I WANT
IT ALL
I WANT
IT NOW

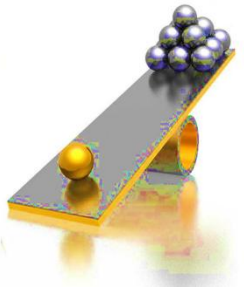
SUMMARY



- Communication
- Social Services
- Information
- Clinical Care
- Access
- Additional Benefits

Stakeholders (i.e., HICAP, Brand New Day)
Health plans
IPA physicians
Cal Duals website
Journal articles
Internal HCP resources

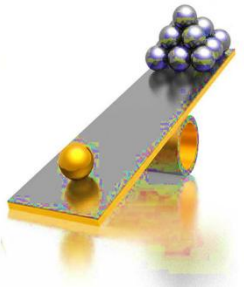
COMMUNICATION



What Duals Want

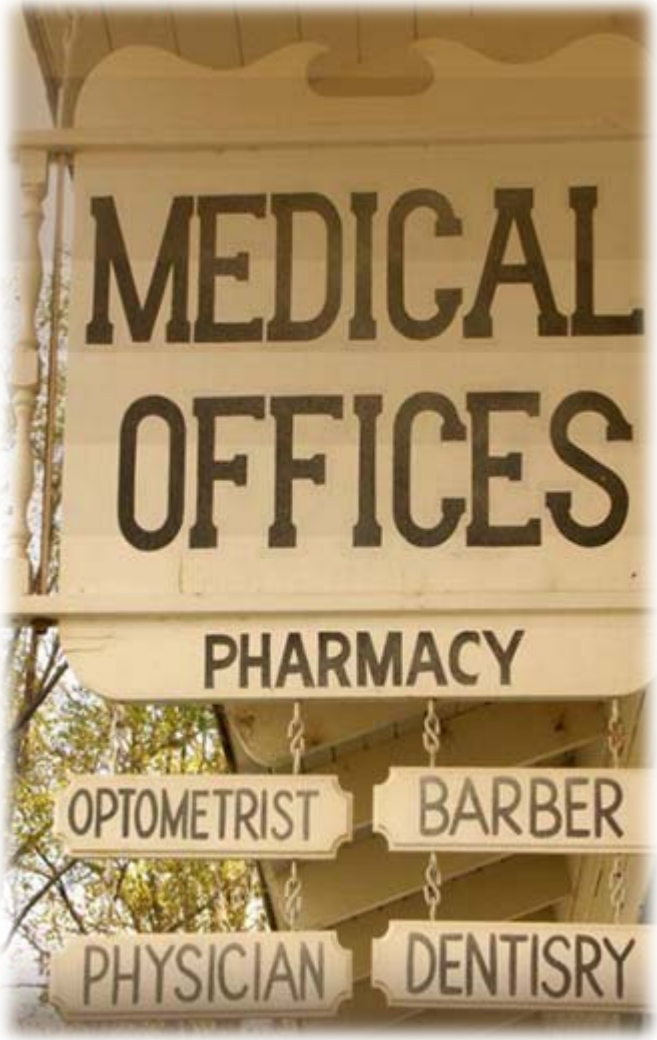
- 800 number for clear and concise answers to their questions
- In-person conversations
- Quality time with PCP
- Communication in their native language
- Less paperwork
- A "go to" person" for clinical and social issues available 24/7
- Do not want to repeat their medical history numerous times.

SOCIAL SERVICES

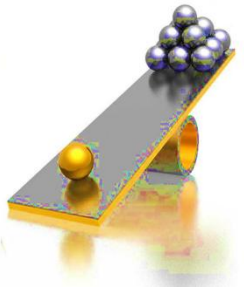


What Duals Want

- One stop shop - have medical and social needs met in one place
- Feel cared about
- Ability to socialize. Increased social activities.



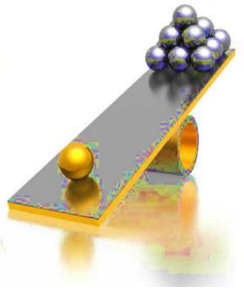
INFORMATION



What Duals Want

- Less paperwork
- Streamlined and easy appeals process

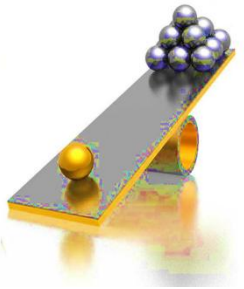
CLINICAL CARE



What Duals Want

- **Medication management**

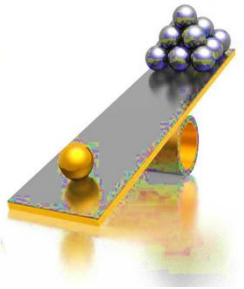
ACCESS



What Duals Want

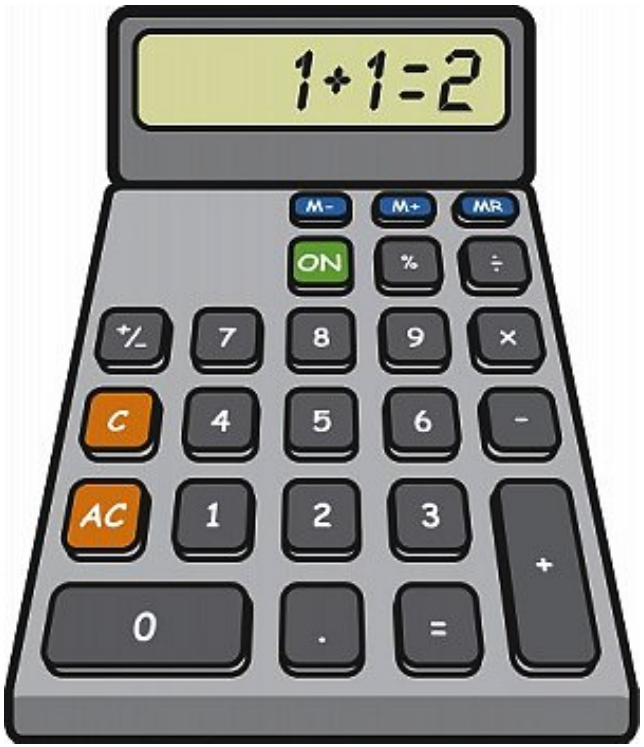
- Transportation
- Access to their PCP
- In-home support services
- Faster referral process
- Access to desired specialists
- One stop shop - have medical and social needs met in one place, 24/7

ADDITIONAL BENEFITS

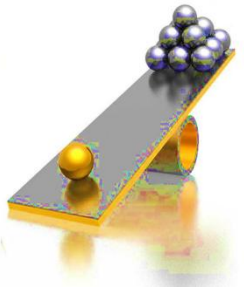


What Duals Want

- More supplemental benefits (dental & vision)
- Zero out of pocket expense
- No cost sharing
- Improved access to prescriptions/OTC drugs



THIS IS NOT A "ONE SIZE FIT'S ALL" POPULATION



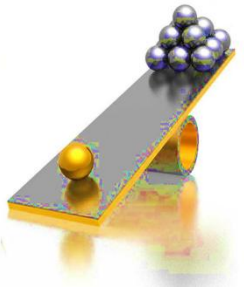
- One out of three are women
- Six out of ten beneficiaries have cognitive impairment issues
- 25.1% have 3 or more ADL's
- 3.8% spend time in community based institutions
- 31.9% no health conditions on record

Kaiser Foundation - July 2012

DID YOU KNOW?

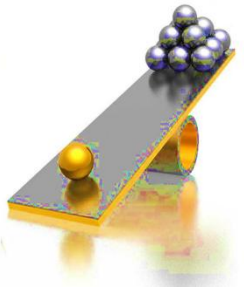
- Can you clearly define the Medicare saving program benefits for QMB, SLMB, QDWI or QI programs for Medicare prescription programs?
  - Qualified Medicare Beneficiary (QMB) Program; Specified Low-Income Medicare Beneficiary (SLMB) program; Qualified Disabled and Working Individuals (QDWI) program; and Qualifying Individual (QI)

DID YOU KNOW?



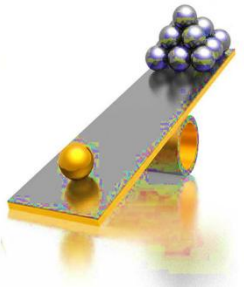
- Many states are approaching the Duals from different perspectives
  - 15 States were selected to receive up to $1 million to support the design of programs to better coordinate care for dual eligible individuals:
    - California * Minnesota * South Carolina
    - Colorado * New York * Tennessee
    - Connecticut * North Carolina * Vermont
    - Massachusetts * Oklahoma * Washington
    - Michigan * Oregon * Wisconsin

DID YOU KNOW?

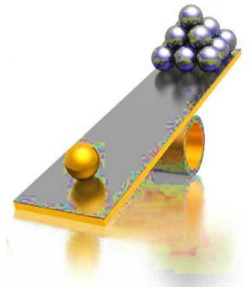


- All states do not provide like benefits?
  - Some states are only taking single components of the Medi-Medi populations
    - Over 65 years of age
    - Cognitively impaired
    - Disabled
    - California has signed up for the entire population

DID YOU KNOW?

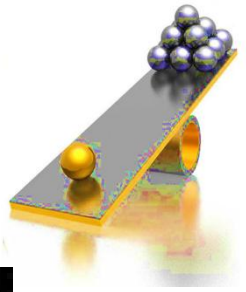


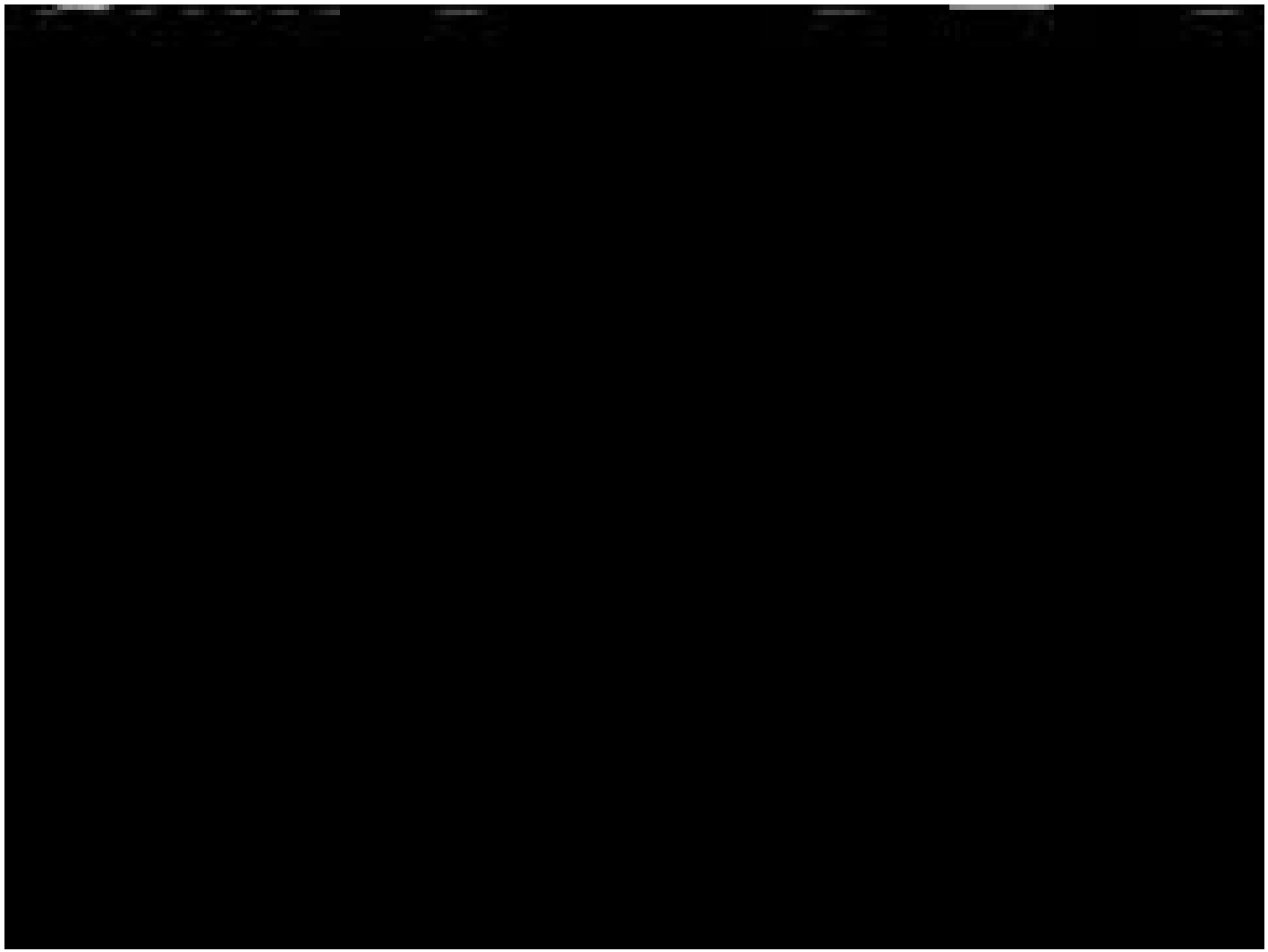
- Total spending—across all payers—for Dual Eligibles averaged about $20,840 per person in 2001, more than twice the amount for other Medicare beneficiaries.



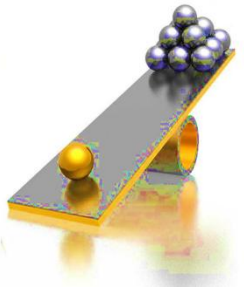
HOW DO WE GET THERE?

CURRENT STATE OF HEALTHCARE?





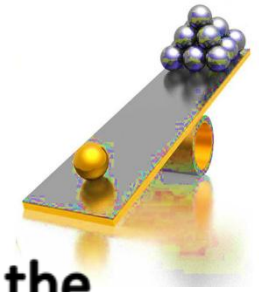
EASTMAN KODAK



- 1976 – 90% of the Film Business
- 1984 – Passed on LA Olympics
- 1997 – $1.29 Billion to $5 Million
- 2001 – #2 Digital Camera Manufacturer
- 2012 – Bankruptcy

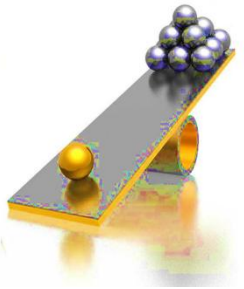
LOOKING TO THE FUTURE

CRITICAL COMPONENTS



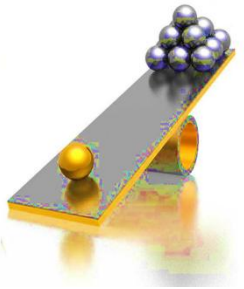
In order to provide improved care and bend the cost curve the medical community needs four critical components:

LEADERSHIP



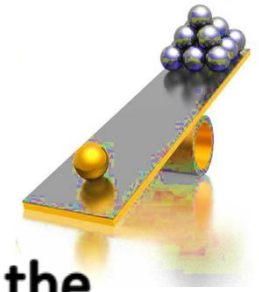
- *Go to the people. Learn from them. Live with them. Start with what they know. Build with what they have. The best of leaders when the job is done, when the task is accomplished, the people will say we have done it ourselves.*
  Lao Tzu

LEADERSHIP



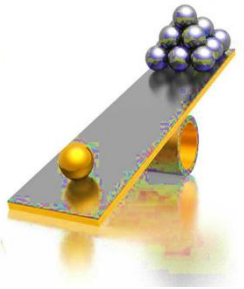
- Does it Matter?
  - Lincoln's army was inert until Ulysses S. Grant assumed command (Hogan, Curphy and Hogan (1994)
  - 19 year study of 193 companies showed that leadership accounted for about 44% of the variance in profit Weiner and Mahoney (1981)
  - High performing executives accounted for an additional $25M in value to their organizations (Barrick, Day, Lord and Alexander (1991)

CRITICAL COMPONENTS



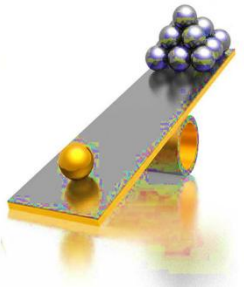
In order to provide improved care and bend the cost curve the medical community needs four critical components:

SIMPLIFICATION



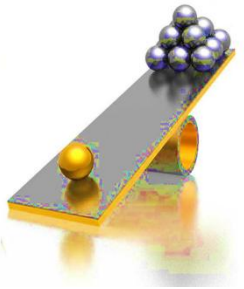
"Great leaders are almost always great simplifiers, who can cut through argument, debate, and doubt to offer a solution everybody can understand."
— General Colin Powell

SIMPLIFICATION



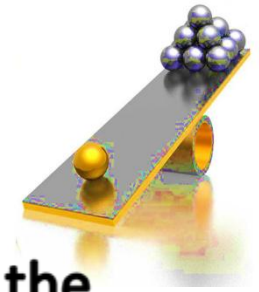
- MediCare and MediCal are two separate systems
- Established based on two different laws
- Separate
  - Benefits
  - Billing systems
  - Eligibility
  - Enrollment
  - Appeals process
  - Provider networks

SIMPLIFICATION

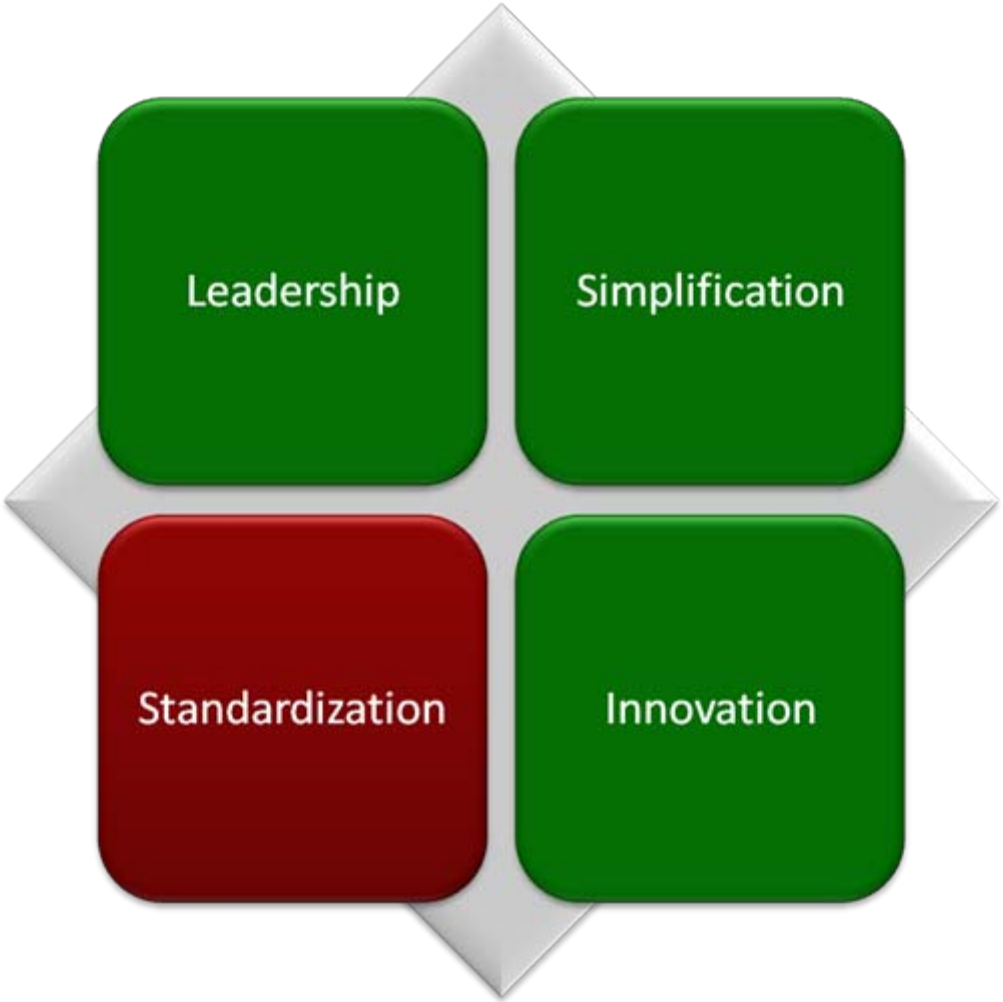


- Smartphone
  - Ease of communication
  - Immediate access to information
- On-line banking
  - Bill paying
  - ATM
- Airlines
  - Ticketing process
- Education
  - Distance learning
  - Access to best institutions

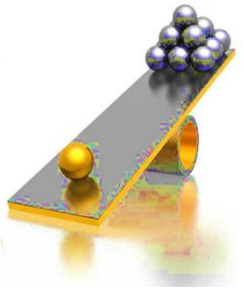
CRITICAL COMPONENTS



In order to provide improved care and bend the cost curve the medical community needs four critical components:

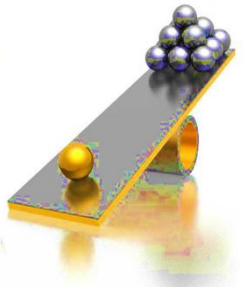


STANDARDIZATION



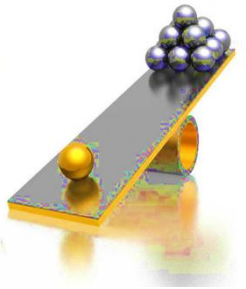
Few incentives to improve coordination and integration of the governmental systems

STANDARDIZATION



- **Incorporate**
  - **P4P**
  - **Star Measures**
  - **Hedis Quality Measures**
  - **Incentify good performance**
  - **Simplify process**
  - **Ease of access**

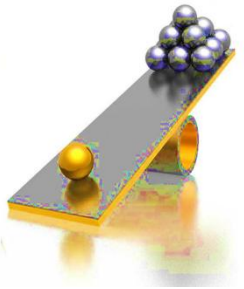
STANDARDIZATION

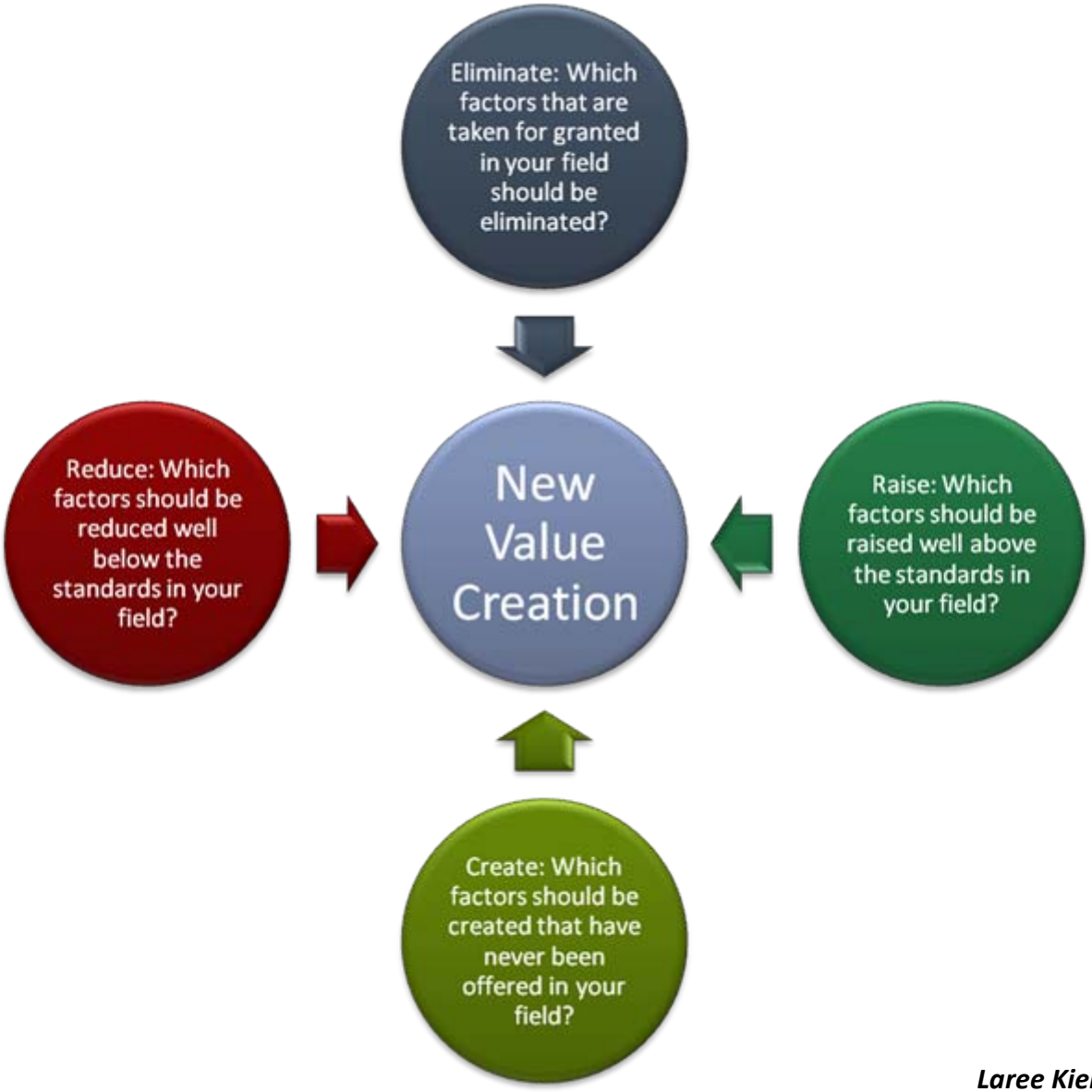


Institute of Healthcare Improvement – Triple Aim

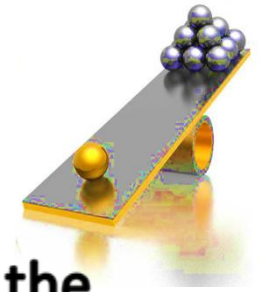
- **Improving the patient experience of care (including quality and satisfaction)**
- **Improving the health of populations**
- **Reducing the per capita cost of healthcare**

FOUR ACTIONS OF FRAMEWORK



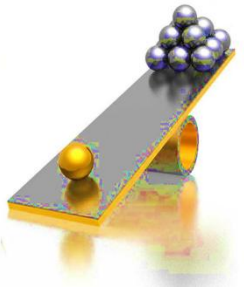


CRITICAL COMPONENTS



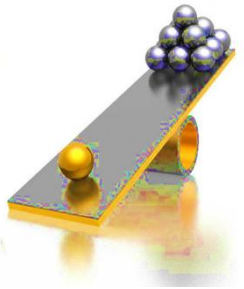
In order to provide improved care and bend the cost curve the medical community needs four critical components:

INNOVATION



- **Using "Best Imaginable" rather than "Best Practices"**
- **Projecting the "ideal" Future**
- **Align financial incentives**

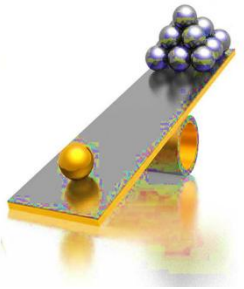
INNOVATION



The health care industry does a great job at fixing problems… but it has resulted in non-coordinated system

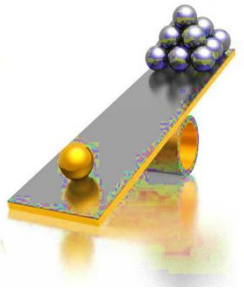
Imagine best possible systems…

INNOVATION



- **Adaptive Organization**
  - **Patients**
  - **Employee**
  - **Communication Method / Strategy**
  - **Payor Strategies**
  - **Physicians and Nurses**
  - **External Political Environment – Affordable Care Act – ObamaCare**

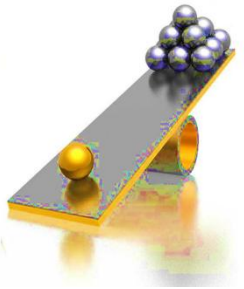
INNOVATION



Waste in the Healthcare System

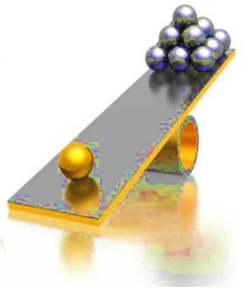
- **Healthcare spending that can be eliminated without reducing the quality of care**

INNOVATION



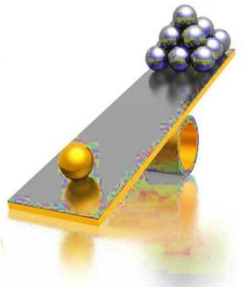
- **Waste**
  - **Reducing Emergency Department Overuse**
  - **Reducing Ambulatory Care Sensitive Conditions**
  - **Preventing and Reducing Hospital Readmissions**
  - **Decreasing Hospital Admissions – Stents, Laminectomies**
  - **Reducing Antibiotic Overuse**
  - **Reducing Inappropriate Imaging, Referrals, etc.**
  - **Eliminating Medical Errors**

INNOVATION



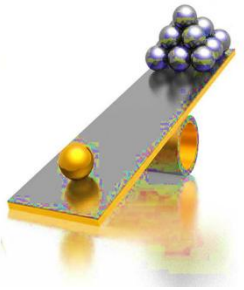
Important Dates

- **October 4, 1957 -** The Soviet Union successfully launched Sputnik I. The world's first artificial satellite
- **December 17, 1903 -** Orville Wright piloted the first powered airplane 20 feet above a wind-swept beach in North Carolina
- **May 14, 1796 -** World's first vaccination as a preventive treatment for smallpox



The greatest danger in times of turbulence is not the turbulence;
it is to act with yesterday's logic.

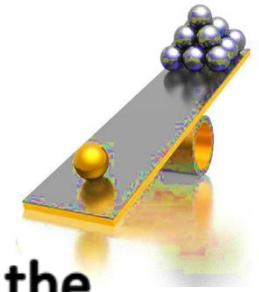
— Peter Drucker —



Duals are the most vulnerable population so we have to be mindful in design and oversight of the care and integration models we develop


GOAL
Best IMAGINABLE delivery system that will enhance the beneficiaries health care in the most cost effective manner

CRITICAL COMPONENTS



In order to provide improved care and bend the cost curve the medical community needs four critical components: