



MissionPoint

HEALTH PARTNERS

The Changing Healthcare Environment – The Movement to “Value”

Presented by Jordan Asher, MD, MS
Chief Clinical Officer,
Chief Innovation Officer

“It is not necessary to change. Survival is not mandatory.”

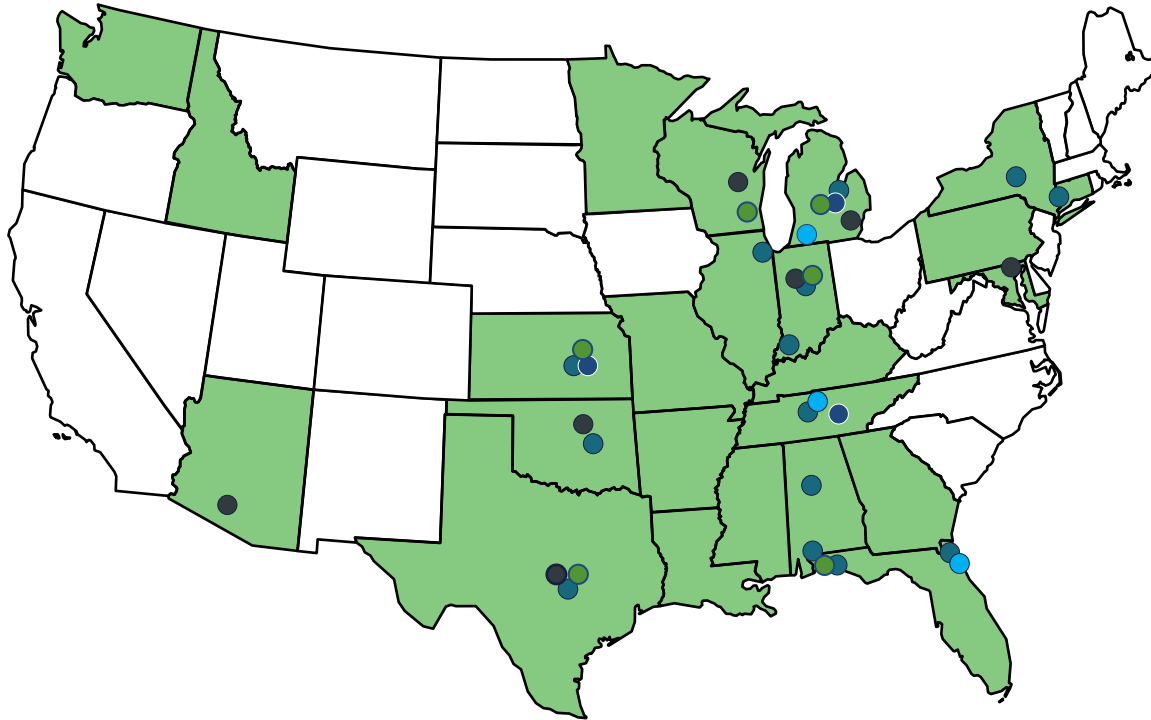
W. Edwards Deming

“A mind stretched by new ideas, never returns to its original shape.”

Oliver Wendell Holmes, Jr.

“Change always comes bearing gifts....”

Price Pritchett



Map Key:

- 7 Wholly/Partially Owned Health Plans
- 14 MSSP ACOs in 12 Ministry Markets
- 6 Ministry Markets Participating in CJR Bundled Payments (16 hospitals)
- 3 Ministry Markets Participating in CMMI Bundled Payments
- 3 PACE Programs

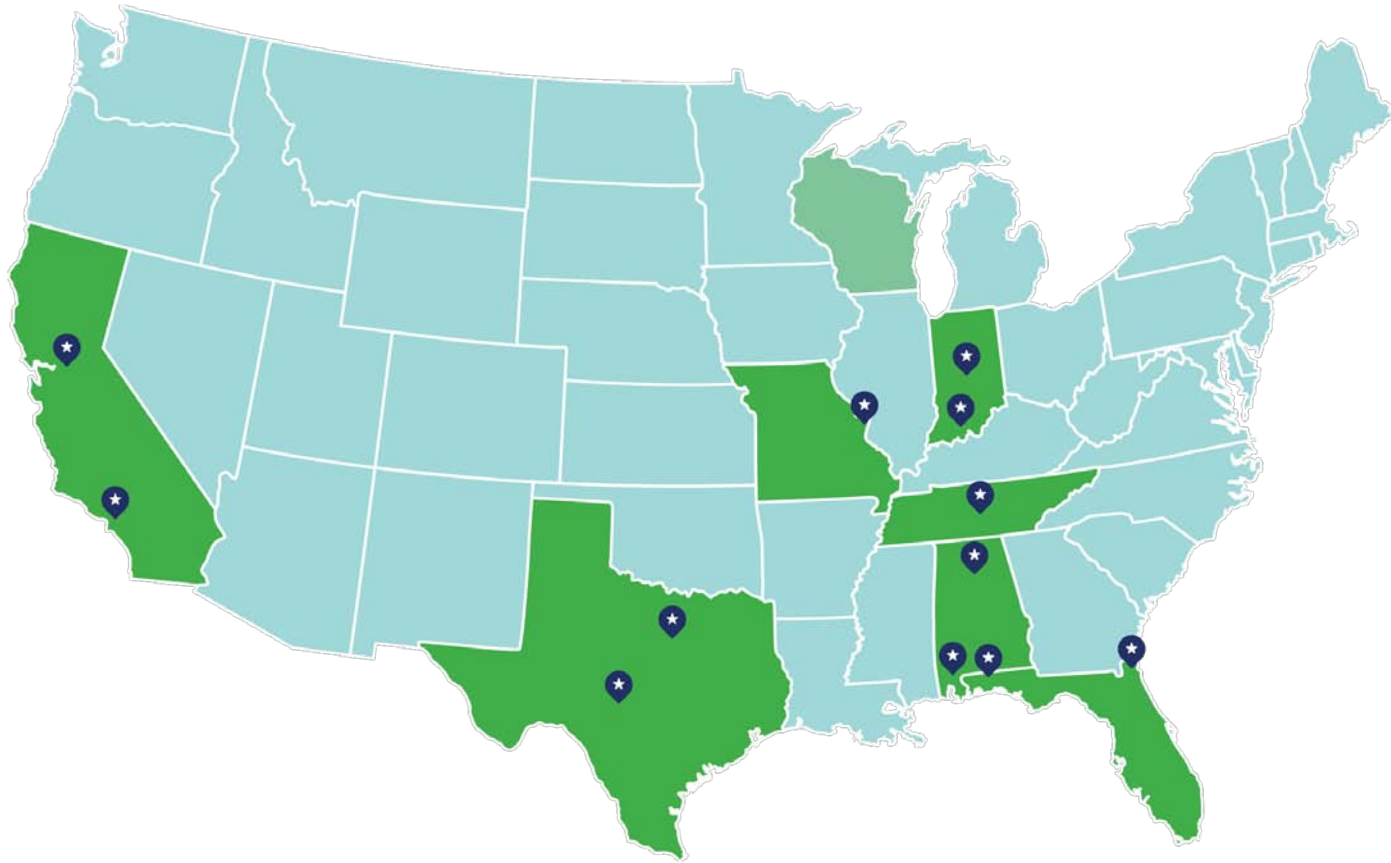
OTHER SYSTEM MEASURES

>7,000 Employed Providers

3 2.6M Covered Lives Under Value-Based Contractual Arrangements

Ascension is the largest Catholic health system, the largest private nonprofit system and the second largest system (*based on revenues*) in the United States, operating in 24 states and the District of Columbia

MPHP Continually Growing Network



7

STATES
SERVED

9,100 +

PROVIDERS

250K

MEMBERS

\$1.5B

HEALTH SPEND
MANAGED

5

EMPLOYER
CLINICS

The diagram illustrates the Value Equation as a mathematical formula. On the left, a large teal letter 'V' is positioned above the word '(VALUE)'. To its right is an equals sign. Further right is a horizontal line representing a denominator. Above this line are two large letters: a light blue 'Q' above '(QUALITY)' and a dark blue 'S' above '(SERVICE)', with a plus sign between them. Below the horizontal line is a large green dollar sign '\$' above the word '(COST)'.

$$\text{V (VALUE)} = \frac{\text{Q (QUALITY)} + \text{S (SERVICE)}}{\text{\$ (COST)}}$$

MissionPoint's Four Aims

IMPROVE THE
HEALTH OF
COMMUNITIES



REDUCE
HEALTH CARE
COSTS



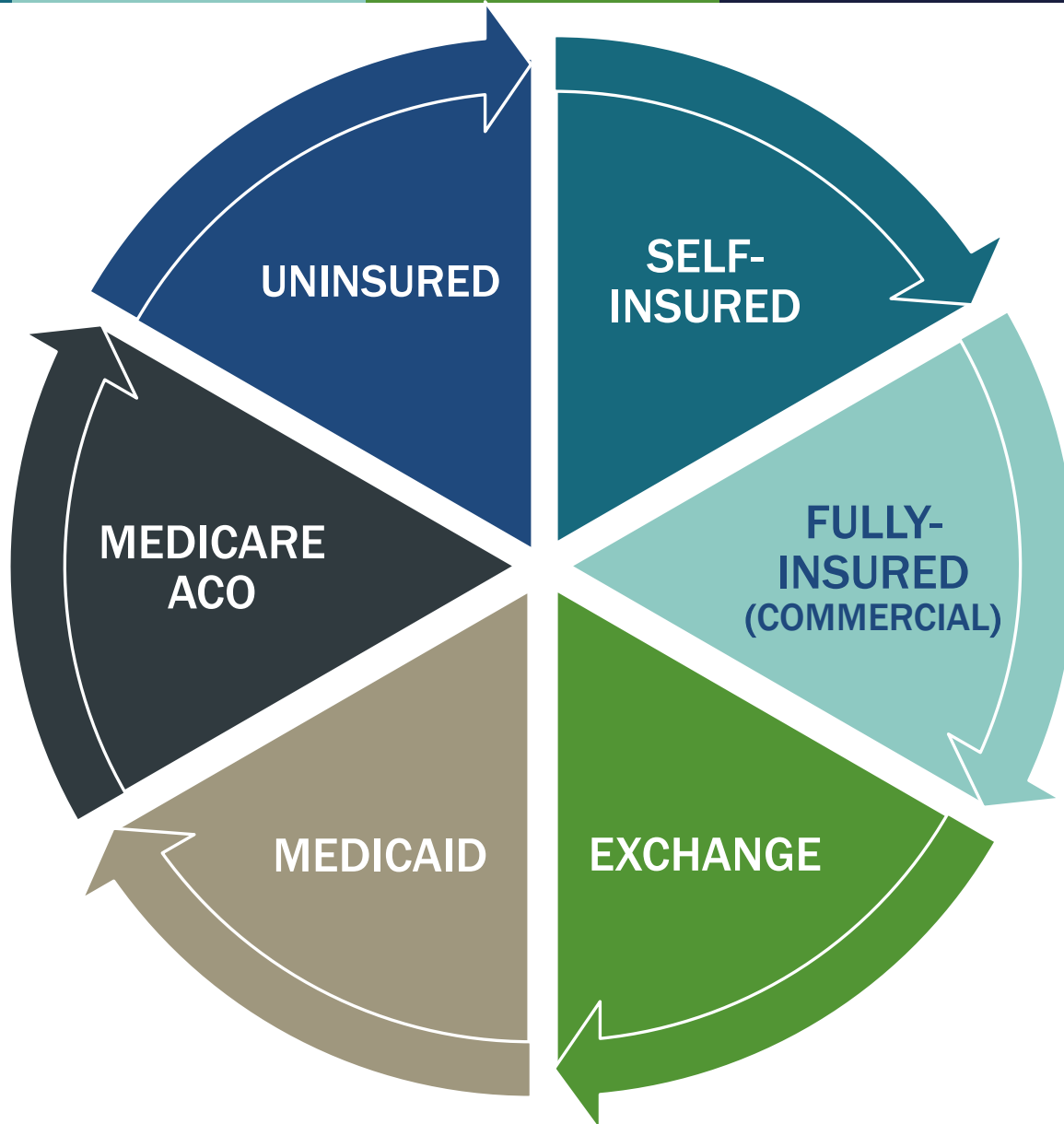
IMPROVE THE
PATIENT
EXPERIENCE



ENRICH
LIVES OF
CAREGIVERS



Focused on Six Populations



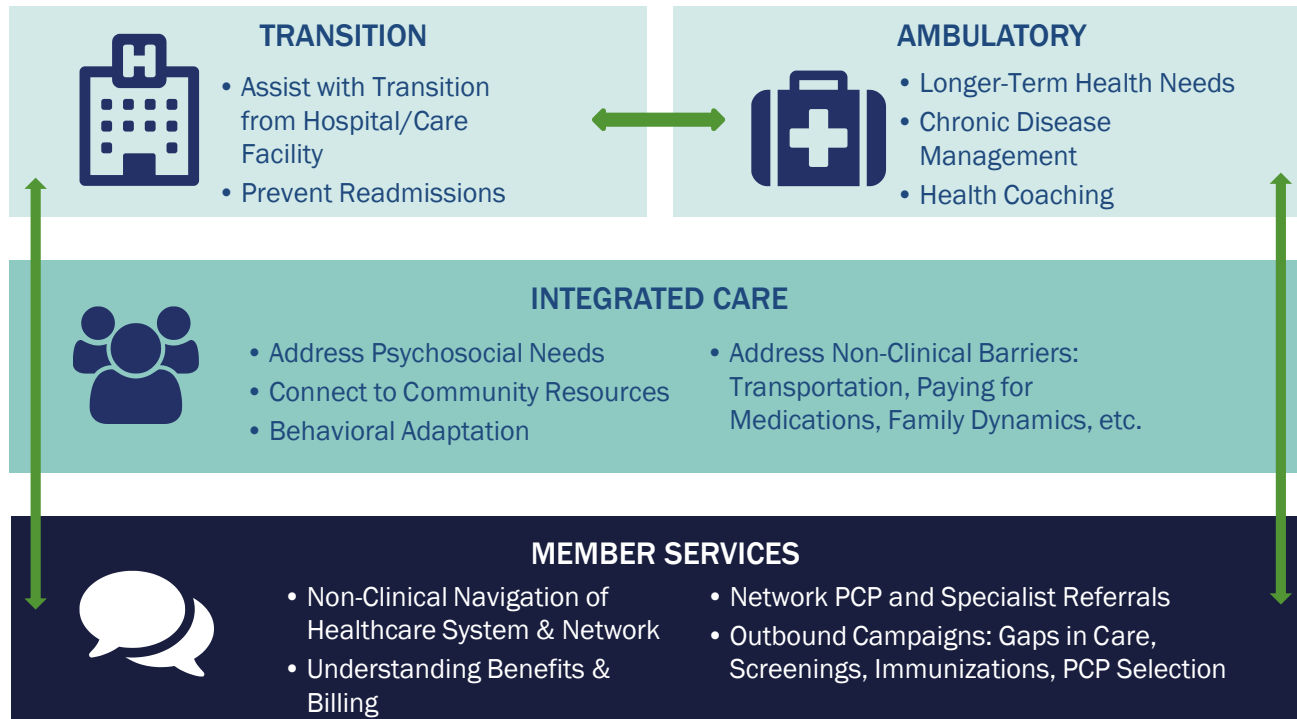
- Life vs Non-death
- Health Status vs. Health Care
- Patient Activation and Engagement vs. Experience
- Nonclinical vs. Clinical Determinants of Health
- Clinically Integrated Systems of Care
- Dis-eases of Life

Four Teams Working Together to Solve Member's Issues

MEMBER CONNECTS TO HEALTH PARTNER

Proactive Outreach Based on Cost or Risk

Physician Referral • Self Referral • Hospital Discharge • ED Visit • Specific Diagnosis



- Model helpful for MIPS
 - Cost Resource Use – cost of care reduction
 - Clinical Practice Improvement – MSSP, care coordination
 - Quality – closing gaps of care
- Model helpful for Advanced APM
 - MSSP/NextGen tracks
 - Advanced Medical Home (CPC +) support
 - Risk bearing ability for public and private lives
 - Quality – closing gaps of care



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