
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
CURRENT VALUE-BASED HEALTHCARE DELIVERY

Map Key:

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

OTHER SYSTEM MEASURES

- >7,000 Employed Providers
- 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 Value Equation

\[ V = \frac{Q + S}{C} \]

(VALUE) (QUALITY) (SERVICE) (COST)
<table>
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<tr>
<th>MissionPoint’s Four Aims</th>
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<tr>
<td>IMPROVE THE HEALTH OF COMMUNITIES</td>
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<tr>
<td>REDUCE HEALTH CARE COSTS</td>
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<tr>
<td>IMPROVE THE PATIENT EXPERIENCE</td>
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<td>ENRICH LIVES OF CAREGIVERS</td>
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Focused on Six Populations

- UNINSURED
- SELF-INSURED
- FULLY-INSURED (COMMERCIAL)
- MEDICAID
- EXCHANGE
- MEDICARE ACO
Conceptual Changes

• 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

TRANSITION
• Assist with Transition from Hospital/Care Facility
• Prevent Readmissions

AMBULATORY
• Longer-Term Health Needs
• Chronic Disease Management
• Health Coaching

INTEGRATED CARE
• Address Psychosocial Needs
• Connect to Community Resources
• Behavioral Adaptation
• Address Non-Clinical Barriers: Transportation, Paying for Medications, Family Dynamics, etc.

MEMBER SERVICES
• Non-Clinical Navigation of Healthcare System & Network
• Understanding Benefits & Billing
• Network PCP and Specialist Referrals
• Outbound Campaigns: Gaps in Care, Screenings, Immunizations, PCP Selection
MACRA Impact

• 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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