

# Care for the Common Good

## Alternative Payment Models

The Path to Increased Health Care Resiliency



Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. We advocate for public policies that promote care for the common good including expanding health care coverage and care, investing in public health, paying for high-value care, and improving the health of communities.

### Trinity Health's Commitment to Alternative Payment Models

Trinity Health is the leading health system dedicated to transforming care delivery through alternative payment models (APMs). Holding more than \$10 billion in cost of care accountability through these arrangements, Trinity Health holds providers accountable for quality and cost of care for more than 1.6 million patients including:

- 275,000 lives in Medicare accountable care organizations (ACOs).
- 165,000 lives in Medicare Advantage models.
- 1 million lives in commercial and Medicaid APMs.

In addition, as a top performer in the models in which Trinity Health participates, it achieves year-over-year improvements in quality and affordability. Trinity Health is committed to care delivery that holds providers accountable for the health of the people and communities served and advances health equity across populations.

### Utilizing Existing Infrastructure to Create Health Care Resiliency

The COVID-19 pandemic has laid bare some of the short comings of the nation's health care infrastructure. Health care providers participating in traditional fee-for-service payment arrangements were negatively impacted by the pandemic as they experienced a decline in patients seeking care and significantly reduced revenue as well as opportunities to provide needed care. To truly make health care more resilient, all providers and payers—both public and private—must move toward value-based care and decrease reliance on fee-for-service reimbursement.

Trinity Health was able to draw from the experience built over nearly a decade of improving population health through APMs to readily respond to the COVID-19 pandemic in communities both clinically and operationally.

#### *Clinical capabilities of APM arrangements*

The clinical team within a population-based delivery model is skilled at assessing and identifying the needs of the whole person. Thus, Trinity Health teams were able to quickly apply the same expertise used to manage patients attributed to an APM to develop a whole-person plan of care for all patients at risk for COVID-19.

For example, care teams in the Syracuse, New York ACOs were able to create patient-centered care plans for more than 13,000 individuals who were at-risk for COVID-19 due to underlying clinical conditions. These teams taught sign and symptom management, ensured patients had their medications, and took other preventative measures to ensure they stayed safe and healthy. The teams were able to quickly apply the work they regularly do for patients, who have chronic disease, to respond to COVID-19 impacts for patients who were attributed to their ACO and for those who were in traditional fee-for-service payment models.

### Trinity Health COVID-19

- Set up social care hubs in each market to identify and respond quickly to the social needs of patients at-risk for COVID-19, and to reach other at-risk populations with social needs.
- Built analytic capabilities on top of Trinity Health multi-payer claims data warehouse and used these same tools to identify and segment patients at-risk for COVID-19 to design a tailored outreach program.
- Deployed medical and nursing students to make well-being checks on lower-risk patients; 25 percent of outreach efforts resulted in follow-up appointments for needed care.
- Proactively assessed skilled nursing facilities (SNFs) and sites accepting COVID-19 positive patients.
- Used existing network of SNFs to quickly stand up daily two-way communication when a market was surging and/or when an outbreak hit one of the SNFs.
- Used a rapid response model of education, testing and clinical support for impacted SNFs.
- Advised independent providers on federal telehealth flexibilities and advocated for aligned flexibilities with commercial payers.
- Extended the Trinity Health telehealth platform to independent affiliates in Clinically Integrated Networks.

# Alternative Payment Models and Health Care Resiliency

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While there is no payment mechanism to support population health activities for patients outside of an ACO or APM, Trinity Health responded with the right care for more than 240,000 individuals across the footprint who were at-risk for serious illness if they contracted COVID-19.

## *Operational capabilities of a Clinically Integrated Network*

To manage APMs in communities, Trinity Health established 16 Clinically Integrated Networks that serve as operational homes. The existing operational capabilities that Trinity Health developed to support the work of APMs were invaluable to the COVID-19 response.

The majority of physicians in the communities served and in Trinity Health APMs are independent providers in their own practice. Trinity Health was able to immediately deploy support to these providers to help them respond to the COVID-19 pandemic through existing network support capabilities. Trinity Health created communication tools to provide physicians access to clinical information, guidance for use of personal protective equipment (PPE), access to pricing discounts for PPE, and patient-facing materials and support. In addition, daily communication with updated information from the CDC was provided and the Trinity Health pandemic response team was made available for guidance and support. Among other things, these experts offered understanding in federal and state waivers, funding opportunities, and the expansion of telehealth flexibilities.

## Rapid Movement to Alternative Payment Models is Critical

Trinity Health's experience responding to COVID-19 reinforced the importance of APMs—particularly population-based APMs that are based on expected rather than historical costs—to create and support health system resiliency. These payment arrangements scale and translate effectively while fostering innovation and collaboration.

The overall success of this work outlines the need for the Centers for Medicare and Medicaid Services and Congress to move providers and payers to population-based APMs more rapidly, including:

- Implement the Direct Contracting model, including widely disseminating details on the model.
- Develop robust Medicaid APMs with opportunity for providers to contract directly with the states.
- Ensure appropriate incentives for providers taking on increasing levels of financial risk, including pausing Medicare Access and CHIP Reauthorization Act 2015 (MACRA) thresholds at 2020 levels for 2021.
- Directly incentivize commercial payer participation in population-based, premium-based Advanced APMs that create new opportunities for patients and providers to benefit from improvements in quality and affordability.

Trinity Health is committed to working with federal, state and health plan partners to accelerate participation in APM models. The faster the national health system moves away from payment built on fee-for-service and towards true population-based payments models, the more resilient the nation's health care infrastructure will be.

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### Mission

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

### Core Values

Reverence • Commitment to Those Who Are Poor • Safety • Justice • Stewardship • Integrity