

General Motors and Henry Ford Health System



Welcome

General Motors

- Sheila Savageau, U.S. Health Care Leader

Henry Ford Health System

- Bruce Muma, MD, CEO, Henry Ford Physician Network



Agenda

- General Motors – Background and problem statement
- What does a good partner look like?
 - Enabling Factors
 - Commitment Factors
- Henry Ford Health System – Background and strategy
 - RFP Response Strategy
 - Existing Capabilities and New Processes





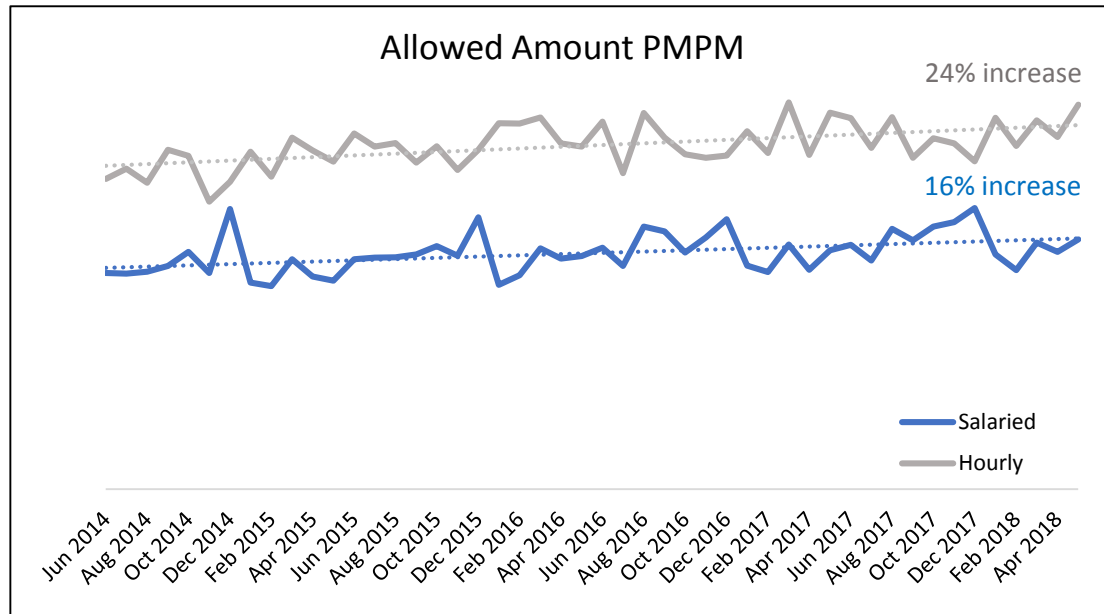
Health Care at General Motors

Three populations with different characteristics and strategies:

Salaried	Hourly / Union	Retirees
<ul style="list-style-type: none">• White collar• Design, Engineering, IT and Corporate staffs• Healthier• Value-based solutions - Detroit, Atlanta, Austin, Ft. Wayne, Kansas City, Phoenix• High-deductible plans, transparency, direct communication	<ul style="list-style-type: none">• Blue collar• Manufacturing• Less healthy• Collectively bargained, minimal cost share	<ul style="list-style-type: none">• Limited coverage• Pre-65 only• Benefit expense is capped, broad PPO options available

The problem

GM and its employees are paying more every year but not receiving improved quality of care and efficiencies from the healthcare system



- **Flint** – 30 spinal fusions ranging in price from \$14k - \$210k, avg. facility ★ rating 2/5
- **St. Louis** – 50 patients admitted >3 per year, 33% of admit cost
- **Detroit** – 356 patients with >5 ED visits, 2,710 total visits
- Less than half of people know where to go for the best health care value*

Is this the triple aim?





Why direct contracting?

Incentives are misaligned

GM's triple aim: Improved **Experience** (customer service & quality), Increased **Engagement** (right patient/right program/right plan) and Greater **Efficiencies** (cost and elimination of waste)

Accountability for cost and quality outcomes



What does a good partner look like?

- Enabling Factors
- Commitment Factors



Enabling Factors

Maturity and demonstrated ability to drive change

Does a health system have experience in risk-based arrangements or other organized systems of care?

Examples: Next Gen ACO, Employee plans, other MSSPs

Do you have a demonstrated (and quantifiable) history of driving change through your entire system?

Examples: CMS reported quality measures, Hospital Acquired Conditions reduction, CAHPS providers rates 9/10, percentage of physicians employed?

Enabling Factors

Connectivity

A key to identifying issues/successes and driving change is a supportive IT Infrastructure and robust data analytics strategy

Examples:

- Uniform or interoperable EMR
- Ability to measure individual provider performance
- Physician access to Meaningful Use Stage 2 or greater
- Internal score cards and process improvement plans



Enabling Factors

Access

Can your organization provide all or most health care needs to an acceptable standard?

GM borrowed methodology and criteria from Medicare Advantage.
Network concerns go beyond facilities:

Specialists, super-specialists (transplants), pediatric care, children's hospitals, behavioral health, primary care with capacity retail clinics, virtual care



Commitment Factors

Financial risk and payment evolution

A partner must immediately take on risk at a meaningful level

- *Must* be a down-side risk component with a tie to both quality and financials
- Services at risk should stretch beyond service provided (i.e. an ED visit outside your system is *your* responsibility)
- Payments tied to quality *must* trickle down to those providing care, not just headquarters
- We are driving care to you, a discount on fees is required



Commitment Factors

Customer service

Enhanced customer experience is priority #1

Examples: Concierge servicing/patient advocacy, patient real-time access to information (e.g., MyChart), same day appointments, top box CAHPS performance, online appointments, virtual care

Customer experience is a key differentiator and starts before a member enters the healthcare system



Commitment Factors

Governance

As a partner, you must be willing to solve problems together

Joint Operating Committee of executives and program managers meet quarterly

- Shared responsibility in measurement and reporting
- Third-party Administrator is a strategic partner, not a barrier
- Robust operational plans, implementation plans, data-sharing, transparency and commitments to continual improvement



Henry Ford Health System

Background

Henry Ford established an integrated hospital in 1915

>30,000 employees at Henry Ford Health System (HFHS)

Henry Ford Hospital

- 802-bed academic medical center
- 16th largest teaching hospital in the U.S.

Community hospitals

- Macomb – Clinton Township
- Wyandotte
- West Bloomfield
- Allegiance
- Behavioral Health (3 facilities)



Henry Ford Health System

Background

Ambulatory facilities

- Includes medical centers, outpatient surgery, urgent care and emergency services

Community Care Services

- Full pharmacy services: OPD, PBM, Specialty, home infusion
- DME
- Optometry
- Dialysis
- Home Health Services

Provider Based Health Plan: Health Alliance Plan Insurance

Clinically Integrated Network: Henry Ford Physician Network launched in 2010

- 2,200 physicians, employed and independent
- Next Generation ACO



RFP Response and Implementation Strategy

Created a new, multidisciplinary team to be on the “other” side of the RFP process

- Sponsorship and active involvement by HFHS senior leadership
- Core team and sub teams: Population Health, Henry Ford Physician Network, Analytics, Finance and Managed Care Contracting, IT, Legal, Access Service, Care Experience, Quality & Safety, Marketing, Communications, Health Alliance Plan
- For core team, at least weekly meetings throughout implementation process and at least monthly ongoing. For sub teams, meetings as needed



Key Existing Capabilities and New Processes

Existing

- Expertise in risk contracting with 25+ years of experience
- System strategic intent to pursue value based care
- Data infrastructure and advanced analytics
- Longstanding commitment to performance improvement
- Virtual care capabilities

New

- Pulling together experts and decision makers for RFP response
- Provider network agility in responding to geo-access requirements and risk contracting opportunity
- Customer service enhancements, including new resources and appointment access guarantees



Clinically Integrated Network

Experience with upside/downside, value-based risk contracts

Henry Ford Physician Network - 2010

- Commercial ACO (40,000 covered lives) – focused on HFHS employee's and HFHS's health plan (HAP)
- 2,200+ Physicians – 65% employed/35% independent physicians
- Favorable incentive performance – multi-year

CMS Next Generation ACO - 2016

- 80% upside/downside risk - 27,000 beneficiaries
- Subset of Henry Ford Physician Network
 - All PCPs on HFHS version of EPIC
 - 85% employed physicians
- Favorable shared savings incentive in 2016, 2017, YTD 2018 (90.5% quality score in 2017)



Provider Network Management

Process to quickly meet geo access standards

- Restructuring of CIN – shift to PO centric model
- Significant attraction to participate among POs in high profile, direct-to-employer contract
- Identification of gaps and alignment using geo-access mapping

Process to integrate across diverse provider landscape

- Practice profiling for concierge services
- Data integration platform to collect PO based registry/EMR data
- Communication/liaison planning

Process to align financial model and shared savings incentives

- HFHS holds primary contract with HFPN as exclusive provider network.
- Incentive distribution formula patterned after NG ACO model



Network Utilization Management

Network Model

- Prospective attribution to HFPN network based on majority of claims expense during baseline period.
- Self insured PPO model with TPA support
 - Claims-based data provided to EDW to detect trends and educate providers
 - Selected TPA sponsored, prior authorization programs (selected high cost episodes, elective procedures, admissions review)
 - ADT information via State of Michigan HIE (MiHIN)

Population Health Tools

- Leverage EPIC registry tools and alerts within employed practices
- Leverage independent PO capabilities (embedded CM, performance reports, specialist variation reporting, etc.)
- Enrollment in existing, embedded population health programs (case management, emergency department disposition support, comprehensive care centers, virtual chronic care, post-acute care surveillance, external hospitalist agreements)

Data Capabilities

Existing infrastructure and connectivity

- Epic as EMR, Care Everywhere
- Enterprise data warehouse, ability to receive and analyze claims and EMR data
- Michigan Health Information Network (MiHIN) for ADT tracking
- Patient registries embedded in EMR and equipped with alerts
- CCD data exchange with independent EMR's

Existing analytic support

- Dashboards and quality reporting deployed across entire network
- Risk/population stratification capability (OPTUM and home grown models)



Customer Experience

Care and experience is part of System's existing strategic plan and True North framework

New/expanded service offerings implemented for GM

- Concierge team
 - New group within existing contact center focused solely on GM patients who choose ConnectedCare
- 24/7 nurse advice line
 - Opening to all GM patients who choose ConnectedCare
- Appointment access guarantees
 - Primary care within next day, specialty within 10 business days

Virtual care alternatives to enhance customer satisfaction and convenience



System Alignment

HFHS True North framework aligned with triple aim

- GM / HFHS Quality Metrics consist of a balance of quality, cost, utilization and patient experience metrics

HFHS Contracting Strategy

- Shift all contracts to value based model with risk

HFHS “Core Network” Strategy

- Invest in becoming the “highest performing” network in Southeast Michigan



Future Innovation

Manufacturing Innovator meets Health Care Innovator

Billing

- Look for opportunities to integrate billing processes to reduce duplication and waste
- Enhance patient experience

Virtual Care

- Revise benefit structure to support development of virtual care services
- Build on existing virtual care options and System's digital strategy

