



# Employers as Health Care Change Agents: The Time Is Now

November 2, 2022

# Today's Agenda

- Welcome & Opening Remarks
  - Jeffrey Kluever, BHCG Executive Director
- BHCG C-Suite Perspective
  - Todd Smasal, Vice President Total Rewards and Talent, Northwestern Mutual
- Employers as Disruptors: Strategic Investor Perspective
  - Rivka Friedman, Head of Healthcare Innovation, Morgan Health
- Alignment & Accountability: Provider Community Perspective
  - Lisa Bielamowicz, Co-Founder and CEO, Gist Healthcare
- How to Prepare for the New World: Wisconsin Health System Perspective
  - Bernie Sherry, CEO, Ascension Wisconsin
- BHCG/Centivo Model: A Win/Win/Win for Providers, Employers and Employees
  - Dave Osterndorf, BHCG Strategic Consultant & Chief Actuary, Centivo
- Panel Discussion/Q & A
- Closing Comments



# Welcome

# **Jeffrey Kluever**

**Executive Director** 

**Business Health Care Group** 

# Employers as Health Care Change Agents: The Time Is Now

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# Improve the **quality**, **affordability**, and **equity** of employer-sponsored healthcare to promote a healthier and more equitable society

...for JPMC employees:



Reduce avoidable utilization



Improve care of diabetes and cardiovascular disease



Reduce percentage of employees citing financial concerns



Decrease disease prevalence across race, income, geography

...in the employer market:



Increase lives covered by accountable care



Return on capital from Morgan Health investments

J.P.Morgan

# Employer Role in the Accountable Care Ecosystem

Employers' role in improving the value of health care services delivered to their employees and families



- Understand members' healthcare experiences and preferences
- Increase price and quality of care transparency for members
- · Communicate early and often about benefits and care choices



Access to Advanced Primary Care

- Expand care modalities
- Care management for key conditions
- Integrate behavioral health

Value-Based Specialty Care

- Incentivize highvalue care
- Provide actionable data

### Goals:

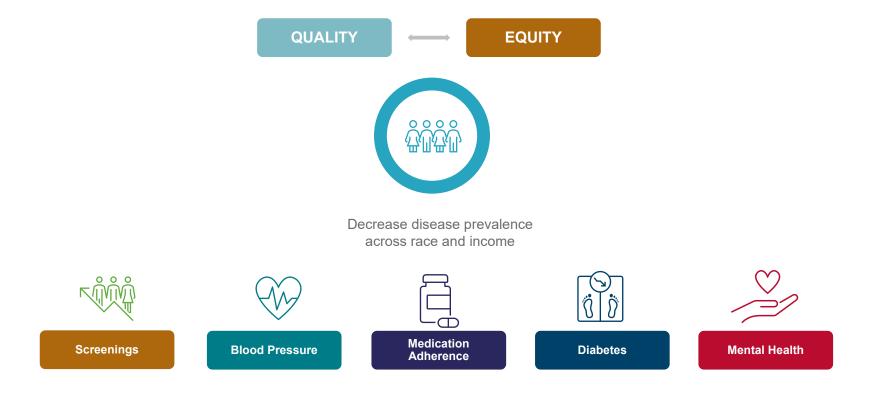
- Increase uptake of high-value care
- Improve member satisfaction, retention
- Drive appropriate utilization
- Reduce health care costs for employees
- Improve employee health

Value-Based Purchasing

- Move toward value-based payments in contracts
- Prioritize high-quality, lower cost care
- Require measurement, transparency in performance
- Eliminate waste within the ecosystem

# Measuring Quality and Equity across Key Conditions

Aligning performance measures to advance health equity, address gaps in care



# Data and Tools Power Employer Activism and Employee Consumerism

# Evolution of data tools and insights support enhanced care navigation, quality improvement



- · Selection of high-quality doctors, specialists
- Understanding of potential out-of-pocket costs
- · Personalized care plans and support

- Insight on individual provider performance for inclusion in networks
- Identifying gaps in care among employees
- Assessment on what works and what doesn't among employee population
- · Clear understanding of performance
- Actionable data to drive improvement in care, outreach to patients
- Tools for acute and chronic condition management



**Lisa Bielamowicz, MD** lisa@gisthealthcare.com

BHCG-JP Morgan Symposium—November 2, 2022

# CONFRONTING A NEW ECONOMIC REALITY

What Has Changed and How Healthcare Must Adapt

### Postcard from Our Past

### The Health System Strategic Agenda, Circa 2012



### Transition to value-based care

Pursue Medicare ACO programs; private payers and large employers will follow Medicare's lead to financially reward providers for value

# Avoid adding more hospital beds

Since "every hospital admission is a failure" as we move to value, we won't need more inpatient capacity

# Create an integrated multispecialty medical group (and a CIN too)

Build a high-performing medical group to "lock in" physicians and high-margin referrals; double down on PCPs to mange risk

### Plan for defined contribution health benefits

Prepare for potential delinking of health coverage and employment, with consumers directing both choice of benefits and care

### Build an information-powered health system

Invest in common EHR, data exchanges to improve patient care delivery, coordination across providers and care sites

### Healthcare is "recession proof"

Even when consumers are strapped for cash in a down economy, care utilization will remain high, as people will always get sick



# Market Forces Pressuring Traditional Health System Business Model

# **Economy** Rising inflation, interest rates, recession risk\_ **Policy Environment** Labor Market Focus shifting from paying Labor shortage increasing for value to cost control wages, constraining capacity **Traditional Business** Model **Disruptive Competition Demand changes** Consolidation of new market Post-covid volume return entrants by retail giants, payers weak, consumer preferences driving outpatient shift



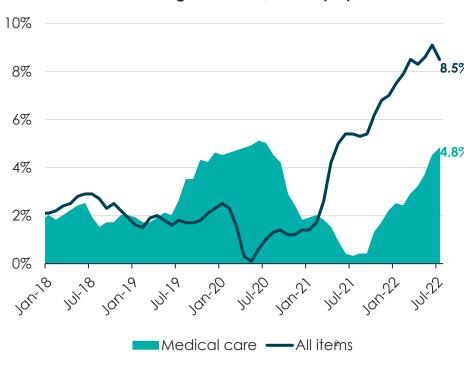
Source: Gist Healthcare analysis

### **ECONOMY**

## Healthcare Inflation is Catching Up to Economy-Wide Inflation

Rising Prices, Interest Rates Taking a Hit on Consumer Confidence

### 12-Month Percent Change In Prices<sup>1</sup>, Monthly by Sector



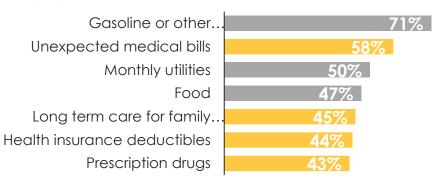
### Bureau of Labor Statistics consumer price index for all urban consumers, seasonally adjusted.

### US Consumer Sentiment Index<sup>1</sup>, Last Twelve Months



# Top Seven Things Households Worry About Affording

n = 1,243; Mar. 2022



Source: Bureau of Labor Statistics. "Consumer Price Index for All Urban Consumers." Aug. 2022; FRED Economic Data. "Federal Funds Effective Rate." St. Louis Fed. 8 Sep. 2022; Moore, S. "Here Are The Dates For The Remaining 2022 Fed Rate Decisions, And What The Market Expects From Them." Forbes. 27 Jul. 2022; Gist Healthcare analysis.



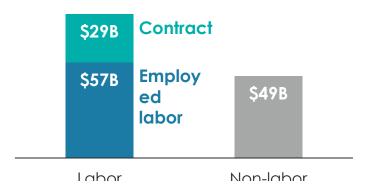
Oùt-of-pocket spending on medical care, defined by the Bureau of Labor Statistics as 82% medical services (professional services, hospital services, health insurance) and 18% medical commodities (medicinal drugs, medical equipment and supplies).

# Labor Costs Driving Hospital Expense Growth

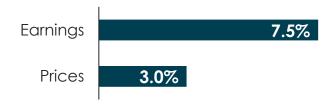
The inability to quickly raise prices to respond to wage inflation is key contributor to current hospital margin pressure

# Amidst Worker Shortage, Hospital Labor Costs Rising Faster than Prices

Projected Hospital Sector Expense Increases, 2022 vs 2021



Twelve-Month Change in Worker Earnings and Prices for Hospitals, Aug. 2022



# Impact of Cost Inflation to Health System Care Delivery



Source: Kaufman Hall. "Current State of Hospital Financials: Fall 2022 Update." Aug. 2022; Altarum. "Health Sector Economic Indicators." Sep. 2022; Gist Healthcare analysis.



# Hospital Margins Recoil in 2022

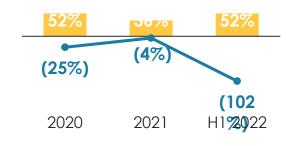
After hospital margins bounced back in 2021 largely thanks to investment income and federal aid median operating margin has been persistently negative since the start of 2022

# **Even the Largest Health Systems Reporting Negative Margins**

### Hospital Operating Margin (OM) Performance, by Year

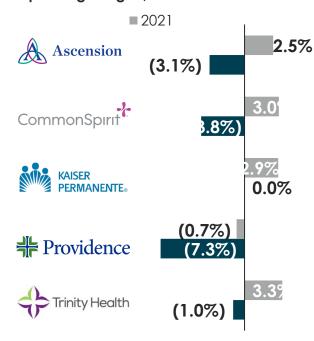
n = 900 + hospitals

- Percent of hospitals with negative margins
- Percent change in median OM from 2019





# Select Large, Not-For-Profit Health System Operating Margins, 2021 vs 2022<sup>1</sup>







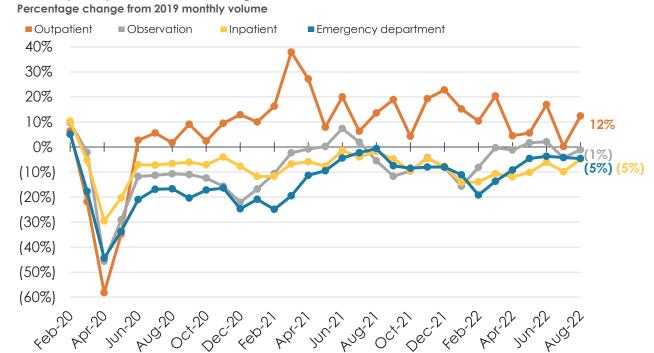
Ascension and CommonSpirit margin data from 12 months prior to Jun. 30, 2022 and 2021; HCA, Kaiser Permanente, and Providence margin data are from H1 2022, vs H1 2021.

# Sluggish Hospital Volumes Continue

While outpatient volumes have enjoyed a COVID bump, monthly admissions of all types of health system care settings are now at or below 2019 volumes

# Outpatient Volumes Fluctuate While Others Remain Below Pre-COVID Levels

## **Monthly Hospital Volume Changes**



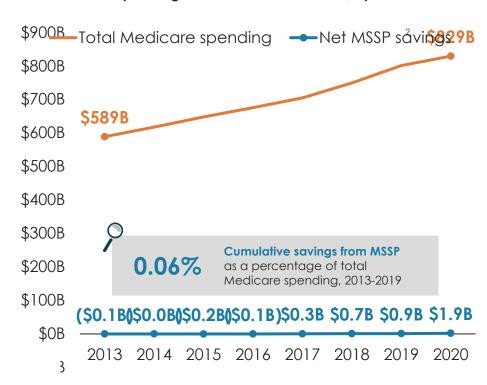


Source: Source: "The National Patient and Procedure Tracker. Strata Decision Technology, Sep. 2022: Gist Healthcare analysis

## Largest Medicare Risk Program Failing to Ignite Volume-to-Value Transition

Value-Based Care Still Only Marginal Fraction of Revenue at Health Systems and Physician Groups

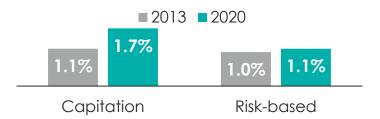
### Total Medicare Spending and MSSP<sup>1</sup> Performance, by Year



### Medicare Shared Savings Program.

### Select Health System Reimbursement Methods, by Median Percent of Net Patient Revenue<sup>3</sup>

n = 259 health systems



# Percentage of Revenue Tied to Value-Based Contracts by Provider Type, 2021

n = 2.3K physician groups



Source: Office of the Actuary, National Health Expenditure Projections, CMS, March 2022; National Association of ACOs, "Highlights of the 2020 Medicare ACO Program Results," ND; National Association of ACOs, "Estimates of Savings by Medicare Shared Savings Program ACOs" August 30, 2018; Moody's Investors Service. "Sector Profile: Not-for-Profit and Public Healthcare." 9 Sep. 2021; MGMA. "Patient Access and Value-Based Outcomes Amid the Great Attrition." Aug. 2022; Gist Healthcare analysis.



Savings to Medicare after bonus payments.

<sup>3.</sup> Median values calculated separately for each metric; full profile does not sum to 100 percent.

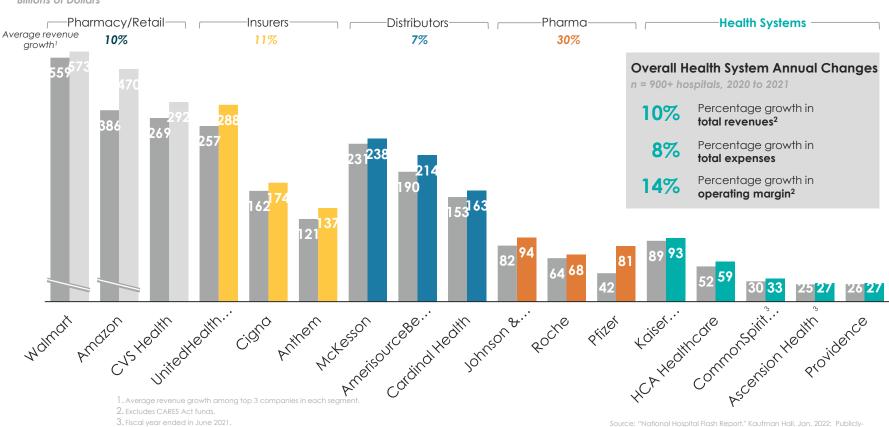
2020 2021

# The New Competitive Landscape for Healthcare

Health Systems See Better Growth in 2021 Than Recent Years

### Annual Revenue of Largest Healthcare Companies and Health Systems

**Billions of Dollars** 





# Assembling a **Health System** Without **Hospitals**

Optum is close to operating as a "system without hospitals" in several markets with its aggregation of physicians and ambulatory care, along with virtual and home-based care solutions

## **Aggregating Physicians Nationwide**



### **Diversifying Care Settings, Specialties**

Urgent care **70%** center growth over past 5 years, to more than 250

Percentage 25% increase in new surgeon affiliations in 2020









Investing in virtual behavioral health, remote monitoring tools, patient community platforms, and home care solutions









# **Creating a Business Services Vertical**

Providers population health management, pharmacy benefit management, analytics, consulting and other services

US hospitals 80% using at least one Optum solution

US health insurance companies using at least one Optum solution





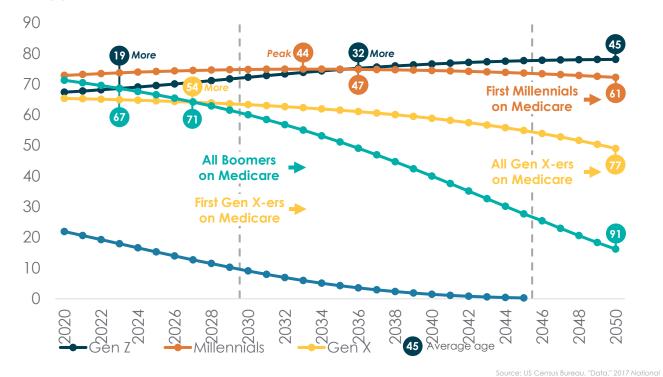
# A New Demographic Force Waiting in the Wings

While systems need to pay due attention to aging Boomers, they should also begin to rethink service offerings to appeal to Millennial consumers, now the country's largest age cohort

# Facing a Shifting Demographic Landscape

Millennials Now the Largest Age Cohort

# Projected US Population by Generation<sup>1</sup> Millions



Definition of generations: Silent (1928-45); Boomers (1946-64);
 Gen X (1965-80); Millennials (1981-96). Gen 7 (1997-2012)

Population Projections Datasets. United States Census Bureau, 06 Sept. 2018, Web. 13 Feb. 2019; Gist Healthcare analysis.



# **Finding Our** Place in the Brave **New World**

Three market organizing principles are possible for the future healthcare market; each require health systems to consider whether they wish to assume the role of "subcontractor" or "general contractor"

# How Will Healthcare Be Organized in the Future?

Health System Strategy Should Steer Toward a Central Role





**Health systems** without hospitals

- A few vertically-integrated, large health insurers function as "health systems without hospitals", managing covered lives and care referrals within their owned ambulatory and virtual care delivery
- Vertically-integrated payers are the aggregator
- · Health systems left in role of inpatient and specialty care subcontractors, competing mainly on price Health system is a "subcontractor"





Free market fragmentation

- · Myriad point solutions offered by both legacy players and new disruptors, with no one entity offering a comprehensive platform
- Consumers are the default aggregator
- Health systems suffer "death by a thousand cuts" as providers compete service by service for individual consumer-driven referrals





Health systems as platforms

- "Market-relevant" health systems create omnichannel population management and consumer loyalty platforms
- · Regional health systems are the aggregator
- Health systems must develop or partner, through M&A if needed, the various competencies and services needed to provide full continuum coverage and manage risk

Health system is the "general contractor"



Source: Gist Healthcare analysis.



**Employers as Health Care Change Agents:** 

The Time is Now

Bernie Sherry SVP, Ascension, and Ministry Market Executive, Ascension Wisconsin

Business Health Care Group November 2, 2022



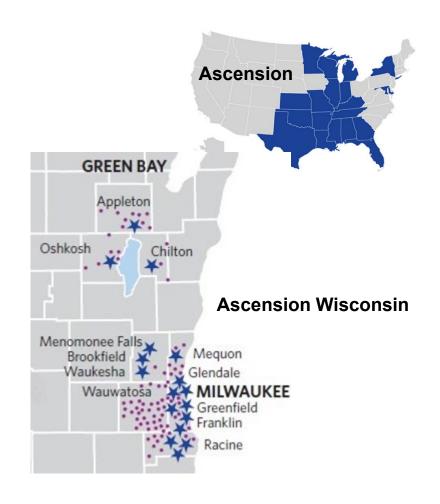
**Ascension** 

Listening to you, caring for you.®



# **Ascension Wisconsin**

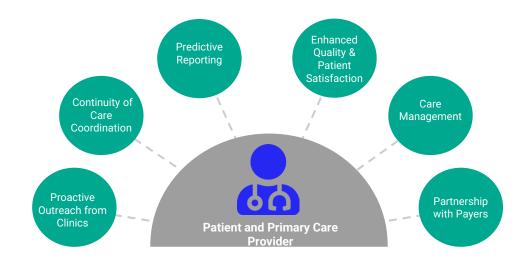
- 17 hospital campuses
- 100+ related healthcare facilities
- 1100+ primary care and specialty care clinicians
- Racine to Appleton
- Delivering personalized, compassionate care in Wisconsin since 1848





# **Ascension Wisconsin**

# **Advancing the Care of our Patients**



- Why does this work?
- How does it work?
- What are the results?

# Panel Discussion/Q & A

# • Panelists:

- Todd Smasal, Vice President Total Rewards and Talent, Northwestern Mutual
- Rivka Friedman, Head of Healthcare Innovation, Morgan Health
- Lisa Bielamowicz, Co-Founder and CEO, Gist Healthcare
- Bernie Sherry, CEO, Ascension Wisconsin

# Moderator

Dave Osterndorf, BHCG Strategic Consultant & Chief Actuary, Centivo





# Join us!

Celebrating 20 years in 2023 of the business community collaboration working toward a better, more sustainable health care system!

More information to come...

# Thank You

# For more information about BHCG programs and membership, please contact:

Jeffrey Kluever 262-875-3312 X1 jkluever@bhcgwi.org

