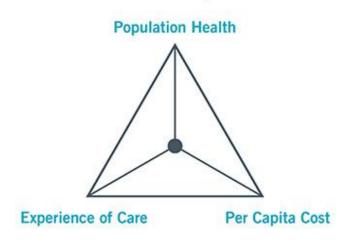


DEALING WITH DSRIP AND SHIP: PLAN APPROACHES TO PAYMENT REFORM

Denise V. Gonick President & CEO MVP Health Care November 19, 2015

What Are We Trying to Achieve?

The IHI Triple Aim



New York State Medicaid Value-based Goals 80% by 2019-20

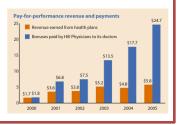


Medicare Payments Tied to Quality or Value 85% by 2016 90% by 2018

National Results to Date

Pay for Performance

- Modest effect on quality
- Questionable patient-centered measures



Accountable Care Organizations

- 11 of 23 Pioneer ACOs saved \$
- Reduced increase by \$35.62PMPM in 2012 & \$11.18 in 2013 compared to Medicare FFS

\$417 million

Combined savings in first 5 years by more than 400 Medicare ACOs participating in the Shared Savings Program and the Pioneer ACO Model.

Patient-Centered Medical Homes

- Improvement in patient & provider satisfaction
- Early evidence suggests quality improvement, but no savings yet



Bundled Payments

- Promising cost reductions
- Economic outcomes limited by number of bundles vs. cost per



Guiding Principals

Shared Vision

Be an **innovative** thought leader mindful of trends

Meet providers where they are, and pursue a shared vision

Create **consistent** approach and message

Relevant Programs

Design **programs that align** providers, patients and payers

Favor simple models focused on specific outcomes

Focus on improving a few quality measures while monitoring many Measure and evaluate each program to determine ROI and future

Data-Driven Collaboration

Collect, apply and share what we learn

Enable our partners' success by exchanging data and providing timely, understandable information

Collect and **provide data** that is current, credible and problemfocused