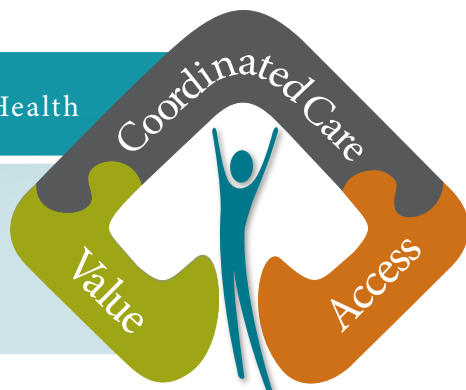


## LEAD THE WAY | Transforming America's Health

We envision a nation with an affordable health care system that leaves no one behind. To achieve this vision, we must continue working together toward a health care system that delivers high value and clinical excellence across the continuum of care.



### How is Trinity Health Transforming Health Care Delivery?

Trinity Health is transforming health care delivery in a number of ways, including working with Medicaid programs in each of our states, supporting efforts to expand their roles as active purchasers and innovative health care partners.

As a joint federal and state program that helps pay medical costs for people with limited incomes and resources, Medicaid offers critical support to the most vulnerable members of our communities. Since individual states administer the programs, Medicaid has historically been susceptible to cuts in payment and access. The Affordable Care Act addresses access issues by requiring that Medicaid programs cover all persons at, or below, 133 percent of the Federal Poverty Level (FPL), but uncertainty around Medicaid funding creates many challenges. States wishing to reduce Medicaid expenditures have only two options: (1) lower per capita costs (which too often means cuts to provider reimbursement), or (2) reduce the number of beneficiaries.

Trinity Health believes that states should focus on lowering per capita costs through the active pursuit of new payment and delivery models. This pursuit of high-value Medicaid programs will preserve access for Medicaid beneficiaries while improving care and patient outcomes.

### KEYS TO CREATING HIGH-VALUE MEDICAID PROGRAMS

- ▶ Delivery system innovations (e.g., patient-centered medical homes)
- ▶ Aligned incentives to promote quality and patient safety
- ▶ Adequate workforce
- ▶ Competitive physician reimbursement

### What Can Policymakers Do to Create High-Value Medicaid Programs?

To create high-value Medicaid programs, policymakers should:

- Use patient-centered medical homes to coordinate care for Medicaid beneficiaries
- Redesign payment models to promote:
  - Improved efficiency and coordination of patient care
  - Lower-cost treatment options
  - Reduced adverse events
  - Reduced preventable readmissions
- Support the use of value-based purchasing innovations that reward high-quality care:
  - Incentives to promote patient safety
  - Pay for performance
  - Consumer incentives
  - Tiered premiums or co-payments that promote primary care and reward patient compliance
- Include quality and safety standards in Medicaid-managed care organization (MCO) contracts
- Enhance physician reimbursement to increase participation and expand access to primary care
- Support programs to address physician and non-physician workforce shortages (e.g. loan repayment, enhanced reimbursement for primary care services, expanded graduate medical education opportunities, etc.)
- Invest in a multi-payer database to assist in the collection and analysis of health care data across all payers
- Seek benefit changes that promote healthy behaviors, cooperation with treatment plans, and medication compliance
- Support point-of-care support systems including health coaches, care managers, and behavioral health workers