By Carla D'Angelo, Vice President, and Greg Carlow, Manager

This week, COPE Health Solutions and Montefiore Health System convened over 80 national health care leaders in an invitation-only summit, Population Health 360, in Greenwich, Connecticut. Through a dynamic day of candid dialogue and best practice sharing, participants came together to discuss how to successfully move from fee-for-service to value-based payment in the pluralistic payment environment. These top regional and national leaders unanimously expressed a great sense of urgency for health care providers to take an active and aggressive role in better managing population health and demanding data transparency. Attendees shared inspirational and practical guidance and advice on how health care organizations can become more progressive and can optimize population health strategies in their organizations.

The intimate event was highlighted by panel discussions among some of the Northeast's most innovative and cutting-edge providers and health plans. The group tackled some of the industry's most challenging and pervasive problems around population health management including payor-provider coopetition, data sharing and technology enablement.

Throughout the day, several themes became clear:

1. **Value-based payment is still a strong administration priority.** While debate over many aspects of health reform continue at the federal level and in the courts, payment reform has bi-partisan agreement. These experts agree that value-based payment is a continuing movement, not a moment that has passed. Both sides of the House and Senate support the Centers for Medicare and Medicaid Services' (CMS) value-based payment programs, such as MACRA. Further, the private sector is not going to wait for CMS; with entrants like Amazon and Google poised to pick off '"low-hanging fruit." With market demands that view hospitals as "cost" centers, payors and health systems are pressured to maintain the momentum of what was also characterized as "evolution," not "revolution."

2. **Consumer choice and demands will drive the market.** Consumerism remains a strong driver of market change regardless of administration; it will continue to challenge the status quo. As consumers shoulder more of the cost, they demand more convenience and more choice and set their expectations of health care in the same way they do as with other industries. Patients have historically been left out of the equation when it comes to health care and transparency into cost and quality, but for us to create an informed consumer base, we need to share information with patients and invite them to be part of the process.

3. **Business plans must address these needs.** Traditional health care organizations must carefully consider the most convenient and least expensive site of care or be left in the dark. How can services can be done in other settings at a lower cost and better align with patient experience expectations? The concept of "hospital at home" is now becoming a reality in some markets and will continue to proliferate as total cost of care arrangements and other at-risk contracts incentive care delivery in the most cost effective setting.

4. **Health systems must plan today for what their systems will look like in 10 years.** Hospital boards of directors must engage deeply in the process of visioning out what the health system will look like in

the far future. Increasingly, health systems are challenged to think 3-5-years into the future, let alone a 10+-year plan. However, in order to move at the speed of the market, health systems must be prepared to develop future state visions that look nothing like they do today. Technology advances in health care are not coming, they are here. If hospitals are to be an active participant in their future, this planning must begin right away and should stretch beyond what we know of hospitals today.

5. **Social determinants of health are front and center for transformation but financing is unclear.** Social determinants of health significantly affect premature death and disease. Despite this overwhelming evidence, very little progress has been made on collecting data and using it to improve overall health outcomes. Health systems and health plans must be more assertive in collecting this vital information and better engaging community-based organizations to help improve quality and outcomes.

6. **Data transparency across health plans, health systems and provider groups is not just critical, it is a must.** Trust issues between health plans, health systems and provider groups have been long-standing problems that have limited advances in leveraging data to help solve our nation's challenges with rising costs and poor quality outcomes. Health plans have traditionally been hesitant to share claims encounter data with providers and have worried about competitor rate sharing. This hesitation has created a system that is untenable and does not allow for the true collaboration that must occur for us to succeed as an industry. Making the claims data available to providers and arming providers with the right tools and resources to analyze and understand the data is a critical success factor for achieving the Triple Aim.

7. **Success in health care reform = scalable, replicable and sustainable.** Iterations of things that have worked need to be tailored to different provider market archetypes. In the last decade, there have been hundreds of demonstration projects at the state and federal level and even when successful, they remain difficult to replicate and scale. The lessons learned from these projects have not translated well into a sustainable manner and we must find better ways to demonstrate success and bring it to scale. Ironically, smaller locales have the most success in moving quickly. This, frustratingly, makes it difficult to extrapolate those models to larger communities. Sustainable design needs to be different based on the demand, size, capabilities, focus and other attributes of provider archetypes for any lasting impact.

Participants in the event left with a sense of urgency to be more aggressive in the pursuit of health care transformation. Through a day of equal commiseration and renewed commitment, attendees shared stories of success, great teamwork and continued sense of purpose. All appear still convinced that those health care organizations that embrace it and build the right infrastructure to support value-based but still pluralistic payment environments will come out the strongest.

COPE Health Solutions and Montefiore Health System are planning a Population Health 360 event in Los Angeles, California in October. Stay tuned for the save-the-date!