# REFORMING HEALTH and HEALTH CARE

2016 HASC ANNUAL MEETING

APRIL 15, 2016

C. Duane Dauner
President / CEO
California Hospital Association





#### FEDERAL ISSUES

- Divided government
- Election
- Immigration
- Medicare and Medicaid
- Income inequality
- ACA
- \* Future





### OUR FEDERAL ADVOCACY PRIORITIES

#### THE TOP THREE

- Site-neutral payments
- AWI / Rural floor
- Medicaid Managed Care rule





#### **CALIFORNIA ISSUES**

- Power and influence
- 2016 Session
- 2016 Ballot initiatives
- ACA implementation / Covered California
- Long-term financial stability
- Priorities





### CALIFORNIA ISSUES (cont'd)

- Future
  - Medi-Cal
  - Covered CA
  - CalPERS
  - Medicare / Duals
- Labor
- Special Session
  - MCO Tax / Clawback
  - Tobacco
  - Aid in Dying (effective June 9, 2016)





#### STATE PRIORITIES

- Hospital Fee Program / 2016 Initiative / Extension
- Proposition 30 Extension
- Tobacco Tax
- Executive Compensation
- 2016-17 / 2017-18 Budgets
- Legislation
- ★ Medi-Cal Clawback





#### STATE PRIORITIES (cont'd)

- SB 1252 (Non-contracting Physicians)
- AB 1300 (Behavioral Health)
- SB 1365 (Outpatient Pricing)
- AB 2467 (Executive Compensation)
- AB 2849 (Community Benefit)
- AB 2024 (Employment)
- Others





- Labor Management Committee
- 2013-2016 Adverse initiatives
- Code of Conduct / Arbitration
- Adverse legislation
- Dissolution
- Conflict





#### HOSPITAL ACTIONS

- Positive, constructive programs
- Competitive compensation
- Cooperative benefits
- Open communications (24/7)
- Leadership
- Culture





#### **NOVEMBER 8, 2016, BALLOT INITIATIVE**

### Medi-Cal Funding and Accountability Act (CHA Medi-Cal Hospital Fee Protection)

- Extends current law
- Locks in protections for hospitals and the state (24% net benefit)
- Prohibits Legislature from changing protections
- \$10 billion (2014-2016)
- \$18 billion (2009-2016)
- ★ Legislative strategy



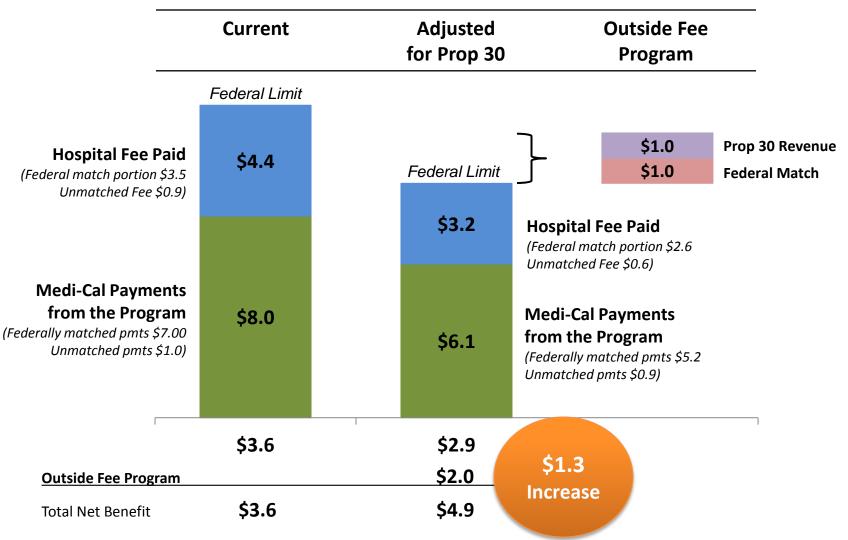
#### **NOVEMBER 8, 2016, BALLOT INITIATIVE**

### The California Children's Education and Health Care Protection Act of 2016

- Extends the Proposition 30 income tax increase through 2030
- Funds Proposition 2, Proposition 98, state budget and Medi-Cal
- Provides up to \$2 billion for Medi-Cal
- Benefit to hospitals and physicians



#### STATEWIDE IMPACT (\$ BILLIONS)





#### **NOVEMBER 8, 2016, BALLOT INITIATIVE**

#### **Tobacco Tax**

 \$2 per pack tax and other existing programs

Medi-Cal

Considerations

Options





#### **NOVEMBER 8, 2016, BALLOT INITIATIVE**

#### **Executive Compensation**

- Limits total compensation to \$450,000
- Micro campaigns

#### **Cortopassi Initiative**

 Voter approval for all bonds, including bonds in aggregate, exceeding \$2 billion





#### **MEDI-CAL COVERAGE EXPANDS (ACA)**

- Demand increases
- Providing coverage to 13 million residents (half of all children)
- Access barriers are amplified by low Medi-Cal payments
- Expanding coverage without access
- Facts / backlash



## TRENDS

- Consumers' involvement
- Bundled, global and risk-based payments
- Consolidation of payers and providers
- Transparency and data
- Disruptive technology
- Exchanges 2017
- Socio-demographics
- Boundary erosion/differentiation





#### TRANSFORMING FOR TOMORROW

From Providing Care to Managing Care

#### A New Strategic Construct Health Benefit Exchange Individual and Government **Employer Enrollment** Enrollment Health Plan and/or TPA Population Manager Post Other Acute

**Ancillary** 

Pharmacy

**Behavioral** 

Hospital

**Physicians** 



#### THE NEW HEALTH ECONOMY IS CHANGING THE HEALTH CARE LANDSCAPE AND DRIVING DEAL ACTIVITY IN THE MARKET



Fact: Of the 38 Fortune 50

New entrants are redefining

care delivery models

New **Entrants & Disrupters** 

Payors are shifting risk to providers & consumers and incentivizing low cost quality care



companies with a major stake in healthcare, 24 are new entrants

Risk Shifting

Fact: By 2018, 50% of health systems are expected to apply for an insurance license



Healthcare players are expanding their scope of services to capture additional revenue streams

**Convergences** 

**Consolidation** & Affiliation

Healthcare players are coming together to achieve scale and maximize efficiencies



Fact: Total hospital transaction value increased from \$1.9B in 2012 to \$18.6B in 2013

Fact: Consolidation has increased more than 50% since 2009

Health care leaders will need to adjust their strategy to align with the new definitions of success in the New Health Economy



## CHALLENGES FOR CALIFORNIA HOSPITALS AND PHYSICIANS

- Fixed assets and expenses
- Time/cost of transformation
- Creation of coordinated care partnerships and arrangements
- Leadership
- Differentiation
- Financial stability
- Risk adjustment



#### **INTEGRATED CARE**

- Basic model in urban California > for 30 years
- Federal push
- Payment changes →
   new relationships →
   aligned incentives →

coordinate care





#### 2<sup>ND</sup> GENERATION INTEGRATED CARE

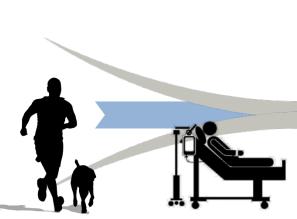
- Covered California
- Medi-Cal
- Medicare including low-income subsidy
- Private exchanges
- ACO/alternatives
- Different risks
- Payment systems



### **DELIVERY INNOVATIONS**

- Predictive modeling
- Multiple networks / differentiation
- Unit cost focus
- Evolving into pharma, specialty, mental health, long-term care, etc.













#### THE NEXT BIG THING

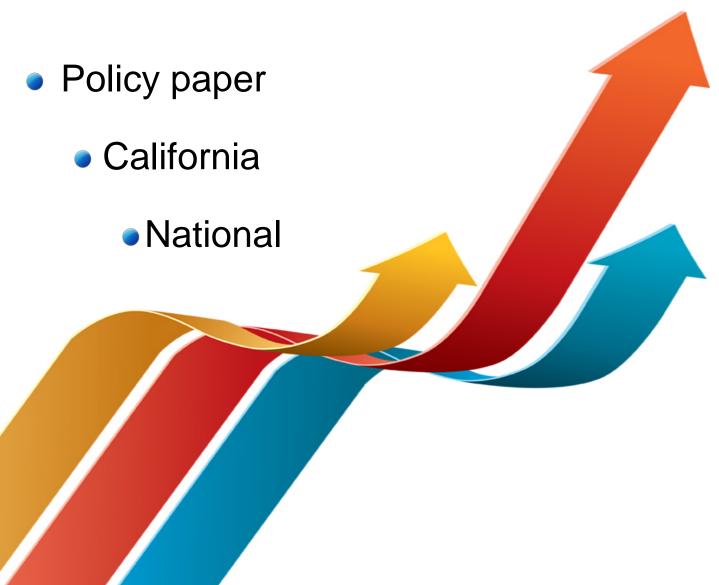


#### **CHA AND HASC**

- CHA strategic planning (T for T; population health)/2013-2014
- CHA population health management/2015
- CHA/Regional Associations/2016
  - Removing barriers
  - Government payments
  - Patient safety/quality improvement
  - Analytics
  - Public policies
  - > T for T<sup>2</sup>



#### **MOVING FORWARD**





#### **CREATING THE FUTURE**

- Consensus
- Strategic advocacy
- Implementation actions
- Leadership





# THANK YOU