

# Beyond DSRIP: Health and Healthcare Delivery, What Exactly Are We Paying For?

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# The 1115 Waiver: What Did We Learn?

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- The people who work in healthcare delivery understand that better health of the population is the goal
- That creating better health in the population is heavily dependent on non-clinical factors
- That solving for the challenges we face in creating health requires alignment of incentives

# Beyond The Waiver: What's Next?



- The people who work in transforming healthcare delivery understand that better health of the population is the goal: ***So how do we convince the funders, providers and the patients?***
- That creating better health in the population is heavily dependent on non-clinical factors: ***So how do we reorient the system towards these non-clinical factors?***
- That solving for the challenges we face in creating health requires alignment of incentives: ***So, how do we pay for creating health?***

# So How Do Convince The Funders, Providers and Patients?

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- Funders: Appeal to self-interest
- Providers: Aligning incentives
- Patients: Education and empowerment

# So How Do We Reorient The System Towards Non-Clinical Factors?

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- Find the right partners (hint: they are usually outside the healthcare delivery system)
- Put a evaluation plan into place that measures effectiveness of the interventions
- Find a sustainable financial model to support the interventions (Know where value is being created)



## So How Do We Pay For Creating Health?

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- Alternative Payment Methodologies
- Capitation plus quality
- Case Rates
- Bundled Payments

# Final thought

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- Our job, all of us, is to preserve the health of the healthy, restore the health of the acutely ill, and to optimize the health of the chronically afflicted. Each of us needs to believe, deeply, that our work and efforts will result in health.
- Otherwise, we are simply a jobs program for people who share training, education and experience in healthcare.





# Thank You

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