HEALTH CARE REFERENCE MODEL WORKSHOP
DECEMBER 5, 2017

Chalon Mullins – Kaiser Permanente
Matt Edwards – Independence Blue Cross
<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tr>
<td>09:15 am - 10:00 am</td>
<td>Healthcare Workshop: Agenda Review &amp; Logistics</td>
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<td>Session Chair: Chalon Mullins, Matt Edwards</td>
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<td></td>
<td>This session will provide background on the reference model work done in the</td>
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<td>healthcare provider and insurance (payer) reference model teams, and how this</td>
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<td>work can be leveraged to provide an integrated healthcare delivery from a provider/</td>
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<td>payer perspective.</td>
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<td>10:00 am - 10:20 am</td>
<td>Morning Refreshment Break</td>
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<tr>
<td>10:20 pm - Noon</td>
<td>Breakout Session – Ecosystem Alignment via Capabilities</td>
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<td></td>
<td>Breakout teams will identify and refine capabilities that represent an integrated</td>
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<td></td>
<td>perspective of the payer and provider sides of the healthcare industry. Each</td>
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<td>breakout team will work with a given capability or capabilities to focus on payer</td>
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<td>and provider views and determine best perspectives for leveraging these</td>
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<td>Noon - 1:00 pm</td>
<td>Lunch</td>
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<td>Breakout Session Topic</td>
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<td>1:00 pm – 1:40 pm</td>
<td>All Group Recap and Value Stream Walkthrough</td>
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<td>This session will review the morning’s capability alignment work on integrated</td>
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<td>care delivery and gain feedback and identify follow-up activities based on results.</td>
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<td>1:40 – 2:40 pm</td>
<td>Breakout Session – Ecosystem Alignment via Value Streams</td>
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<td>Breakout teams will identify and refine value streams that represent an integrated</td>
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<td>perspective of the payer and provider sides of the healthcare industry. Each</td>
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<td>breakout team will work with a selected value stream to focus on payer and</td>
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<td>provider views and determine best perspectives for leveraging these integrated</td>
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<td>perspectives for ecosystem alignment.</td>
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<td>2:40 pm - 3:00 pm</td>
<td>Afternoon Refreshment Break</td>
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<td>3:00 pm - 4:00 pm</td>
<td>Breakout Session – Ecosystem Alignment via Cross-Mapping</td>
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<td>Breakout teams will take their assigned value stream and selectively identify</td>
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<td>enabling capabilities and, where possible participating stakeholders. The teams</td>
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<td>will prepare their results for group review.</td>
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<td>4:00 pm - 5:15 pm</td>
<td>Mapping Results Walkthrough and Discussion</td>
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<td>Each breakout team will present and gain feedback on the afternoon’s results. In</td>
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<td>addition, the workshop assembly will collectively identify action plans as to</td>
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<td>how to move these efforts forward post-workshop.</td>
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WORKSHOP OBJECTIVES

• Develop reference model to support the health care ecosystem
  • Adapt reference models for health care provider and insurance to support companies with integrated care models

• Rationalize provider and insurance models
  • Identify gaps
  • Rationalize duplication
  • Verify factoring

• Assess uniqueness of insurance in health care markets
  • Are there any capabilities or even value streams unique to insurance in health care
HEALTHCARE VALUE CHAIN

Wharton / Porter

Payers
- Government
- Employers
- Individuals
- Employer Coalitions

Fiscal Intermediaries
- Insurers
- HMOs
- PBMs

Providers
- Hospitals
- Physicians
- IDNs
- Pharmacies

Purchasers
- Wholesalers
- Mail-Order Distributors
- Group Purchasing Organizations

Producers
- Drug Mfrs
- Device Mfrs
- Medical-Surgical Mfrs

citation
TERMINOLOGY

- PAYER: any party a provider may bill for health care related services
- MEMBER: any party covered by a health care insurance plan
- PATIENT: any party seeking medical care
HEALTH CARE ECOSYSTEM

• In this workshop we are

• In the context of this workshop, the health care ecosystem refers to the Payer and Provider segments of the Health Care Value Chain

• In the context of this ecosystem, companies may play following roles
  • Solely Provider, with integration with/interface to payers
  • Solely Insurance, with integration with/interface to provider
  • Integrated care, providing both insurance and care delivery capabilities
FIGURE I.2 Existing and disruptive value networks in health care

Existing value network

- Hospitals & physicians' practices
- Insurance & reimbursement
- Employers

Disruptive value network

- VAP clinics
- Retail clinics
- Coherent solution shops
- Personal electronic health records
- High-deductible insurance & health savings accounts
- Independent physicians' practices
- Employers
- Networks that profit from health

Key:
- Data
- Money
- Contracting
LANDSCAPE

External Drivers

Changing Marketplace for Health Care and Insurance

Customer Demands Changing

Technology Trends changing the Industry

Increasing Regulatory Environment

Evolving Cyber Threat Landscape

Competitive Landscape

Internal Drivers

Strategy

Changing business models and conflicting initiatives

Integration of new technologies

Customers, especially ASO/TPA, demanding more

External Drivers

- ACA
- MACRA
- Medicaid

- Tax Reporting
- Compliance standards

- Consumerism
- Instant gratification
- Personal experience
- Exceptional Accuracy
- Operational Efficiency
- Help
- Easy Access

- New / Disruptor Potentials e.g. Oscar or Clover
- Mergers & Acquisitions

- Integrated Platforms and Data across all channels and service
- Personalization
- Advanced Analytics
- Robotics & AI

- Provider Relationships
- Revenue / Reimbursement models
- FI to SF

- New Features
- Network / Discount Parity
- Low Admin Costs
- Flexible / custom solutions

BUSINESS ARCHITECTURE GUILD
HEALTH CARE REFERENCE MODEL

**Strategic**
- Policy Management
- Investment Management
- Research Management
- Intellectual Property Management
- Strategy Management
- Market Management
- Brand Management
- Plan Management
- Message Management
- Business Management

**Core and Customer-Facing**
- Patient Management
- Health Care Case Management
- Provider Management
- Medical Condition Information Management
- Health Care Service Management
- Population Health Management
- Medical Facility Management
- Medical Device Management
- Payer Management
- Agreement Management

**Supporting**
- Human Resource Management
- Information Management
- Event Management
- Legal Proceeding Management
- Training Management
- Finance Management
- Project Management
- Work Management
- Asset Management
HEALTH CARE REFERENCE MODEL

Treat Patient in In-patient Setting

1. Admit Patient to In-patient Facility
2. Determine Treatment Plan
3. Prepare for Treatment
4. Execute Treatment
5. Provide Post-Treatment Care
6. Discharge Patient from In-patient Facility
INSURANCE REFERENCE MODEL