Amalgamation of Principles to Drive the Delivery and Finance Progression

Care Delivery and Financing

*Person-Centered*: Tailoring care to persons’ needs. Shared information, collaborative care coordination.

*Value-Based*: Movement from volume-based care to value, incremental movement towards financial and outcomes responsibility shared by all stakeholders – payers, providers, individuals.

*Competition*: Health competition based on patient satisfaction, quality, outcomes, and cost of care.

*All-Payer*: Hospital initiatives continue on an all payer basis with global budgets used as one tool for alignment with other providers. Non-hospital initiatives build on common principles and measures.

Population

*Focused on the Needs of the Community*: Community needs known and addressed.

*Supporting Social Needs*: Address social determinants of health.

*Identifying High-Risk Individuals*: Focus on complex patients with high-needs, high-risk, and individuals with chronic disease.

Patient

*Engaged*: Responsibility for prevention and self-management of health; active relationship with PCP and coordination team.

*Working with a Primary Provider/Team*: PCP, specialists, nurse practitioners

*Receiving Meaningful Care Coordination*: Consistent and coordinated support based on individual need.