Advisory Board

State of the Union 2022

A generational opportunity to reshape the industry

SOURCE: NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

No shortage of decisions to make in the coming months

Decisions facing health care leaders in the next 12-24 months

Policymakers

How to structure Medicare telehealth reimbursement

How to advance health equity

How to evolve value-based payments

Health plans

How to capitalize on increased interest in risk-based contracting

How to comply with new transparency requirements

What role to play in addressing health inequity

Health systems

How much to invest in virtual care

Which home-based services to bet on

Whether to accelerate—or slow—transition to risk

Physicians

Whether to switch employers

How much to invest in virtual care experience

Whether to participate in new surge of commercial risk arrangements

Suppliers

What role to play in addressing health inequity

How to adapt products for growth in home-based care

Advisory Board interviews and analysis.

The points of inflection are already known

The peri-pandemic period is characterized by an unusually large number of structural shifts that….

Can play out in ways that are **directionally different**, not just incrementally so

Have a **time-limited**—but enduring—window of influence

Will be influenced by **actions taken by members of the industry**

Have **cross-industry significance**

THE FUTURE OF…

Price transparency

Value-based payment

Physician alignment

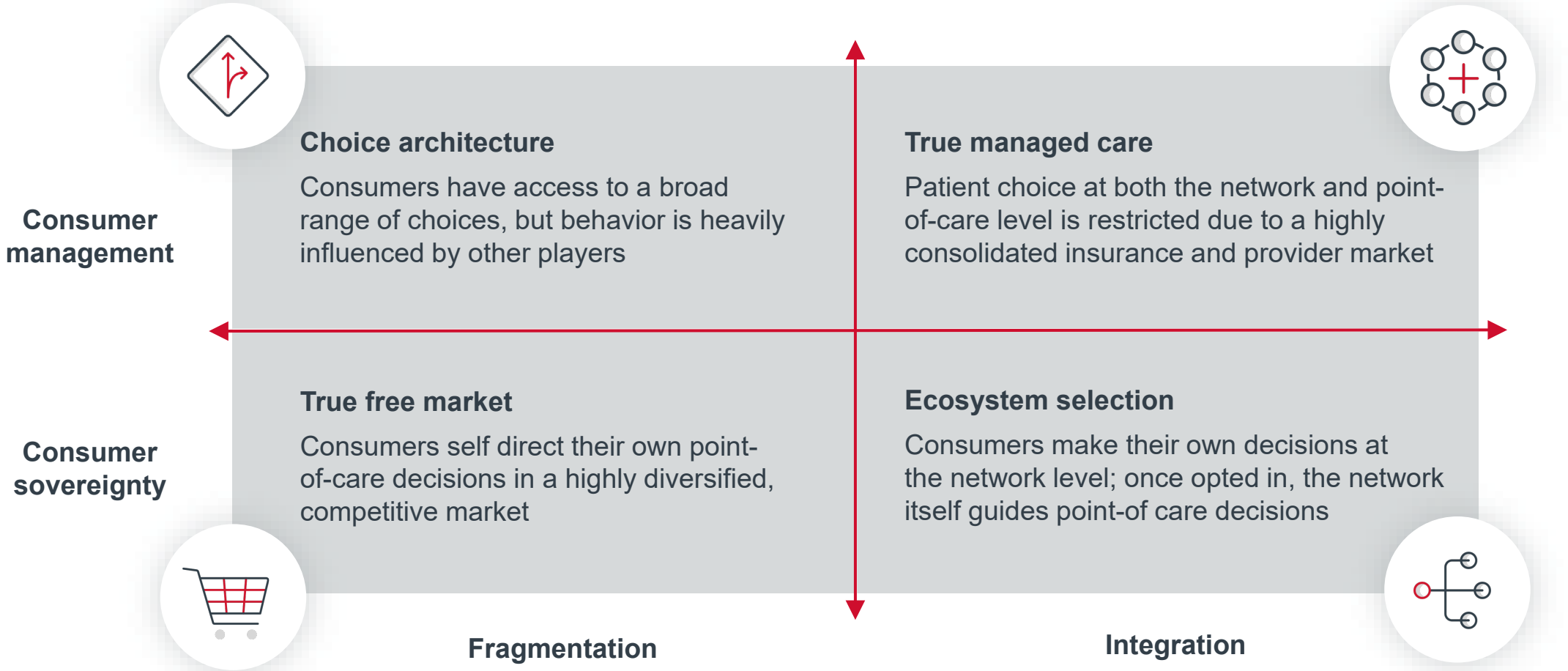
Virtual care

Home-based care

Health equity

Advisory Board interviews and analysis.

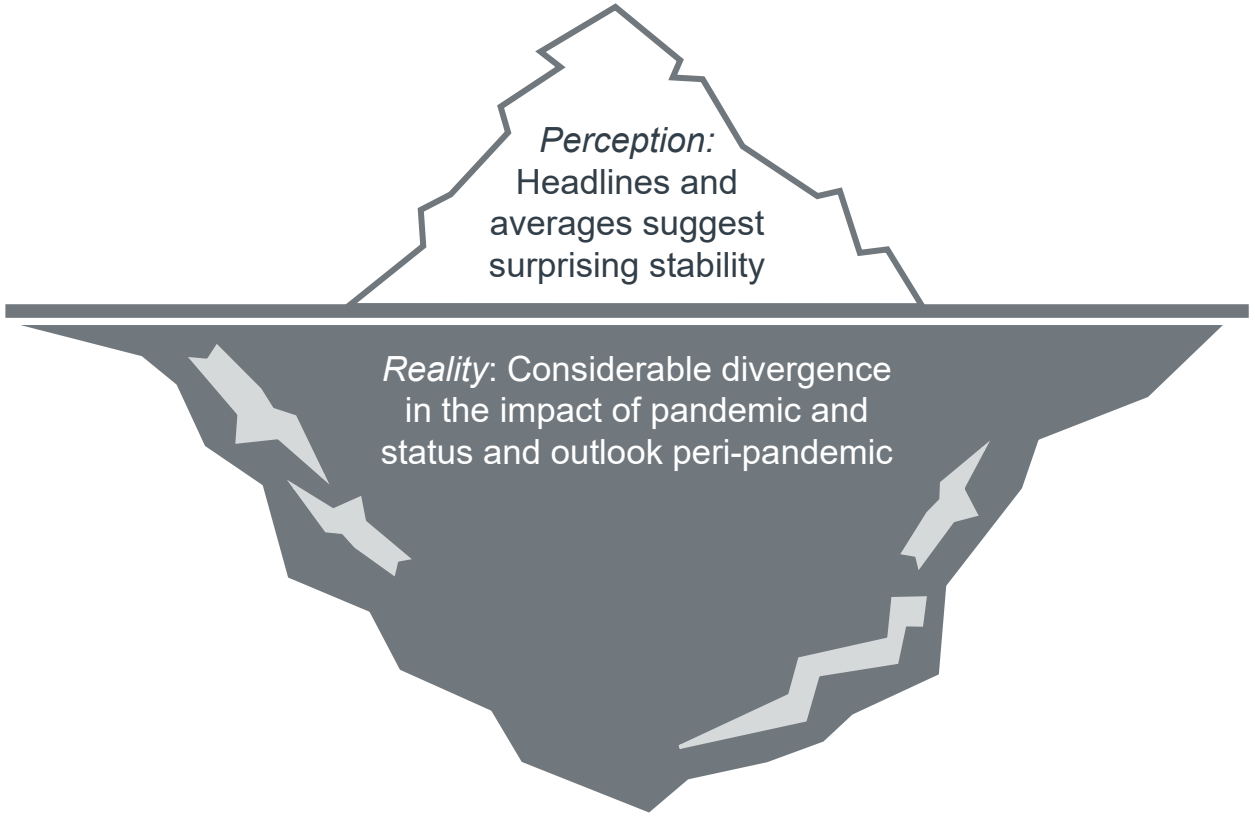
Decisions may tip the needle on perennial tensions



Advisory Board interviews and analysis.

Pandemic has shifted dynamics of influence and power

Aggregate-level stability belies considerable stress below the surface



Keep in mind

Shifts in the relative balance of power and influence across the industry will disrupt previous equilibriums and create an environment in which significant change is not only possible, but likely

Advisory Board interviews and analysis.

A roadmap for today's discussion

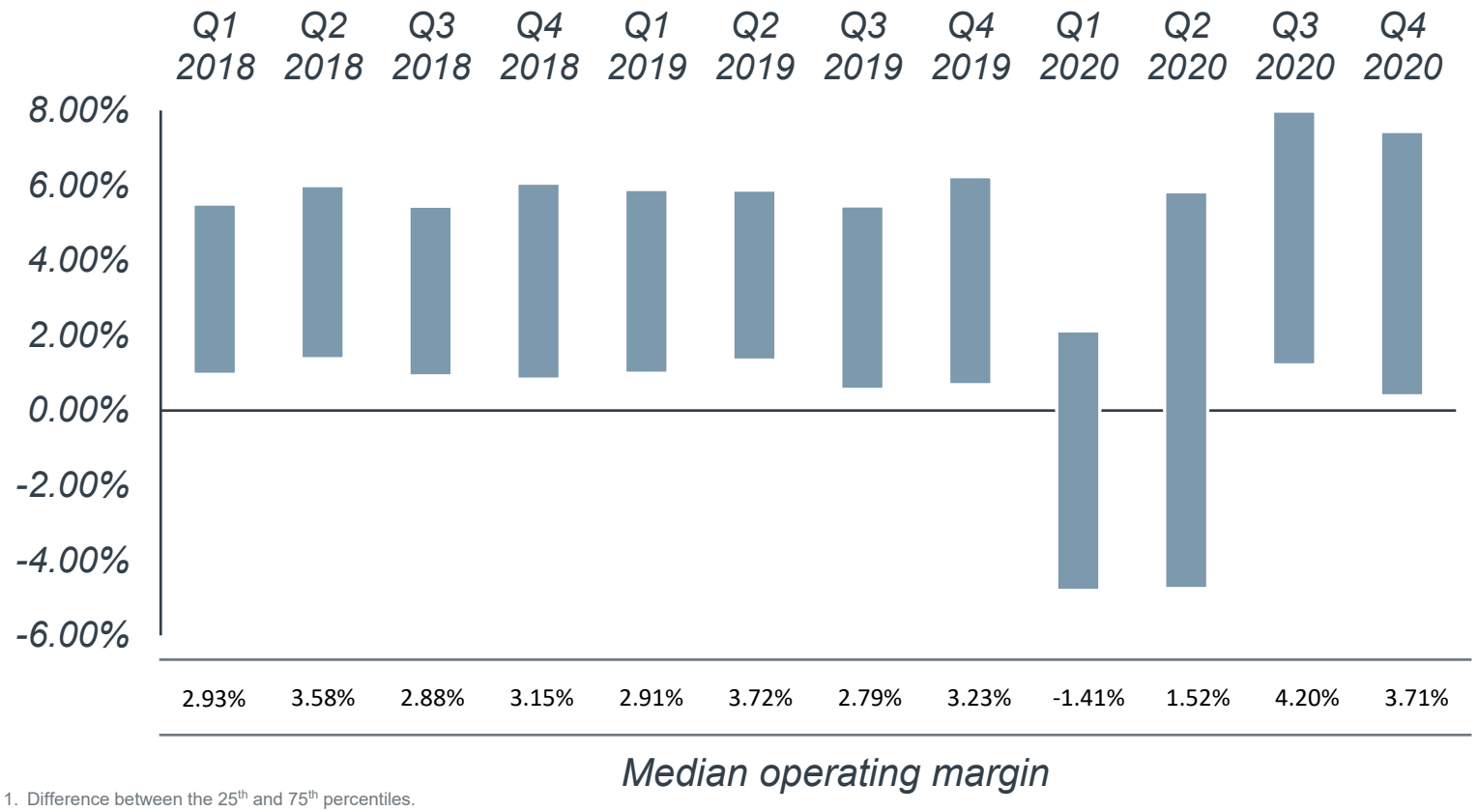
1 The pandemic's impact: The effect of Covid-19 on finances, coverage, and utilization

2 An industry at the crossroads: How today's decisions will shape the future of health care

Pandemic widened gap between haves, have-nots

Interquartile range[1] in health system operating margins, Q1 2018 – Q4 2020

Modern Healthcare health system financials database



Advisory Board Take

1. Despite occurring late in Q1, cancellations of electives were disastrous for Q1 margins
2. Performance improved in Q2, but varied widely depending on pandemic's trajectory
3. Financial performance in Q3 and Q4 was solid, but a few experienced particularly strong tailwinds

1. Difference between the 25th and 75th percentiles.

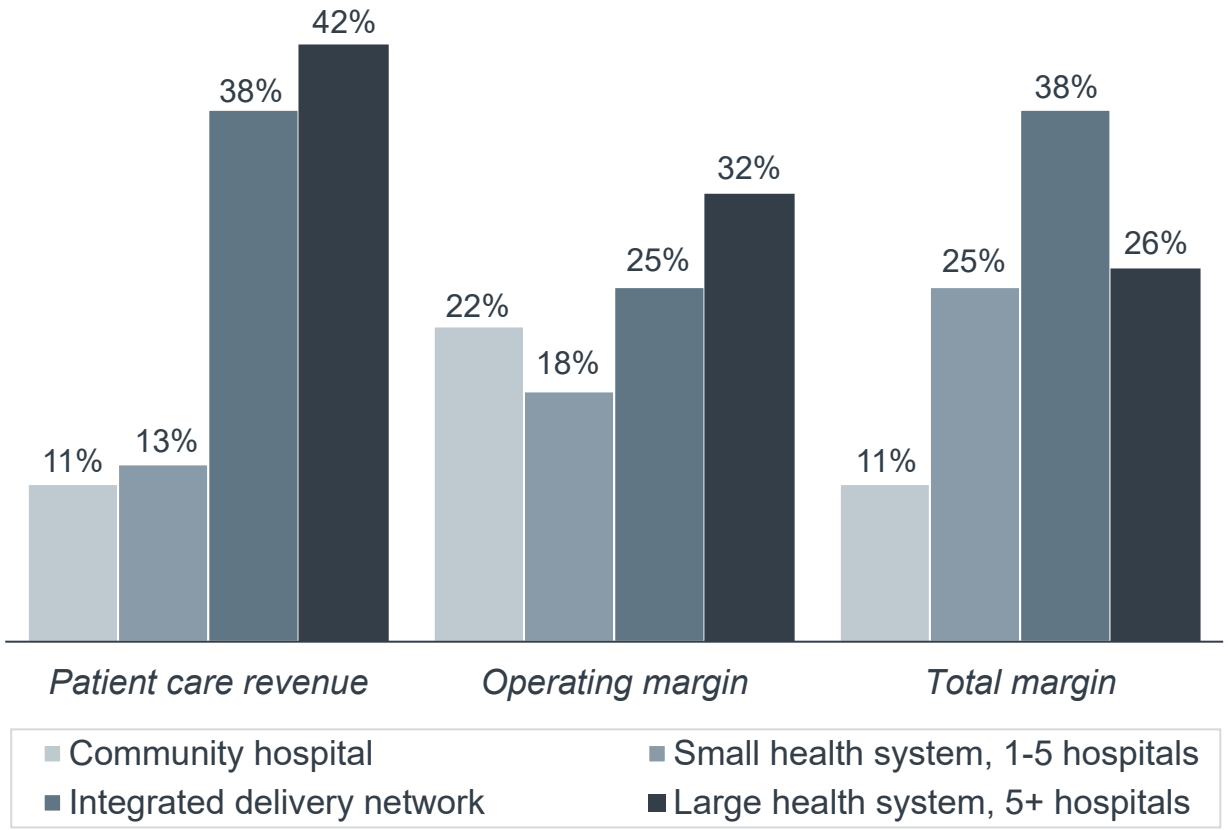
Source: "Health Systems Financials (Quarterly)," Modern Healthcare, accessed at: https://www.modernhealthcare.com/data-lists/health-systems-financials-quarterly, August 2021.

Advisory Board interviews and analysis.

Scale hardly determinative, but certainly didn't hurt

Health systems with fully-recovered financial metrics as of February 2021

n = 58



> Relative to their percentage of the total portfolio, [stand-alone providers] had a higher number of downgrades and unfavorable outlook revisions in 2020. However, stand-alone hospitals also accounted for over three-quarters of the favorable outlook revisions. We believe this reflects the continued bifurcation of credit quality for stand-alone providers.
>
> S&P GLOBAL RATINGS

Source: "U.S. Not-For-Profit Health Care Rating Actions, 2020 Year-End Review," S&P Global Ratings, February 2021.

Advisory Board interviews and analysis.

As M&A picks up, deals center on regional strength

Acquisitions of community hospitals:

- WVU Health System acquires two community hospitals
- HCA Healthcare buys Meadows Regional Medical Center

Mergers between regional systems:

- Beaumont Health and Spectrum Health sign letter of intent
- NorthShore and Edward-Elmhurst plan nine-hospital merger
- Intermountain and SCL Health announce planned merger

Divestitures by national systems:

- HCA sells hospitals to Piedmont Healthcare and AdventHealth
- Ascension sells seven hospitals to Aspirus
- Steward selling 5 Utah hospitals to HCA's mountain division

Deal ambition

Regional players expanding and solidifying regional strength

Multi-regional players doubling down in certain markets, ceding others

Advisory Board interviews and analysis.

Across the board, constrained options for cost control

14.4% Increase in total expense per adjusted discharge throughout 2020

Supplies & purchased services

Strategic planning leaders named **"renegotiating supplier contracts" as their #4 strategic priority** for this year (out of a total of 19 options)

Question: Are health systems prepared to incur higher expenses in pursuit of supply chain resilience, or is low cost still the overarching goal?

CapEx

93% of surveyed health systems report plans to reprioritize capital expenditures, with a **focus on technology and ambulatory care**

Question: What capital projects will be displaced as newer priorities rise to the top?

Labor

Health systems facing extremely competitive labor market, shortages of clinical labor, and **economy-wide upward pressure on wages** across roles

Question: Where will health systems turn for cost savings if labor—often the largest expense category—is not an option?

Source: "2021 Strategic Planner Survey Results," Advisory Board, March 2021.

Advisory Board interviews and analysis.

Unaddressed burnout is core of workforce challenges

Clinicians still reeling from pandemic burnout and trauma

93% Health care workers who have experienced stress and anxiety

39% Health care workers who have considered leaving the industry because of Covid-19

Worsened supply shortages, especially for experienced RNs

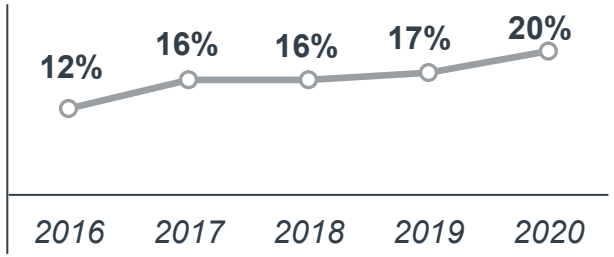
18.7% Average national staff RN turnover in 2020, up from 15.9% in 2019

ADVISORY BOARD'S TAKE

Even a slight increase in turnover of experienced RNs exacerbates the **experience-complexity gap** and heightens the increasingly expensive race for top talent

Rise in union activity

Nurse union membership rates



Primary complaints include:

Poor Covid-19 safety standards, unsafe staffing ratios, insufficient compensation, insufficient support amid changing responsibilities and a lack of job security

Source: "Pandemic is taking a dangerous toll on the mental health of frontline workers," Mental Health America, December 1, 2020, "Burned out by the pandemic, 3 in 10 health-care workers consider leaving the profession," Washington Post, April 2021; "2021 NSI National Health Care Retention & RN Staffing Report," NSI Nursing Solutions Inc, March 2021; Stokowski, Laura, "Medscape RN/LPN Compensation Report, 2020," Medscape, October 2020.

Advisory Board interviews and analysis.

Nursing shortage creating treacherous feedback loop

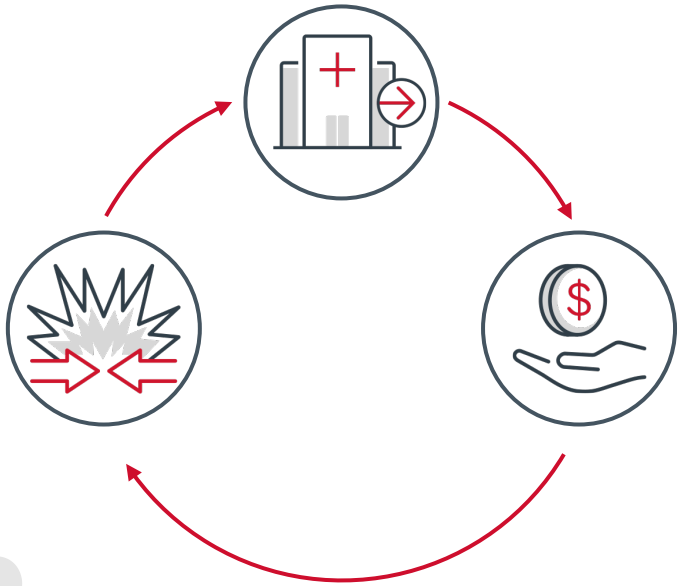
Nurses are leaving the workforce

22%

Share of nurses considering leaving their current position[1]

Top factors nurses report for leaving their job[1]:

1. **Insufficient staffing**
2. Workload intensity
3. Emotional toll of job



Hospitals are left short on resources and staff

"Rural Hospitals Can't Find the Nurses They Need to Fight COVID"

PEW, September 2021

"'Nursing Is in Crisis': Staff Shortages Put Patients at Risk"

The New York Times, August 2021

Providers must spend more to retain and attract nurses

"South Dakota health system offers $40K signing bonus to nurses"

Becker's, August 2021

"Rural hospitals losing hundreds of staff to high-paid traveling nurse jobs"

NBC News, September 2021

1. Survey conducted spring 2021, n=314.

Source: Berlin G. et al., "Nursing in 2021: Retaining the healthcare workforce when we need it most," McKinsey, May 2021.

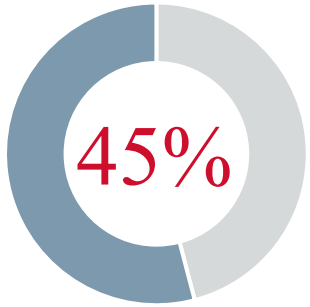
Advisory Board interviews and analysis.

Despite initial alarm, overall physician earnings steady

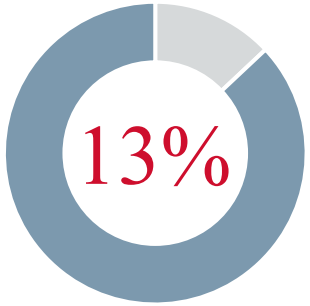
Overall income remained strong in 2020

99% Average percent of 2019 income earned by PCPs and specialists in 2020

A CLOSER LOOK



Percent of physicians who experienced **no financial or practice-related ill effects** due to Covid-19



Percent of physicians experienced a **temporary period of no earnings**, averaging three months of no income

Ad hoc assistance kept many providers afloat

Federal loans and provider relief funding

+

Advanced payments and grants from health plans

+

Looser regulation, higher payment for telehealth

Source: Kane, L. "Medscape Physician Compensation Report 2021: The Recovery Begins," Medscape, April 2021.

Advisory Board interviews and analysis.

Physician workforce sustainability a more pressing issue

Physicians leaving due to Covid-19[1]

27% Considering leaving for a new employer

11% Considering early retirement

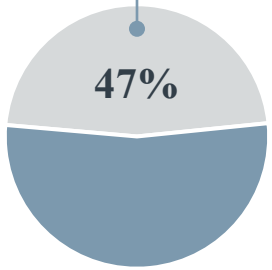
8% Considering leaving medicine entirely

"Doctors Are Calling It Quits Under Stress of the Pandemic"

THE NEW YORK TIMES
November 2020

Clinicians in desperate need of a break

Physicians experiencing burnout who report that it has a severe impact on their life



"Tour of duty" approach to provider recovery means letting some take a temporary step back to heal

Competition for physicians is on the rise

138% Increase in medical group M&A volume, Q1 2020 to Q1 2021

- **Jan 2021:** Optum[2] acquires Atrius Health (715 physicians and 30 practices)
- **May 2021:** Babylon, a digital health company, acquires Meritage Health (700 physicians)
- **Oct 2021:** Walgreens invests an additional $5B in VillageMD (goal of opening 600 practices by 2025)

1. Survey conducted Feb 2021.
2. Advisory Board is a subsidiary of UnitedHealth Group. All Advisory Board research, expert perspectives, and recommendations remain independent.

Source: Stajduhar, "On the Verge of a Physician Turnover Epidemic: Physician Retention Survey Results — February 2021," Jackson Physician Search; Sammut D, "Health Care M&A Volume Hits Record High in Q1:2021, According to HealthCareMandA.com," Irving Levin Associates, April 2021.

Advisory Board interviews and analysis.

Employer budgets stable, but long-term concerns loom

2020 — Over one third (37%) of employers reported health care costs that were 8% or more below budget

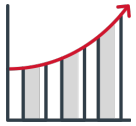
2021 — On average, employers budgeted for a 5.2% increase in health benefits costs for 2021 as utilization bounces back

2022 — With cost growth expected near pre-pandemic levels, HR leaders are prioritizing wellbeing and affordability

2023 — Employers fear that deferred care and worsening mental and physical health will start accelerating spending growth

Implications

2021 will represent a lull in health benefits changes, with 57% of employers reporting no cost-saving measures



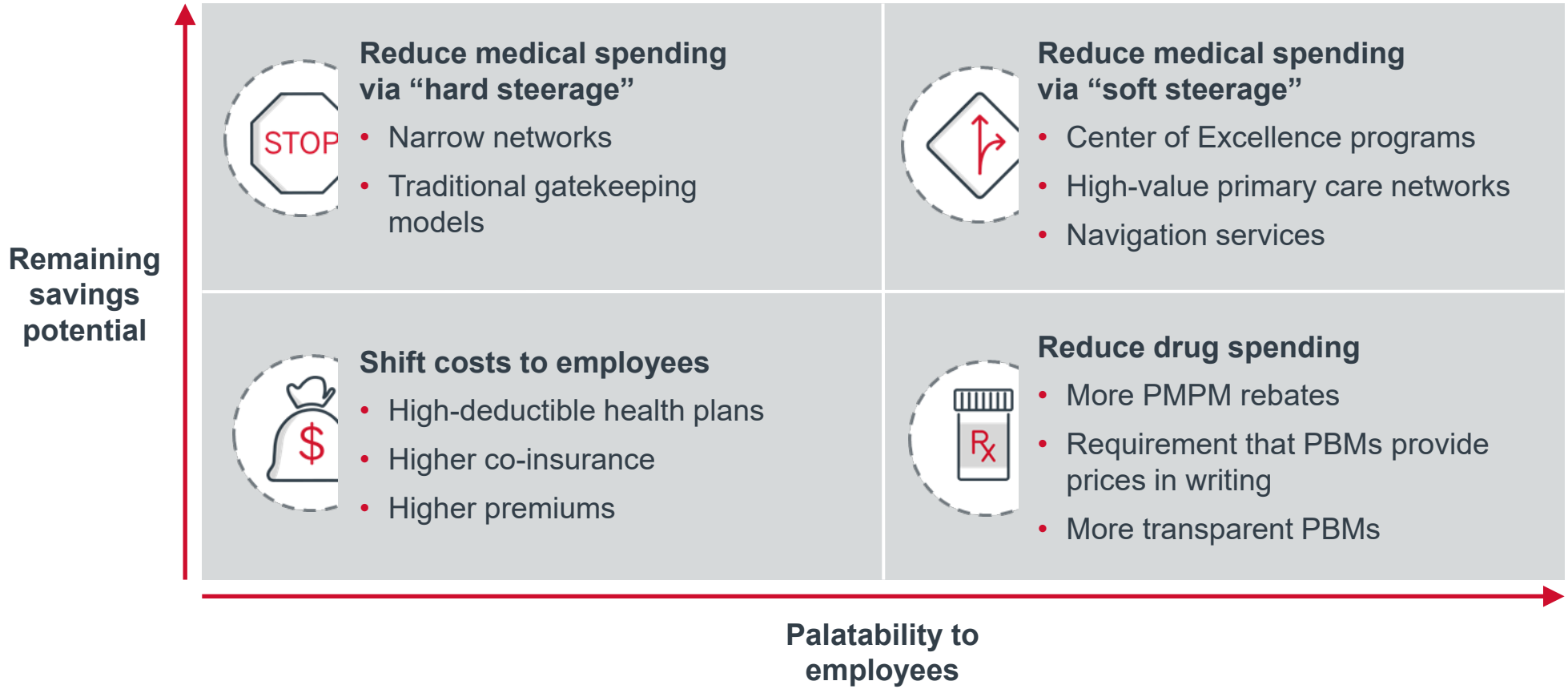
Both employers and benefits experts firmly expect cost cutting activity to pick back up in 2023 and beyond

Source: "Few employers say their current wellbeing and caregiving programs effectively support employees," Willis Towers Watson, February 2021; "U.S. Employer Medical Costs Projected To Increase 5 Percent Next Year," Aon, October 2021.

Advisory Board interviews and analysis.

Employers balancing savings potential

Employer options for reducing health benefits spending



Advisory Board interviews and analysis.

Commercial coverage plummets, but is mostly offset

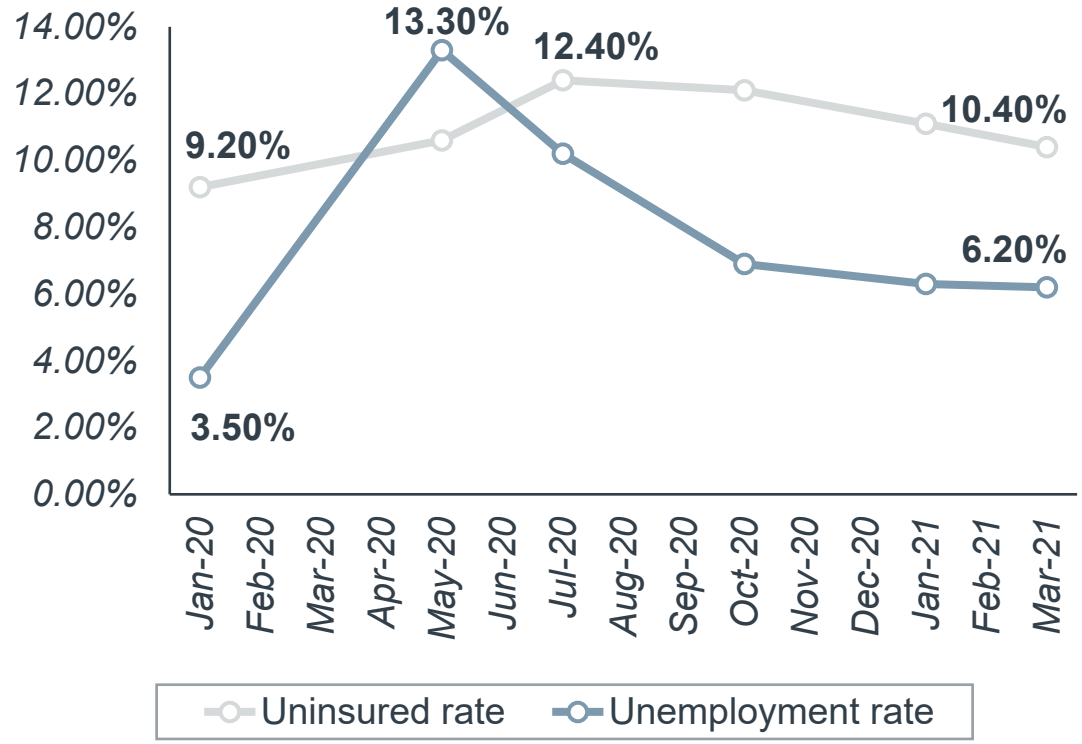
Insurance enrollment changes, Jan 2020 – April 2021

MMIT landscape

	Absolute change	Percent change
Commercial	(14M)	(8%)
State Medicaid	(0.5M)	(2%)
Managed Medicaid	8M	17%
Exchanges	1.5M	15%
Medicare	1.5M	3%
Total	**(3M)**	**(1%)**

Unemployment and uninsured rate, Jan 2020 – March 2021

MMIT landscape



Source: "Predicting Enrollment Changes in the COVID Era," MMIT, May 2021.

Advisory Board interviews and analysis.

Will the end of the PHE create a coverage cliff?

Medicaid enrollment hits a record high

Unemployment rate only one contributing factor

11.5M

New Medicaid and CHIP enrollees between February 2020 and May 2021—a 16.2% increase

States Medicaid programs are unable to disenroll beneficiaries during the PHE[1]

Where the newly-ineligible could end up

- **Switch to ESI[2] (if employed)**
- **Enroll in the exchanges**
- **Become uninsured**

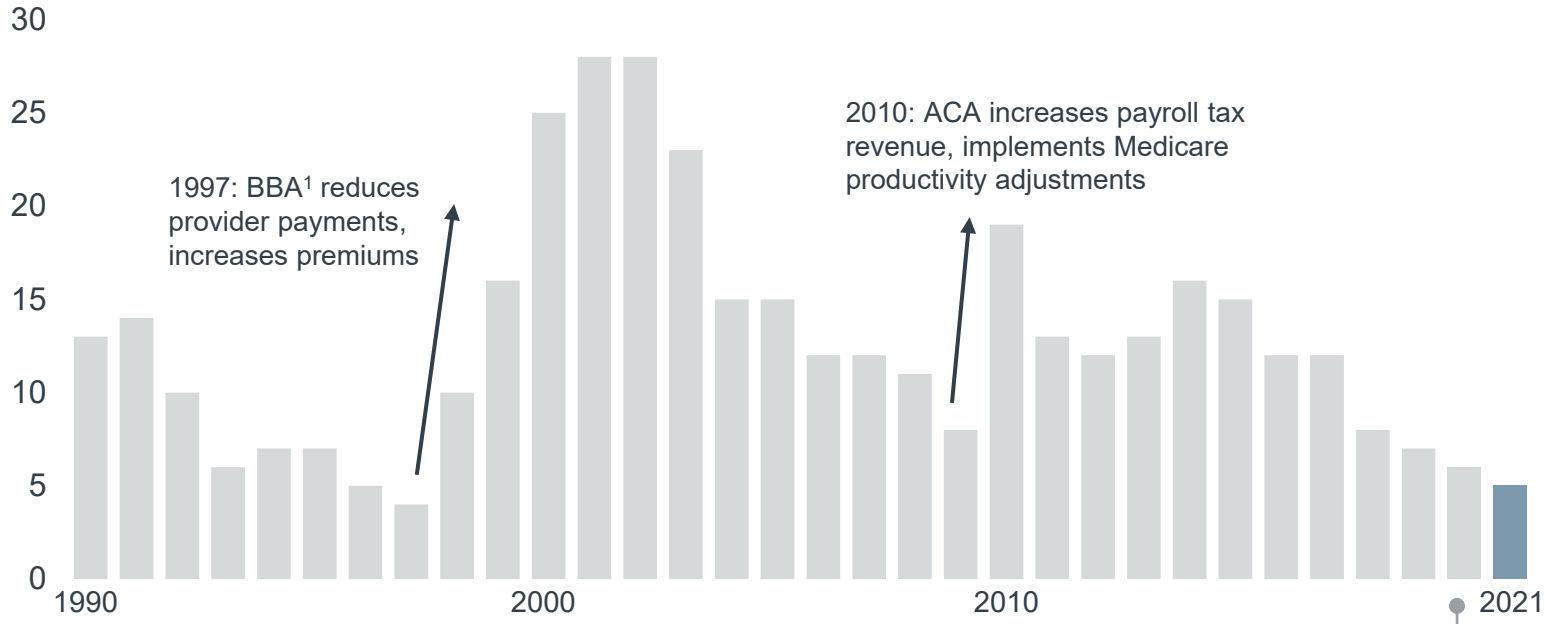
1. Public health emergency.
2. Employer sponsored insurance.

Source: "May 2021 Medicaid & CHIP Enrollment Data Highlights," CMS, December 2021; "Key Issues for State Medicaid Programs When the COVID-19 Public Health Emergency Ends," Kaiser Family Foundation, January 2021.

Advisory Board interviews and analysis.

Medicare Trust Fund continues slide toward insolvency

Number of years projected until Hospital Insurance Trust Fund insolvency



The 2020 Trustees report projecting Trust Fund insolvency in 2026 did not consider the effects of the Covid-19 pandemic; the 2021 report did account for the pandemic but maintained the 2026 insolvency date

DATA SPOTLIGHT

88%

Of the Hospital Insurance Trust Fund revenue is sourced through payroll taxes

1. Balanced Budget Act of 1997

Source: "2021 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds," August 2021; "Cubanski, J. et al. "FAQs on Medicare Financing and Trust Fund Solvency," Kaiser Family Foundation, March 2021; "Medicare: Insolvency Projections," Congressional Research Service, May 2020..

Advisory Board interviews and analysis.

Options for trust fund solvency balance politics and time

Less controversial "curve-bending" strategies yielding returns only over time

- Wait for payroll tax growth to boost revenue
- Savings from value-based care models
- Shift to lower cost sites of care

Powerful but politically unpalatable actions directly affecting voters

- Raise Medicare payroll taxes or premiums
- Cut Medicare benefits for enrollees

Fast-acting measures that provide direct funding boost

- Reallocate funds from Part D savings
- Cut provider and/or plan reimbursement

Increase revenue | *Decrease expenditure*

KEEP IN MIND

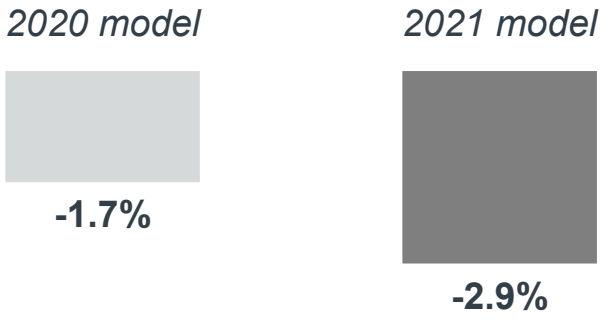
The most direct routes to preserve solvency are increased tax revenue or decreased expenditure; strategies reallocating funds from another source (e.g. Part D spending or general expenditures) require an act of Congress and mean forgoing other spending, making them politically complex

Advisory Board interviews and analysis.

Pandemic had only modest impact on volume forecasts

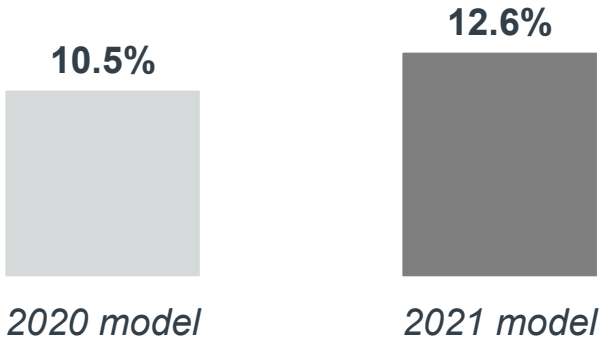
5-year inpatient growth projection

Advisory Board Market Scenario Planner



5-year outpatient growth projection

Advisory Board Market Scenario Planner



Covid-19 in the context of all volume forecast considerations

Dependent on Covid-19

- Skipped preventive visits and screenings
- Postponed or cancelled elective procedures
- Social stress and isolation
- Mortalities and complications for Covid-19 patients
- Endemic Covid-19

Covid-19 is accelerant

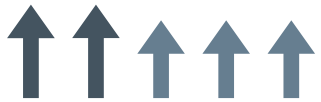
- Consumer preference for digital and home-based care
- Regulatory and payer policy promoting non-hospital sites
- Changes to health benefits, including additional financial obligations and network management
- Expansion of safety net insurance coverage

Independent of Covid-19

- Aging population
- Changes to disease prevalence
- Technology and minimally invasive surgical techniques
- New screening recommendations
- Removal of IPO list
- CMS value-based care programs

Advisory Board interviews and analysis.

Certain service lines could see large swings in demand

Future demand influenced by…		Observable impact…	Today → 2025
Deferred care	• Higher-complexity, later-stage patients requiring treatment interventions • Recovered elective surgery volume (with some loss due to non-surgical condition management)	• Oncology • General surgery • Orthopedics • Cosmetics	
Social stressors	Greater prevalence of chronic disease, including anxiety, depressive, eating, substance use disorders	• Behavioral health • Evaluation and management • General medicine	
Covid-19 infections, complications	• Long-haulers with organ damage and symptomatic illness after recovering from Covid-19 • Hospitalizations due to Covid-19 infection	• Infectious disease • Cardiovascular • Pulmonology • Neurology • Rehabilitation	
Covid-19 mortalities	Deaths of elderly and vulnerable populations due to past or future Covid-19 infection	• End-of-life, geriatric care • Long-term care	
Financial exposure and health benefits	• Increased price sensitivity due to job loss • Benefit design and coverage changes for employees of businesses impacted by pandemic, including small businesses, entertainment, travel, commercial real estate and retail	• Elective care • Spine • Bariatrics • Specialty pharmaceuticals	

Impact to annual service line volume

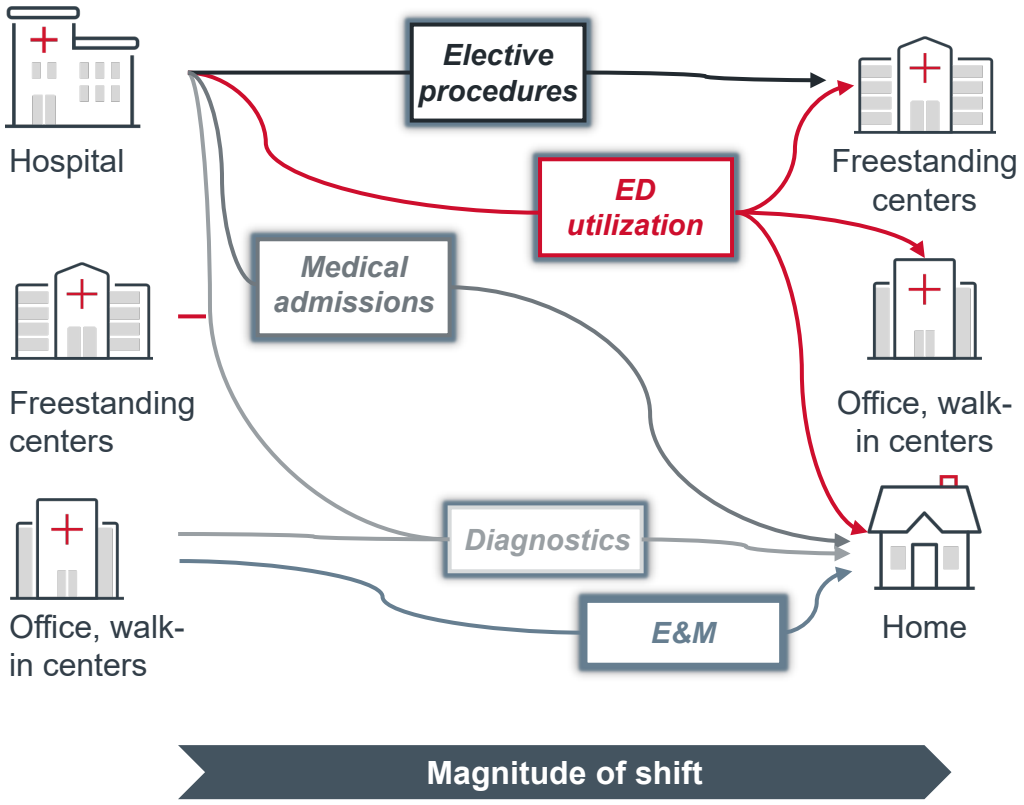
+/- 3%

+/- 0.3%

Advisory Board interviews and analysis.

Site-of-care shifts more significant long-term

Pandemic's impact to site-of-care shifts



Elective procedures

- Trust and preference for ASCs grows through pandemic
- Regulatory flexibilities remain, expanding available offerings

ED utilization

- Triage tools expand to promote proper site utilization
- Cost sensitivities promote use of non-ED sites

Medical admissions

- Payers expand reimbursement for home-based models
- Providers, plans, and PE invest in home-based models

Diagnostics

- Trust and preference for at-home testing and monitoring grows
- Research, development, and funding increase across industry

Evaluation and management

- Coverage and incentives to use telehealth remain
- Physician adoption increases, virtual medical groups expand

Advisory Board interviews and analysis.

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On many fronts, change is ahead, not behind

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Can play out in ways that are **directionally different**, not just incrementally so

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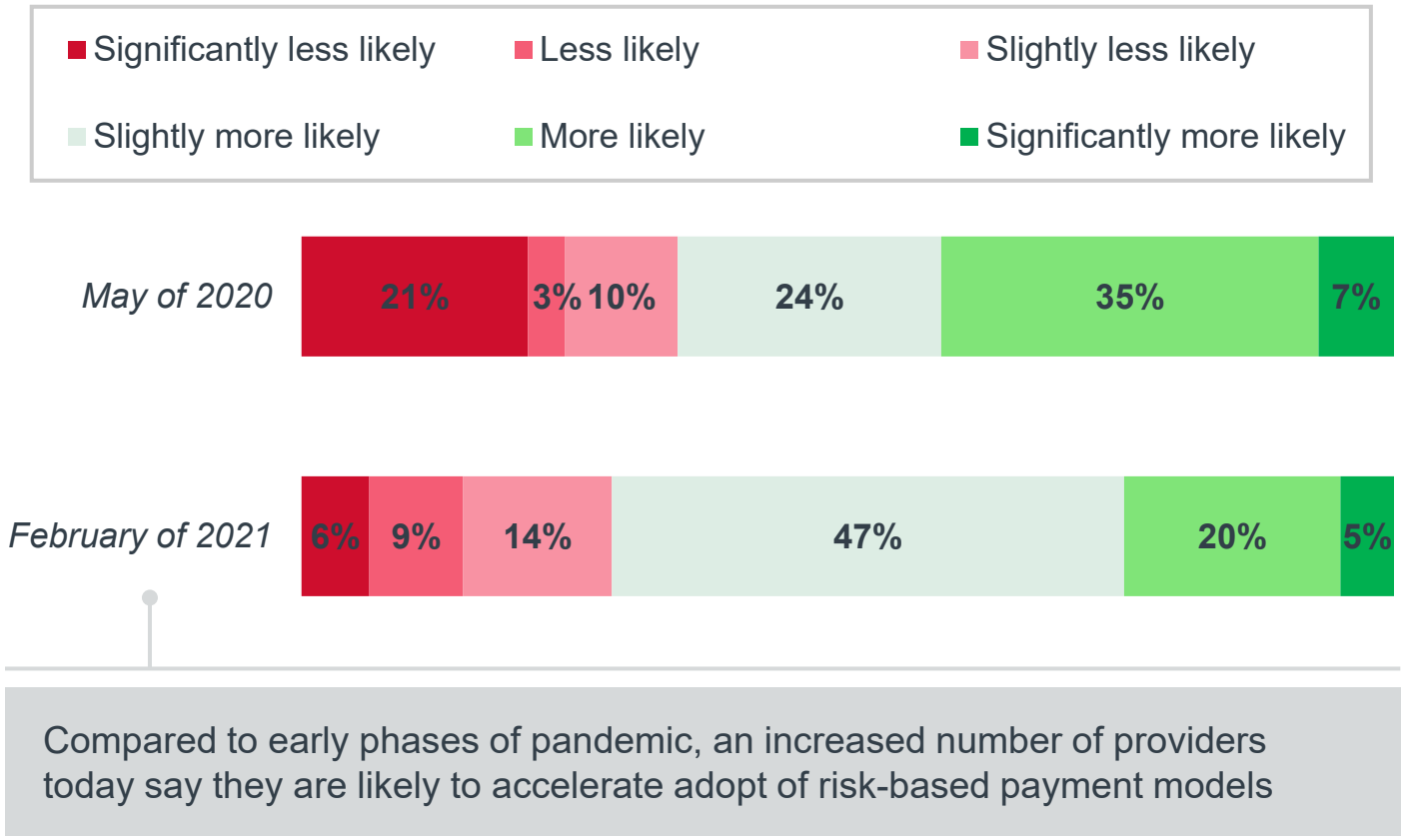
Advisory Board interviews and analysis.

As uncertainty wanes, attitudes toward risk moderating

ADVISORY BOARD STRATEGIC PLANNING SURVEY

How likely is your organization to accelerate adoption of risk-based payment models?

n = 81 provider organizations



Compared to early phases of pandemic, an increased number of providers today say they are likely to accelerate adopt of risk-based payment models

Advisory Board interviews and analysis.

Insurers looking more to physicians as partners for risk

Pandemic support

BCBS of North Carolina accelerated payment program

Distributed payments until the end of 2021 to "true up" revenue to what an average practice earned in 2019

Participation requirements

- Commit to join a Blue Premier ACO by January 1, 2021
- Maintain independent status for the duration of the program

BCBS of Massachusetts Alternative Quality Contract

Global budget based on the number of patients; can be used in whatever way the provider sees fit in order to improve care

Modifications amid Covid-19

- Reduced minimum panel size from 10,000 patients to 1,000
- Offered an immediate payment upon signing up for program

Emerging priorities

PeriHealth[1] telehealth reimbursement framework

Since May 1, 2021, telehealth reimbursement level is tied to level of risk:

- 95%: Downside risk participants
- 90%: Upside risk participants and those with no option for risk
- 75%: Providers that opt out of available risk models

1. Pseudonym.

Advisory Board interviews and analysis.

A “now or never” moment for downside risk at scale

SCENARIO 1

New reimbursement standard

Both public and private payers funnel the majority of their payments through true (downside) risk models. Payments include both physicians and hospitals across a wide range of specialties. Most patients are cared for through value-based models.

Possible if:

- *Federal government mandates risk at scale*
- *Health systems and plans can strategically align (i.e. pick preferred partners) to overcome core incentive alignment problem*

SCENARIO 2

Next-generation physician compensation

Risk-based contracting continues but is primarily focused on physician practices (particularly primary care and multi-specialty groups), plus a small number of health systems. Health plans deepen their relationships with physicians as a result.

Possible if:

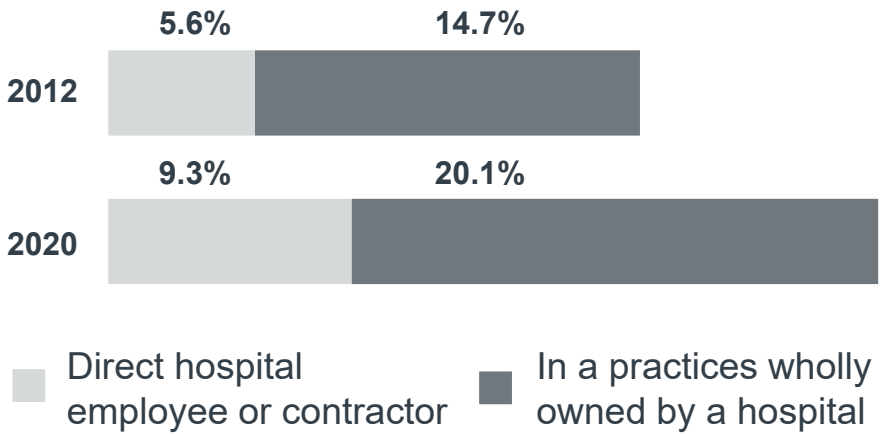
- *Federal government continues to rely primarily on voluntary models OR doubles down on physician-led models*
- *Plans choose to use risk as a carrot reserved for strategically-aligned physicians*

Advisory Board interviews and analysis.

Interest in hospital employment may be plateauing

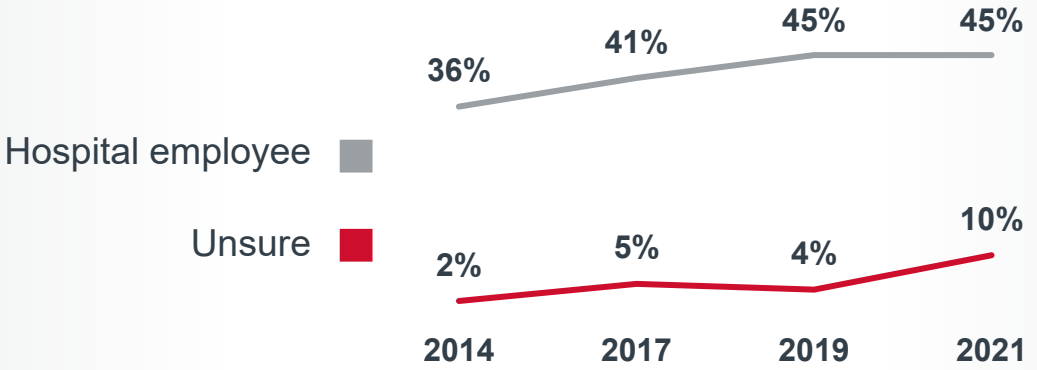
Percent of physicians working for hospitals

Survey conducted September-October 2020



The pandemic is not driving hospital-physician alignment—1% of private equity- and hospital-owned physicians were independent just prior to the Covid-19 pandemic, and even fewer cited Covid-19 as the reason for their change in ownership status

What practice setting are final year medical residents most open to?



Preexisting concerns about working for a hospital

- Diminished autonomy and role in strategic decisions
- Growing availability of alternative employment arrangements

Emerging concerns about working for a hospital

- Greater stress on hospital clinicians during Covid-19
- Hospital reliance on volume over value, highlighted by Covid-19

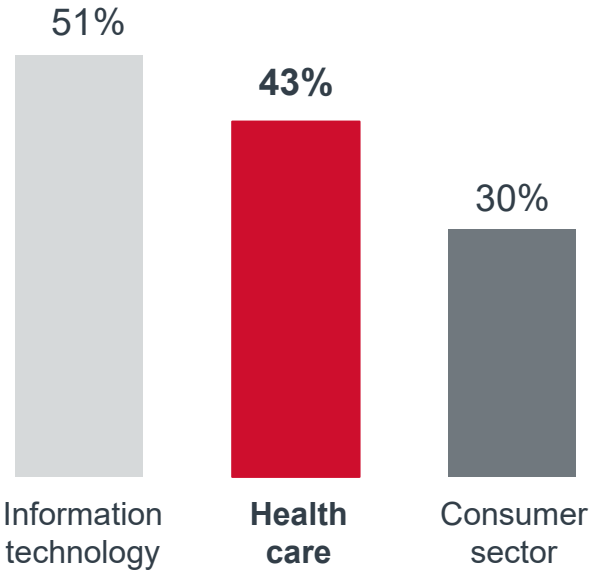
Source: Kane, C. "Physician Practice Benchmark Survey," American Medical Association, May 2021; "2021 Survey of Final-year Medical Residents," Merritt Hawkins, May 2021.

Non-hospital suitors sit in positions of power

Private equity

$330B+ Predicted 2021 US private equity fundraising, a record high

Top three area of focus for investment in 2021[1]



Nontraditional independent groups

Aledade: 40% growth in number of partner practices, 2020-2021

ChenMed: 75+ centers nationwide, 18 of which opened in H2 2020

Oak Street: Went public in 2020 and acquired RubiconMD for $130M in 2021

Privia: 41% growth in Q1 adjusted EBITDA[1], 2020-2021

One Medical: Acquired **Iora Health** in $2.1B deal

National health plans

Change in Q1 revenue from 2020 to 2021

15% **Centene**

9.2% **Humana**

6.5% **Cigna**

3.5% **CVS/Aetna**

9% **UnitedHealth Group[2]**

1. N=477 PE and VC investors, survey conducted Oct 2020-Jan 2021.
2. Advisory Board is a subsidiary of UnitedHealth Group. All Advisory Board research, expert perspectives, and recommendations remain independent.

Source: Cox, D et al., "2021 US Private Equity Outlook," PitchBook, December 2020; Skornas, E et al., "2021 Global Private Equity Outlook," S&P Global, March 2021.

Advisory Board interviews and analysis.

As physicians go, so goes the industry

SCENARIO 1

Hospitals as loci of control

Current trend toward greater hospital employment, ownership, and influence keeps apace while other players operate around the margins, filling in specific care gaps and targeting niche populations. This gives systems the time and resources necessary to stay ahead of new entrants.

Possible if:

- *Health systems broaden their physician-alignment toolkit to include more than acquisition*
- *Hospitals recognize physicians' changing priorities and invest now to ensure future sustainability*

SCENARIO 2

Hospitals as commodities

As more physicians join organizations rooted in value, with the incentive structures and assets to be successful, hospitals become increasingly commoditized. Systems will be reduced to their acute care value proposition, competing on unit price and relying on COE programs to capture shrinking volumes.

Possible if:

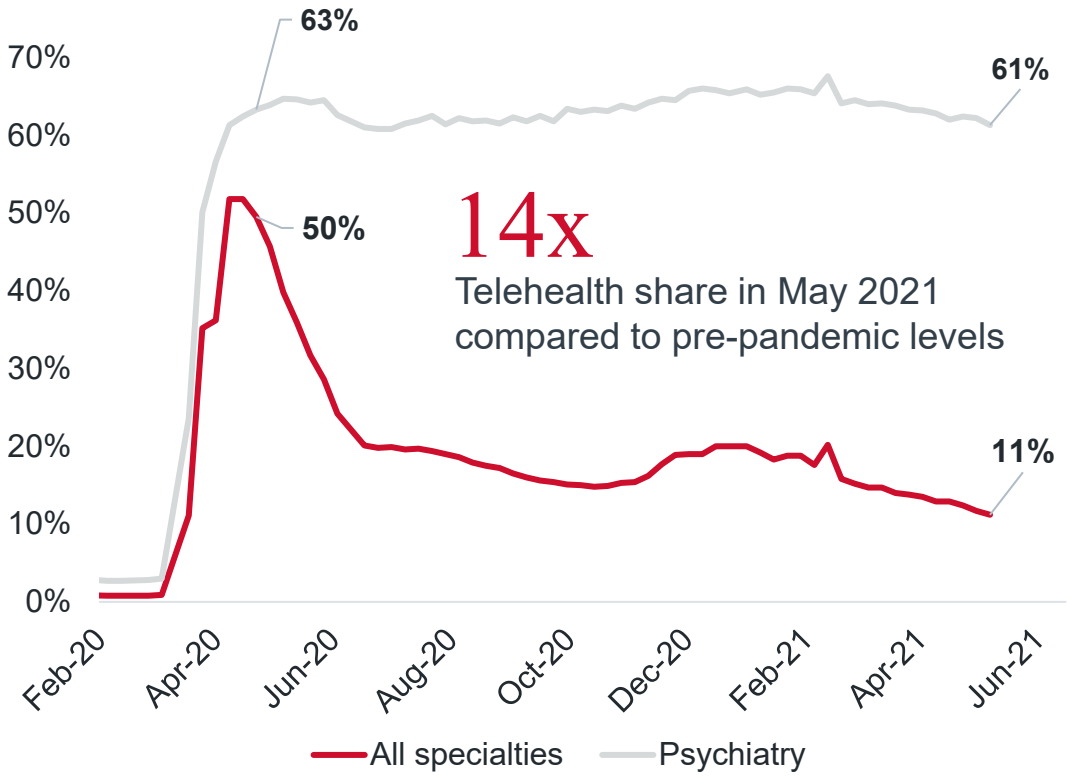
- *Hospitals are unable to recover from the damage that frontline trauma has done to their reputations and their workforces during pandemic*
- *Non-hospital partners and employers can demonstrate value for physicians and payers*

Advisory Board interviews and analysis.

So far, incumbents shoulder majority of telehealth surge

Telehealth visits as percentage of total visits[1]

Chartis Telehealth Adoption Tracker



DATA SPOTLIGHT

Virtual care patients who received care from…

...their own provider

71% of 18–30-year-olds

83% of patients 65 and over

…a provider recommended by their health plan

8% of 18–30-year-olds

1% of patients 65 and over

...an app or online service they found

3% of 18–30-year-olds

1% of patients 65 and over

1. April peak in telehealth visits is due to both higher telehealth volumes and a lower number of in-person visits.

Source: Telehealth Adoption Tracker," The Chartis Group, October 2021; "Telehealth impact: Patient survey analysis," Covid-19 Healthcare Coalition, April 2021.

Advisory Board interviews and analysis.

Telehealth outlook depends on who owns delivery

Local providers

Perceived benefits

- ✓ Patients can stay with existing care teams
- ✓ Better care continuity
- ✓ Potential for lower total cost due to physician knowledge of patient

Perceived risks

- × Possible incentive to refer patients for downstream care
- × Potential for lackluster virtual experience compared to vendors

Third party vendors

Perceived benefits

- ✓ Superior technology
- ✓ Better access (e.g., 24/7 coverage)
- ✓ No perverse financial incentive to refer for downstream care

Perceived risks

- × Disruption of existing care relationships
- × Potential for higher cost due to lack of physician-patient relationship

Industry implications

Telehealth becomes a universal care standard—used to some degree by most patients and most physicians as a complement to in-person care

Telehealth is a service used heavily by specific sub-segments of the patient and physician population, especially patients with employer-sponsored coverage

Advisory Board interviews and analysis.

Third parties actively addressing potential shortcomings

Acute care

One-off visits with on-call providers for urgent needs

Ongoing management

+ Dedicated care teams
+ Disease management programs and devices

Teladoc + Livongo

Downstream navigation

+ Seamless referrals for follow-up care
+ Care coordination

Doctor on Demand + Grand Rounds

PlushCare + Accolade

Benefits integration

+ Optimized benefits (e.g., waived cost-sharing)
+ Virtual-first products

MDLive + Cigna

Zipnosis + Bright Health

Advisory Board interviews and analysis.

Will telehealth be a universal skill or a new specialty?

SCENARIO 1

Universal care standard

Telehealth is used widely by both patients and physicians as a complement to in-person care. Virtual care is used as a means to maintain and reinforce existing relationships and referral patterns.

Possible if:

- *Local providers and plans can make the necessary compromises to maintain reimbursement near-parity*
- *Local providers invest in digital experience and use virtual care to improve physician workflows*

SCENARIO 2

Niche market

Telehealth is used heavily by patient segments targeted by third-party vendors, who focus primarily on selling to self-funded employers. Existing relationships and referral patterns are disrupted.

Possible if:

- *Third parties expand beyond acute care services to meet employer and consumer demand for more integrated solutions*
- *Plans opt to align with third parties, either through benefit design/reimbursement or acquisition*

Advisory Board interviews and analysis.

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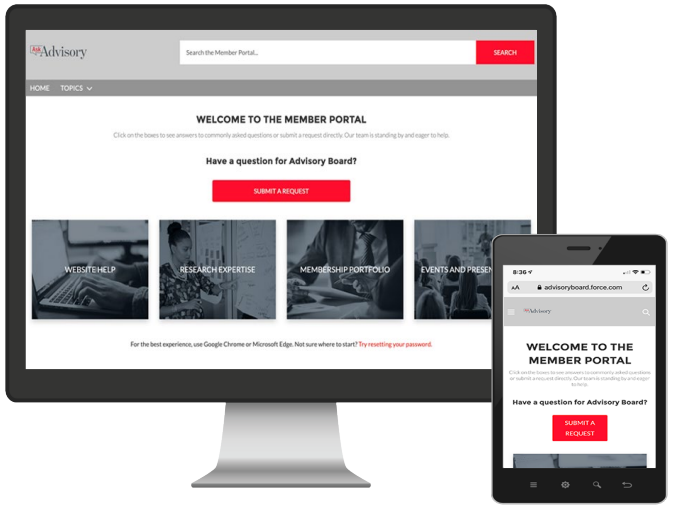

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