

# OUTSIDE **THE** LINES

## THE POST-TRUMP AFFECT

Reading one of the many newspapers, blogs, posts, opinion pieces and such since November 8, I was reminded of a famous Warren Buffet quote: “When the tide goes out, you discover who’s been swimming naked.” The Affordable Care Act (ACA) – and its single payer-leaning direction – has been the tide of water covering healthcare for half a decade, since its passage in March 2010. But today – post-election – the tide is turning. The ACA is in flux. Will it be replaced, repealed, tweaked, replaced first and then repealed ... tweaked a little or a lot? We don’t know for certain. It is too early to predict what will happen next. But what we do know for certain is that the ACA *will* be changed. The question for leaders of healthcare – leaders in hospitals, health systems, medical groups and other healthcare provider organizations – is whether the shift in this tide will leave you skinny-dipping or not.

As my partners, team and I have been studying this, we’ve come to a couple of early conclusions:

- While there are a lot of “ifs” and “what ifs” related to the future of ObamaCare, what is not a “what if” is this: more than ever, our country and our communities need leaders who are continuing to change healthcare. While the ACA has largely been about health insurance coverage access, quality and cost, the role of healthcare provider organizations has largely



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been about healthcare services access, quality and cost. It's our belief that the changes to the ACA will only accentuate the need for even more creative strategies and solutions that improve care access, improve quality outcomes and care experiences, and address the affordability of care for payers, employers and individuals/consumers ... which leads to a second conclusion.

- While everything's changed – or seems to be changing with the ACA – nothing's really changed as it relates to the call to action that was started years ago (in March 2001) when the Institute of Medicine published its [Crossing the Quality Chasm report](#) or when Atul Gawande published "[The Cost Conundrum](#)" in *The New Yorker*. While the nuances of what we do next will be refined as the ACA is addressed, our focus on moving the needle on the triple aims of changing and improving healthcare delivery are constant, and our focus here must be as strong as ever.

So, what is different? We believe that the pathways for the future will look more like a ZIG and ZAG roadmap. For example, creative strategies and solutions will include a different balance of both traditional and emerging models, including more innovative ways for solving present and new issues, challenges and questions for care delivery. We will need to figure out, and evolve, both traditional and new sources of revenue. We must drive value for payers amidst even tighter reimbursement pressures and, increasingly more, solve the value equation for individuals/consumers who will have more skin in the game as costs shift from public to more private coffers.

At Strategy Advantage, we are running fast (as is everyone) to further sort out our viewpoint related to what we're calling the "Post-Trump Affect." We will share more of this in the weeks ahead. In the meantime, we think this cartoon is instructive: Many people in America today are calling for change. Who among them,

though, truly wants *to* change as it relates to their own healthcare? Most importantly, who wants to *lead the* change? We hope the leaders are you ... people who know healthcare, who understand the implications of ACA and other industry tweaks, and who have deeply held missions for doing the right thing for the people and patients in your communities.

We stand with you, as partners for leaders changing healthcare. It's "nose to the grindstone" time.

Always looking ahead and wishing you a very Happy Thanksgiving,



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## NEWS ALERT! WHAT'S HAPPENED THIS WEEK

One health system – a client of ours for many years – is one leader changing healthcare. [MultiCare](#), a multi-site, multi-region health system based in Tacoma, Washington is clear about its population health-based mission, along with its vision to become the Pacific Northwest's highest-value system of health. To that end, just this week (on November 17), MultiCare [announced the acquisition](#) of Rockwood Health and, therefore, its expansion into Eastern Washington. [According to MultiCare CEO and President Bill Robertson](#): "Today's world says that health systems have to be able to serve broader communities of individuals in order to remain relevant to the communities... so that is integral to our vision as an organization ... to be exceptionally relevant in high quality, customer-focused ways."

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## WHO WE'RE WATCHING

Another health system that has been a leader changing healthcare from the beginning is Kaiser Permanente. In fact, Kaiser states in its mission that it is "committed to helping shape the future of healthcare." Interestingly, as we are studying the Post-Trump affect, we are watching (all over again) Kaiser, its history and its business model. We came upon an article and video ([published](#)

[in December 2014 in USA Today](#)), featuring Kaiser Permanente CEO Bernard J. Tyson. In it, Mr. Tyson noted: “The business model for Kaiser Permanente is different from most organizations in the healthcare industry ... We haven’t had to make significant changes because of the Affordable Care Act, because our model can accommodate our members very well.” While we expect that all of healthcare will be affected by the ACA changes ahead in 2017 and beyond, it will be interesting to watch how Kaiser continues as a leader and how it further proves to be a model for success for future years.

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## WHAT'S TRENDING

It’s amazing what a difference a week makes. The pre- vs. post-election [affect on the ACA](#) is profound. It’s interesting that just weeks and months before, Health & Human Services posted a series of Facts & Figures noting how the ACA is working for [middle class families](#), [young adults](#), [women](#), the [Latino community](#), and [effectively providing Americans with health insurance coverage](#). Now we wait to see how the future changes might shift these trends yet again.



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