

A decorative grid of colored squares in various colors (blue, red, yellow, green, purple, orange) is positioned on the left side of the slide.

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CAMDEN  
GROUP

ideas. answers. action.

# Healthcare Trends 2016

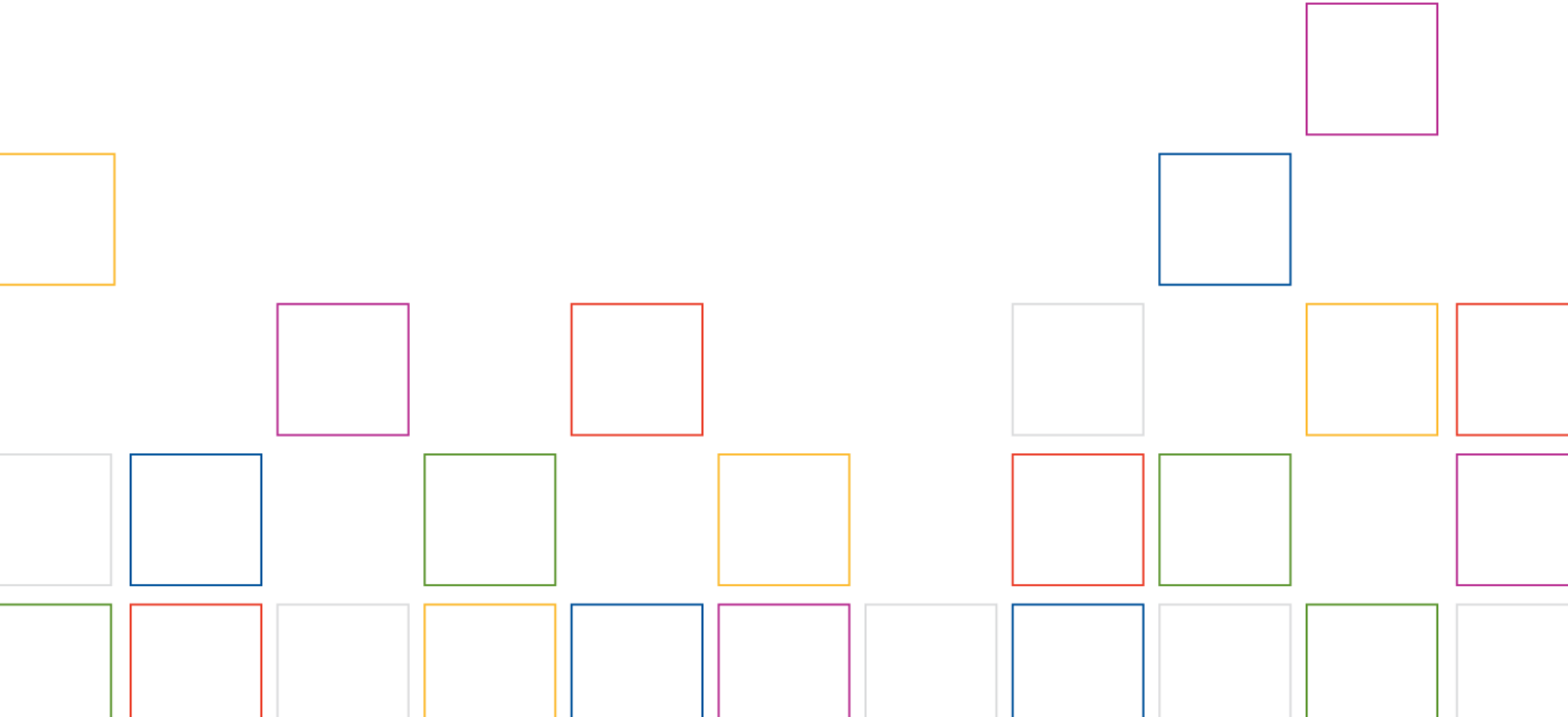
Scripps Mercy Hospital  
San Diego, California  
September 16, 2015



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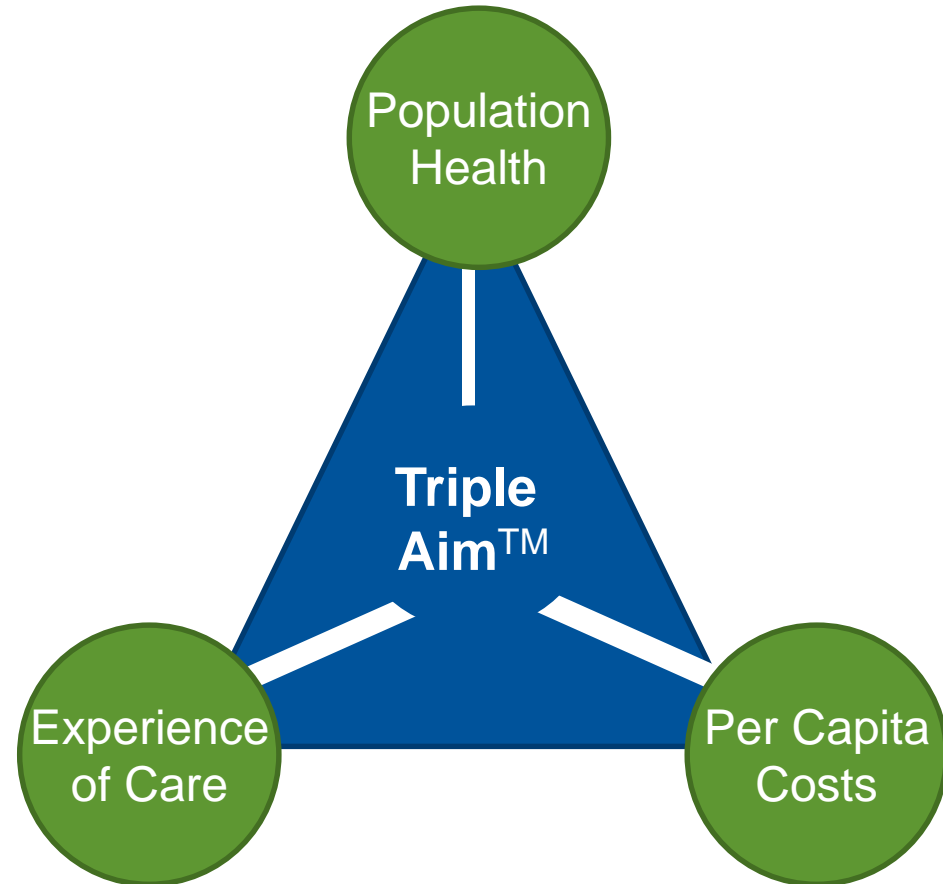
# Overview



# Institute for Healthcare Improvement: The Triple Aim™

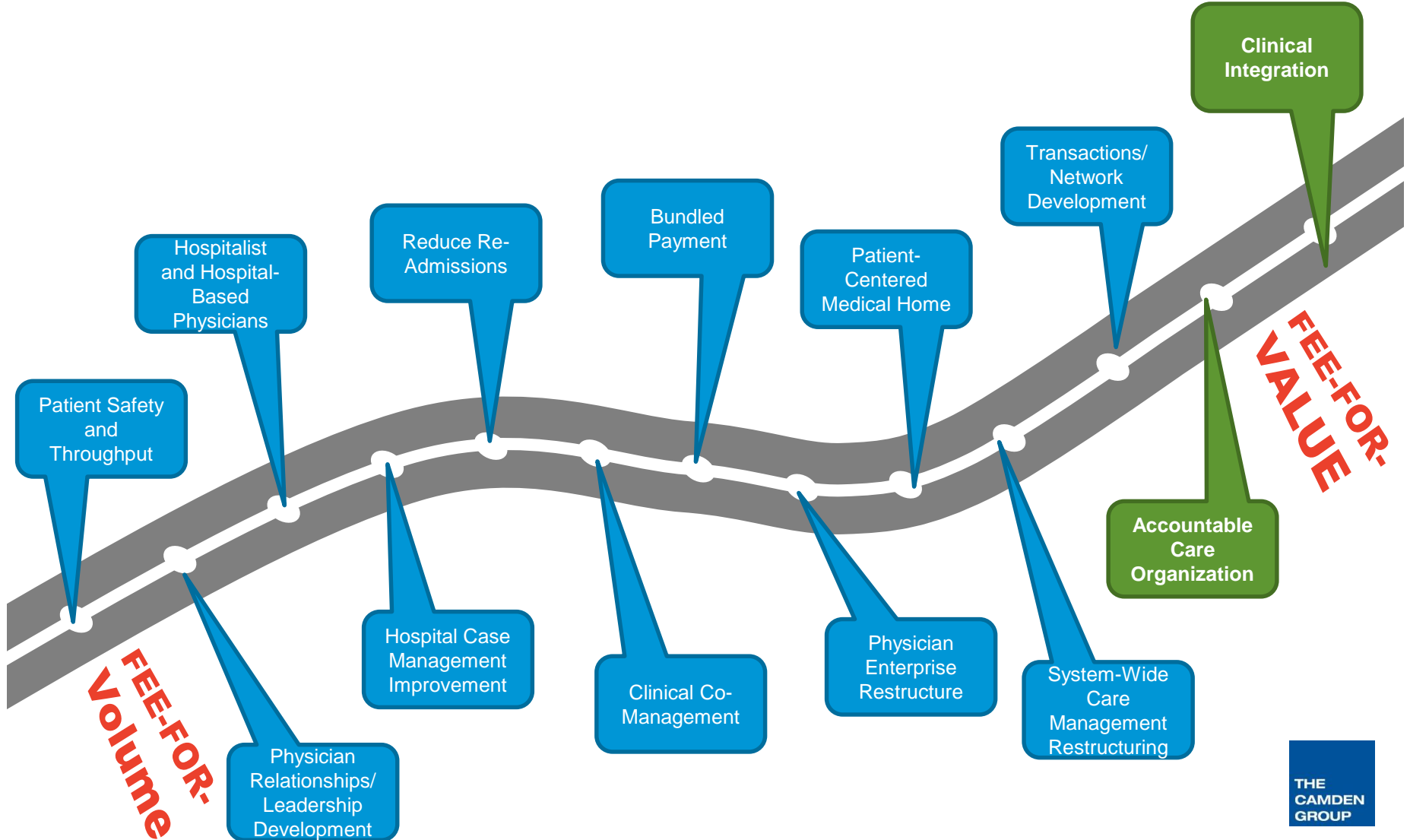
The Triple Aim™ set forth by the Institute for Healthcare Improvement:

- Optimal care delivery within and across the continuum
- Focused on improving the health of the population and cost of care
- Right care, Right place, Right time

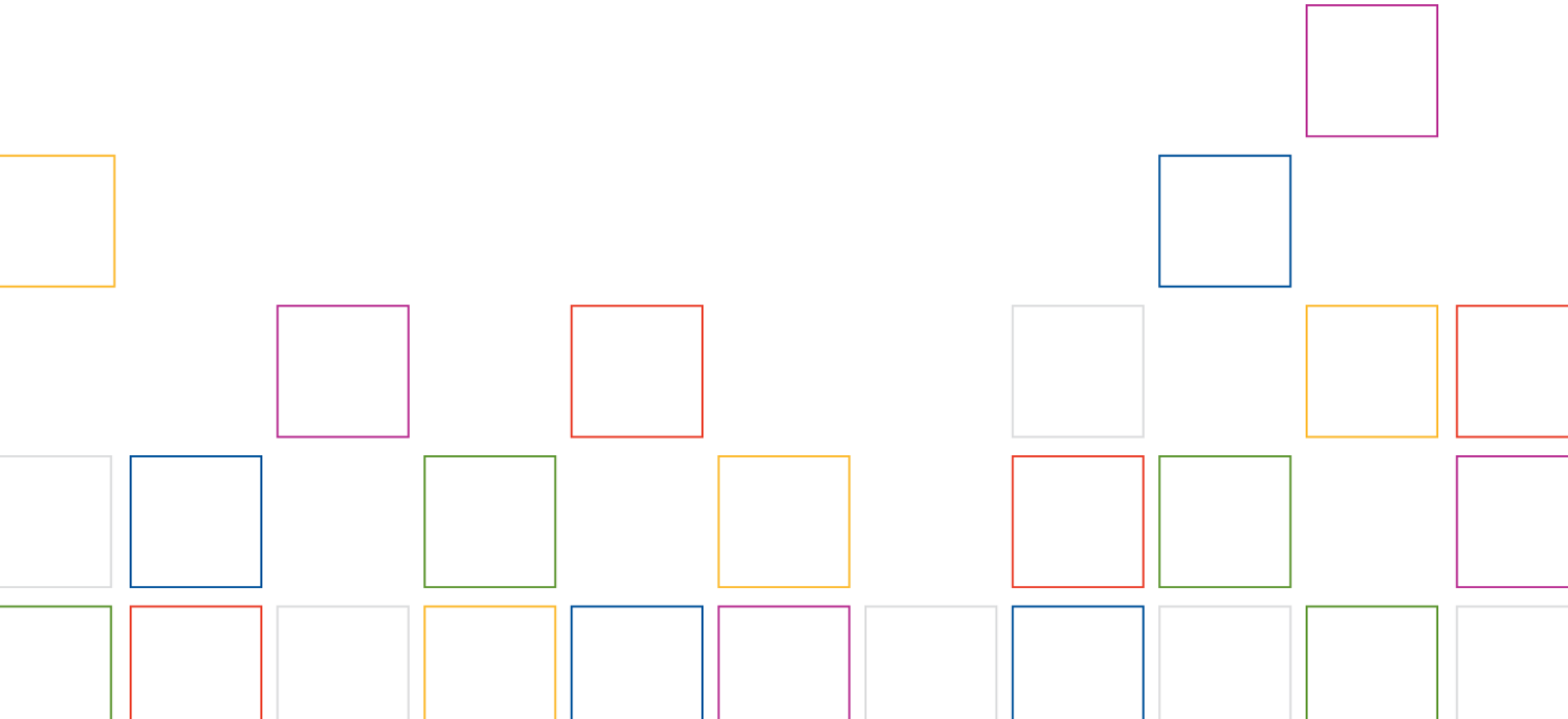


# Destination: Start with the End in Mind

Destination: Better Health. Better Care. Lower Cost.

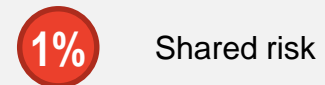
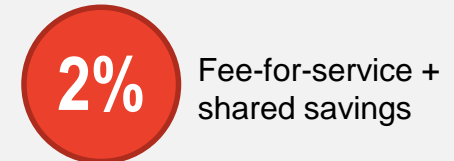
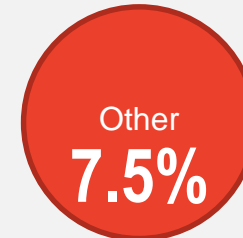


# National Payment Reform and Models



# National Scorecard on Payment Reform

**40%** of all commercial payments to hospitals and doctors are “value-based.” Here’s how it breaks down:



Source: Catalyst for Payment Reform

# White House Advisers Urge Faster Shift to Value-Based Payment

*"To support needed change, the nation needs to move more quickly to payment models that pay for value rather than volume."*

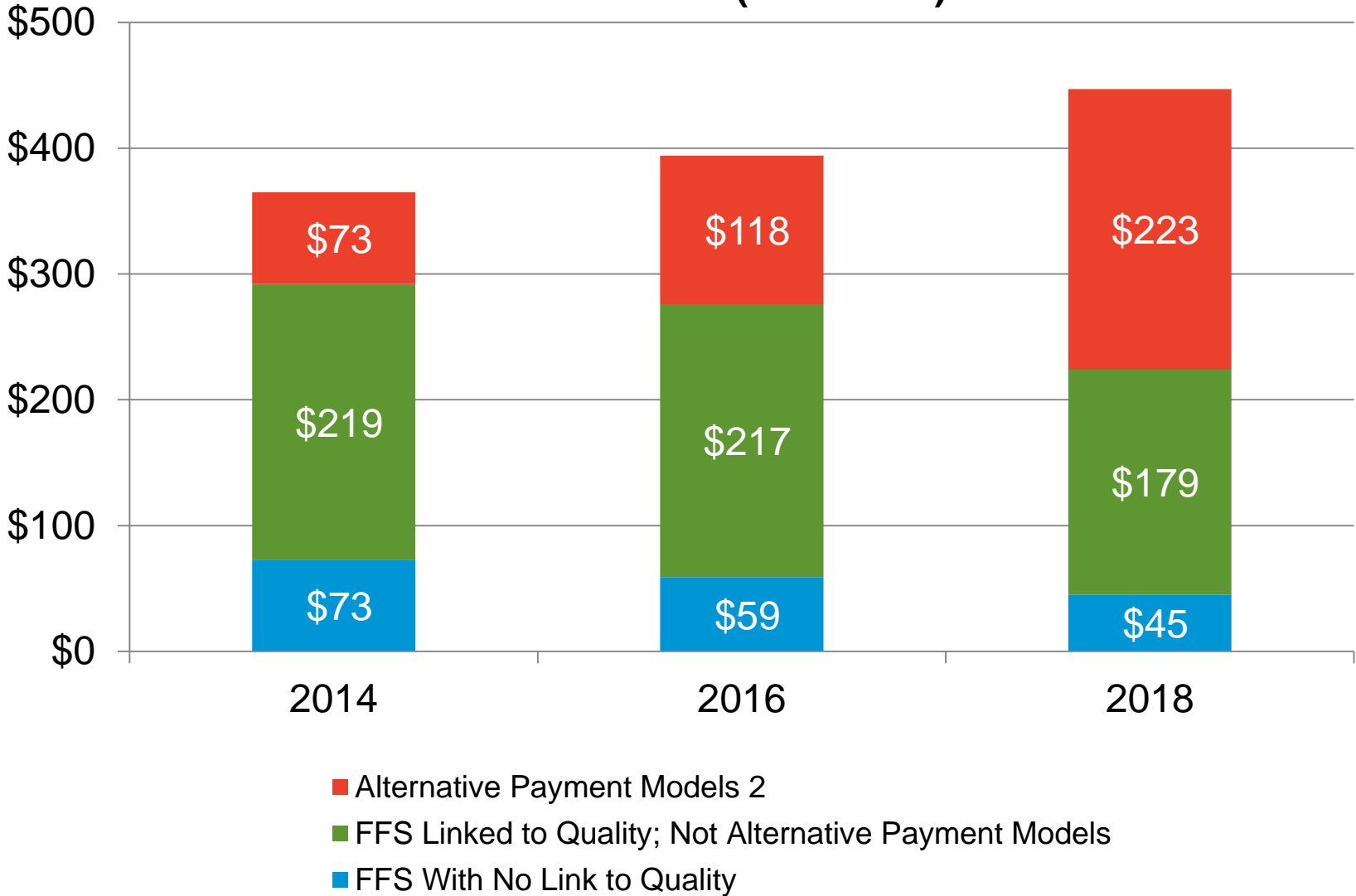
*"These new payment models depend on metrics to identify high-value care, which means that strong quality measures are needed, especially about health outcomes."*

President's Council of Advisors on Science and Technology Co-Chairs, John Holden, director of the Office of Science and Technology Policy, and Eric Lander, president at the Broad Institute of Harvard and MIT, wrote in the report's cover letter to President Barack Obama



# Medicare Parts A and B Fee-For-Service Reimbursement

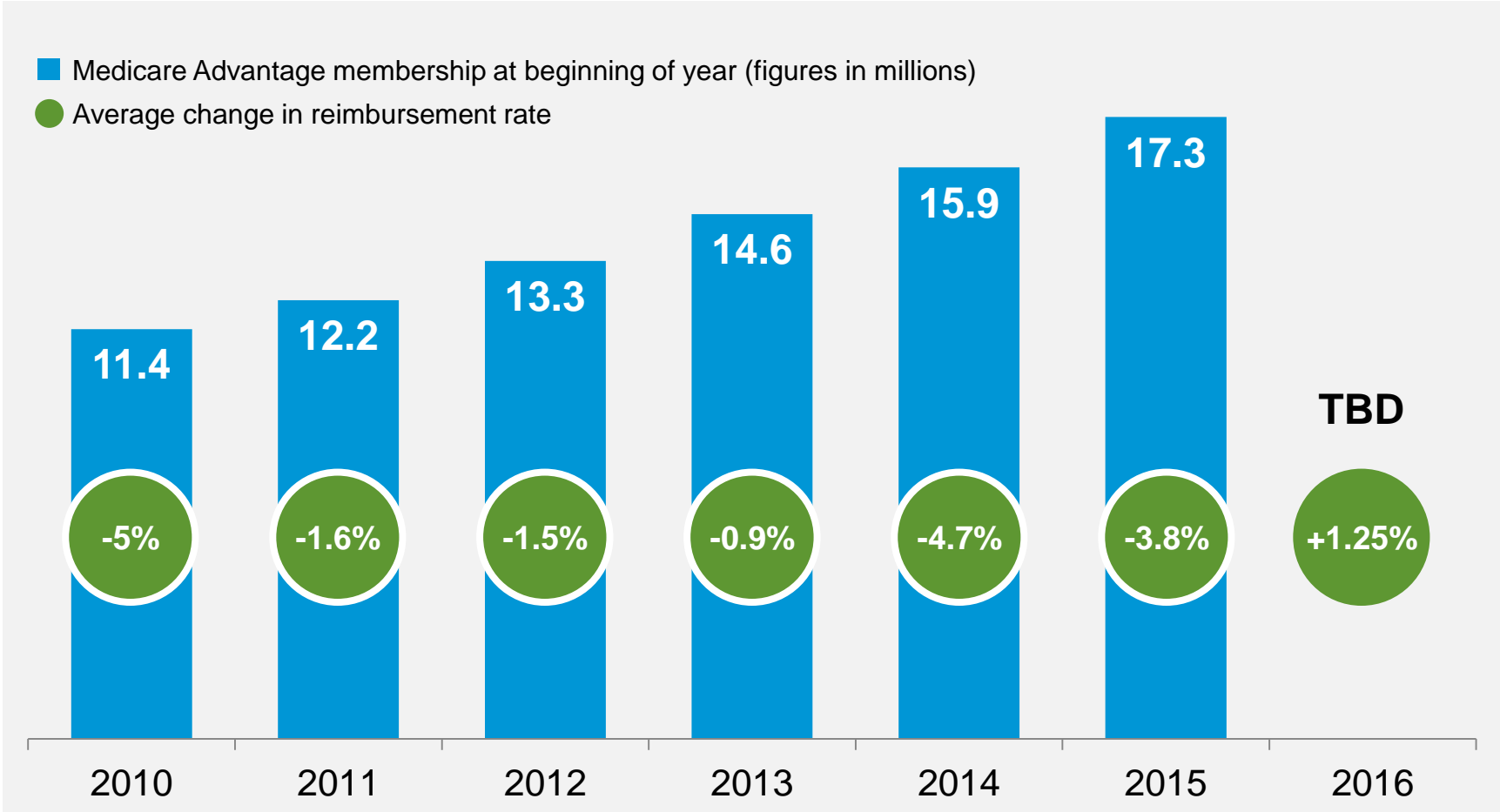
## Reimbursement (in billions)



Source: Medicare Trustees Report, 2014  
THE CAMDEN GROUP | 9/16/2015

# The Rise of Medicare Advantage

Medicare Advantage enrollment has continued to climb despite rate pressure from the Centers for Medicare & Medicaid Services (“CMS”).



Source: CMS, Moody's Investors Service  
THE CAMDEN GROUP | 9/16/2015

# Obama's Medicare Cuts (All Totals for 10 Years)



**TOTAL: \$423 billion**

Extend drug company rebates to low-income beneficiaries:

**Saves: \$116.1 billion**

Cut post-acute care provider pay by 1.1 percent a year:

**Saves: \$102.1 billion**

Lower Medicare Advantage pay:

**Saves: \$36.2 billion**

Lower provider bad-debt coverage:

**Saves: \$31.1 billion**

Equalize hospital/physician outpatient-care pay:

**Saves: \$29.5 billion**

Lower Independent Payment Advisory Board trigger to GDP + 0.5 percent:

**Saves: \$20.9 billion**

Cut hospital graduate medical education payments by 10 percent:

**Saves: \$16.3 billion**

Bundle half of post-acute care provider payments:

**Saves: \$9.3 billion**

# Value-Based Payments Are Growing

## ■ Medicare in 2013

- ▶ Penalties and bonuses to hospitals:

 1,231     1,451

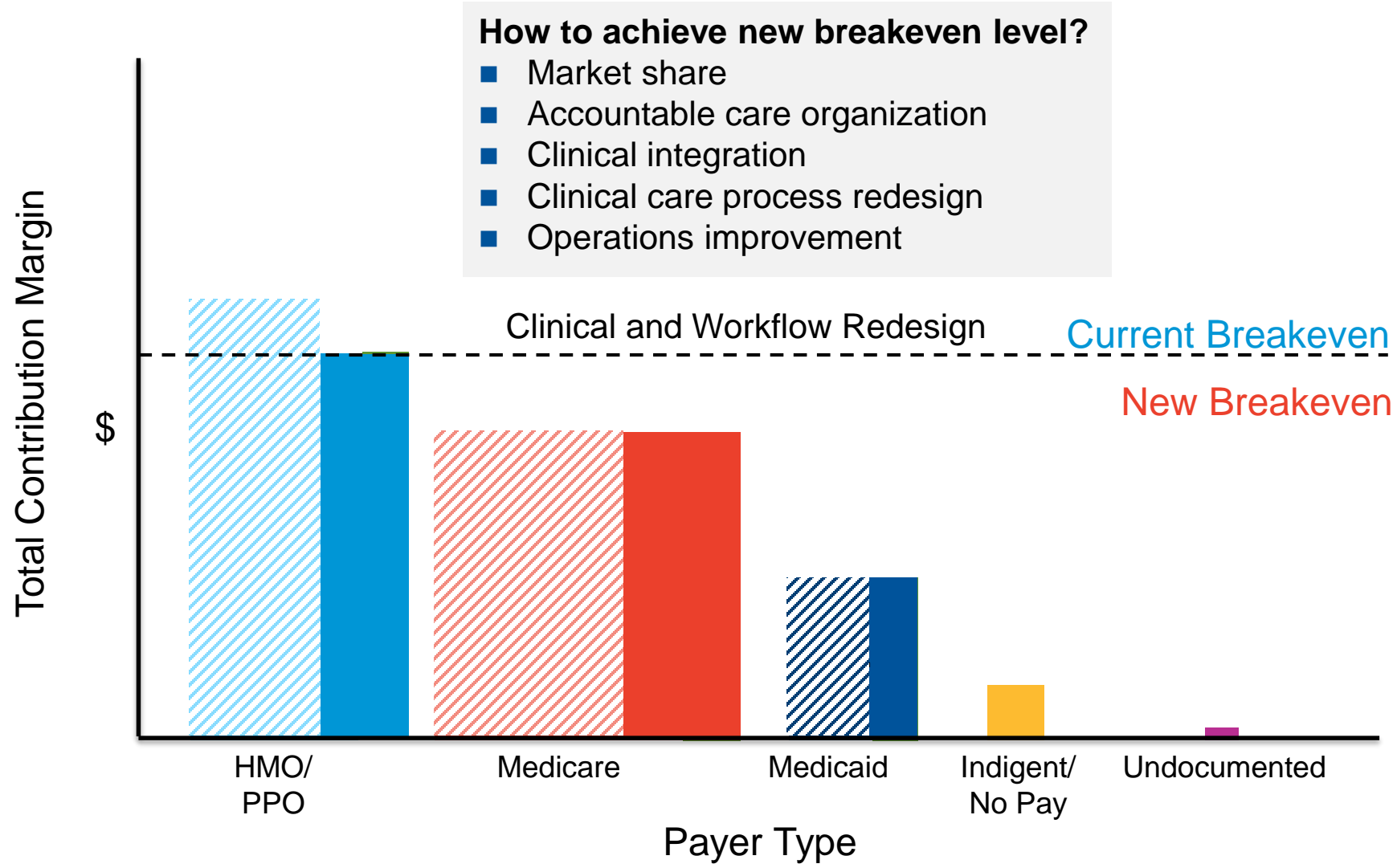
(Based on 24 quality and satisfaction measures)

## ■ Value-based models:

- ▶ Accountable care organizations (“ACO”)
- ▶ Bundled payment (“BP”)
- ▶ PCMH (Patient Centered Medical Home)
- ▶ Hospital Value-Based Purchasing program (pay-for-performance for quality and effective care) (HCAHPS)
- ▶ CMS penalties for Hospital Acquired Conditions

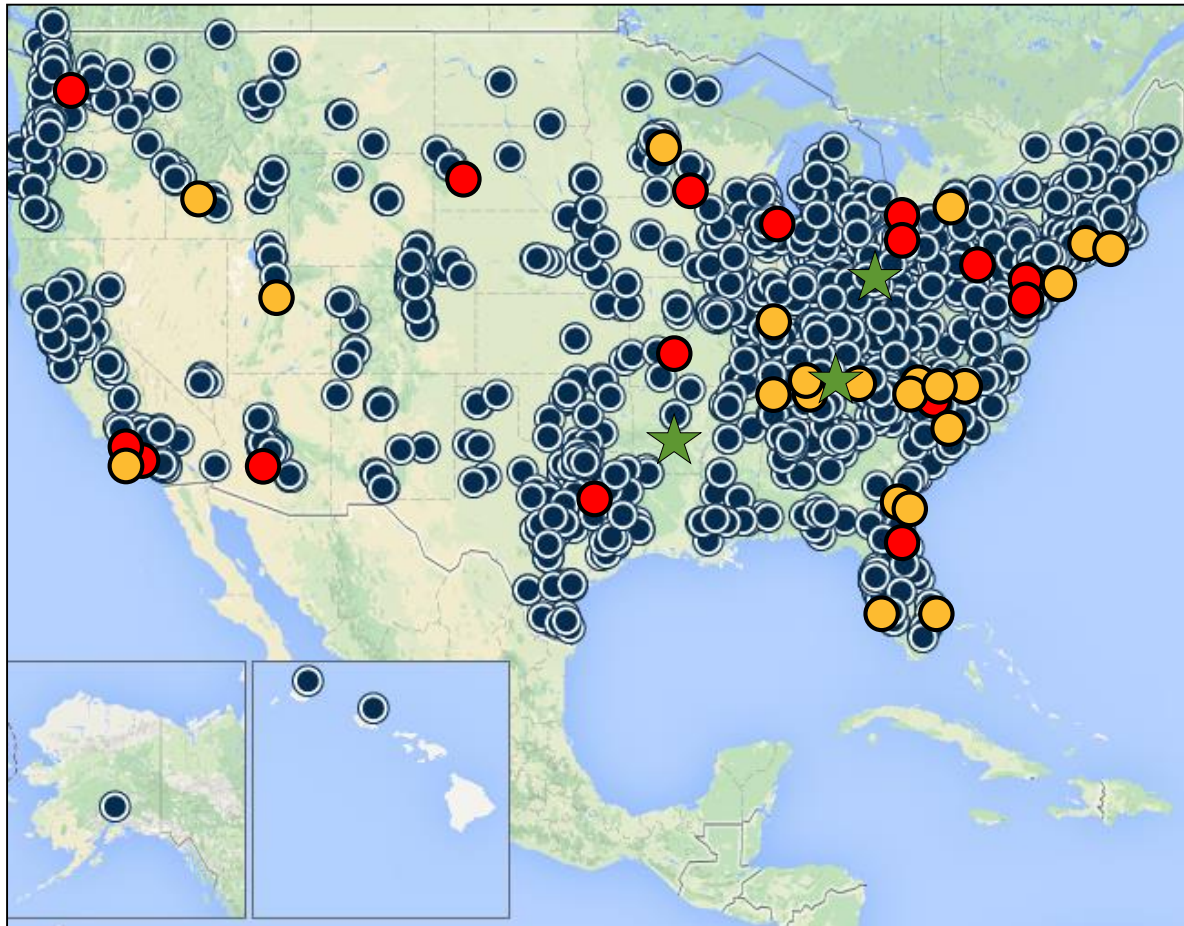
## ■ Employers and commercial payers moving in this direction

# Payment Impact on Hospitals



# Bundled Payments Outpacing ACO Growth

## Medicare, Medicaid, Commercial, and Employer Participants



- Medicare BPCI
- ★ Medicaid BP Programs
  - Arkansas
  - Ohio
  - Tennessee
- Employer BP Programs
- Commercial BP Programs

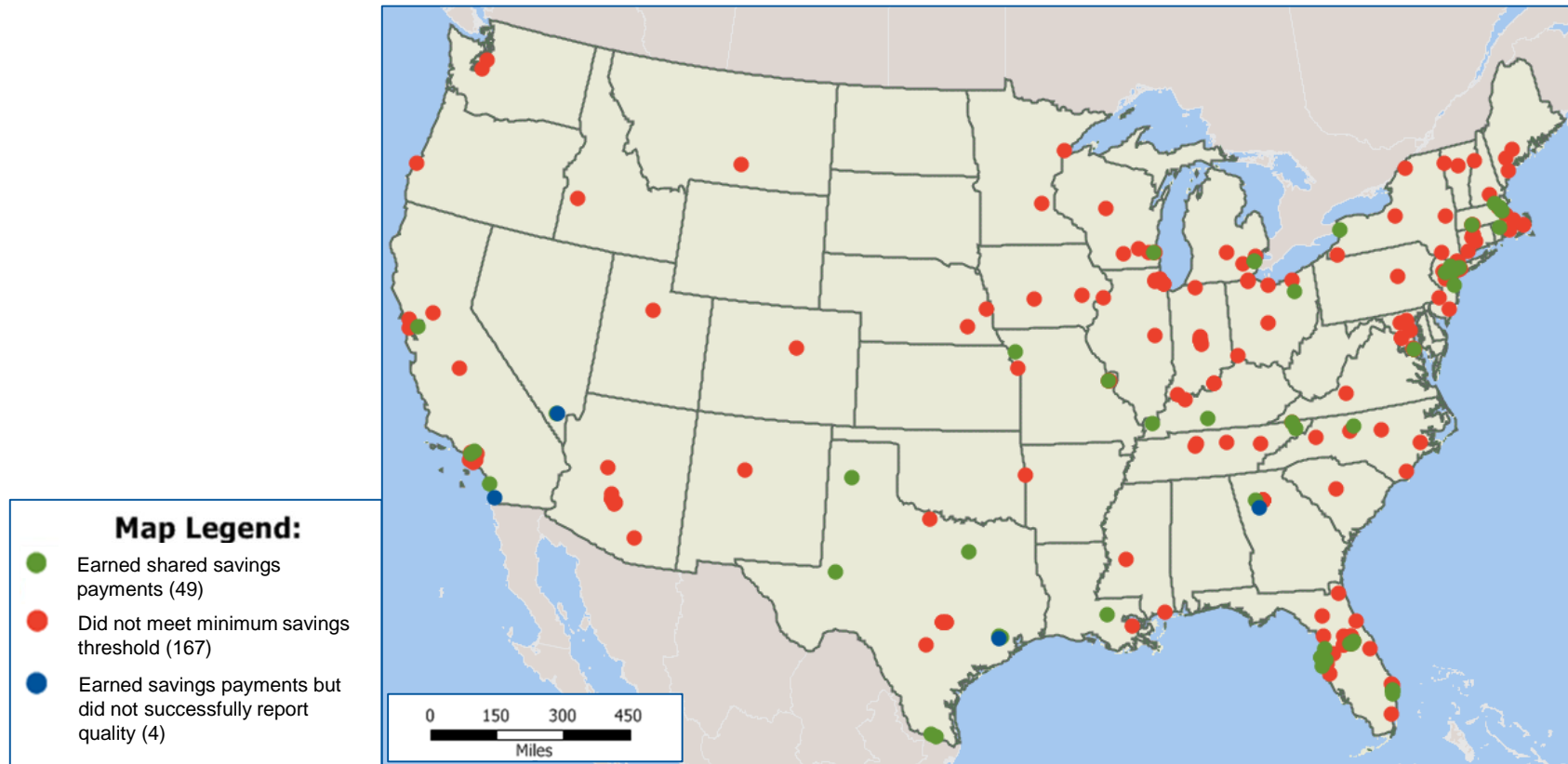
Source: <http://innovation.cms.gov/initiatives/map/index.html#model=>; CMS Bundled Payments Update June 18, 2014

Note: As of June 2014

Source: Center for Medicare & Medicaid Services - June 2014; KEY PAYER AND PROVIDER OPERATIONAL STEPS to Successfully Implement Bundled Payments - May 28, 2014; Advisory Board, The Camden Group

# MSSP ACO Financial Performance Map: Year 1 Results

- Total of \$642 million in total savings reported for 220 MSSP ACOs
- 49 ACOs earned shared savings payments totaling \$295 million
- 167 failed to meet the minimum savings threshold to qualify for distribution
- 4 earned shared savings payments but did not successfully report quality, forgoing \$22 million in shared savings



# Employer-Driven Bundled Payment Initiatives

## PepsiCo and Johns Hopkins Hospital Team-Up

- Bundled payments for cardiac and orthopedic (joints) episodes
- 250,000 PepsiCo employees nationwide
  - ▶ Travel to Baltimore, Maryland for procedures
- Reduces costs by avoiding readmissions, limiting unnecessary procedures and diagnostic tests, and improving outcomes
- Greater ability to predict future healthcare costs
- Guaranteed hospital business
- Other employers are exploring direct payment bundling for episodes of care



**PEPSICO**

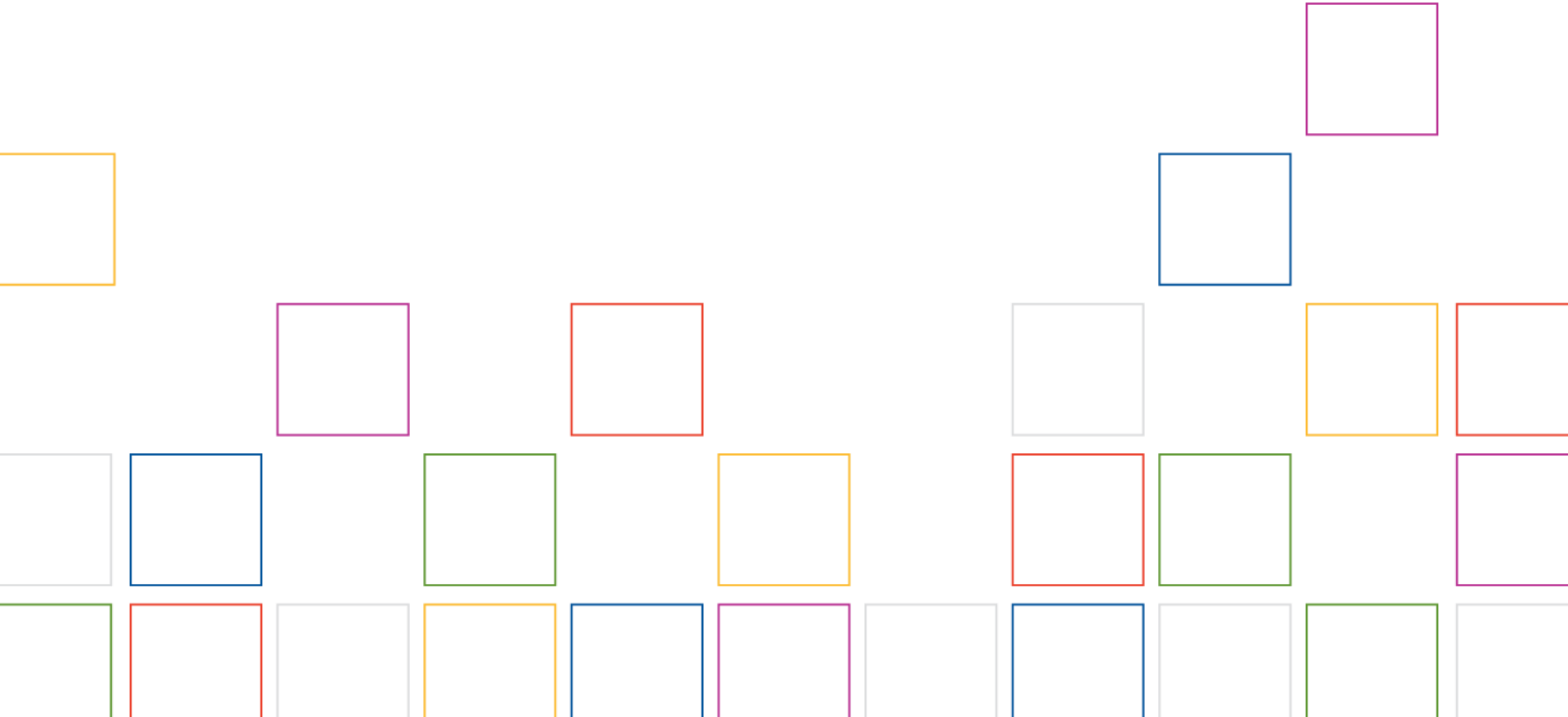


**JOHNS HOPKINS**  
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# California Payer Trends



# Health Plan Consolidation

 (38.5m) +  (14.7m) = 53.2m

 (4.4m) +  (6.0m) = 10.4m

 (23.7m) +  (9.8m) = 33.5m

 (45.8m) +  = ??

Why:

- Geographic expansion
- Economies of scale
- Greater price discounts (leverage) from providers and on drugs
- Knowledge transfer (i.e., care models, payment models)

# 2014 Trends in California Payer Market Segments

## Commercial HMO Penetration

- Commercial HMO penetration – 43.5 percent of total population
- Includes Covered California

## Medicare Advantage (“MA”) Enrollment

- 2 million seniors – 13 percent of total MA in the nation
- 38 percent of California Medicare patients enrolled in MA plans: 44 percent in San Diego

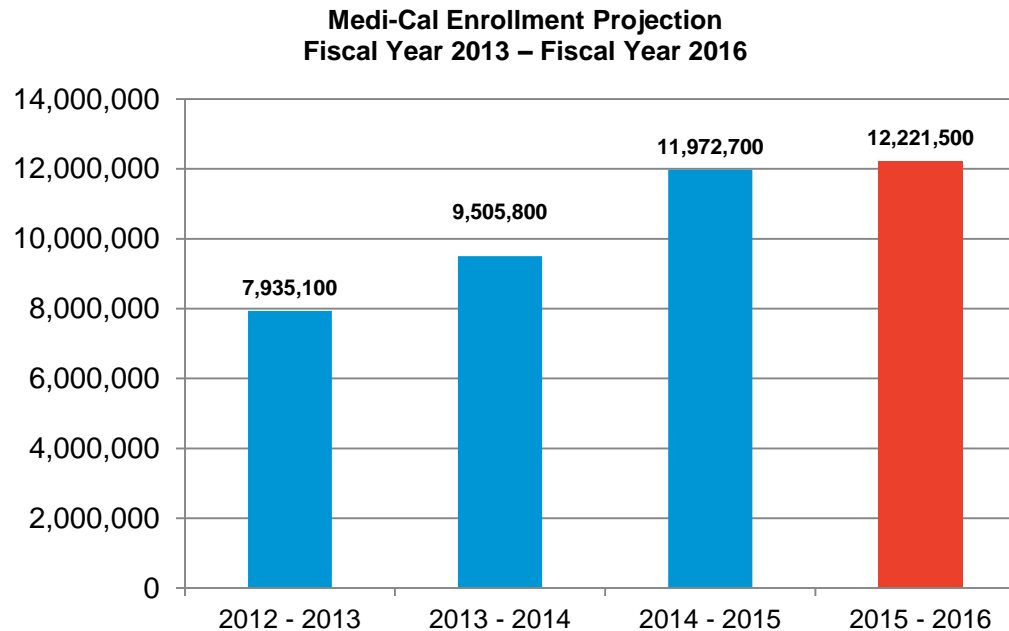
## Medi-Cal Expansion

- All new enrollees into Medi-Cal Managed Care plans
- 1.9 million people added
- Approximately 500,000 were projected to be added between November 15, 2014 and January 7, 2015
- Medi-Cal Managed Care is 71 percent of the total state Medi-Cal enrollment

Source: Kaiser Family Foundation, [www.kff.org](http://www.kff.org) accessed January 2015; Gorn, D. “Medi-Cal Ranks Grew by Nearly 500K.” California Healthline, January 9, 2015.

# Medi-Cal Enrollment

- 779,000 beneficiaries enrolled in Medi-Cal between November 15, 2014 and January 31, 2015
- Medi-Cal enrollment is projected to rise by 2 percent in 2015 to 2016, following 2 years of double-digit percent increases
  - ▶ We are approaching 1 in 3 Californians will be in Medi-Cal



Source: Department of Health Care Services; California Budget Project  
Note: 2012 – 2013 to 2014 – 2015 are estimates and 2015 – 2016 is projected.

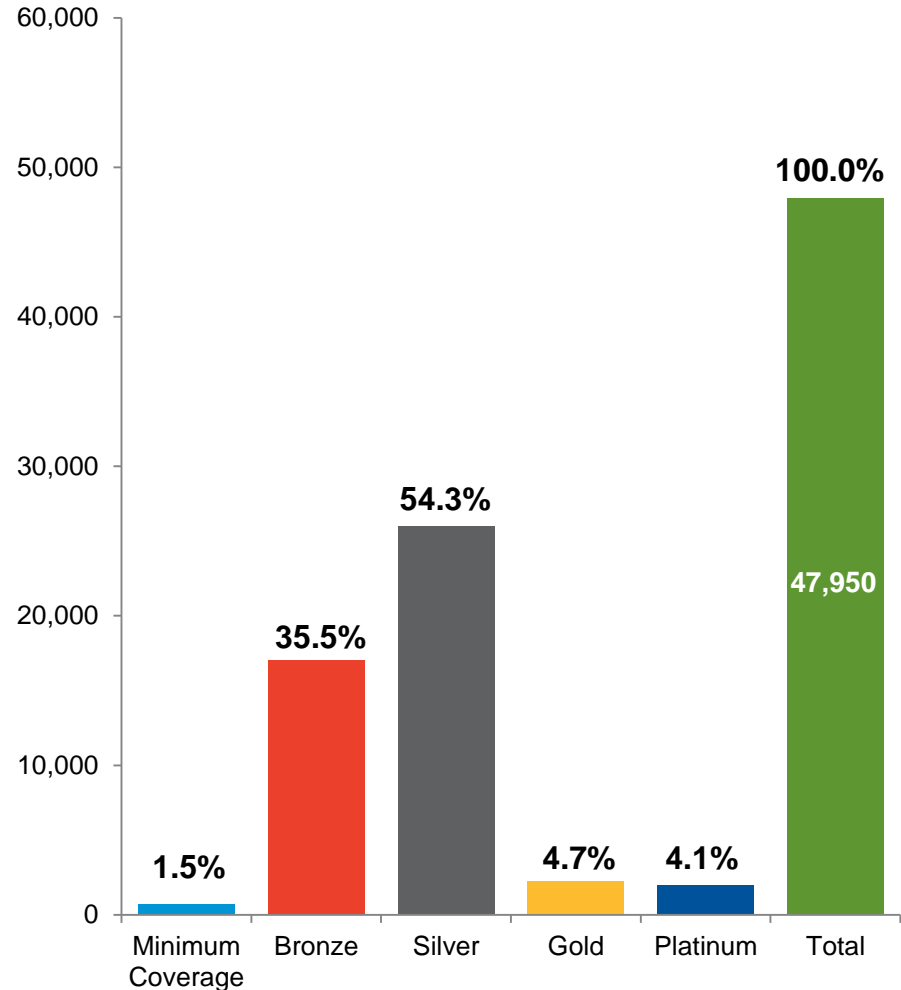
# Covered California Second Open Enrollment

- Total Covered California enrollment is now 1,832,899
  - ▶ Total does not include Medi-Cal
- Between November 15, 2014 and February 22, 2015, 495,073 individuals selected Covered California qualified health plans
  - ▶ 88 percent subsidy-eligible (436,970)
  - ▶ Enrollees are more diverse and younger than enrollees from first open enrollment
  - ▶ Equal distribution between men and women
- Kaiser Permanente had the largest percentage increase in new enrollees, jumping from 17 percent of enrollees to 28 percent

# Covered California Enrollment for San Diego County

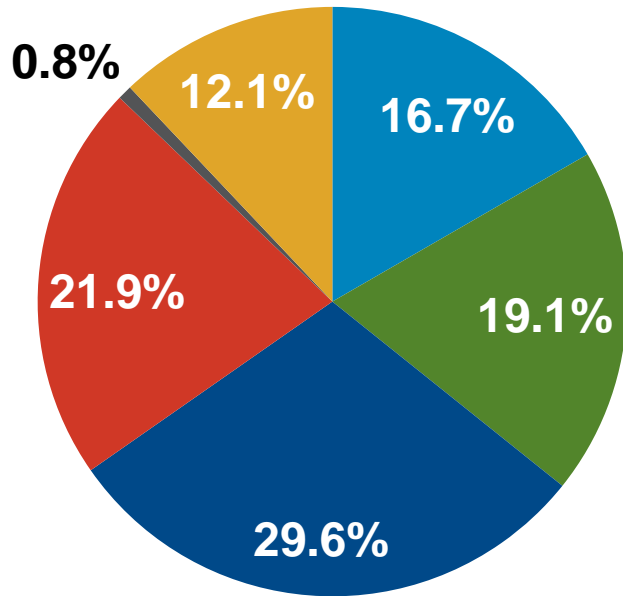
- The second enrollment period ran from November 15, 2014 to February 22, 2015
  - ▶ 48,000 consumers signed up for health plans during this period, accounting for 10 percent of statewide enrollment
- The special enrollment period extended the second enrollment to April 30; by April 12, 23,000 additional consumers had enrolled, for a total of 193,000 enrollees

Health Insurance Exchange Enrollment by Plan Tier  
San Diego County  
November 15, 2014 – February 22, 2015

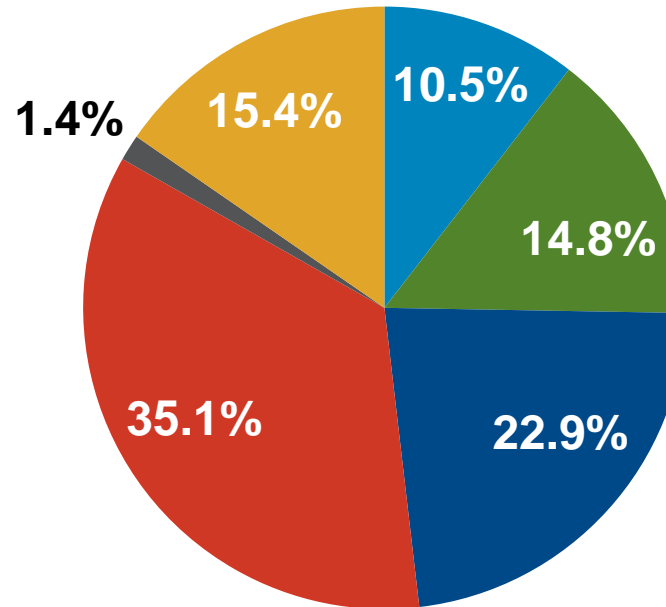


# San Diego County Covered California Enrollment by Plan

**Marketplace Selection by Plan  
October 2013 to February 2015  
168,849 Enrollees**



**Marketplace Selection by Plan  
November 2014 to February 2015  
47,950 Enrollees**



- Anthem Blue Cross of California
- Blue Shield of California
- Health Net
- Kaiser Permanente
- Molina Healthcare
- Sharp Health Plan

# Private Insurance Exchanges

- For large or small groups, individuals, or retirees, private exchanges are a strategic channel where an insurer can create an optimal consumer experience and differentiate their brand. They have become a strategic imperative to help insurers:
  - ▶ Meet increasing demand for choice and control from both employer groups and consumers.
  - ▶ Retain employer groups by offering defined contribution funding mechanisms to stabilize cost over the long-term.
  - ▶ Drive additional revenue by offering ancillary products and help maintain medical loss ratios through the considerable cost savings that the technology makes possible.
- Employer market place
  - ▶ Offer 1 insurer (multiple products)
  - ▶ Offer multiple insurers



# Anthem: New Southern California Health Plan

- Target Kaiser Health Plan
- Vivity Health Plan (10 percent lower premium)
  - ▶ Similar to a HMO
  - ▶ Tailored network (no deductible in network)

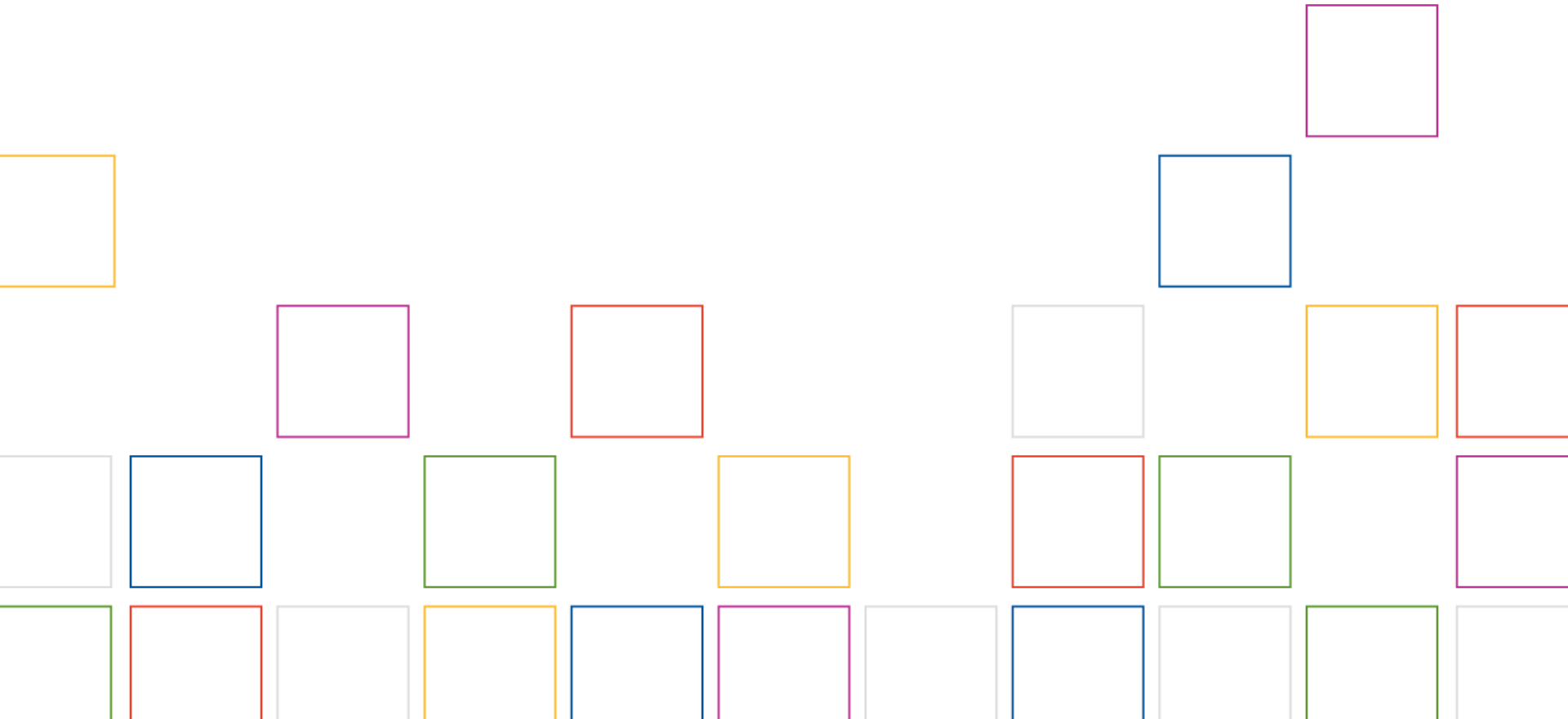


- ▶ Move away from fee-for-service to value-based structure
- ▶ Link information technology ("IT") systems (Enterprise data warehouse ["EDW"]) and analytics)
- ▶ Start January 1, 2015
  - Target large employers and CalPERS
  - Offered through CalPERS

# Health Plan Feedback on Southern California Market

- Receptive to peer-to-peer contracting
- Movement to risk adjustment factors to “value relationships”
- Supportive of eVisits, mHealth apps, and telemedicine
- Maintain risk for out-of-area and stop-loss cases
- Pushing price transparency, expect more
- Out-of-pocket cost calculator tools
- Receptive to high-performing, tailored networks
- Private exchanges
  - ▶ Little action in 2015
- Direct to employer
  - ▶ Some activity, not a major factor
- Price transparency: an “F”

# Consumerism in Healthcare

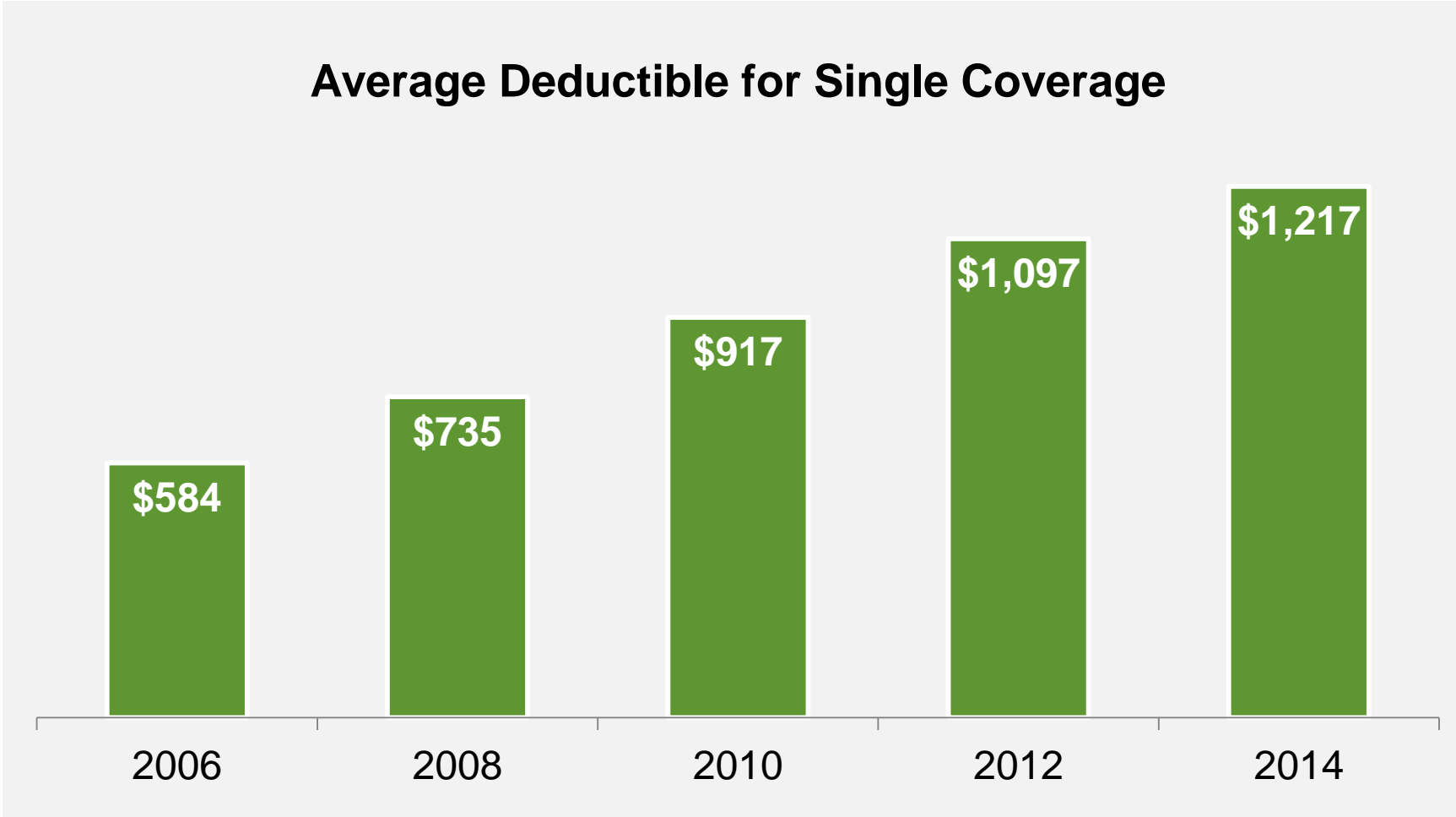


## Consumerism: Why Now?

- Higher out-of-pocket (sharing) costs
- Digital age (websites, social media, patient portals)
- Health insurance exchanges (public and private)
  - ▶ Information is out there
- Growing transparency (many sources)
- More awareness by consumers about health
  - ▶ Exercise, nutrition, chronic diseases, and testing
- Growing customer service expectations

# Out-of-Pocket Pain

Deductibles for employer-sponsored plans are on the rise.



Note: Data are for covered workers with a general annual health plan deductible for single coverage.

Source: Kaiser Family Foundation

# Transparency

- Quality will be tracked more vigilantly and quality scores will be readily available to the consumer
  - ▶ Hospital Consumer Assessment of Healthcare Providers and Systems (“HCAHPS”) Measures
  - ▶ CAHPS Clinician and Group Surveys
  - ▶ Physician Quality Reporting System
  - ▶ Outcome Measures
  - ▶ CMS measures/hospital compare



Stanford Hospital & Clinics has once again earned **U.S. News & World Report's National Ranking** in 10 medical specialties.

# Yelp Getting In to Healthcare

- Partnership between Yelp and ProPublica
- Update data quarterly
- Included in data:
  - ▶ Federal data (CMS Hospital Compare)
  - ▶ ProPublica's own research
  - ▶ For:
    - 4,600 hospitals
    - 15,000 nursing homes
    - 6,300 dialysis centers
- Information
  - ▶ ER wait times
  - ▶ Quality of doctor communications
  - ▶ Patient room noise level
  - ▶ Patient reviews
  - ▶ And more



# Pricing Information Websites

[www.HealthInReach.com](http://www.HealthInReach.com)

Elective dental and cosmetic price listing

Health **in** Reach  
Empowering Smart Choices Before You Pay

Great Dentists & Doctors, Affordably

- Compare Licensed Professionals
- Get Exclusive Discounts & Deals
- Make Your Appointment Online

Specialty: Please Select a Specialty | Location (Insured): El Segundo, CA | Search now

Search by Specialty | Procedure | Name | More Options

Exclusive HealthInReach Savings!

Procedure	Typical Price	Health <b>in</b> Reach Savings	You Pay
Zoom Whitening	\$525	81% Off	\$99 & up
Plastic Surgery Consult	\$300	83% off	\$50
Dental Filling	\$180	19% off	\$145 & up
Infant Annual Exam	\$150	37% off	\$95
Teeth Cleaning	\$193	75% off	\$49 & up

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As seen in:

[www.Changehealthcare.com](http://www.Changehealthcare.com)

Claims data

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Simple, powerful products that will revolutionize the way you look at healthcare cost transparency and engagement.

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Basic, hospital-specific information

PricePOINT  
Texas Hospital Information to Help Consumers

WELCOME TO TEXAS PRICEPOINT

This Web site allows health care consumers to receive basic, hospital-specific information about services and charges.

Please select one of the following two ways to use Texas PricePoint:

**BASIC QUERY**  
A basic query for general users. The basic query allows users to check charges and utilization information for about 64 types of hospitalizations, representing about half of all hospital inpatient stays in Texas.

**COMPREHENSIVE QUERY**  
A comprehensive query for health data specialists and others familiar with medical terminology and coding. The comprehensive query offers users the ability to obtain information about all types of hospital inpatient stays in Texas, including those accessible through the basic query.

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[www.HealthcareBlueBook.com](http://www.HealthcareBlueBook.com)

Fair price

Healthcare Bluebook

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The Healthcare Bluebook is a guide to help you determine Fair Prices in your area for healthcare services.

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Price lists – Medicare data

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your healthcare marketplace

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- Get exact procedure costs based on your insurance.
- Compare procedure costs from local healthcare providers in your area.
- Have medical facilities compete for your business.
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Mostly imaging

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## Search. Compare. Save Money on Health Care Costs.

Use price transparency and learn how to save on health care costs and find the best doctors in your area.

Step 1: Enter Your Location  
City, State OR Zip Code

Step 2: Select a Procedure  
Select a procedure

SEARCH PROVIDERS





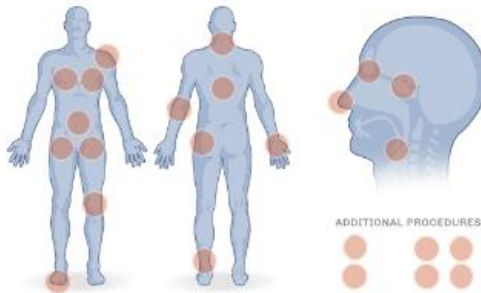
## You Can & Should Know the Price

SCO is Breaking Away from the Traditional Healthcare Industry with High Quality Care at Lower Prices. This is How We Are Different!

[Read More](#)

## Surgery Pricing

Click on an area of the body where a surgery or procedure is needed. Use this tool to find a price and request a specialist to contact you.



**Step #1**  
Learn About SCO



**Step #2**  
Find Your Surgery Price



**Step #3**  
Give Us A Call

Start Your Search Here



Home > Worry-Free Pricing- 2

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1

### CARE LEVEL 1

Clinical visit with instant lab tests

[Learn More >](#)

2

### CARE LEVEL 2

Clinical visit, plus services like an X-ray or EKG

[Learn More >](#)

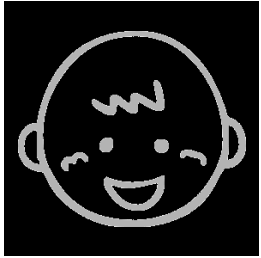
3

### CARE LEVEL 3

Clinical visit, plus minor procedures like stitches

[Learn More >](#)

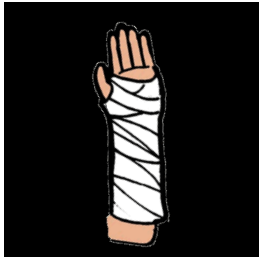
# What Consumers Do Not Like About Healthcare



## Being treated like a child

Lack of transparency (cost of quality)

---



## Being denied safe care

Patient-safety metrics

---



## Being denied the assistance of a family member during a hospitalization

Restrictive visiting policies

---



## Being denied access to available information

Transparency

# What Consumers Want

## Digital Age

### Old

- Single choice
- Phone/In person
- No cost/price information
- Limited visibility to care
- Service is provider convenient
- Limited access to your medical records
- Face-to-face visit
- Limited hours of access

### New

- Many choices
- Digitally enabled
- Options with price
- Visibility through delivery of care
- Service on demand
- 24/7 access to your medical records
- Digital, telemedicine
- Extended hours of access

## Consumer Trust

Percentage of consumers who would trust this kind of entity to manage their health:

**40%** Walmart, Target, and other large retailers

---

**39%** Healthcare provider

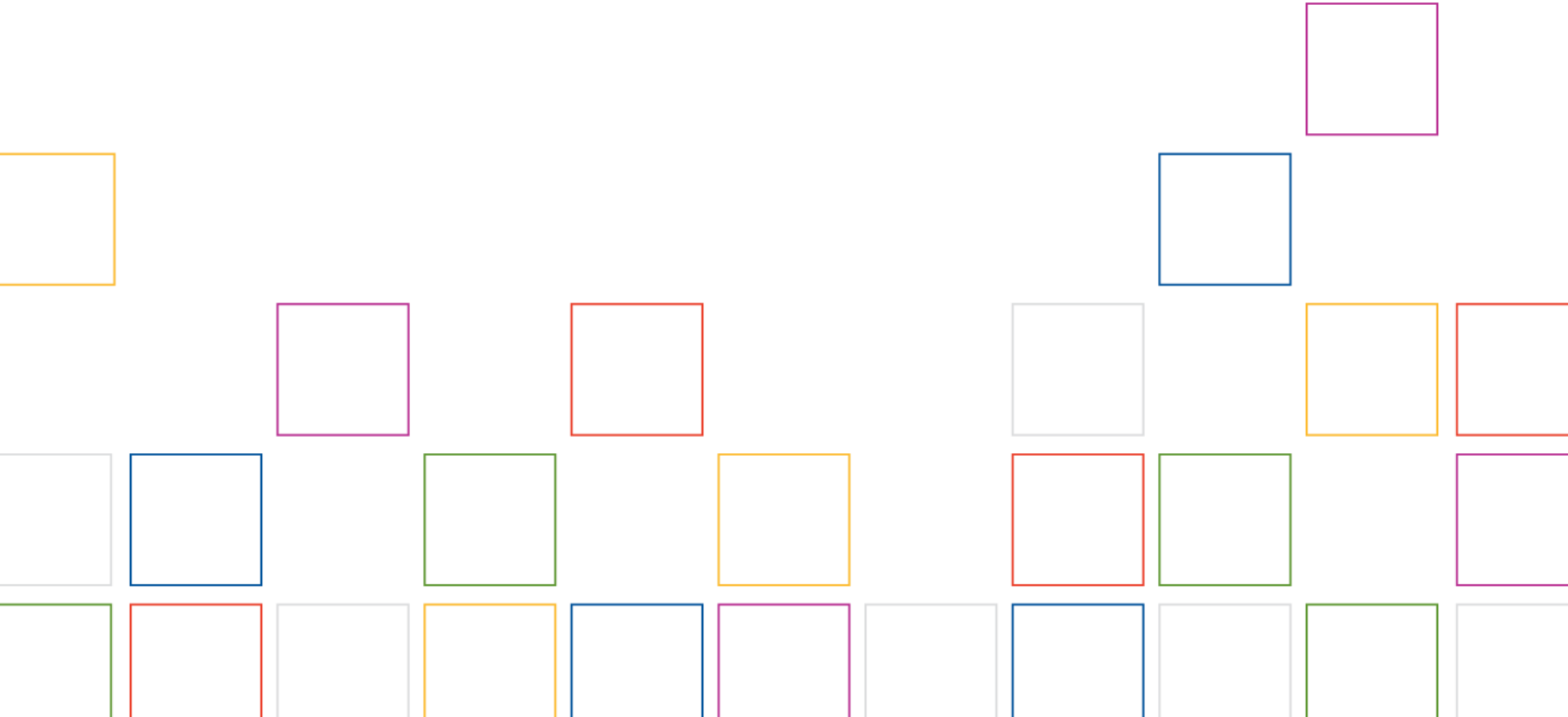
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**33%** Amazon, Google, and other digitally enabled companies

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**37%** Insurance company

# Care Model Redesign



# ACO Structure

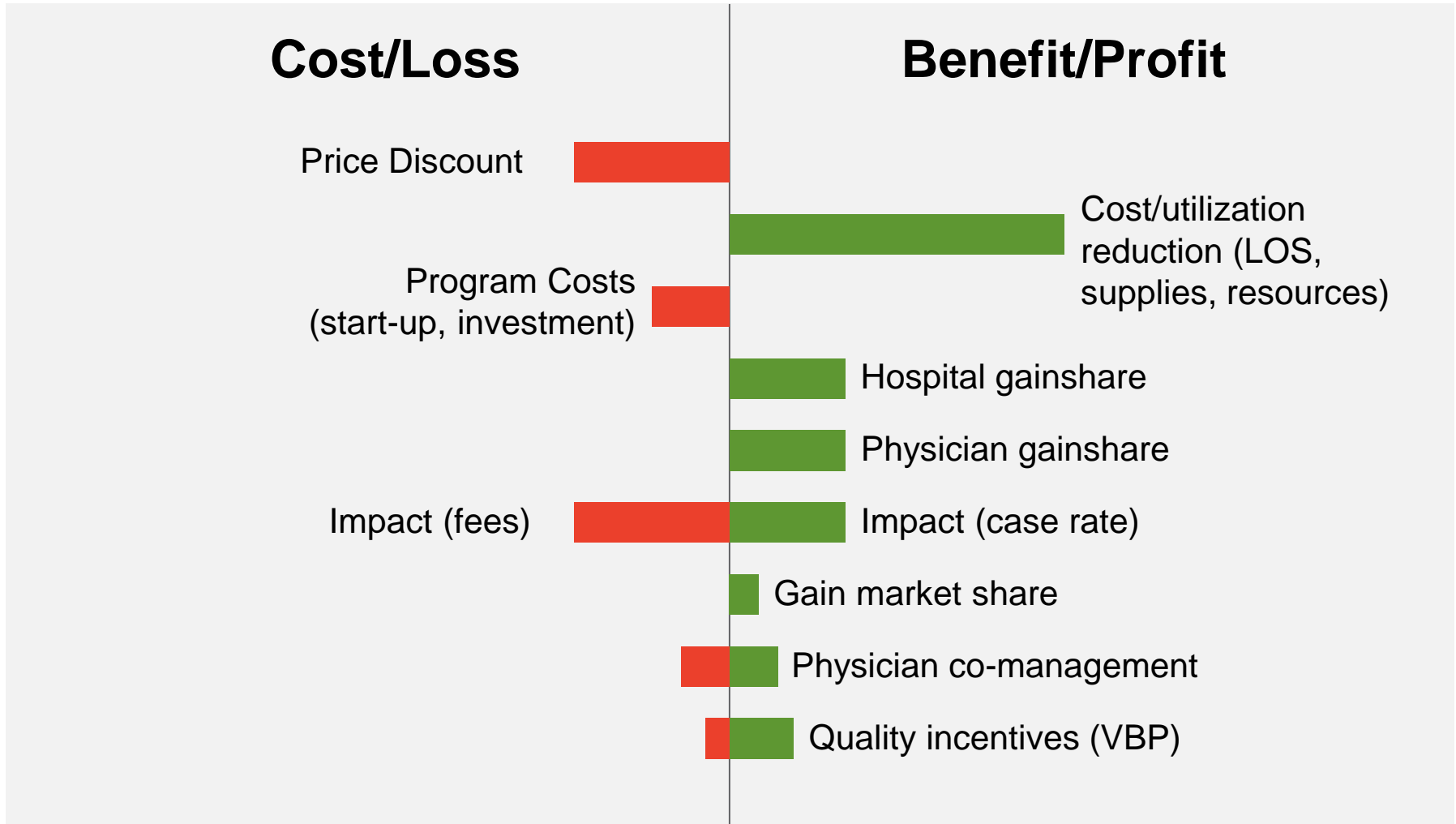


- ACO responsible for:
  - ▶ Clinical care management (clinical integration)
  - ▶ Capture data for continuum of care
  - ▶ Measure and monitor costs and quality

## Infrastructure (Provided or Contracted ACO Operations)

- Information Technology
  - ▶ EMR, CPOE, PACS
  - ▶ Data warehouse
  - ▶ Reporting
  - ▶ HIE
  - ▶ Web portal
- Care Management
  - ▶ Hospitalists and Intensivists
  - ▶ CMO
  - ▶ Disease management
  - ▶ Clinical protocols
  - ▶ Advanced analytics and modeling
  - ▶ Call center
  - ▶ Utilization management
  - ▶ Knowledge management
- Health Network
  - ▶ Delivery network
- Financial/Payment Systems

# Bundled Payment Economics





# The Traditional Primary Care Practice Model Is Changing

Past



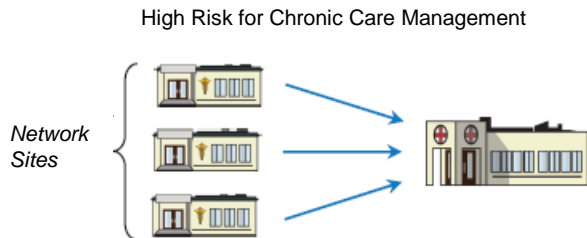
Single or small group practice primary care clinic no longer economically sustainable.

Future



Physicians, staff and other professionals work collaboratively to coordinate care across the continuum

TEAM



## Diabetes Care Team

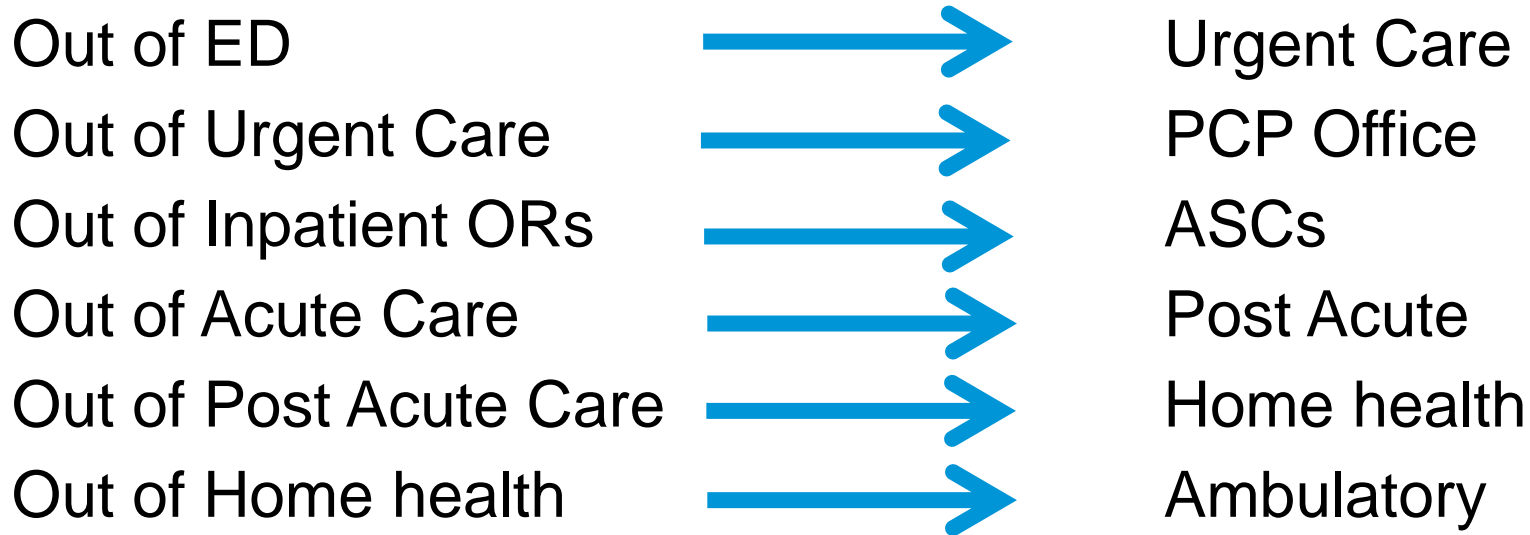
- RN (CDE<sup>2</sup>)
- Registered dietitian (CDE)
- Diabetes Navigator
- Community Health Outreach worker

EMR



- Shared patient medical record
- Shared scheduling system
- Secure message between providers

# Focus on Moving Patients to Lower Cost Higher Value Setting



## Other

- Direct admit to hospice from ED
- Prospective end of life discussions

# State Health Innovation Model: Investment Areas

## ■ CMS

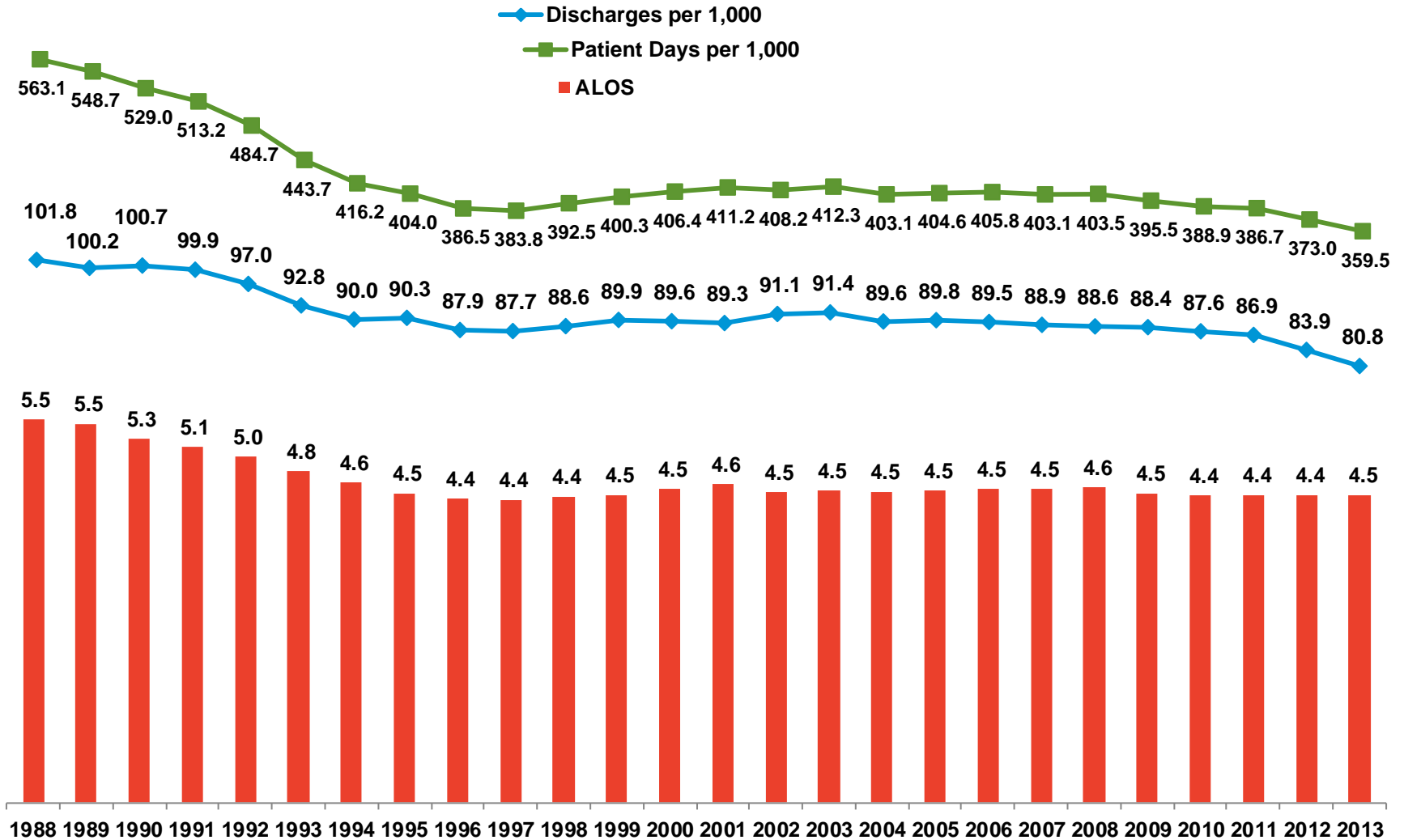
- ▶ Round 1 - \$300 million to 25 states
- ▶ Round 2 - \$600 million to 32 states/territories

## ■ Areas of focus:

- ▶ Digital tools and telehealth
  - Patient portals, self-health management
  - Mobile apps (mApps)
- ▶ Payer database reforms
  - Construct or modify payer claims databases
- ▶ Community care management
  - PCMH (Patient Centered Medical Home)
  - Navigator to coordinate primary care and social services
  - Increase the supply of community health workers

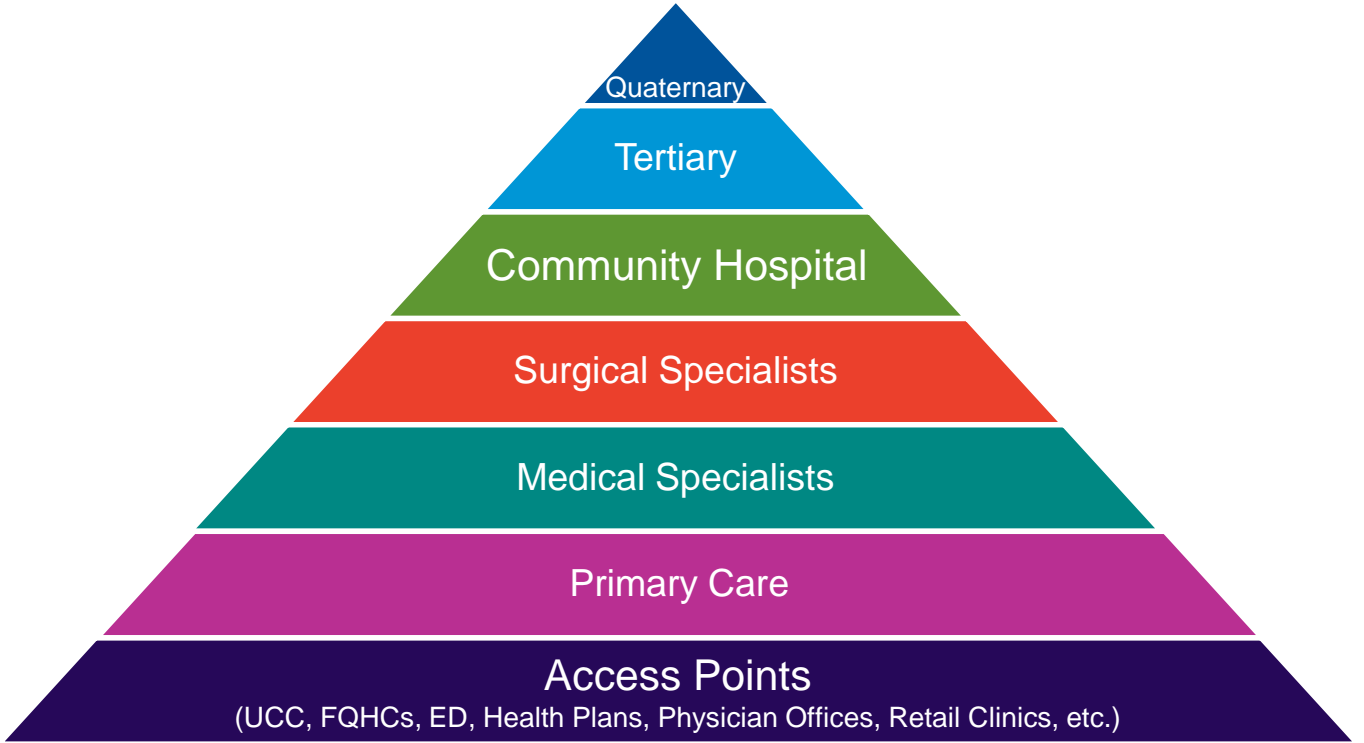
# California GAC Hospital Utilization (1988 to 2013)

California General Acute Care Utilization Statistics  
Calendar Years 1988 to 2013



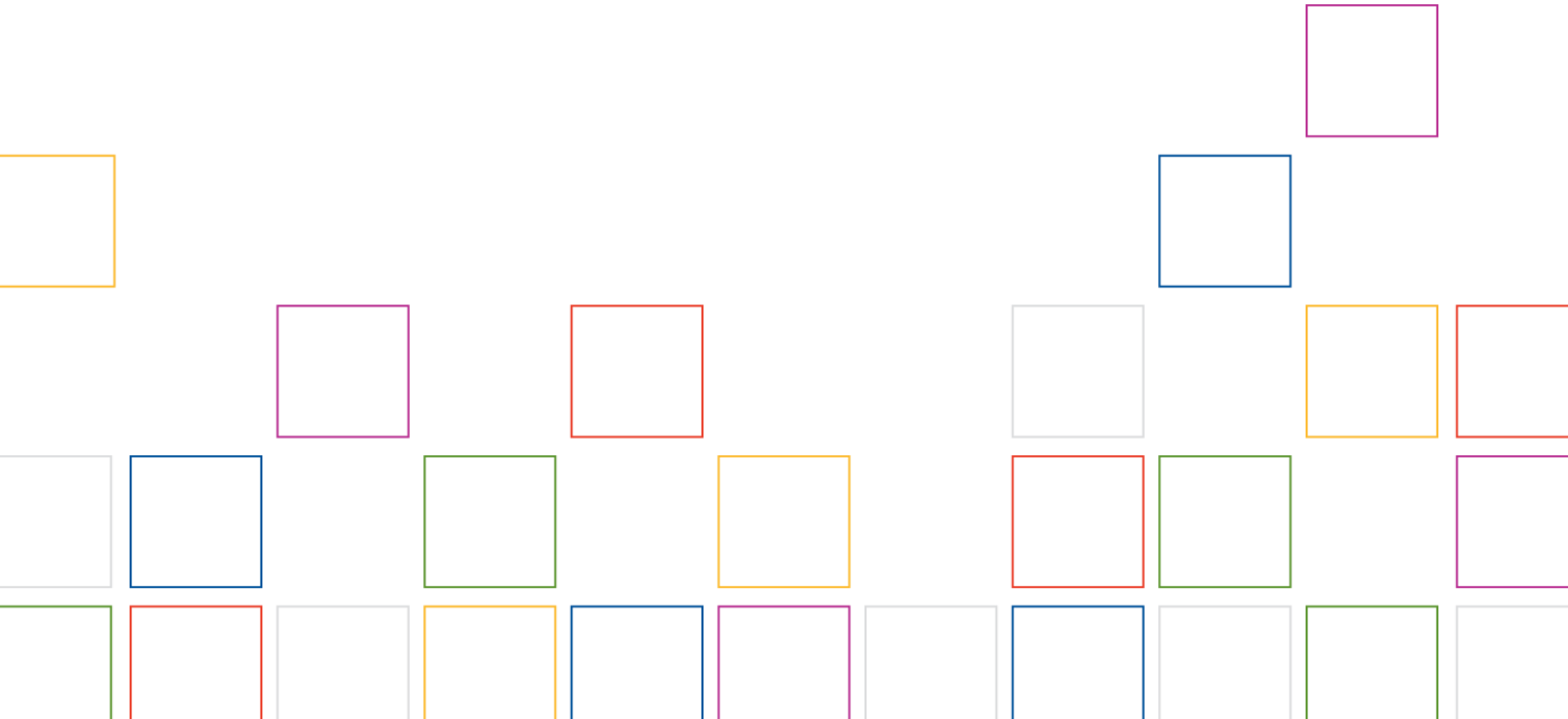
Source: OSHPD Annual Utilization Report of Hospitals, OSHPD Inpatient Discharge Database

# Pyramid of Success



Commercial	CMS	Dual Eligibles	Medicaid
<ul style="list-style-type: none"> <li>■ HMO</li> <li>■ PPO</li> <li>■ Direct to Employers</li> <li>■ Insurance Exchanges</li> <li>■ Bundled Payment</li> </ul>	<ul style="list-style-type: none"> <li>■ ACO-MSSP</li> <li>■ Pioneer ACO</li> <li>■ Medicare Advantage</li> <li>■ Bundled Payment</li> </ul>	<ul style="list-style-type: none"> <li>■ HMO</li> </ul>	<ul style="list-style-type: none"> <li>■ HMO</li> <li>■ Fee-for-service</li> </ul>

# Retail Health



## Retail Health Trends

- High deductible health plans are encouraging consumers to shop for healthcare options
- Decision support tools are increasingly included by employers as a part of high deductible plan offerings
- Consumers desire convenience and easy access
- Imaging, lab and other ancillaries are available direct to consumer at competitive prices
- Current retail examples include--virtual visits via video, telephone or email; onsite or near site employer clinics; retail pharmacy clinics
- Think like Starbuck's, Amazon, Zappos or your favorite retailer!

# Retail Health

- Clinic walk-ins at big box retail stores is expected to increase by 30 percent per year
- Usually staffed by Nurse Practitioners other advanced practice nurses, or Physician Assistants
- Cost:
  - ▶ \$110 in a retail clinic, compared to over \$160 in a physician office, and \$570 in an Emergency Department





## Balance Rewards: Retail Health

- Earn 10 points for each \$1 spent
  - ▶ 5,000 points = \$5 credit toward Walgreens' purchase
- Website or App
- Compatible with Fitbit, iHealth, and MapMyFitness
- Over 8,200 stores and 8 million visitors "A DAY"
- Insurers cover 80 percent of visits to Walgreens and CVS clinics
- Offer lab and imaging services



# Walmart Healthcare Retail Strategy

- Target primary care services
  - ▶ Identify physician shortage areas
  - ▶ Target geography to start: South Carolina and Texas - mostly rural areas
  - ▶ Initial volumes: 15-20 per day
  - ▶ Partnered with QuadMed to staff and run the clinics
  - ▶ Cost:
    - Employees and dependents: \$4 per visit
    - Drive business to their pharmacies



# TripleTree's Clinic Segmentation

## Retail Clinics

### Retail and Consumer



## Stand-Alone/Community Clinics

### Community Model



### Urgent Care



## On-Site Clinics

### Dedicated Employer Clinics



### Near-Site and Co-Op



### Population-Based/ Medical Management

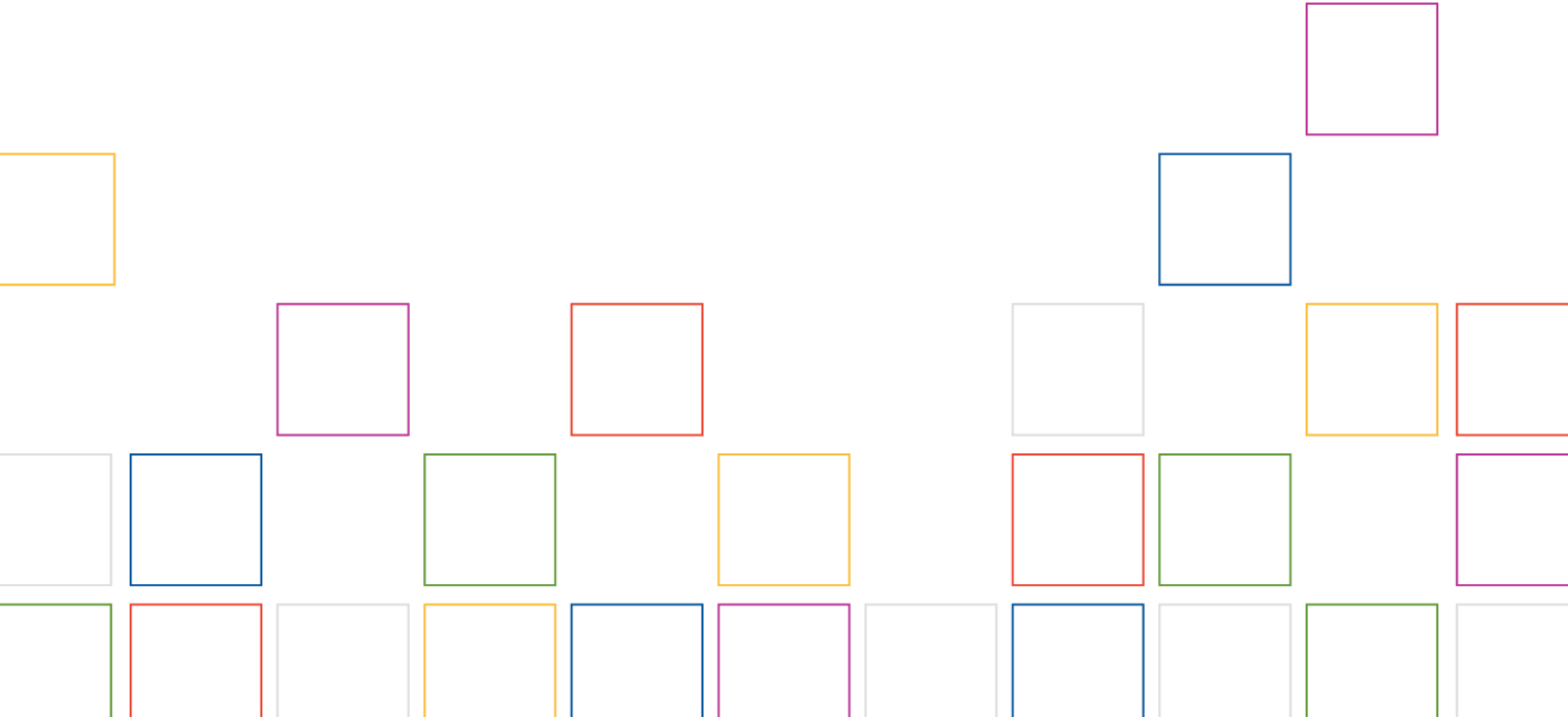


# Betting Big on Health



- Largest operator of retail clinics
  - ▶ 980 MinuteClinics locations (May 2015)
  - ▶ More than 2,700 NPs and PAs
- Vision: Full Service Healthcare
- Goals:
  - ▶ Increase access
  - ▶ Lower costs
  - ▶ Improve outcomes
- Strategies – New
  - ▶ Pharmacy benefit manager (2<sup>nd</sup> largest in U.S., CVS Caremark)
  - ▶ Treat chronic disease (start with diabetes)
  - ▶ Partner with healthcare providers (right level of care)
  - ▶ Incorporate telehealth

# Competitors



# San Diego Competitors

## Kaiser

- 580K members in San Diego
  - ▶ Increasing Medicare and Exchange members in San Diego
- New acute care hospital
  - ▶ Kearny Mesa-2017
  - ▶ 450 bed capacity-opening with 317 beds
  - ▶ Private rooms
  - ▶ Zion Hospital will remain open; convert to private rooms
- Currently contracting with San Diego hospital systems to relieve capacity pressures on Zion
  - ▶ Scripps Mercy for OR and med-surg
  - ▶ PPHS in No. County East (contract until 2020)
  - ▶ Scripps La Jolla for cardiac services (contract until 2020)

# San Diego Competitors

## ■ Sharp Health

- ▶ Offering their health plan through Covered California
- ▶ Completed seismic retro fit beyond 2030
- ▶ Provides employee health coverage for Palomar/Pomerado Health System
  - MSO for Arch and Graybill medical group
- ▶ Significant MediCal player through their health plan and community clinics

# San Diego Competitors

## ■ UCSD

### ▶ Pursuing affiliations

#### □ Inpatient (clinical affiliation)

- Eisenhower
- El Centro
- Tri City

#### □ Physicians (Acquire and Align)

- Primary Care
- Specific Specialists

#### □ Community Clinics

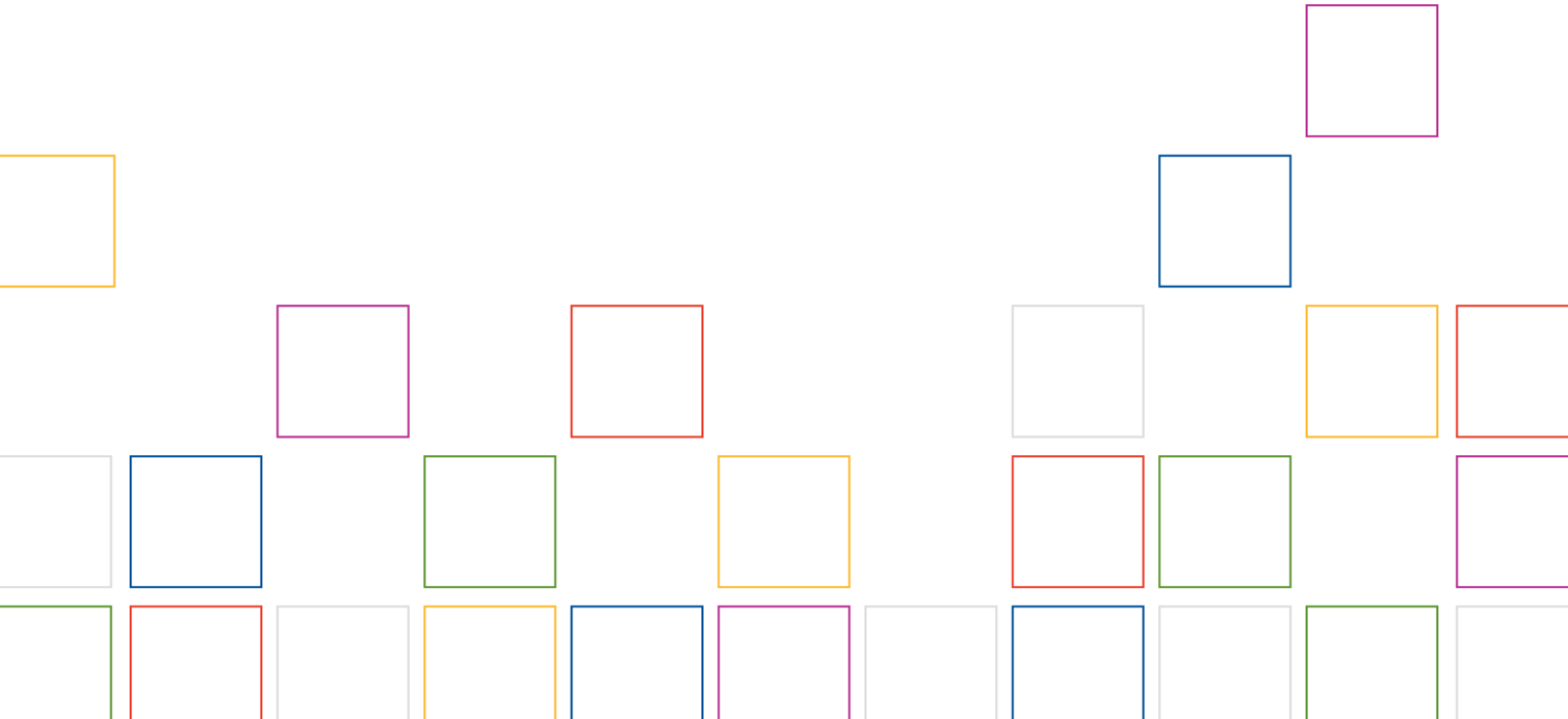
- MediCal play
- Resident placement

#### □ UC Care (health plan)

- Employees and dependents



# Implications



# Trends and Scripps Implications

Trends	Implications
<p>Move to Value-Based Payment Reform</p>	<ul style="list-style-type: none"> <li>■ Requires evaluation of “ACO-like” arrangements with Medicare and/or health plans (Covered California, duals, employers, private insurance exchange)</li> <li>■ Examine bundled payment relationships for both Medicare and health plans</li> <li>■ Offer a Health Plan (full Knox-Keene); partner, own</li> <li>■ Requires economic models with aligned providers financial incentives (e.g., pay-for-performance, shared savings)</li> <li>■ New payment models with aligned providers (e.g., physicians, clinicians, continuum of care)</li> </ul>
<p>Consumerism in Healthcare</p>	<ul style="list-style-type: none"> <li>■ Provide transparency</li> <li>■ Provide easy access points to the delivery network</li> <li>■ Offer good value to the consumer</li> <li>■ Expand access points</li> </ul>

# Trends and Scripps Implications

Trends	Implications
Care Model Redesign	<ul style="list-style-type: none"><li>■ Evaluate/Pursue new models of care:<ul style="list-style-type: none"><li>▶ Patient-centered medical home (primary care)</li><li>▶ Specialty-centered medical home (chronic care)</li><li>▶ “ACO-like” provider networks (not all owned)</li><li>▶ Bundled payments for clinical care lines</li></ul></li><li>■ Assess and implement: clinical protocols, effective hospitalists, case managers, robust data reporting, etc.</li><li>■ Utilize various access points to offer care management (e.g., telehealth, mApps, retail, ambulatory, post-acute)</li><li>■ Requires robust clinical IT systems</li><li>■ Provide medical management services to delivery system partners</li></ul>

# Trends and Scripps Implications

Trends	Implications
Access to Care	<ul style="list-style-type: none"><li>■ Implement health plan (plan-to-plan, offer to public)</li><li>■ Contract with health plans: Covered California and private exchanges</li><li>■ Develop health plan contracts, telemedicine, and diagnostics linkage to retail centers</li><li>■ Offer broad geographic coverage</li><li>■ Contract with preferred payers (tailored network)</li><li>■ Provide transparency around quality, patient satisfaction, and cost (price)</li></ul>

# Trends and Scripps Implications

Trends	Implications
Retail Health	<ul style="list-style-type: none"><li data-bbox="568 344 1707 444">■ Easy, convenient access to diagnostic, therapeutic procedures</li><li data-bbox="568 458 1244 501">■ Respond to consumer needs</li><li data-bbox="568 515 1128 558">■ Embrace virtual access</li><li data-bbox="568 572 1514 615">■ Develop a relationship with the consumer</li></ul>