



**Solutions for Employers:
Integrated, Value-Based (Smart)
Network Program**
A Smart Network for Employers by Employers

Powerful Healthcare Forces



Healthcare costs continuing to rise at a pace greater than inflation (market consolidation, specialty pharmacy, chronic disease)



Consumerism with access to data, transparency efforts around pricing and quality, expectations based on non-healthcare transactions



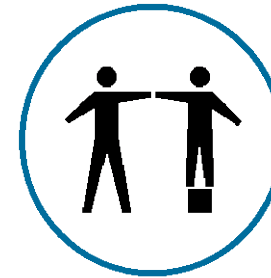
Aging population creating payor mix shift to Medicare



Workforce challenges including physician shortages, burnout, labor costs, skillset deficits



Rapid adoption of virtual care post-COVID (telemedicine, digital medicine)

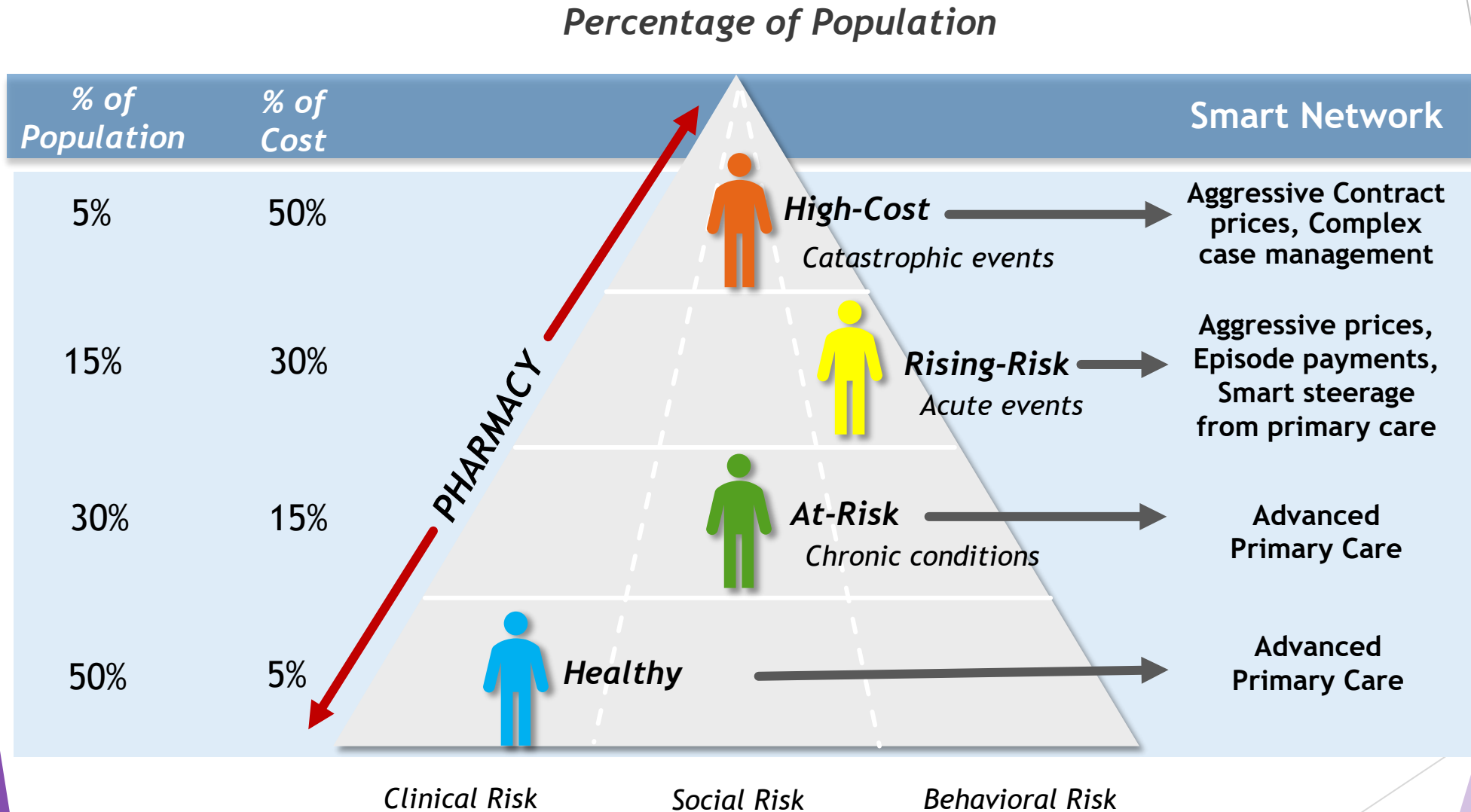


Health equity focus, access to care for underserved populations

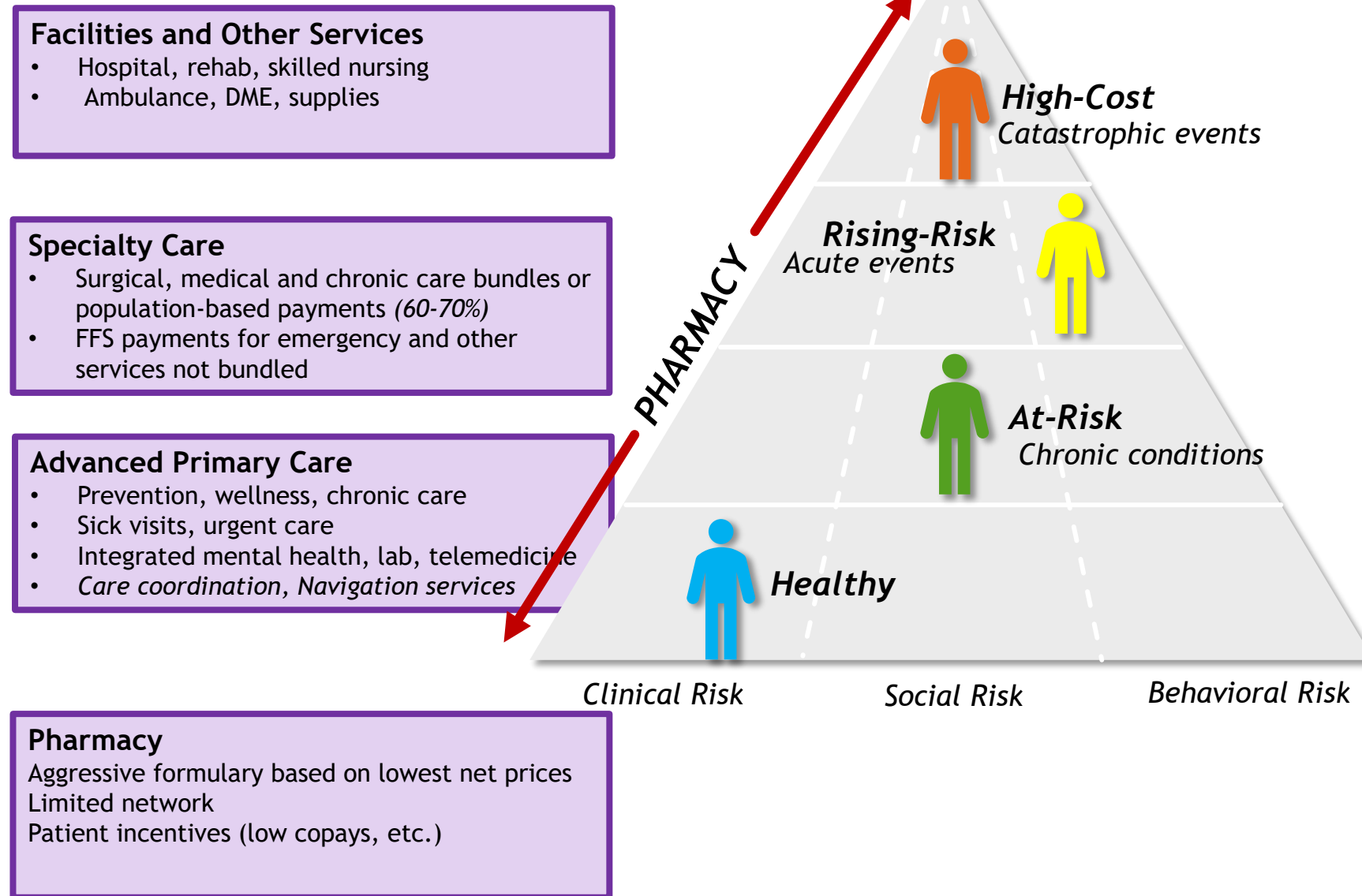
Equally Powerful Responses

- 1 **Employers** increasingly taking bold steps to reduce costs
- 2 **Transition to value-based payments** led by Medicare and Medicare Advantage
- 3 **Private equity** funded digital and tele-medicine companies, new provider models, health plans and provider acquisitions
- 4 **New competitors** that are well-financed, scaled, and potentially disruptive (Amazon, Walmart, CVS, Walgreen's, Best Buy, Dollar General)
- 5 **Vertically-integrated** organizations (United Healthcare/Optum, CVS/Aetna, Humana/CenterWell)

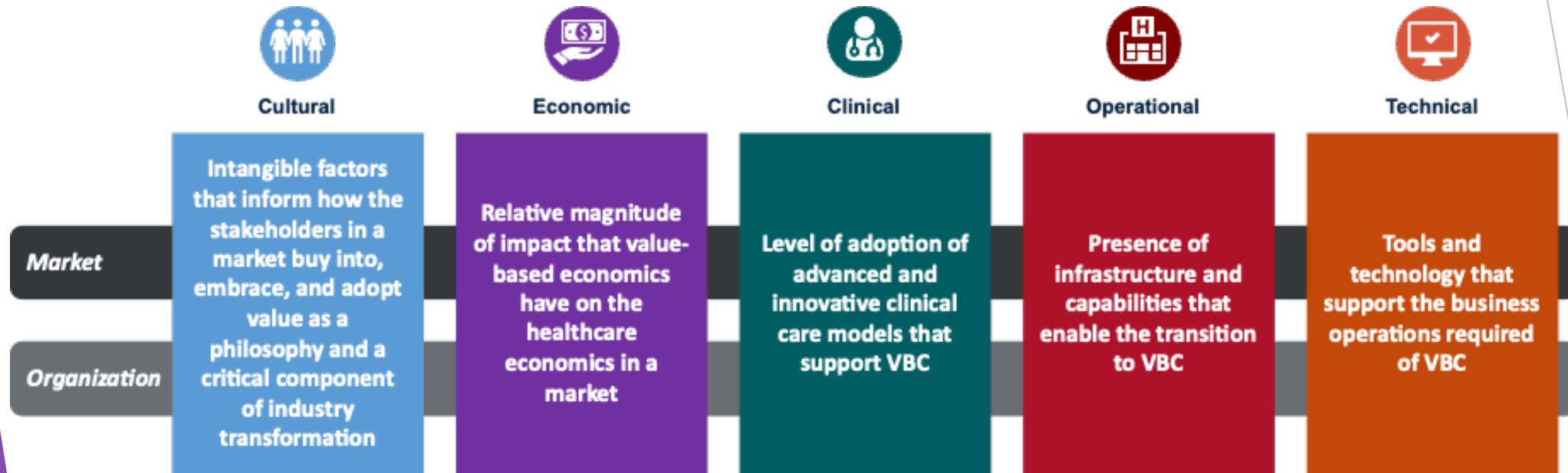
Population Health Pyramid/Corresponding Smart Network



Smart Benefit Plan: Key Smart Network Components



Value-Based Maturity Emphasized



How do we mature?

Where do we prioritize?

What is our pace of change?

Lynchpin Component of Smart Network: Advanced Primary Care

What makes primary care “advanced” primary care?

- 1 Enhanced Access for Patients**
Convenient access, same day appointments, walk-ins, virtual access, no financial barriers to primary care
- 2 Disciplined Focus on Health Improvement**
Risk stratification and population health management, systematic approach to gaps in care
- 3 More Time with Patients**
Enhanced patient engagement and support, shared decision-making, understanding preferences, social determinants of health
- 4 BH Integration**
Screening for BH concerns (e.g., depression, anxiety, substance use disorder) and coordination of care
- 5 Organizational & Infrastructure Backbone**
Relevant analytics, reporting, reporting and communication, continuous staff training
- 6 Referral Management**
More limited, appropriate and high-quality referral practices, coordination and reintegration of patient care
- 7 Realigned payment methods**
Patient-centered experience and outcomes, quality and efficiency metrics, deemphasize visit volume

The Promise of APC

Improve and Increase

Health, patient engagement, satisfaction, personalized and holistic care

Reduce

Unnecessary care and referrals
Urgent care, ER visits, and hospitalizations
overall reduced total cost of care

PATIENT-CENTERED

- Enhanced Access
- More time for engagement, support and SDM
- BH Integration

POPULATION-FOCUSED

- Disciplined focus on health improvement
- Systematic referral management/re-integration
- Appropriate organization and infrastructure

PERFORMANCE-REWARDED

- Realigned payment

SmArt Network Design Elements

Advanced Primary Care

- 2-3 multi-site groups

- *Prevention, wellness, chronic care, sick visits, urgent care*
 - *Integrated mental health, lab, telemedicine*
 - *Population-based (capitated) payment model*

Specialty Care

- Surgical, medical and challenging chronic care
 - Emergency and other services

- *Specialists identified via quality and efficiency metrics*
 - *Bundled episodes or capitated, 60-70%*
 - *Use of wrap-around network, FFS for unbundled*

Facilities and Other Services

- ASC, Hospital, rehab, skilled nursing
 - Ambulance, DME, supplies

- *Identified via quality and efficiency metrics*
- *Episode payments bundled with specialty whenever possible*
 - *Use of wrap-around network, FFS for emergency*

Pharmacy

- Limited network, integrated specialty network

- *Aggressive formulary based on lowest net prices*
- *Patient incentives for therapeutic substitution*
 - *Integrated specialty drug plan*

Care Coordination, Navigation

- *Directed by primary care to specialty care*

Shared Information

- *Shared medical records, care coordination*

Standard Measure Sets

- *Transparent quality, cost and efficiency measures*

Smart TPA

- *Eligibility, population-based payments, reference prices*

Key Components in Smart Network Development:

1. Comprehensive solution, not just another unconnected point solution
2. Advanced Primary Care foundation with multiple primary care group options
3. Smart referral to specialists from PCPs based on quality and price referenced to Medicare.
4. Focus on MSK, maternity, cardiology, oncology and chronic disease management
5. Transparent PBM with specialty Rx capabilities
6. EPO design offered alongside existing PPO or ACO
7. Objective population health metrics focused on outcomes not services
8. Designed collectively with employers



ROLLOUT 2024

A Smart Network for Employers by Employers

Behind every success there is effort

Behind every effort is passion

Behind every passion is someone with the courage to try

