

# Transforming Access to Excellent Care

November 3<sup>rd</sup> 2022







#### Executive summary

How we select for excellence & the outcomes

Network access

Savings opportunity

How we engage members & integration

Member experience



### A better way: a COE for plannable surgeries

The complication rate for major surgery is too high and nationally members struggle to afford surgery. There is a better way

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#### The Opportunity

# Quality of Care

# Surgical complication rate is too high

8-10% of patients have complications

(2021 complication rate of 0.42% (n = 5K+ surgeries)

<1% complication rate

### **Affordability**

#### Some members can't afford surgery

National average OOP cost is \$2.5K-\$4K, but most only have \$1.5K in savings

#### Surgery is #1 category of spend

~20% of allowed medical spend, forecasted to rise at 10%/yr

# Members: Limited to no cost share Depending on plan type

**Employers:** \$15 to \$25 PEPM Savings Opt-in = \$5-\$15 PEPM savings, Mandatory for 0.5% = \$25-\$75

#### Experience

# Finding an excellent surgeon is confusing and emotional

And historically point solutions and carriers have not been integrated

#### **Guided access to excellent care**

Human led, digitally supported, guided access

#### Integration with the ecosystem

Partnered with 2 national health plans, top 3 navigators ++



# Employer Direct Healthcare

Mission

Transform access to excellent care for the moments that matter most

Why

Quality of care varies too much Cost of care is unaffordable

Solutions



Traction

3.5M

members

300+

employers

NI-4:

National Health Plan Partnerships

Outcomes

Surgeon-specific selection, within each institution

<1%

Complication rates

Members

\$0\*

cost share

Opt-in / voluntary

\$5 - \$15

**NET PEPM Savings** 

Mandatory for 0.5% of members Bariatrics, Spine and / or Joints

\$25 - \$75

NET PEPM Savings



### Key considerations when selecting a COE

There are 4 key categories that should be considered: outcomes, cost impact, experience and market traction

#### Outcomes

- What are the complication rates?
- How are surgeons and facilities selected?

#### Cost Impact

- What are PEPM savings?
- What is the utilization?
- How many procedures covered?

# Accessibility + Experience

- How far do members have to travel? Will they travel?
- What is the ecosystem integration for the COE?

#### **Traction**

- How many members and clients?
- What partnerships are in place?



### SurgeryPlus is the leading solution

Integrated into your ecosystem to ensure utilization and a simplified experience

#### **Outcomes**

- Only COE with enough volume to analyze and report based on their own outcomes
- Complication rate of <0.5%

#### **Cost Impact**

- Market leader in driving savings (up to 50% better)
- #1 for reimbursement rates (15-25% better, like for like)
- #1 for utilization by procedure count by 2-3 x
- 1,500 procedures covered

# Accessibility + Experience

- Most accessible COE
   (23 miles in top 50 MSA)
- Largest network by 3-4x
   vs. peers
- Most integrated with the ecosystem
  - Health plans
  - Navigators
  - Point solutions

#### **Traction**

- Largest membership (2-3x)
- Largest client base (3-4x)
- Largest revenue
   (2-3x)



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### Selecting for excellence

#### Our expert medical advisory board

#### **EDH Clinical Leadership**



Carolina Escobar, MD
EDH Chief Medical Officer

Board certified in Internal Medicine, Oncology, and Hematology Fellowship trained in bone marrow transplant



Jennifer Cook, MD Co-Chair of Medical Advisory Board (MSK)

M.D. – Harvard & MIT Harvard Chief Orthopaedic Resident Insall Scott Kelly fellowship in NYC (HSS)



Marc Dean, MD Co-Chair of Medical Advisory Board (ENT)

Board-certified & fellowship trained ENT Surgeon

President and CEO of the Otorhinologic Research Institute

#### **Clinical Quality Advisors**



Marty Makary, MD Lead Clinical and Quality Advisor



Christi Walsh, MSN, CRNP Lead Nurse, Quality & Clinical Protocols Advisor

Intricate participants in efforts of the Robert Wood Johnson Foundation, with a mission to study quality metrics and lower healthcare costs in the U.S. by creating measures of healthcare appropriateness. NY Times best selling author of "The Price We Pay".

#### **Surgical Advisory Board**



**Keith Berend**Orthopedics, Total Joints
Columbus, OH



Josh Carter
Orthopedics
Indianapolis, IN



Robert Masson
Spine & Sports Medicine
Orlando, FL



**Shane Seroyer**Orthopedics, Knee/Hip Dallas, TX



Stan Hoehn
Bariatric Surgery
Lenexa, KS



Daniel Cottam
Bariatric Surgery
Salt Lake City, UT



Steve Lucey
Orthopedics, Total Joints
Greensboro, NC



Sean Garber Bariatric Surgery New York, NY



Farhan Siddiqi Spine Tampa, FL



### Selecting for excellence

#### **Expert review of individual surgeons**

#### In network with major carrier

Stage 1: Pre-Screening			
+ Licensed	98%		
+ Board Certified	60%		
+ Fellowship Trained	34%		
+ No State Sanctions	28%		
+ Reputational Review	27%		
+ Malpractice Review	25%		
These surgeons move on to Stage 2			

#### **Surgeons passing Stage 1**

#### Stage 2: Interview / On-Site

#### **Review of Programs**

- Years and outcomes
- · Alignment with best practices

#### **Optimization Requirements**

- Modifiable risk factors
- · Educational programs/support

#### **Enhanced Recovery**

- Established ERAS program
- · Opioid reduction / Rx trends

#### **Surgical Volume**

· Procedure specific

#### Interview / References

- Practice & outside practice
- · Peer-to-peer phone screening

#### **Stage 3: Facility Evaluation**

#### **Venue Appropriateness**

- · Hospital vs. ASC vs. in-office
- · Patient selection criteria

#### **CMS Outcomes Data**

- HAC scores, readmissions
- · Complications / outcomes

#### **Program Reviews**

- · Established program units
- Accreditations / awards

#### **Leapfrog Data**

Key surgical metrics

#### **Patient Perception**

HCAHPS scores

Best in class medical advisory board uses verifiable data and industry expertise to determine surgeon selection



# Industry leading outcomes

Results driven by our best-in-class approach to quality

< 1%

SurgeryPlus complication rate

VS

8 – 15%

Industry complication rate

	SurgeryPlus	Industry
Joints (1.560 procedures)	0.32%	8%
Spine (973 procedures)	0.81%	13.7 %
Bariatrics (2,058 procedures)	0.92%	8.4%
General	0.34%	9.4%

<u> </u>	Surgical	Avoidance
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~20%

avoided

~30%

avoided

#### **Definition**

Documented evidence that another surgeon recommended surgery prior to the member seeing an S+ network surgeon

Source Data: SurgeryPlus Book of Business for 2021
Notes: SurgeryPlus complication measurement based on three sources: member check-ins for 90 days post procedure. Provider notification and claims assessment



### The challenge with taking an institution only approach

Applying our filter to other COEs demonstrates the impact of not selecting surgeons individually

#### In network with major carrier

Stage 1:	Pre-Screening
+ Licensed	98%
+ Board Certified	60%
+ Fellowship Trained	34%
+ No State Sanctions	28%
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+ Malpractice Review	25%

#### 3 National Carrier COE Sites

#### **Traditional COE**

% of surgeons that pass our pre-screening stage

<b>OhioHealth UNC REX</b> HEALTHCARE		Cleveland Clinic	
100%	100%	95.8%	
86%	86%	79%	
57% 57% 57%		54%	
Not considered in this analysis			
<b>36% 57% 14%</b>		37.5%	
	100% 86% 57% Not considered	100% 100% 86% 57% 57% Not considered in this analysis	

% of surgeons that pass our pre-screening stage at each institution



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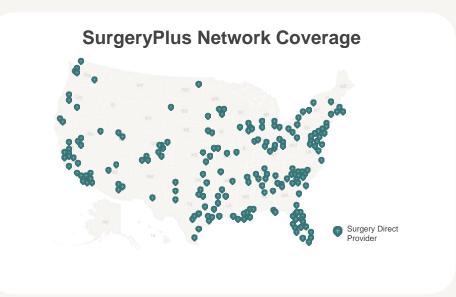
Member experience



### Network coverage

#### National institutes and local capabilities distributed to enhance utilization







#### **Accessibility and Depth Creates Practical Utilization**

Facility Access	Covered Procedures	
470+ Hospitals and Surgery Centers	1,500+ procedures	
Utilization	Member Proximity	
Over 5,000 Procedures completed in 2021; currently averaging ~750 / month	Typically, at most, a car ride away Top 50 MSAs = 23 miles. Nationally = 64 miles	

#### Diversity of Network Allows Focus & Steerage to Most Appropriate Facility

Large Institutional Teaching Hospitals	Community Based Hospitals		
High Acuity Procedures Complex / Rare Conditions	Lower Acuity Higher Frequency Could need overnight stay		
Ambulatory Surgery Centers	In-Office Procedure Rooms		
Low Acuity High Frequency Optimized / Healthy / Effective	Routine Conservative Procedures Interventional Injections done efficiently		



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#### Savings opportunity

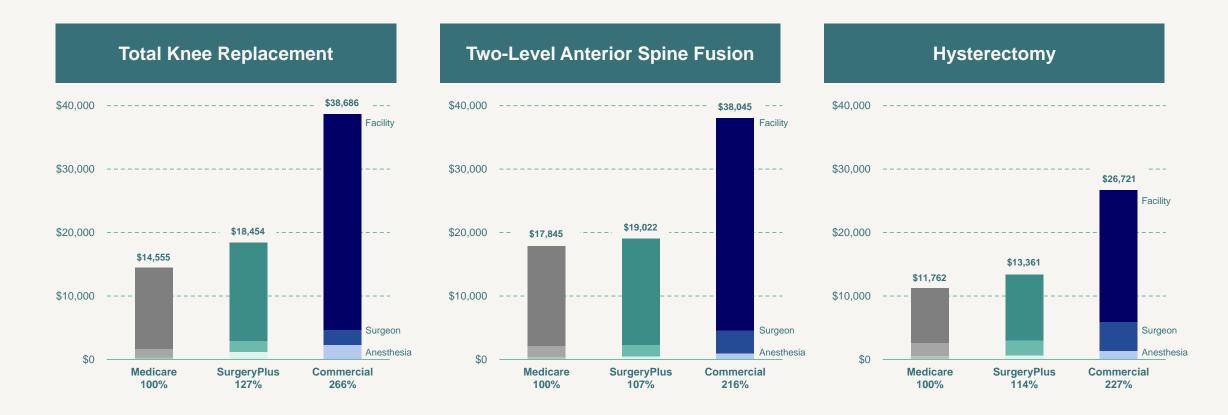
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### We reimburse at 50% of the carrier rate

By creating a narrow, highly selective network we're able to negotiate significantly lower reimbursement rates



SurgeryPlus contracts at 100 - 130% of Medicare reimbursement rates Facility is the stakeholder that takes a significant reduction in reimbursement



### Metrics for AlaskaCare Active population

#### Significant savings to the plan even through the Pandemic

Plan Year	Completed Procedures	Gross Savings	PEPM Savings	ROI	
2019	37	\$2,637,000	\$37.02	11.36x	
2020	37	\$2,206,000	\$31.51	9.70x	
2021	28	\$1,246,000	\$17.91	5.50x	COVID and Travel Restriction Impact to Utilization  Higher than average heart procedures led to significant savings though fewer cases complete
2022 (through September)	25	\$771,930	\$14.69	4.52x	



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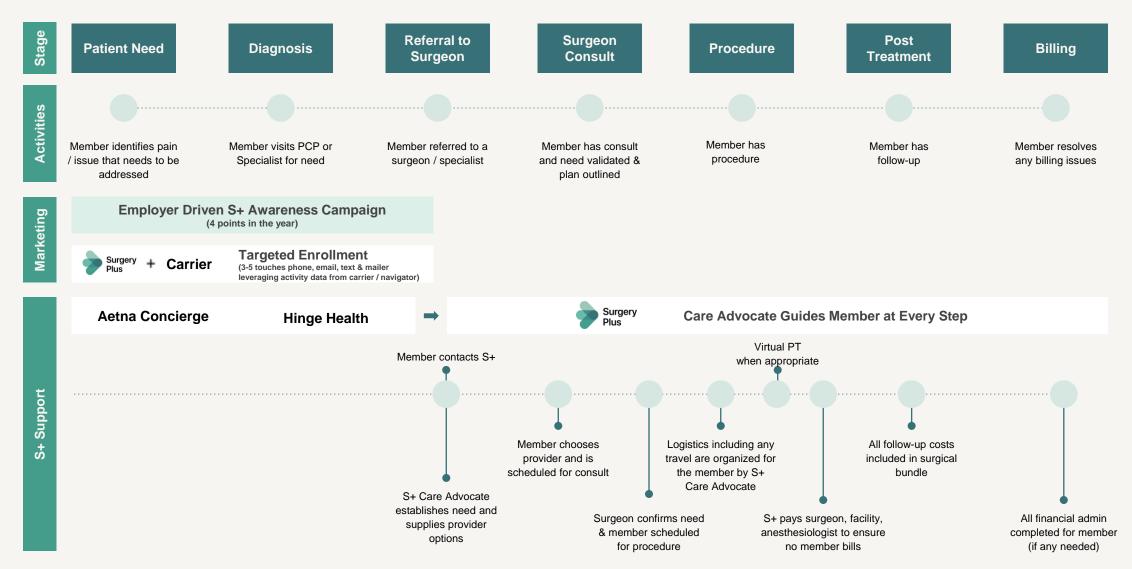
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### Driving utilization in partnership with your ecosystem

Thoughtful timely outreach, leveraging carrier / navigator data, and thoughtful hand-offs





### Integration with benefit ecosystem

We work with all major carriers, a partnership being finalized with Aetna and a solid partnership with Hinge Health



- Status of Relationship: partnership in process. Expect to execute definitive agreements shortly. 25+ clients with Aetna, 200K+ EEs. Only COE with operational integrations to drive utilization
- Approach: leverage standard eligibility and accumulator partnership integration with Aetna
- Engagement: Aetna will be sharing eligibility verification data (270/271) to enable data driven outreach for timely engagement
- Member Experience & Case Management: integrating with Aetna A1A to educate members on SurgeryPlus and follow-up post surgery



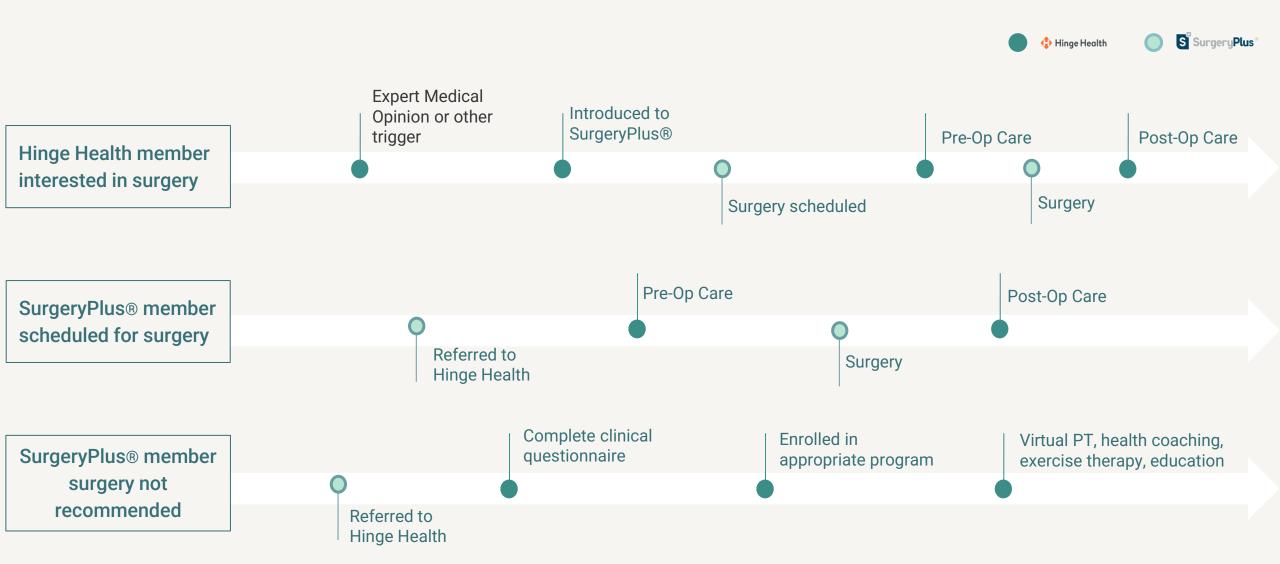
- Status of Relationship: partnership launched in 2021, relationship with C-Level and throughout operational and commercial teams
- Clients with Hinge: 40+, including 2+ clients with 100K+ members
- Member Experience: Hinge referral into SurgeryPlus for those where PT is insufficient. SurgeryPlus refers into Hinge for post operative PT

### SurgeryPlus is the most connected COE solution



## An integrated MSK journey

#### Improves member experience and outcomes





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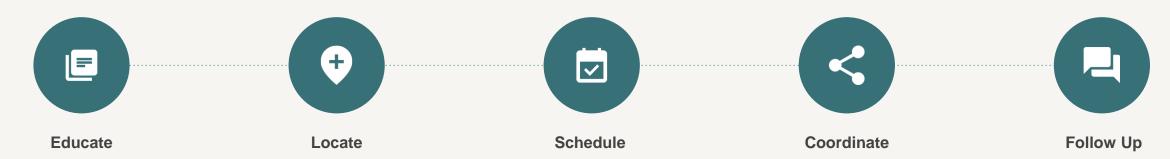
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### The experience: guiding members at every step

#### The member always comes first



#### **What Sets Our Program Apart**

#### **Dedicated**

Care Advocate team with significant customer service experience

1:1

Care Advocate / member relationship

100%

Care Advocate team working on-site at our Dallas headquarters

90+

Net Promoter Score 100%

Care Advocates are EDH employees (no outsourcing)

100%

supported (e.g., bills, logistics, issues)

#### **Extensive Classroom Training**

- . Care Advocate Role Training
- . Empathy & Listening Training
- . De-Escalation Training & Personas

### Ongoing Development Opportunities

- . Focus area monthly deep dives
- . Personality assessment application

#### **Simulation Training**

- . Call playback & role play
- . Member case life cycle
- . Scenario walk-throughs



Supported on desktop & mobile web and app launching in Q4'22



### SurgeryPlus: how our solution works

We guide members to excellent providers with local access, driving usage of our network, which lowers spend

# **Guide Members**

# **Excellent Providers**

# Travel Assistance

# **Lower Costs**

Dedicated Care Advocate

Human & digital

Individually selected surgeons

Sub 1% complication rate

Better outcomes with procedure volume requirements

Coordinate travel itinerary

Book and pre-pay hotel

Book and pre-pay flights

Provide debit card with applicable travel funds

Member protection from high out-of-pocket costs

No out-of-network risk



### Two Pathways for AlaskaCare Retirees

Surgery Plus can provide services to all AlaskaCare Retirees regardless of coverage

#### **Non-Medicare Retirees**

- Access to full Surgery Plus benefit for eligible surgeries
  - Quality provider recommendations
  - Savings to the plan through our bundled rates
  - Coordinated care and travel with our Care Advocates
- Access to concierge services for medical services
- Scope of coverage aimed to make travel attainable

#### **Medicare Retirees**

- Access to concierge services for medical services
- Support with coordinating and booking travel services
- Scope of coverage aimed to make travel attainable



John Zutter

Chief Executive
Officer

Dickon Waterfield

Chief Commercial
Officer

Megan Cunningham

Regional Senior Manager

