



Mission Possible:  
Healthcare Is Fixed

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# Healthcare is broken. NavMD is committed to fixing it.

**A recent study showed that in the next five years, an American earning \$60,000 per year, will spend **HALF** their income on health insurance and costs.**

That's a problem – a big problem – for the estimated 155 million employees who receive health insurance from their employer.

The biggest challenges that executive leadership teams face each year is evaluating and delivering a competitive benefits package that is appealing to their employees and will help companies retain top talent. Whether you're a company of 25 employees with \$5 million in revenue or 2,500 employees with \$2.5 billion in revenue – providing world-class benefits at a price both employees and employers can absorb is a challenge that must be met head on.

That's where we come in. This book will outline the strategies used by leading employers and advisors to move from uncertainty to certainty when it comes to healthcare benefits. Let's dive in.



**Glenn Fisher**  
CEO of NavMD

I used to think that health care was broken, and it seemed impossible to fix. After years of digging into the data, researching the challenges, and meeting some of the most innovative people in health care, things have changed. Health care is **FIXED** if employers get access to actionable insights, build an innovative team, implement bold strategies and proven solutions.

Our mission is simple – partner with the most innovative people in America to provide the right tools and resources to make a lasting impact. We hope you will join our mission to fix benefits one employer at a time!

# Employers AND Employees are overspending

## What we know:

The cost of employer-sponsored healthcare is no longer affordable or sustainable.

Today, the cost of a family premium has surpassed **\$22,221**.<sup>1</sup> For a family of 4 with a Real Median household income of \$67,521, employee-sponsored healthcare is averaging **33% of their income**.

Within the last year, employers, employees and insurers have spent more on cancer, cardiovascular and musculoskeletal than another other conditions.

## What we expect:

The projected medical trend is currently at 7.6% and is expected to increase.<sup>3</sup>

Volatility is going to be larger than historical trends as it becomes harder to predict due to the unknowns of the COVID-19 pandemic.

Musculoskeletal is the fastest growing condition segment within healthcare, expected to be driven by poor ergonomics fueled by the Working-From-Home pandemic.<sup>4</sup>

The top 3 drivers of healthcare inflation across employer-sponsored plans are:

- Underuse of preventative care (avoided by member)
- Overuse of care (driven by provider/prescribing)
- Excess of care (driven by member)

<sup>1</sup> <https://www.kff.org/>

<sup>3</sup> <https://www.willistowerswatson.com/en-US/Insights/2021/11/whats-driving-global-medical-trend>

<sup>4</sup> <https://hrexecutive.com/heres-why-healthcare-costs-will-be-volatile-in-2022-and-beyond/>

# Area of overspending: Underuse of preventative care (*member*)

Over investing in low-value care.

Under investing in high-value preventative care.

Preventative care has proven to be effective and will drive down costs and improve overall health status. However, the COVID-19 pandemic led to a decrease in preventative care measures taken by employees. Child immunizations decreased by 18% (2019-2020); mammograms reduced by 16%; and colonoscopies by 24%.<sup>6</sup>

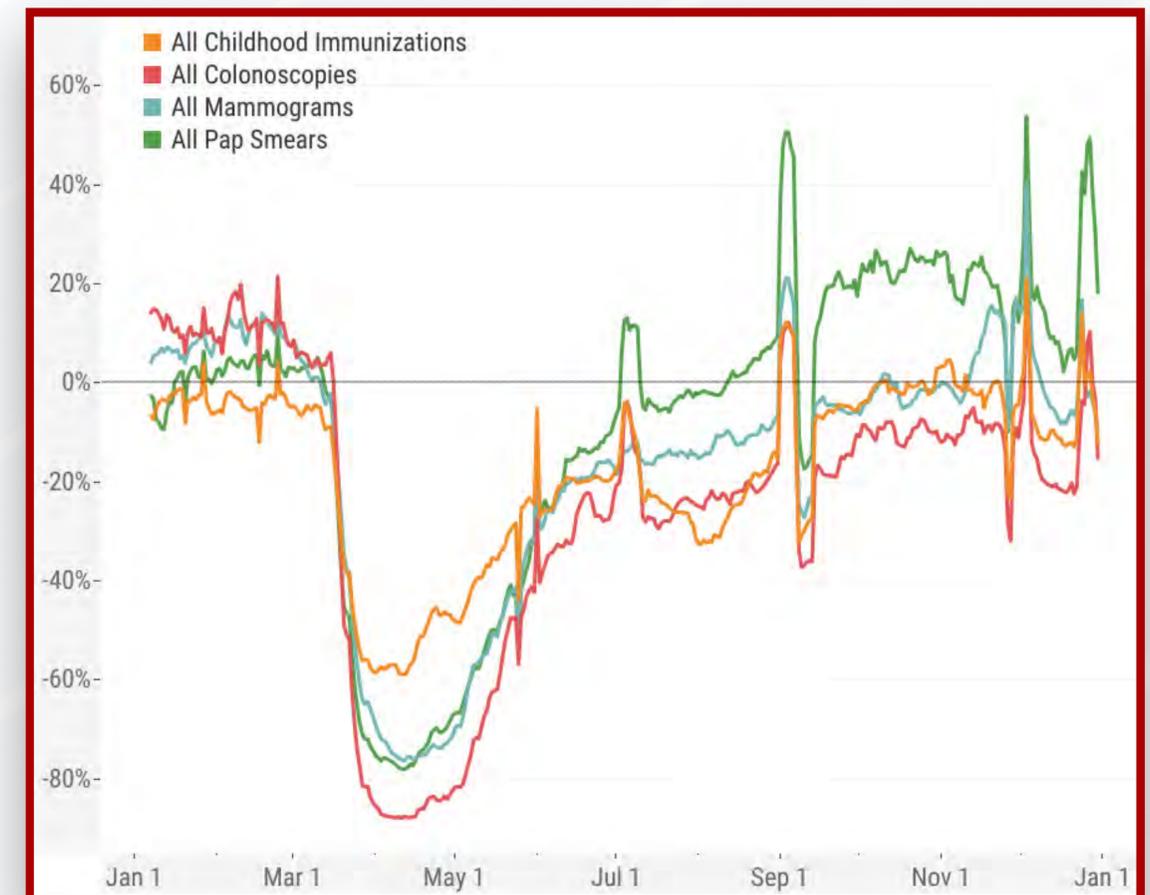
While today's drivers are chronic care management, spending in these areas will only be accelerated with the decrease in preventative measures and screenings as a result of the pandemic and due to the cost barriers that remain as hurdles for the consumer.

**The time to mitigate these obstacles is now.**

**Employers and sponsors must:**

- Understand where their populations stand in preventative screenings
- Remove any barriers through plan designs
- Engage in outreach to employees identified within a susceptible population

**Figure 6: Percent Change in Various Services, 2019-2020**



<sup>6</sup> <https://healthcostinstitute.org/hcci-research/the-impact-of-covid-19-on-the-use-of-preventive-health-care>

# Area of overspending: Overuse of care (*provider*)

## **There is a fundamental misalignment in the US for how healthcare is paid for.**

Today, providers are reimbursed based on the **quantity of care** prescribed and ordered instead of based on the appropriateness and **quality of care** prescribed, ordered and provided. At its very core, this is an increasingly flawed system. As healthcare organizations look to grow as an entity, growth is fueled by ordering more and more services, even when the data does NOT warrant the service.

This flawed fee-for-service system lends itself to a perverse incentive-driven growth in the healthcare economy, sticking the bill toward the funders, the employer and the employee. Billions have been spent and legislation has been signed into law intended to drive more value-based care models into the healthcare system. However, the demand side of the market has been slow to adopt and deploy.

**Why the slow adoption?** Just follow the money. Less than 25% of healthcare reimbursements are coming from value-based agreements. And most of that reimbursement is wrapped up in antiquated “pay for performance” contracts that closely align with the fee-for-service model rather than true risk-sharing agreements.<sup>5</sup>

A nationally recognized consultant recently shared, “Today is a great day to be in healthcare! There is significant organic growth, insurers are making record profits as their revenues are tied to reimbursements, and there has never been higher demand for services.” And he’s right. But the demand is artificial and is ordered by the healthcare industry while the employer and employee are left with the bill.

In order to materially impact the cost of healthcare, we must **decrease over prescribing**. And how we do that is by adjusting the business model for which providers are paid.

# Area of overspending: Excess of care (*member*)

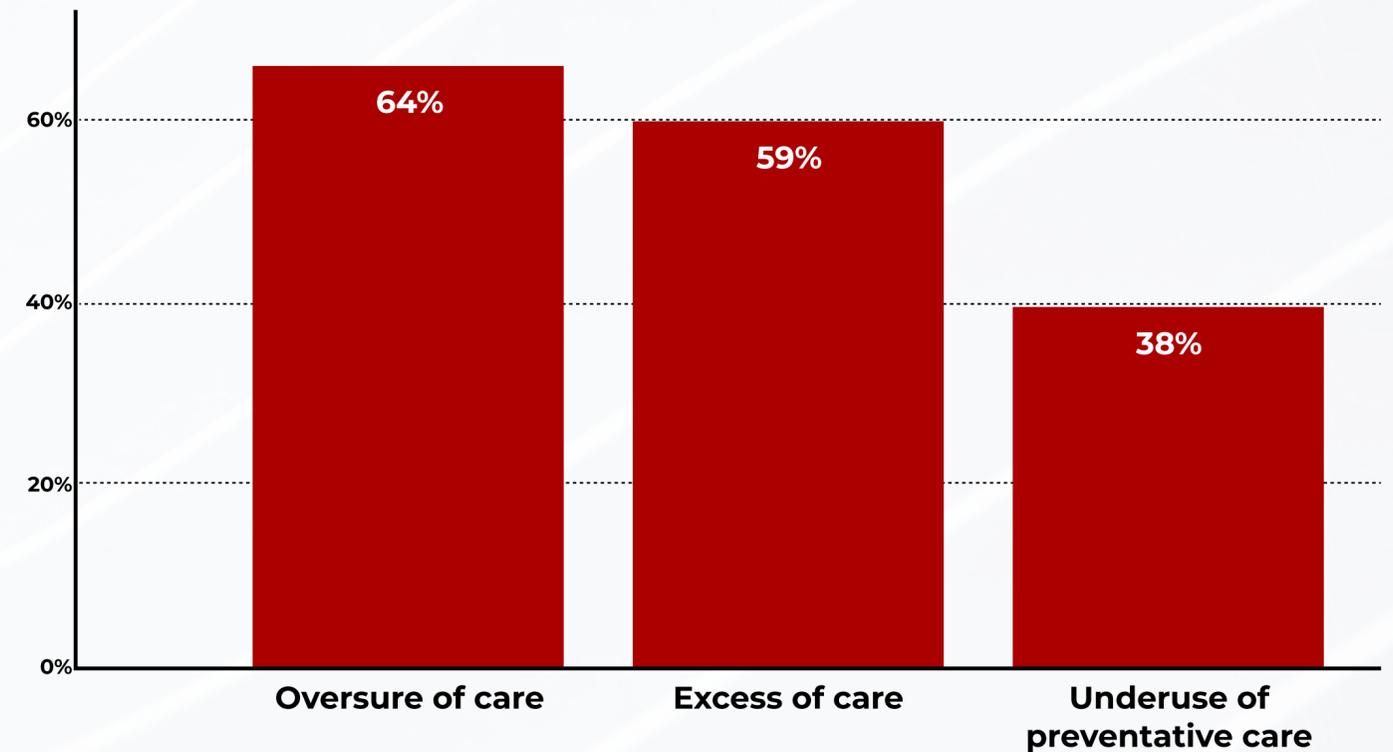
We, as consumers, are demanding more and more services; taking medications longer than necessary; and seeking unnecessary care.

While providers are guilty of overprescribing, consumers are overutilizing what they prescribe and even demanding services that are not clinically proven to be beneficial. This overuse and excess of care contribute to unnecessary growth in healthcare expenditures.

A segment of this misuse, now labeled as Low-value care, has created an entire industry where consultants and tech firms are looking at medications, procedures and imaging tests that have routinely been labeled as low-value care and are seeking to access, report and intervene to rein in this overuse.

This Low-value care is defined as “services that provide little or no benefit to the patient, have the potential to cause harm, incur unnecessary cost to patient or waste limited healthcare resources,” is estimated to cost employers and state agencies over **\$345B in healthcare waste.**

Healthcare cost drivers



# The Value of an Actionable Analytics Provider

1 out of 5 Benefit Advisors don't use an analytics platform.

An analytics platform is necessary for modern-day advisors to be able to:

1. Proactively look at health plan data
2. Identify high-cost claims and members
3. Model out engagement with point solutions
4. Track the performance of integrated point solutions

**See how an analytics platform brings value to both Benefit Advisors and Employers.**

## For Benefit Advisors

- Identify the risk and cost drivers with recommended point solution interventions
- Create alerts and notifications on groups, plans and member utilization
- Scenario modeling for plan design changes and modifications

## For Employers

- Proactively plan for future utilization and cost trends
- Benchmark your plan performance against top-performing plans
- Track the performance of the point solutions you have implemented

# NavMD: Revolutionizing healthcare through our analytics and solutions platform

In 2005, NavMD set out to deliver the best-in-class intelligence platform to help businesses reduce the overall cost of their health plan. Since then, we've seen our executive leadership team grow and our insights expand, and we've developed an exclusive marketplace for users to turn insights into action.

## Our 3 Keys to Success

### RAPID IMPLEMENTATION

We acquire and transform your data up to 4x faster than other analytics platforms. Plus, when your data is live, it's accurate, and we provide a report card to prove it!

We assign a dedicated Implementation & Customer Success Manager to ensure your project stays on track. We'll create a project plan, gather data requirements, interact with vendors, integrate and enrich data, and provide ongoing support and training for your team.

### REVOLUTIONARY INSIGHTS

AVISO, our custom analytics platform, is a powerful resource that can provide actionable insights through features such as compliance monitoring, wellness investment, plan cost vs. budgeting, health segmentation, high-cost claimants, and emerging risk.

Once a strategy is put into place, our platform monitors and measures the strategy's effectiveness to determine the return-on-investment metrics and return on value.

### GAME CHANGING SOLUTIONS

Our exclusive marketplace points you in the right direction to take action on the insights we provide through AVISO. These solution partners are here to help drive lasting results.

We have solution partners for specialty medications, kidney disease, direct primary care, direct contracting, advocacy and more. We're continuously adding more solution providers throughout the healthcare industry to our marketplace so we can be your one-stop-shop for insights and solutions.

# Rapid Implementation

The power of AVISO impacts your bottom line.

The NavMD client implementation experiences is one of the many things that sets us apart from other vendors in the Benefits Analytics space.

As soon as we identify which groups and carriers you need, we don't waste any time. We take the lead on all facets of the onboarding process, including contracting with the carrier to release data; working with the carrier to get the necessary data to support your groups; processing; data quality control; and of course, training for the AVISO application.

Throughout the process, we hold ourselves to the highest standard when it comes to communication and transparency through regular project status check-in.

On average, NavMD can get groups live in the AVISO platform within 60-90 days from the time you tell us which health plans your groups need.

**We are swift when it comes to getting AVISO ready to support you and your groups, but we make it a priority to guarantee that the information we're gathering is both safe and accurate.**

NavMD employs a comprehensive data quality, accuracy, and security strategy to ensure you're getting the right data and that it's safely stored and at the ready for you to access.

**Last year more than 29 million healthcare records were breached. The worst part? Most people had no idea that their private information fell into the wrong hands.**

NavProtect fights back against medical fraud, over billing and guards against privacy intrusions. Integrated into AVISO, the solution has audited \$500 million in medical bills and returned over \$15 million to employers and \$130 million to members.

## **Built-in, multilayered quality assurance process**

Our team is reviewing a variety of different data points throughout each step of the process, working with data partners to ensure accuracy and reporting a data quality scorecard when the data is ready to use.

NavMD employs a variety of methods to keep your client's data secure, including both technical and physical controls as well as a rigorous and comprehensive security training program for all NavMD team members

## **Support and training for you and your team**

Once data is available and ready for you to access for the first time, our team will work with you to develop a strategy for educating your team so that you can get the most out of the AVISO platform. Training includes live group/1-on-1 training sessions with an AVISO expert as well as self-paced online training.

# Revolutionary Insights

Our platform, AVISO, allows Benefit Advisors to dig deeper into the member detail, equipping them with real-time actionable insights to build better plans for clients and their members.



## Plan Cost vs Budget

Understand plan cost to budget and easily identify where overages occur.



## Emerging Risk

Identify where your population's predicted emerging risk is headed to mitigate high risk claims before they happen.



## Health Segmentation

Understand the Chronic Disease Burden of your health plan to focus in on what is driving cost.



## Plan Modeling

See financial savings/costs from a plans' perspective down to members impacted positively or negatively by a change.



## Pharmacy

Isolate specialty medications for carve-out or injectable drugs going through the medical plan for intervention.



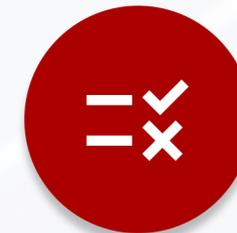
## High-Cost Claimants

Predict cost and risk for every member for stop-loss premium reductions and population health management solutions.



## Wellness Investment

Understand the value of reducing risk through increasing compliance: potential cost and ROI to the plan through value-based modeling.



## Compliance Monitoring

Measure compliance to evidence-based medicine protocols for proactive engagement, increasing compliance to mitigate cost & risk.

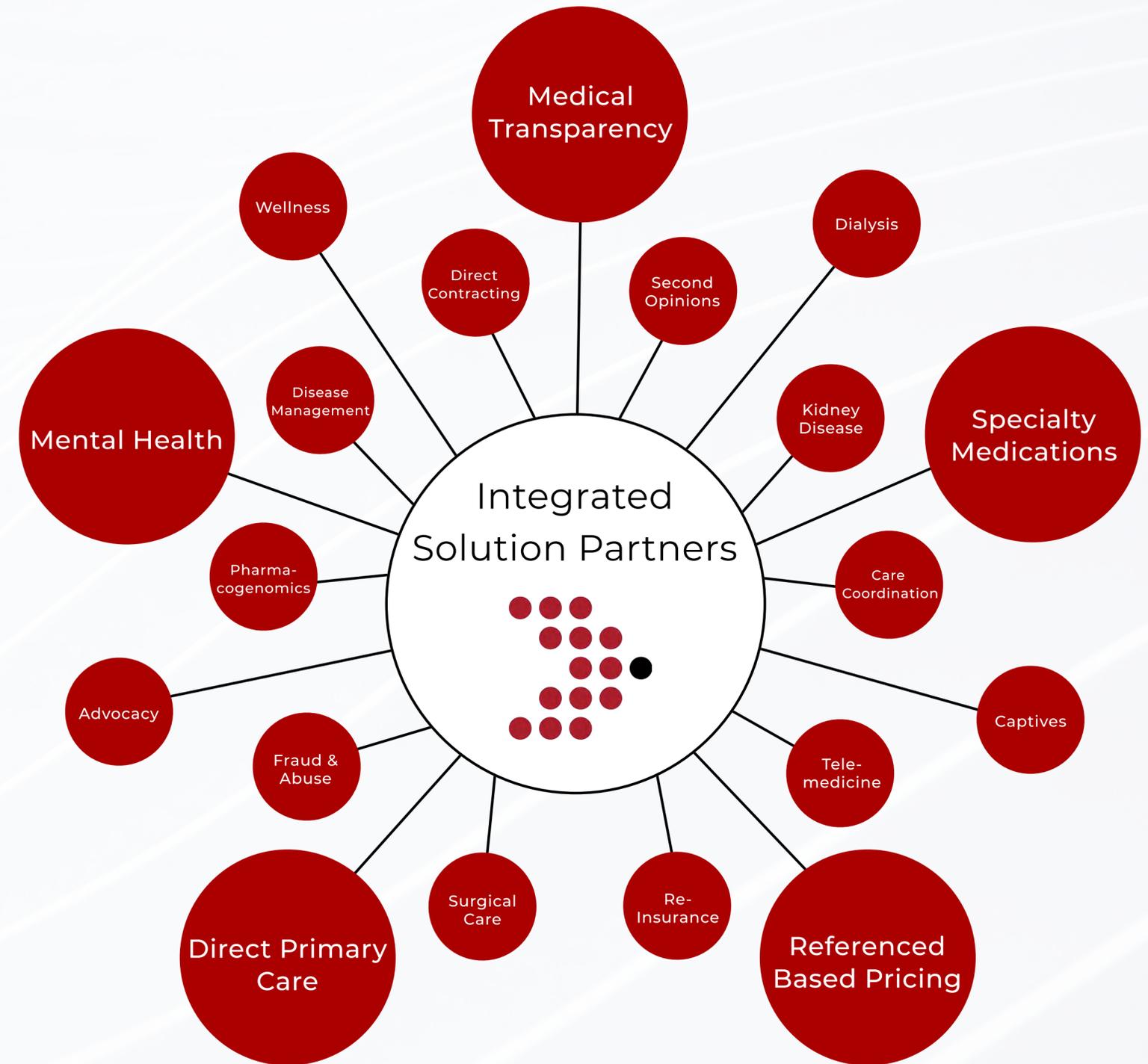
# Game Changing Solutions

**Data is only useful if it's used to implement change. Our Marketplace puts plans data to work!**

- NavMD partners with vetted and innovative healthcare companies across the country who provide services to help companies and plans save money and provide better care.
- The Marketplace is a feature on AVISO where benefit advisors can easily see how our solution partners can save plans money.
- Our cutting-edge analytics easily identify areas with potential cost savings. Then a PharmD on staff facilitates coordination to a solution with proven results.
- Once implemented, we trace the solution's success and provide a road map to prove it.

**At NavMD, we diligently research solutions that help our brokers in their business.**

We recognize brokers have limited time to sort through the available solutions and to find ones with proven results. Let that be our job. We will work behind the scenes to expertly find solution partners for our Marketplace that drive lasting results.



# How NavMD resolves underuse of preventative care

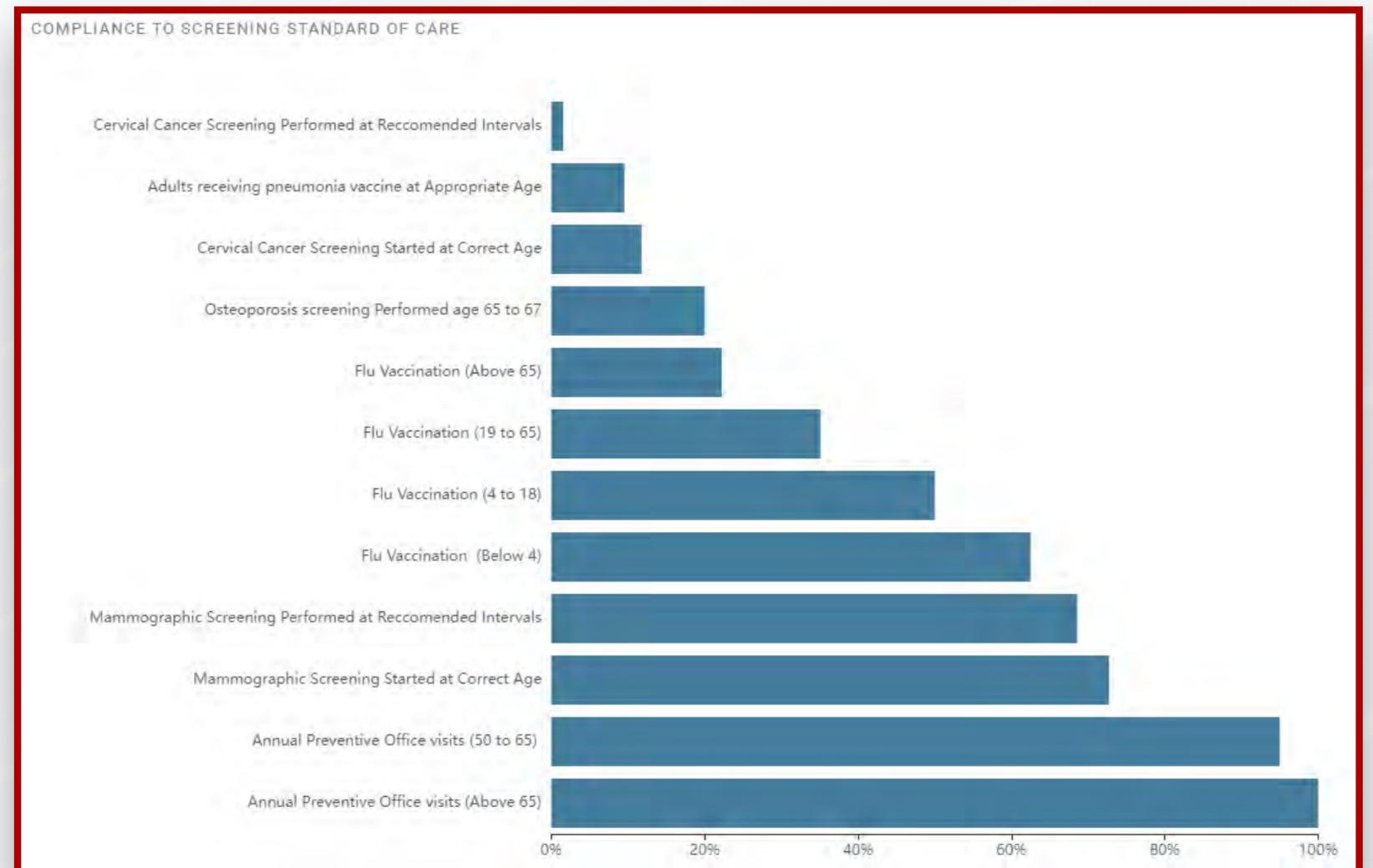
## Remember the top 3 drivers of healthcare inflation?

NavMD's proprietary platform AVISO addresses all three drivers.

Early detection for cancer versus late detection can not only save a member's life, it can save hundreds of thousands of dollars for a health plan.

AVISO tracks every member's clinical activity and continuously reports on missed preventative events and identifies medical care gaps and pharmaceutical non-compliance for chronic conditions. This enables timely intervention from a health professional for members to receive preventative care to head off adverse events.

Plan Modeling also accounts for investments of interventional strategies to increase preventative compliance on what is already paid at 100% in-network. In the absence of a financial barrier, the barrier could be convenience. An example of an investment might include mobile mammography. AVISO helps pinpoint population-level compliance percentages to optimize where an intervention should be targeted.



# How NavMD resolves overuse of care

Some providers and hospitals perform unnecessary medical procedures, costing health plans significant wasted dollars.

Whether it is disregarding best practice guidelines for proper treatment or ordering expensive and unnecessary procedures, AVISO addresses overuse of care flaws within the health care system.

For example, by focusing on newly presented members with lower back or neck pain (apart from red flag symptoms a member may be experiencing), the standard of care is to wait six weeks, employing alternative treatments before high-cost imaging is necessary.

Based on this population subset applied to multiple health plans, the rampant overuse of high-cost complex imaging, such as CT and MRI scans is undeniable. Knowing this information is the key to plan design changes such as potential prior authorization requirements outside of an emergency room or network optimization.



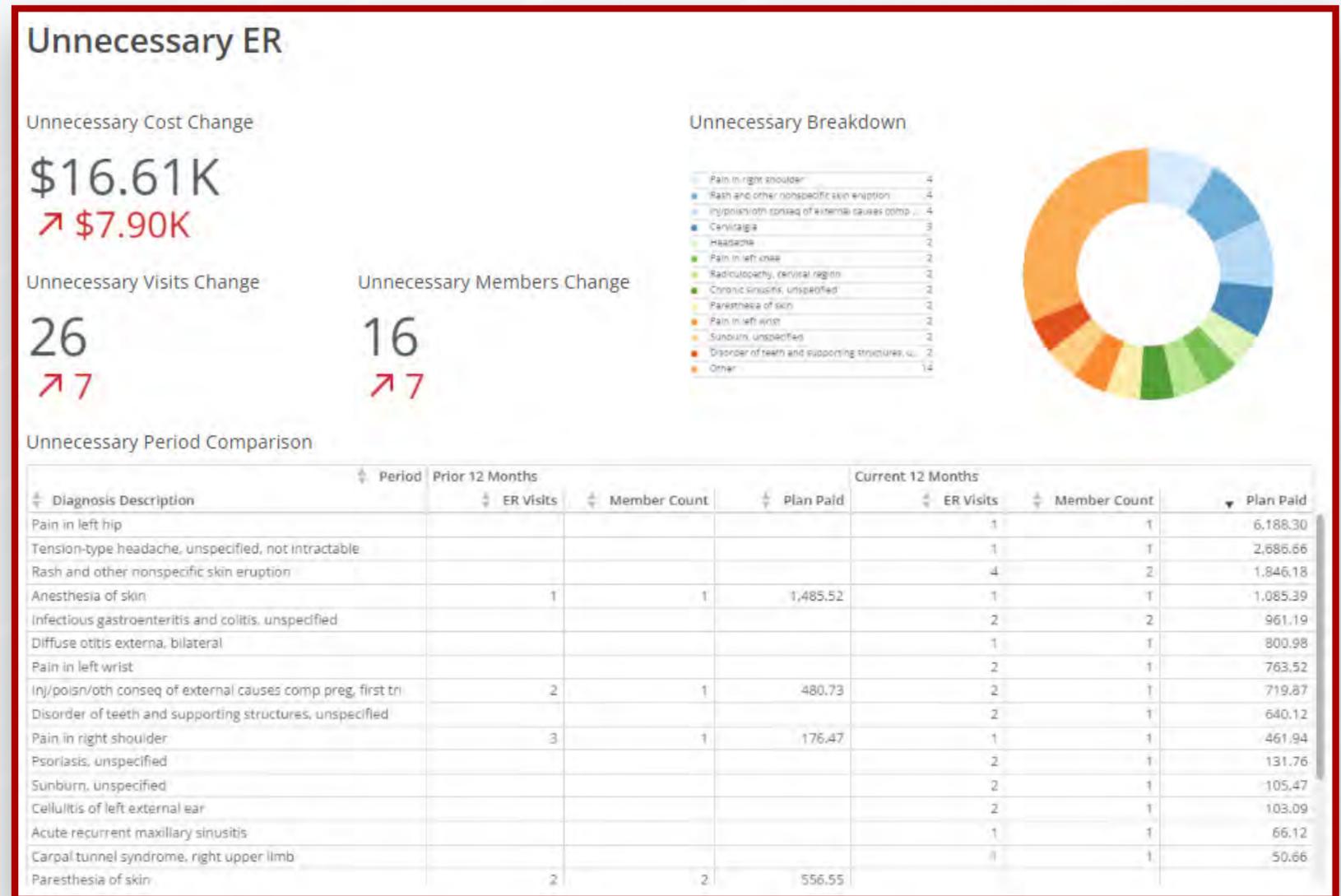
# How NavMD resolves excess of care

Some health plan members, especially those without a primary care provider, may treat the ER like a primary care provider's office.

This results in costly, unnecessary and avoidable treatment that could be performed in general practice or urgent care settings. This would translate to saving plans a significant amount of money.

AVISO's standard reports provide these intelligence layers and year-over-year changes to pinpoint why people are overutilizing the ER and how much this costs a health plan. In this example, we are looking at the increase of members and cost from the previous 12-month period and a breakdown of unnecessary diagnoses treated in an ER setting.

Intelligence is key to taking action. Member communication concerted with plan design changes, such as tiered co-pay structures to avoid excess care by health plan members, can save health plans thousands of dollars.



# Mission Possible

Better Health. Better Value. Better Care.

The blueprint for employers to deliver high-performance health benefits has been built and tested. Many employers have successfully accomplished the mission. Now is the time to combine cutting-edge technology with fresh ideas. It starts with visibility and transparency.

Let's reimagine benefit solutions and start to transform lives to build a future where communities are healthier and businesses are thriving because our commitment has truly made a difference.

What does the data tell you about your population's health?

Let's find out today.



**Glenn Fisher**  
CEO of NavMD

I used to think that health care was broken, and it seemed impossible to fix. After years of digging into the data, researching the challenges, and meeting some of the most innovative people in health care, things have changed. Health care is **FIXED** if employers get access to actionable insights, build an innovative team, implement bold strategies and proven solutions.

Our mission is simple – partner with the most innovative people in America to provide the right tools and resources to make a lasting impact. We hope you will join our mission to fix benefits one employer at a time!

# Testimonials

“ Our business is more successful because of our partnership with NavMD. We can count on NavMD to get new employers live quickly and provide accurate data in the platform to make smarter, more informed decisions.

**Cost Containment Strategist**

October 2021

“ NavMD’s predictive analytics helped me find emerging risks to specifically target interventions. These insights have helped me guide Stakeholders in their decision-making process for the purposes of providing better health and financial well-being.

**Insurance Broker  
& Wellness Provider**

July 2021

“ We love having access to a dedicated advisor and unlimited support. Not only do they help us after the employer is live but many times they join us for the sales presentation to help us win the business. That's what I call a great partnership!

**President, Employee Benefits**

January 2022



# Take action today

Now that you've identified strategies used by leading employers and advisors, it's time to revolutionize healthcare!

Our team is ready to help you unravel the mystery and optimize your health plans. Click the **"Book a Discovery Call Today"** button below to schedule time to learn more about our solutions.



**Joe Bush**  
Chief Strategy Officer

< NavMD 2022 >

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[Book a Discovery Call Today](#)



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