



OVERVIEW

High-Performance Provider Networks

High-performance networks provide employers advantages over broad networks by carefully curating a group of selected providers who have demonstrated an ability to produce positive patient outcomes while maintaining practice efficiencies. The combination of quality care and improved employee health outcomes coupled with cost-effectiveness has increased the rate of adoption of high-performance networks over the past four years by 267%.¹

High-performance network products for a given payor can cost as much as 35% less than traditional healthcare models, depending on rating area and benefits design.²

Typical High-Performance Physician Network



QUALITY OF CARE

In part because of the reduced size of the network and unblinded data sharing, physicians within a high-performance network have scaled resources for more effective care delivery and bidirectional communication.



PHYSICIAN GOVERNANCE

In addition to state and national requirements, providers must demonstrate a history of positive clinical outcomes while leveraging processes that reduce the total cost of care.



IMPROVEMENT PROCESS

Providers agree to reiterative peer evaluations and follow a formal performance improvement process to ensure key metrics are met and maintained.



FINANCIAL INCENTIVES

Providers who manage their patients' health with quality care at a lower aggregate cost than the market average are rewarded with an annual financial bonus for each panel member.

Typical Broad Physician Network

Misaligned compensation and lack of visibility into patient data can obstruct efficient paths to care, possibly resulting in misdiagnoses, delivering unnecessary treatment and prolonging health issues.

Must pass state and national requirements, which do not focus on the physician's clinical outcomes or cost of care.

Because of the fee-for-service model typical of broad networks, most do not monitor physician results linked to quality care or costs, nor follow a formalized process for improving those results.

Follows a fee-for-service model, reimbursing providers for the number of services they provide.

Healthcare Highways High-Performance Network

Healthcare Highways' high-performance network works to improve patient outcomes, strengthen the patient/PCP relationship, and empower primary care physicians. Our innovations offer a cost-effective solution to the continued rise of health plan premiums, while improving and sustaining member health and satisfaction.

THE HEALTHCARE HIGHWAYS ADVANTAGE



1 Intentional design.

While major carriers try to carve out a high-performance network from their existing broad network, Healthcare Highways built its high-performance network from the ground up, carefully selecting local physicians based on criteria around referral management, providing high quality, high efficiency care and a demonstrated ability to produce positive patient outcomes. The intentionality of our design creates a more engaged and informed physician, which helps to deliver a better patient experience.



2 Incentivizing outcomes, not output.

In contrast to most other networks, which financially incentivize physicians for the number of services they provide, Healthcare Highways believes that providers who manage their patients' health with quality care at a lower aggregate cost than the market average should be rewarded. Our provider reports profile and narrate the quality and efficiency performance of each physician compared to their peers as part of a continuous improvement process.



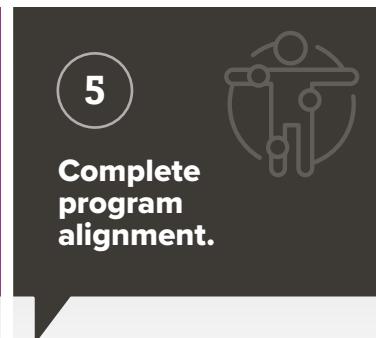
3 Improving quality care.

By reestablishing the Patient-to-Provider (P2P) relationship, our health plan drives a personalized relationship and leads to better overall health outcomes. We work with our PCPs to identify high-risk populations and effectively direct clinical resources to members with chronic conditions. We ensure every member has a care plan and a care coordinator. We routinely share data so that our providers can better manage care and achieve higher quality and efficiency rates.



4 Reducing total cost of care.

In exchange for a consolidated, high-performance network of quality providers, Healthcare Highways members and its employer clients pay lower premiums. Members also have lower out-of-pocket costs. We continuously track and report on quality measures, efficiency (cost) measures, network/referral management, as well as patient experience. It is how we track the appropriateness of care delivered within our network that transforms our health plan, reducing overall healthcare expenses over consecutive years and not simply delivering one-time discounts.



5 Complete program alignment.

Healthcare Highways partners with clients and brokers to design benefits that help members take full advantage of in-network services, ensuring members see providers who adhere to a value-based care model. Our data transparency allows all stakeholders (patients, providers, care team, employers, and broker consultants) to have rapid access and insights into health plan utilization and performance to improve outcomes and manage costs.