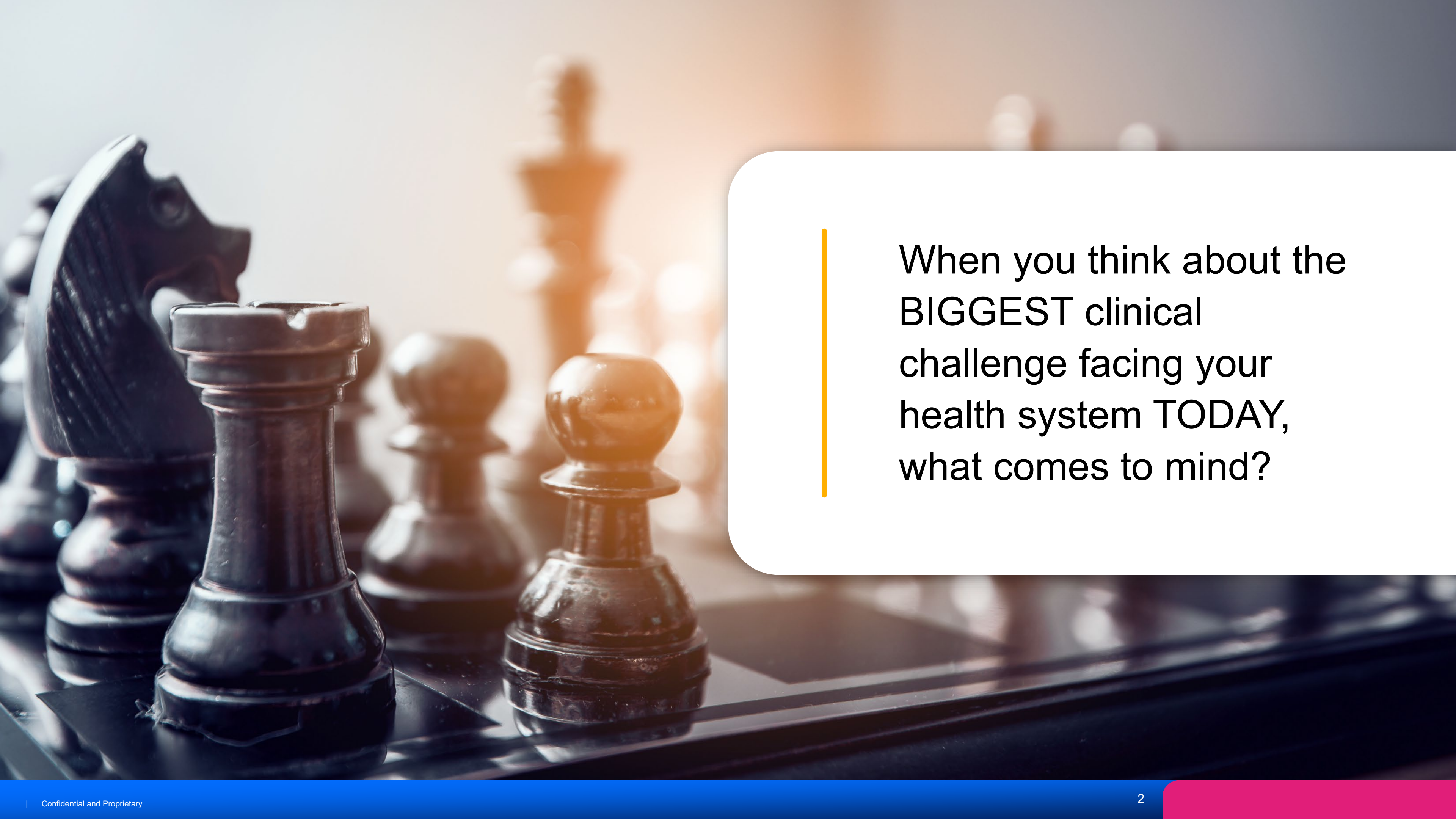


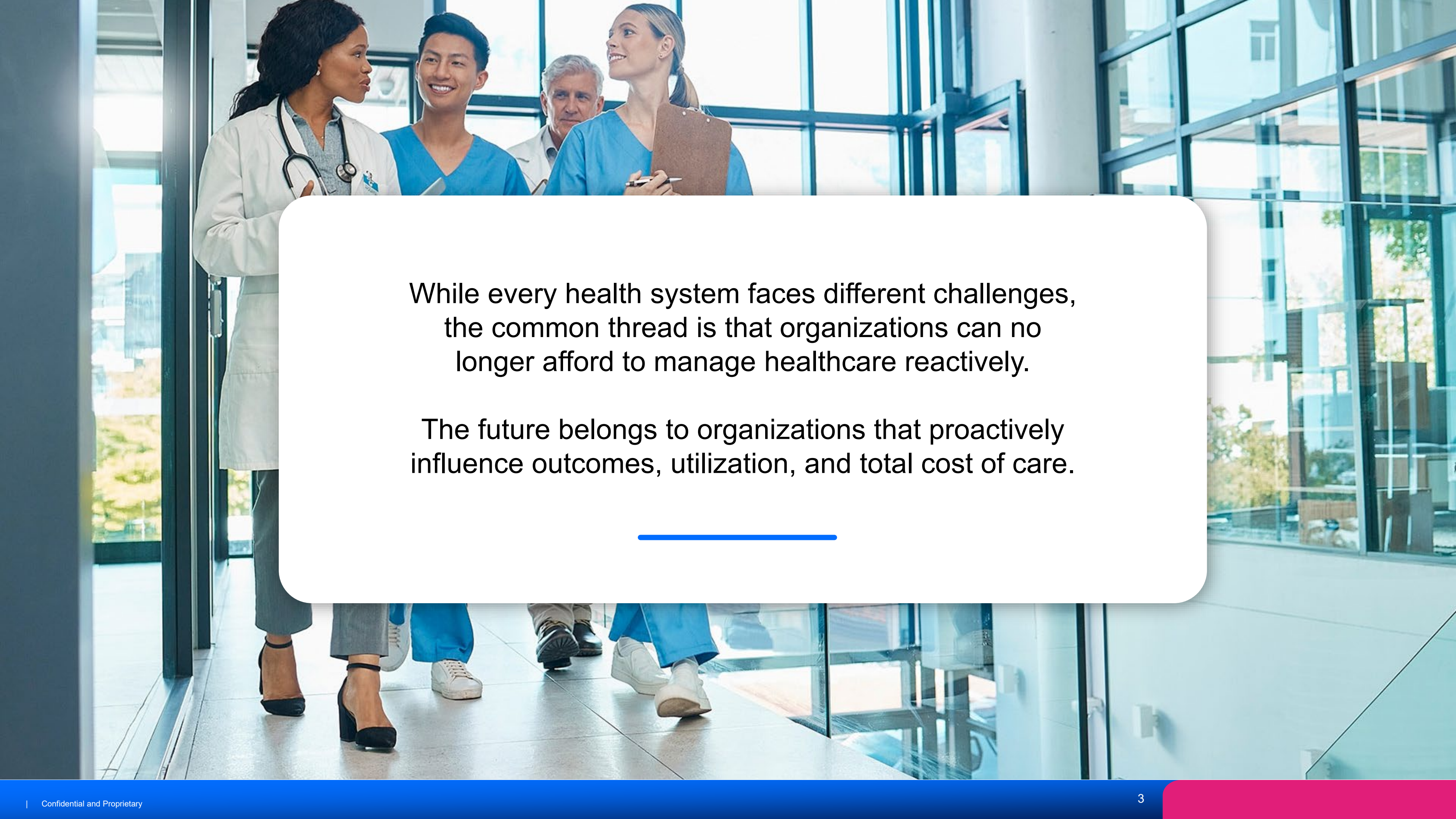
Clinical Strategy

September 22nd 2026





When you think about the
BIGGEST clinical
challenge facing your
health system TODAY,
what comes to mind?



While every health system faces different challenges, the common thread is that organizations can no longer afford to manage healthcare reactively.

The future belongs to organizations that proactively influence outcomes, utilization, and total cost of care.

EVOLUTION OF CLINICAL STRATEGY: THEN VS. NOW



PAST STATE

Clinical strategy focused on:

- Utilization Management
- Prior Authorizations
- Case Management
- Disease Management

Success measures:

- Approvals
- Denials
- Turnaround times
- Compliance metrics

EVOLUTION OF CLINICAL STRATEGY: THEN VS. NOW



PRESENT STATE

Clinical strategy now includes:

- Population health management
- Care navigation
- Referral optimization
- Provider alignment
- Risk identification
- Site-of-care management
- Data-driven engagement

Discussion Prompt:

"What capabilities do you think health systems will need in future state that weren't considered 5 years ago?"

CLINICAL BEST PRACTICES DRIVING RESULTS TODAY



BEST PRACTICE #1

Integrate Clinical and Benefit Strategies

Too often:

- Clinical teams work separately
- Benefits teams work separately
- Network teams work separately

Recommended alignment amongst:

- Benefit teams
- Clinical and population health management
- Network strategy

CLINICAL BEST PRACTICES DRIVING RESULTS TODAY

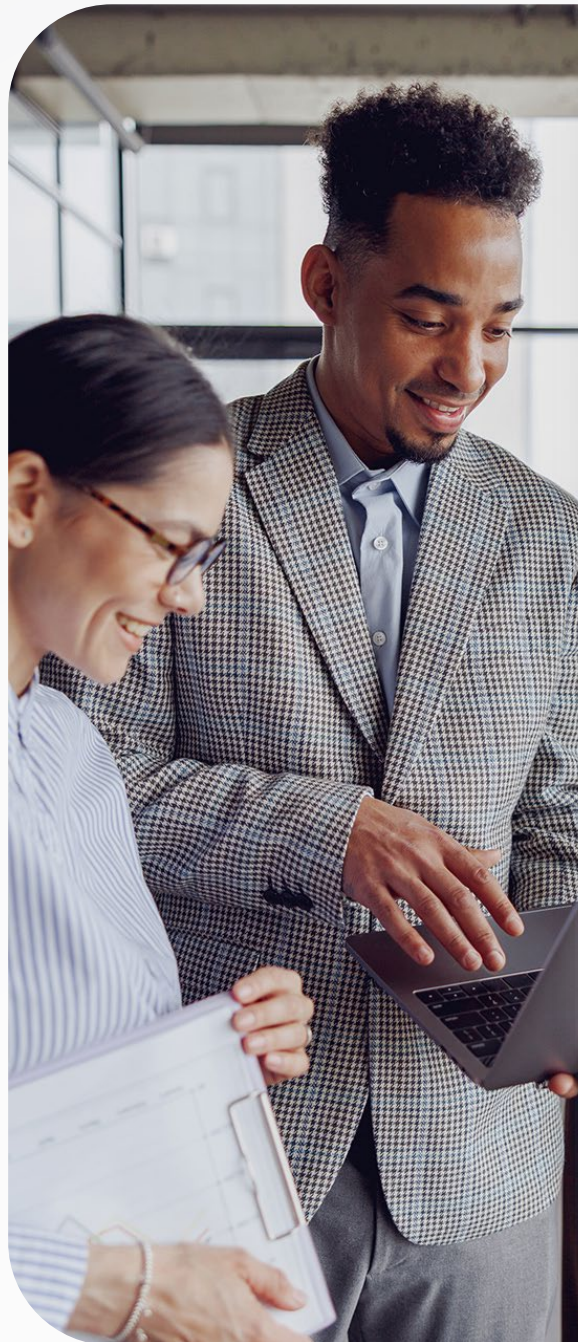


BEST PRACTICE #2 Early Intervention

Move intervention upstream:

- Predictive analytics
- Gap-in-care identification
- Early risk triggers
- Preventive outreach

CLINICAL BEST PRACTICES DRIVING RESULTS TODAY



BEST PRACTICE #3 Measure Total Value

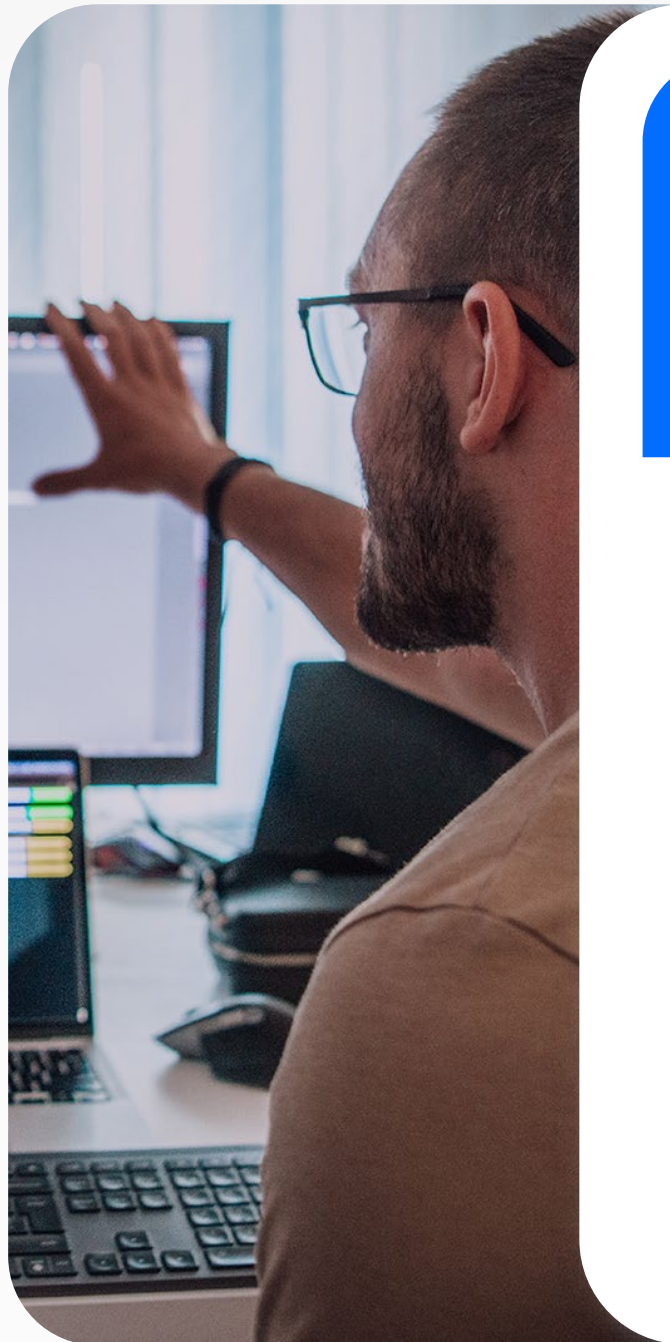
Move beyond:

- Authorization volume
- Case counts

Focus on:

- Reduced admissions
- Readmissions
- Member experience
- Care access
- Leakage reduction

CLINICAL BEST PRACTICES DRIVING RESULTS TODAY



BEST PRACTICE #4

Use Data as a Strategic Asset

Understand:

- Referral patterns
- Care variation
- Domestic utilization opportunities
- High-cost condition trends



Case Studies

CASE STUDY #1

THE SCENARIO

Your health system is seeing significant variation in where members receive care, with some services being delivered outside the system or in higher-cost settings when other clinically appropriate options may be available. Your organization wants to guide care to the right setting, strengthen continuity, improve the member experience, and retain more care within the system when appropriate.

For Discussion:

In your own words, how would you explain this scenario/challenge to your organization?

Build an approach/potential solution to address the scenario

What risks/barriers exist?

What internal and external stakeholders may need to be involved in discussions/solutioning?

CASE STUDY #1 – WHAT WE SEE

CHALLENGES

- Inpatient Leakage
- Lost Revenue
- Fragmented Care
- Poor Membership experience
- Unwanted cost variation
- Inconsistent site-of-care selection
- Higher-cost settings used when not clinically necessary
- Limited visibility for providers and members
- Significant utilization at competing systems offering same services as provided in house

STRATEGY



Enhanced Referral visibility



Clinical Navigation



Provider Alignment



Benefit incentives



Medical Necessary Review



Site-of-care evaluation



Provider Engagement



Member navigation

CASE STUDY #1

TARGET STRATEGIES BY NAME

REPATRIATION AND SITE OF CARE OPTIMIZATION

Repatriation – moving members seeking inpatient care from a competing or out of network provider/facility to domestic.

Site of Care Steerage – redirecting care based on clinical need and appropriateness:

- Domestic Network
- Partnerships with other providers AKA "friendlies"
- Hospital Outpatient
- Ambulatory Center
- Home Setting
- Virtual Care

CASE STUDY #2

THE SCENARIO

Your health system is exploring ways to reward and reduce administrative burden for domestic and other high-performing providers while making it easier for members to access care. As you evaluate provider performance, you recognize that the opportunity may extend beyond domestic providers to include those who consistently meet or exceed established standards for quality, outcomes, and evidence-based practice. The goal is to identify where unnecessary administrative barriers can be reduced without compromising appropriate oversight, while strengthening provider relationships, improving the care experience, and creating a more seamless path for members to receive high-quality care.

For Discussion:

In your own words, how would you explain this scenario/challenge to your organization?

Build an approach/potential solution to address the scenario

What risks/barriers exist?

What internal and external stakeholders may need to be involved in discussions/solutioning?

CASE STUDY #2 – WHAT WE SEE

CHALLENGES

- Unnecessary provider abrasion
- Strained provider relationships
- Administrative burden and cost

STRATEGY

Differentiate oversight based on:



Outcomes



Evidence-based practice



Prior Authorization performance

CASE STUDY #2

TARGET STRATEGY BY NAME

GOLD CARDING

Providing status to providers that meet certain criteria to reduce administrative burden, support a faster approval process, and develop stronger provider partnerships. Shifts from a one-size-fits-all approach to oversight that reflects demonstrated performance and reliability.

THE NEXT GENERATION OF CLINICAL STRATEGY

THE FUTURE IS:



More Proactive



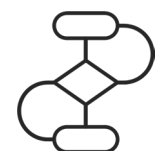
More Data Driven



More Integrated



More Aligned with Benefit Strategy



More Focused on Population Health



More Focused on Provider Partnerships

