Unlocking The Value of Pharmacists: Financial Stability

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American Society of Health-System Pharmacist

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Summary: Need for Pharmacist Financial Stability

Pharmacists have the training and ability to manage patient medication therapy needs

Medications major therapy choices the US

Medication Problems

Primary care needs

- 26.7 hours/day to provide guideline-recommended [9]
- a mean of 26 seconds discussing new medications. [10-12]

Needed for sustainability and fair reimbursement

- Laws and regulations
- Payment
  - Federal
  - State
  - Commercial
- Standardization in defining services and their measurement to achieve consistent expectations

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Laws and regulations required for patient care services by pharmacist payment.

- Designation as a legal health care provider
- Pharmacy practice act scope of practice covers services provided
- Requires payment for services in State Insurance Code

Krystalyn Weaver, PharmD, JD CEO NASPA

Pharmacist Reimbursement for Patient Care Services

Medicare

- Fee for Service
  - Established patient 99211 (E/M)
  - Chronic care family-CCM, Complex CCM, PCM, TCM (E/M)
  - APCM, ASCVD (new for 2025)
  - RPM, CGM (E/M)
  - AWV
  - FQHC/RHC models
  - DSMT*, MDPP*
  - ATC management
- Health-system hospital – “facility fee”
- ACOs as a contributor
- MTM Part D*
- Quality Measures as a contributor

* Payment direct to pharmacists

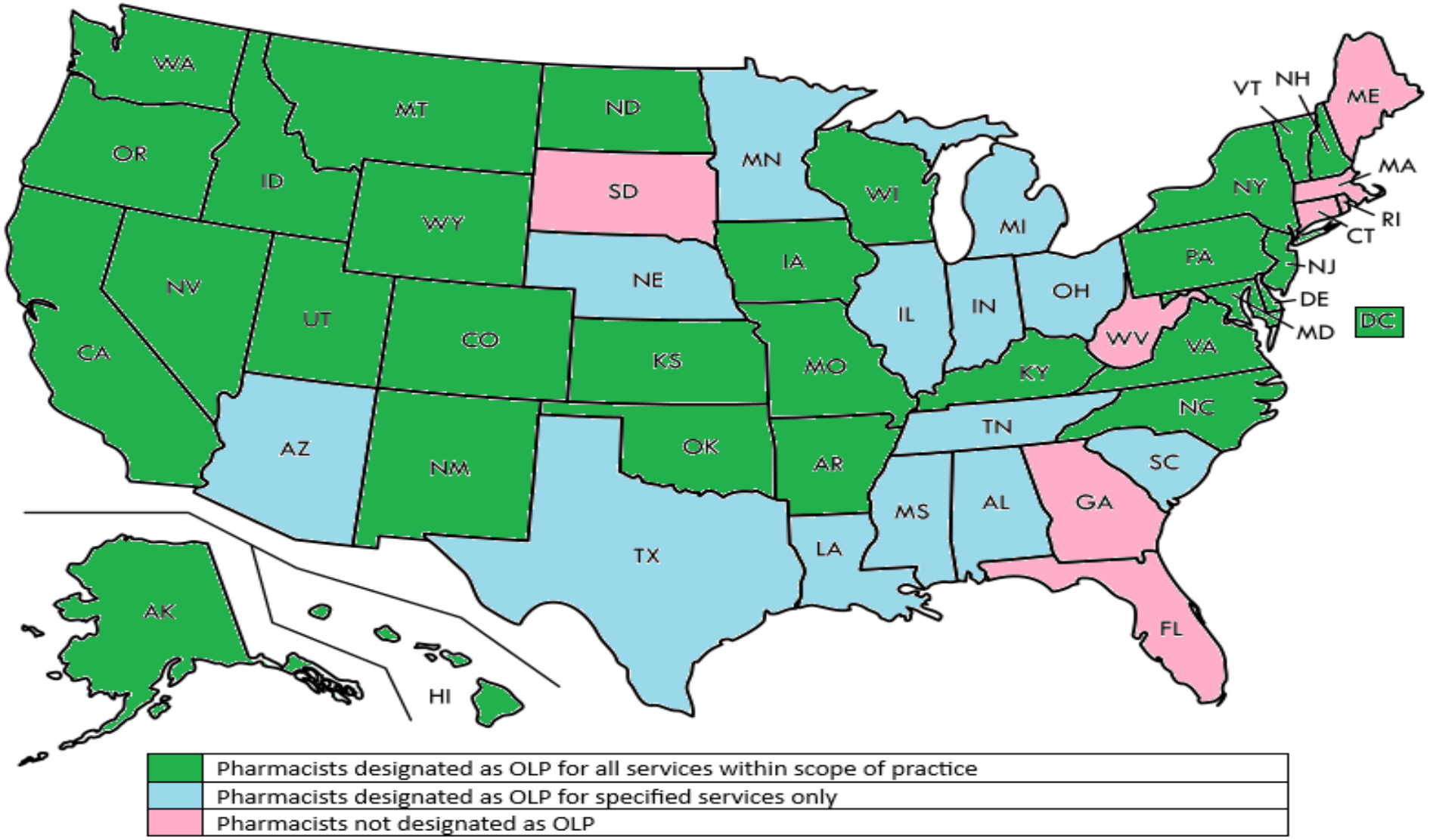
State Medicaid[20]

- Fee for Service
  - Follow some or all of Medicare codes
  - May use additional CPT codes
  - MTM codes
  - Standing orders or state protocols
- ACO’s as contributors
- Quality Measures as a contributor

Commercial Payers

- Fee for Service
  - Follow some or all of Medicare codes
  - May use additional CPT codes
  - MTM codes
  - State standing orders or state protocols
- ACO’s as contributors
- Individual contracts
- Quality measures as a contributor

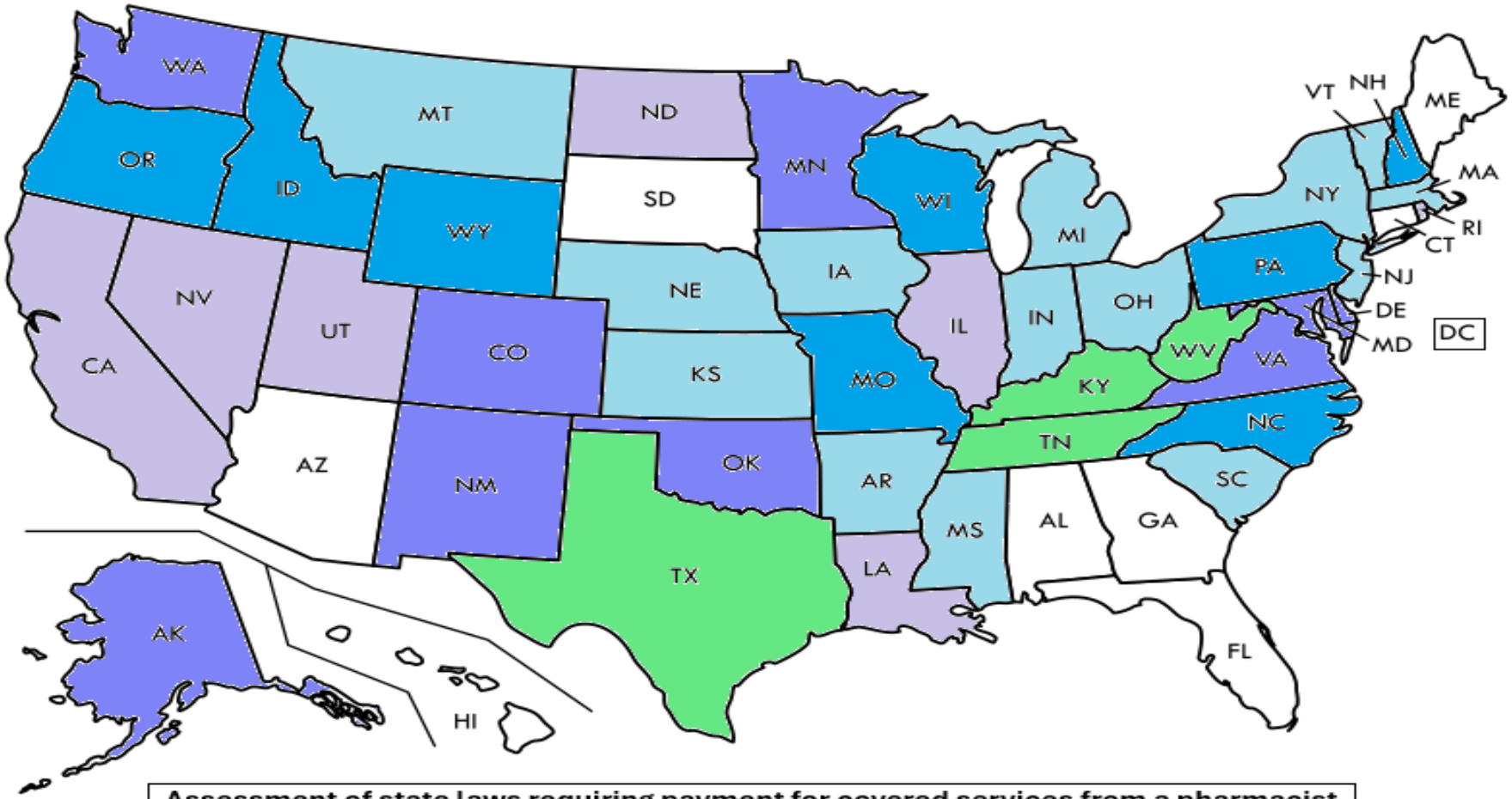
Pharmacist Status as "Other Licensed Practitioner" in Medicaid



Kyle Robb, PharmD., Director, State Policy Advocacy Office of Government Relations ASHP

As of April 2025

2025 State Pharmacist Provider Status Laws



Assessment of state laws requiring payment for covered services from a pharmacist	
	Commercial and Medicaid – any service in scope of practice
	Commercial – any service in scope of practice
	Medicaid – any service in scope of practice
	Medicaid – specific services only
	Commercial and Medicaid – specific services only

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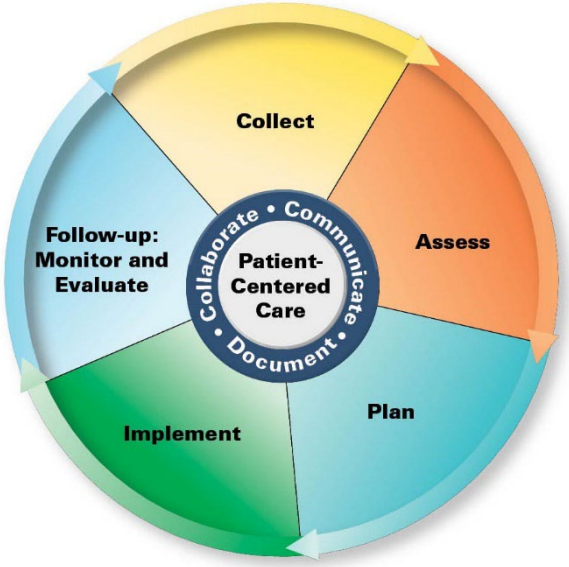
Services delivering consistent expectations



Standard + Reliable + Consistent = **Outcomes**

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References

1. Millis JS. Loo king ahead--the report of the Study Commission on Pharmacy. Am J Hosp Pharm.1976 Feb;33(2):134-8.
2. US Food and Drug Administration. FDA at a Glance. November 2020. https://www.fda.gov/media/143704/download. Accessed 4/25/25.
3. Center for Disease Control. National Center for Health Statistics: Therapeutic Drug Use. https://www.cdc.gov/nchs/fastats/drug-use-therapeutic.htm Accessed 4/25/25/
4. Lown Institute. Medication Overload: America's Other Drug Problem. April 2019. https://lowninstitute.org/wp-content/uploads/2019/08/medication-overload-lown-web.pdf Accessed 4/25/25.
5. McInnis T, et al., editors. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes. 2nd ed., 2012 Patient-Centered Primary Care Collaborative. PCPCC Medication Management Task Force collaborative document.
6. Makary MA, Daniel M. Medical error—the third leading cause of death in the US. BMJ. 2016;353:i2139.
7. Global burden of preventable medication-related harm in health care: a systematic review. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO
8. Watanabe J, et al. Cost of Prescription Drug–Related Morbidity and Mortality. Annals of Pharmacotherapy, March 26, 2018
9. Porter J, Boyd C, Skandari MR, et.al. Revisiting the Timed Needed to Provide Adult Primary Care. J. Gen. Int Med. 2023; 38:147–155.
10. Tarn DM, Paterniti DA, Kravitz RL, et.al. How Do Physicians Conduct Medication Reviews? J Gen Int Med. 2009;24:1296-1302
11. Tarn DM, Heritage J, Paterniti DA, et.al. Physician Communication When Prescribing New Medications. Arch Intern Med. 2006;166:1855-1862.
12. Tarn DM, Paterniti DA, Kravitz RL. How Much Time Does It Take to Prescribe a New Medication? Patient Educ Couns. 2008 August ; 72(2): 311–319.

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Thank you!

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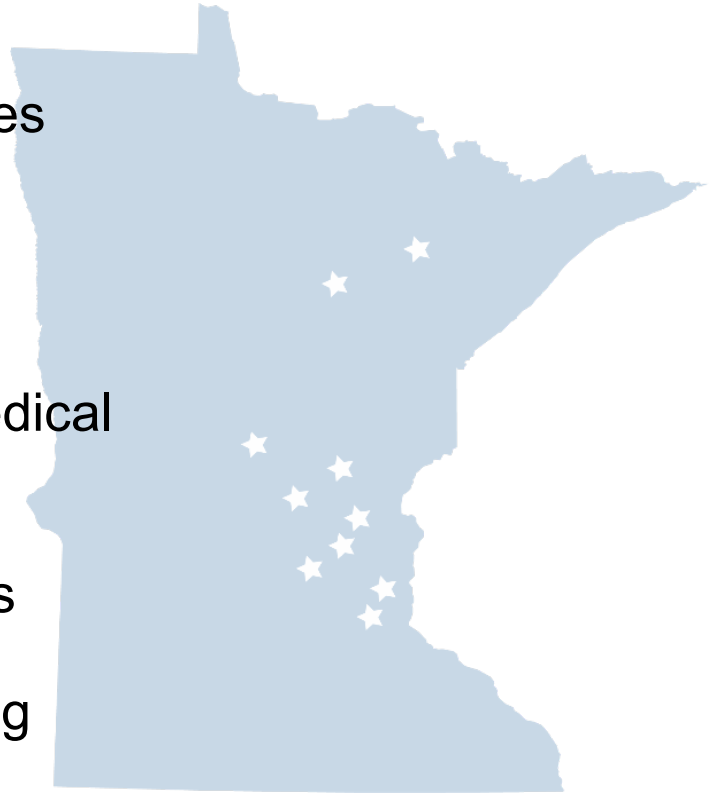
Fairview

AMANDA BRUMMEL, PHARMD, BCACP

VP, CLINICAL AMBULATORY SERVICES

Fairview Health System

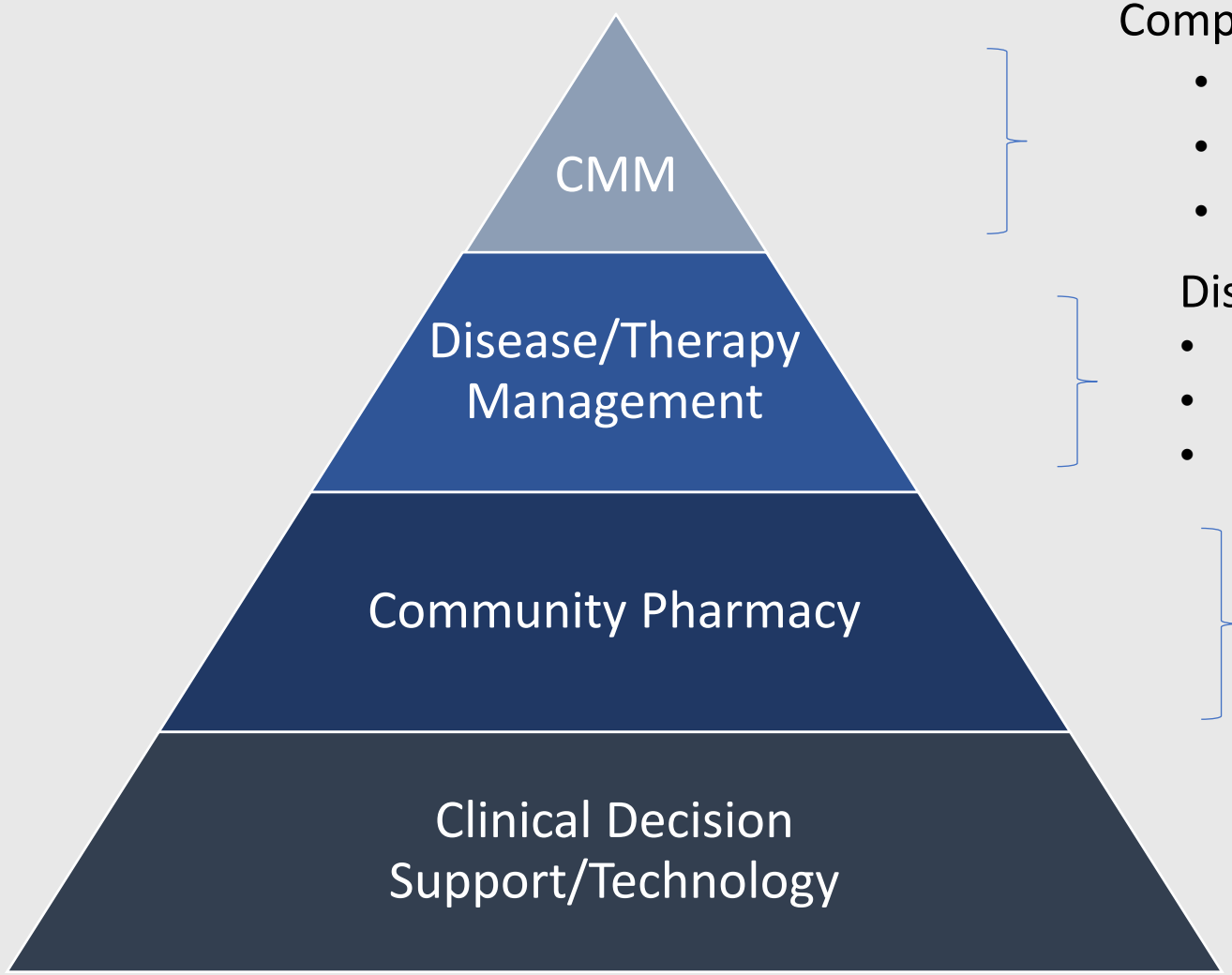
- 34,000+ employees
- 5,000 system providers
- 12 hospitals & medical centers
- 2,140 staffed beds
- 70+ senior housing



COMPREHENSIVE PHARMACY SERVICES

- Retail pharmacies (26)
- Hospital pharmacies (11)
- Specialty Pharmacy (50 states)
- Infusion services (13 states)
  - Fairview Home Infusion
  - Infusion Centers
- Medication Therapy Management (60+ clinics)
- Mail Service Pharmacy
- IntegraDose
- ClearScript (PBM)
- Fairview Pharmacy Solutions
- Compounding Pharmacy
- Central Packaging
- Long Term Care/Assisted Living Pharmacy
- Investigational Drug Pharmacy
- Anti-coagulation (30+ clinics)
- Wholesale Pharmacy
- Advanced Drug Therapy Program
- Center for Bleeding and Clotting Disorders - Clinic & Pharmacy

Our clinical pharmacy population health approach



Comprehensive Medication Management

- Multiple conditions not at goal
- High utilization/risk
- Transitions of care

Disease/Therapy Management

- Specialty medication focus
- Anticoagulation management
- Star Measures

Community Pharmacy

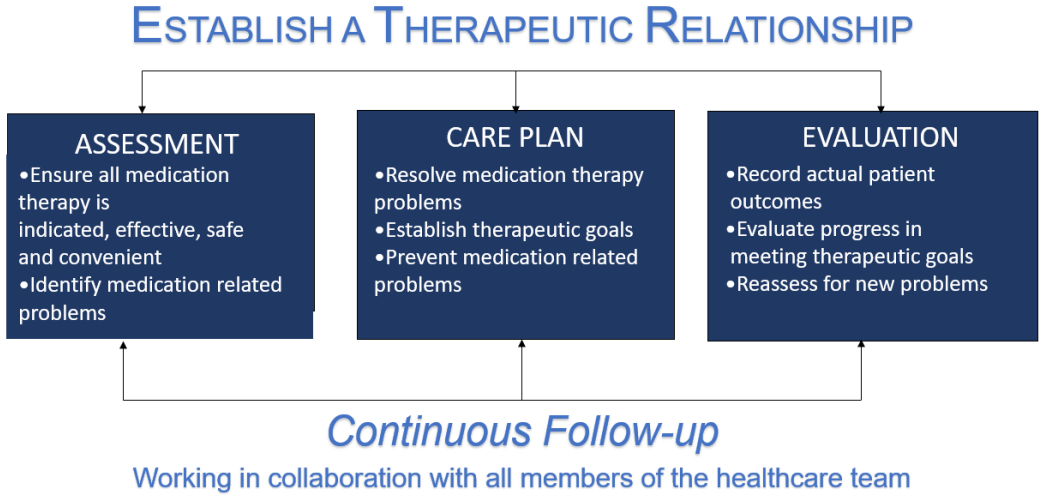
- Hypertension management
- Naloxone program
- Adherence programs
- Vaccinations

Clinical Decision Support

- Care Maps
- Antibiotic stewardship/use pathways
- Best practice alerts/health maintenance

Comprehensive Medication Management Program

Comprehensive Medication Management (CMM)



www.accp.com/cmm_care_process

MTM program developed in 1997 in partnership with the University of Minnesota College of Pharmacy

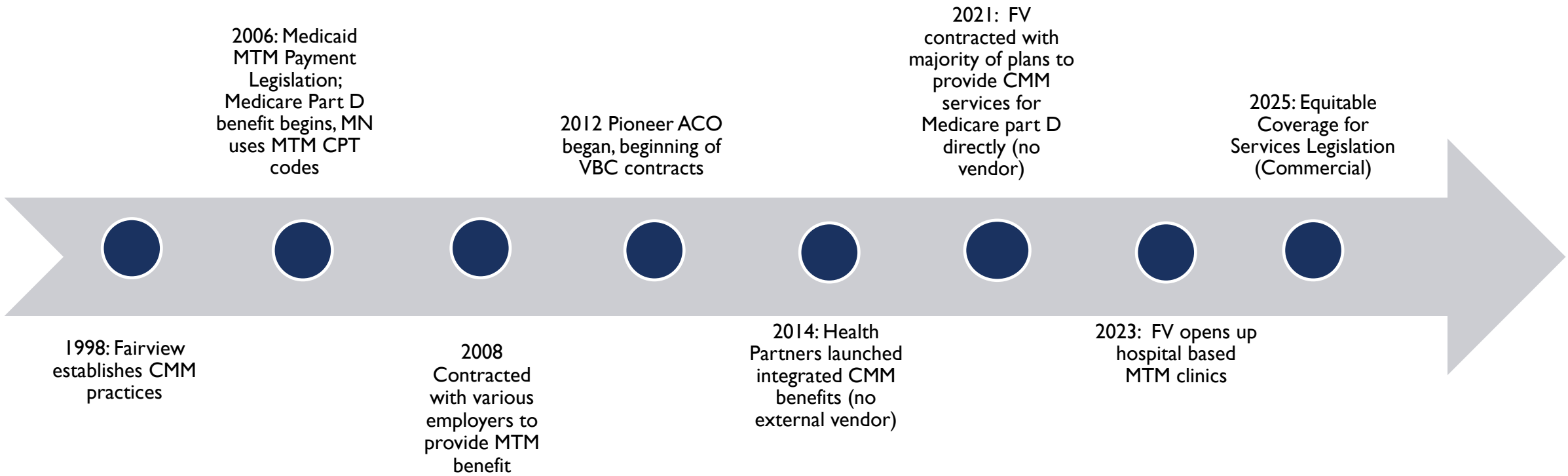
Now consists of a network of 70 pharmacists at 65 locations

- 40 primary care clinics, 25 specialty clinics (HIV/ID, Transplant/Nephrology, Pediatric Transplant, Geriatrics, Women's Health, Psychiatry, Adult and Pediatric CF, Pain Management, Neurology, Medical Weight Management, Rheumatology, Gastroenterology, Dermatology, Endocrinology, Cardiovascular, Peds Oncology)
- 4 PGY-1 residents (primary care)

25,400+ patients with 57,000+ encounters in 2024

Fairview

CMM & PAYMENT GROWTH AT FAIRVIEW



Fairview CMM Practices

CMM sites are located across the MHealth Fairview system and affiliated clinics

Each clinic site has their own patient care schedule

~600-700 patient panel per pharmacist FTE

Both in person and telemedicine visits available

Document in EHR

CPA to manage over 20+ conditions, in specialty areas CPA specific to that area

Referrals/Areas of Focus

Provider Referral

Utilize automated criteria to refer at-risk patients- Gaps in care and transitions in care

Automatic BPA when prescribing specialty medications

Health Plan referrals

Financial Infrastructure

Bill 99605-99607 codes

Credentialed/Enrolled with Health System & Health Plans for services

Fairview involved in ACO/VBC contracts with financial risk- CMM is a part of this structure

CMM business office- focuses on coding and claims submission

Evidence to Support Impact

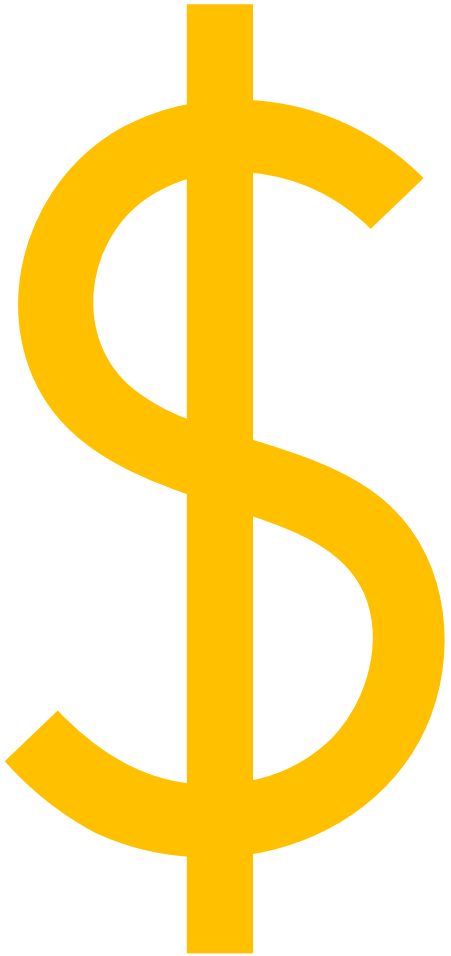
Clinical Impact	Economic Impact	Humanistic Impact
• 33% reduction in readmissions for MTM patients.[1] • Improved medication adherence for diabetes medications, statins, angiotensin-converting enzyme inhibitors (ACEIs) or angiotensin II receptor blockers (ARBs) and beta blockers. [2] • Percentage of diabetes patients optimally managed was significantly higher for MTM patients compared to non-MTM patients (21.5% vs. 45.5%, P<0.01).[3] • 70% of our CF pts had a higher MPR & a 33% reduction in hospitalizations related to exacerbations • In our BPGAP program patients with controlled BPs increased from 56% to 74% in the 3- to 6-months following enrollment[4]	• MTM showed a reduction in total annual health expenditures exceeded the cost of providing MTM services by more than 12 to 1.[5] • An employer analysis showed that for each $1 of MTM billed costs an average of $8.98 savings of total health care costs occurred. • Financial help securing prescriptions- ~122M in 2023 (excluding outpatient infusion)	• In a patient satisfaction survey, 96% of respondents agreed or strongly agreed in recommending our pharmacy services. • Focus group study identified themes of patient-perceived value of MTM[6] 1. Collaboration of the health care team 2. MTM pharmacist as an advocate 3. MTM pharmacist as a resource for questions and education 4. Accessibility to the MTM pharmacist • 87% or more of provider respondents strongly agreed or agreed that clinical pharmacist reduced their workload by working directly with patients & the care team, improved overall medication use, helped patients meet goals & quality measures, and overall helped them manage their panel of patients[7]

1. Impact of Comprehensive Medication Management on Hospital Readmission Rates. Budlong Holly, Brummel Amanda, Rhodes Adam, and Nici Hannah. Population Health Management. http://doi.org/10.1089/pop.2017.0167
2. Brummel AR, Carlson AM. Comprehensive Medication Management and Medication Adherence for Chronic Conditions. J Manag Care Spec Pharm. 2016 Jan;22(1):56-62.
3. Brummel AR, Soliman AM, Carlson AM, Ramalho de Oliveira D. Optimal Diabetes Care Outcomes Following Face-to-Face Medication Therapy Management Services. Popul Health Manag. 2013 Feb;16(1):28-34.
4. Zagel, AL, Rhodes, A, Nowak J, Brummel A. A Pharmacist-Driven Education and Intervention Program that Improves Outcomes for Hypertensive Patients. Innov Pharm. 2022;13 (2).
5. Isetts BJ, Schondelmeyer SW, Artz MB, et al. Clinical and economic outcomes of medication therapy management services: The Minnesota experience. J Am Pharm Assoc. 2008 Mar-Apr;48(2):203-11.
6. Schultz H, Westberg SM, Ramalho de Oliveira D, Brummel A. Patient-perceived value of Medication Therapy Management (MTM) services: a series of focus groups. Innov Pharm. 2012;3(4):Article 96.
7. Haag, JD et al. Effect of an Integrated Clinical Pharmacist on the Drivers of Provider Burnout in the Primary Care Setting. J Am Board Fam Med. 2021; July 553-560.

Fairview

Financial Sustainability

How do we support our services



- Fee for Service Billing (CPT codes)
- PMPM/Care Management Payments
- VBC Contracting/Quality Metric Payments
- Prescription Margins

Looking ahead we need to continue to advance…

1

Payment Sustainability

Ensuring our payment rates increase/keep up with the rate of program costs.

Increase opportunities for pharmacists to be reimbursed when providing equitable services.

Continue to advocate for changes to local & national legislation to recognize pharmacists as providers of healthcare.

2

Improved Productivity

Ensuring we have full schedules, are maximizing our time with patients,& improving practice efficiencies.

Challenging the way it has always been done (visit length, AI, etc).

3

Population Optimization

Ensure we are seeing the patients who need our care the most across our system.

Geisinger

Adriene Zook, PharmD
Manager, Ambulatory Clinical Pharmacy Programs

Geisinger Service Area

Geisinger Enterprise Pharmacy

Acute Programs

- Medication Optimization
- Multidisciplinary Team Rounds
- Emergency Bedside Response
- Antimicrobial Stewardship
- Anticoagulation Management
- Pharmacokinetics
- Medication Reconciliation
- Specialty Services (i.e. Hem/Onc, Peds)
- IV and Home Infusion
- OR

Planning, Strategy, & Analysis

- Innovation
- Project Management
- CarePaths
- Population Health
- EP Program Analysis and Evaluation
- Automation / Technology
- Data Informatics
- External Consulting

Operations & Compliance

- Medication Safety
- Corporate Compliances
- Policies and Procedures
- 340B

Ambulatory Programs

- Specialty and Primary Care Disease Mgmt.
- Centralized Clinical Pharmacy Svcs.
- Retail
- Mail Order
- Specialty
- Meds to Beds
- Pharmaco-genomics program
- Pharm. Patient Assistance

Contracting & Procurement

- Clinical focused formularies
- IDN Contracting
- IDN Procurement
- IDN Formulary

Knowledge Management

- Pharmacy Residency programs
- Student Coordination
- Staff Training Programs
- Competency Development
- Patient Education Materials / Programs
- Collaborative Practice

Managed Care

- Medication Benefit Design & Management
- Medication Utilization Management
- Medication Adherence
- Managed LDD and Specialty pharmacy network
- Treat-to-Target HEDIS metrics
- Prior Auth

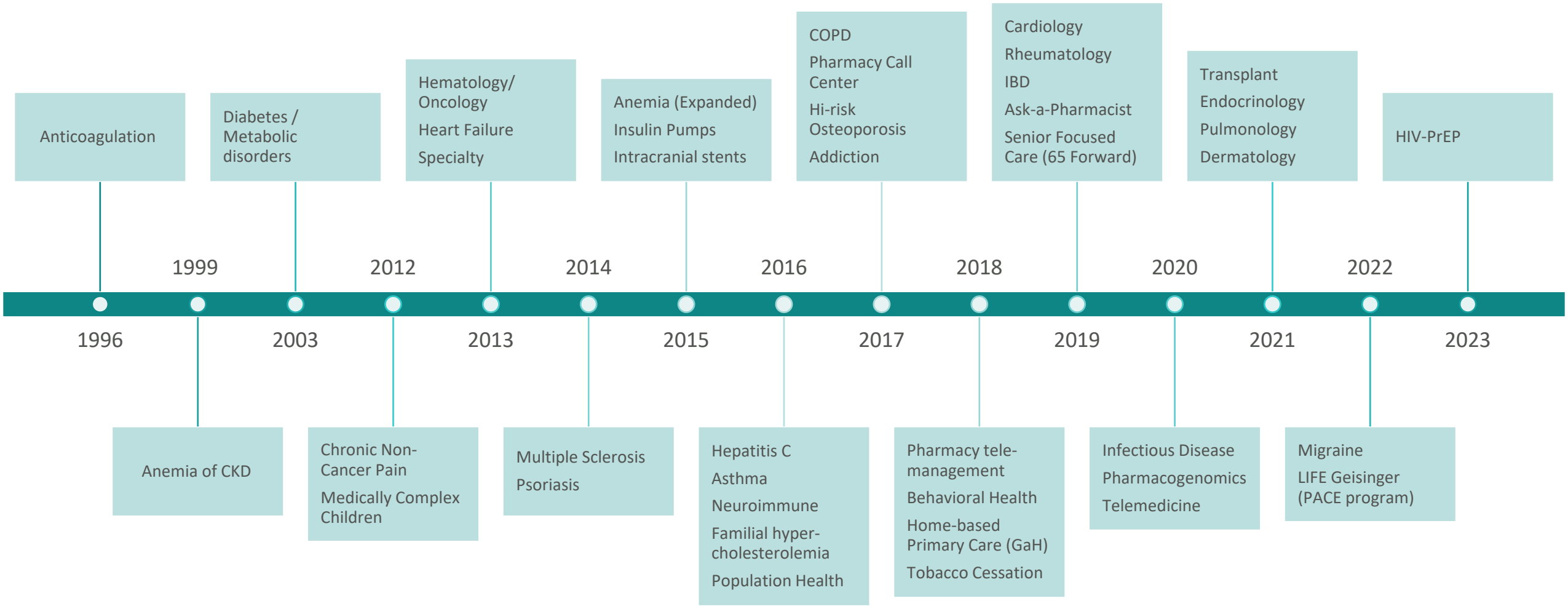
Center for Pharmacy Innovations & Outcomes

- Investigational Drug Services
- Pharmacy Research
- Pharmacy Outcome Studies
- Research Grants
- Translating Research into Practice

Pharmacy Care Coordination & Enterprise EHR

Not a building; not a pharmacy: A complete system of clinical pharmacy resources responsible for medication management systemwide. We are matrixed throughout Geisinger as a distributed pharmacy and pharmacist network who maintain the patient at the center of all we do.

MTDM: Fueled by Over 25 Years of Experience and Growth



Ambulatory Clinical Pharmacy Programs



	MTDM Primary Care	MTDM Specialty Care	Non-Traditional MTDM
Model	• Comprehensive, high-value, high-touch, longitudinal disease management	• High-value, low-moderate touch, highly specialized interventions	• Comprehensive, high-value, high-touch, hybrid of specialized interventions and disease management aimed at the geriatric and > 65 years • Specialty Services: Behavioral Health and Chronic Pain • Non-Clinical Enterprise Primary Care Expansion (Prime Med)
Diseases	• Anticoagulation, Diabetes, Insulin Pump starts and management, Hypertension, Hyperlipidemia, Chronic Pain, Migraine COPD & Asthma, Smoking Cessation, HIV Oral PrEP, AWV,	• Rheumatology, gastroenterology, neurology, cardiology, endocrinology, dermatology, pulmonology, hepatology, nephrology	• Geriatric care: Anticoagulation, Diabetes, Hypertension, Hyperlipidemia, Heart Failure*, COPD & Asthma, Osteoporosis, Smoking Cessation • Behavioral Health • Chronic Pain
Scope	• 40 pharmacists • 34 practice sties • 400-600 active patients/FTE • Average visits/month: ~11,000 (including pain and behavioral health)	• 29 pharmacists • 24 practice sties • 350-500 active patients/FTE • Average visits/month: 4,700 (in person and virtual)	• 18 pharmacists • 4 pharmacy technicians • 17 practice sties • ~775 total med recs/month completed for senior-focused programs • ~5000 visits/month senior-focused care

MTDM = Medication Therapy Disease Management

How does Geisinger Pharmacy Drive Clinical, Operational, and Financial Value?

99% SVR for HepC patients

Through 100% pharmacist management post initial visit with hepatology provider.

54% Reduction Dangerous Combination of Opioids

35% reduction in opioid usage and 54% reduction in patients on the high-risk combo of Opioid + Benzodiazepine use post 12 month of program enrollment

2.3 pt Reduction in A1c

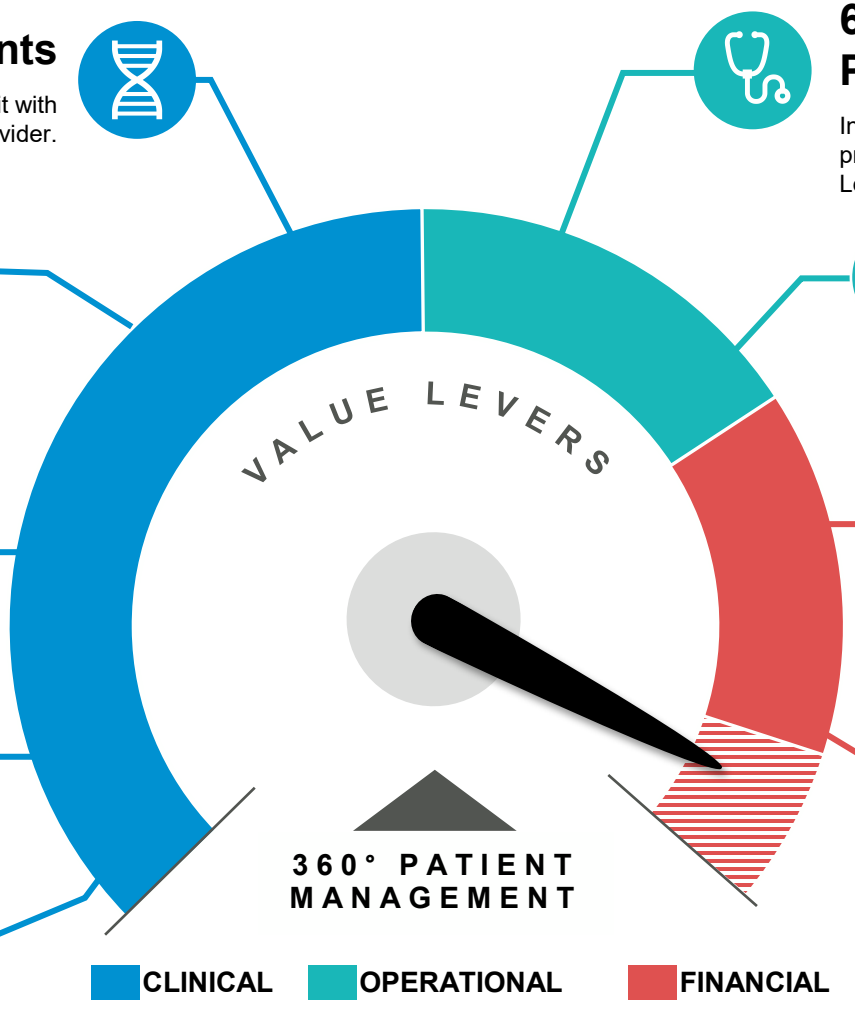
When enrolled in MTDM program with an A1c>9, average 2.3 pt reduction at 24 months.

3.1 - 4.2% Increase in PDC

Mail order increases the proportion of days covered for Medicare members on medications for Cholesterol, Diabetes, and Hypertension .

17% Mortality Reduction

Significant reduction in mortality at year 1 for Geisinger health plan diabetic patients managed by MTDM program (Publication pending)



60% Decrease In Acute DM Visits In Primary Care, 2 years post MTDM

Increase primary care access through reduced acute and regular provider visits when diabetics are managed by Geisinger Pharmacy. Less acute visits and diabetic follow-up visits

93% CMR Completion Rate

Improve from 3- to 5-Star CMS rating by internalizing CMR program (in collaboration with Geisinger health plan pharmacy and CCPS (Centralized Clinical Pharmacy Services) teams

9-12%Total PMPM Reduction Yr1 (16-23% Yr2)

Significant reduction in Geisinger health plan PMPM for diabetic patients managed by Geisinger MTDM program (Publication pending)

>$100K reduction in overall insulin costs

Pharmacists in senior focused care program (LIFE Geisinger) reduced prescription PMPM through targeted medication-focused initiatives

Key Messages for Future Growth

- Define, track, and report out clinical, operational and financial impacts
- Optimize revenue generating opportunities without losing focus on patient outcomes
- Explore and address Organizational Value Opportunities
  - Physician access needs
  - Quality scores
  - HEIDS Metrics
- Pursue opportunities for value-based agreements or payor partnerships
- Implement efficient programs by optimizing technology and targeting the right patients
- Promote and publish program outcomes
- Advocate at a state and federal level for provider status and enhanced reimbursement

Virginia Mason Franciscan Health

Laura J Hanson, Pharm D, MBA, BCPS
Virginia Mason Medical Center (VMMC)
Seattle, Washington

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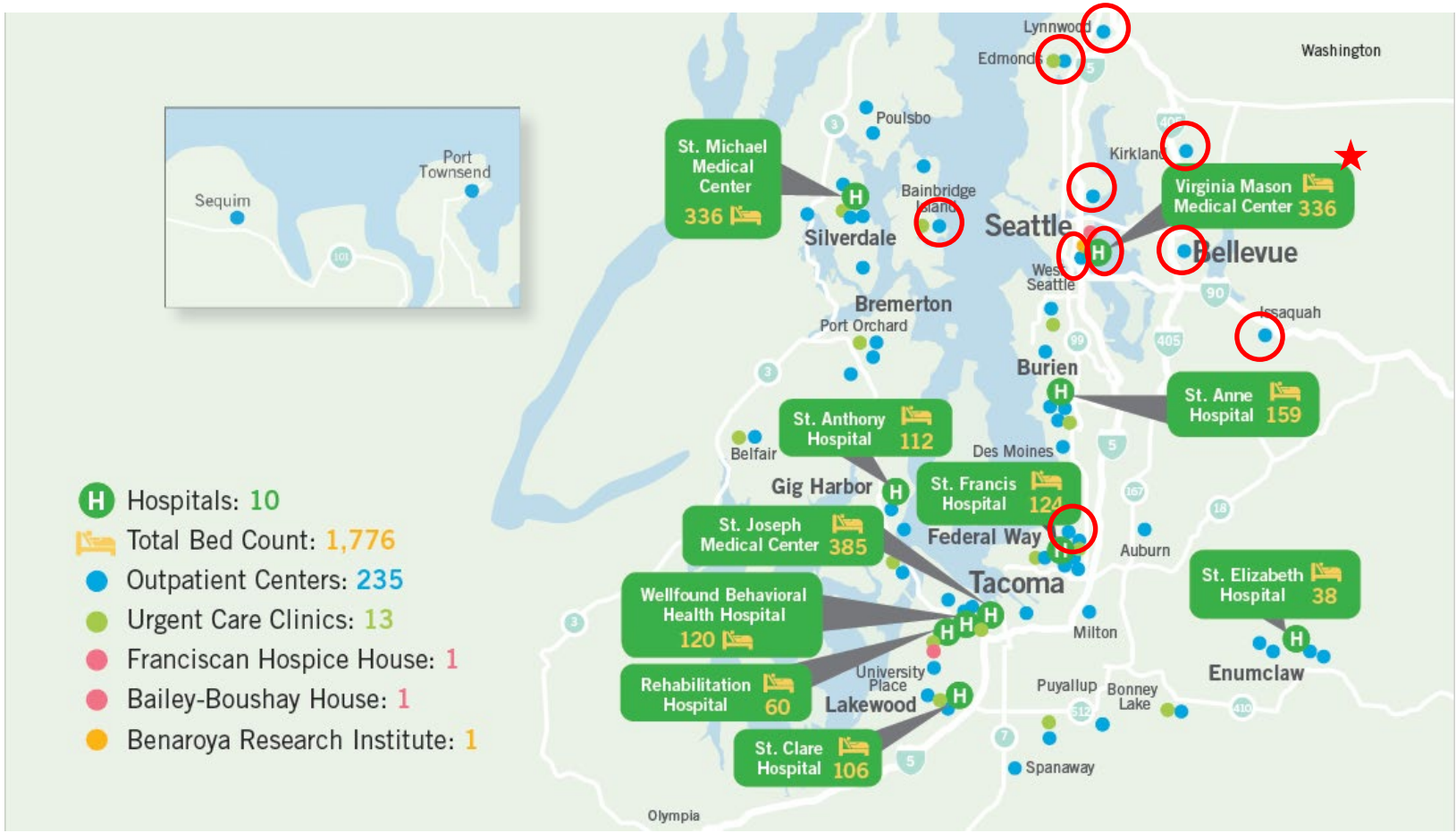
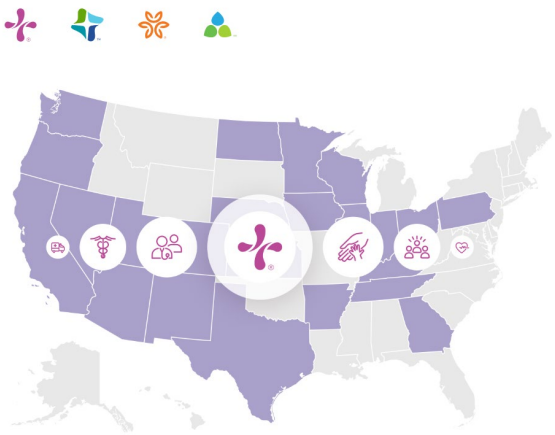
Virginia Mason Pharmacist Clinic Locations





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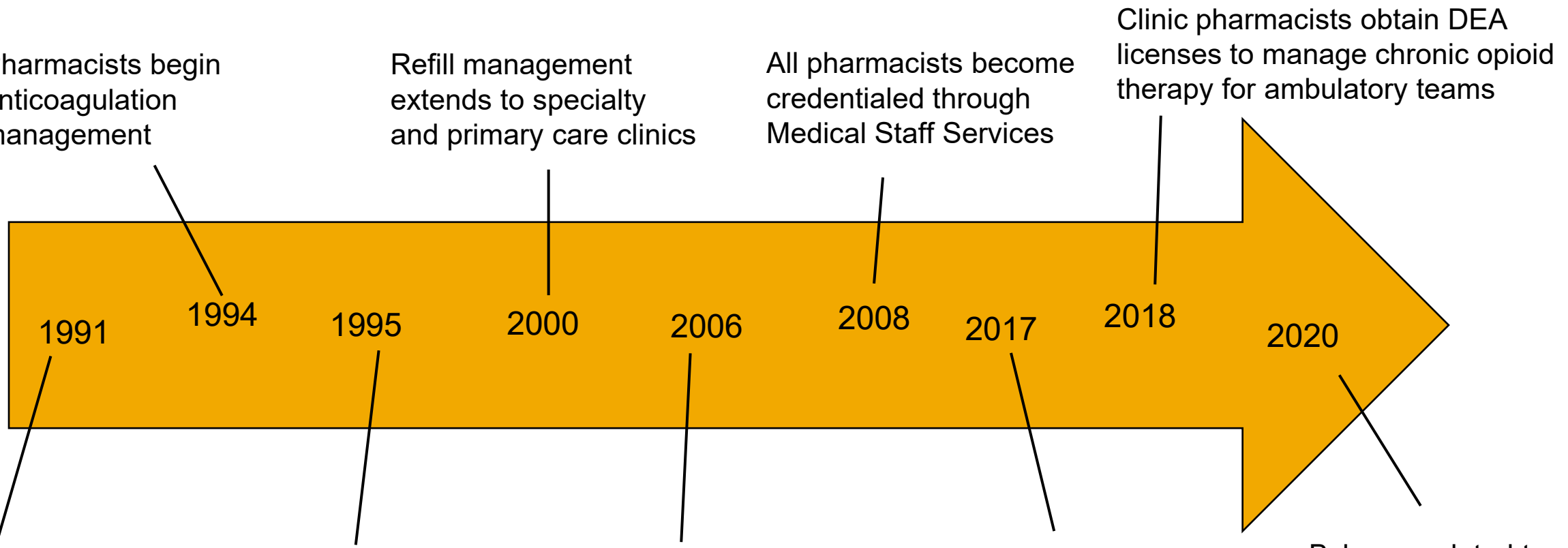
Virginia Mason Pharmacist Practice Journey



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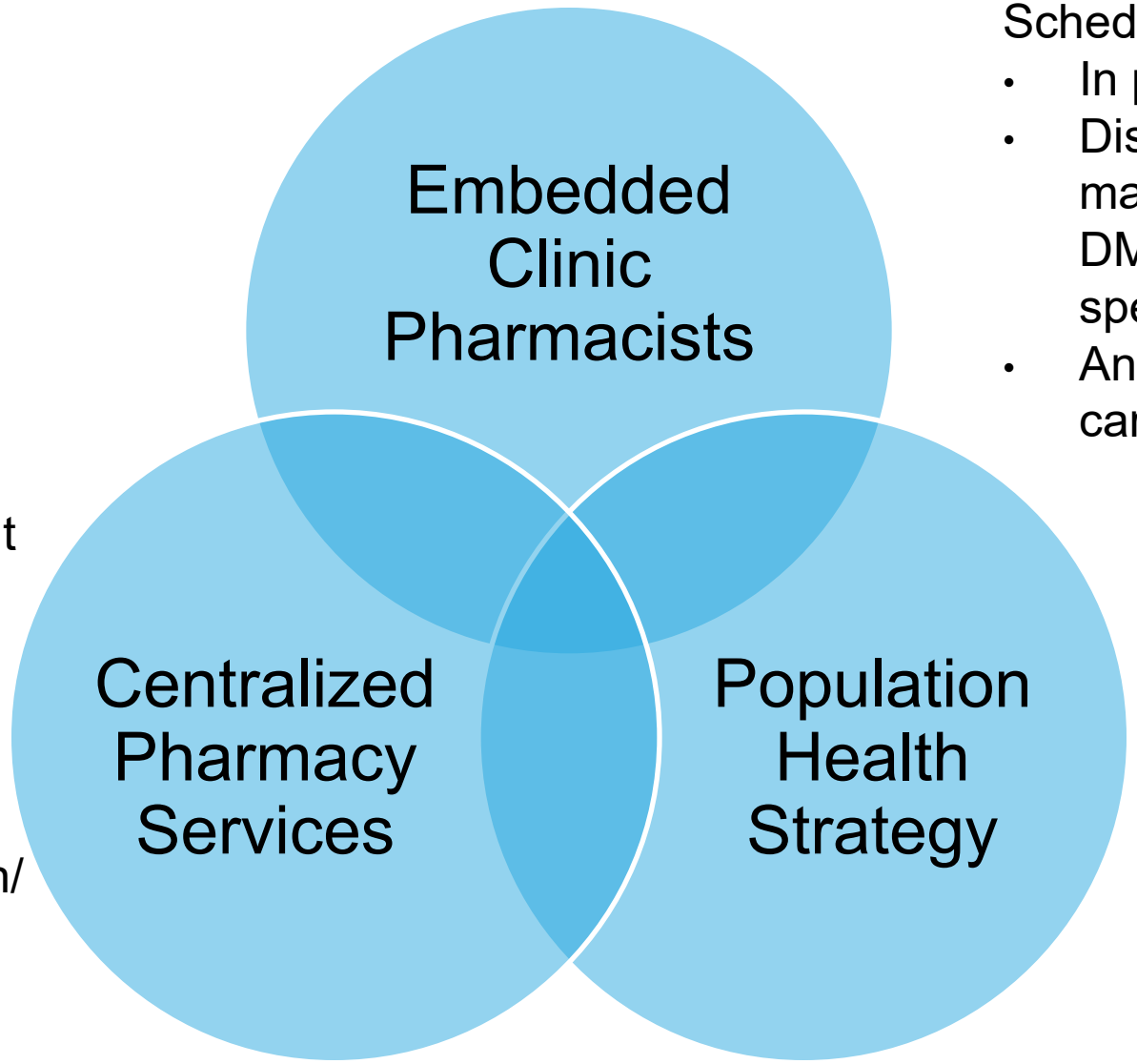
Am J Health-Syst Pharm. 2016; 73:1416-24

Virginia Mason Practice Model



Scheduled clinic visits

- In person/ televideo
- Disease state management: HTN, DM, lipids, pain, specialty specific
- Anticoag in primary care and cardiology

- Centralized pharmacist consult pool
- Phone or portal visits
- Anticoagulation management
- Refill authorization/ prior authorization

- Quality initiatives and internal dashboard review
- Payer gap reports/ star measures
- Patient & provider outreach
- Referral to clinic pharmacist

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Virginia Mason Ambulatory Pharmacy Overview

Embedded clinic pharmacists = 17 FTE

- 9 primary care & 8 specialty care clinics
- Residency trained
- Board certification required
- DEA licensure
- 2 PGY2 residents

Sustainable practice model

- ~32,000 annual visits primary care & specialty clinics
- ~$7,500,000 gross charges
- Billing method same as other clinic providers
- Budget 8-12 visits / FTE / clinic day

Centralized teams

- Clinic support= 3 pharmacists & 2 techs
- Float pharmacists = 2 pharmacists
- Refill auth/prior auth team = 14 pharmacists & 7 techs
- Population health = 1-2 days/week + learner support

Centralized clinic services annual volumes

- 60,000 inbound messages
- 3,500 anticoagulation phone visits billed
- 120,000 refill authorizations

Broad CDTA inclusive of all disease states and medications

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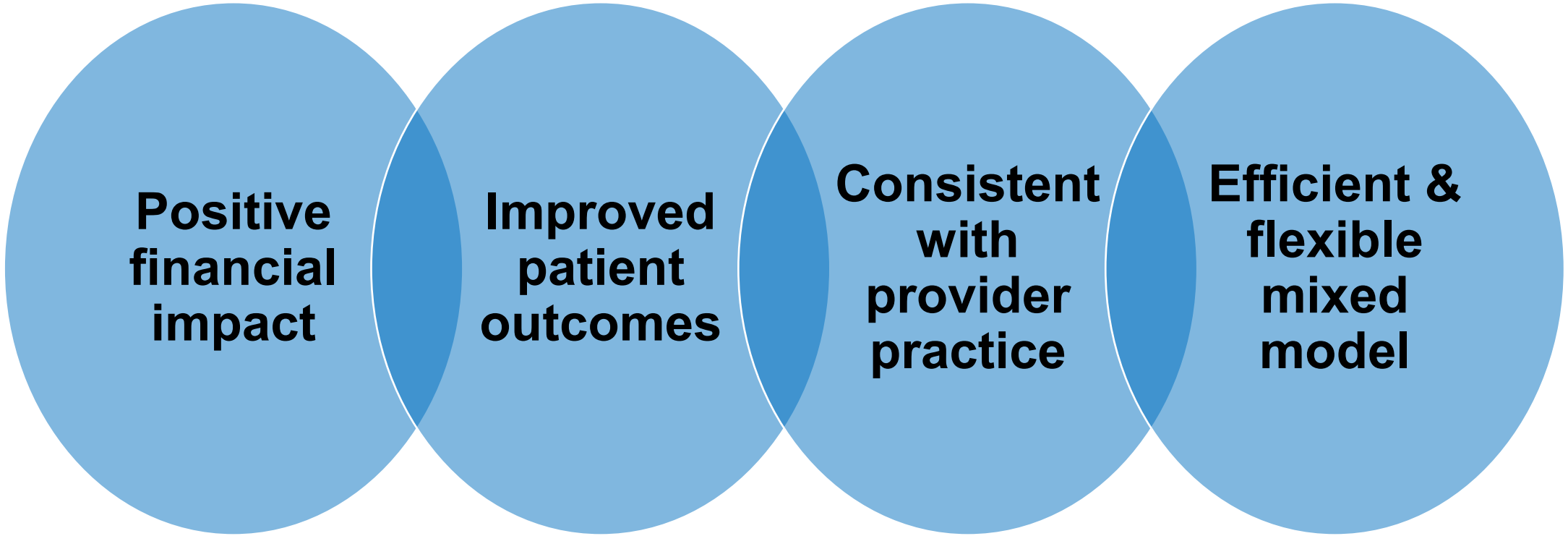
Population Health Strategy

- Pharmacist clinic management, centralized outreach
- 412K lives - value-based care opportunity

Benefits Associated with VMFH Practice Model



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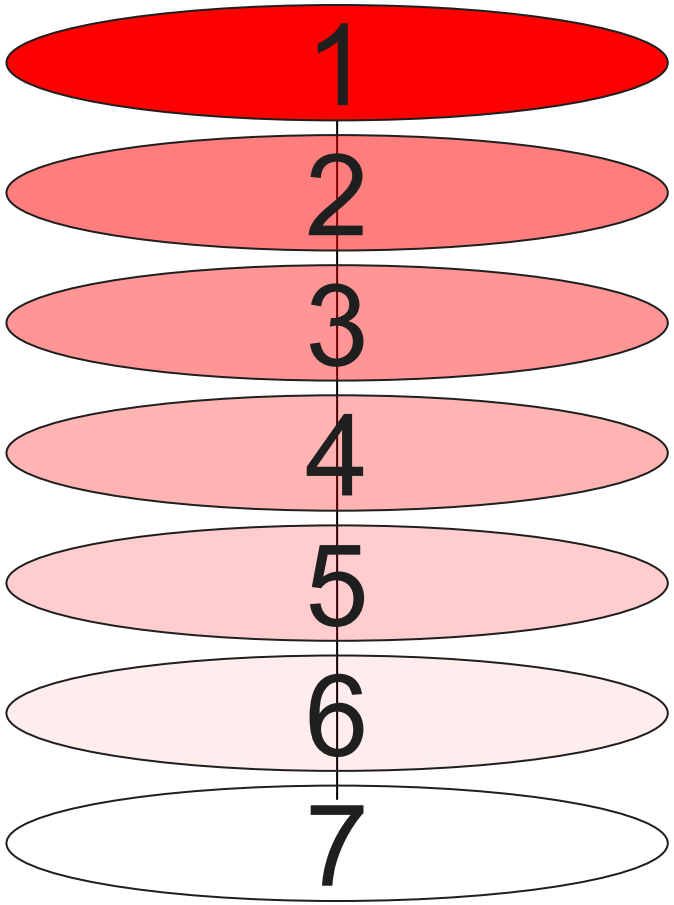
Barriers to Sustainability



1. **Limited payment** from federal plans (Medicare)
2. Increasing **healthcare costs**
3. Stagnant or decreased **reimbursement rates**
4. Changing (unfavorable) **payer mix**
5. Increased **scrutiny on ROI** after billing implemented
6. **Revenue** needed to justify support staff vs. skill alignment
7. Impact on value-based contracts **difficult to measure**

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Next Steps

Maintenance & Updates

Ongoing partnership with coding and compliance teams to identify new opportunities and maintain billing practice

1

Improved Clinic Efficiency

Improve template utilization, referral workflows, accurate scheduling, and decrease no show visits

2

Leverage support

Reimagine roles for pharmacy technicians and pharmacy learners

Focus skill task alignment

3

Strategy & opportunity

Expand centralized model to support quality initiatives

Leverage technology to identify patients not meeting care goals

4

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Community Pharmacy Practice

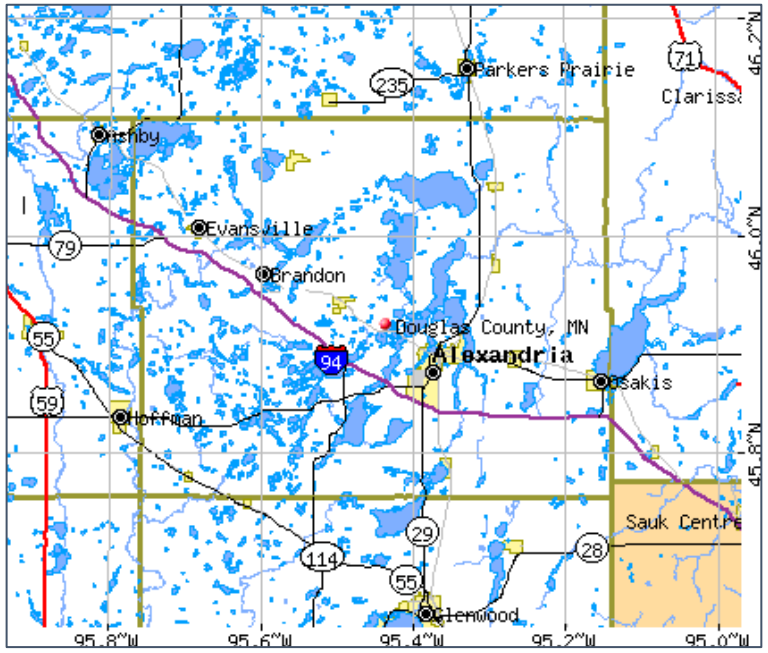
The greatest untapped and underleveraged setting of care in the health care system with unrealized potential.

Quiz.

Why are community pharmacies struggling to survive and what is getting in the way of pharmacists being successful practitioner-providers?

1. The clinical capabilities of the community pharmacist?
2. The setting of care is inopportune?
3. The business model is a mismatch with the provider model?

Minneapolis



Douglas County

The magic of surface area.

Minnesota has more shoreline than Florida, California, and Hawaii - COMBINED.

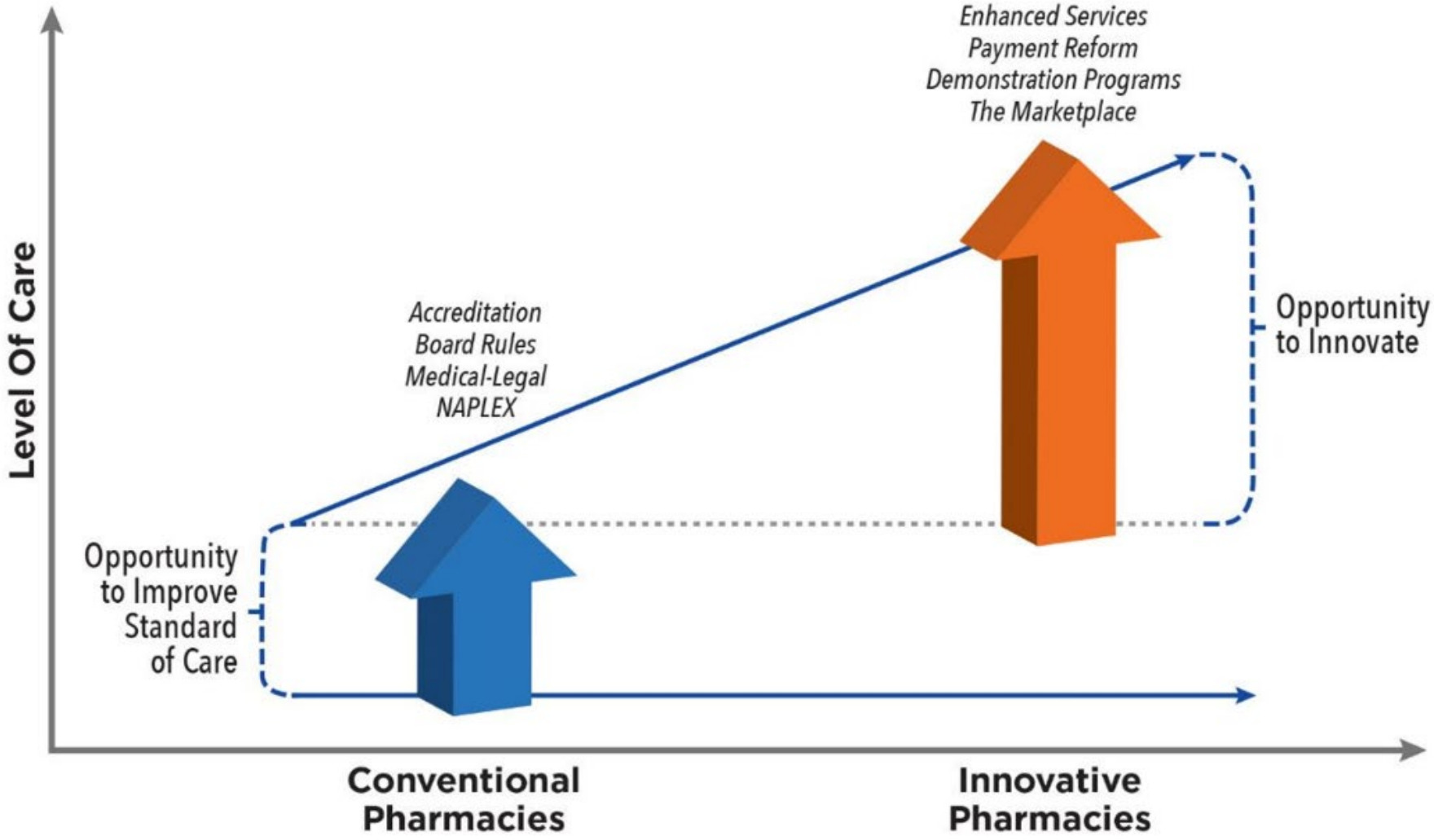
Humans have an average of 750 square feet of surface area in their lungs so they can maximize membrane exposed for oxygen transfer.

An estimated >350 million COVID interventions occurred in a Community Pharmacy over 32 months across roughly 50k community-based locations. (Feb 20 – Sept 22)

-Grabenstien JAPhA 2022 Nov-Dec

90% of all adult vaccinations now occur in a community pharmacy *-(IQVIA 2024)*

Lack of ability to differentiate impedes pharmacy evolution.



Not all pharmacist-practitioner encounters need to be the same.

Historically the only box taken to the market

Base Pharmacy

+ Meets minimum regulatory standards
+ Pills in bottles
+ Standard dispensing process
    + Drug utilization review (DUR)
    + Patient counseling (lite)
    + Other legally-mandated services

Pharmacy +

+ Vaccines
+ Medication Synchronization
+ Delivery
+ MTM: Comprehensive Medication Reviews (Medicare)
+ Adherence assessment/coaching
+ New drug therapy consultations

Pharmacy ++

+ Adherence med packaging
+ Pharmacist prescribing
+ Medication administration
+ POC testing
+ Tobacco cessation
+ At home vaccines
+ Travel vaccines/consultations
+ Medication reconciliation/transitions of care
+ GAP closures; STAR/HEDIS metric improvements
+ Care coordination
+ Behavioral health support
+ SDOH screenings
+ Care planning
+ BP, weight monitoring
+ Opioid management/naloxone

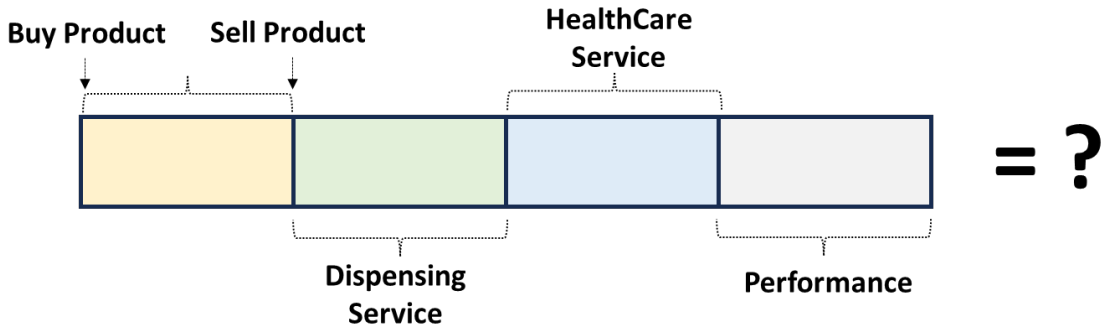
Pharmacy +++

+ Clinical home visits
+ At-risk GAP closures; STAR/HEDIS improvements
+ Lifestyle coaching/preventative care
+ Pharmacogenetic testing/counseling
+ Chronic care management
+ Remote patient/therapy monitoring
+ Primary care services such as annual wellness visits, disease state monitoring
+ Risk assessments
+ CHW Services
+ Deprescribing services
+ Condition education, counseling and management

The financials.

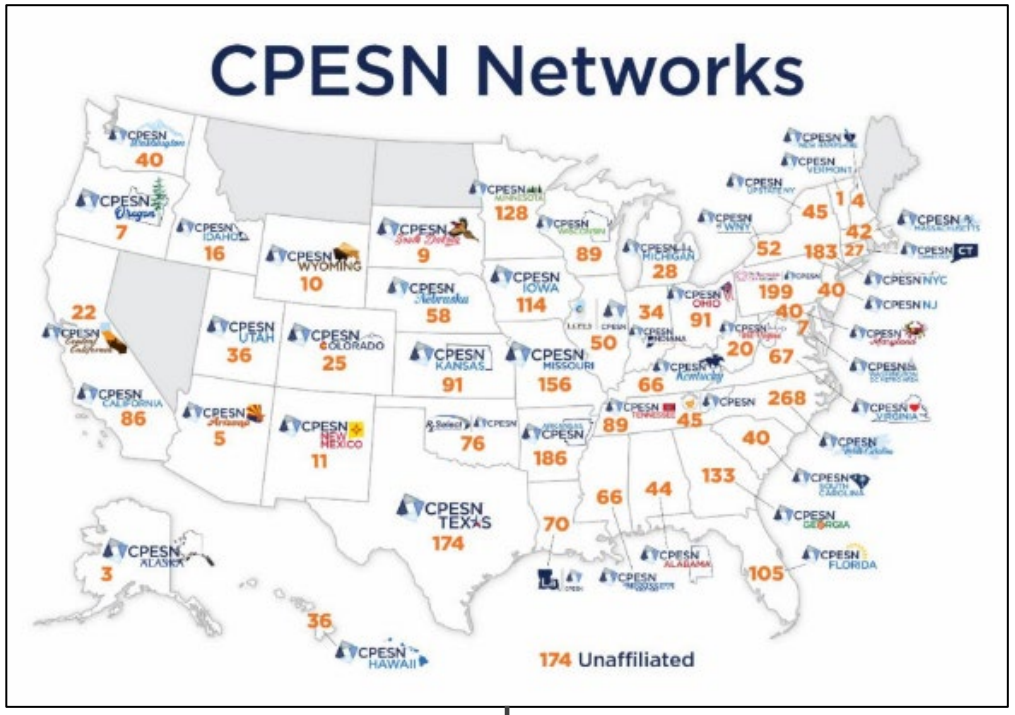
- Community pharmacies cost the system 0.86% (net COGS)
- $2-8 Billion in services opportunities (0.08-0.27%) would transition pharmacies and keep them open in short run
- A complete swap $31B for $35B would transition them in perpetuity, and more effectively incentivize outcomes

IQVIA Institute. Medicine use and spending in the US: a review of 2017 and outlook to 2022. https://www.iqvia.com/Institute/Reports/Medicine-Use-And-Spending-In-The-Us-Review-Of-2017-Outlook-To-2022. Published April 19, 2018. Assumes 3.5% inflation for 2 years after 2017.



Some combination of these four buckets must lead to a net profit.

Common program features and successes.

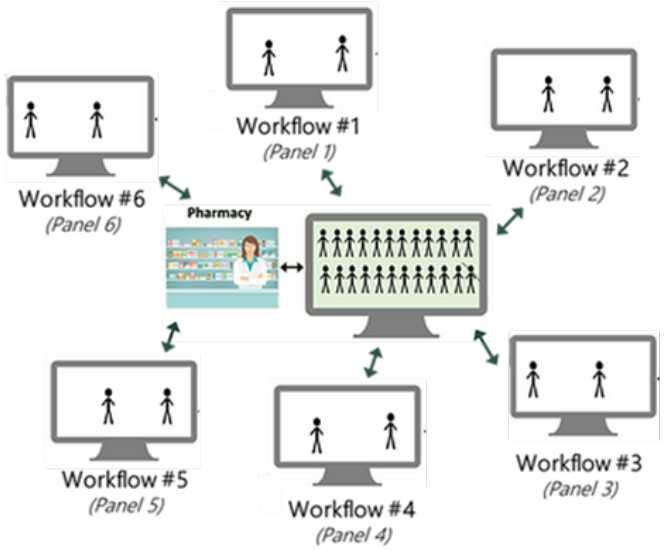


- Combination FFS and VBC/Incentives
- Document clinical findings in interoperable/sharable medium(s)
- Concomitant practice transformation efforts
- Scaled opportunities
- Management Autonomy and Buy In

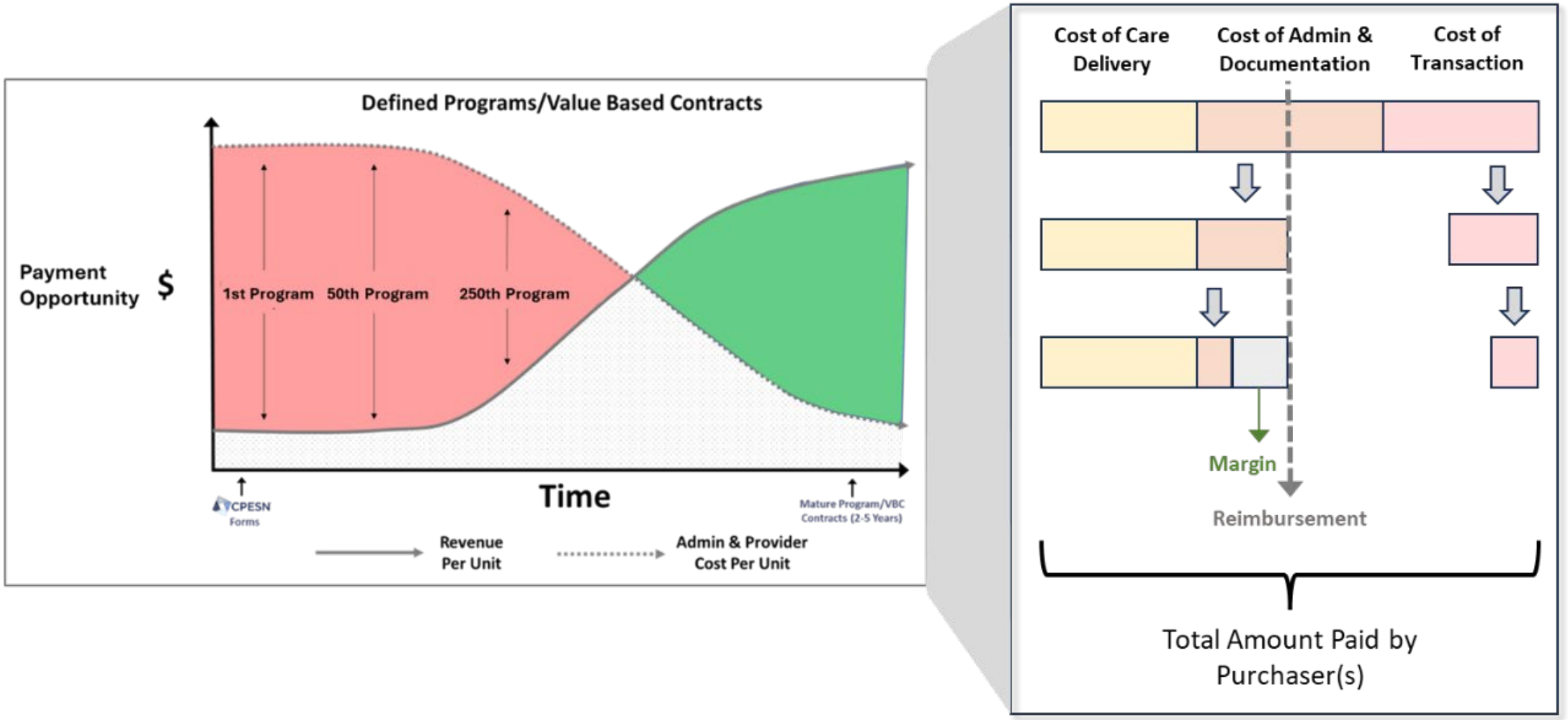
350+ programs: FFS, VBC, Gaps In Care, HEDIS, Stars (non-dispensing), HRAs, Screenings, Maternal Health Supports….

Common Barriers – Pharmacy Practice Kryptonite

- **Workflow Friction** - The biggest impediment, longest to overcome
- **Administrative Resource Consumption** - Often the pharmacist/pharmacy margin is consumed entirely by administrative cost
- **Lack of Scale** – Congrats you have 6 cases this year to work!
- **Lack of Service-Outcome Dyads** - Outcomes can come in many forms (lower blood pressures, happier patients, patients that seek/demand services) but they need to be evident
- **Lack of Clinical Training/Knowhow** - The **smallest** (and shrinking) impediment, **can be overcome most quickly**



If we are to achieve scale – lower administrative friction needed.



Don’t take it from us, take it **from the health plans themselves…**