



## **:: School District Claims Analysis ::**

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# Analysis Overview

**Date Analyzed:** January of 2020

**Dates of Service Analyzed:** September 2018 – August 2019

**Data Sources:** Claims; Member Eligibility; Nextera Zero Dollar Claims (EHR)

**Total Number of Claims:** 23,593

**PPO Direct:** 5,519

**PPO Choice:** 18,074

**Number of Active Members:** 2,344

**PPO Direct:** 754\*

**PPO Choice:** 1,590\*

\*Employees are responsible for selecting their preferred plan. Nextera Healthcare has no involvement in which plan an employee chooses.

**Number of Member Months:** 25,326 (17,299 Employee Member Months)

**PPO Direct:** 7,643 (4,343 Employee Member Months)

**PPO Choice:** 17,683 (12,956 Employee Member Months)

**Unique Members with a Claim:** 2,085

**PPO Direct:** 605 (80.2%)

**PPO Choice:** 1,480 (93.1%)

**Total Plan Paid Amount:** \$10,119,935

**PPO Direct:** \$1,668,435 (Excludes Membership Costs)

**PPO Choice:** \$8,451,500

*“Being able to see me and it costs me nothing. It helps me be more proactive about my health rather than hoping something goes away or gets better.”*

## Introduction

We at KPI Ninja, a healthcare analytics firm, have provided this case study report to help quantify the return on investment value of School District employee health plan utilizing local Direct Primary Care (DPC) services from Nextera Healthcare. In the DPC model, Nextera patients can email, text, video chat, or call their physician with care needs at any time; or schedule same or next day appointments as needed. Instead of providing reactive care, DPC clinics focus on proactive, preventative care, while building relationships and trust with patients. For example, Nextera Healthcare's primary care services include but are not limited to:

Acute and Chronic Disease Management	Weight Management
Allergy Testing and Treatment	Women's Health
General Dermatology	Well Checks for Infants and Children
Mental Health and Stress Management	Same Day Urgent Care Visits
School, Sports and Workplace Physicals	On-site Workplace Patient Education Sessions
Treatment of Sprains, Lacerations, and Broken Bones	Sleep Assessment

4 | Direct Primary Care is the fastest growing model of primary care innovation across the country. Over the past few years, we have seen DPC grow from 273 clinics in 2015, to 1,229 in January of 2020. Further fuel to the flame continues to come from state and federal policy support, and large employers hiring physicians to care for their employees. We believe this national model has grown so rapidly for five primary reasons:

1. Improved patient access to care
2. Improved quality of care
3. Improved physician/provider satisfaction
4. Improved patient satisfaction
5. Significant reduction in cost of care

Here at KPI Ninja, we have built a team of experienced professionals in clinical knowledge, public health, healthcare analytics, data modeling, academic research and software development to help study the DPC model and tell its story through data. Specifically, this analysis marries School District historical claims data with Nextera Healthcare patient health records and telehealth data from the most recent 12 months of data, September 1, 2018 – August 31, 2019. We allowed for a standard industry practice of 3 - 4 months claims run off.

A list of our publicly available case studies can be found at: <https://www.kpininja.com/case-studies.html>

***“Same day appointment. Very friendly physician. Great visit.”***



## Population Demographics

Gender	PPO Direct			PPO Choice		
	Active Members	Members with a Claim	Plan Paid Amounts	Active Members	Members with a Claim	Plan Paid Amounts
<b>Female</b>	463	401	\$968,964	1,083	1,047	3,958,029
<b>Male</b>	291	204	\$699,470	507	433	4,493,471

Gender	PPO Direct			PPO Choice		
	Active Members	Members with a Claim	Plan Paid Amounts	Active Members	Members with a Claim	Plan Paid Amounts
<b>0-14</b>	174	145	133,857	212	227	2,110,511
<b>15-24</b>	114	79	90,143	155	138	324,993
<b>25-34</b>	91	66	165,407	201	170	589,438
<b>35-44</b>	136	109	277,068	303	273	1,166,031
<b>45-54</b>	143	116	281,511	387	359	1,345,516
<b>55-64</b>	87	81	393,736	276	263	2,582,111
<b>65+</b>	9	9	326,712	56	50	332,900

*“My doctor was attentive and wonderful. I loved that she is super available and knowledgeable.”*

# School District Health Plan Premiums

## PPO Direct Care

Plan	Employee Share	District Share	Total Monthly Premium	% of Premium Spent on Nextera
Employee Only	\$15.00	\$775.61	\$790.61	11.6%
Employee and Spouse	\$536.95	\$1,051.49	\$1,588.44	9.7%
Employee and Child(ren)	\$381.48	\$1,051.49	\$1,432.97	11.9%
Employees and Family	\$1,100.84	\$1,051.49	\$2,152.33	10.8%

## PPO Choice Plus

Plan	Employee Share	District Share	District HRA Contribution	Monthly Total
Employee Only	\$15.00	\$754.85	\$53.13	\$822.98
Employee and Spouse	\$677.76	\$869.49	\$106.25	\$1,653.50
Employee and Child(ren)	\$515.91	\$869.49	\$106.25	\$1,491.65
Employees and Family	\$1,264.73	\$869.49	\$106.25	\$2,240.47

## Total Premium

Plan	Total Monthly Direct Care Premium	Total Monthly Choice Plus Premium	Difference
Employee Only	\$790.61	\$822.98	\$32.37 (3.9%)
Employee and Spouse	\$1,588.44	\$1,653.50	\$65.06 (3.9%)
Employee and Child(ren)	\$1,432.97	\$1,491.65	\$58.68 (3.9%)
Employees and Family	\$2,152.33	\$2,240.47	\$88.14 (3.9%)

\*PPO Direct Care premiums cost 3.9% less per employee plan compared to PPO Choice Plus premiums.

## Member Deductible and Out-of-Pocket Spend

Member Deductible	PPO Direct		PPO Choice	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Individual	\$2,000	\$4,000	\$2,000	\$4,000
Family	\$4,000	\$8,000	\$4,000	\$8,000
Maximum Member Out of Pocket Spend	PPO Direct		PPO Choice	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Individual	\$4,000	\$8,000	\$4,000	\$8,000
Family	\$8,000	\$16,000	\$8,000	\$16,000



## Population Risk Measurement

The Johns Hopkins ACG® System is a statistically valid, case-mix methodology that allows healthcare providers and organizations to describe or predict a population's past or future healthcare utilization and costs. It is also widely used by researchers and analysts to compare various patient populations' prior health resource use, while considering morbidity or illness burden. The ACG System was used to characterize population risk from the same 12-month timeframe from 2018 through 2019 for clients that were covered by employer-provided benefit plans, PPO Choice and PPO Direct. While morbidity patterns and population risk factors varied (please see Table 1), there was no significant difference between the overall risk profile of the PPO Direct population with an unscaled ACG concurrent risk of 0.385 and the PPO Direct population with an unscaled ACG concurrent risk of 0.358. For further details regarding the distribution, please see Table 1 which illustrates six, aggregate categories for persons expected to require similar levels of health care resources.

Table 1

*Risk Scores and Morbidity Characteristics for PPO Choice and PPO Direct*

Population Risk Factors	PPO Choice	PPO Direct
1+ Hospital Dominant Morbidities	2.26%	3.11%
Frailty Condition	0.59%	0.41%
1+ Chronic Condition(s)	35.07%	32.99%
Psychosocial Condition	11.17%	9.75%
Discretionary Condition	8.43%	8.09%
High Risk of Hospitalization	0.05%	0.00%

### Overall Population Risk Measurement

PPO Choice	PPO Direct
0.385	0.358

**Risk Score Measurement Conclusion:** The PPO Choice plan is slightly higher risk; however, the difference between the two populations is not significant. According to risk measurement results and interpretation, the two populations are comparable.

# Health Plan Cost Metrics

## PPO Direct Nextera Healthcare Membership Cost Breakdown

Coverage Tier	Monthly Membership Cost	# of Employees	Total Monthly Cost	Total Annual Cost
Employee Only	\$92	271	\$24,932	\$299,184
Employee + Spouse	\$154	24	\$3,696	\$44,352
Employee + Child(ren)	\$170	117	\$19,890	\$238,680
Employee + Family	\$232	18	\$4,176	\$50,112
<b>Total</b>		<b>430</b>	<b>\$52,694</b>	<b>\$632,328</b>

## Health Plan Cost Comparisons

To better normalize and compare cost data between the two plans, we are providing two charts. The first captures all costs. The second removes high cost outliers. For example, a \$1 million claim would heavily skew any cost comparisons. Between the two plans, 0.4% of outlier patients attributed for 35% of the PPO Direct plan total spend. In the PPO Choice plan, 0.5% of outlier patients attributed for 43% of total spend.

### Plan Costs Prior to High Cost Outlier Removal

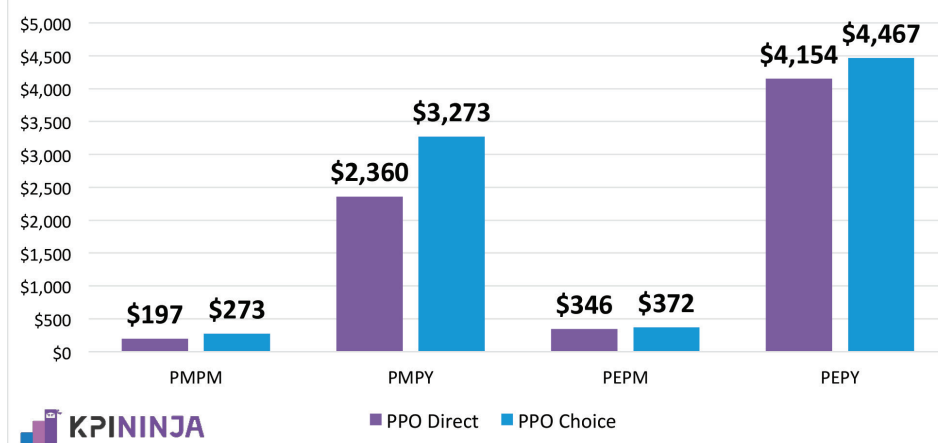
Plan	Per Member Per Month Cost	Per Member Per Year	Per Employee Per Month Cost	Per Employee Per Year Cost
PPO Direct	\$301	\$3,612	\$530	\$6,357
PPO Choice	\$478	\$5,735	\$652	\$7,828
<b>Cost Difference</b>	<b>\$177 PMPM</b>	<b>\$2,123 PMPY</b>	<b>\$122 PEPM</b>	<b>\$1,470 PEY</b>

### Plan Costs After High Cost Outlier Removal

Plan	Per Member Per Month Cost	Per Member Per Year	Per Employee Per Month Cost	Per Employee Per Year Cost
PPO Direct	\$197	\$2,360	\$346	\$4,154
PPO Choice	\$273	\$3,273	\$372	\$4,467
<b>Cost Difference</b>	<b>\$76 PMPM</b>	<b>\$913 PMPY</b>	<b>\$26 PEPM</b>	<b>\$313 PEY</b>

\* Multiplying the total PPO Direct Member Months by a difference of \$76 PMPM equals a potential cost reduction of \$580,868. This DPC cost savings is not precise due to data limitations and potential multi-causal factors.

### School District Plan Cost Comparison



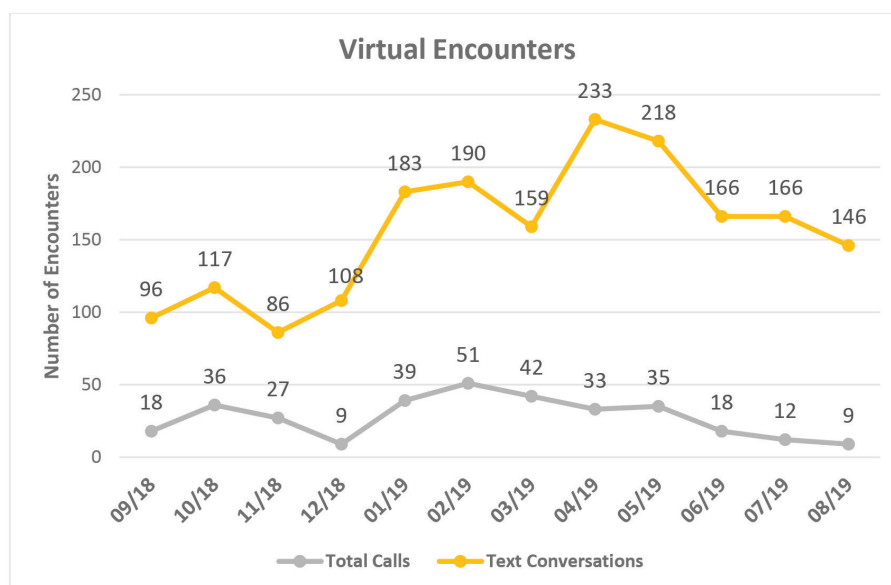


# Healthcare Utilization

## Nextera Telehealth Utilization:

In addition to being able to see their physician in-office for same-day or next-day visits, Nextera Healthcare members also have unlimited and immediate access to telehealth services. Nextera members are able to interact with care teams and clinicians via secure text, photo messaging, phone calls and video chat. All of which is included in the membership subscription at no additional cost. This allows patients to communicate and access medical guidance on their terms; when they need it and from where they need it. Examples of how this telehealth application is used include:

- Communicating with patients with urgent symptoms including fever or ankle sprain, and sending appropriate prescriptions to nearby pharmacy
- Directing patients to appropriate level of care for emergent needs
- Continuous disease management, for example, by routine check ins for blood pressure, blood glucose monitoring, lifestyle habits and care plan adherence
- For follow-up care related to serious health events performed from surgeries, ED visits and hospital admissions
- Remote coordination of ongoing care

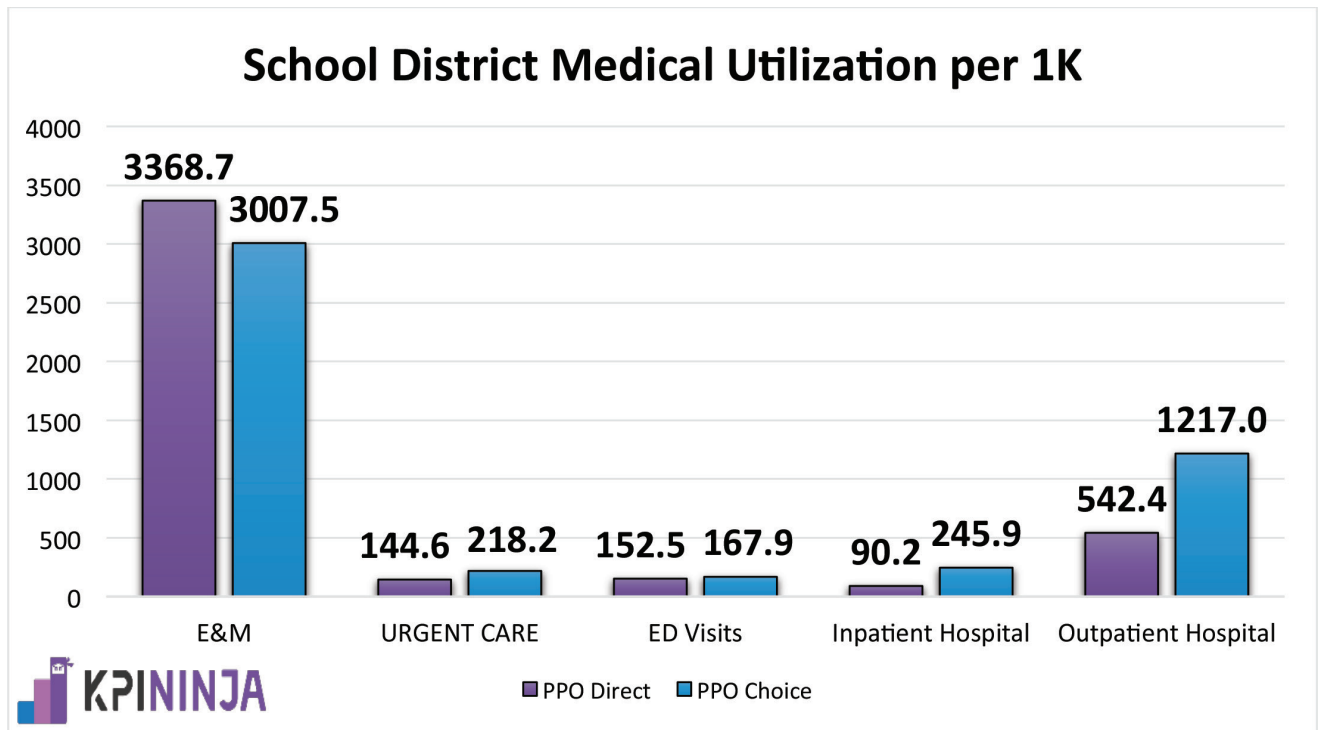


- Total Calls includes both incoming and outgoing calls between Nextera Healthcare and this patient population
- Because text conversations may have multiple text messages back and forth, we define “Text Conversations” as a series of messages between a patient and their care team within a 24 hour time frame

It’s also important to note that telehealth provides Nextera patients with extended virtual care access outside of normal clinical hours. The following chart details the percentage breakdown of communications happening inside of business (Monday-Friday 8am-5pm) compared to outside of business hours (Monday-Friday 5pm-8am and weekends).

	Business Hours	Non-Business Hours
<b>Text Usage</b>	73%	27%
<b>Voice Usage</b>	83%	17%

## Medical Utilization:



Service Type	PPO Direct			PPO Choice			PMPY Difference
	Claim Count	Total Paid	PMPY	Claim Count	Total Paid	PMPY	
E&M	2,540*	\$90,940	\$219	4,782	\$515,446	\$440	\$221
ED Visits	266	\$202,087	\$2,477	674	\$560,492	\$3,489	\$1,012
Outpatient Hospital	709	\$455,244	\$2,566	3,077	\$2,250,429	\$3,639	\$1,073
Inpatient Hospital	107	\$436,738	\$21,928	581	\$3,251,698	\$65,361	\$43,433

Note: This chart shows: of patients with an ED Visit throughout the 12 month period, what was the average cost of those services. Not only did Nextera patients have significantly less outpatient utilization, their spend was significantly less per patient. Which may indicate that Nextera both lowered the need for outside care, but also the severity of care needs in outside care settings.

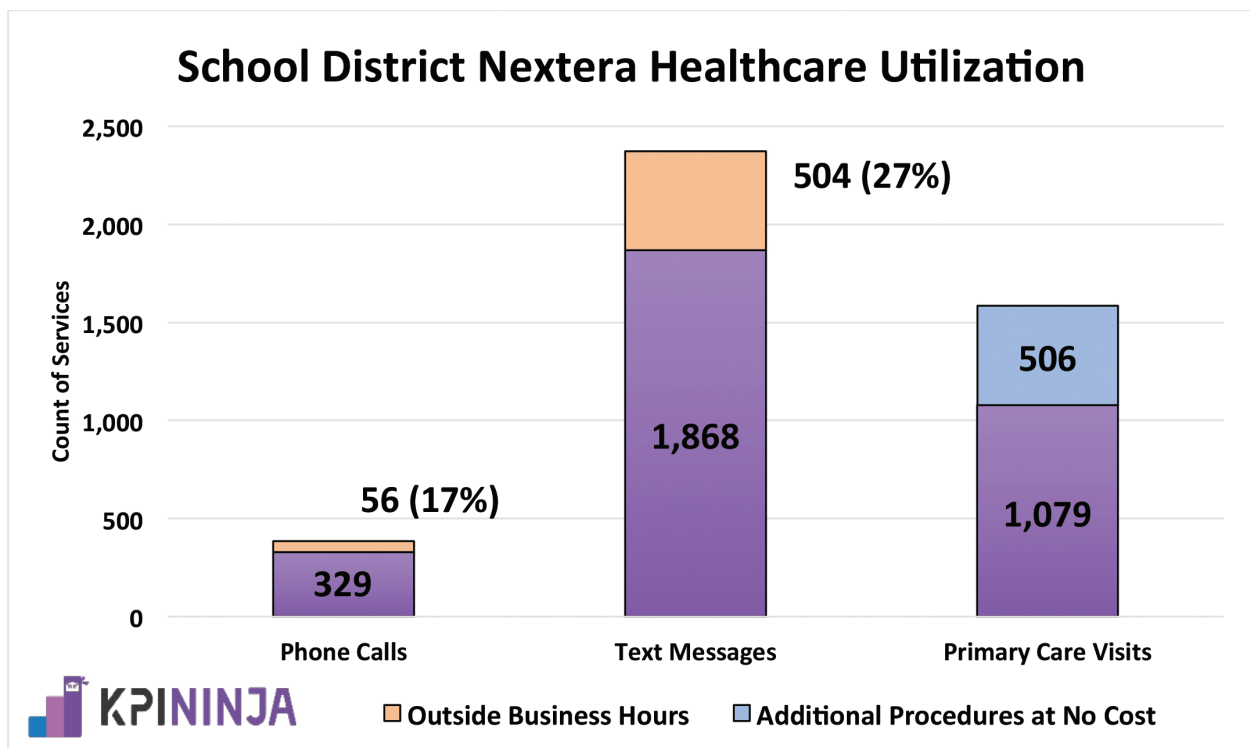
## Healthcare Utilization Summary:

School District members under the PPO Direct plan accessed significantly more primary, preventative care, including:

- 329 phone calls. 17% of these calls were outside normal business hours
- 1,868 text message encounters. 27% of these encounters were outside normal business hours
- 1,079 primary care visits at no additional cost
- 506 medical procedures at no additional cost

By providing more primary care, Nextera is able to focus more energy towards improving health outcomes, servicing patient needs and providing medical and lifestyle education. Based off of our assessment of access and utilization data, we believe this additional service of high-quality primary care provided by Nextera helped reduce downstream utilization in higher cost categories, such as Urgent Care, Inpatient Admissions and Outpatient care. One such example is via chronic conditions. By spending more time with patients, establishing relationships and allowing easy check-ins via telehealth, Nextera is able to better manage chronic conditions, as discussed in the following section.

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## Chronic Conditions\*

Chronic Condition	PPO Direct				PPO Choice				PMPY Difference
	Patients With Claim	# of Claims	Total Paid Amount	PMPY	Patients	# of Claims	Total Paid Amount	PMPY	
Ischemic Heart Disease	6	19	\$14,203	\$2,367	13	61	\$87,329	\$6,718	\$4,350
Stroke	0	0	\$0	\$0	3	18	\$10,605	\$3,535	\$3,535
Diabetes	17	81	\$8,929	\$525	53	294	\$95,484	\$1,802	\$1,276
Hypertension	35	78	\$7,350	\$210	118	299	\$170,842	\$1,448	\$1,238
RA/OA	22	75	\$27,170	\$1,235	106	379	\$205,887	\$1,942	\$707
Asthma	24	31	\$2,523	\$105	63	124	\$44,042	\$699	\$594
Cataract	7	8	\$641	\$92	35	75	\$20,123	\$575	\$483
Osteoporosis	0	0	\$0	\$0	8	23	\$3,763	\$470	\$470
Hyperlipidemia	27	43	\$2,179	\$81	113	232	\$40,539	\$359	\$278
Glaucoma	12	16	\$693	\$58	35	56	\$8,406	\$240	\$182
Depression	45	236	\$26,432	\$587	95	454	\$50,250	\$529	-\$58
COPD	6	8	\$5,178	\$863	30	84	\$15,209	\$507	-\$356
Chronic Kidney Disease	6	15	\$11,508	\$1,918	18	55	\$27,516	\$1,529	-\$389
Obesity	12	24	\$11,042	\$920	43	73	\$22,061	\$513	-\$407
Acquired Hypothyroidism	36	58	\$24,106	\$670	110	250	\$23,881	\$217	-\$453
Anemia	9	29	\$43,624	\$4,847	25	97	\$105,334	\$4,213	-\$634

\*In the Chronic Conditions table, we have a data limitation measuring cost as we do not have pharmaceutical spend. Drug spend for many of these conditions will increase cost significantly for each condition. We again believe Nextera Healthcare is able to save money on pharmaceuticals.

*“Great people, quick appointment availability and zero wait time in the office”*

## Chronic Conditions Summary:

First and foremost, providing unlimited access to primary care via office visits and telehealth to patients is paramount to diagnosing and managing chronic conditions. Under the Nextera plan, this access comes at zero cost to the member. This removes individual financial barriers often seen in traditional insurance coverage. Second, once a relationship is established, Nextera is able to utilize telemedicine for ongoing management of chronic conditions. For example, patients routinely send blood pressure recordings via text, allowing Nextera care teams to monitor, dose adjust medications, discuss lifestyle changes and provide patient education in a more real time manner without the patient leaving their home or workplace. Under traditional primary care access, these same services would typically require a co-pay or co-insurance bill and potentially weeks of waiting, providing patients incentive to delay receiving potentially needed care.

Although we cannot say if Nextera definitively prevented any strokes, heart attacks, or other emergent health concerns, by allowing at-risk patients to routinely check in at no cost or inconvenience to their daily life, we believe Nextera is better able to monitor, mitigate and prevent these frightening, life altering occurrences. Similarly, we believe by allowing more access to primary care and spending more time on lifestyle and prevention, Nextera is able to lower routine maintenance costs for conditions such as diabetes. Since we did not have access to pharmaceutical data, we were unable to fully quantify savings around chronic condition management.

## Pharmacy

We did not receive pharmacy data. This is a significant data limitation of our study. Pharmacy data would add an additional 10 – 25% (\$1 – \$2.5 million) in total health plan spend across both cohort populations. Based on our research with other Direct Primary Care clinics across the country, we see significant opportunity for Nextera to help save money on drug spend, both to the health plan and to the individual member.

There are two ways in which DPC's help lower pharmaceutical costs.

1. By directly identifying and using lower cost medications. Providing these medications at a lower markup compared to PBM's and retail pharmacies.
2. By providing proactive, preventative care, continued research shows this leads to better patient health outcomes. In theory, reducing a patient's reliance on medication for treatment.

The primary goal of Nextera is to do what is most medically appropriate, affordable and convenient for the individual patient. Nextera works to provide lower cost medications, when applicable, compared to the School District PPO plan Pharmacy Benefit Manager (PBM); however, patients are still able to utilize the PBM when these prices are more affordable. Nextera has an in-house pharmacy which purchases prepackaged medications at wholesale prices, selling these at cost to the patients at the point of care. Additionally, Nextera helps patients scan applications such as GoodRx to identify potential lower cost options compared to their PBM pricing. Because the patient is still able to utilize the PBM, we hypothesize Nextera is saving significant cost here. We just aren't able to prove or quantify this savings opportunity with our limited data set.

# General Summary

## Analysis Overview:

A primary purpose of Nextera Healthcare's services is to prevent a claim from happening in the first place. 19.8% of Nextera members did not have a claim. Conversely, 6.9% of PPO Choice members did not have a claim. This suggests Nextera is keeping members from utilizing higher cost downstream services. Meanwhile, it should be noted that the 19.8% of Nextera members still had access to primary care and preventative services (we are unable to determine how many of this 19.8% utilized Nextera, as the two data sets are not comparable to match patients, only that these members had free access to primary care). Conversely, the 6.9% of PPO Choice members without a claim received no care at all. From a public health perspective, the danger here is that these 6.9% of members may be delaying or avoiding needed care. Common reasons for delaying or avoiding care in the United States include: patient financial concerns, inadequate transportation, reluctance to take time away from work from either lost wages or busy work schedules, or unaccommodating clinical office hours.

## Health Plan Premiums and Cost:

Despite costing 3.9% less per member in monthly premiums, healthcare costs for Nextera members are significantly less than their non-DPC counterparts – about \$913 less per member per year. We suspect these lower costs stem in large part to the Nextera Healthcare model of direct primary care. Under this model, Nextera is able to provide patients with easier access to primary care services; spend more time on preventative, proactive care; and build enhanced relationships with patients not often seen, today. This is further discussed in the following section of healthcare utilization.

## Healthcare Utilization and Chronic Conditions:

Nextera members are receiving more primary care, both through in-person office visits and telehealth services. This allows Nextera Healthcare to spend more time on preventative medicine rather than reactive medicine. We believe more care leads to lower downstream utilization, as can be seen in the categories of urgent care, outpatient utilization and inpatient hospitalization. We also hypothesize this preventative care leads to lower costs in caring for members with chronic conditions. However, data supporting this hypothesis is inconclusive. Members with diabetes, hypertension, arthritis, asthma and others have significantly lower cost per member. Members with the conditions of depression, COPD, obesity, hypothyroidism and others have higher costs per member. We are prevented from making a more accurate assessment here without pharmaceutical data, which is a data limitation.

## Overall Conclusion:

In summary, the ROI for the Nextera health plan appears significantly superior to the ROI for the Choice PPO plan, based on the premiums paid, the overall PMPM spend, and the service received. It is our interpretation that Nextera is successfully demonstrating an age-old public health mantra, an ounce of prevention is worth a pound of cure. Removing financial and logistical barriers for patients accessing preventative care leads to improved health outcomes. Improved health outcomes lead to better management of patient conditions, helping prevent downstream utilization of higher-cost services. Reducing downstream utilization lowers total cost of care. We observed data supporting each of these components, leading us to conclude Nextera Healthcare is providing valuable return on investment, both for individual members and the overall health plan as a whole.

## Discussion

Direct Primary Care is the fastest growing model of primary care innovation in the country. We believe this model has grown so rapidly for five primary reasons:

1. Improved patient access to care
2. Improved quality of care
3. Improved provider satisfaction
4. Improved patient satisfaction
5. Significant reduction in cost of care

Our case study suggests Nextera is meeting each of these components and providing significant positive return on investment for all stakeholders. As mentioned in the study above, we are observing improved patient access to care, improved quality of care and significant reduction in cost of care. Although we did not measure physician/provider satisfaction, early anecdotal responses from Nextera Healthcare providers suggest they are much more satisfied compared to Fee-For-Service practices. Preliminary studies out of other DPC network models suggest significant improvement in patient satisfaction, which corresponds with survey results with the school district member population. They attribute the improved satisfaction to factors such as: better access; more transparent pricing; better relationship with physicians; longer visits; shorter wait times; and not dealing with insurance.

However, we acknowledge our study has several strong data limitations, as discussed in the section below. These limitations prevent us from providing a more exact understanding of the true impact of Nextera Healthcare's care and services for the School District health plan and its individual members. For future analysis, we believe researchers should continue monitoring and interpreting the above metrics. Additionally, we suggest future researchers attempt to include potential impact on patient health outcomes, an important consideration of understanding the value of DPC. Last, we suggest future research assess and resolve each of the following data limitations we faced, listed below.

***"I was very impressed with the same day appointment. I enjoyed the personalization that I received and the fact that my doctor is focused on my well-being for the long term."***





## Case Study Data Limitations

1. We did not receive pharmacy data. Pharmacy data will add an additional 10 – 25% (\$1 – \$2.5 million) in health plan spend and potential savings opportunity for Nextera members, and would allow better assessment of cost savings around caring for patients with chronic conditions.
2. In the School District claims data, we only received what the health plan paid. Patient deductibles, co-insurance and co-pays were not included. Depending on plan design, patient out of pocket spend could increase total costs by an additional 5 – 20% (\$500k - \$2 million), plus additional member costs for pharmacy. As Nextera does not require out of pocket spend for their services, we believe our analysis is not capturing significant cost savings to the School District members utilizing Nextera Healthcare when comparing against the cohort who do not utilize Nextera. For example, for the 1,079 Nextera primary care visits alone, we estimate \$12,409 in direct co-pay savings. This estimate is based on the 10% co-pay for primary care visits for PPO Choice Plus members, pulled directly from the 2019 Benefits Open Enrollment Guide. Additional member savings opportunity may come from lower prescription cost and downstream utilization.
3. KPI parsed data documented by Nextera Healthcare which was fed through a \$0 claims feed. With this in mind, we acknowledge it is difficult to fully capture DPC engagement in this manner. Due to the nature of the DPC model, which does not rely on submitting claims for service reimbursement, we witness unique patient engagement that does not happen within normal fee-for-service structures. Work yet needs to be done to best capture this engagement in future studies. We believe utilizing traditional fee-for-service claims reporting does not adequately do so and that we may be under reporting actual engagement. Examples of this engagement include:
  - Nurse and/or Medical Assistant visits
  - Text about a health concern, which turns into a patient phone call and/or office visit, followed up by text/phone communication after the visit to check in
  - Longer visit length
  - Virtual Care can include multiple engagements via phone, video, pictures, text and questionnaires until a concern is resolved
  - Specialist eConsults – physician's time spent with Specialists, interpreting and relaying Specialist information and diagnosis to the member. Avoiding the need for the member to see a specialist (and bill insurance)

***“Every staff member is extremely friendly,  
kind and caring.”***





# Interview with Nextera Healthcare

## **“How else does Nextera Healthcare serve its patients?”**

- Nextera guarantees same day appointments (in-office or virtual) for urgent care issues. This extends to wherever members are in the U.S. or beyond.
- Nextera offers “Ask the Doctor” sessions. These are typically hour-long, on-site discussions with our employer groups where we explore a particular health topic, for example, “Brain Health”.
- Nextera offers on-site and near-site care for employers, allowing employees to see a physician in a tremendously convenient manner. We believe this impacts presenteeism and absenteeism, as well as hiring and retention in the workplace. Nextera does this at no extra charge to the employer.
- Over many years, Nextera has established Nextera Member Discounted Rates for many ancillary services including:
  - o Labs
  - o Imaging
  - o Specialty Care (Urology, Cardiology, Ophthalmology, Orthopedics, etc.)
  - o Behavioral Health
  - o Chiropractic
  - o Acupuncture
  - o Durable Medical Equipment...and more
- Nextera offers immunizations and blood draws at our clinics. Nextera’s technology platform allows seamless billing of the member’s insurance plan for the above services.
- A number of Nextera’s clinics have behavioral health counselors and physical therapists onsite. Members can either use their insurance or receive services at significantly discounted cash pay rates.
- Nextera physician led care teams are very experienced. Often the physicians have 10+ years of medical experience and are well-connected with the communities they live and work in. This includes a tremendous understanding of the specialty physicians and hospitals in the medical community.
- In addition to having medical staff, Nextera employs staff focused on making sure our members have a meaningful experience. It takes a dedicated team to do what we do at Nextera Healthcare.

## **“How is your practice today different when compared to how you practiced in a traditional fee-for-service clinic?”**

Direct primary care is better for patients. Patients now have unparalleled access and convenience in a much more affordable manner. Further, patients can now spend significantly more time per visit with their physician/provider. Nextera members often have 4-10 times more visits or “touches” with their physician care team each year compared to traditional fee-for-service (FFS) primary care. This helps build a deeper and more trusting relationship with their physician, something that continues to get harder to do in the fee-for-service world.

DPC is better for physicians/providers. They no longer need to see 25+ patients a day to generate enough revenue. They no longer need to focus 30%+ of their day on data entry for billing/coding/administrative requirements commonplace in the FFS primary care system. These things are detractors from patient care. Nextera physicians can spend the time they deem necessary to best focus on and treat the patient in front of them instead of rushing on to the next one. DPC allows our physicians/healthcare teams to better care for the patient’s needs and work on guiding patients towards optimal health instead of just treating the sickness of the day.

Ultimately, FFS primary care has way too many barriers for both patients and physicians. DPC removes these barriers.



# Stakeholder Quotes

## Nextera Healthcare:

*"Our care model at Nextera Healthcare was designed by physicians who understood the challenges with fee-for-service/insurance primary care. Nextera Healthcare was built for both patients/members and physicians/providers with the overall goal of getting back to the most important thing--CARE. In order to provide that care we needed the necessary time and tools to provide unparalleled access and convenience for our patients in an affordable manner. That was the idea--we are now 10+ years in and doing just that...every day."*

**- Clint Flanagan, MD, Founder & CEO Nextera Healthcare**

## School District:

*"Our school district prides itself on being one of the fastest growing and most innovative districts in the nation. Our commitment to innovation extends beyond the classroom and offering Nextera Healthcare to our employees and their families is a great example. It's a valuable option for our employees and their families to have increased access and convenience to care without traditional co-pays and bills."*

**- School District Benefits Manager**