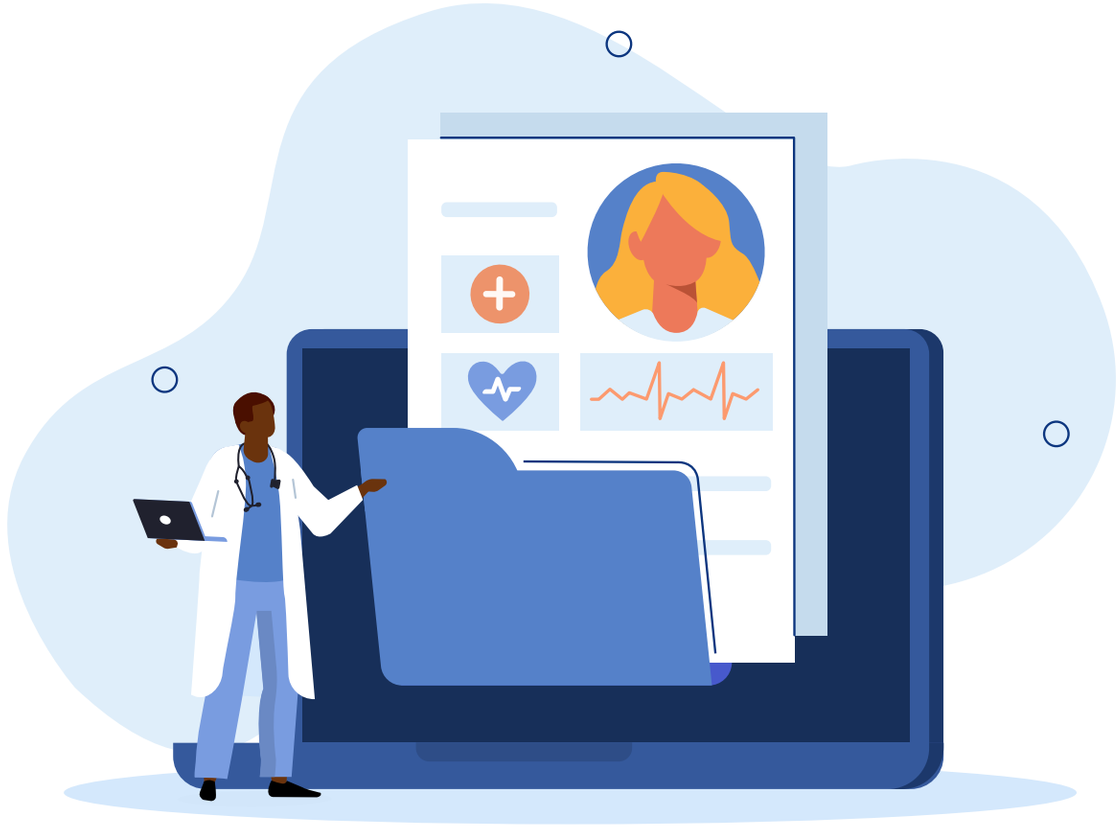
HOW TO MAKE VALUE-BASED GI CARE A REALITY

A 7-STEP PLAN

FOR MANAGING THE TRANSITION TO NEW PAYMENT MODELS AS TOLD TO SONARMD BY 10 EXPERTS IN GI CARE

SonarMD

INTRODUCTION



Last spring, SonarMD gathered insights from 10 experts in gastrointestinal care in *The Path Forward for Value-Based Care in GI*. Our experts agreed that fee-for-service still prevails in the GI space — but a significant opportunity to improve the quality and cost of care lies ahead for those ready to engage in a value-based future.

Here's where GI care currently stands:

- A study in the *Journal of the American Medical Association Health Forum* found that less than 7% of specialist compensation in the United States is tied to value-based payment models.
- A post from Oregon Community Health Information Network estimated that only one in three referrals to specialty care were completed and transitioned back to primary care, with the average wait time for patients who were able to see a specialist averaging about one month.
- An analysis of the second year of Medicare's Bundled Payment for Care Improvement Advanced program found a 1.7% **increase** in Medicare expenditures for the GI hemorrhage bundle, and a 2.5% increase for specialty-focused bundles overall.

Our experts also agreed that forward-thinking leaders throughout healthcare are pursuing new and novel ways to provide high-quality, low-cost GI care at scale. This, too, has been true since our first eBook came out. Payers such as Blue Cross Blue Shield of North Carolina have published frameworks for migrating specialty care into value-based arrangements — including high-cost, high-variability GI conditions such as Crohn's disease and ulcerative colitis. Meanwhile, providers such as Minnesota-based MNGI Digestive Care are partnering with payers in their market and value-based care coordination services like SonarMD to proactively monitor patients with inflammatory bowel disease and assess both the cost of care and patient outcomes.

This eBook builds on the foundation laid last year in *The Path Forward for Value-Based Care in GI*. It features interviews with 10 more provider, payer, employer, professional, and patient experts in GI conditions. We spoke to these experts from May 2021 to March 2022 to get their perspective on trends, regulations, technologies, and other factors that will come together to reimagine GI care in the United States.

We're able to detect deteriorating health sooner, intervene faster, and improve patient outcomes while **reducing costs 15%**

Through these interviews, we aim to provide guidance for making value-based GI care a reality — first by addressing the main obstacles, then by understanding what the future of care should look like for both providers and patients, and finally by putting it into practice with minimal disruption to existing standards of care. The work may not always be easy, but when it's done right, we're able to detect deteriorating health sooner, intervene faster, and improve patient outcomes while reducing costs 15%.

MEET OUR EXPERTS

Lawrence Kosinski, M.D., Founder and Chief Medical Officer of SonarMD, interviewed the following 10 experts for **The Scope with Dr. K**, a podcast series on the HealthcareNOW Radio Podcast Network. Download or listen to past episodes of the podcast here.

Jen Horonjeff, Ph.D., is Founder and Chief Executive Officer of Savvy Cooperative, a patient-owned marketplace that connects people with paid opportunities to provide insight to pharmaceutical, digital health, or market research firms. Savvy is the first cooperative to receive venture capital funding.

Beth Houck is Chief Executive Officer of SonarMD, having first joined the company in July 2019 as Chief Operating Officer. She has more than 25 years of experience in healthcare. Prior to SonarMD, she led two startups from employee No. 1 to acquisition: PatientImpact and SA Ignite.

David Johnson, M.D., is Clinical Operating Partner at the investment firm Rubicon Founders. He is formerly the Medical Director of Value Transformation at BlueCross BlueShield of North Carolina, where he focused on alternative payment models. He is also a professor in the Department of Urology at the University of North Carolina.

Florence Kariuki is Chief Clinical Officer of the telehealth and remote patient monitoring company Health Recovery Solutions. She spent nearly a decade at Horizon Blue Cross Blue Shield of New Jersey designing various value-based care, alternative payment, and total cost of care models.

Scott Ketover, M.D., is President and Chief Executive Officer of MNGI Digestive Care, which employs 90 gastroenterologists and more than 30 advanced practice providers in Minnesota's Twin Cities. He also serves as Chairman of the Allina Integrated Medical Network accountable care organization.

Daniel J. Marino is Managing Partner at Lumina Health Partners, a consultancy focused on helping medical groups, hospitals, and health systems align with the evolving landscape of value-based care. His work emphasizes provider economic performance, population health, and the role of data analytics.

Sandy Marks is Senior Assistant Director of Federal Affairs for the American Medical Association. A 35-year veteran of the AMA, her most recent work has focused on alternative payment models design, telehealth policy, and regulatory relief.

Cheryl Pegus, M.D., is Executive Vice President of Health and Wellness of Walmart. In previous leadership roles with Cambia Health Solutions and Aetna, she has focused on increasing access to affordable, equitable care. A cardiologist by training, she sits on the board of the American Heart Association.

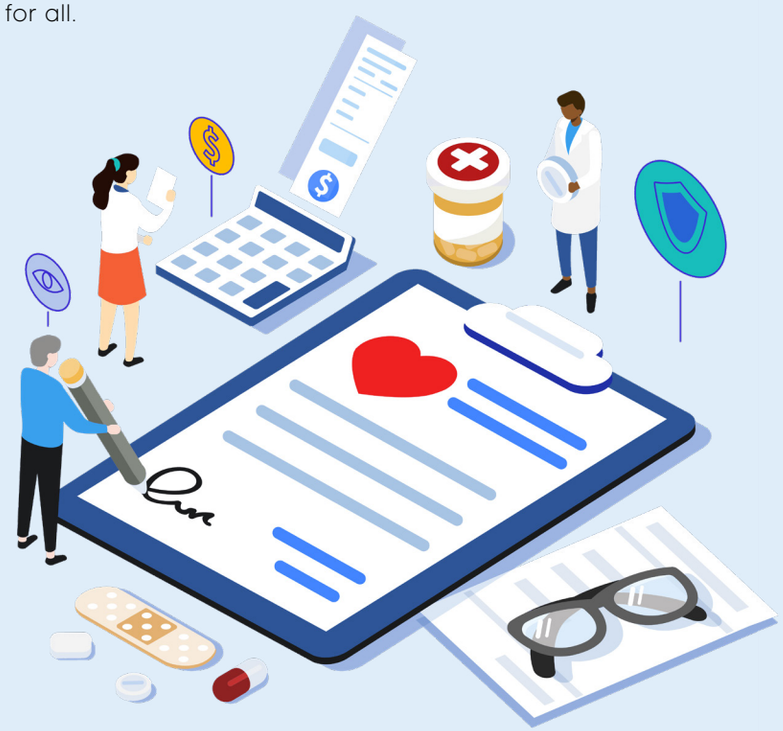
Praveen Suthrum is Co-Founder of NextServices (which provides technology to improve back-office operations) as well as NovoLiver (which offers a treatment program to reverse non-alcoholic fatty liver disease through weight loss). He is also the author of *Private Equity in Gastroenterology* and *Scope Forward.*

Laura Wingate is Executive Vice President for Education, Support and Advocacy with the Crohn's Colitis Foundation, where she oversees patient and professional education as well as state and federal advocacy efforts. Her prior roles have focused on quality improvement and patient experience initiatives.

7 STEPS TO MAKING VALUE-BASED GI CARE A REALITY

No one expects healthcare's transition from fee-for-service to value-based medicine to be fast and easy. This is particularly true in specialty care. As our previous eBook pointed out, specialty care accounts for approximately 55% of all office visits and 70% of all healthcare expenses in the United States — but a far smaller fraction of the value-based care models.

That doesn't mean there's no path forward for value-based GI care. Based on the expertise shared in our 10 interviews, a methodical process emerges. While it requires many stakeholders to come together — providers, payers, employers, professional organizations, innovators, investors, government agencies, and above all patients — it shows the true power of collaboration focused on a shared goal of better GI care at a lower cost for all.



1

UNPACK THE BARRIERS TO CHANGE

Value-based payment is more than a new financial model: It's a shift in cultural mindset and a different way to deliver care. Before embarking on any path to change, it's important to recognize what stands in the way of change.

2

RESPECT THE PROVIDER POINT OF VIEW

Value-based care succeeds when providers are all fully on board. The most successful value-based program will respect the provider's role from design through implementation and beyond.

3

LISTEN TO THE PATIENT PERSPECTIVE

Most healthcare stakeholders understand the importance of respecting the patient perspective when designing value-based care models. But they must also ensure the right patients are being heard at the right time.

4

RECOGNIZE TECHNOLOGY'S POTENTIAL

It isn't just telehealth that's changing the game in GI care. New technology makes it possible to identify more patients with GI conditions sooner, to protect a condition's severity in newly diagnosed patients, and to detect flares earlier before they become a big problem.

5

REFRAME THE FUTURE OF GI CARE

From the role of digital health tools and the pharmacy / retail setting to the need for wraparound services to supplement care delivery, tomorrow's models of GI care are poised to look very different. Providers, payers, and patients need to be prepared.

6

PUT VALUE-BASED CARE INTO PRACTICE

The shift to full downside risk in GI care won't happen overnight. Fortunately, our experts have found that there are many ways to get started while maintaining existing care models in the interim.

7

PUT IT ALL TOGETHER WITH SONARMD

Value-based specialty care requires a delicate balance of collaborative care, patient empowerment, data sharing across silos, and shared incentives for success. In gastroenterology, practices are increasingly relying on SonarMD to support their journey to value-based GI care.

1

UNPACK OPERATIONAL AND ADMINISTRATIVE CHALLENGES

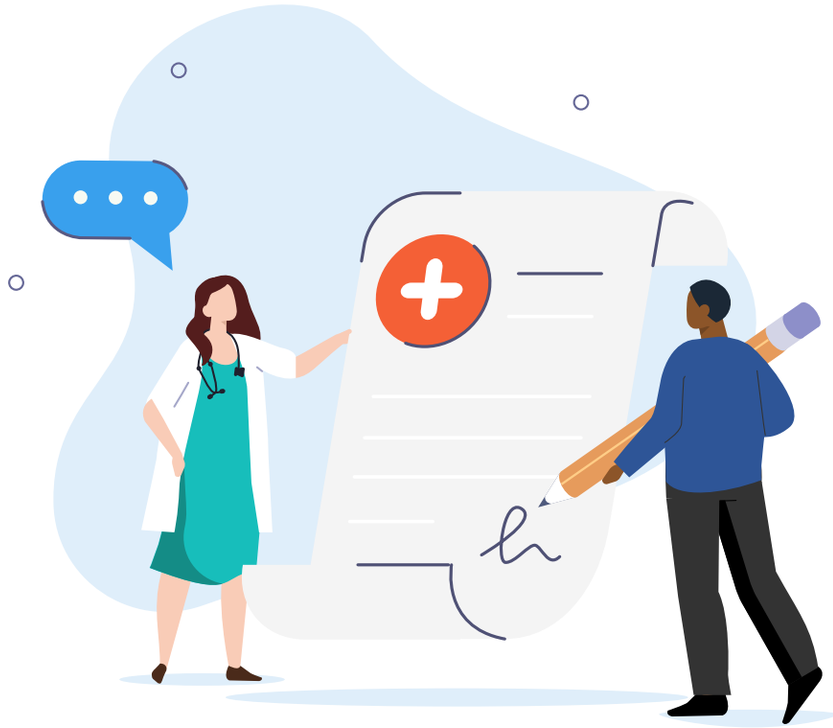
Shifting an entire industry into a new way of doing business is no easy feat. From longstanding clinical workflows to legacy technology systems, many barriers stand in the way of progress.

"There's lots of momentum toward getting paid for doing the right thing. The problem is that we're coming off decades of a fee-for-service system that's hard to change. At SA Ignite, we went out in the market and learned that no one really knew how to navigate the meaningful use program or the MIPS program, whether it was collecting data or getting information to the government. Payers want to move, too, and they're working to implement different versions of these programs in order to have quick successes they can build on, but they're saddled with the existing infrastructure. That all makes it very hard to transition as a country to value-based care quickly."

Beth Houck, *Chief Executive Officer, SonarMD*

"When I started on the payer side, I didn't understand the ripple effects of implementing what might seem like a simple reimbursement concept. From an enterprise transformation standpoint, the capabilities to create new mechanisms of payment aren't built into our baseline capabilities. That's really challenging. It's not just addressing the concept. It's asking questions like, "Can we even do this?" "What are the regulations around this payment model?" "How do we communicate this to providers — not just the specialists but the foundational ACOs we've partnered with for many years?"

David Johnson, M.D., *Clinical Operating Partner, Rubicon Founders*



"There's very little support for physicians to do practice transformation. They aren't paid for many services that would enable them to deliver the highest-quality care and get the best outcomes for their patients. They devote a lot of staff time to administrative requirements. They spend a lot of time providing data to payers and their own EHR systems — but they often find it impossible to get the data back from their own systems or from payers."

Sandy Marks, *Senior Assistant Director of Federal Affairs, American Medical Association*

"Most organizations are not very prepared at all to take on full risk. To prepare yourself for risk, there's a progression you need to move through. It starts with having your providers think differently about the care that's being delivered. Then, as you move through that journey, there are aspects of understanding the risk attribution of your population and the types of programs that have to be put in place. It comes down to understanding who you're managing, how you can successfully manage them, and how you can have very focused, directed care — and that doesn't happen overnight."

Daniel J. Marino, *Managing Partner, Lumina Health Partners*

2

RESPECT THE PROVIDER POINT OF VIEW

Across the healthcare ecosystem, the most successful value-based care models tend to have one thing in common: Clinical teams drive the initiatives. But that demands a level of involvement and engagement from providers that can be challenging to achieve. What's more, it may require large-scale changes to how some clinical teams provide care and get reimbursed.

"If a payer can create total cost of care accountability with a provider entity, the best long-term solution is to let those providers figure out what point solutions will drive better care for their population. It's challenging as a payer to tell a provider, "We'd like you to use this point solution." It's impossible for the providers to customize the way they deliver care for each payer. We need to allow providers to take the lead on incorporating the solutions and care models that work best in their local environment."

David Johnson, M.D., *Clinical Operating Partner, Rubicon Founders*

"Most physicians are comfortable with the idea of taking accountability for the quality of care they provide to their patients for the conditions those physicians or their practices manage. But you can't expect a practice to take accountability for the cost or quality of oncology care for their patients who get cancer if they're not an oncology practice, or for the cost and quality of joint replacement procedures that their patients get. Mostly they look at things from the total cost of care perspective, and it makes physicians feel like they can't influence the way they're being judged on their performance."

Sandy Marks, *Senior Assistant Director of Federal Affairs, American Medical Association*

"The biggest challenge is to help physicians with the cultural mindset shift to value-based care. In these models, they're asked to do a little bit more. They're asked to provide some level of patient outreach, for example. You're not always going to get reimbursed for that in a fee-for-service structure, but you will if you have a fee-for-value contract. And it's easier to provide that level of reimbursement to the primary care physicians, because the way they manage and direct the care to the patients is different than how a specialist does it."

Daniel J. Marino, *Managing Partner, Lumina Health Partners*

"An effective value-based program has to change a patient's self-care management, improve care plan adherence, or keep them out of the ED. Nurses play a really unique role, because they understand what drives patients. We need to find ways for nurses to leverage their experience to help the healthcare industry advance. We need major policy changes for how nurses are reimbursed. And we need new business processes in the hospital system or provider setting that let nurses do their jobs and take administrative tasks off their back."

Florence Kariuki, *Chief Clinical Officer, Health Recovery Solutions*

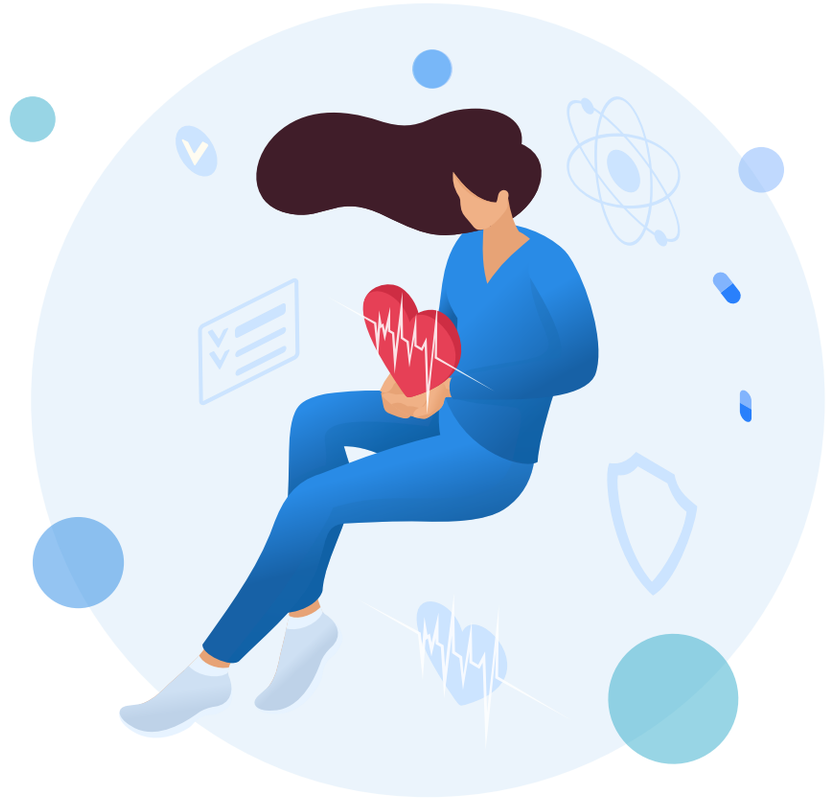
"The entire industry is shifting from a practice of gastroenterology to the business of gastroenterology. It's not about the medical specialty itself, but it has more to do with the behavior of investors. They've taken this fragmented industry and consolidated it. At the same time, physicians are some of the smartest people on the planet. If they get educated on private equity and what's happening on the consolidation front, they can be in the driver's seat."

Praveen Suthrum, *Co-Founder, NextServices and NovoLiver*

3

LISTEN TO THE PATIENT PERSPECTIVE

Payers and providers (along with other healthcare stakeholders) cannot deliver true value-based care without understanding how their work will impact patients. Direct outreach is a step up from simply making an educated guess on patients' behalf — but it's important to make sure the sample provides a true representation of the patient population to best meet their needs and build their trust.



"When you focus on the patient's experience, you have to start with the most valuable question for the patient. If their goal is to go to a movie theater and sit through a movie without having to get up and run to the restroom, that is the conversation you need to have — that would facilitate our dialogue. Of course, the visit needs to cover the evidence, blood work, colonoscopy results, and so on, but you need to lead into that discussion by starting with what matters to the patient."

Laura Wingate, *Executive Vice President for Education, Support and Advocacy, Crohn's Colitis Foundation*

"Patients don't necessarily call it value-based care. What they're saying is, "Oh, good. You're taking care of me as a whole person, and you're doing things to prevent something bad from happening, as opposed to providing sick care." That's what we all want as patients: Somebody to have their pulse on us to prevent something more significant from happening."

Beth Houck, *Chief Executive Officer, SonarMD*

"There's a humbling aspect of knowing that you don't just go into a community and know what to do. You need to build trust, and that requires cultural competence. What we've done with COVID-19 immunizations is a great example of that. We listened to our associates and who they trusted to get information and how they would like to access care. So we partnered with a government agency in Chicago, whereas in New Mexico we partnered with Native American organizations and in Alabama we partnered with churches."

Cheryl Pegus, M.D., *Executive Vice President of Health and Wellness, Walmart*

"Many of my professional colleagues who were trying to connect with patients either didn't have access or kept talking to the same patients over and over again. Many kept asking me to speak on behalf of patients, which made me uncomfortable — as somebody who's white with a Ph.D. and living in New York City, I couldn't possibly represent all the patients with my condition. Savvy Coop leverages our members' individual networks to go into their communities and share research opportunities in authentic, culturally sensitive ways. That allows us to penetrate deep into diverse communities so we can have representation of people that are sharing their insights."

Jen Horonjeff, Ph.D., *Founder and Chief Executive Officer, Savvy Cooperative*

4

RECOGNIZE TECHNOLOGY'S POTENTIAL

From robust data sets to rapidly advancing diagnostic tools to patient-facing products and services, technology is poised to play a pivotal role in the delivery of value-based GI care. As providers and payers explore what these technology solutions bring to the table, they need to ensure that patients have been part of the development process.

"We're focused on accelerating the timeline for new therapies and innovative products to make the clinician's job and the patients' experience easier. One thing we've been funding is a noninvasive wearable bracelet that's designed to detect and monitor gut inflammation through sweat. We're also working to expand use of light-activated gel for the treatment of perianal fistulas. Another development is a simple blood test to predict whether a newly diagnosed adult patient is likely to develop severe disease or more likely to have a mild course of Crohn's disease or ulcerative colitis."

Laura Wingate, *Executive Vice President for Education, Support and Advocacy, Crohn's Colitis Foundation*

"The interesting thing about healthcare is how much we don't know about our people. Walmart has a social vulnerability index that we use to personalize by community. Applying it across healthcare allows us to look at where pharmacies are located, when they should be open, and whether they are staffed with people who are from those communities. We can also look at where to place new clinics, where we have seen an increase in food insecurity, or where telehealth is an important offering because there aren't enough primary care physicians, where we have seen the highest increase of food insecurity."

Cheryl Pegus, M.D., *Executive Vice President of Health and Wellness, Walmart*

"A few years ago, there was a lot of noise about stool DNA testing in the GI community. "It's not the right test. The traditional colonoscopy is the gold standard." And that's true. But at the end of the day, it's digital biology, and it's generating data — and with more data, the entire system is going to learn. Digital biology is coming to GI and many other medical specialties in a huge way."

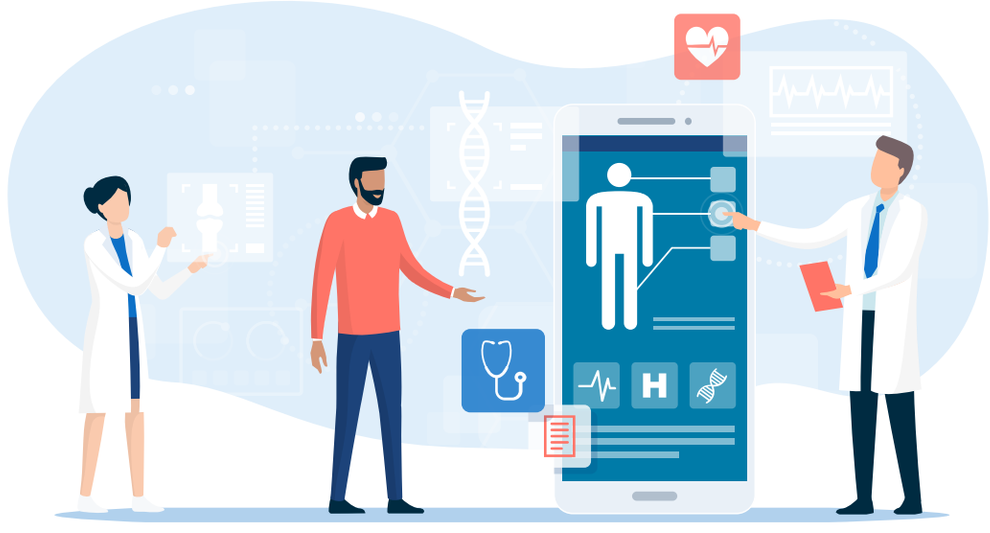
Praveen Suthrum, *Co-Founder, NextServices and NovoLiver*

"We want innovators to understand that it's possible to talk to targeted patients. We want to make it so easy and seamless to do that they talk to the right patients at the right time and don't just guess. Too often, they just ask doctors or the sponsors or regulators or insurance companies what are the outcomes that they care about. But it's different for patients. In addition, we want those innovators to understand that they should equitably value patients for the contribution that they've made. Otherwise, we're going to lose a whole segment of the population if we don't compensate people for that time."

Jen Horonjeff, Ph.D., *Founder and Chief Executive Officer, Savvy Cooperative*

"There are many innovations that complement what SonarMD does and will play a role in what we offer in the future. There are devices for better remote monitoring. There are startups that can address the behavioral health component of GI disease. There are companies helping with diet and nutrition. Successfully integrating these innovations with SonarMD could potentially further reduce cost of care and allow us to take care of more diseases."

Beth Houck, *Chief Executive Officer, SonarMD*



5

REFRAME THE FUTURE OF GI CARE

Once providers identify the barriers to value-based care, understand the patient point of view, and recognize the potential of next-generation technology, it's time to rethink what GI care looks like. The future is much more than new models of care delivery, though — it's finding ways to address the basic needs of patients beyond the traditional care setting.

"We have a managed service organization that centralizes our scheduling and office operations and revenue cycle, as well as our clinical non-patient facing staff. They all worked out of a centralized location and served all the different locations we have. That's enabled us to grow quickly, because we can develop and deliver a uniform clinical product to the patients that we serve."

Scott Ketover, M.D., *President and Chief Executive Officer, MNGI Digestive Care*

"Remission is the ultimate goal for the patient community as well as provider communities that serve our Crohn's and ulcerative colitis patients. In advancing the science and improving quality of life, we're laser focused on reducing the time from the disease diagnosis to improving the disease management for patients so they can get to remission faster — and that requires implementing an evidence-based approach to clinical care."

Laura Wingate, *Executive Vice President for Education, Support and Advocacy, Crohn's Colitis Foundation*

"It's not only focused on the value-based contracts and financial models, but also the initiatives that make those models succeed. It's programs that navigate patients to alternative sites of care if they don't need to be in the ED. It's transitions of care programs that build a care plan for patients before they're discharged from the hospital. It's palliative care. It's identifying patients that could experience some type of health disparity or limited access, whether it's transportation or nutrition or health literacy, and then providing wraparound support to improve their outcomes."

Florence Kariuki, *Chief Clinical Officer, Health Recovery Solutions*

"Many people never get to a specialist because they don't have a base of fresh food and up-to-date immunizations, or they don't know that they have high blood pressure or elevated glucose. Getting that done first is really important. That's a huge gap that exists because we don't have enough primary care in the United States — but it's a gap that we can fill if we recognize that pharmacists can provide care, much in the same way we that utilize community health workers.'"

Cheryl Pegus, M.D., *Executive Vice President of Health and Wellness, Walmart*

"All these digital health companies that have become very popular — all they're doing is listening to patients as consumers. They know patients want basic stuff. They want to heal the natural way. They need help with their diet. They need to know how to exercise. They want to learn meditation techniques. They want to know how to sleep better. But we don't sell this stuff in private practice, in gastroenterology, or even in the regular healthcare domain. So patients are taking their dollars and going elsewhere."

Praveen Suthrum, *Co-Founder, NextServices and NovoLiver*

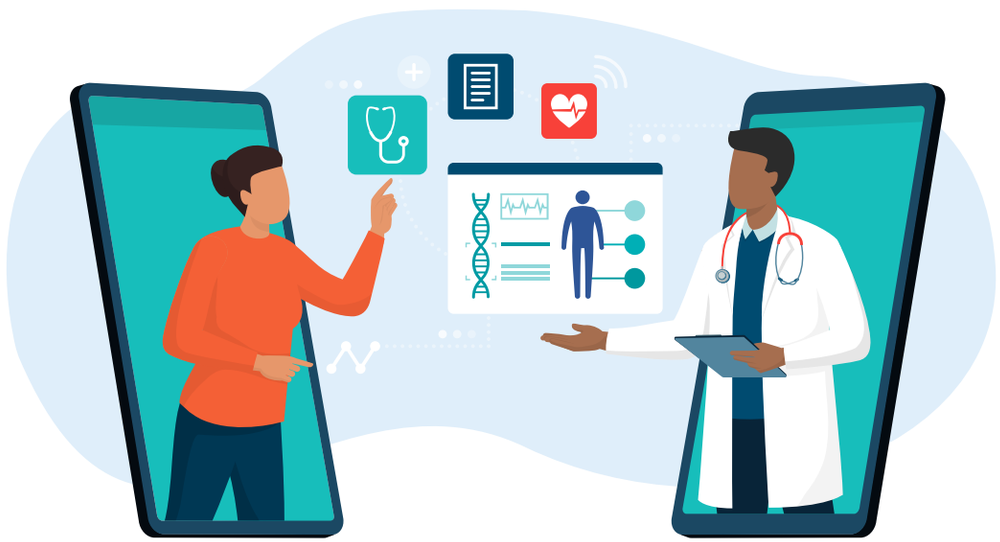
6

PUT VALUE-BASED CARE INTO PRACTICE

It's one thing to talk about the future of GI care. It's another thing to put it into practice. Given the challenges that exist, what's the best place to start? And how do you start if your typical partners aren't ready?

"Find a problem that the health plan is trying to solve for a significant member volume. Design a program that leverages different intervention modalities — centralized care coordination, telehealth, remote monitoring, and so on. Tell the health plan you're willing to take some downside risk. Implement processes to measure patient experience and gather provider feedback. Identify the HEDIS or Medicare quality metrics that will be impacted through program implementation. That way, not only are you lowering costs for the health plan's members, you're helping them meet their HEDIS and Medicare goals."

Florence Kariuki, *Chief Clinical Officer, Health Recovery Solutions*



"As long as these prevailing payment mechanisms persist, there really aren't good solutions to controlling runaway costs. We need to start by flipping the incentive structure so that providers and the care delivery system are properly rewarded for delivering effective upstream healthcare, rather than just being highly compensated and rewarded for dealing with patients when they're sick or they're acutely ill and need an intervention or hospitalization."

David Johnson, M.D., *Clinical Operating Partner, Rubicon Founders*

When we talk to practicing physicians, it's clear that no matter their specialty or geography, most physicians have the same concerns and goals: They all want to provide high-quality care to their patients, and they all face hurdles like prior authorization and across-the-board cuts. When you get physicians from different specialties in a room together, they find a lot they can agree on, and they know how they want things to be redesigned so that care will be improved."

Sandy Marks, *Senior Assistant Director of Federal Affairs, American Medical Association*

"When you look at what's driving costs, it's not necessarily how we manage the surgical activity, but it's all those other influences that could potentially derail the outcomes for the patient. We try to manage that in a model of care coordination and continuity, carving out the attributed cost for each unique encounter with each specialist. The incentive distribution model can get a little bit intricate — but the biggest thing to remember is to incentivize the right behaviors. We want to make sure we're all lining to the common goal for the patient, for the network, and for the community that we're serving."

Daniel J. Marino, *Managing Partner, Lumina Health Partners*

"The value-based care program that we developed focuses on a "pay one price program" for outpatient colonoscopy and upper endoscopy. Instead of billing a la carte, we put it together in one bundle. We brought that to payers 10 years ago, and they were very excited by the concept. But they couldn't execute on it; it didn't fit their model at the time. So, with the help of an insurance broker, we took that concept to several local employers, and we showed them, based on their previous years, what they would have saved if all their employees had come through us instead of going to multiple places. These employers are willing to waive co-pays knowing that the total cost of care is way less than if the employee went elsewhere."

Scott Ketover, M.D., *President and Chief Executive Officer, MNGI Digestive Care*

7

PUT IT ALL TOGETHER WITH SONARMD

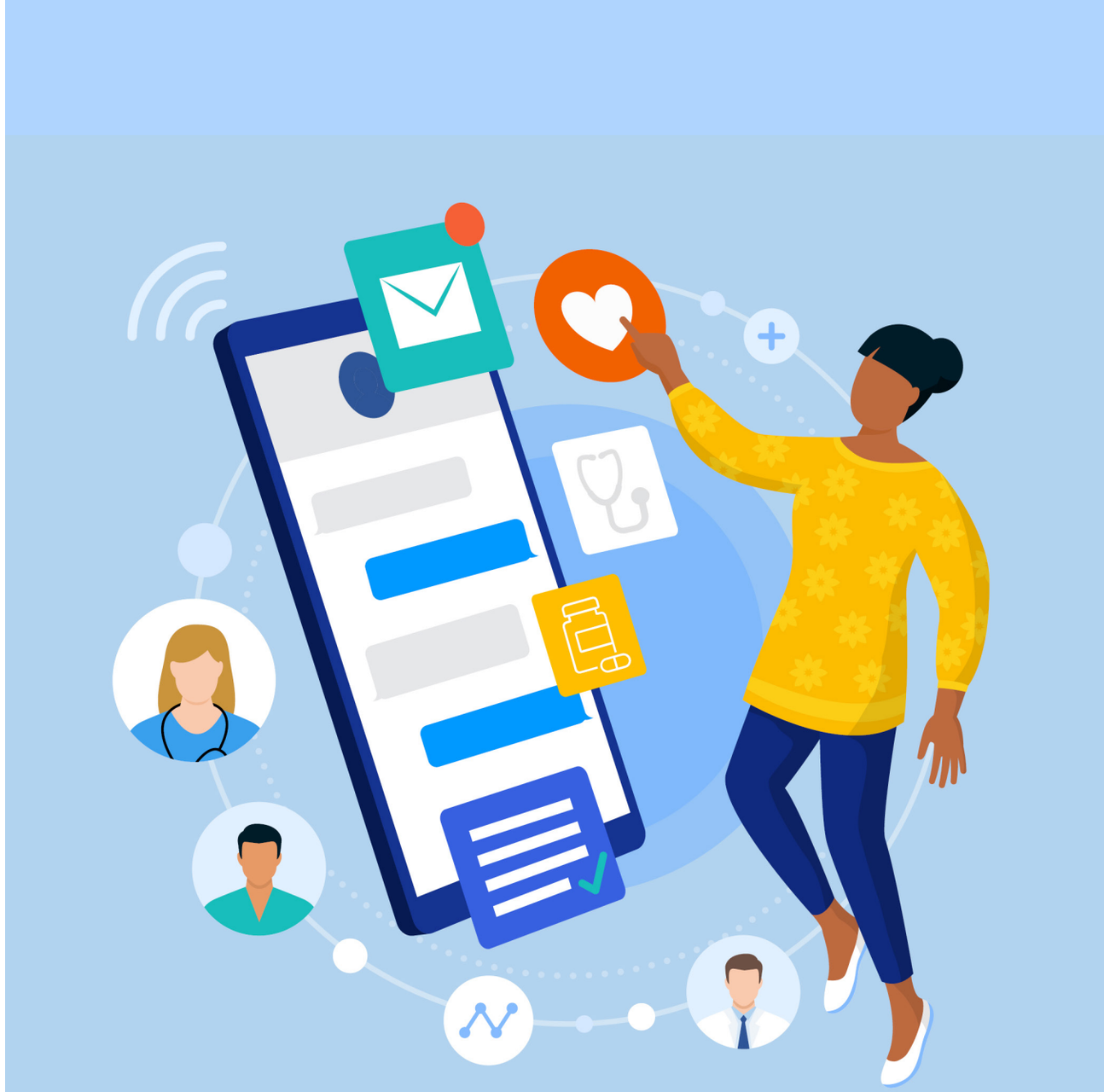
SonarMD is a comprehensive care coordination program for gut health. We contract with payers and work directly with sub-specialists in their network to create value-based arrangements and connect with patients virtually.

For example, SonarMD works with MNGI Digestive Care and Blue Cross and Blue Shield of Minnesota. Under this arrangement, SonarMD has access to patient-reported outcomes, patient data from MNGI and claims data from BCBS. This allows SonarMD to fully support the patient with personalized care pathways for disease management. The SonarMD platform tracks symptoms between appointments, monitors changes, and detects any patients at risk of declining health — often before patients even know there may be a problem. The platform is designed to provide patients with the right resources at the right time — whether that's nutrition and sleep support or a direct connection to their care team at MGNI.

The program began in the summer of 2021 — and more than 1,000 patients enrolled within the first month. By the end of the year, SonarMD had enrolled 85% of eligible BCBS members, and 85% of those enrollees had engaged in SonarMD's care coordination program. That overall engagement rate of more than 72% of eligible members is significantly higher than traditional disease programs, which average just 15%, according to data from the Agency for Healthcare Research and Quality.

"We have unique alignment, since a patient is not giving up their relationship with their doctor. Instead, we're reaching out on behalf of the doctor. That way, the patient isn't getting something from their plan or from some third party that they don't know. We can't successfully manage the patients that the payer makes us responsible for without a collaborative, back-and-forth relationship with the practices. As a result, we've tapped into an incredible engagement model when we work directly with a practice. That allows us to develop this very strong longitudinal relationship with a patient as well."

Beth Houck, *Chief Executive Officer, SonarMD*



"SonarMD empowers the patient and the provider to work together in a much more organized way than in the past, when we waited for patients to call us and tell us they're having problems. When providers get an inbox task through SonarMD for a patient who may be starting to flare up or needs some attention, it's incredible that they get to contact that patient right away and basically saying, "Hey, I'm concerned, tell me what's going on." That physician-patient patient relationship is the reason we went into clinical medicine."

Scott Ketover, M.D., *President and Chief Executive Officer, MNGI Digestive Care*

CONCLUSION

Achieving value-based care in gastroenterology will be a team effort. This is no surprise given the complexities of care delivery and payment reform in the United States. While each stakeholder comes to the table with different concerns and interests, it's important to remember every step of the way that the ultimate goal is high-quality care at lower costs and a better quality of life for each patient a GI practice sees. As long as this goal remains the focus of every conversation, negotiation, and innovation, the vision for the future of value-based GI care isn't as far off as it may seem.

ABOUT SONARMD

SonarMD contracts with payers and works directly with sub-specialists in their network to create value-based arrangements and support patients with gut health conditions. Our clinical staff uses technology to virtually connect with patients, calculate potential risk, and provide personalized care pathways that prevent problems and reduce complications. Our platform focuses on gut health, starting in IBD, because chronic digestive health conditions have an outsize impact on the cost of care. We've proven we can keep people healthier — and reduce costs by 15% per member per year.

SonarMD

Connect. Calculate. Coordinate.

www.sonarmd.com