Advisory Board

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# How SSM Health partnered with Navvis to accelerate VBC growth

# Key messages from SSM Health's story

1. **VBC is easier when everyone's aligned.** SSM Health's VBC transformation accelerated once it became a clear, CEO-led mandate. Executive commitment, aligned leadership, and a willingness to make difficult trade-offs helped the organization move faster and stay focused on its long-term population health strategy.
2. **You don't have to do it all yourself.** Building population health infrastructure internally takes time that many health systems don't have. SSM Health's partnership with VBC operating partner Navvis made it possible to rapidly scale analytics, care management, and contracting capabilities, all without giving up strategic ownership.
3. **Get … and I cannot stress this enough … the data.** SSM Health uses a single, integrated view of clinical, claims, and financial data. This visibility enables a clearer understanding of the total cost of care, better alignment between contracts and operations, and faster decision-making.
4. **Standard approaches should always match local realities.** Enterprise scale doesn't mean identical delivery. SSM Health standardizes core capabilities while giving markets flexibility to adapt, balancing consistency with local needs.
5. **Contracting can't sit on an island.** SSM Health leaders find that contracting decisions work best when they reflect what the organization can actually accomplish. Embedding contracting strategy within population health leadership helps SSM Health expand risk when ready and slow down when necessary.
6. **A health plan isn't a partner if you only talk once a year.** Strong payer partnerships aren't annual events. SSM Health's formal and informal joint operating forums creates transparency, trust, and shared accountability. This makes it easier to address challenges, adjust course, and expand risk over time.

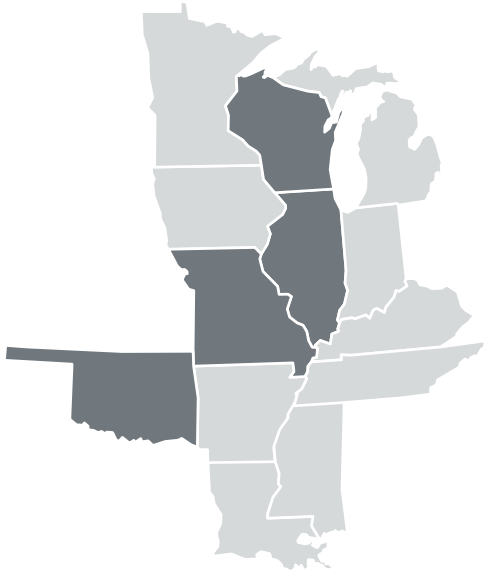
Source: Advisory Board interviews.

# About SSM Health

ORGANIZATION OVERVIEW

## SSM Health

- **The organization**: SSM Health is a large, integrated Catholic not-for-profit health system recognized for its quality and innovation. It employs 40K people and operates 23 hospitals and 300+ sites of care across Missouri, Illinois, Wisconsin, and Oklahoma.
- **VBC entity**: SSM Health has a centralized VBC infrastructure with 620K lives in risk contracts.
- **VBC enablement partner:** Navvis is a leading population health company operating across 12 markets and 100+ payer contracts. It provides analytics, clinical programs, and operational services to drive performance in VBC.
- **The market**: The system's four main regions vary significantly in payer mix, competitive dynamics, and readiness for downside risk.



## Advisors to our work

| | | | | |
|---|---|---|---|---|
| Laura Kaiser<br>*Chief Executive Officer, SSM Health* | Kevin Smith<br>*Chief Financial Officer, SSM Health* | Tim Johnson, MD<br>*System Chief Clinical Officer, Medical Group, Population Health, Continuum of Care, SSM Health* | Christine Mulheran<br>*Chief Operating Officer, Navvis* | Catherine Lane<br>*SVP of Marketing, Navvis* |
| Darren Johnson<br>*System VP of Population Health Operations, SSM Health* | Annette Vernon<br>*System VP of Value-Based Care, SSM Health* | Katrina Lorfeld<br>*Director of Physician Compensation, SSM Health* | Ashley Sipes<br>*System Director, Value-Based Contracting Analytics, SSM Health* | Catherine Warfield<br>*Director of Marketing, Navvis* |

Source: Advisory Board interviews.

# Leadership alignment drove momentum, while partnership enabled speed

## SSM Health's path to multi-market VBC scale

**2014**
SSM Health participates in MSSP[1] in St. Louis market

**2017**
Laura Kaiser becomes CEO, bringing proven VBC leadership and operating experience to drive enterprise change

**2019**
SSM Health announces strategic operating partnership with Navvis to build and operate an enterprise VBC platform

**2020**
After short pause due to COVID-10, SSM Health moves forward with care management go-live in St. Louis; it also establishes an ACO[2] in southern Illinois

**2021– 2022**
SSM Health partners with Medica through Dean Health Plan (SSM Health subsidiary) to align payer–provider operations and advance VBC in Wisconsin; it also launches a Wisconsin ACO

**2023**
SSM Health achieves goal of **58% of PCP-attributed lives in APMs**[3] across four states — two years ahead of schedule

"We knew how long it could take to build this — and we didn't feel like we had 10 to 15 years to do it."

TIM JOHNSON, MD
System CCO, Medical Group, Population Health, Continuum of Care, SSM Health

"Navvis was absolutely our accelerant."

DARREN JOHNSON
System VP of Population Health Operations, SSM Health

1. Medicare Shared Savings Program.
2. Accountable care organization.
3. Alternative payment model.

Source: Advisory Board interviews.

# How we know it's working: SSM Health's risk portfolio

## Participation

**627K** Total attributed lives in quality incentive contracts across markets

**58%** Total attributed lives in shared savings and downside risk contracts

## SSM Health's growth in APM lives

| Region | 2019 | 2021 | 2022 | 2023 | 2024 | 2025 | % of lives |
|---|---|---|---|---|---|---|---|
| St. Louis | 85K | 142K | 191K | 214K | 208K | 215K | 58% |
| Southern Illinois | 3K | 10K | 12K | 16K | 8K | 9K | 11% |
| Wisconsin | 234K | 317K | 353K | 340K | 361K | 354K | 78% |
| Oklahoma | 10K | 22K | 38K | 51K | 48K | 49K | 19% |
| **Total** | **332K** | **491K** | **594K** | **621K** | **625K** | **627K** | |

1. Lines of business.
2. Annual wellness visit.
3. eCQM benchmark performance against national results, with higher percentiles indicating stronger performance

## Performance (2020 – 2025)

Reduced inpatient admissions per 1,000 members by more than **4%** across all programs and LOB[1]

Raised AWV[2] completion from **<30% to >80%** and sustained **>80%** performance for more than 5 years

Achieved positive earnings on **85%** of VBC contracts

Increased quality revenue per patient by **50%**

Advanced and sustained high-decile performance across priority preventive and chronic care quality measures[3], including:

- A1C control reached the **90th percentile**
- Depression screening/treatment reached the **90th percentile**
- Breast cancer screening reached the **80th percentile**
- Colorectal cancer screening reached the **80th percentile**
- Blood pressure screening reached the **80th percentile**

Source: Advisory Board interviews.

# Where SSM Health stands out

**8 boxes health systems must check for success in VBC**

| Governance and vision | | Financial transformation | | | Clinical transformation | | |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Executive alignment | Frontline buy-in | Contracting | Payer partnership | Financial visibility | Data analytics and reporting | Population health care model | Network management |

Organizations succeeding in VBC check all eight boxes. The ones highlighted are the focus areas we explore in this case study.

Source: Advisory Board interviews.

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# VBC is easier when everyone's aligned

## 3 questions that shape your VBC strategy

| | 1<br>Are we **willing** to change? | 2<br>Do we have an **aligned** leadership team? | 3<br>Are we **honest** about our strengths? |
|---|---|---|---|
| WHAT SSM HEALTH DID | Hired a new CEO with VBC vision and implementation experience to drive change | Built a leadership team that blends internal and external VBC expertise around a shared vision | Identified capability gaps and brought in an external partner to close them quickly |
| RESULT | VBC is an institutional priority | Leaders are ready to act across the system | VBC operating partner accelerates VBC progress |

Source: Advisory Board interviews.

"We still have a misaligned payment system in healthcare, and **I remain convinced that value-based care is the right approach**."

Laura Kaiser

CEO, SSM Health

# What does it take to succeed in population health?

# If you want to go both fast and far, go together

## 4 priorities that Navvis and SSM Health advanced together

| | Performance analytics platform | Standardized care management programs | Risk adoption contracting strategy | Physician incentives, tools, and education |
|---|---|---|---|---|
| APPROACH | Coreo synthesizes EHR, claims, and contract data to support decision-making | Seven programs tailored to market risk and readiness | Team paces risk contract size and exposure to care model investment | Workflows, compensation, and expectations aligned to each market's progress |
| IMPACT | System-wide performance visibility for leaders and care teams | Fast, consistent care management deployment | Risk adoption matches capabilities, avoiding premature contracts | Stronger physician buy-in, support, and education to deliver VBC to patients |
| OWNERSHIP | Navvis tool integrates with ongoing collaboration with SSM Health analytics team | Navvis owns program design with SSM Health owning execution | SSM Health negotiates contracts with strategic support from Navvis | SSM Health owns, with Navvis' clinician education and practice-based support |

> **It was critical to have the partnership with Navvis to give us the tools and infrastructure to get this going.**
>
> Darren Johnson, System VP of Population Health Operations, SSM Health

Source: Advisory Board interviews.

# Why Navvis works when many partnerships don't

## How Navvis positioned itself to enable VBC at SSM Health

### Align leadership culture

- Executive alignment set clear direction
- Joint committees provide oversight on delivery

"When the CEO commits to being a VBC leader, **there's no guessing** about whether this was the direction."

– Christine Mulheran, COO, Navvis

### Start before it's perfect

- Initial projects focus on fast, tangible results
- Both prioritize usable workflows over perfect design

"**Don't let great get in the way of good**."

– Darren Johnson, System VP of Pop Health Operations, SSM Health

### Co-develop capabilities

- Partnership combines best-of expertise and assets
- Market-specific deployment tailored to local needs

"**We took our assets and combined them with Navvis' assets.** Then we could build quickly."

– Kevin Smith, CFO, SSM Health

### Share accountability

- Navvis was willing to tie its success to SSM Health's performance

"You've got to be in it together. **We're big believers in skin in the game."**

– Christine Mulheran, COO, Navvis

Source: Advisory Board interviews.

# Frontline engagement fails for two common reasons

**Clinicians need both the knowledge and the motivation to engage with VBC efforts**

**“I don’t know how”**

**“I don’t have a reason to care”**

Source: Advisory Board interviews.

# You get what you pay for

## Common pitfalls in VBC compensation re-design

If you don’t know where you’re going, **you’ll go somewhere else**

If you make your compensation model **too complicated**, it won’t work

Your compensation model engages PCPs but **leaves out APPs and specialists**

Source: Advisory Board interviews.

# Have and use a compensation philosophy

## SSM Health's compensation philosophy

| Core components | Design principles |
| --- | --- |
| Strategy and financial alignment | • Align incentives with SSM Health's VBC strategy and payments<br>• Balance productivity with value-based incentives |
| Compensation model structure | • Keep the model simple and easy to understand<br>• Incentivize team-based care<br>• Strengthen primary care-specialty relationships |
| Governance and compliance | • Apply a consistent framework with built-in flexibility<br>• Ensure regulatory compliance |

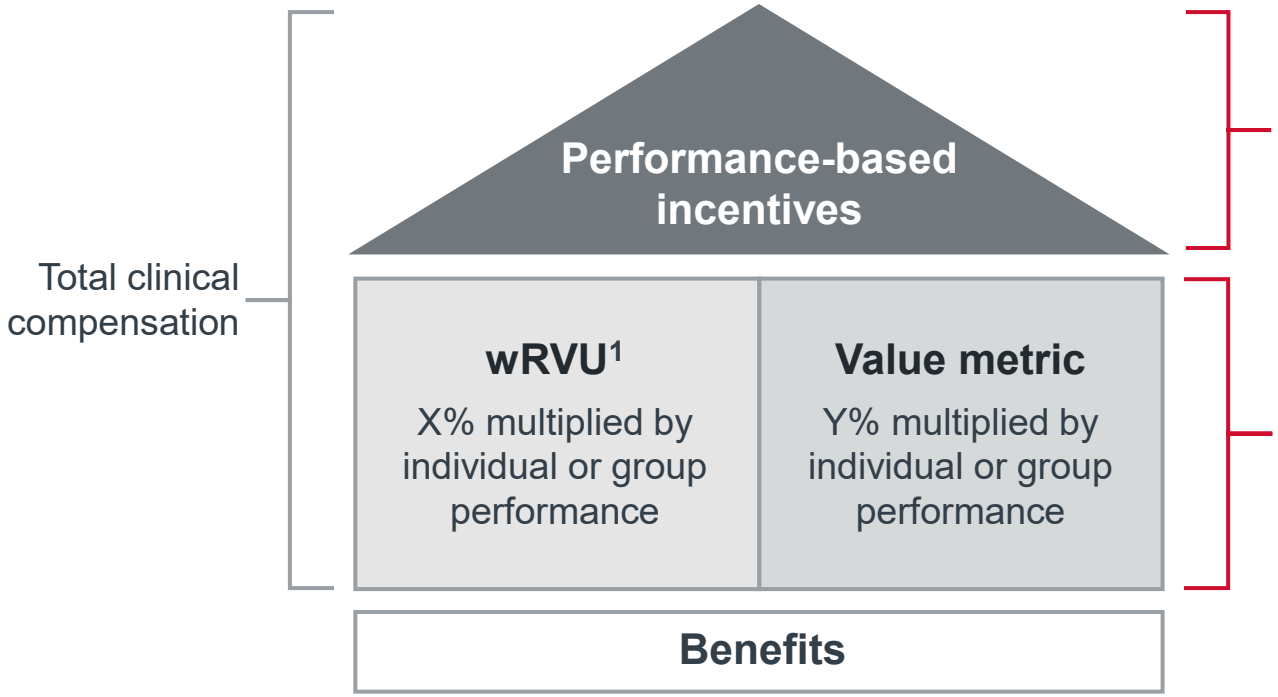
### Why this philosophy works

- **Aligned:** Ties incentives to system goals
- **Actionable:** Focused on what clinicians can influence
- **Adaptable:** Built to flex and evolve

Source: Advisory Board interviews.

# SSM Health's standard, but flexible compensation model

## Primary care compensation model follows consistent 'house' structure, with rooms flexing by market




**The roof (~20% of compensation)[2]:** Metrics reflect system goals, clinical program, and regional KPIs. They can be at the individual or group level. Examples include:

- Safety and quality
- Financial performance
- Population health
- Patient experience

**The rooms (~80% of compensation)[2]:**

- Panel size is the value metric for all SSM Health PCPs
- "Room" weighting varies by PCP market:
  - Wisconsin: 50/50
  - St. Louis/So. Illinois: 70/30
  - Oklahoma: 80/20

**Compensation structure goals**

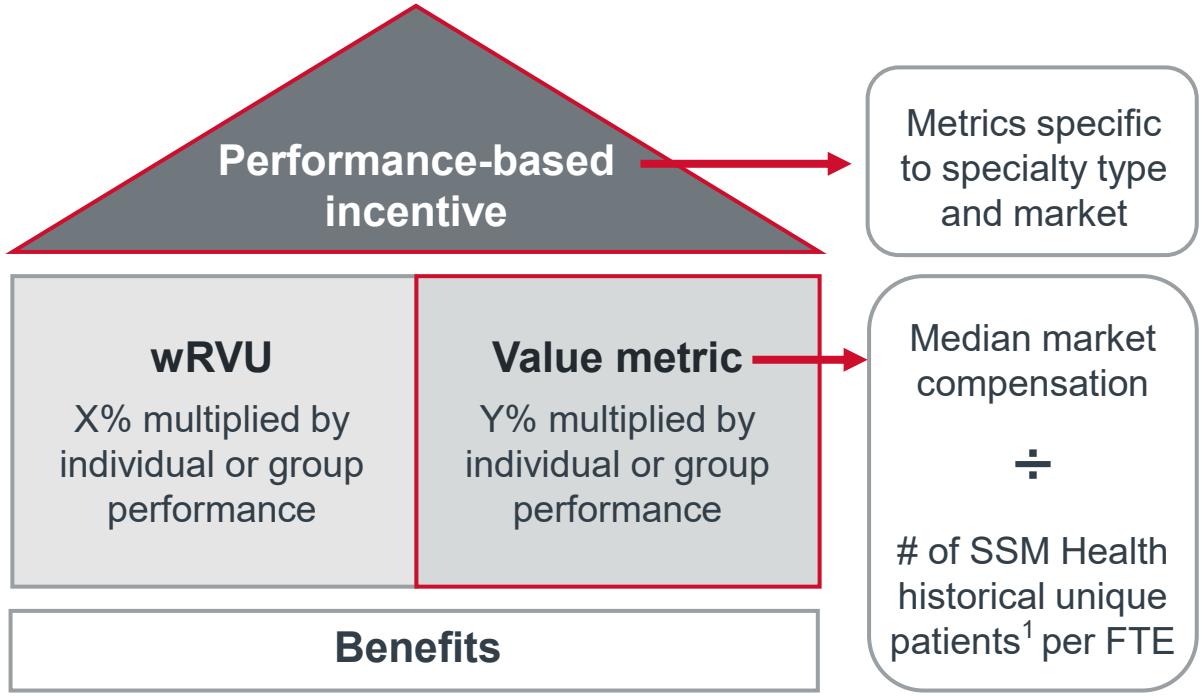
- Reward patient access and VBC delivery
- Add worthwhile incentives to individual and group performance
- Apply a consistent process and architecture across system

1. Work Relative Value Unit.
2. Percentage of compensation tied to performance-based incentives can vary from 0 to 22.5% depending on the market. The wRVU and value metric proportion makes up the remainder.

Source: Advisory Board interviews.

# Don’t forget specialists

## Specialist compensation model differs only in incentive metrics and value metric calculation




## Rollout process engages specialists from the start

### Make it real

Shadow modeling shows side-by-side impact of proposed compensation vs. current

### Design with clinicians

Iteration continues until compensation is predictable with physicians’ own data

### Account for real-world differences

Performance-based incentives reflect the realities of different markets, specialties, and practice context

## That engagement accelerates specialty adoption

**5** Specialties currently using the model[2]

**9** More specialties adopting the model by 2027

1. Defined as any patient with a billable visit to a SSM Health clinic or hospital, with a provider in the specialty (either physician or APP), in the last 24 months.
2. The five specialties currently using the model include medical oncology, radiation oncology, pediatrics, endocrinology, and rheumatology.

Source: Advisory Board interviews.

# APPs provide VBC, too

## SSM Health aligns APP economics with physicians' incentives to change frontline behavior

### DESIGN

APP-generated wRVUs credited to physicians at 85%, net of APP salary

APP incentives and benefits excluded from physician cost allocation

New APPs receive one-year on-ramp period without wRVU allocation

Patients seen by APPs count toward physicians' unique patient totals

### WHY IT MATTERS

Physicians benefit financially when APPs are productive

Physicians are not penalized for leveraging APPs

APPs face fewer barriers to VBC adoption

Physicians can delegate care without sacrificing performance

### NET BENEFITS

- Physicians are more **willing to delegate** appropriate care to APPs and focus on complex patients
- APPs become an **active part of the VBC model** rather than additional clinical capacity

Source: Advisory Board interviews.

# Ground training in the frontline's day to day, not yours

## Navvis provides a robust clinical transformation curriculum, not just VBC education

### Surround Care Academy

*Peer-led VBC training*

HOW PHYSICIANS BENEFIT

- Understand cost and impact of clinical decisions
- Improve diagnostic accuracy and management of complex chronic conditions
- Replace "check-the-box" documentation with clinically meaningful workflows
- Act on rising-risk patient needs during routine visits

**Strengthens clinical decision-making**

### Practice Optimization Managers (POMs)

*Embedded ongoing workflow support*

HOW PHYSICIANS BENEFIT

- Improve HCC[1] recapture without disrupting workflow
- Get immediate support to redesign visit flow (e.g., AWVs[2], care gap closure)
- Standardize team roles and reduce administrative work
- Reduce variation in VBC implementation across different providers

**Strengthens operational performance**

1. Hierarchical Condition Category.
2. Annual wellness visits.

Source: Advisory Board interviews.

# How SSM Health's approach works

## How SSM Health overcomes the most common frontline engagement pitfalls

**"I don't know how"**

**"I don't have a reason to care"**

### Give physicians the ability

- Bring VBC into clinical workflows instead of asking clinicians to work around it
- Focus training on decisions physicians make every day
- Reinforce education with hands-on implementation support

### Give physicians the incentive

- Reward value-based outcomes, not just productivity
- Align incentives across the entire care team, including specialists and APPs
- Balance enterprise consistency with market-level flexibility

Source: Advisory Board interviews.

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Source: Advisory Board interviews.

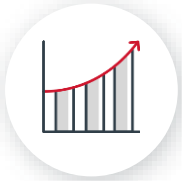
# In VBC, finance shouldn't leave clinical behind

## SSM Health shows when pausing is worth it

### Set ambitious growth goal

Goal: 58% of lives in value by end of 2025

### Contracting team succeeds



Reached risk adoption goals two years early

### Contracting outpaces operational readiness

However, clinical operations wasn't ready for additional downside risk

### Pause and reset

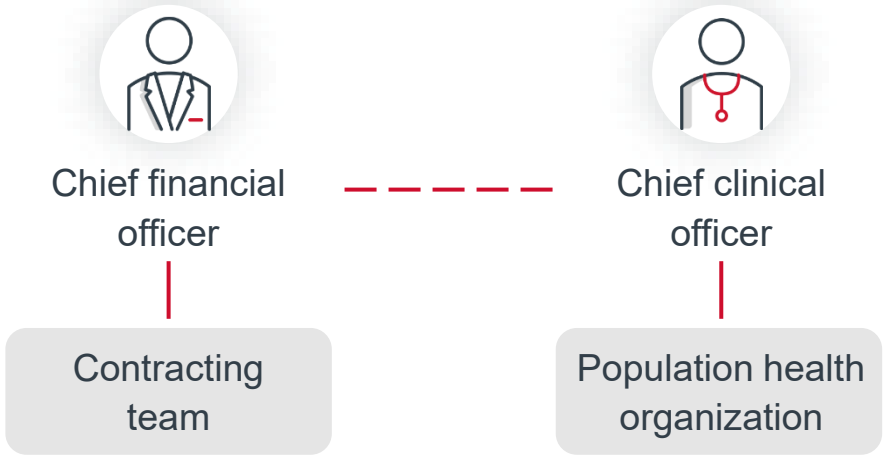

- Held risk steady until clinical capabilities could catch up
- Leveraged Navvis' analytic expertise to pace risk expansion
- Asked payer partners to extend shared savings ramp-up

**VBC is both a financial and clinical transformation — progress in one should not outpace the other.**

Source: Advisory Board interviews.

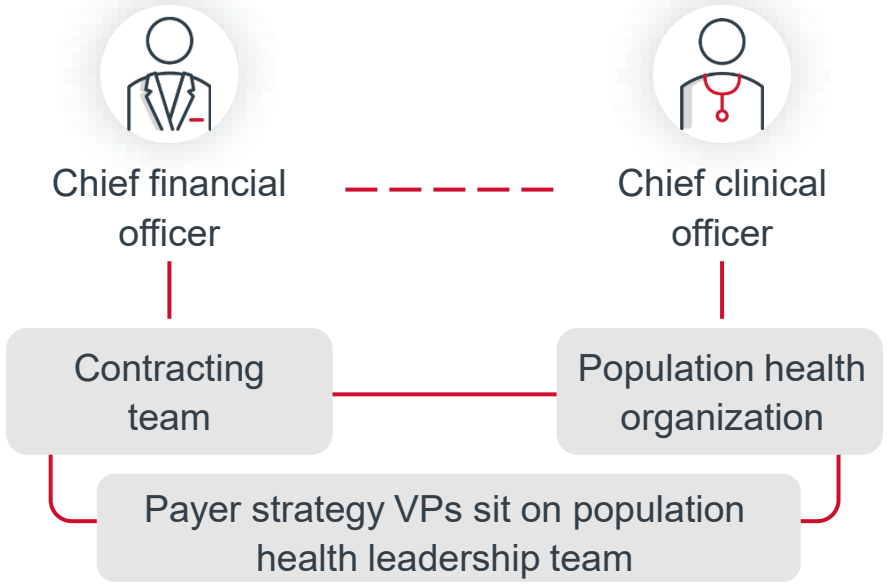
# Contracting works best with population health visibility

## Prior reporting model




Requires intense coordination and optimizes for fee-for-service contracts

## Current reporting model




Enables visibility and simplifies communication

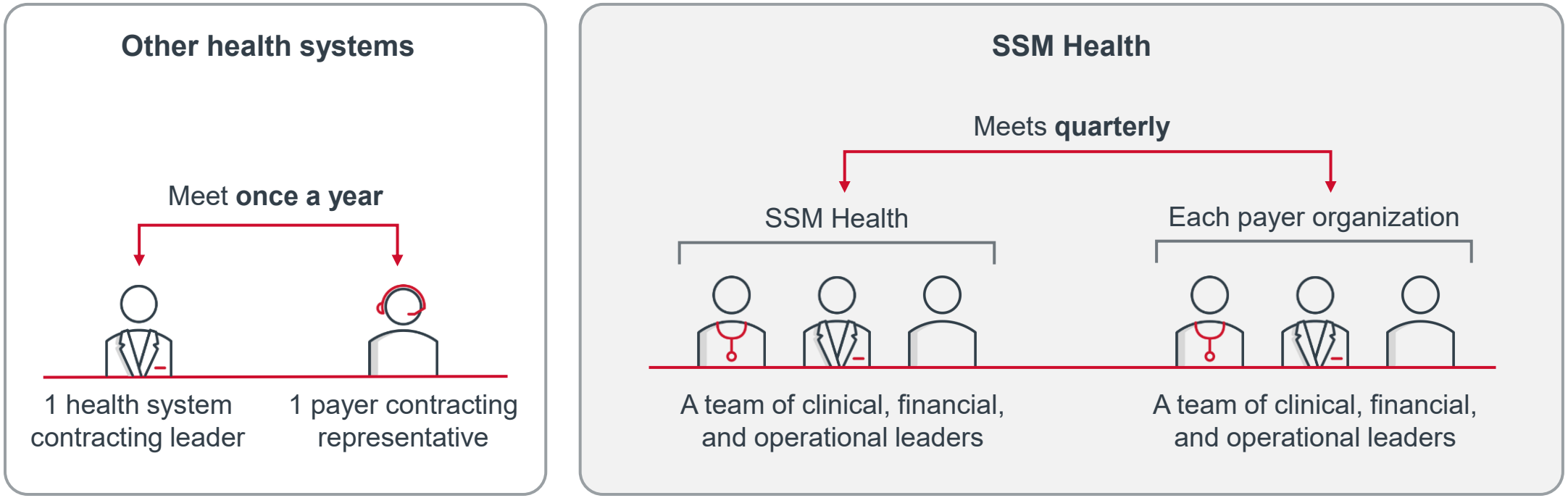
"Right now, there are no cracks of light between our population health and payer contracting teams."

TIM JOHNSON, MD, SYSTEM CCO, MEDICAL GROUP, POPULATION HEALTH, CONTINUUM OF CARE, SSM HEALTH

Source: Advisory Board interviews.

# It’s not a good payer partnership if you talk once a year

## Frequency and depth of engagement help define payer partnership effectiveness




Source: Advisory Board interviews.

# View payer partnerships as a continuous operating model

## How SSM Health and payer partners manage contract performance as one team

### Joint Operating Committees (JOCs)

| WHO IS INVOLVED | CADENCE | FOCUS |
|---|---|---|
| • Clinical, population health, finance, analytics, quality, and operations leaders<br>• Payer clinical, financial, and operational counterparts | • Quarterly formal JOCs<br>• Monthly meetings for smaller working teams<br>• Ad hoc issue resolutions | • Review contract performance and operations<br>• Coordinate care around shared patient populations<br>• Prioritize high-risk patients with chronic conditions |

"We're going to have the hard conversations together. I can see through their lens, and they can see through mine."

*Annette Vernon*
*System VP of VBC, SSM Health*

### Attributes of a good payer partnership

Year-round collaboration

Operational alignment

Radical transparency

Focus on scale with local flexibility

Source: Advisory Board interviews.

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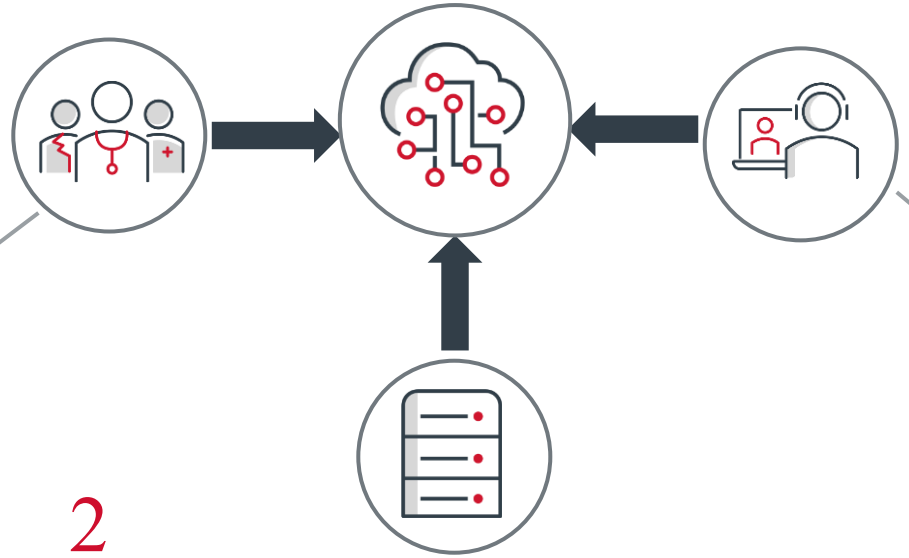
Source: Advisory Board interviews.

# You need insights, not just data

## Navvis' Coreo analytics supports the right intervention, at the right time



1

### Deploy resources where contracts create opportunity

- Identify priority populations based on contract strategy
- Match care management resources to contract risk and size

2

### Connect data across sources to prioritize patient interventions

- Combine Epic, claims, ADT[1] feeds, and third-party data into a longitudinal patient view
- Turn integrated data into specified outreach

3

### Continuously improve how data supports decisions

- Customize analytics, dashboards, and performance indicators with Navvis analytics team
- Refine patient prioritization and expand visibility across care settings with new data and AI

1. Admission, discharge, and transfer.

Source: Advisory Board interviews.

# Know how VBC performance affects the bottom line

## Key features of SSM Health's executive VBC performance dashboard[1] developed with Navvis

| 2026 | St. Louis | Wisconsin | Oklahoma | Southern Illinois |
|---|---|---|---|---|
| MSSP[2] | | | | |
| Medicare Advantage | | | | |
| Commercial Medicaid | | | | |
| CPC+[3] and PCF[4] | | | | |
| Number of VBC lives | | | | |
| Projected net contract dollars | | | | |
| Projected net contract PMPM[5] | | | | |

Metrics track contract-level performance across the four markets

Data segmentation links performance to financial impact

1. Illustrative example for demonstration purposes only.
2. Medicare Shared Savings Program.
3. Comprehensive Primary Care Plus.
4. Primary Care First.
5. Per member per Month.

Source: Advisory Board interviews.

# Protecting care management so it can do its job

## Why SSM Health regionalized care management

### Practice-based

**Benefits**

- Close PCP partnerships and warm handoffs
- In-person support strengthens patient engagement

**Drawbacks**

- Care managers routinely pulled into clinic staffing gaps
- Time diverted from population health work

Care management capacity frequently redirected to clinic operations

### Regionalized

**Benefits**

- Protects capacity for care management and population health work
- Flexible staffing across practices
- Consistent top-of-license staffing, including care coordination specialists

**Keys to success**

- Care managers remain aligned to dedicated PCP teams
- Phased rollout allows practices to learn from early adopters

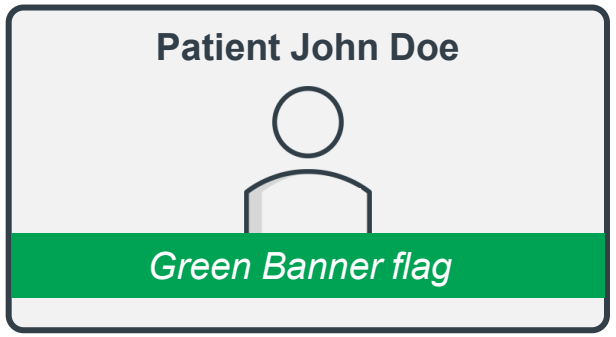
Protects capacity and improves quality and engagement

**$5-6M** Annual savings from more efficient staffing model

# Make value-based risk visible at the point of care

## The Green Banner signals value-based patients across SSM Health

### DEFINITION




- EHR flag highlights patients attributed to SSM Health through value-based contracts
- Tool is visible to all clinicians and staff using the EHR

### IMPACT

- **Increased awareness**, prompting earlier disease recognition and more care management referrals
- **Strengthened relationships** between physicians and centralized care management
- **Improved attribution accuracy** through ongoing SSM Health and Navvis partnership
- **Introduced accountability ambiguity**, with some clinicians interpreting the flag as handoff

### WHAT'S NEXT

**System-wide roadshows and re-education**

- Expand Green Banner knowledge to all staff
- Reinforce shared accountability to route patients to the right setting — especially primary care

Source: Advisory Board interviews.

# Key messages from SSM Health's story

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Source: Advisory Board interviews.

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