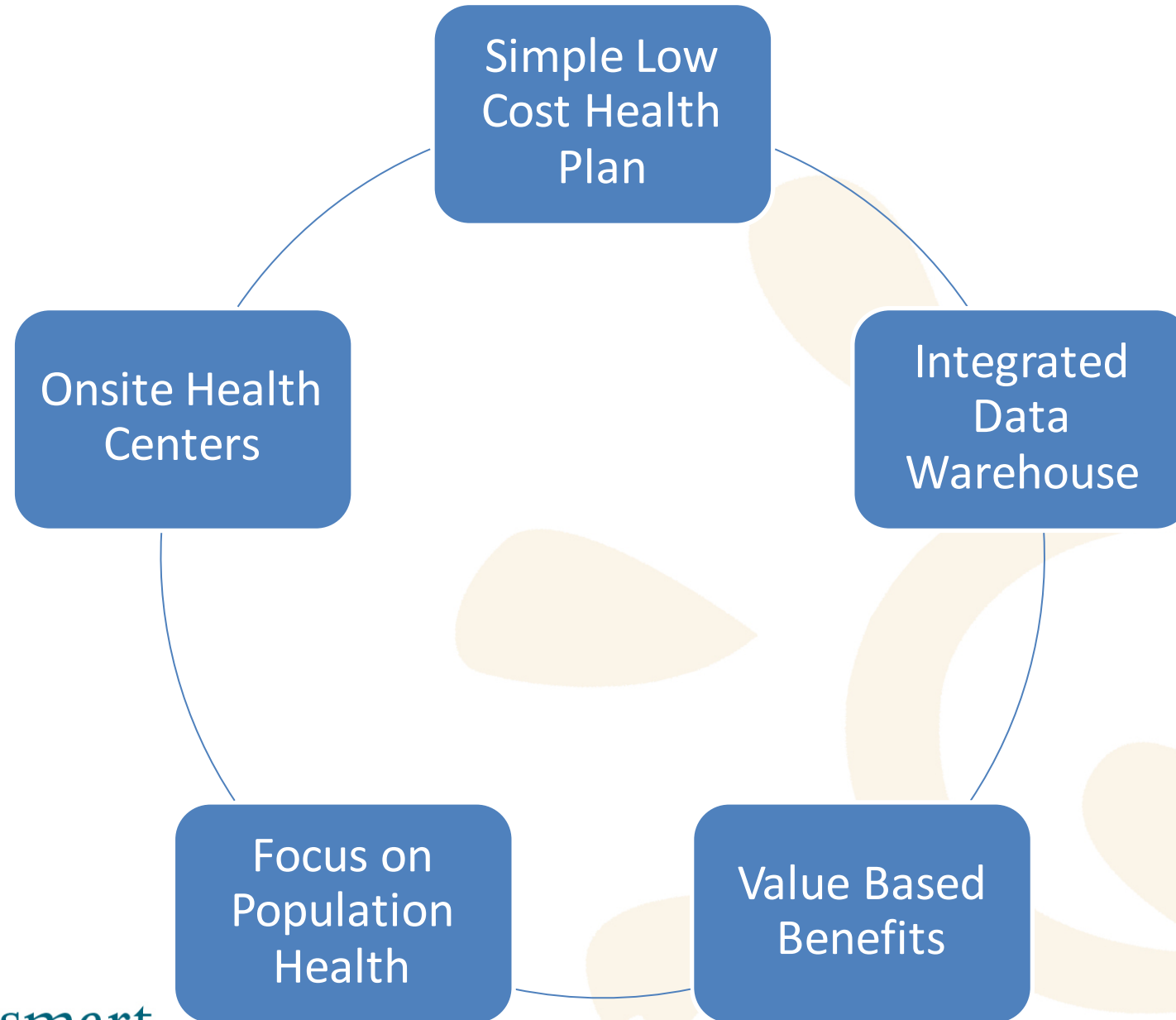


# Metro Nashville Public Schools

- 41st largest district (88,000 students)
- Teacher's health plan (9,200 active & retired teachers)
- Support staff covered by Metro Nashville Government (4,000 active employees)

*With a core belief that healthy employees  
are better employees*



# Strive to Understand our Population

- Data warehouse includes:
  - Medical claims
  - Pharmacy claims
  - Vision claims
  - Dental Claims
  - Health Risk Assessment
  - Electronic Medical Records
  - EAP encounters
  - Time & Attendance
  - Job Performance
  - Work location
  - Salary & position
  - Management Structure
  - Race/Ethnicity

# MNPS Classroom Portable Repurposed to Health Clinics



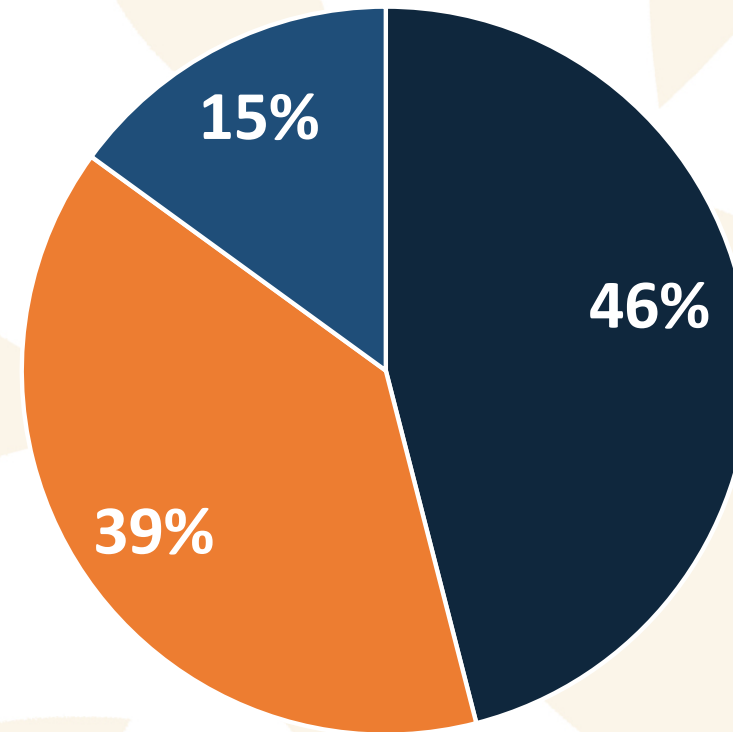


[illegible]

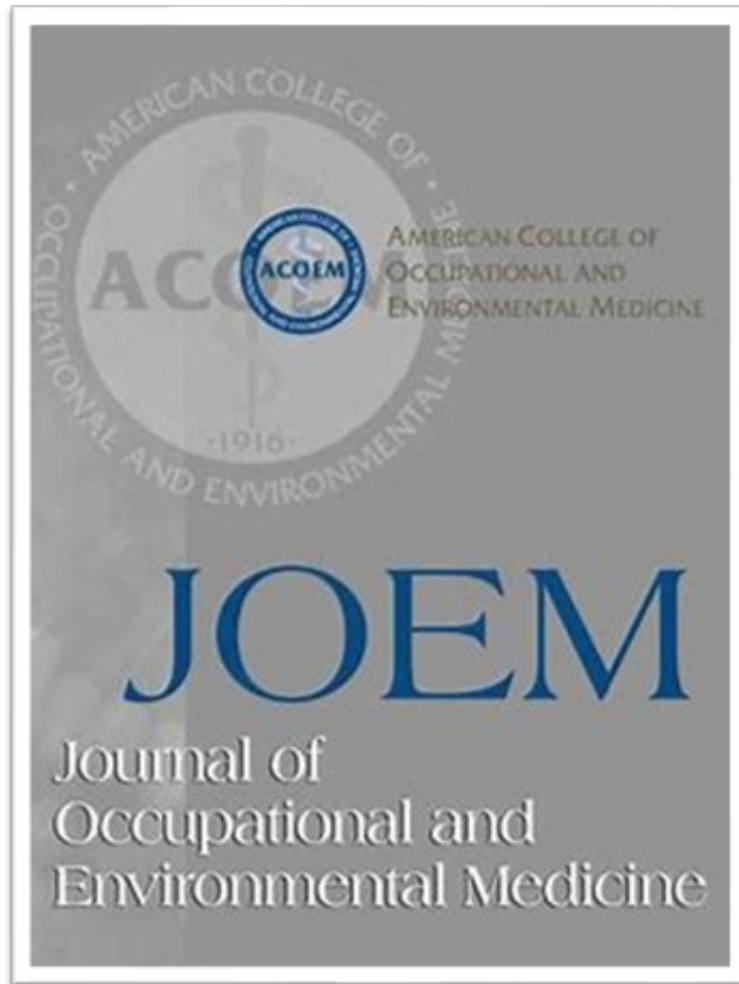
# Assess our Programs: Primary Care Attachment

- Reduction in medically homeless – 15% vs 25-40%
- Connecting members to PCPs slows the rate of increase in costs for medical, pharmacy, & dental benefits.
- Early attachment to MNPS  
PCP > savings by 1.5x
- 56% of active employees used clinic services in 2019

PCP Attachment – Active EE



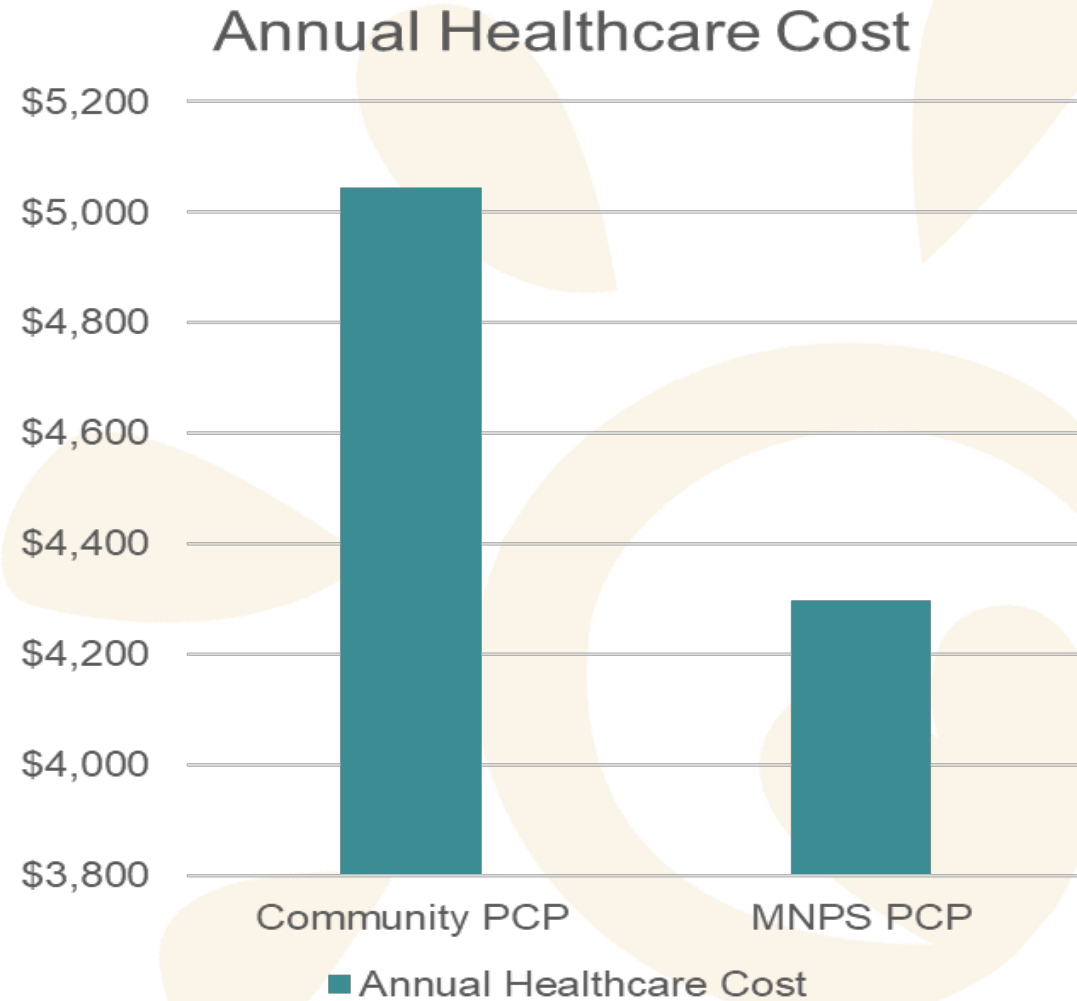
■ MNPS ■ Other ■ None



The impact of worksite clinics  
on teacher healthcare utilization  
and cost, self-reported health status,  
and student academic achievement  
growth in a public school district

# Results

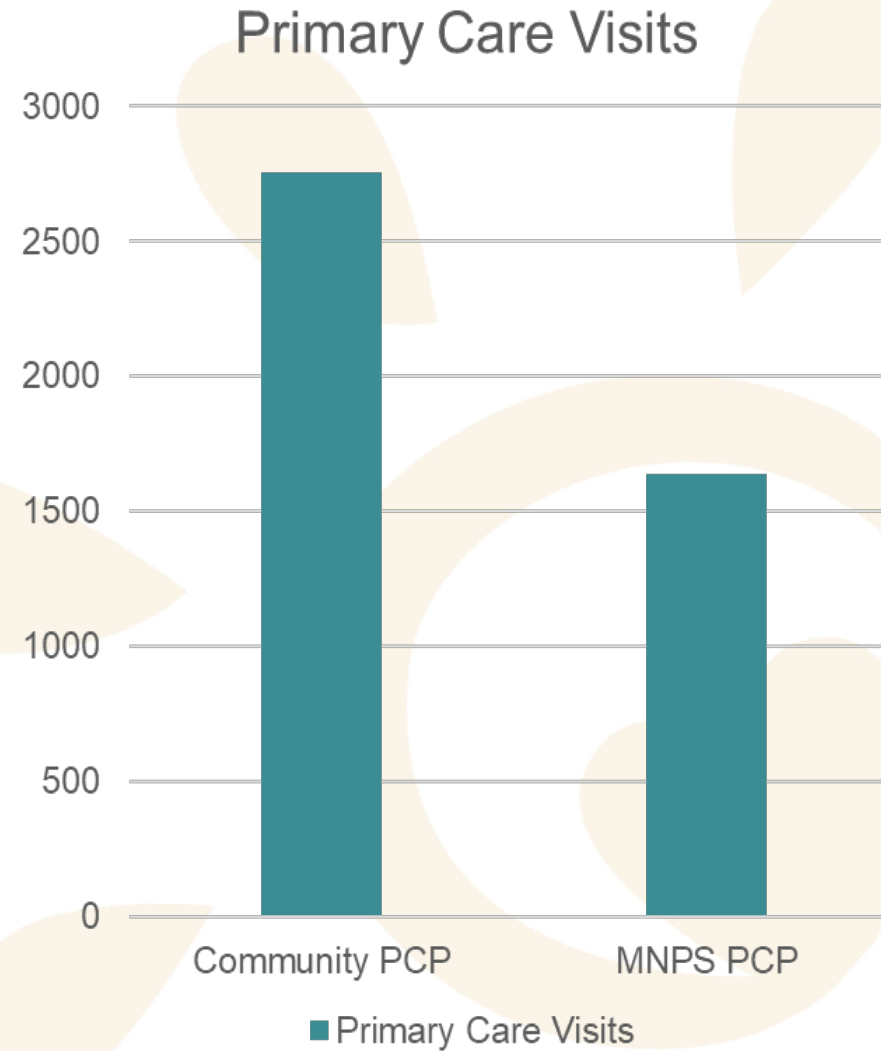
\$5,043 vs. \$4,298  
in 2016,  
a difference of  
**\$62 per teacher  
per month**





# Other Findings

Primary care visits  
(2,756 for vs. 1,637 per  
1,000 teacher years)  
Teachers utilizing  
community PCP had 168%  
more office visits.



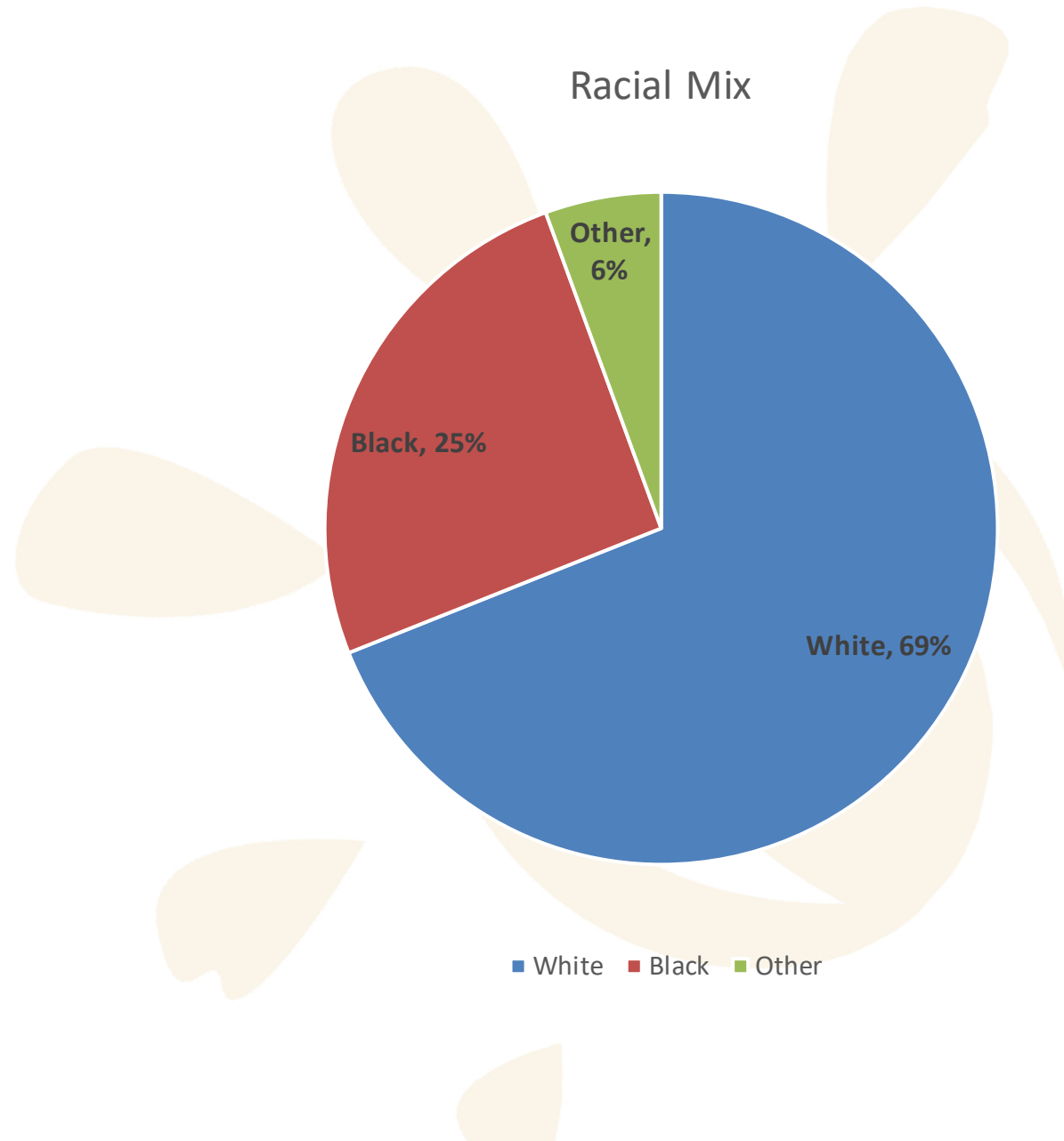
# MNPS Employee Healthcare Centers



# Our Data Set – Teachers Health Plan

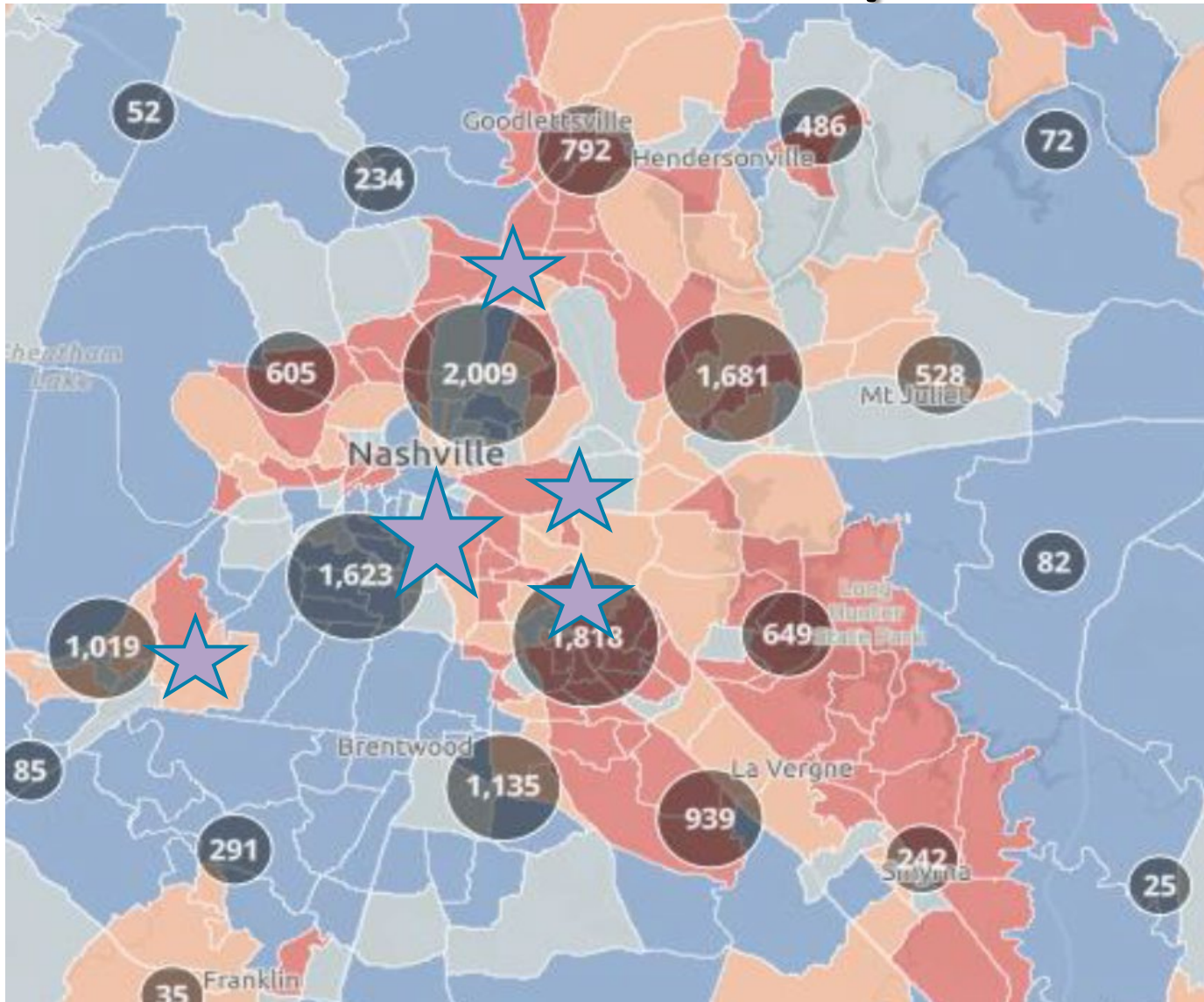
## 2020 Demographics

- 6218 Certificated Staff
- All College Educated
- Consistent Salary Structure
- Live/work in greater Nashville MSA
- Equal access to onsite medical
- Low cost health plan
- 79% female, average age 43 (Black employees slightly older, 45)
- Other – predominantly Latino, secondarily Asian (72% female)



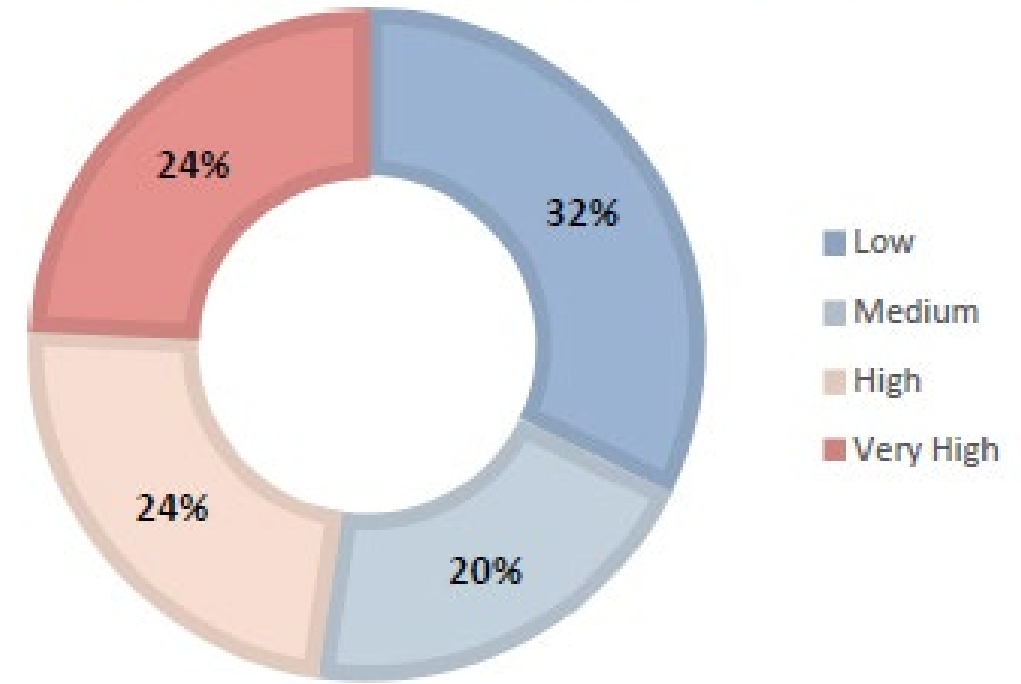


# Access to Comprehensive Primary Care



\*Cigna Total Health Insight: MNPS Annual Review Report (April 2021)

## Percentage of Members by SDI



 MNPS clinic locations

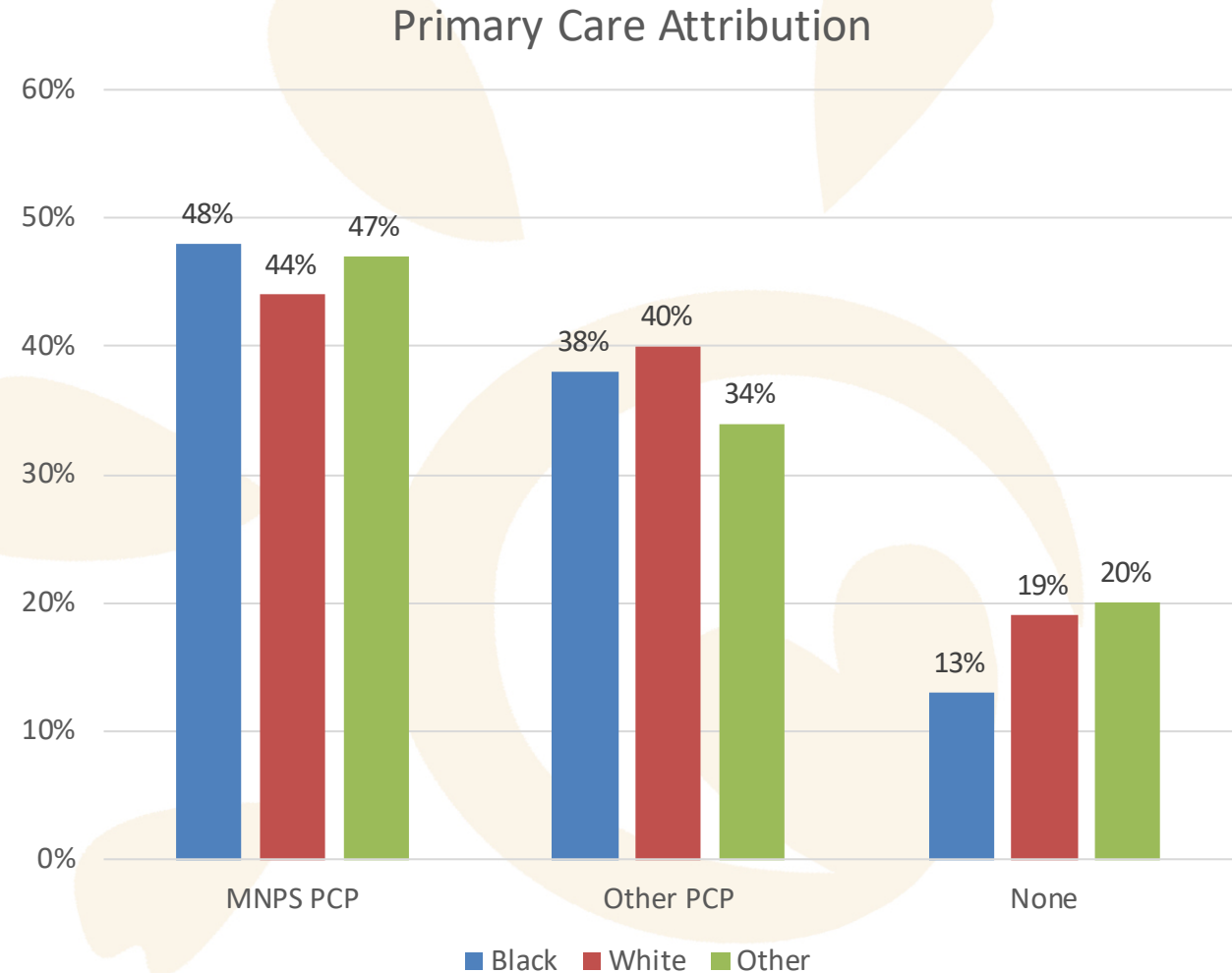


**Vanderbilt Health**  
at Metro Nashville Public Schools  
Employee & Family Health Care Centers



# Primary Care Attribution

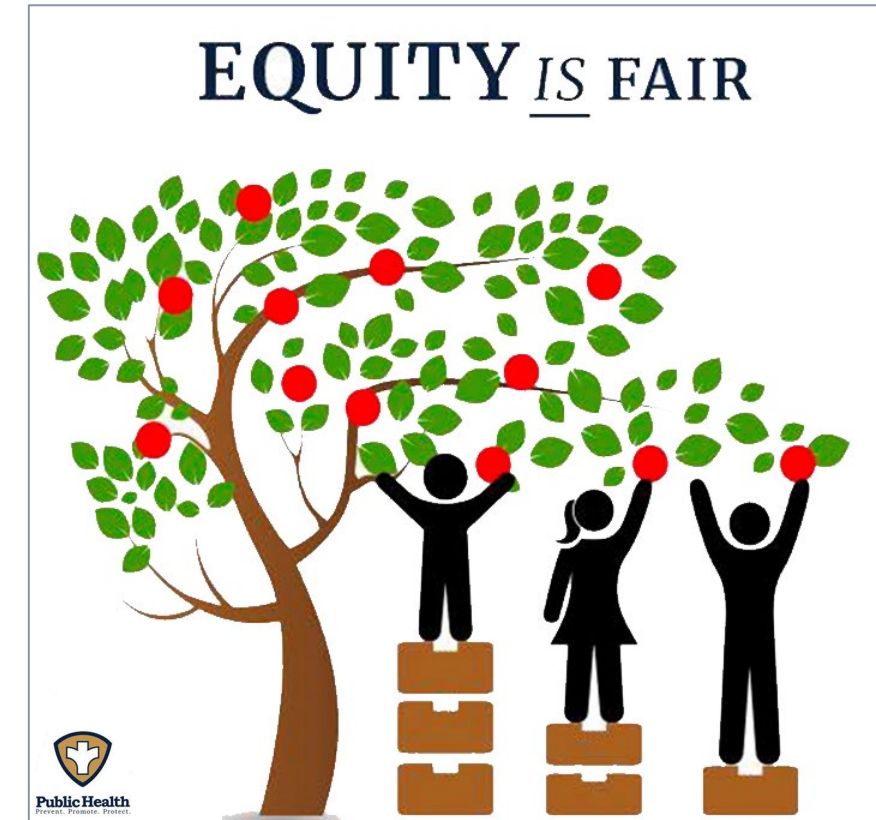
- Typically, you expect higher ED utilization tied to lower primary care use as seen with the other category.
- However, our black employees have higher primary care use and higher ED utilization.
- Confounding the issue are better results in preventive care utilization as well.



# MNPS Approach to Health Equity

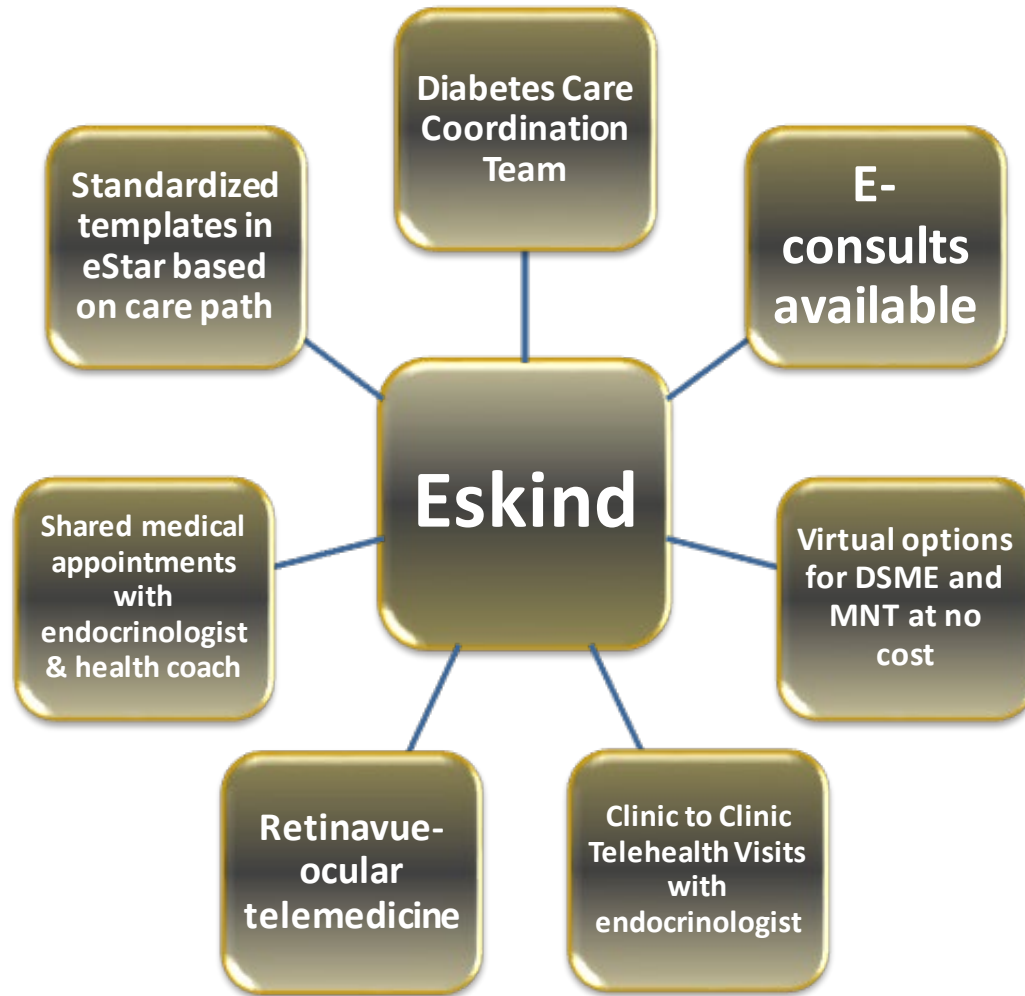


1. Value-based model with accessible patient-centered medical homes
2. Addressing Social Determinants of Health (SDoH)
3. Programming that meets patients where they are
4. Focus on Quality Improvement (QI) and staff awareness
5. Elicit and act upon patient feedback





# ECHO Model: Bringing Specialty Care to Home



**We're bringing a diabetes specialist to YOU**  
**Telehealth with endocrinologist**



# High Neonatal and Maternity Costs



## High Risk

High risk for potentially catastrophic births



## High Cost

Costs can reach as high as \$2.6 million per case



## High Volatility

High volatility in neonatal spend

Improve  
maternity  
care with a  
**"quality first"  
strategy.**



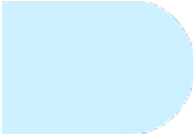
Improve care  
outcomes and  
improve spend.

Step beyond  
screening and  
coaching to develop  
a maternity center of  
excellence



# Search for a Partner

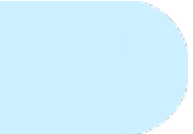
*Not* just looking for payment reform,  
but a way to truly impact quality of care.



Asked every health system in Nashville  
to rethink maternity care with us



Only certain health systems can do this



Vanderbilt was the only hospital  
to step up to the challenge





# Co-Creation

MNPS and VUMC designed maternity care bundles together.



## Market Research

Surveyed MNPS employees



## Comprehensive Care Model

Designed care model that included all pre-natal care, plus delivery, plus three months post-partum care



## Commitment to Iteration

- New territory for everyone
- Embrace changes



# MyMaternity Health

*Welcome a bundle of joy  
without a bundle of bills.*

Launched January 1, 2020





# How it works for the health plan



One, predictable, fixed price for all pregnancies and deliveries for the year – *regardless of delivery type*

---



Same cost or less than fee-for-service

---



VUMC assumes the risk for each pregnancy and delivery

---



Addendum to current health plan.

*Patient Navigators  
offer personalized  
service to employees*

---

*Partnered with VUMC on  
engaging MNPS employees in  
Bundles to drive enrollment*



# How it works for Employees



Zero out of pocket costs

---



Dedicated patient navigator

---



High-touch service

---



Telehealth services

# Savings for All

With more to come

104  
Enrollees

49  
Deliveries

## EMPLOYER SAVINGS

Savings with the maternity bundle to date

Total health plan savings

\$364k

Per bundle (person) savings

\$3.5k

## EMPLOYEE SAVINGS

Savings with the maternity bundle to date

\$260k

Total employee savings

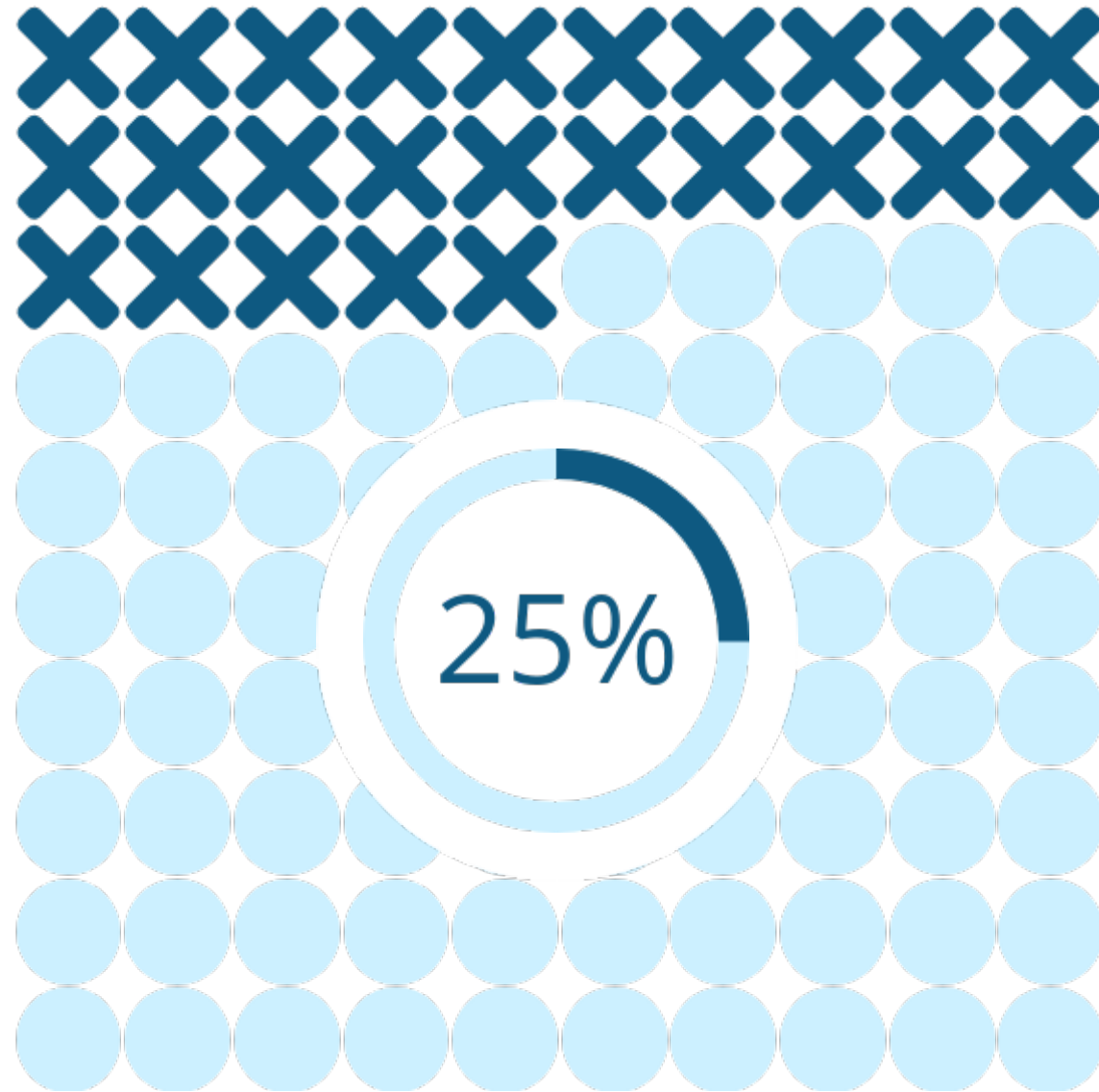
\$2.5k

Per bundle (person) savings

# Clinical Trends

## Maternity Care

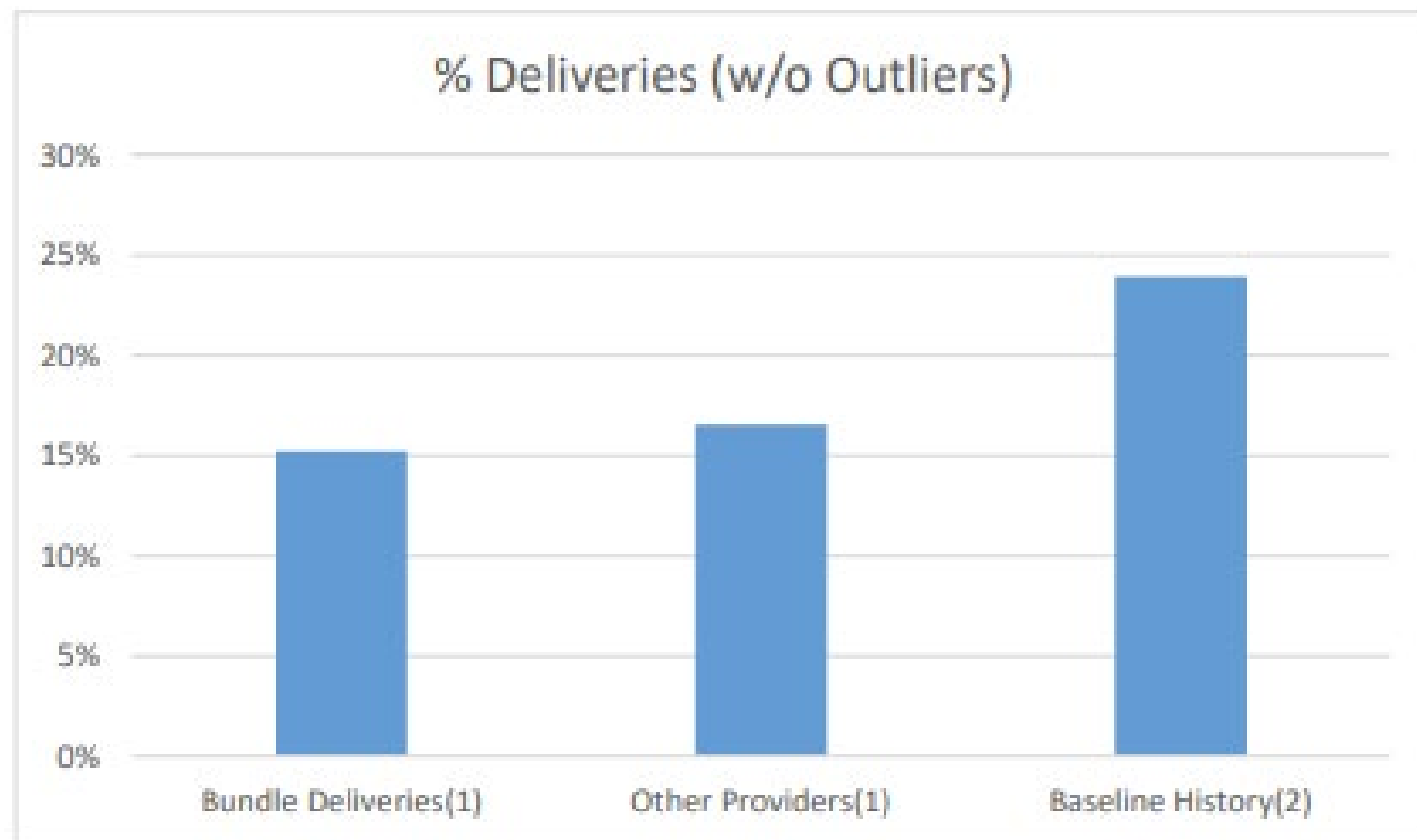
C-section rates decreased by **25%** in comparison to the market.



# Clinical Trends

## Neonates

Frequency of neonates decreased for those involved in bundle, helping to offset the impact of uptick catastrophic cases (>\$100,000)



# Launched Four More Bundles January 2021

[MyHealthBundlesForEmployers.org](https://MyHealthBundlesForEmployers.org)



With more on the horizon for 2022 and beyond



MyMaternity  
Health



MyWeightLoss  
Health

Surgical Weight Loss  
Medical Weight Loss\*



MySpine  
Health



MyOrtho  
Health

Hip & Knee Surgery  
Osteoarthritis\*  
Shoulder Pain\*



MyHearing  
Health

\*Coming January 1, 2022