



Every day, members struggle to make healthcare decisions and find high-quality care. Without guidance, many members living with chronic conditions inadvertently see physicians who misdiagnose their conditions, contributing to unnecessary healthcare spend and poor health outcomes. At Grand Rounds, we raise the standard of care with a solution that harnesses clinical expertise and data science to get your members to the highest quality care and the best health outcomes.

WITHOUT GUIDANCE

42% OF MEMBERS living with multiple chronic conditions inadvertently see physicians who misdiagnose or mistreat their conditions



25%²
OF HEALTHCARE SPEND
that is considered unnecessary



Proven Expert Medical Opinion Program Results

We measure the success of our Expert Medical Opinion solution through the Triple Aim framework: improved **clinical outcomes**, reduced **cost of care** and outstanding **member satisfaction** for your members with complex needs.



CLINICAL OUTCOMES

Connecting members to experts and local high-quality care ensures the best possible health outcomes

69%

Change in treatment after an Expert Medical Opinion

41%

Of Expert Medical Opinions leading to canceled surgery

64%

Reduction in high dose opioids risk³

60%

Of Expert Medical Opinions leading to medication change⁴



COST OF CARE

Guiding members to highquality, appropriate care leads to cost savings

\$9,800

Average savings per Expert Medical Opinion

\$439

PMPY reduction in outpatient hospital spend³



MEMBER SATISFACTION

Our easy-to-use experience offers members expertise, convenience, personalization and affordability

4%

Service utilization rate

91%

Member satisfaction for Expert Medical Opinions

2x

Increase in member health literacy post Expert Medical Opinion

4.9/5

App Store rating

"Amazing service, this is a great benefit from my employer. **The most useful app on my phone!!"** -Grand Rounds Member

³Observed difference in per-member healthcare utilization comparing Grand Rounds referral users to non-users, and tracking each cohort over the course of two years. Study n-size >18,000 people.

⁴Among cases where medication was part of the initial treatment plan.