



Points of Light

Reducing Specialty Care Costs & Improving Care Navigation Through Bundled Payments

Points of Light 2026 Case Study 10

April 2026



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Executive Summary

Brain & Spine Network, MedBen, and Cedar Gate Technologies, an IQVIA Business, partnered to curb escalating brain and spine specialty costs and improve fragmented care navigation by implementing a prospective bundled-payment, Center of Excellence model. Utilizing Cedar Gate's bundle design capabilities and managed services, the collaborators defined standardized episodes and conservative-first care pathways, and Brain & Spine Network delivered coordinated clinical workflows and high-touch navigation. MedBen reinforced adoption through benefit design changes that reduced member cost sharing and administrative burden. Together, this alignment of incentives reduced unnecessary surgeries, shifted care to lower-cost outpatient settings, and improved the member experience.

The Collaborators

BRAIN & SPINE NETWORK | BAPTIST + SEMMES-MURPHEY

Location: AR, MS, TN
Sizing: 3,800+ beds

MedBen
health. benefits.

Location: OH
Sizing: N/A

CEDAR GATE TECHNOLOGIES
an IQVIA business

Headquarters: CT
Segment: Value-based care

Points of Friction—Challenges to Be Solved

- **Specialty care costs continued to escalate for employers and payers:** Self-funded employers working with MedBen struggled to manage the cost of specialty care—particularly for brain and spine conditions, which often involve expensive diagnostics, procedures, and inpatient stays.
- **Care navigation for complex conditions was often fragmented and unclear:** Members lacked clear guidance on the appropriate care and where to seek it, often moving between providers and care settings without coordination. This often led to delays, duplicated data, and increased frustration.
- **Surgical pathways were overutilized even when conservative care was appropriate:** Many patients were referred to surgery even though a significant portion of their condition could be effectively treated with conservative approaches (e.g., physical therapy, pain management).
- **Bundled payment models required a different administrative approach to be successful:** Designing, managing, and adjudicating bundled payments required advanced analytics, claims expertise, and operational infrastructure that individual organizations struggled to support alone.
- **Incentives across payers and healthcare organizations were misaligned, limiting the adoption of VBC:** Members, healthcare organizations, payers, and employers weren't consistently rewarded for choosing coordinated, high-value care pathways, slowing the adoption of VBC models.

Action Plan—How the Collaborators Worked Together to Reduce Friction

- **Cedar Gate Technologies designed and administered prospective bundled payment structures using MedBen's data:** Cedar Gate leveraged their analytics platform to use MedBen's claims data to identify eligible members, map diagnoses and procedures into 35 bundled categories, and define episode triggers, care pathways, and time frames that supported both conservative treatment and, when appropriate, surgical intervention.
- **Brain & Spine Network established a Center of Excellence care-delivery model:** The organization standardized end-to-end clinical pathways that guided patients through coordinated evaluations, conservative treatments, and surgery escalation when clinically necessary, ensuring consistent, high-quality care delivery for brain and spine conditions.
- **MedBen redesigned benefit structures to drive member engagement:** The payer waived deductibles and co-pays for members who selected the Center of Excellence model. Additionally, they absorbed much of the administrative complexity associated with the program, using benefit design to reduce financial friction, encourage participation in bundled care, and guide members toward coordinated high-value specialty care.
- **Brain & Spine Network implemented high-touch care navigation to support patients through care episodes:** They deployed nurse and administrative navigators to serve as single points of contact to help patients understand next steps, schedule care, and progress smoothly through conservative and/or surgical pathways.
- **Stakeholders enabled rapid decision-making throughout the collaboration:** Cedar Gate, Brain & Spine Network, and MedBen designated accountable points of contact to meet regularly and respond quickly to emerging issues; this allowed the collaborators to efficiently resolve challenges and continuously improve program workflows.



Points of Light—Outcomes Achieved Through Collaboration

- **Lower costs:** Participating members experienced a 60% lower total cost than nonparticipants.
- **Reduced unnecessary surgical interventions:** Participants experienced approximately 50% lower surgical intervention rates, driven by conservative-first care pathways.
- **Reduced inpatient utilization:** 91% of Brain & Spine Network's bundles were performed in an ambulatory care surgery center rather than an inpatient hospital.
- **High patient satisfaction with the program:** 97% of participating patients said they would recommend the program.
- **Improved post-episode outcomes:** Brain & Spine Network reduced avoidable ED and urgent care visits.



Lessons Learned—What Best Practices Can Other Organizations Replicate?

- **Understand risk and operational implications up front:** Healthcare organizations must fully understand bundle definitions, risk allocation, and revenue cycle impacts in order to participate confidently and sustainably in bundled-payment arrangements.
- **Create clear win-win-win alignment across stakeholders:** Employers, payers, and healthcare organizations must each see clear value. Transparent pricing and strong member experience are critical.
- **Listen closely to employer and member pain points:** Successful programs are grounded in the real challenges that employers and members face, rather than assumptions about what will drive engagement or savings.
- **Choose vendor partners with proven bundled-payment expertise:** Revenue cycle operations for bundled payments require technology partners with demonstrated experience in analytics, administration, and execution.
- **Preserve provider autonomy while ensuring accountability:** Physicians are more willing to accept accountability for outcomes when financial and clinical models align and allow them to practice medicine within evidence-based frameworks.



What's Next?—Vision for the Future

- **Brain & Spine Network and MedBen will continue to expand the bundled-payment model to additional employers and markets, and Brain & Spine Network will scale the Center of Excellence framework to include other employers in the region:** The collaborators intend to grow participation in the care navigation model while maintaining high-touch navigation and standardized, conservative-first care pathways.
- **The collaborators will apply the model to additional specialties and populations:** Using the same analytics, benefit design, and collaboration framework, the partners plan to introduce bundled-payment programs in other specialties, including orthopedics and cardiovascular care.