

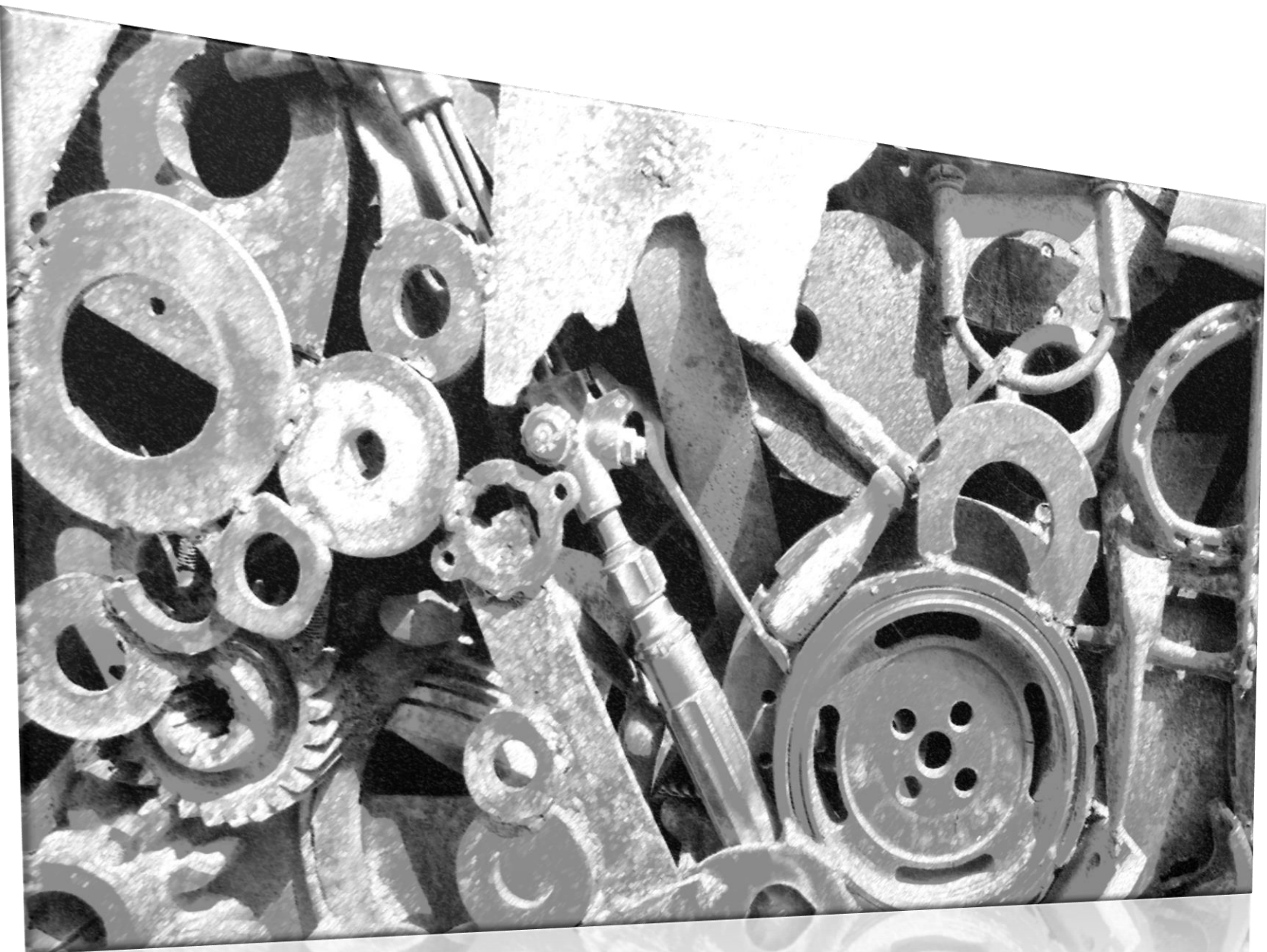


Care^{ATC}[®]

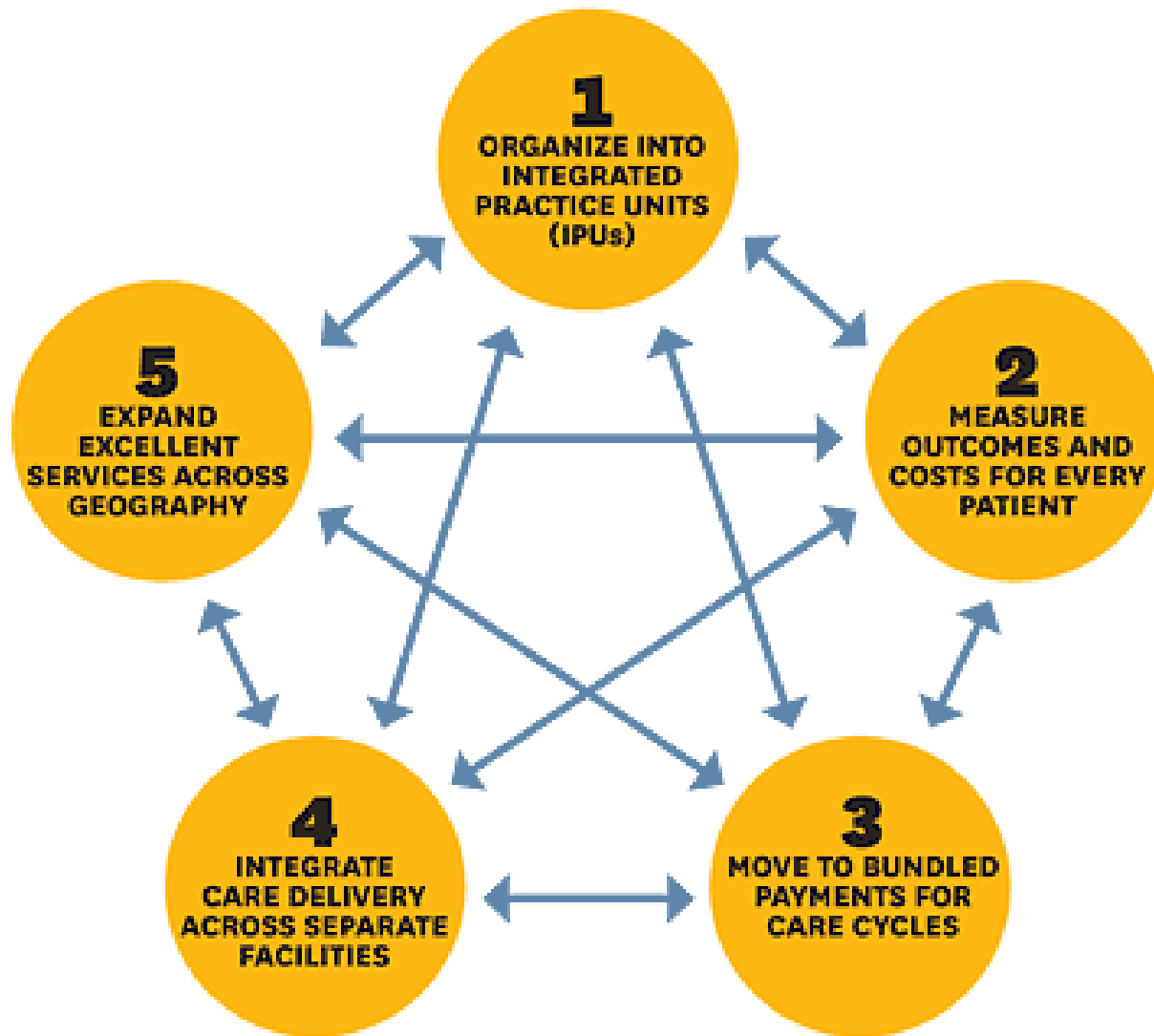
THE POWER TO BE WELL

Broken Health Care System





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6 BUILD AN ENABLING INFORMATION TECHNOLOGY PLATFORM

Broken Health System in America

Commonwealth Study

Access to Care

Ranks last on all cost related access

Healthcare Quality

Ranks near the top for effective care and patient centered care
Much lower for safe and coordinated care

Efficiency

Ranks last due to time and \$ spent dealing with insurance, duplicate testing, lack of coordination

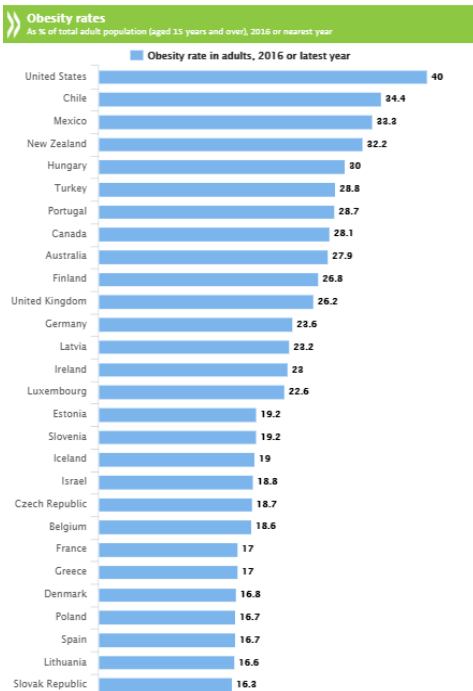
Equity

Ranks last lower income adults delay care or receive care from ER

Healthy Lives

Infant Mortality
Potentially Avoidable Deaths
Obesity and Diabetes Crisis.

Diabetes and Obesity Trends



DIABETES RESEARCH ARTICLES



U.S. Leads Developed Nations in Diabetes Prevalence

DEC 2015

New and detailed data from the new International Diabetes Federation (IDF) Diabetes Atlas, released at this week's World Diabetes Congress in Vancouver, Canada (Nov 30-Dec 4) reveals that, unsurprisingly, the United States has the highest prevalence (11% of the population aged 20-79 years) of diabetes among developed nations. This league table includes countries of the European Union plus Canada, Australia, New Zealand, Singapore, South Korea, Israel, Andorra, Norway, Switzerland, and the U.S. itself.

Contributing Factors to the Broken System

Lack of Transparency

- Patient steerage from entry point to profit centers
- Actual plan cost unclear to patient
- Inconsistent provider quality
- Prescription pricing models and rebates

Prescription Drugs

- Medication possession gaps
- Medication cost – both to patient and plan
- Patient understanding and compliance

Primary Care Access

- Provider availability
- inadequate prevention and management of chronic disease
- Delayed diagnosis

Misaligned Incentives

- Fee for service compensation
Malpractice risk
- ACA MLR targets

Inflated Billing

- “Optimized” medical coding
- Place of service variances

Varying Health Insurance

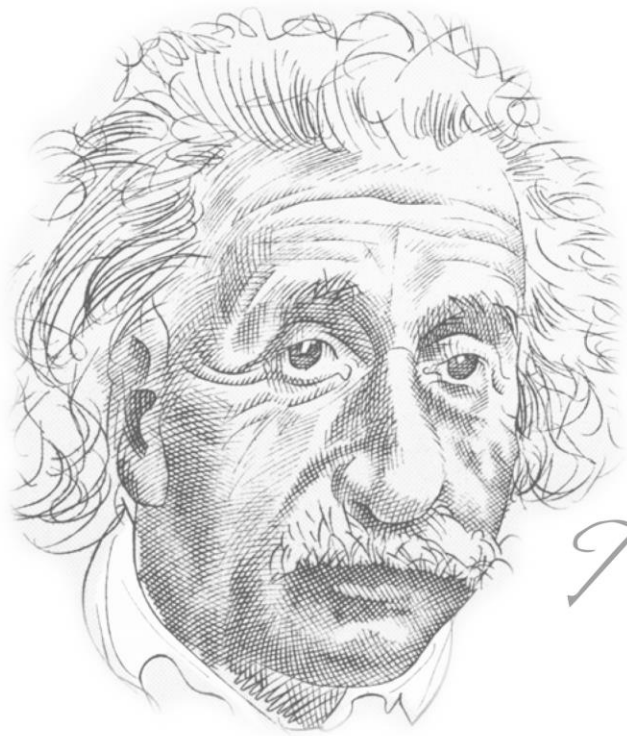
- HDHP, PPO, Indemnity
- Gap products
- Provider and employer administrative overhead

Specialty	Average Revenue Generated for	Average Salary	Return
Internal Medicine			
Family Practice			
General Surgery			
OB/GYN			
Orthopedic Surgery			
Psychiatry			
Hematology/Oncology			
Cardiology (Invasive)	\$2,448,130	\$529,000	400%
Neurosurgery	\$2,445,810	\$553,000	442%
Cardiology/Non-Inv.	\$1,260,971	\$291,000	433%
Ophthalmology	\$1,035,577	\$249,000	416%
Neurology	\$1,025,536	\$277,000	370%
Pulmonology	\$1,190,870	\$331,000	360%
Pediatrics	\$665,972	\$195,000	342%
Urology	\$1,405,659	\$412,000	341%
Otolaryngology	\$1,066,221	\$334,000	319%
Gastroenterology	\$1,422,677	\$455,000	313%
Nephrology	\$712,054	\$275,000	259%

As of 2019 the average revenue generated for a Hospital by a Family Practice is \$2,133,273

Merritt_Hawkings - 2016 Physician Inpatient/Outpatient Revenue Survey





**“If you always do what you always did,
you will always get what you always got.”**

Albert Einstein

Using data to identify costly healthcare benefit problems is not new. Employers have **always** studied spending trends and cost-share balances and we've all learned that cost-shifting and adjusting premiums are **always** short-term and short-sighted solutions to long-term problems.

What would Albert do?

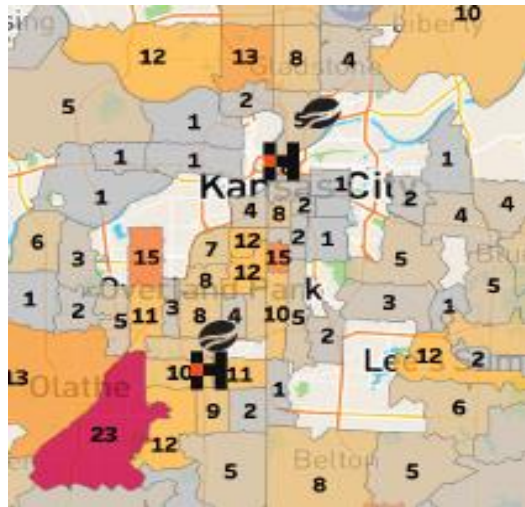
Look at things with a fresh set of eyes.

When you look at data differently, you can reduce your healthcare spend, lower your risk and improve the health of your population.

What is an onsite/near site health clinic?

An **On-Site clinic** is an area physically located in a company which is designated as a medical **clinic**. The provider then operates out of that **site** caring for employees for acute care situations. ...

These comprehensive health and **wellness** centers are located directly on the employer's **worksite** to offer maximum convenience for **on-site** employees.



Near-site health services are a great way for a company looking to control health care costs and is positioned near multiple sites of the employer. These facilities are positioned **near** the employer's location, often in an area that's convenient for distributed workforces as well as spouses and dependents

Shared-Site is health centers to share the cost of a **clinic** by partnering with a group of companies. Facilities located in proximity of employees homes and employer location.

How does the health clinic control costs?

Directing main street health encounters into a more controlled environment



Clinic Encounters

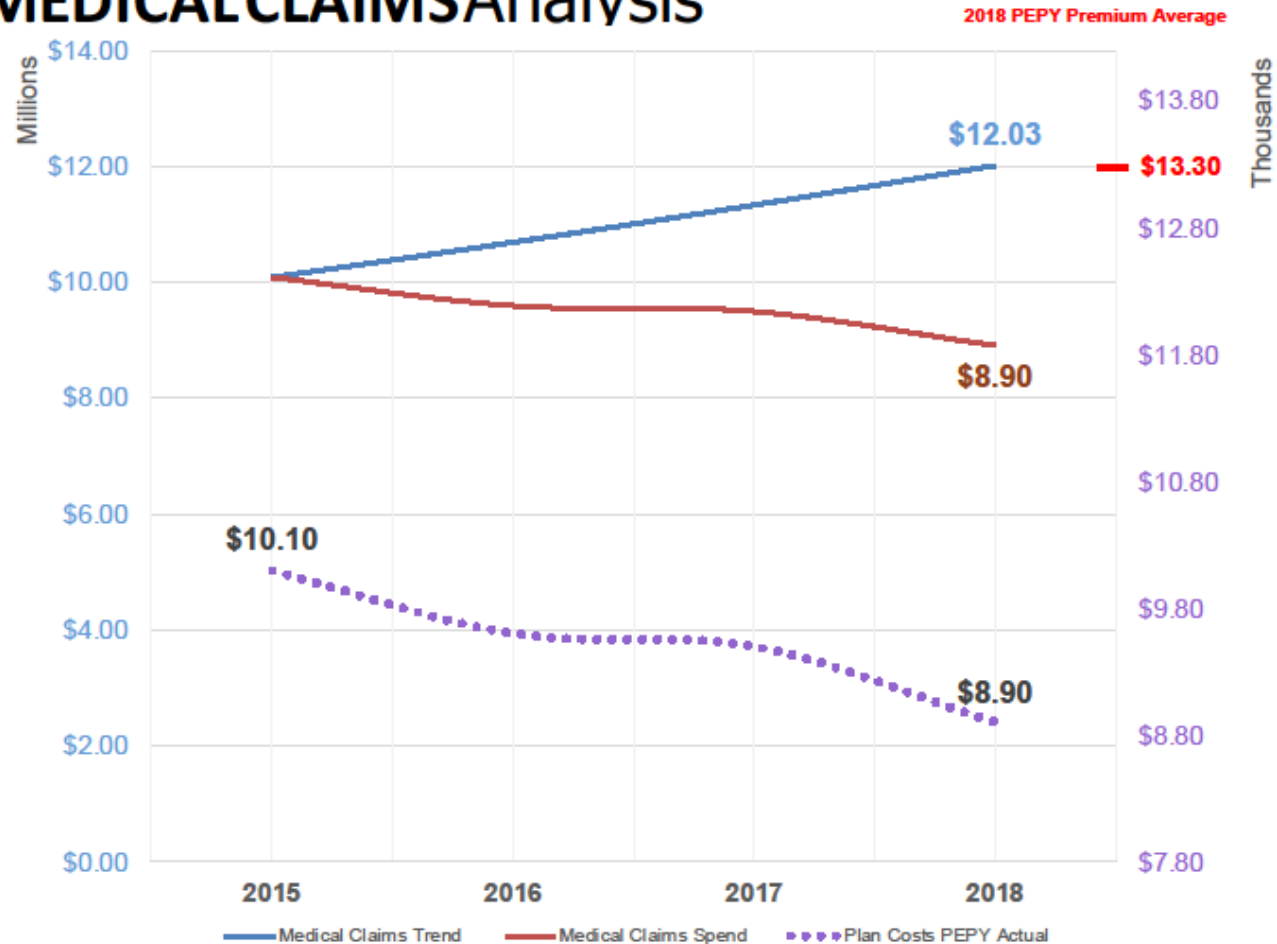
Lead to savings

Medical Costs	RX	Wellness
Care Compliance	Utilization Reduction	Chronic Condition Management



Overall claims trend with clinic option

MEDICAL CLAIMS Analysis



Public Sector PA, 1,000 E + Dependents | 4 year net savings - \$6.1M, \$2,030 PEPY average

On: March 1st, 2019 | CONFIDENTIAL

CareATC's Primary Care



Remarkably **Different** Healthcare

We're changing the way healthcare is delivered.

Since 2000, we've been recreating the healthcare experience to drive more engagement, better outcome, and lower plan costs. Our unique approach to workforce health is more than a model. It's a movement **to better outcomes**.



Our mission is to **promote health, prevent disease, and provide a shorter path to care.**



86% of healthcare costs
are attributable to preventable,
treatable chronic diseases

**High-risk employees are 3x more
likely to file workers' comp
claims. ****

T
C
D
M
Cancers

Chronic disease is the primary contributor to death and illness in the U.S.

17% of adult Louisiana residents report **not being able to see a doctor**
when needed in the past 12 months due to costs. ***

Louisiana Number of **Adults with Diabetes: 400,984*****

* Source: Center for Disease Control 2016

**Georgetown University McCourt School of Public Policy, Health Policy Institute,
"Disease Management Programs: Improving health while reducing costs?"

*** Louisiana State Health Assessment and Improvement Plan, 2019

Methodology



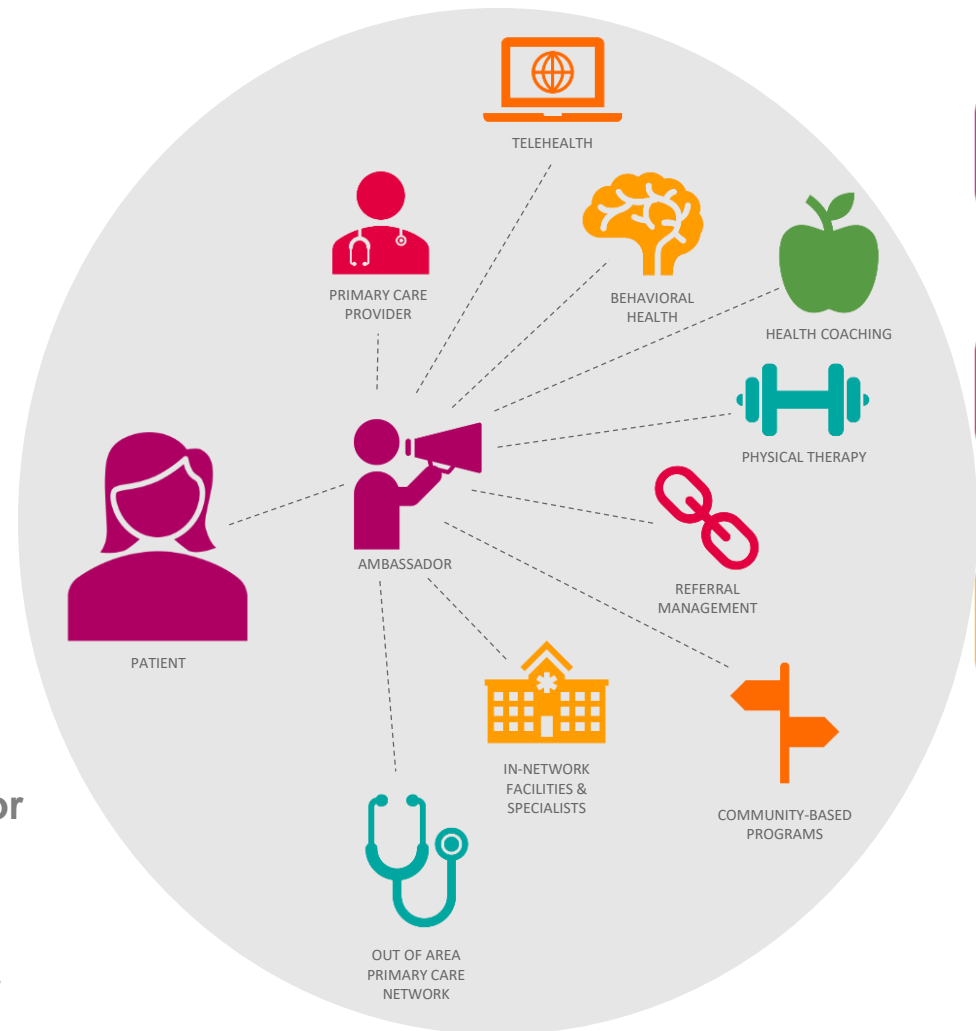
The Model

Current model relies on patients to know...

- What is available
- How to access
- When they need each service

New model gives patients an ambassador to...

- Identify patients in need
- Serve as their advocate and cheerleader
- Proactively reach out, educate, and engage
- Connect patients to resources



Primary Care

Personal Physician

Primary Care will be performed and managed by a personal physician at the center that will collaborate with other health professionals and utilize consultation or referrals as appropriate.

Cost-Effective

Primary care at the center will provide patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services.

Continuous Communication

Primary care at the center will promote effective communication with patients and serve as the patient's first point of entry into the health care system and as the continuing focal point for all needed health care services, not limited by problem origin, organ system, or diagnosis.

Primary Care

Promote Health

Primary care at the center will provide health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.).

Patient Advocacy

Primary care at the center will be organized to meet the needs of patients with undifferentiated problems, with the vast majority of patient concerns and needs being cared for in the primary care practice itself. The primary care physician will advocate for the patient in coordinating the use of the entire health care system to benefit the patient.

eConsults

We are able to offer an innovative eConsult service that connects clinic providers to same-day insights from top specialists. It removes barriers to timely and convenient specialist feedback, improves quality of care and overall experience for patients, helps eliminate unnecessary patient visits to specialists, and engages in clinical knowledge sharing with other providers. The platform is HIPAA compliant and specialist feedback is comprehensive, getting 5 stars from providers in 80% of reported cases. 40% of reported eConsults help avoid referrals, resulting in improved outcomes.



Acute and Chronic Healthcare

CareATC is fully capable of **providing care, symptom treatment, and management** and have been providing these services since our inception.

CareATC's complete adult primary care services will be provided by a **licensed board-certified physician** that is a specialist in **Family or Internal Medicine** who provides definitive care to the patient at the point of first contact and takes continuing responsibility for providing the patient's comprehensive care. Care may include chronic, preventive and acute care in both inpatient and outpatient settings.



Program Components

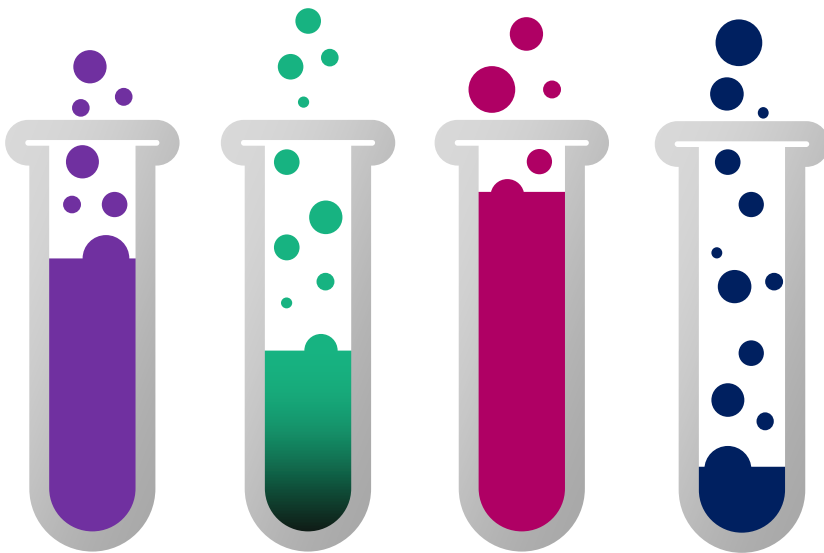
Patient Care Team

- Patient Ambassador/Advocate
- Primary Care Provider
- Out of Area Primary Care Network
- Enhanced Virtual Telehealth Services
- Behavioral Health Specialist
- Physical Therapy (Onsite and Virtual)
- Dietitian
- Community-Based Programs
- Referral Specialist
- In-Network Specialists
- In-Network Facilities

Best Practices & Resources

- Medical Record/Claim-Based Risk Analysis
- Population Health Management Software
- Registry Compilation
- Patient Outreach
- Staff Huddles
- Face-to-Face Care
- Closed-Loop Referral Process

The Science Behind our Version of Artificial Intelligence



A

Cognitive Clinical Success Machine

An Eigen-based engine delivering a comprehensive patient view that predicts not just risk of an event but also the clinical actions that will improve outcomes and drive engagement.

B

Going Beyond the EHR

EHRs amass large amounts of patient data but don't actually drive more effective care. Cognitive learning machine can consume diverse data and deliver customized outputs.

C

Beyond Predictive to Prescriptive Analytics

Just predicting what is likely to happen is no longer enough and the cognitive clinical machine provides a list of interventions that are most likely to change a patient's trajectory.

D

Identifying Avoidable Admits and ER Visits

Using a hyperdimensional platform we can see who in the population is heading toward an avoidable healthcare event and provides insights to the most effective actions to lower risk and improve the outcome

True Population Health Management

The primary users of healthcare AI are hospital systems. We are bringing this technology to primary care to limit an employer's need for hospital systems.

What's the fastest way to lower health plan spend?

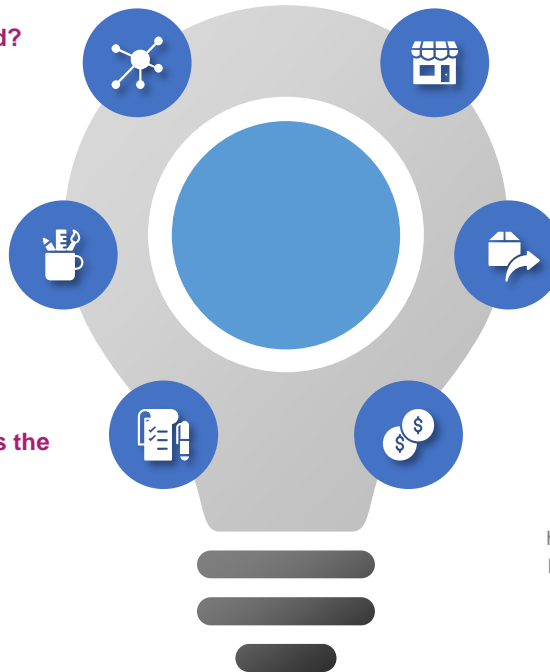
The best way to lower the cost of care is drive prevention and provide interventions early in a way that ensures workforce engagement. By knowing who is at risk, who is likely to participate in their own health and the best way to reduce their risk, we have the critical pieces of information to ensure success of our clients' health plans and the health of their populations.

How can we provide early interventions?

By knowing who is at risk, who is likely to participate in their own health and the best way to reduce those risks, we have the critical pieces of information necessary to ensure success.

Inappropriate use of ER and hospital resources is the major source of waste in the healthcare system.

Many studies indicate that early ambulatory-based interventions, coordinated care and targeted treatments effectively avoid admissions, reduce ER visits and improve quality of life.



In the primary care setting, we can provide these ambulatory-based interventions.

Using the risk predictions and the intervention prescriptions provided by the 'machine,' we can build client-specific programs to target very specific risks in a given population.

Coordinating care between PCP visits and educational programs

Engagement is the key to success and meeting patients where they are comfortable is the key to engagement. Because the 'machine' tells us whether patients are comfortable with digital programs and technology, we can be sure to get each patient to the type of program guaranteed to offer them the greatest chance of success.

The results are healthier patients and lower costs

Up to ¾ of ER visits do not require immediate attention or are preventable through ambulatory care and as many as 28% of those are 'frequent fliers'. Because the majority of unplanned hospital admissions are a direct result of ER visits, identifying the patients at risk for both ER and Admission events can provide as much as a 25% savings in health plan costs.

Engagement Strategies



Patient Activation

Digital Patient Registration

PHA Events

Digital Education Programs

Population Health
Management

Preventative Care Outreach

Clinical Screening Tools

Patient Communication

Program Announcements

Seasonal Education

Service Promotion

Convert to Digital High

Touch

Patient Experience

Interactive Messaging

Patient Satisfaction Survey

Improved Refill Process

Avoided Specialty Referrals

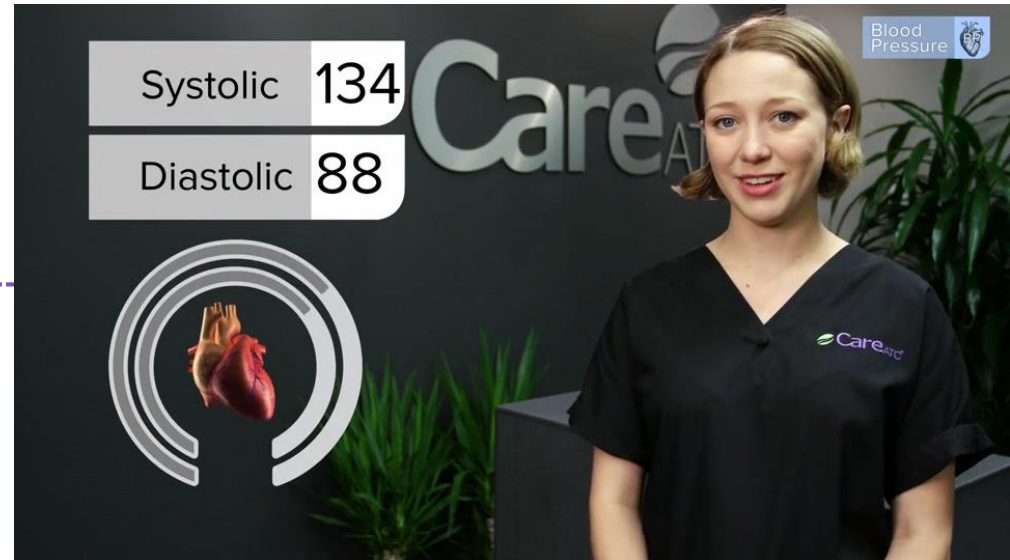
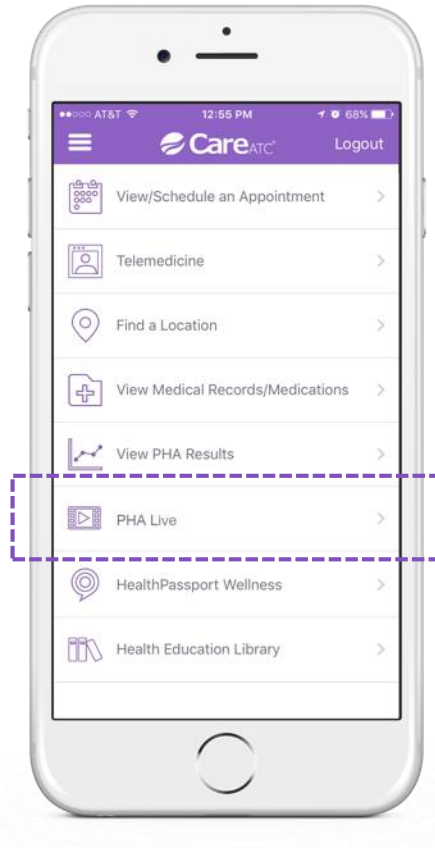
High Quality Primary Care

← **ENGAGEMENT
STRATEGIES** →

Enhanced Patient Experience

- Focus on an exceptional patient experience
- Personalized service
- Shorter wait times
- Expanded appointment times
- More options to receive care
- Concierge-like care

Digital Results and Education



Take Personalized Care to the next level – Visually

- The brain processes video 60,000 times faster than text
- Viewers retain 95% of a video message vs 10% when reading text
- Patient engagement with online video is 600% more effective than print or direct mail
- Approximately 15 quadrillion permutations possible

NETWORK Optimization



- **Narrow Networks**

- Preferred imaging services
- Preferred network specialists
- Referral management



- **Partnering - primary/specialty care**



- **Onsite/Near-site Specialty Services**

- Specialist eConsult Service
- Behavioral Health
- Physical Therapy | Massage Therapy etc.
- Alternative Medicine | Local Solutions



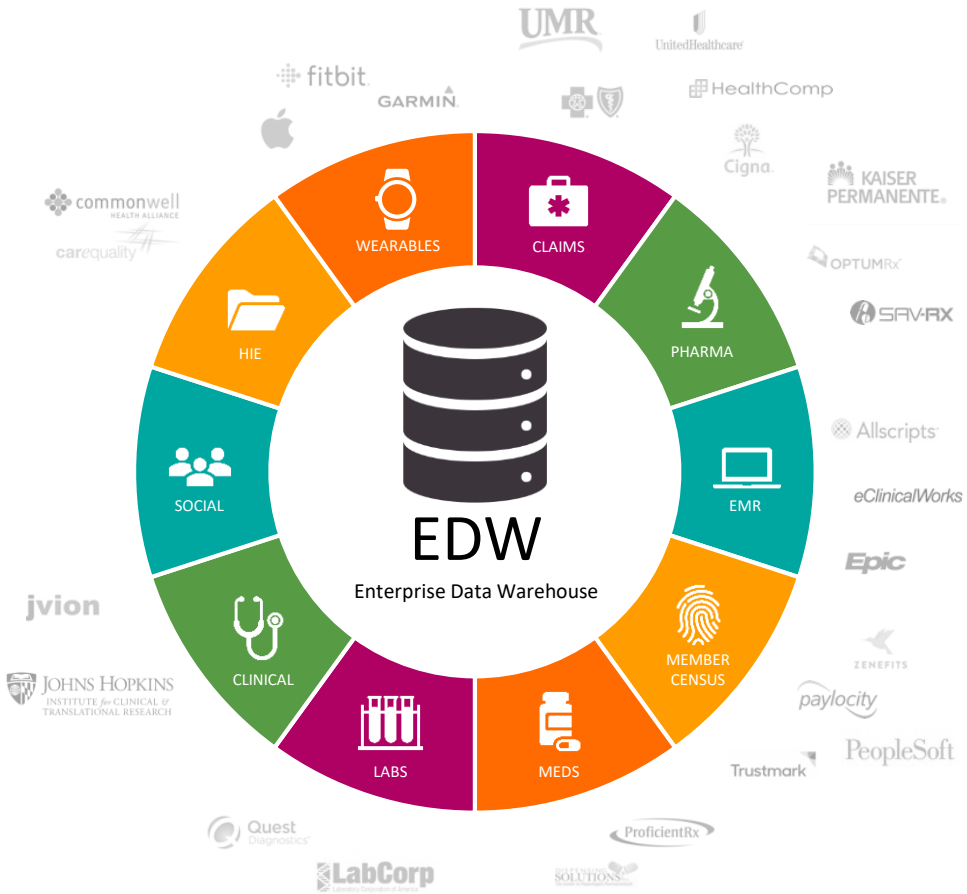
Creates and Applies Technology:

- ✓ ***Enabling Providers***
- ✓ ***Optimizing Service***
- ✓ ***Engaging Members***



Data Integration as a Core Competency

- Dedicated data integration and management team
- Sophisticated member/patient matching algorithms
- Real time via APIs
- All major file types and data structures
- Average 2,400 data points per patient
- Architecture for optimal transparency and security



Provider Enablement – CareHub

Comprehensive Medical Record (CMR) with trended health data in one click:

- Risk Conditions
- Health Assessment Results
- Chronic Condition Management
- Allergies
- Medications
- Visits
- Procedures
- Labs



The laptop screen displays the CareHub interface for a patient named Michel D Fisher. The interface includes a header with the CareATC logo, patient name, and risk scores: Predicted Risk 2.46, Employer Risk 0.60, Stratified Risk 0, and Hospitalization Risk 5.77%. The main content area is divided into several sections:

- Allergies:** A table listing allergens and possible reactions.

Allergen	Possible Reaction
shellfish	very ill
Lexapro	mental changes
iodine	very ill
anchores	throat swelling
- Chronic Condition Management:** A table listing chronic conditions with first and last visit dates.

Chronic Condition	First Visit Date	Last Visit Date
Thyroid disorders	10/08/2015	01/06/2017
Nutritional deficiencies	10/08/2015	01/06/2017
Disorders of lipid metabolism	10/08/2015	11/18/2016
Delirium, dementia and amnesic and other cognitive disorders	09/08/2016	09/08/2016
Mood disorders	10/08/2015	01/06/2017
- Medications:** A table listing medication names, days supply, strength, prescribed by, and start date.

Medicine Name	Days Supply	Strength	Prescribed By	Start Date
Atenolol		0.025 %	Christy Bennett, DO	04/10/2017
Onasemnole	90 days	20 mg	Christy Bennett, DO	04/10/2017
Onasemnole	90 days	40mg	Gayle Dettington, MD	01/06/2017
- Visits:** A table listing service dates, providers, and diagnoses.

Service Date	Provider	Diagnosis 1	Diagnosis 2
04/10/2017	Christy Bennett, DO
02/17/2017	Gayle Dettington, MD
01/06/2017	Gayle Dettington, MD
- Summary Panel (Right):** A vertical list of key metrics:
 - PHA Draw: 10/01/2017
 - PHA Review: No
 - Abnormal PHA Results: 3
 - Body Mass Index (BMI): 40.4
 - HDL Cholesterol: 25
 - Triglycerides: 354
 - ER Visits: 1
 - Inpatient Visits: 0
 - Diagnoses: 51
 - Preventative Care: 0
 - Care Outreach: 11/03/2017
 - Coordination of Care
 - Providers Seen: 8
 - Specialists Seen: 6
 - Majority Source of Care
 - Davio C mbs
 - Labs:

Service Date	Lab	Result
11/05/2016	A/G Ratio	5.3
11/05/2016	Albumin, Serum	4.3
11/05/2016	Adultine Phosphorus, S	72
11/05/2016	ALT (SGPT)	29

Clinical Analytics and Reporting

LIKELIHOOD OF HOSPITALIZATION

Based on factors such as medication gaps in care and diagnosis acuity, the ACG system assigns a group of probability factors to each patient which indicate that patients risk for hospitalization in the coming 12 months.

- 2.9% GROUP AVERAGE – 12 MONTHS
- 102 MEMBERS RISK \geq 25%
- 87% HIGHEST PROBABILITY
- 27 MEMBERS WITH HIGH ICU RSK

MEMBERS AT RISK FOR HIGH COST

High Cost Claimant (HCC) defined as having total costs, including pharmacy, in the 5% of studied population. Persistent High Cost Claimant (PHCC) defined as having total costs, including pharmacy, in the top 20% of the studied population every quarter for the next four quarters.

- 440 AT HIGH RISK OF UNEXPECTEDLY HIGH PHARMACY COSTS
- 228 HAVE 50% OR GREATER CHANCE OF BEING A HIGH COST CLAIMANT
- 88 HAVE 50% OR GREATER CHANCE OF BEING A PHCC FOR 24 MONTHS

PREDICTED RISK SCORE

Estimated total costs (including pharmacy) for the year following the observation period represented as a relative weight in which 1 represents the mean.

- 67% LOW RISK – Predicted Risk Score less than 1
- 24% MODERATE RISK – Predicted Risk Score between 1 and 3
- 9% HIGH RISK – Predicted Risk Score greater than 3

Operational Analytics and Reporting



CLINIC OPERATIONS SUMMARY

Simple Company
7/1/19 - 7/31/19



SUMMARY metrics for this area?

- TOTAL VISITS: 2,725
- UNIQUE PATIENTS: 2,131
- NO SHOWS: 220
- PER VISIT: 2.2
- TOTAL VISITS: 2,725

NET PROMOTER SCORE (NPS)

NPS: 72

NPS is calculated by subtracting detractors (8%) from promoters (80%). Passive responders (10%) are excluded from the calculation.

PATIENTS SURVEYED: 2,425 | RESPONSE RATE: 45%

CHRONIC DISEASE PATIENTS

56% OF ALL PATIENTS ARE BEING TREATED FOR AT LEAST ONE CHRONIC CONDITION.

OF THOSE...

- 68% ARE BEING TREATED FOR A SINGLE CHRONIC CONDITION
- 32% ARE BEING TREATED FOR MULTIPLE CHRONIC CONDITIONS

VISITS BY DAY OF WEEK

Day	Visits
MON	410
TUES	486
WEDS	408
THURS	336
FRI	378
SAT	552

VISITS BY HOUR

DIAGNOSIS BREAKDOWN

- ACUTE: 56%
- CHRONIC: 31%
- PREVENTIVE: 10%
- PHARM REVIEW: 3%

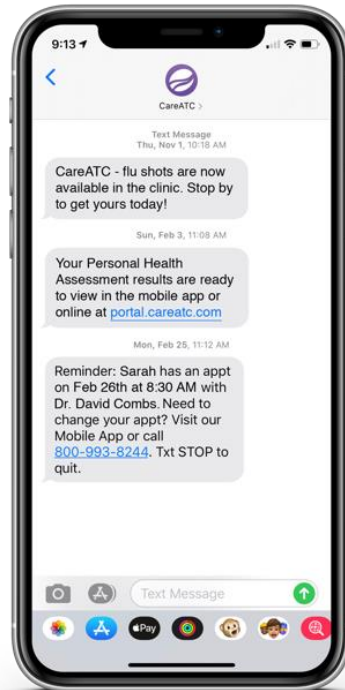


Patient Communication – Multi-modal

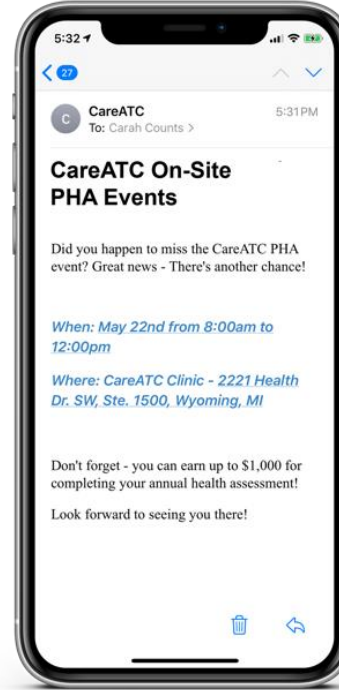
Push Notification



Text Message



Email



Paper Mail



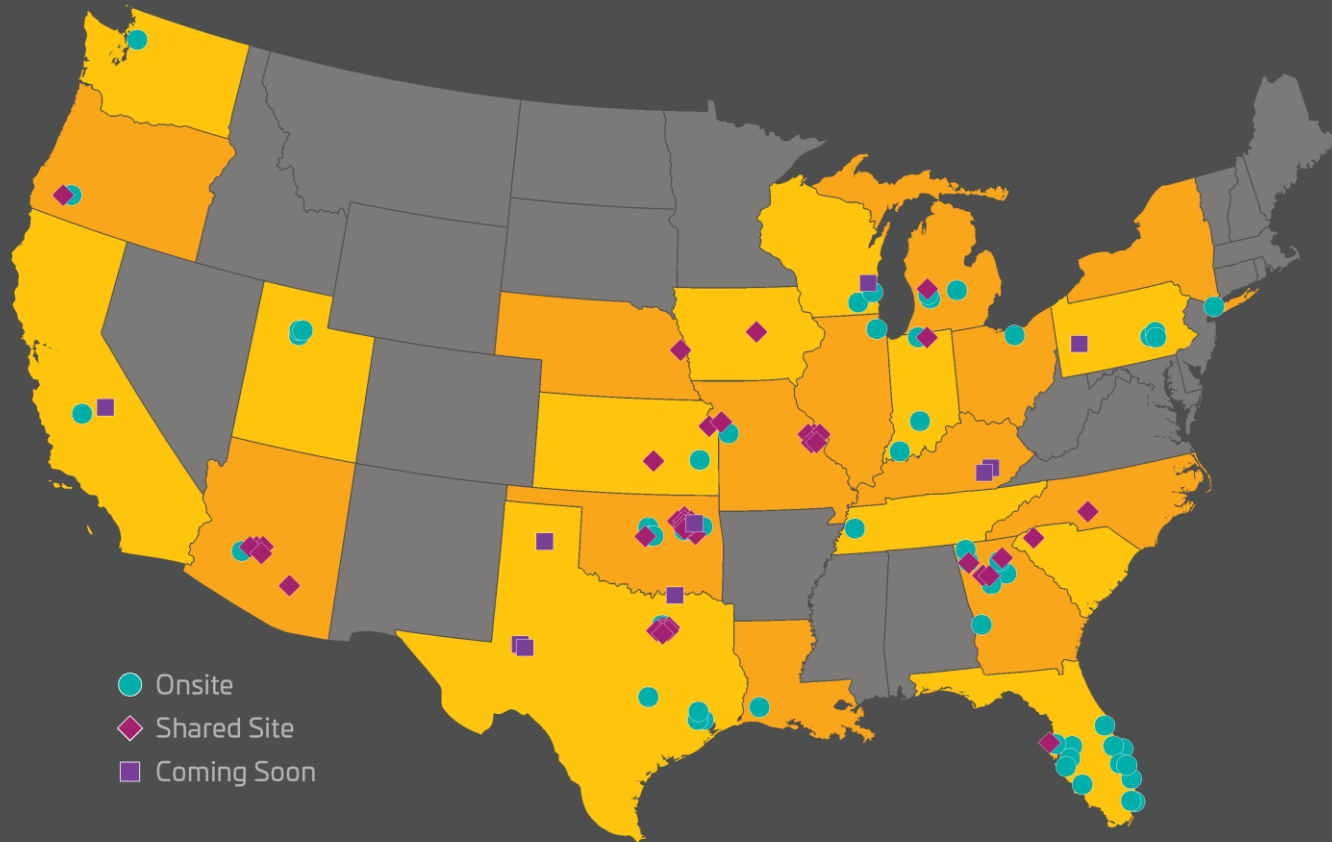
Outreach and Inbound Call Centers



CareATC Market Presence



On-site and Shared-Site Clinics – From Coast to Coast!



101 open clinics
(As of Sep. 6, 2019)

9 clinics in process

111 providers

393 associates

146 clients

Innovations

CARE
AT THE
CENTER

Patient
Care

Client
Partnership

Care

Question? Open Discussion