

Our Beliefs



We believe that life, liberty, and the pursuit of happiness require total health – and that includes equal access to high-quality health care for all.




We believe that total health is more than freedom from physical affliction – it's about mind, body, and spirit.



We believe that health care must be affordable for all – because thriving individuals, families, and communities require that.



We believe in a healthy and engaged life – with good beginnings and dignified endings.



Value Based Care at The Everett Clinic & The PolyClinic

Lloyd David, President, Western WA

- November 12, 2020



The Everett Clinic **THE POLYCLINIC**

Optum Care Network Washington

What we bring to the conversation



Largest non-health system medical group in Washington

- Truly integrated multispecialty groups with primary care at the center



Long-standing experience in managing risk and value-based payment

- Capitation in the 1990's
- Full risk Medicare Advantage
- Value contracts with five payers through clinically integrated network



Part of Optum

- Broad capabilities across care delivery, analytics, pharmacy and more

Obstacles as we grow our Value Based care business

ASOs

- Make their own rules. Minimal alignment
- Payers are pass-through, not insurers

Few aligned incentives for Employees/Members

- No PCP incentive or requirements
- Minimal efforts or incentives to steer care to optimal setting

What needs to happen

- Compensate specialists for value (this one's on us)
- Move to risk-based provider payment (payers)
- Provide incentives for employees/members to choose cost effective settings and providers (employers and insurers)
- Create a glidepath for hospitals to reduce dependency on inpatient/facility revenue dependencies (payers)

EASTSIDE HEALTH NETWORK

Established in 2017 as a joint venture LLC between Overlake Medical Center and Clinics and EvergreenHealth

- 12,500 Medicare Advantage patients across four (4) payors
- 50,000 Commercial ACO lives across seven (7) payor contracts, including an exclusive ACO with Microsoft
- Gained material, regional engagement – 60% of EHN providers are independent
- Team of RN care managers and social workers who support chronic disease patients collaboratively with PCPs
- Targeted value-add support for independent practices



EHN'S UNIQUE PERSPECTIVE

- Represent many unique stakeholders:
 - Hospital systems
 - Multispecialty groups and primary care
 - Independent provider groups
- Represent four different contracting arrangements; Medicare Advantage incentive based, shared savings, up/downside risk and employee plans that functionally replicate capitated arrangements
- Our broad perspective allows us to test and iterate models that have broad application to the healthcare environment – challenging historic obstacles stemming from traditional financial structures

OBSTACLES THAT HOLD US BACK

Inertia is a strong force and usually perpetuated by those with significant market influence.

“...there is always a well-known solution to every human problem—neat, plausible, and wrong.” H. L. Mencken

Two Primary Obstacles:

- **Complexity:** Healthcare finance is very complex and there are many layers and organizations in the “value-chain” that impact cost, and take a share of dollars apportioned for care.
- **Engagement:** Consumers have limited engagement, while Employers/Payors are hesitant to innovate and evolve beyond status quo.

HOW DO WE MOVE FORWARD

As a provider-led CIN, we are prioritizing provider wellness and support via:

- Wellness groups, social support and reducing burnout
- Data aggregation – uniform single view of information
- Embedded behavioral health or proximal resources
- Workflow improvements – simplify process
- Incentives and rewards tied to value-based activities

External changes:

- Align on common goals/incentives. This includes quality measures, access and cost. Essential few vs. broad perspective
- Infrastructure investment (funding and resources) that meets the operational requirements on primary care – EHN seeks payor partners who share this view of sustainable investment



Value-Based Care Virtual Summit

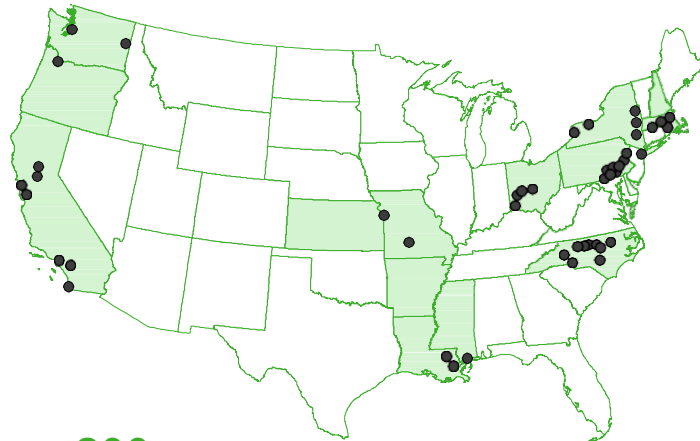
Stakeholder Panel Discussion

November 12, 2020

Landmark Snapshot

In-home, risk-based geriatric care platform operates at national scale...

Landmark Markets



- 800+ fully employed clinicians
- 350+ fully employed providers
- 120K+ attributed lives
- 16 states and 48 markets

...at substantial volume...

Annual Touches

- 300k+ house calls
- 75k+ urgent house calls
- 95k+ virtual house calls
- 75k+ social worker consults
- 120k+ goals of care conversations
- 20k+ house calls by behavioral health providers
- 230k+ medication reconciliations

...with proven outcomes

Outcomes

- 20-30% reduction in gross Medical Loss Ratio¹
- 55-65% member engagement rate
- 15-25% reduction in hospital admissions, ER visits and SNF days¹
- 20% increase in percent of patients passing on hospice
- 5 STARS on targeted HEDIS metrics
- 90-95%+ consistent satisfaction on key patient experience measures

1. On all Landmark attributed members, not just engaged

Landmark's Approach



Identify the right complex, polychronic frail elders

Chronicity, not utilization, identifies eligible patients

8.6 avg. chronic conditions per patient



Leverage data and predictive analytics

Patient- and population-level data integrated with EMR drive operations and care

Fluid acuity-based model shifts resources to where most needed



Deliver a high intensity model of in-home geriatric care

Eliminate typical barriers to access – mobility, office hours/time, historic patterns, cost

Mobile, \$0, 24/7 medical, behavioral, urgent and palliative expertise



Complement office-based primary care

Complexivists™ augment rather than duplicate care

15% of member engagement driven by community referrals



Get paid for value not volume

Design workflows & incentives around outcomes not revenue

Interdisciplinary Team optimizes care around medical & SDOH needs