HMA: Integrated Care for High-Cost Populations

Overview of Landmark Health Model

October 2, 2018

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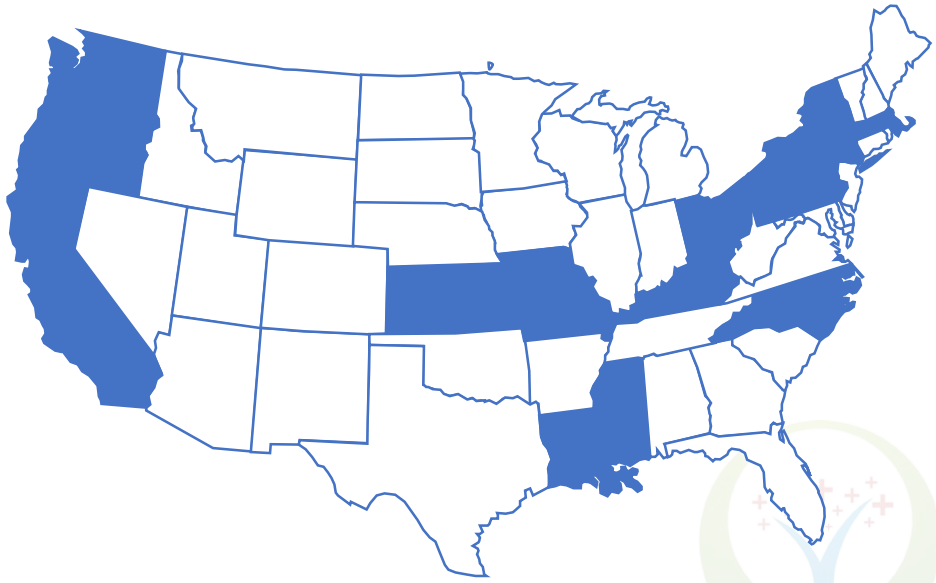
Who is Landmark Health?

- National, **risk-bearing medical group** delivering **24/7 in-home** primary, urgent and palliative, and post-discharge care
- Landmark contracts with health plans in **value-based arrangements** to manage **complex, chronically-ill members** that meet Landmark's eligibility criteria
- **Local interdisciplinary teams** include physicians, NPs, PAs, nurse care managers, ambassadors, pharmacists, social workers, dieticians, and palliative and behavioral health specialists
- Landmark **does not replace the patient's PCP**, but works in partnership with their existing care team
- Consistent Results:
  - **30-40% reduction** in Inpatient Admits, ER visits and SNF days
  - Consistent patient net promoter score **(NPS) in the 90s**
  - **5 STAR** Ratings on target metrics



The Landmark Model & Approach

1. **Identify complex, chronic members that will benefit from Landmark.**
   Our algorithm identifies a **risk population with durable characteristics that avoids regression to the mean**

2. **Build and deploy a local, fully-employed clinical and leadership team**
   We utilize objective and subjective assessments embedded in our proprietary EMR to **allocate clinical resources effectively**

3. **Engage local provider groups and community partners**
   Landmark works in close partnership with the PCP, local health systems, home health and other local agencies to promote continuity of care

4. **Engage members through systematic outreach**
   Landmark has a rigorous process to members in the program, resulting in a **70% reach rate and 60% conversion rate** for Medicaid members

5. **Deliver a fully integrated, comprehensive clinical model**
   Our clinical model consists of three core pillars – Complexivist™ Care, Behavioral & SDOH Tailored Care and Palliative Care

6. **Reduce Spend and improve Quality**
   Our risk-based financial structure ensures aligned incentives with the Health Plan partner, enabling us to deliver higher quality of care at a lower cost

The Landmark Difference

Landmark engagement & intervention

Physician conducts medication reconciliation, full home and fall risk assessment, and depression screen. Joe is diagnosed with clinical depression which impacts medication compliance, and a Psychiatrist visit is scheduled.

Joe calls Landmark first

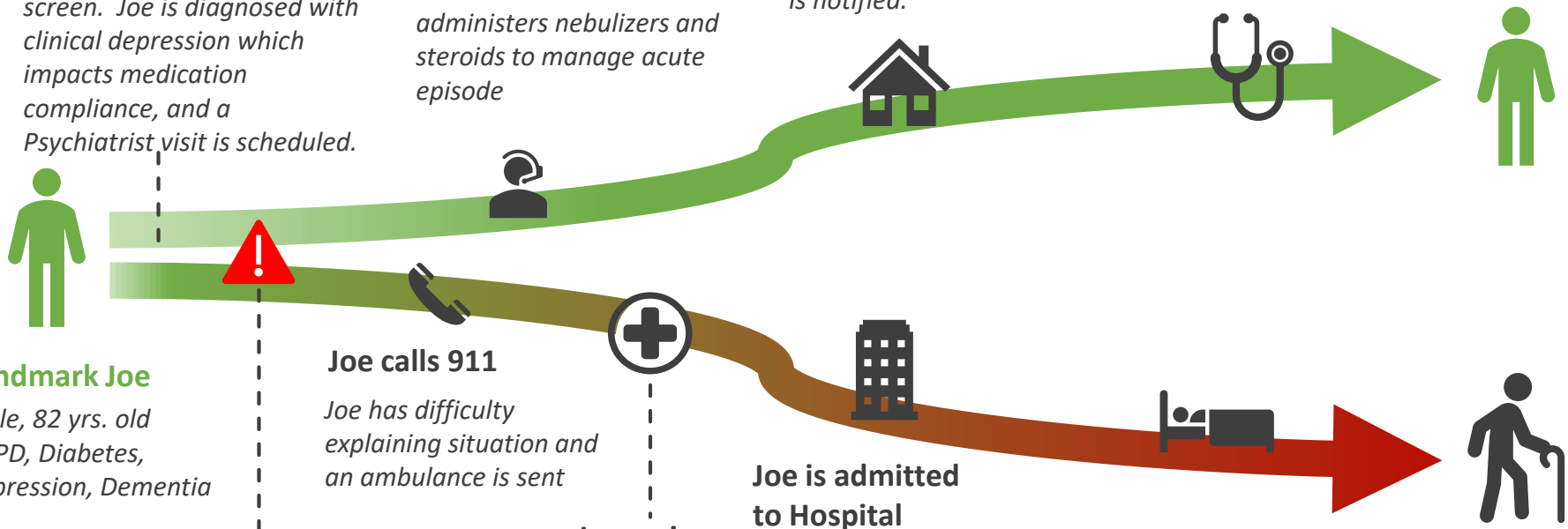
Urgentivist arrives at Joe's home in under one hour and administers nebulizers and steroids to manage acute episode

24 – 48 hour follow-up

MD & Psychiatrist establish care plan, unnecessary medication de-prescribed, and anti-depressant initiated. PCP is notified.

7 – 14 day follow up

Medication adherence is confirmed and supervised, Joe is educated on COPD risk factors



Landmark Joe

Male, 82 yrs. old COPD, Diabetes, Depression, Dementia

Joe experiences severe anxiety, shortness of breath and frequent coughing

Joe calls 911

Joe has difficulty explaining situation and an ambulance is sent

Joe arrives at ER

+ $810

Joe is admitted to Hospital

Multiple specialists are assigned to Joe's case. Joe is prescribed additional medications and admitted for 5 days.

+ $10,700

Joe is transitioned to Skilled Nursing

Joe becomes debilitated and delirious and he spends 15 days in a SNF. No post-acute medication created upon discharge

+ $11,250

+ $23k

Challenges Ahead

- Recognition that this small but complex slice of patients needs specialized support
    - Need to move beyond telephonic disease and case management approach and
    - Focus specialized resources on the 2-10% of the population driving 30-50% of costs
- Commitment to collaboration on most complex patients *even absent full EMR integration*
- Willingness to pursue innovative, clinically intensive, risk-based payment models
- Data-sharing necessary to support these models
- Network incentives to encourage collaboration – e.g. easing direct-to-SNF admission approvals; disincentives for readmissions

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