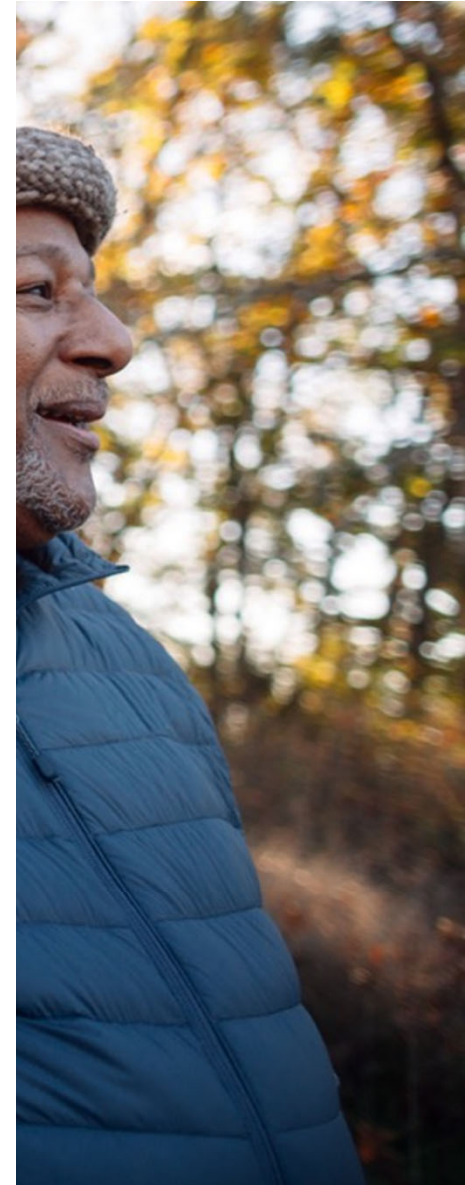# A New 'Model' for Better Employee Health and Wellness

15th Annual Ohio Employee Health and Wellness Conference

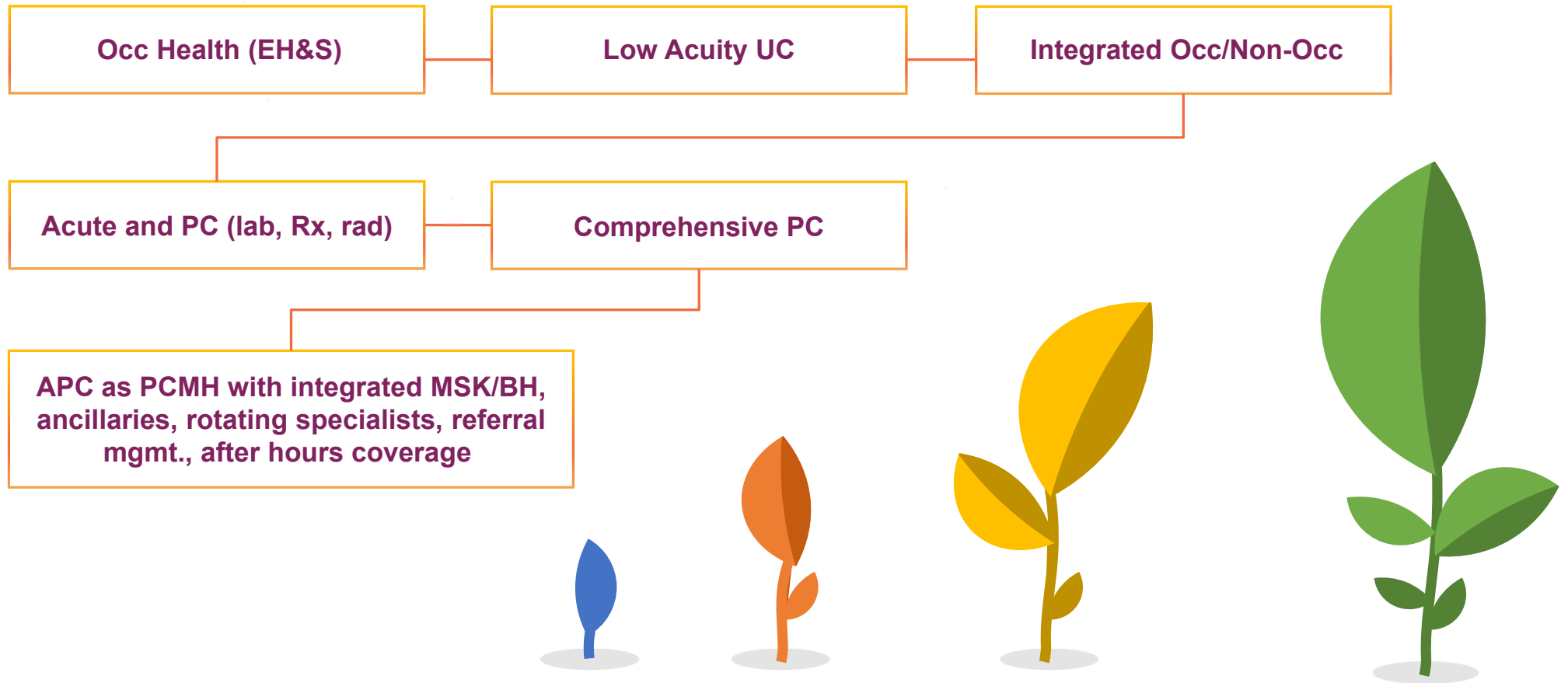Bruce Hochstadt, MD

August 23rd, 2022

Agenda

- Advanced PC Evolution
- The Marathon Model
- Modalities of Care
- Scope of Services
- Program Integration & Referral Management
- Performance Guarantees
- Outcomes Achieved
- Innovation
- Questions & Wrap-up

Advanced Primary Care Model

Employer Sponsored Primary Care Evolution

Occ Health (EH&S)	Low Acuity UC	Integrated Occ/Non-Occ

Acute and PC (lab, Rx, rad)	Comprehensive PC

APC as PCMH with integrated MSK/BH, ancillaries, rotating specialists, referral mgmt., after hours coverage

Employer/Plan Sponsor Disenchantment and Pain Points

Catalysts for this R/Evolution

- **Value Disconnect** – Relentless trend with questionable outcomes / quality

- **Access** – PCP shortages broadly, dire in places
    - Delayed appointment availability
    - Growing medical homelessness

- **Accountability** – Little ownership related to above (value, quality, service)
    - Misaligned incentives (scant ACO's, nascent VBC models)
    - Limited / Absent reporting or analytics

- **Service** – Appt delays, lengthy wait-times, hurried encounters
    - Disenfranchised providers
    - Care fragmentation

Employer Sponsored Primary Care Difference

Patient-centric

- Proactive outreach
- Addressing SDH and cultural barriers
- Enhancing access for underserved populations

Employer/Plan Sponsor-focused

- Understand nuances of employee/member populations and work environments
- Robust and actionable reporting & analytics – linked to EMR and technology platform

Accountability

- With sponsored-directed PG's and VBC models
- Substantive fees at-risk for condition-specific outcomes
- Savings/ROI – redirected care and avoidance, Rx rationalization
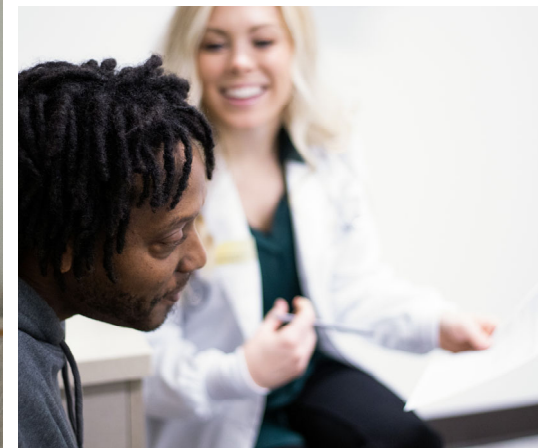
Employer Sponsored Primary Care Difference (continued)

Holistic, integrated delivery model

- Concierge care coordination & referral management
- Care Management imbedded in Care Delivery
  - Health coaching, wellness, health promotion
  - Supported by dedicated health coaches, nutritionists and Marathon counselors

Provider retention, stability and engagement

- Creating highly satisfying, professional practice settings with
  - 30-minute appointment slots
  - Clinicians trained in mindfulness, motivational interviewing and appreciative inquiry

Our Purpose

To transform millions of lives for the better, one patient at a time.

We believe healthcare should work.

Not passively. Actively–to achieve the outcomes that make real change in an employee's quality of life, and an employer's bottom line.

The Marathon Difference

Our culture

The Marathon Way

We believe in taking great care of our people,
so they take great care of yours

- ⊘ **Building a best-in-class team**
- ⊘ **Designing care teams with our clients in mind**
- ⊘ **Driving to build relationships through care**

Our approach

Proactive health

We understand the importance of patient-provider
moments, and we strengthen them at every opportunity

- ⊘ **Increasing access**
- ⊘ **Driving engagement**
- ⊘ **Delivering an experience that builds trust**
- ⊘ **Delivering results backed by performance guarantees**

Our partnerships

Collaborative innovation

Since 2005, we've been solving the biggest healthcare
challenges facing our clients and patients

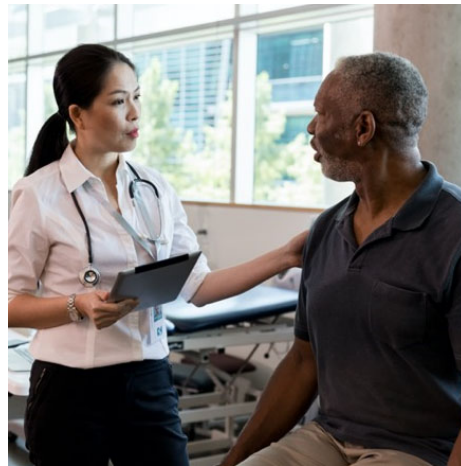- ⊘ **Client-partnership driven**
- ⊘ **Innovation as a core value**

Delivering the Quadruple Aim

Empower world-class clinicians to change patients' lives

93% Provider Retention*
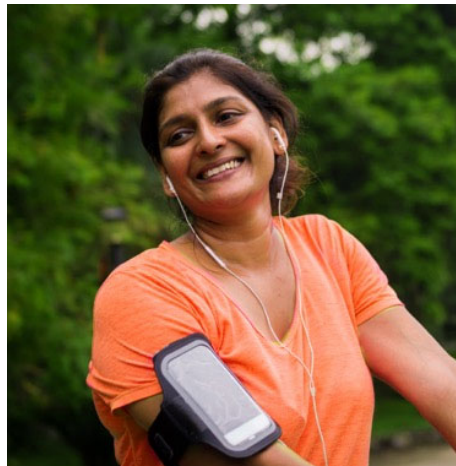
Create amazing patient experiences, before, during and after the visit

96 Net Promoter Score

3.5 Average visits per year / per member

Improve health outcomes with an impactful health management approach

59% of high-risk patients making progress

Lower healthcare costs both now and in the future

32%
PMPY spend differential between engaged and non-engaged members

Growing to Meet Employer Demand

Onsite Centers
Existing MH Network
MH Network – Opening 2022
MH Network – Opening 2023
MH Network – Target Markets
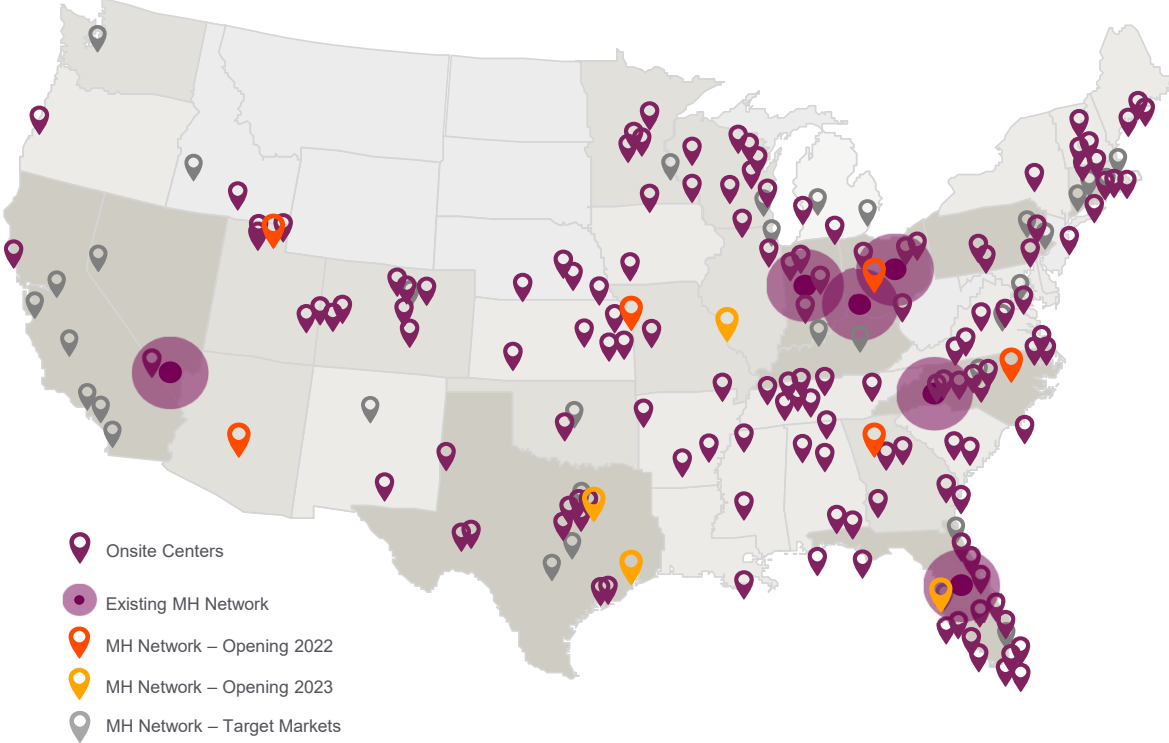
265+
Health centers in 40+ states

180+
Clients

800K+
Members

700+
World-class providers and clinicians

98%
Client retention rate

100%
Referenceable

Connecting our Clients with Better Healthcare

Various Employer Delivery Modalities

DEDICATED ONSITE / NEAR-SITE

Private health centers at employer worksite location(s) designed for one individual employer in mind.

SHARED ONSITE / NEAR-SITE

Shared health centers at employer worksite or near-site location(s) designed for individual employers who agree to allow reciprocal access.

NEAR-SITE NETWORK MODEL

Connected health centers in popular retail locations across metro areas open to multiple employers with a consistent scope of services and patient experience.

VIRTUAL PRIMARY CARE

Primary and acute care (dependent upon vendor) delivered via video, phone and chat functionality. Available access 24/7 to same provider-lead care team.

Critical Areas for Employers to Consider

- Employee geographic distribution
- Overall population health challenges
- Services & industry specific needs
- Access for employees & dependents
- Wellness & incentive design
- Executive leadership support

Leveraging Technology

The Ignite Ecosystem is where is all happens. Where engagement is driven. Where the at-risk are targeted. Where care goes further. Where providers, care managers, and patients are connected for the benefit of all.

Inputs

- Medical claims
- Rx claims
- Eligibility file
- External medical records
- Johns Hopkins Adjusted Clinical Group® (ACG)
- Health information exchanges
- Patient-entered data
- Third-party applications

Communication · **Care navigation** · **Analytics**

- Patient portal
- Marketing automation
- Mobile app
- Customer Relationship Management
- Wellness platform
- Enterprise Data Warehouse (EDW)
- Business intelligence
- Electronic Health Record

IGNITE ecosystem

Outputs

- Targeted patient outreach
- Engagement
- Risk stratification
- Actionable analytics
- Improved quality measures
- Reduced costs

A Customized Scope of Services

Primary & urgent care

- Acute and preventive care
- Routine physicals and wellness visits/check-ups
- Work-related injury triage
- Referral coordination
- After-hours care

Chronic condition management

- Chronic condition care
- Care coordination and case management
- Health advocacy

Occupational Health

- Pre-Employment & Return to Work Physicals
- Drug testing (Urine, Hair, Blood)
- Breath Alcohol Testing
- Fitness for Duty Physicals
- DOT physical exams

Lab & pharmacy services

- 150+ cost-saving medications
- 3,000+ labs, including blood work and analysis
- Work-related immunizations
- EKG & PFT diagnostic tests

Health center design & promotion

- Physical space design
- Signage
- Member marketing campaigns to drive engagement
- Incentive design
- Client reporting
- Claims import and analysis

Integrated wellness

- Biometric screenings
- 1:1 health coaching
- Wellness programming
- Incentive Tracking

Integrated Care

Behavioral Health

- Master's level, licensed counselors

- Patient-centered, outcomes-based therapy for individuals, couples, and families

- Treatment for stress, anxiety, depression, grief, substance abuse

- Collaboration with health center providers supports medication management, referrals, and care coordination

- Offered at health center, virtual care center and one to one via mobile app

- Open access scheduling with BH or primary care

Physical Therapy

- Open access scheduling with PT or primary care

- Collaborative approach

- Initial assessment and understanding patient's goals are key

- Assessments often do not require immediate imaging but, if necessary, we can facilitate

- Treatment modalities may include MDT, manual therapy, joint mobilization, dry needling, instrument assisted soft tissue mobilization.

- Frequent reassessments.

- Referral for imaging or specialty care if needed (if not meeting goals)

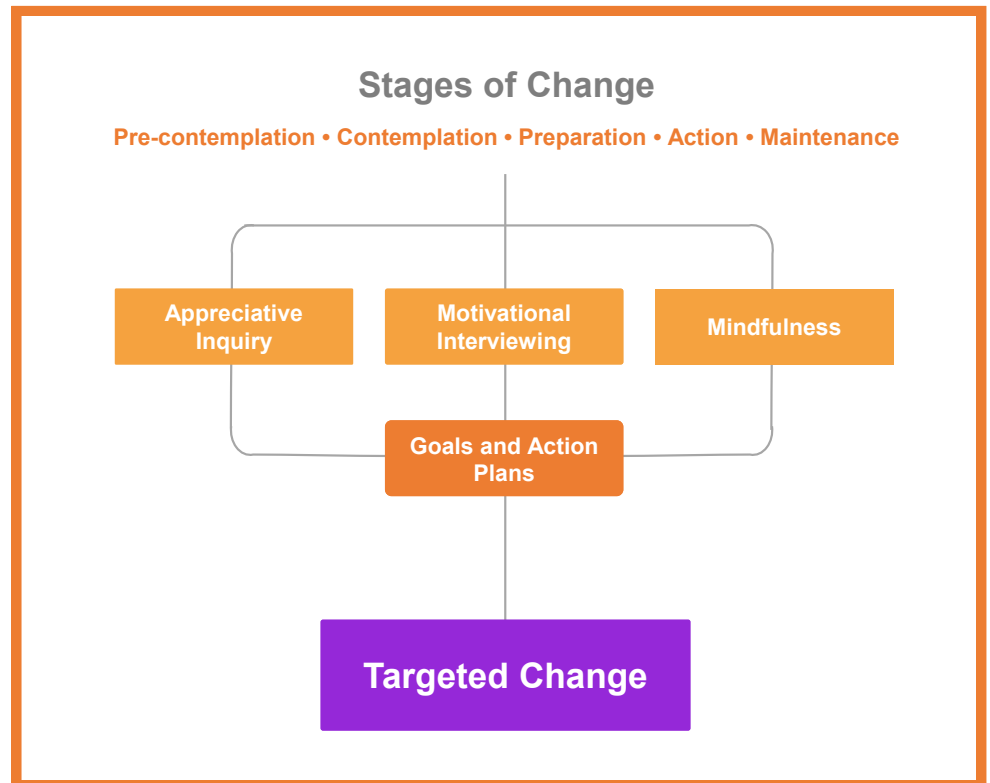## Occupational Health

- View the member as a worker, a person, a member of a family/community...

- Understand the nature of the work (environment, activity, stressors/risks...)

- Understand the long-term goals of the employee and the employer

- Collaborate with the employee and the employer to set short and intermediate term goals

- Collaborate with the health care team to achieve these goals

Marathon Health Coaching Model

Engaging and Empowering Patients

- The patient is the most important aspect of the care equation
- Clinicians meet patients "where they are" and help them to achieve their goals
- Health Coaching at every visit
- Follow-up:
  - Text reminders
  - Secure messaging
  - Mobile patient record
  - Continual outreach

Stages of Change

Pre-contemplation • Contemplation • Preparation • Action • Maintenance

Appreciative Inquiry	Motivational Interviewing	Mindfulness

Goals and Action Plans

Targeted Change

Program Integration Models

Embedded in Care Model	Clinical Referral	Engagement Hub	Shared Navigation Role
Programs that Marathon Health provides as part of Primary Care Model	*Programs where Marathon Health makes a clinical recommendation & referral*	*Programs where Marathon Health acts as educator & connector*	*Partners and Marathon Health share navigation role, data, and interfaces*
• Wellbeing Programs • Chronic Condition Management • Smoking Cessation • Diabetes Management • Pharmacy	• Mental Health Network • Physical Therapist Network • Sleep Study Solution • Centers of Excellence	• Resilience • Financial Planning • Caregiving • Family Planning	• Navigation • Advocacy • Concierge • Health Plan member services

H1j1=

A Better Approach to Referrals

Marathon Health provides a high-touch, transparent, and value-driven approach to referral management, while remaining health system agnostic and working in close collaboration with health plan & employer preferences

		Industry Norms		**Marathon Health**
	Loop Closure	35% of PCP referrals are completed	→	60%+ of PCP referrals are completed
	Shoppable Procedures	1000%+ price range on referred procedures, with no quality distinction	→	80%+ of shoppable procedures are matched with sites in the lowest quartile of cost, with no quality degradation
	Specialist Referrals	No transparency into Quality & Total Cost of Care at point of referral, providers & patient are flying blind	→	80%+ of referrals are matched with the highest performing providers, using advanced measures of quality & impact on total cost of care

High Touch Service

01 Provider orders referral

Referral ordered & placed in Coordinator case queue

02 Coordinator outreach

Coordinator calls patient to understand his/her needs

03 Patient preferences

Discuss scheduling preferences & priorities with patient

04 Determining best option

Identify highest value for patient

05 Referral appointment

Coordinator schedules referral appointment

06 Collect results

Results collected & loaded in our Ignite Platform

Unexpected service

Extra help members do not expect (but love)

Building member trust

We listen and meet their needs

Make it easy

We schedule appointments for members

Comprehensive research

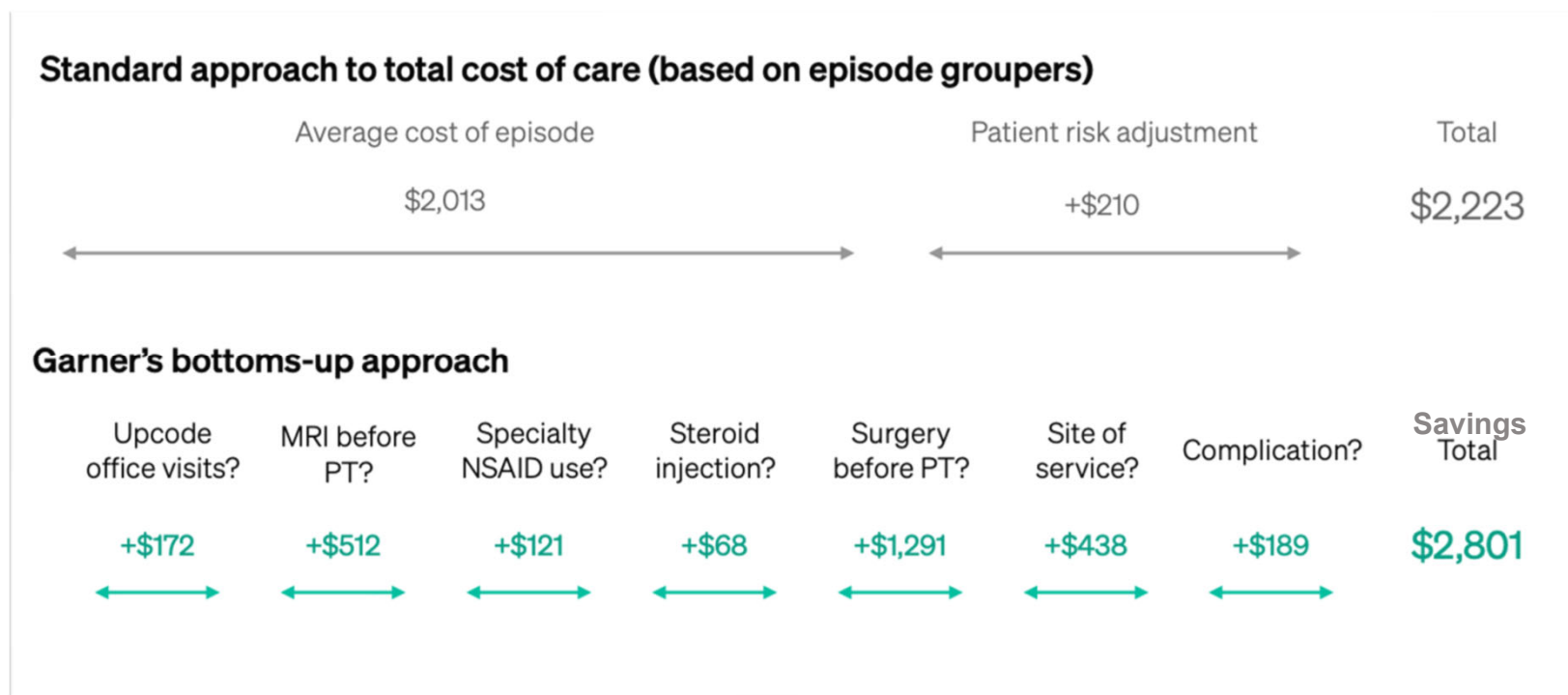Networks, value data, insurance coverage, availability

Data loop closure

Data flows back to us to ensure continuation of coordinate care

Garner: Best in Class on Advanced Quality

Garner has developed 500+ proprietary, specialty-specific measures that examine a specialist's impact on total cost of care.

Standard approach to total cost of care (based on episode groupers)

Average cost of episode	Patient risk adjustment	Total
$2,013	+$210	$2,223

Garner's bottoms-up approach

Upcode office visits?	MRI before PT?	Specialty NSAID use?	Steroid injection?	Surgery before PT?	Site of service?	Complication?	Savings Total
+$172	+$512	+$121	+$68	+$1,291	+$438	+$189	$2,801

Proven Results

100%

Contact Rate Within One Business Day

Compare to <10% utilization rates of standalone transparency services

60%+

Patients Complete Their Referrals

Compare to <38% with community physician referrals

90+ NPS

Referral Team NPS for the Past 10 Years

> "I usually just get a number from my doctor and good luck from there. I received a quick call to check availability and then confirmed an appointment. Super easy and the team was so kind. Appreciate it!"

> "I felt like I was a corporate executive with my own concierge service. She contacted me, provided me with the information I requested and always followed up and checked in with me in a timely and professional manner. She never made me feel rushed or pressured."

MEET MARIA

- Maria notices a lump in her throat

- Schedules an appointment with MH clinic, discusses her concerns, CT scan ordered

- Referral coordinator reaches out to Maria and then researches options

- CT scan is scheduled, saving ~$200 by visiting a free-standing facility

- Due to fear, Maria pushes her CT scan off

- Our coordinators reach out to Maria to discuss and get her rescheduled

- Test results confirm the lump is Thyroid cancer

- Maria had surgery, is now doing well and receiving appropriate care

"
"When I tell you she went above and beyond it is an understatement."

Key Metric #1: Member Engagement

| Category	Definition	Target
Utilization	Unique eligible employees using any Marathon Health service (via in-person, virtual or telephonic)	45%
Engagement	Unique eligible employees with an appointment with a Marathon Health provider or health coach (via in-person, virtual or telephonic)	40%
High Chronic Engagement	Unique eligible employees identified as high chronic with an appointment with a Marathon Health provider or health coach (via in-person, virtual or telephonic)	60%

Key Metric #2: Member Experience

Category	Definition	Target
Patient Satisfaction	% of survey respondents indicating they were "satisfied" or "very satisfied" with Marathon Health	90%
Net Promoter Score (NPS)	Survey respondents indicating they would recommend Marathon Health to friends, family or business associates	70%
Repeat Patient Utilization Rate	Repeat visits	50% *(Target finalized by pricing desk/BI)*

Key Metric #3: Health Outcomes

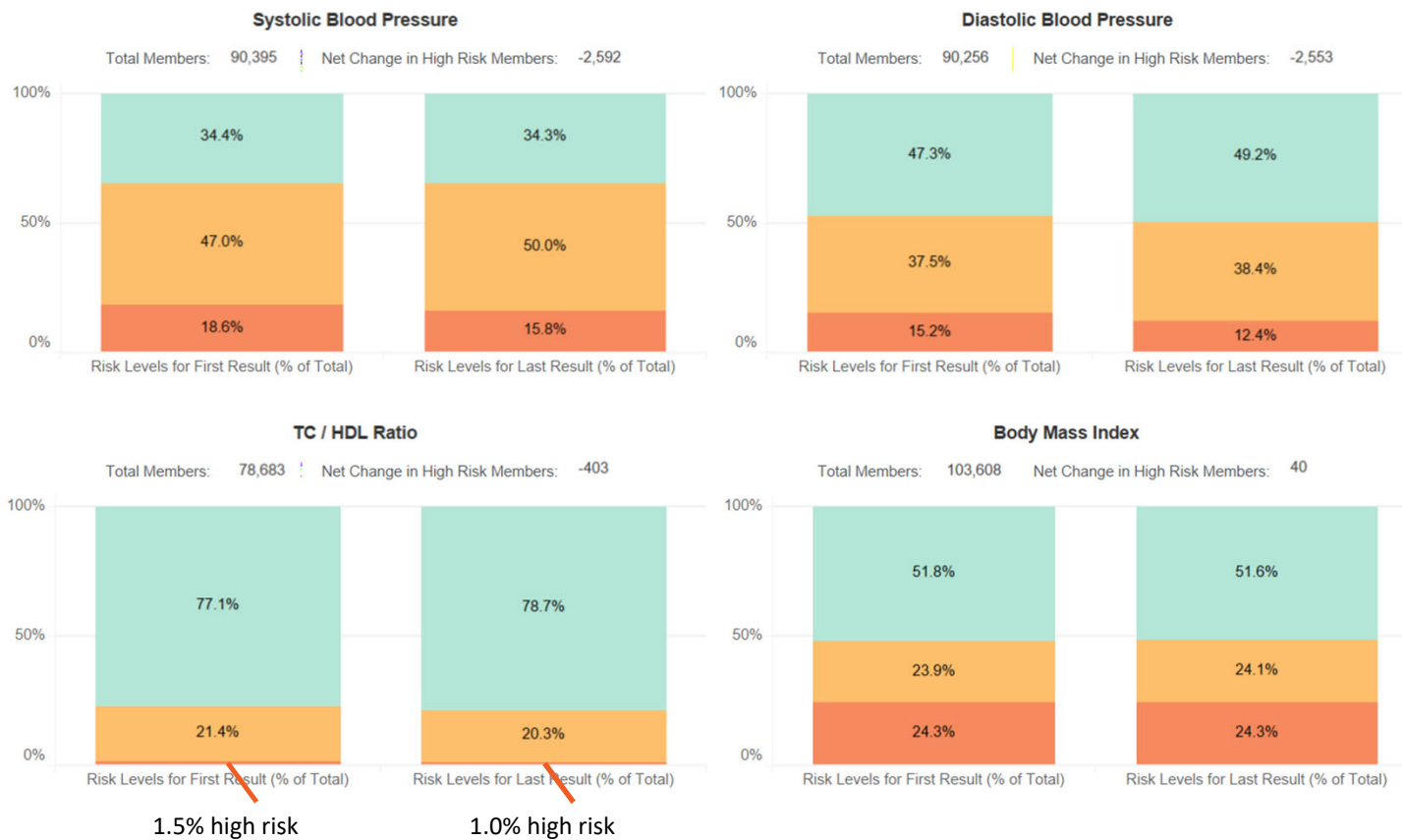| Top Cost Drivers		Targets Yr 1 / Yr 2 / Yr 3
Cancer	Breast cancer screening (Mammogram) Cervical cancer screening (21-64 years old) Colorectal cancer screening (45-75 years old)	HEDIS 50th / 67th / 75th Percentiles
Musculoskeletal	Low back pain – exercise/PT referral Knee osteoarthritis – weight management	50% / 50% / 50%
Circulatory	BP control (140/90) TC: HDL ratio – improvement of high/very high risk	HEDIS 50th / 67th / 75th Percentiles 25% / 30% / 35%
Key Comorbidities / Risk Factors		**Targets Yr 1 / Yr 2 / Yr 3**
Mental Health	Screening for clinical depression and follow-up	50% / 60% / 70%
Diabetes (5 of 8 met)	BP control of diabetes (140/90) HbA1c process (1x year) HbA1c control <8% Stain use Comprehensive diabetic foot exam Lipid control (less than 100) Nephropathy screening Pneumonia vaccination	60% / 70% / 75%
Tobacco Cessation	Tobacco cessation counseling	HEDIS 50th / 67th / 75th Percentiles

Key Metric #4: Client Savings
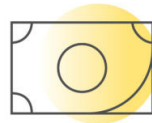
Your expected Per Member Per Month (PMPM) medical claims costs—
net of fees paid to Marathon Health—will be reduced.

	Year 1	Year 2	Year 3
Achievement of Net ROI	1.0 : 1.0	1.5 : 1.0	2.0 : 1.0

Biometric Risk – Net Change
Twice Screened Members – Two Years Ending March 2022

Systolic Blood Pressure

Total Members: 90,395 | Net Change in High Risk Members: -2,592

Risk Levels for First Result (% of Total)	Risk Levels for Last Result (% of Total)
34.4%	34.3%
47.0%	50.0%
18.6%	15.8%

Diastolic Blood Pressure

Total Members: 90,256 | Net Change in High Risk Members: -2,553

Risk Levels for First Result (% of Total)	Risk Levels for Last Result (% of Total)
47.3%	49.2%
37.5%	38.4%
15.2%	12.4%

TC / HDL Ratio

Total Members: 78,683 | Net Change in High Risk Members: -403

Risk Levels for First Result (% of Total)	Risk Levels for Last Result (% of Total)
77.1%	78.7%
21.4%	20.3%

1.5% high risk   1.0% high risk

Body Mass Index

Total Members: 103,608 | Net Change in High Risk Members: 40

Risk Levels for First Result (% of Total)	Risk Levels for Last Result (% of Total)
51.8%	51.6%
23.9%	24.1%
24.3%	24.3%

Mental Health: Change in Depression and Anxiety
Twice Screened Members – Two Years Ending March 2022

PHQ-9 Score Index
- Severe 20-27
- Moderately Severe 15-19
- Moderate 10-14
- Mild 5-9
- None 0-4

GAD-7 Score Index
- Severe 16-21
- Moderate 11-15
- Mild 6-10
- None 0-5

PHQ-9 Depression Scale

n=2,323 Patients   Net Change in High Risk Members: -59

% of Total Distinct count of patient_id

First Result
- 9.7%
- 17.0%
- 26.1%
- 32.5%
- 14.7%

Last Result
- 7.2%
- 14.0%
- 25.3%
- 32.6%
- 20.9%

GAD-7 Anxiety Scale

n= 1,867 Patients   Net Change in High Risk Members: -192

% of Patients

First Result
- 25.7%
- 28.4%
- 25.2%
- 20.7%

Last Result
- 15.4%
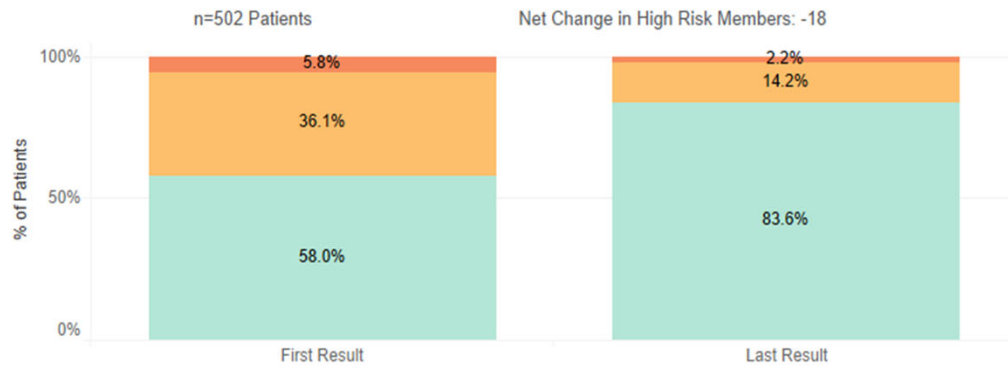- 19.6%
- 27.3%
- 37.7%

Physical Therapy: Improvement in Back & Neck Pain
Twice Screened Members – Two Years Ending June 2022

Oswestry Disability Score Index
- High Dysfunction 34-50
- Moderate Dysfunction 17-33
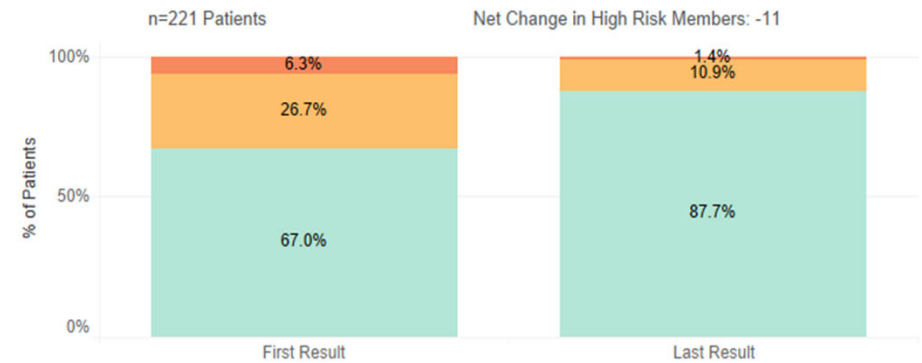- Low Dysfunction 0-16

Oswestry Lower Back Pain Scale

n=502 Patients | Net Change in High Risk Members: -18

First Result: 5.8% / 36.1% / 58.0%
Last Result: 2.2% / 14.2% / 83.6%

Neck Pain and Disability Score Index
- High Dysfunction 34-50
- Moderate Dysfunction 17-33
- Low Dysfunction 0-16

Neck Pain and Disability Scale

n=221 Patients | Net Change in High Risk Members: -11

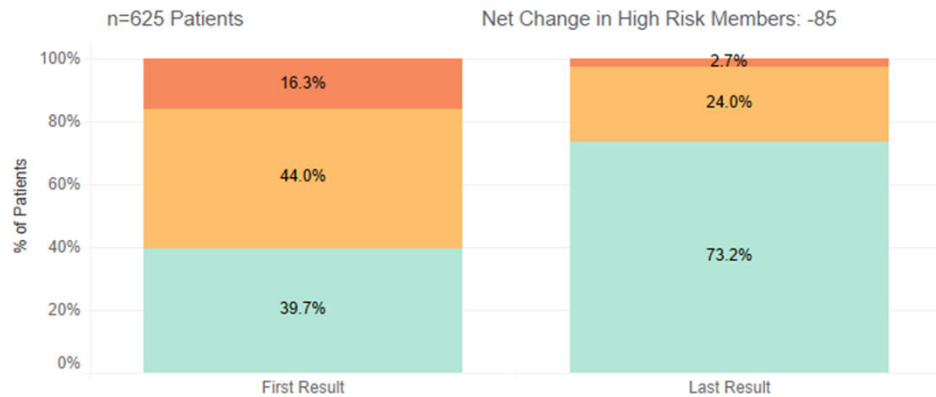First Result: 6.3% / 26.7% / 67.0%
Last Result: 1.4% / 10.9% / 87.7%

Physical Therapy: Upper & Lower Extremity Function
Twice Screened Members – Two Years Ending March 2022

Lower Extremity Functional Score Index
- High Dysfunction 26-0
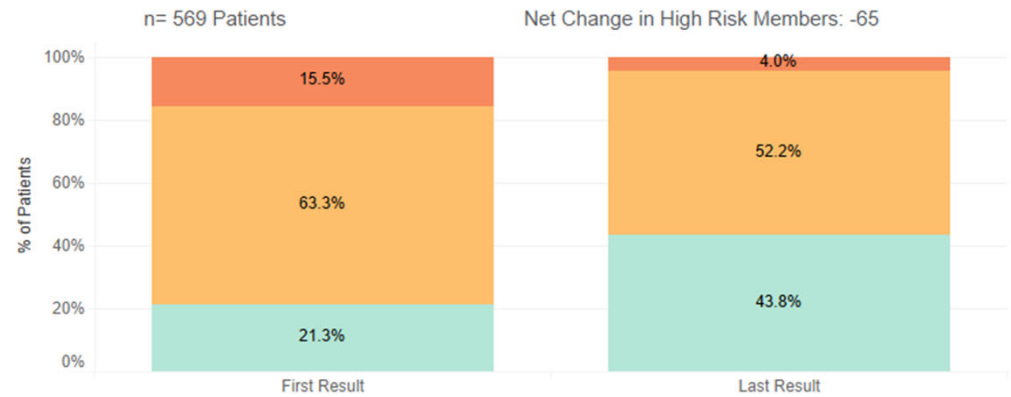- Moderate Dysfunction 53-27
- Low Dysfunction 80-54

Lower Extremity Function Scale

n=625 Patients   Net Change in High Risk Members: -85

First Result	Last Result
16.3%	2.7%
44.0%	24.0%
39.7%	73.2%

Upper Extremity Function Score Index
- High Dysfunction 33-0
- Moderate Dysfunction 66-34
- Low Dysfunction 100-67

Upper Extremity Function Scale

n= 569 Patients   Net Change in High Risk Members: -65

First Result	Last Result
15.5%	4.0%
63.3%	52.2%
21.3%	43.8%

Book of Business User vs Non-User Savings Analysis

Aggregate Savings by ACG Resource Utilization Band

PEPY Savings by Group	
Max	-$3,822
25th Percentile	-$1,815
50th Percentile	-$1,298
75th Percentile	-$759
Average	-$1,292

27% lower average cost for engaged members
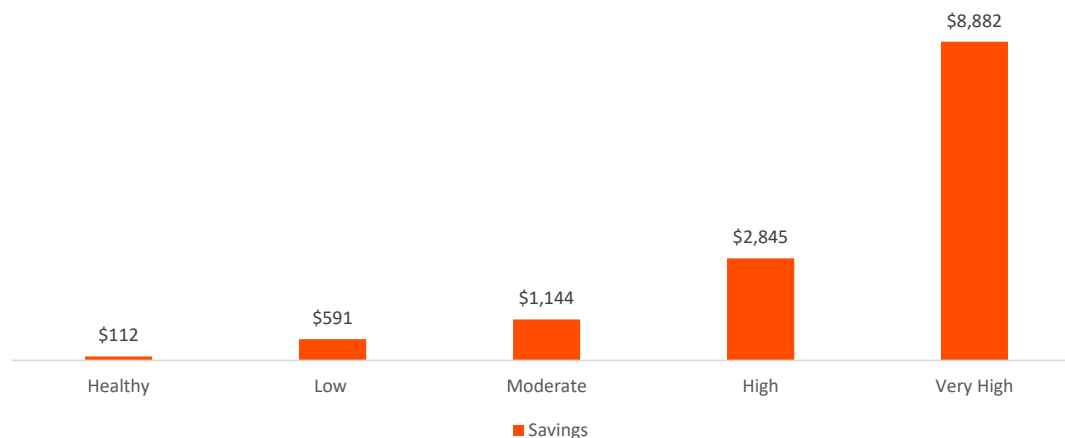
-Primary eligible populations identified for 53 employer groups
-Over 180,000 patients in sample
-Excluded groups with go-lives since Jan 2020
-Compared those engaged with 2+ visits vs. those without a visit
-Normalized claims based on risk score provided by Johns Hopkins ACG model
-Average savings of $1292 per engaged member per year

Innovation that Endures

Access and engagement

- **Launch of Anywhere virtual primary care +**
- **Expansion of digital member access**
  mobile app & portal enhancements
- **Expansion of engagement solutions**
  incentives, engagement channel expansion
- **Enhancing Occupational & work-related care**

Managing downstream risk

- Care Navigation and Value-driven Referral Management
- Management of transitions of care
- Concierge care
- 2nd opinion

Value-based care evolution

- Network curation/high value specialist network
- Bundled pricing arrangements
- Benefits and Incentive design
- Health plan design
- Shared/full risk contracting
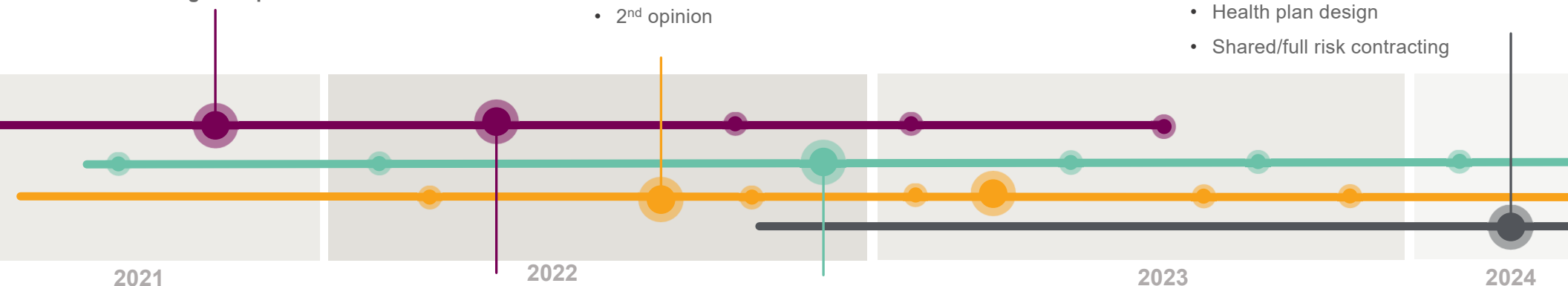
2021   **2022**   **2023**   **2024**

Omnichannel expansion

- Onsite, Networks, Anywhere, Digital
- Chronic Care management programming with RPM
- Behavioral Health one-to-many expansion
- 24/7 care access

Managing upstream risk

- Real-time analytics and predictive risk identification
- Personalized engagement solutions
- Pharmacy solutions
- Management of social determinants of health, health equity

Thank You

marathon-health.com

Dr. Bruce Hochstadt – Executive Vice President
Email: bhochstadt@marathon-health.com
Phone: 847-421-8442

Bruce Hochstadt, MD is an Executive Vice President of Marathon Health, with areas of responsibility that include business development, growth and strategy.

Before joining Marathon Health in 2019, Dr. Hochstadt was the Chief Operating Officer of Grace Therapeutics, Inc., a specialty pharmaceutical company with product candidates in clinical development for the treatment of rare and orphan central nervous system (CNS) conditions. Prior to Grace, he was the National Practice Leader at Willis Towers Watson managing the firm's consulting services addressing employer-sponsored health centers. Before WTW, he was a Partner at Mercer also leading its national practice focused on onsite and near-site health centers.

Earlier in his career, he led the Medical Underwriting Department for Aetna as it transformed from a traditional indemnity insurance carrier into the dominant health plan and managed care organization it is today.

Dr. Hochstadt holds degrees from Harvard University (AB in Biochemistry), Boston University School of Medicine (MD) and The Wharton School (MBA in Healthcare Management). He trained in General Surgery at Tufts University School of Medicine and practiced Burn and Trauma Surgery in Philadelphia following his residency and while completing an MBA.