Prepared by:

The Data Bridge to Smart, Simple Medical Delivery.

WHO WE ARE – A Collaboration System

revelationMD developed a data bridge that reduces healthcare costs & improves quality by connecting the payer, the user & the authorizer for the first time ever

Finally – Change Without Disruption
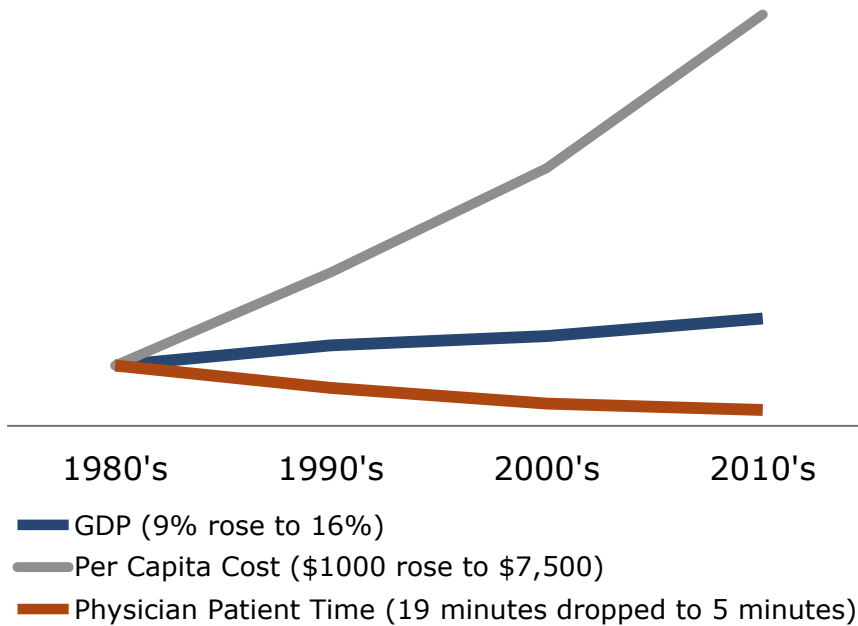
Improve
quality of care

Optimize current
workflows

Reduce costs
of delivery

UNDERSTANDING WHY THIRTY YEARS OF MANAGED CARE HAS **NOT CONTROLLED EXPENSES**

As costs continued to rise, physician time spent with patients diminished

- GDP (9% rose to 16%)
- Per Capita Cost ($1000 rose to $7,500)
- Physician Patient Time (19 minutes dropped to 5 minutes)

1980's   1990's   2000's   2010's

Kaiser Family Foundation, Snapshot: Health Care Costs 2011

Tested "savings" strategies

1980's | Discounts

1990's | + Restrictions

2000's | + Prevention

revelationMD

... WE BUILT OUR DATA BRIDGE TO SOLVE THIS CHALLENGE BEFORE "COLLABORATION" AND "OUTCOMES" WERE COOL

2003
Healthcare Think Tank

2007
Physician Collaboration Project

2008
revelationMD formed

2009
Proprietary software launched

2013
Commercial market established for *mpactMD*

Patent pending on revelationMD technology and process.

![revelationMD logo]

HOW AMERICA MISSED IT

Our country built a reactionary/silo system that prevented the right hand from knowing what the left hand was doing…

- **This makes it very difficult to curb over-utilization**

- **The unintended consequence creates:**

  - Knowledge gap of comparative cost and quality information preventing guidance towards high value

  - Disincentives that prevent physicians from taking the time to collaborate

  - Serious threat to the influence of networks whose "discounts" are beginning to be achieved through other means

Patent pending on revelationMD technology and process.

HOW revelationMD FIXES IT

- No other data solution has built a true bridge that **creates a direct connection between claim data from the employer, clinical results from the physician**, and an aligned incentive that pulls it all together

- **The *mpactMD* data bridge** works because it respects the value each stakeholder provides

- The waste caused by the lack of transparency in the silo system can be eliminated because our **non-disruptive approach** assures employers that all parties will align to the same goals
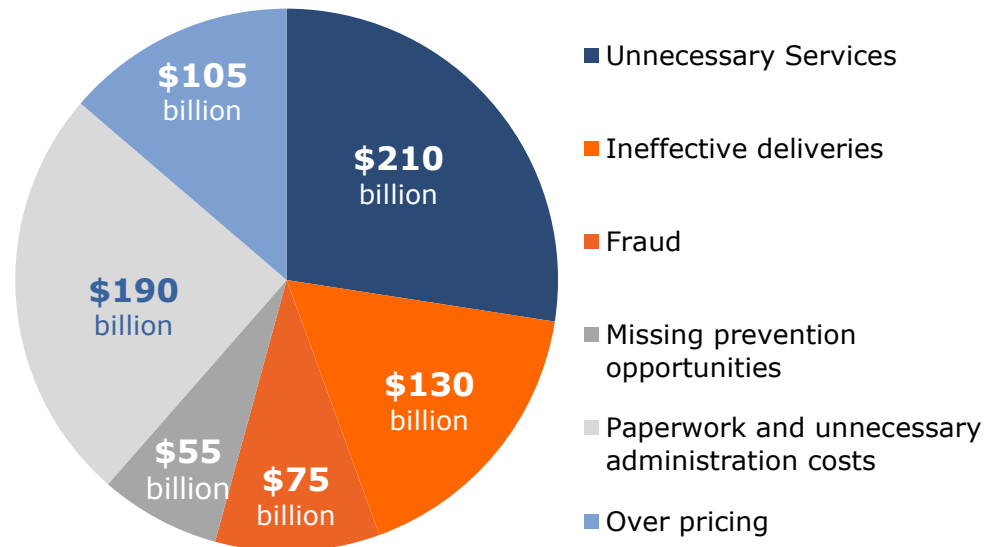
WHAT IS AT STAKE?

$750 BILLION

> "If home building were like health care, carpenters, electricians and plumbers each would work with different blueprints, with very little coordination."
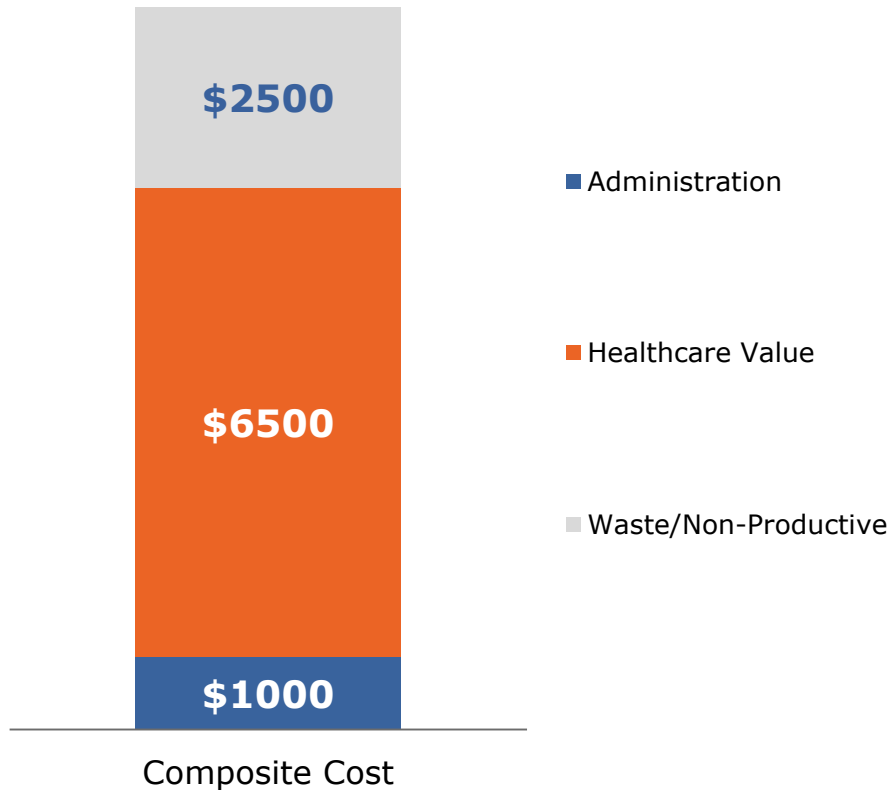>
> **THE INSTITUTE OF MEDICINE**

Where Waste Hides

$105 billion
$210 billion
$130 billion
$75 billion
$55 billion
$190 billion

- Unnecessary Services
- Ineffective deliveries
- Fraud
- Missing prevention opportunities
- Paperwork and unnecessary administration costs
- Over pricing

The Institute of Medicine, Best Care at Lower Cost Report 2012

THAT WASTE IS AFFECTING THE COST FOR **ALL EMPLOYERS** MORE THAN THEY REALIZE

$2500

$6500

$1000

Composite Cost

■ Administration

■ Healthcare Value

■ Waste/Non-Productive

Waste Categories

- Unnecessary Services

- Services Priced Over Market

- Excess Hospital Admits and/or Length of Stay

- Duplication of Tests

- Complications/Re-admissions

- Referrals Not Tracked – Care Plans Not Followed

PHYSICIANS ARE IN A POSITION TO HELP BECAUSE THEY AUTHORIZE 90% OF ALL CHARGES
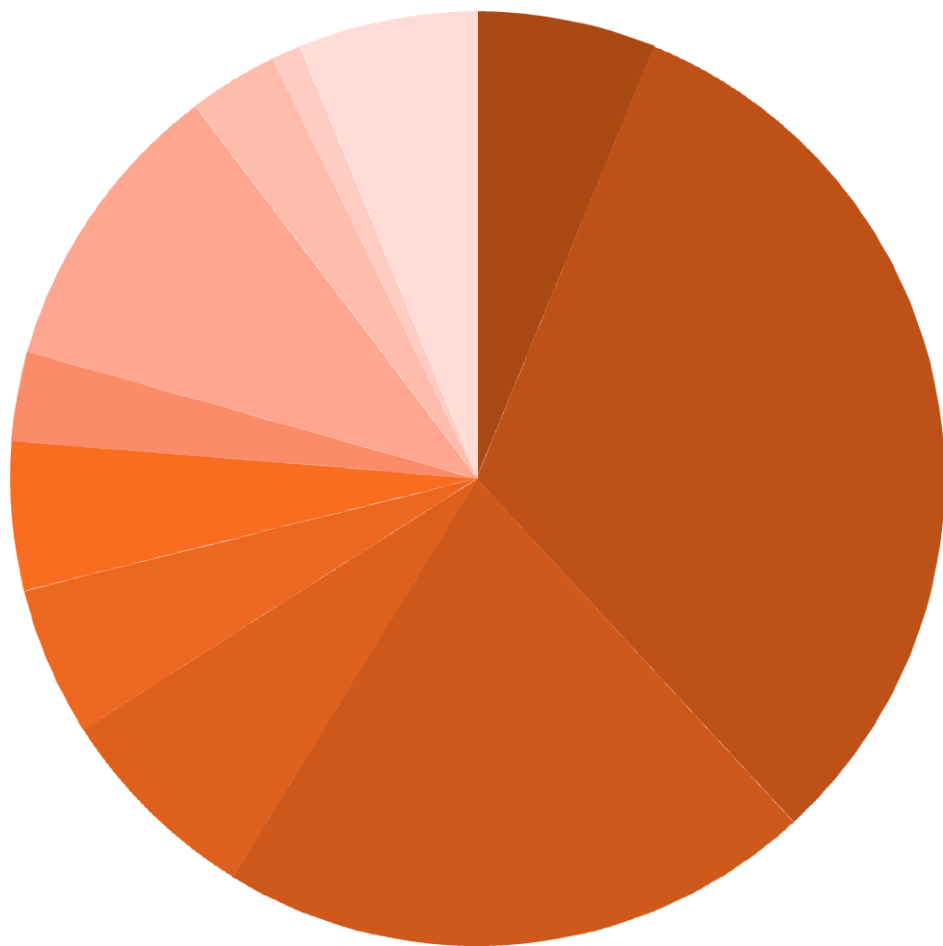
Breakdown of physician influence:

- Investment
- Hospital care
- Physician Clinical services
- Other professional services
- Other health, residential, and personal care
- Nursing home care
- Home health care
- Retail - RX drugs
- Retail - other products
- Government Administration
- Net cost of health insurance

Kaiser Analysis

Patent pending on revelationMD technology and process.

...AS LONG AS THEY ARE EQUIPPED WITH THE RIGHT TOOLS

A system bridge that shares information with transparency...

- For comparative cost and performance information between providers

Collaboration capability...

- So referrals become electronic with follow through and vital completion feedback
- And complex treatments are coordinated with shared knowledge

Patient Care Planning...

- That the physician creates. Patient specific yet population measured

Incentives that align with employer pre-determined cost and quality outcome goals

- Providing compensation for results

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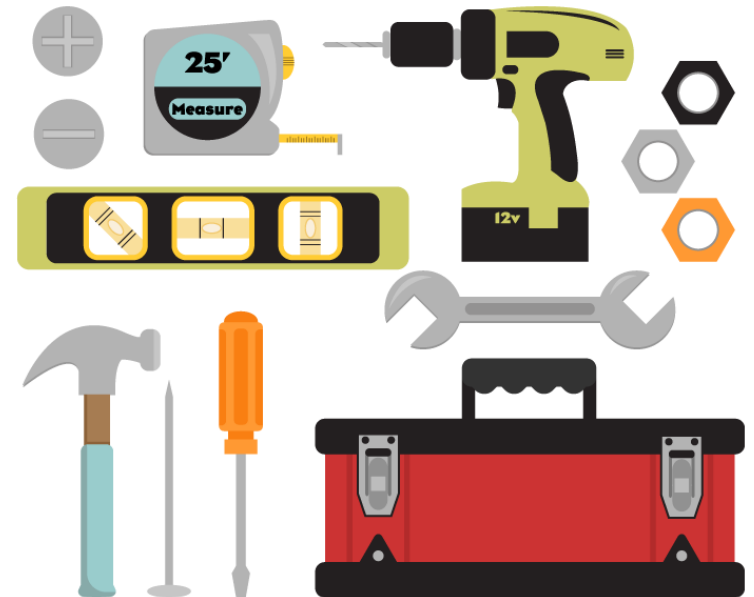
QUALITY IMPROVES AS WELL
Technology based, physician-centered medical delivery at work

Customization

Patient will follow physician-centered Care Plan

Real-time

Quality data measurements are used at time of care authorization
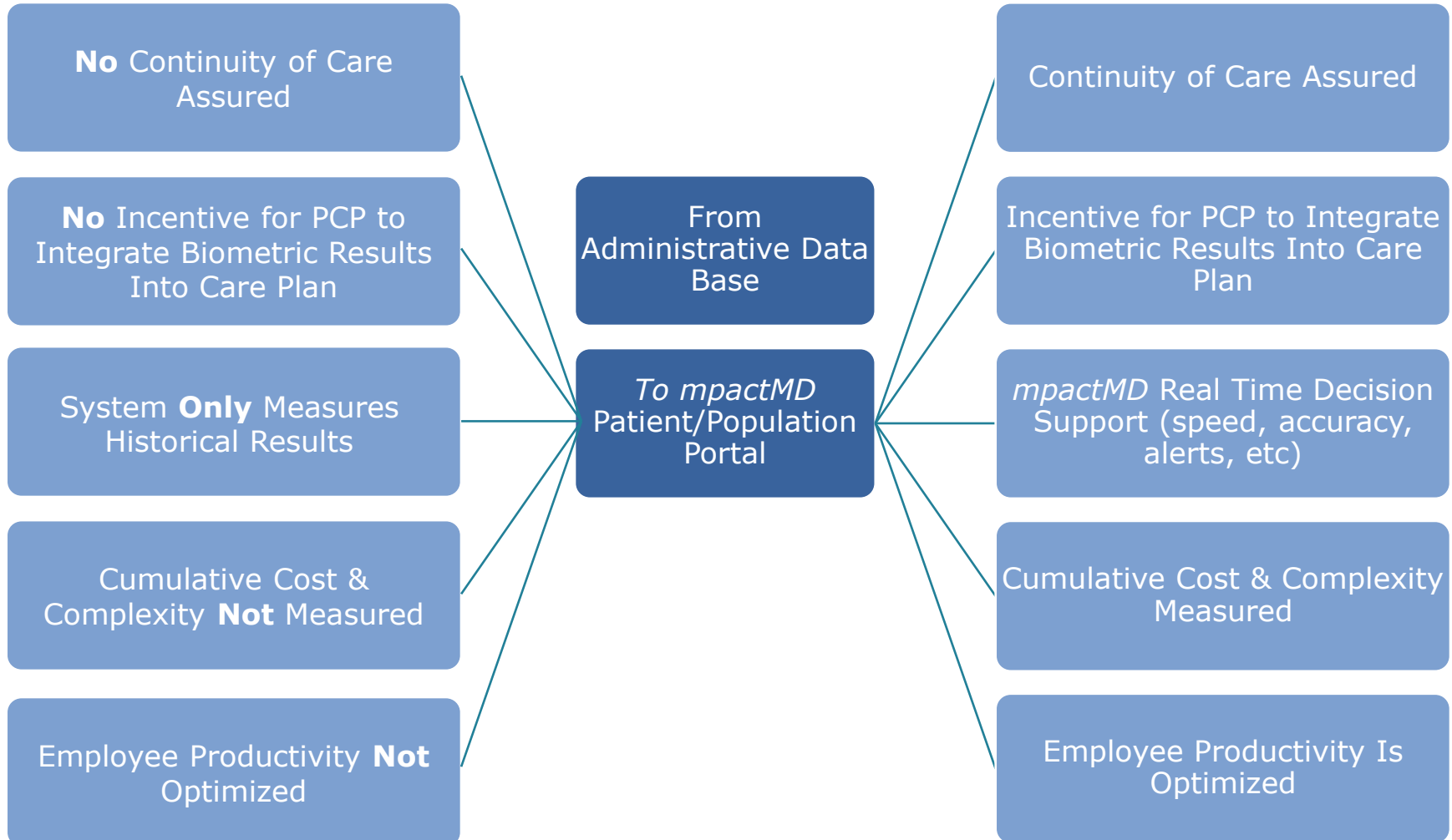
Alignment

Physician incentives are aligned with results for the first time

Sustainability

Quality and savings are sustainable because *mpactmd* is non-disruptive to employer plans

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BY BRIDGING THE EMPLOYER/PHYSICIAN INFO GAP...
The Patient Experience Improves While Employer Claims Drop

No Continuity of Care Assured	From Administrative Data Base	Continuity of Care Assured
No Incentive for PCP to Integrate Biometric Results Into Care Plan	*To mpactMD* Patient/Population Portal	Incentive for PCP to Integrate Biometric Results Into Care Plan
System **Only** Measures Historical Results		*mpactMD* Real Time Decision Support (speed, accuracy, alerts, etc)
Cumulative Cost & Complexity **Not** Measured		Cumulative Cost & Complexity Measured
Employee Productivity **Not** Optimized		Employee Productivity Is Optimized

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MEASURING SAVINGS: 18 LEADING INDICATORS
REDUCING COST, FREQUENCY AND INTENSITY WHILE IMPROVING QUALITY

- Acute Inpatient Admits/1000 patients rate = 44.00 (ex.)
- Large Claim Admits/1000 patients rate = 44.00 (ex.)
- Acute Average Length of Stay = 4.50 days (ex.)
- Large Claim Average Length of Stay = 4.50 days (ex.)
- Acute Inpatient Average Cost per Day = $3,461 (ex.)
- Large Claim Average Cost per Day = $3,461 (ex.)
- Outpatient Surgery Admits/1000 patients = 153.00 (ex.)
- Outpatient Surgery Average Cost/Admit = $2,048 (ex.)
- ER Admits/1000 patients rate = 411.00 (ex.)
- ER Average Cost per Admit = $615 (ex.)
- Outpatient Diagnostics Events/1000 patients = 1,050 (ex.)
- Outpatient Diagnostics Average Cost/Imaging Event = $334 (ex.)
- Average PEPM Cost for Other Ancillary Services = $443.38 (ex.)
- Pharmacy Average Generic Rate = 79% (ex.)
- Pharmacy Average Scripts/1000 patients = 5,060.00 (ex.)
- Pharmacy Average Cost/Brand Script = $59 (ex.)
- Pharmacy Average Cost/Generic Script = $12 (ex.)
- Average PEPM Administrative Cost = $79.00 (ex.)