Population Health:
Health, Experience and Affordability

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Geisinger Health

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GEISINGER: INTEGRATED HEALTH SYSTEM

We care for patients

- 11 hospital campuses
- 253 clinic sites
- 3,000 providers

We provide quality, affordable healthcare coverage

- 578,000 members
- 55,000 contracted providers / facilities

We teach, research and innovate

- 523 MBS/MD students at GCSOM
- 48 GLH School of Nursing,
  2,000+ other nursing students
- 505 residents/fellows
- 1,000+ active research projects

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Western Hub

Central Hub

Northeast Hub

South Central Hub

AtlantiCare Hub

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Hub and Service Area Map

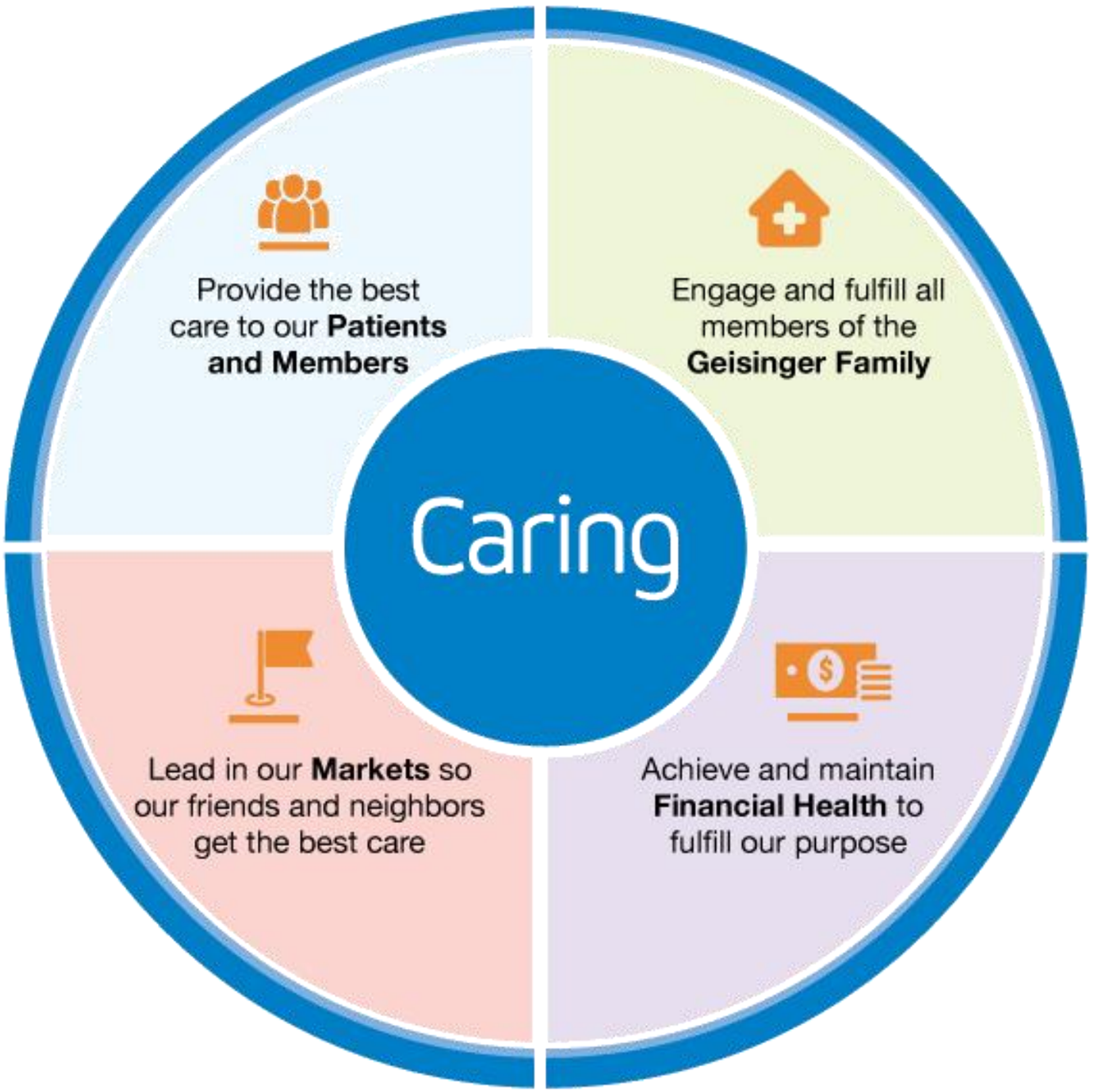
- Geisinger Inpatient Facility
- Geisinger Ambulatory Surgery Cen
- Geisinger Ambulatory Campus
- Geisinger Urgent Care Clinic
- Geisinger Primary Care Clinic
- Geisinger Specialty Clinic
- AtlantiCare Inpatient Facility
- AtlantiCare Ambulatory Surgery Center
- AtlantiCare Urgent Care Clinic
- AtlantiCare Primary Care Clinic
- AtlantiCare Specialty Clinic
- Affiliated ASC
- Affiliated Primary Care Clinic
- Primary Service Area
- Secondary Service Area
- Hub Outline
- GHP Service Area
- Other Inpatient Facility
- US Interstates
- US Highways

0 50

miles

Strategy and Business Development
March 2018

Our strategy



Foundational elements

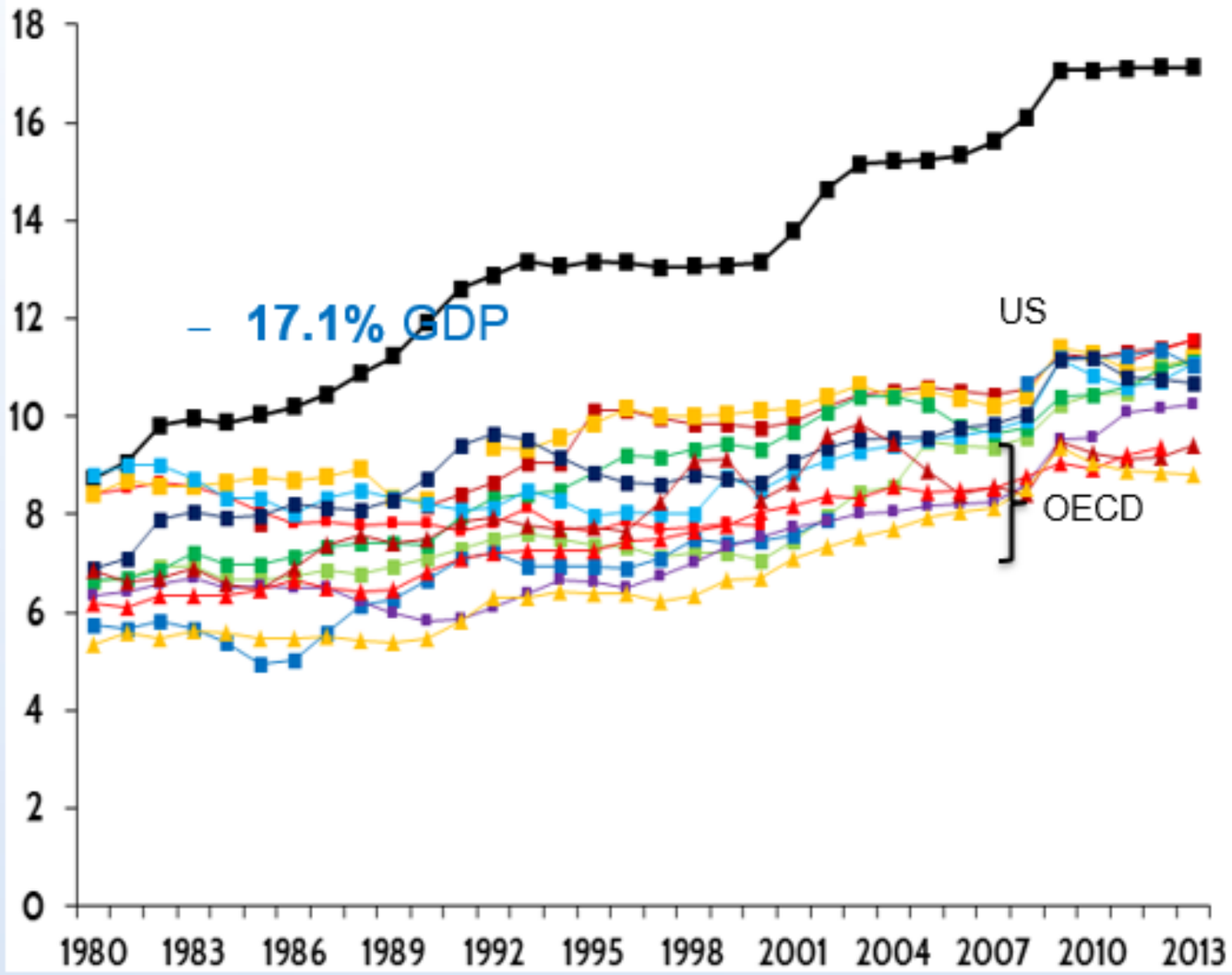
- Patient and Member Partnership
- Value & Affordability
- Accountability
- Integrated Delivery

Our values

- Kindness
- Excellence
- Learning
- Innovation

Macro trends within healthcare continue to lead to pressure (and opportunity) to manage the cost of care better

U.S. healthcare spending is high…



Total Dollars: U.S. $9,086 vs OECD Median $3,661

(spending per person)

❑ …We test and treat more

- 2.1X more MRIs
- 1.8X more CTs
- 1.5X more prescription drugs

… But we have little to show for it

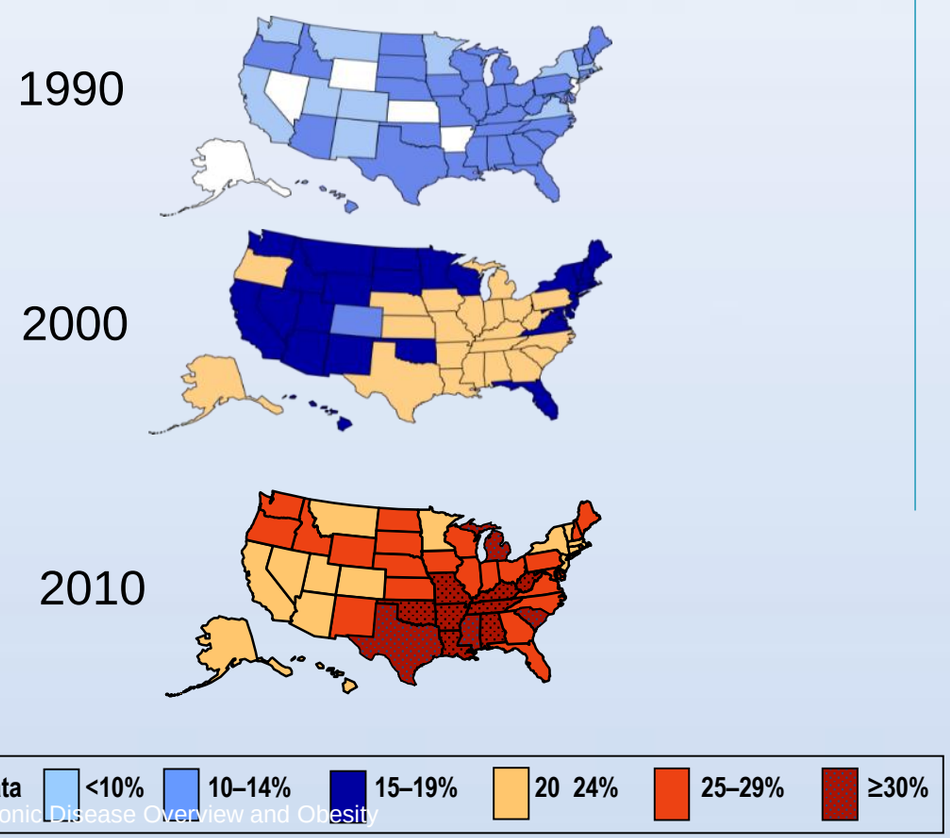
- Lowest life expectancy
- Highest obesity rate
- Highest % 65+ with 2+ chronic conditions

Source: *U.S. Health Care from a Global Perspective: Spending, Use of Services, Prices, and Health in 13 Countries,* The Commonwealth Fund, October 2015.

All the while, Americans continue to get sicker and chronic disease prevalence accelerates, placing even more importance on solving for different models of care

117 million Americans live with one or more chronic conditions

Obesity rates increase…



Sources: CDC Chronic Disease Overview and Obesity Prevalence Maps

…and chronic diseases go unmanaged

- 50% of people with hypertension have uncontrolled blood pressure
- Over 80% of people with hyperlipidemia haven't attained cholesterol control
- 43% of people with diagnosed diabetes haven't achieved glycemic control

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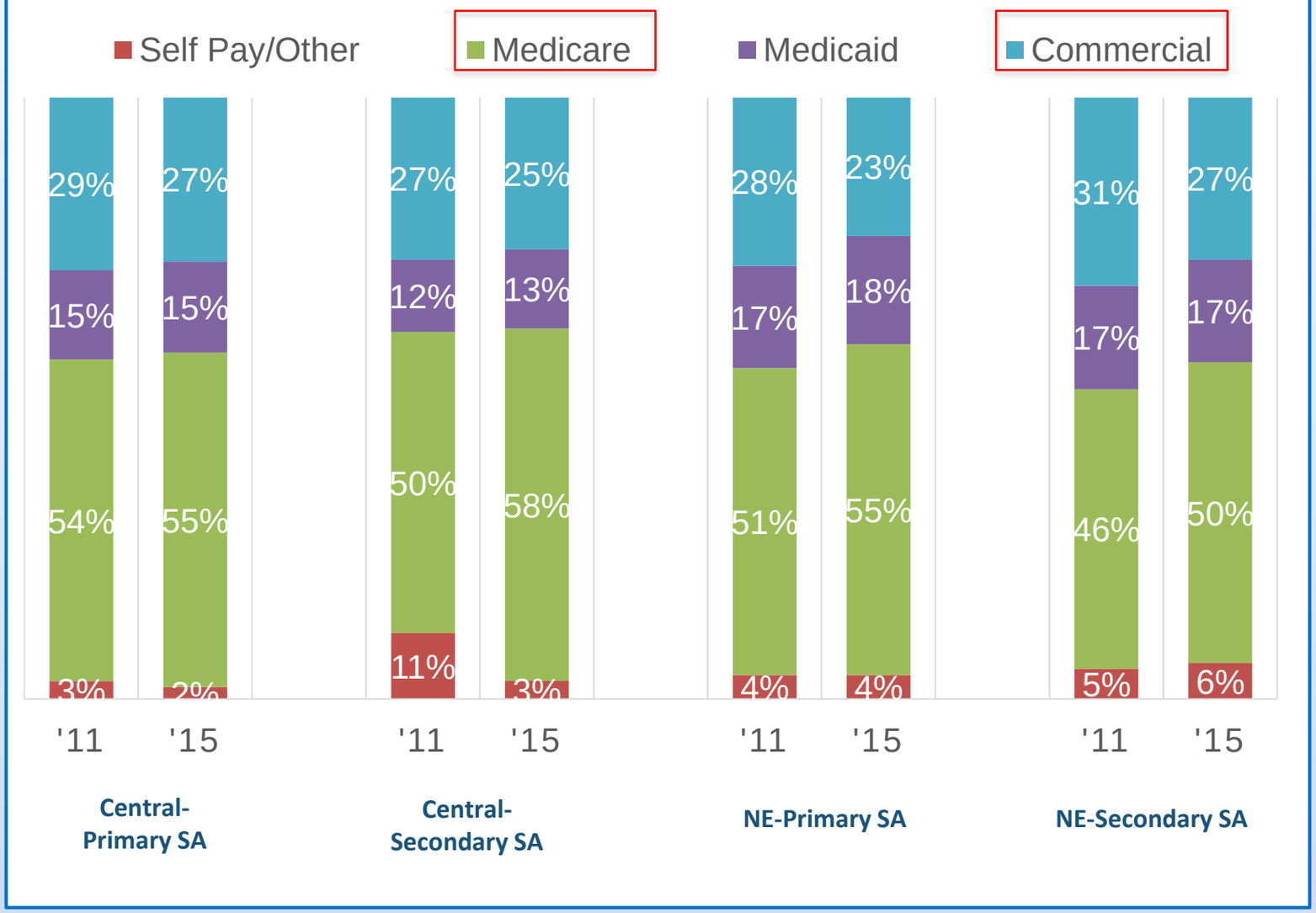
At the same time, growth in government programs has led to lower unit reimbursement and a drive toward value-based payment

Percentages of Geisinger patient discharges showed a steady increase in Medicare while commercial has declined



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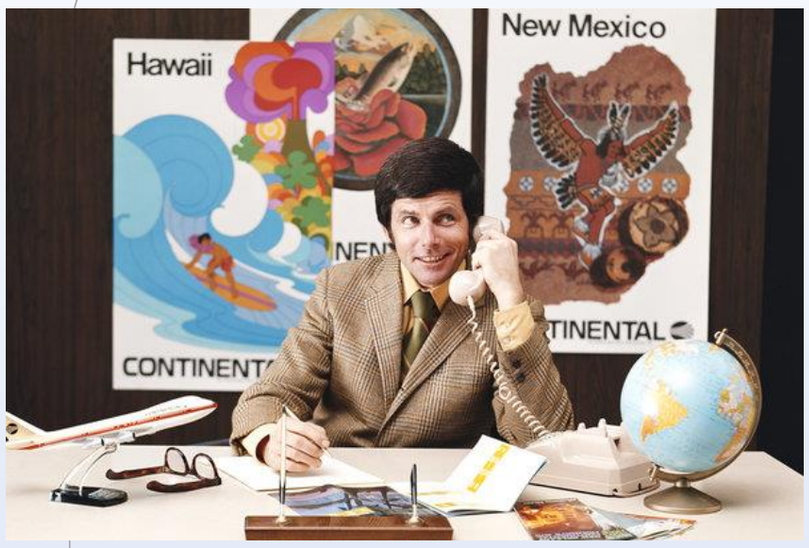
In order to drive value, we need to transform health-care capabilities away from hospital-based services



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How our model has developed around Population Health Management

1980s

- Utilization Management

1992–2001

- Disease Management
- Tobacco Cessation
- Asthma
- DM, HTN, CAD
- COPD, HF
- Case Management

2005–2006

-ProvenCare

- ProvenHealth Navigator
- Case Managers in Primary Care Practices

2007-2010

- SNF redesign
- Telehealth for HF & TOC

2013

- Special Needs Unit
- Behavioral Health
- MSWs
- Community Health Workers
- Women's & Pediatric CM

2015-2016

-Embedded CM in Specialty Practice

- Nephrology
- Cardiology
- Pulmonary
- Emergency Depts

- Biologic Care Pathways
- Mobile Integrated Health

2018

- Geisinger at Home
- Community Palliative Care
- In-home video/ technology connectivity

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PRIORITIES

Data & IT Enablement

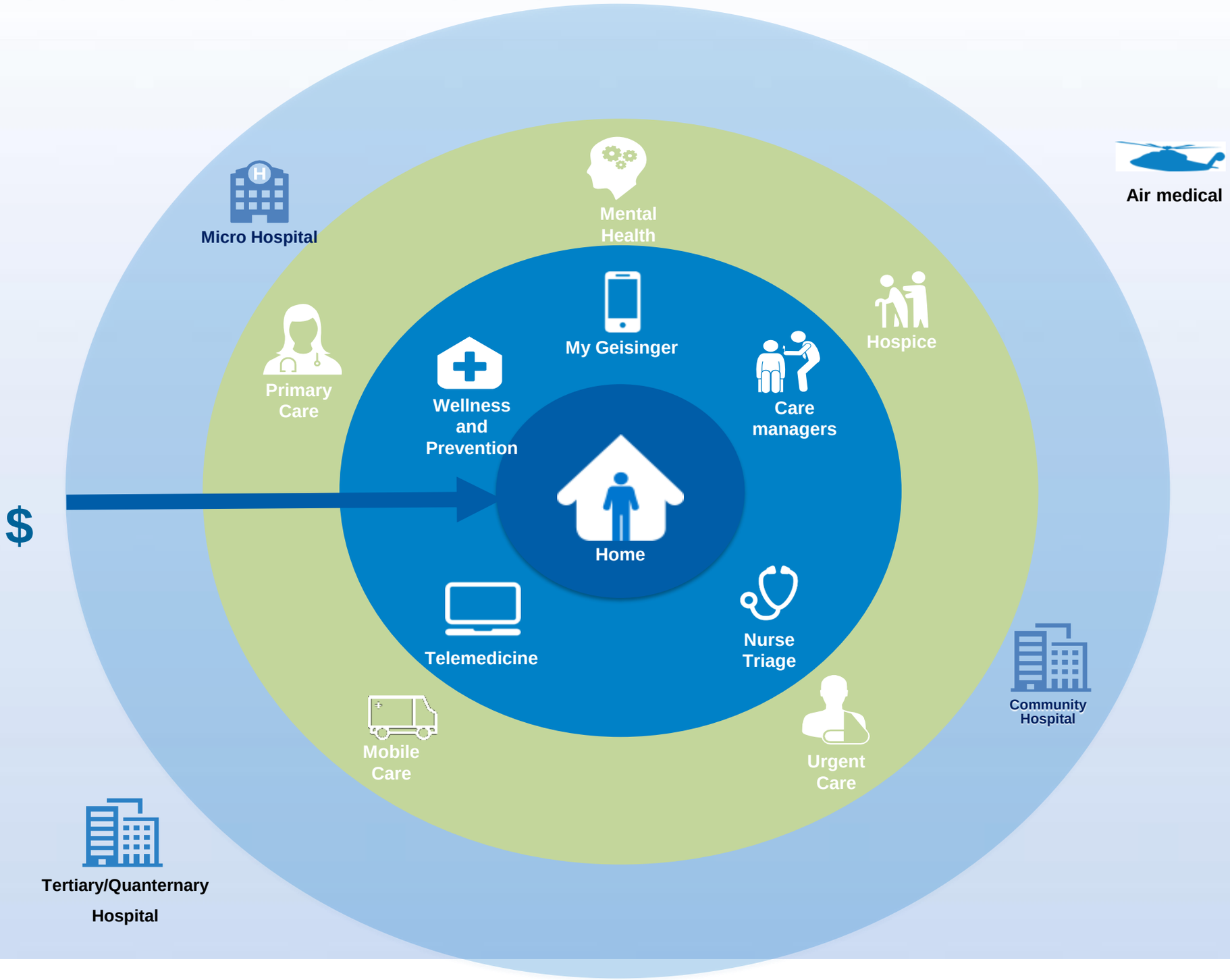
Care Redesign & CC Management

Population Health

Transitions of Care

Community Based Care – SDOH / Behaviors

The solution
- Care closer to home



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TOM, 56
STRONG, PA

FRESH FOOD FARMACY

"You're supposed to eat healthy, but you have to be able to afford eating healthy… all I could afford was canned ravioli or a Hungry Man meal to keep my belly full."

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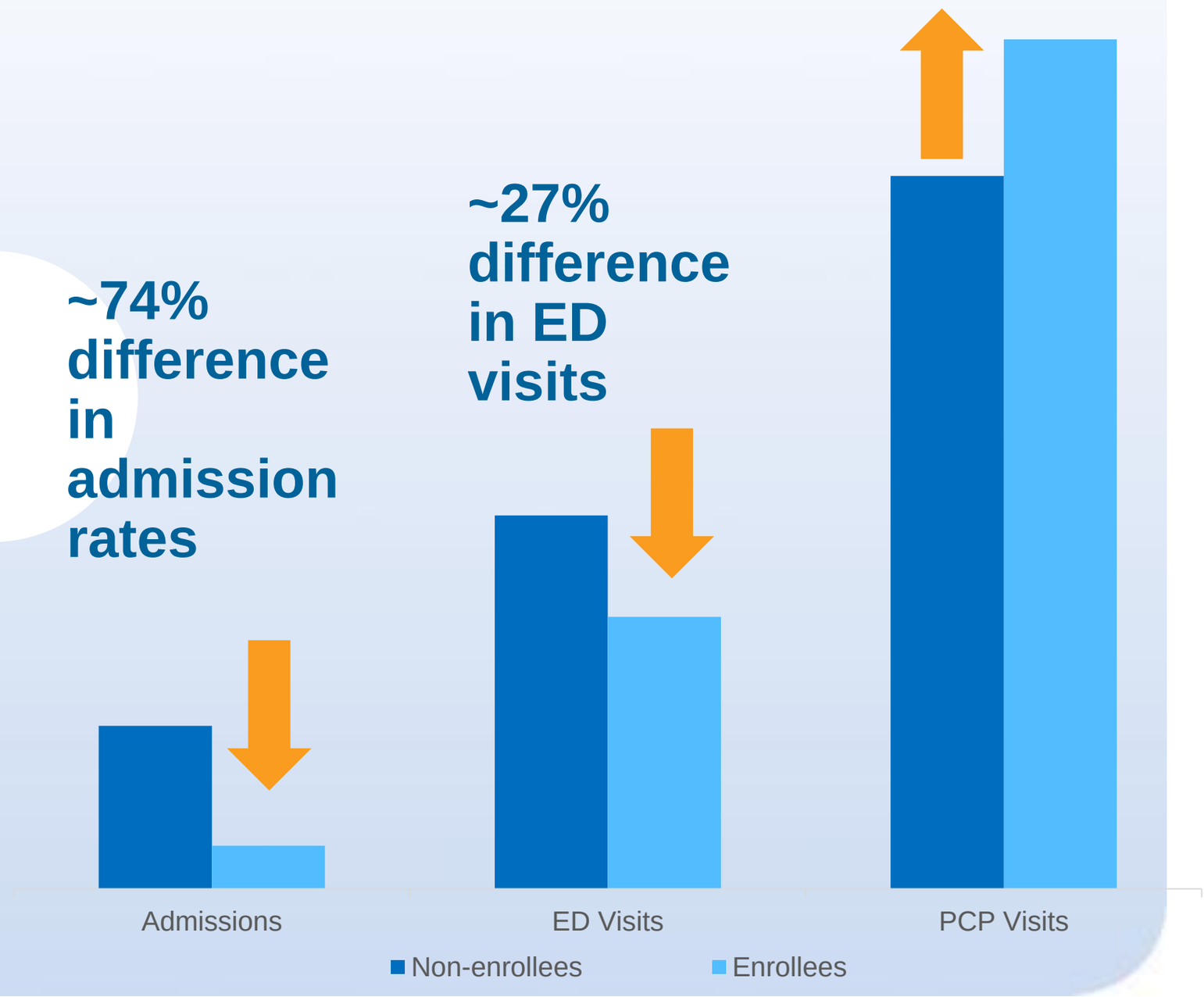
FOOD AS MEDICINE IS HAVING A REAL IMPACT

~74% difference in admission rates

~27% difference in ED visits

~19% difference in PCP visits



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JEANETTE, 89 - JESSUP, PA

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"Thank God for Christine and Dr. Wylie. They really helped me. They were my angels."

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Creating a Care Model in our Communities

- Supporting those with serious & significant health conditions

Geisinger at Home

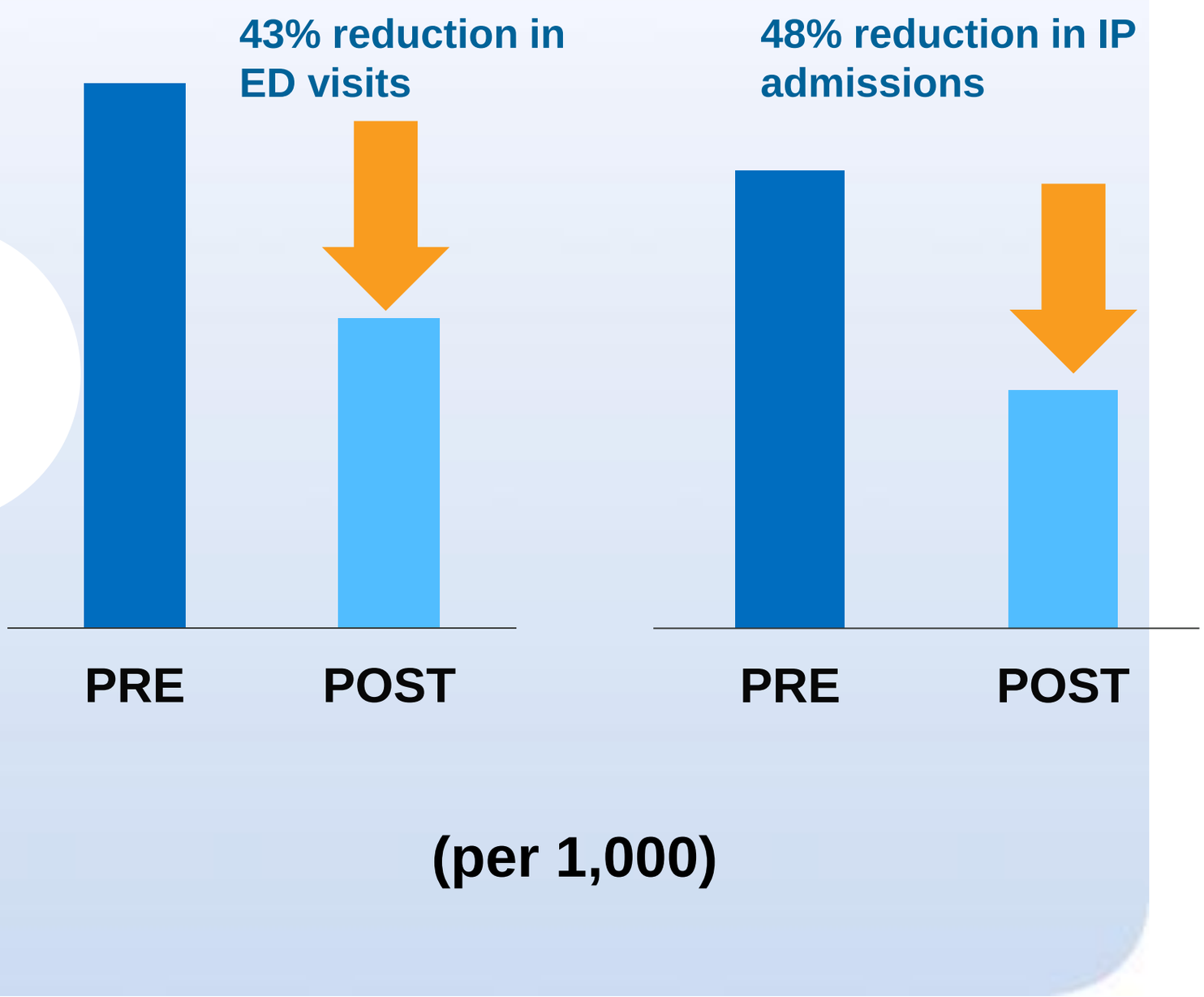
Longitudinal Medical Care	Integrated Social & BH	Acute Care	Advanced Illness
• Comprehensive assessment of disease burden • Condition optimization & management • Close coordination with PCP/SCPs	• Social determinants of health • Behavioral health	• Mobile paramedics • Case Management • Home Health	• Plan of care • Symptom management • Palliative care • Timely transition to hospice

More satisfied patients

More coordinated care

Lower utilization

More than $500 PMPM improvement



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Primary Care Redesign

- ❑ "Greater utilization of the full Care Team
  - ✓ Increased care management support
  - ✓ Incorporation of behavioral health services
  - ✓ Implementation of nurse triage function
- ❑ Focusing on Seniors
  - ✓ 40 minute visits
  - ✓ Daily and weekly huddles
  - ✓ Care gaps readily available
  - ✓ Enhanced services in practice (i.e., IVs)

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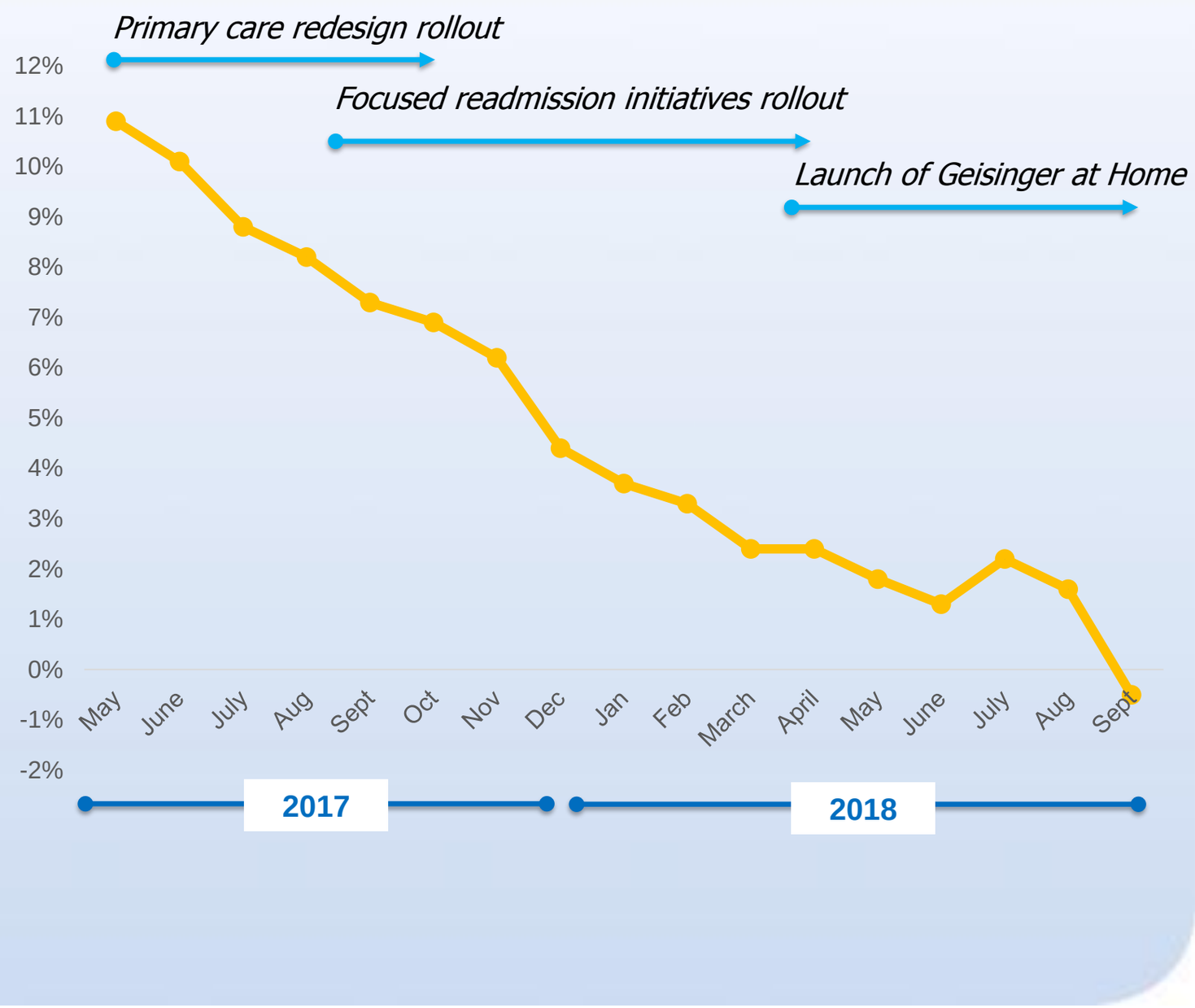
REVERSING MEDICARE ADVANTAGE INPATIENT TRENDS

MEDICARE ADVANTANGE AUTH/1000 TREND



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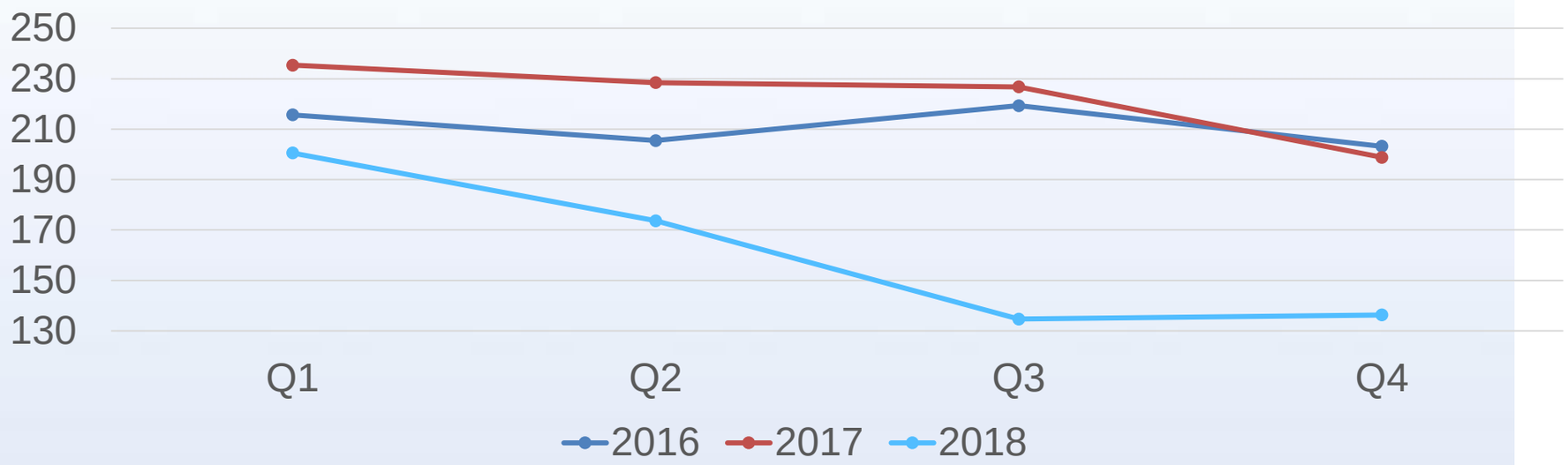
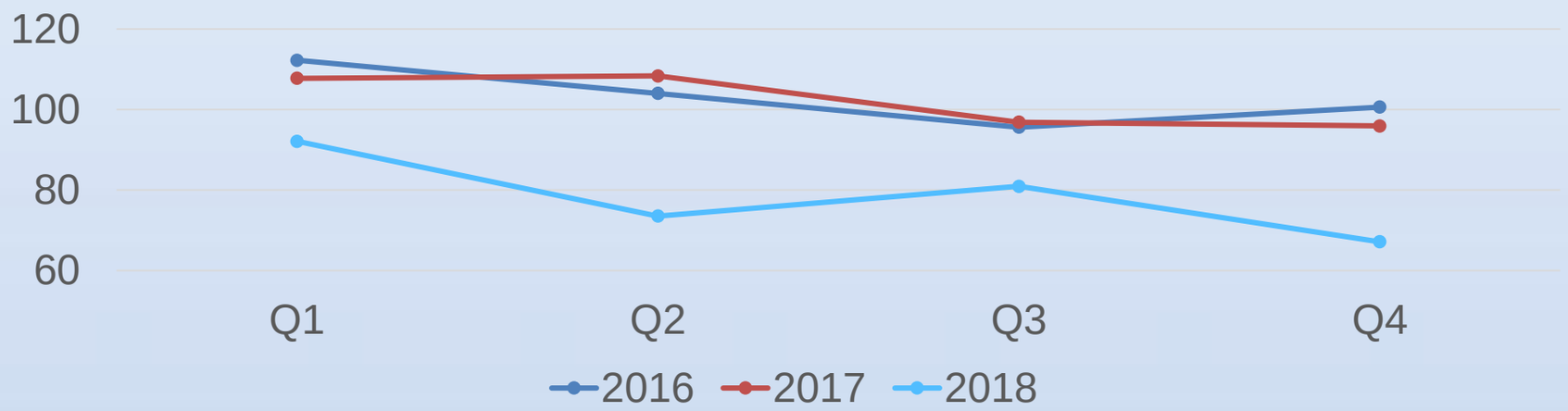
LOWERING READMISSION RATES

READMISSIONS / 1000 - HF



READMISSIONS / 1000 - COPD



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Questions