National Academies of Sciences, Engineering, Medicine
Roundtable on Quality Care for People with Serious Illness

Landmark Health – Complexivist Care

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Landmark's Complexivist Model

- Longitudinal, risk-based, medical group providing intensive, patient-centric, in-home care to the most complex and chronically ill patients
  - Landmark delivers home-based medical care 24/7
  - Meaningful triage and interventions to treat and stabilize in place of residence
  - Partnership model with Primary Care Providers and specialists in community

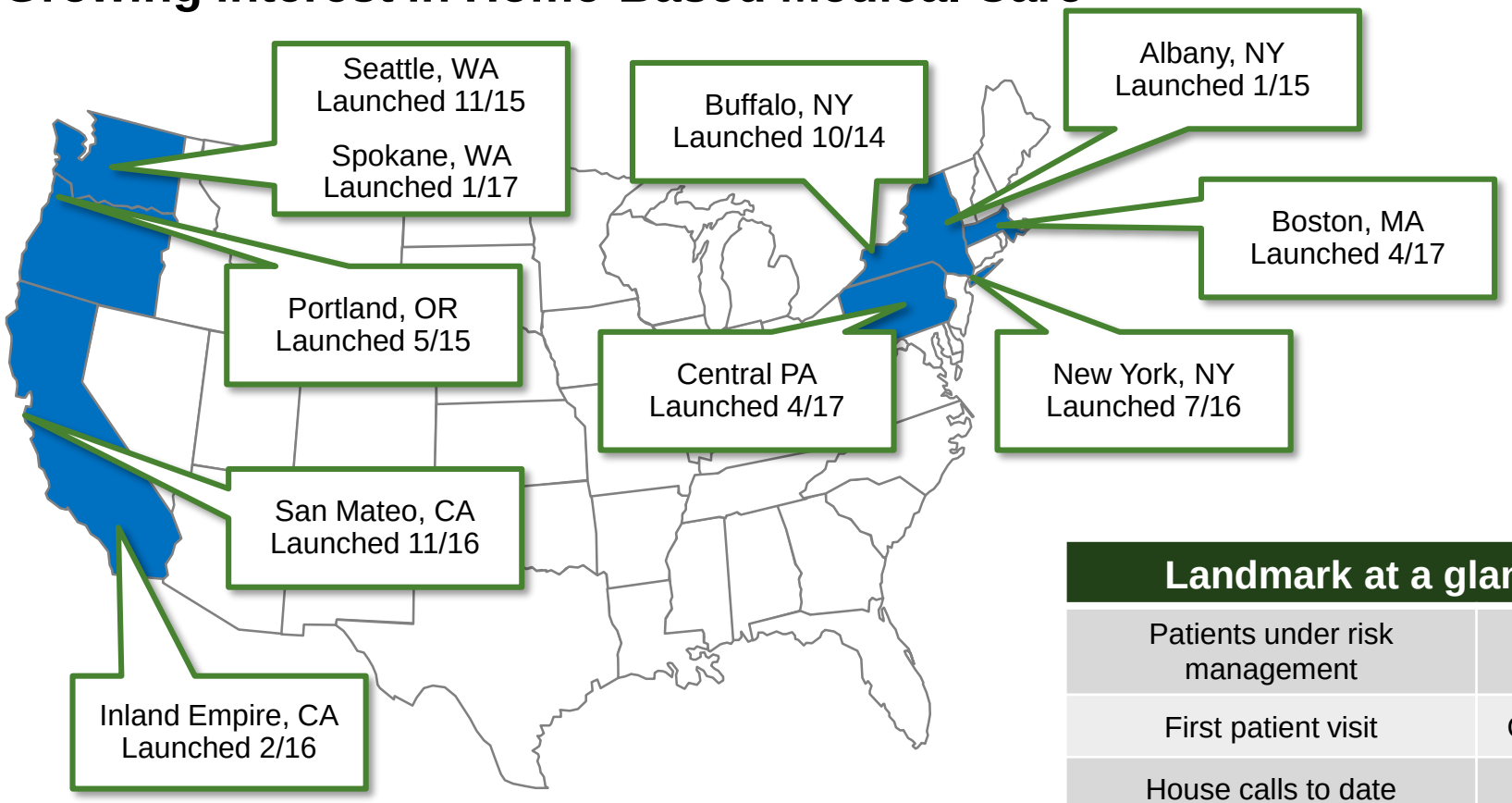
- Aligned incentives with Total Cost of Care Risk
  - Partners with health plans to take upside and downside risk
  - Prepayment / capitated model
  - Savings calculated based on Medical Loss Ratio improvement
  - Responsible for entire cohort cost, whether they engage or not
  - Patient selection based upon characteristics and not events – minimize regression to the mean

- Medical model that integrates behavioral, social, and palliative care
  - Physician-led Interdisciplinary Teams that include Physicians, Psychiatrists, NPs/PAs, Case Managers, Social workers, Pharmacists, and Dieticians
  - Intense focus on social and behavioral determinants of health
  - Medical teams are specially trained on palliative and end of life care
  - 15-20% of visits each month are urgent visits, completed day or night
  - Risk members in Medicare Advantage, Duals, Medicaid, Commercial lines

Clinical Pillars

	Key elements	Operating principles
1 **Complexivist Care**	Team-based model	Provider with interdisciplinary support: social worker, dietitian, pharmacist, and urgentivist
	Crisis interventions	24/7 triage capability, pre-911 call, in-home urgent visit when clinically indicated
	Member/caregiver education	Health literacy, caregiver assessment / training, role-playing and crisis management skills Care delivered where the member lives: private residence, LTC facility, group home, ALF
2 **Behavioral Health**	Employed BH Team	Employed Psychiatrists, Addictionologists, and NPs/PAs with psychiatric specialties
	Real-time BH access	24/7 triage capability, lifeline support, in-home urgent visit when clinically indicated
	Medication adherence	Oral vs. injectables mix management, rationalization of medications to reduce polypharmacy risk, improved adherence post-discharge
	Addressing social determinants of health	Landmark Social Workers, community resources, leveraging health plan resources, recognition of impact of cultural factors on provision of quality care
3 **Palliative Focus**	True informed consent	SPIKES engagement, emphasis on detailed plan of care, realistic goals regarding treatment and prognosis, EOL planning and documentation of advanced directives
	Member education	Age-specific and disease-specific criteria to identify members appropriate for transition to palliative care model
	Care interventions	Aggressive symptomatic relief (e.g., pain, anxiety, vomiting, SOB, etc) , psychosocial care, partnerships with local hospices
4 **Clinical Partnership Model**	Primary care partner	“Specialist” relationship - communicate and work collaboratively with the patient’s PCP and specialist team
	Technology	EMR / IT platform to access and exchange clinical information and care plans
	Complementary coverage	“Middle of the night” response model complements in-office infrastructure

Growing interest in Home-Based Medical Care



- Across multiple business lines Medicare Advantage, Medicaid, Duals, and Commercial/Exchange
- Most mature markets > 50% engagement
- In-home concierge level care, 24/7 for those who need it the most

Landmark at a glance	
Patients under risk management	45,000
First patient visit	Oct. 2014
House calls to date	> 94,000
House calls, last 6 months	> 32,000
Urgent Visits to date	> 22,000
Patient Satisfaction – Net Promoter Score	91%
Engaged patients with > 1 Urgent Visit	> 40%

Impacting Quality Metrics

Measure	Actual *(pre LMH)*	Target Performance	Actual *(post LMH)*
Controlling High Blood Pressure - Cardiovascular	71.0% 4 stars	76.0% 5 stars	**90.8%** **5 stars**
Nephropathy Screening-Diabetes	88.0% 1 star	93.0% 2 stars	**98.1%** **5 stars**
HbA1C controlled < 9	66.0% 3 stars	71.0% 3 stars	**87.1%** **5 stars**
Retinal Exam – Diabetes	70.0% 3 stars	75.0% 4 stars	**81.6%** **5 stars**
Adult BMI Assessment	85.0% 3 stars	90.0% 4 stars	**99.3%** **5 stars**
PHQ-9 Annual Screening	85.0%	90.0%	**92.4%**
Member Satisfaction	75.0%	80.0%	**96.6%**

Goals are set 5% above current plan performance

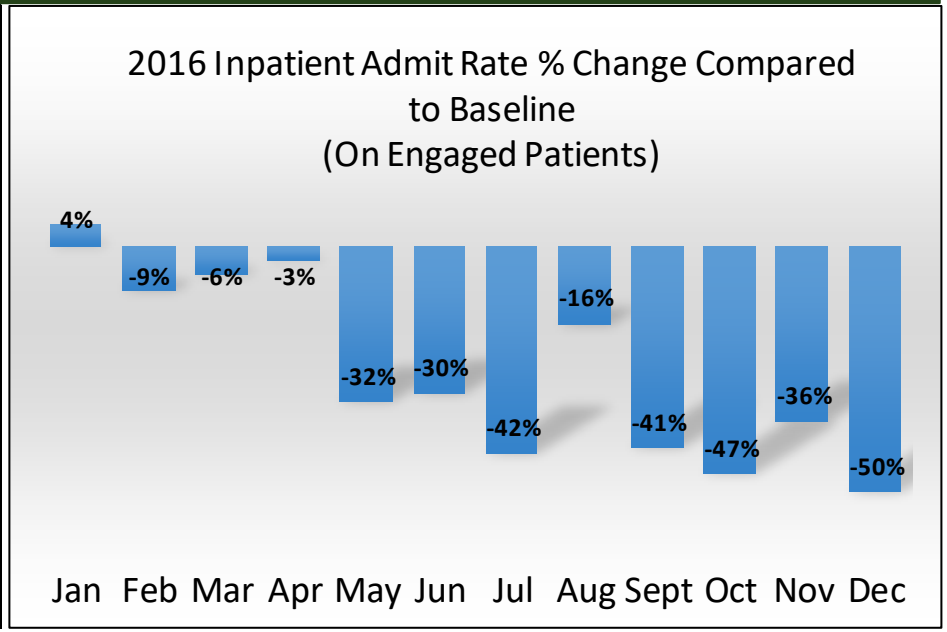
Landmark performance often exceeds 5-star levels, despite caring for highest-risk patient population

Significant Reduction in Admissions

- Inpatient admissions account for roughly 70% of our overall Part C utilization reduction results in the first 18 months of the program
- Other categories of utilization savings include reduced SNF bed days, reduced outpatient/specialist costs, and increased use of hospice and palliative care

Inpatient Utilization Reduction in Our Mature Markets

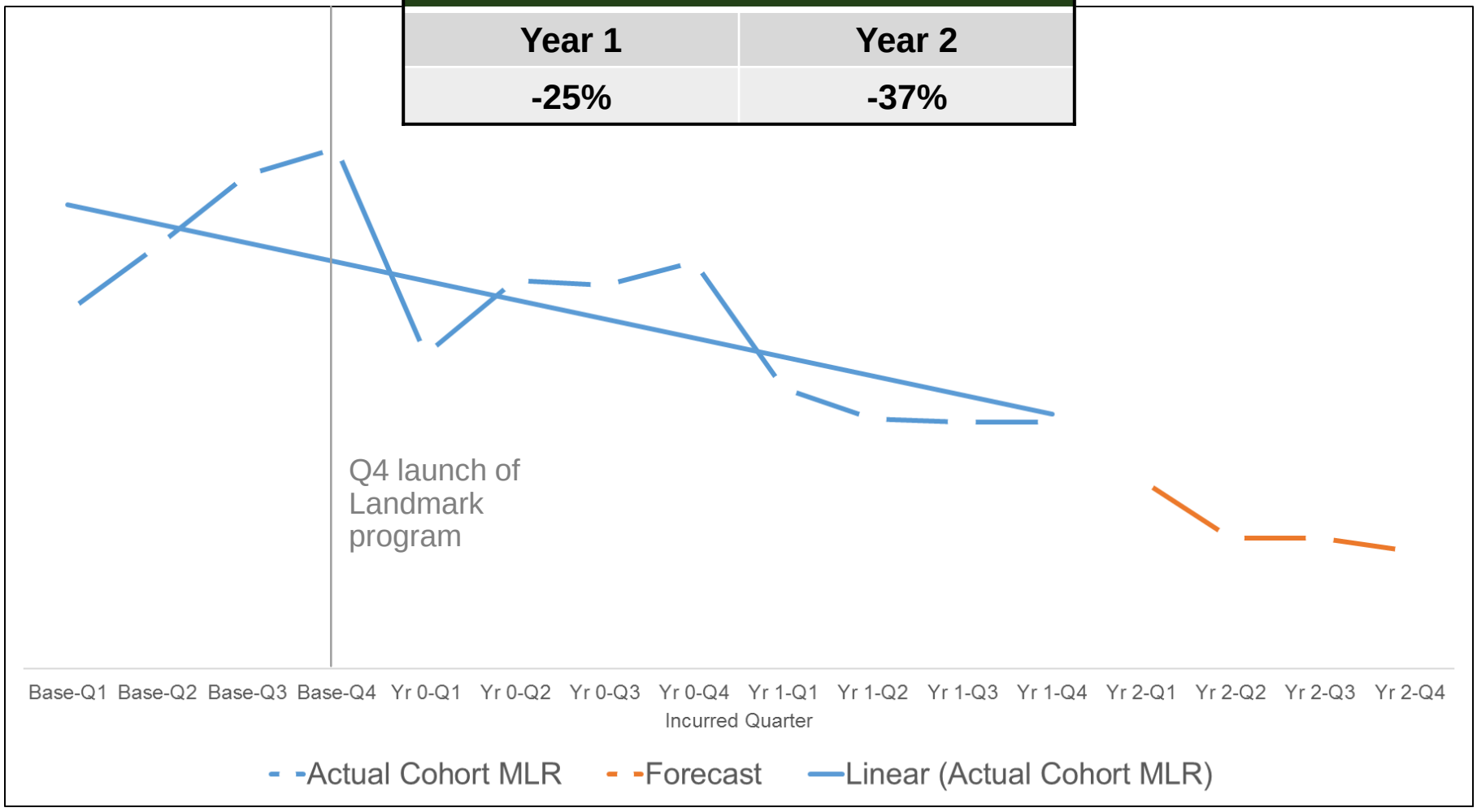
	Inpatient Admit Rate PTMPY Completed with IBNR			
Month	**2014**	**2016**	**% Difference**	**Implied Trend on Engaged**
Jan	663	672	1%	4%
Feb	663	642	-3%	-9%
Mar	663	649	-2%	-6%
Apr	663	655	-1%	-3%
May	663	581	-12%	-32%
Jun	663	584	-12%	-30%
Jul	663	550	-17%	-42%
Aug	663	619	-7%	-16%
Sept	663	549	-17%	-41%
Oct	663	533	-20%	-47%
Nov	663	561	-15%	-36%
Dec	663	520	-22%	-50%



Note: 2016 Inpatient Admissions PTMPY are not adjusted for secular changes in utilization (e.g., influenza spikes in admissions in Q1 2016).

Landmark Significantly Improves MLR

Part C Cohort MLR Trend vs. Baseline	
Year 1	Year 2
-25%	-37%

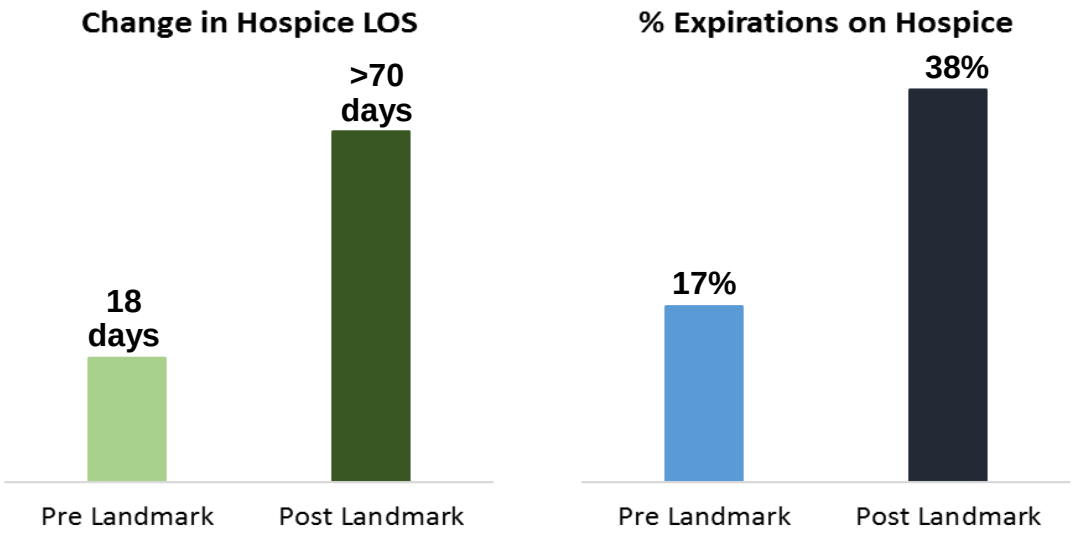


Note: Chart shows impact of documentation and net medical cost saving on MLR prior to program fees and assuming no changes in CMS risk model, based on experience with most mature plan partner

Palliative Care / End of Life Consciousness

- Ideal setting and duration of time to have challenging and complicated discussion
- Landmark has developed a training series focused on Advanced Care Planning, Palliative Care, and Hospice Care
- All clinicians are trained and tested for competency in this area to ensure early referrals to Palliative and Hospice Care as clinically appropriate
- EMR mandates ACP Discussions documented within first 3 visits and at least annually

Palliative and Hospice Results in Landmark's Mature Markets



Landmark Is Extending the Lives of Patients

Our patients live longer

Based on a study across two clients, we observed a decrease in mortality rates of engaged patients when compared to non-engaged patients.

- We analyzed members enrolled on or after 1/1/2015 that stayed enrolled until 10/31/2016 or until their date of death, whichever came first
- We separated members into two cohorts:
  - "Engaged": The member has been engaged at some point prior to the end of their measurement period
  - "Non-engaged": The member has never been engaged prior to the end of their measurement period
    - Inherent selection bias and the Landmark engaged members were sicker (Enrollment RAF - 2.48 for engaged vs 2.10 for non-engaged)

Yearly Mortality (Client A)	
Engaged	12.4%
Non-Engaged	14.9%
Improvement (%)	**16.8%**

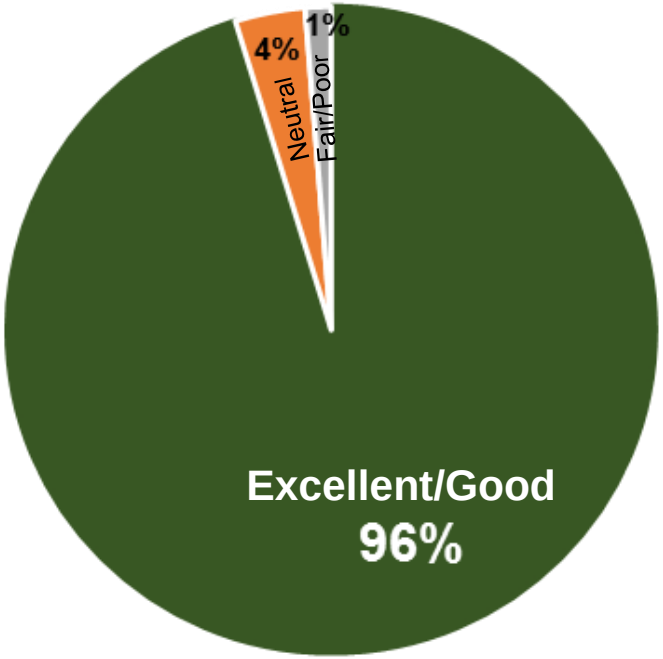
Patients Are Engaged and Extremely Satisfied

Additional Survey Metrics	Score
"Landmark has helped me stay out of the hospital or Emergency Room"	97%
Net Promoter Score*	91%
Response rate for mailed survey	50%

*Adjusted for 1-5 scale response format

Patient Satisfaction Survey Results

(year-end results, n = 2,733)



Patient Testimonials

"These people are like a traveling Emergency Room – they come day or night—whenever I need them….they are helping me not go to the hospital as much."

"Landmark is a blessing for us. We're very grateful for them."

"If I call at two in the morning, I know that Landmark is there for me. It's very reassuring."

Quadruple Aim

Landmark Asks from Policy Makers

- **Create new Advanced Physician Group Model** - shift risk to physician groups – allow financially able provider groups to accept full risk, allowing consumers to opt in for attribution,
- **Create Full Risk Polychronic ACOs** - allowing attribution based on condition and need. Focused on fostering the most effective care models for Fee For Service patients with multiple chronic conditions
- **Expansion of Independence at Home** - proven results
- **Expand PACE and allow PACE Without Walls** - to reach new and more beneficiaries

Thank You

For more information, please contact:

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