HUDDLE

HEALTH

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Primary ***health***

Why?

1. All people need (some) help to become and remain *healthy*.
2. Most care providers focus more on *care* than *health* ..

    (because that's what they're paid for)

It is broken.

My life's work has led to this moment.

OUR life's work has led to this moment.

- Amy
- Michelle
- Mary Ellen
- Sam
- Elena
- Alicia
- Dave

And …

Primary *Care* is Broken

People aren't happy (**45%** say they'd switch providers if they could)

Provider burnout is high (physicians retiring early, shifting to non-clinical roles)

People aren't healthy (quality scores are low)

AVG. WAIT TIMES FOR PCP APPOINTMENTS

60% 2 WEEKS

20% 4 WEEKS

10% SAME DAY

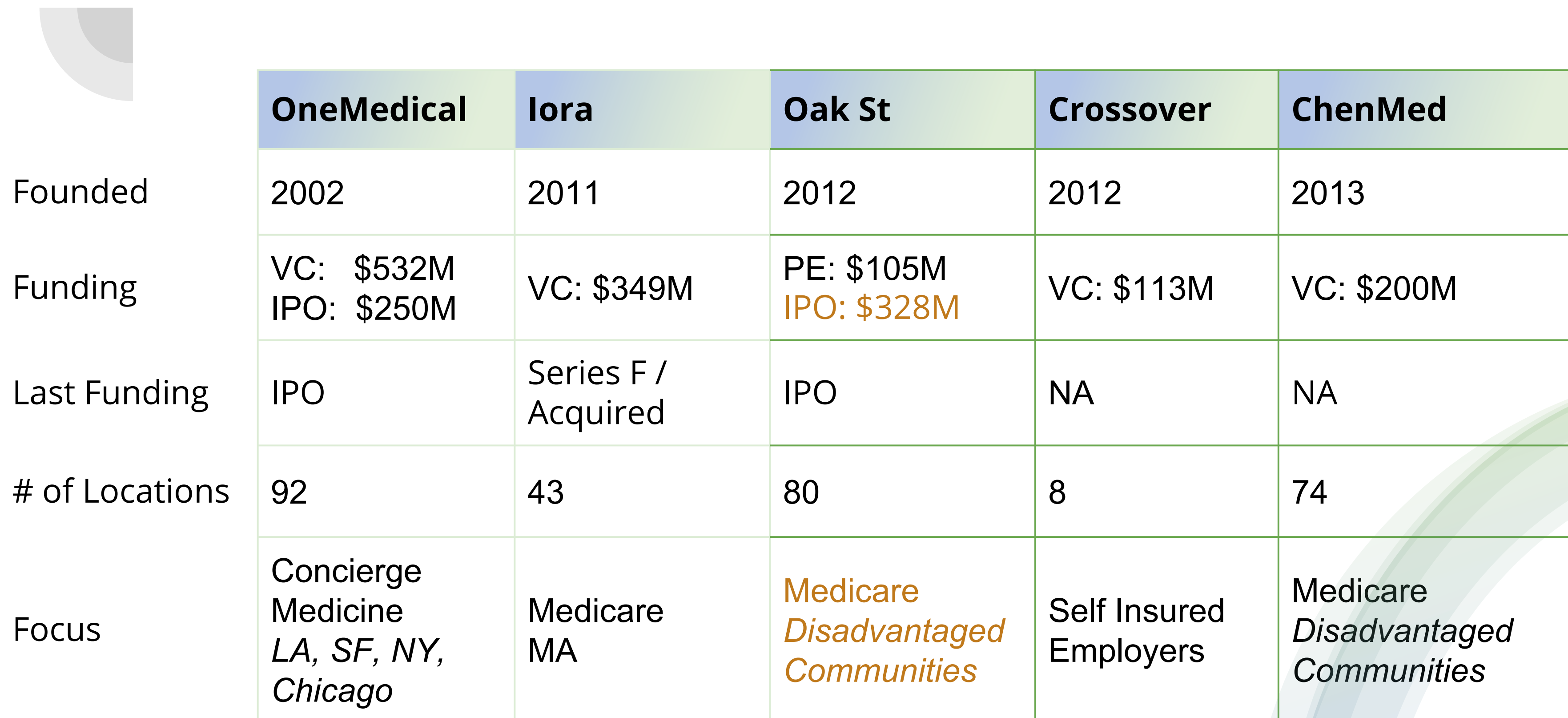
20% of patients have changed doctors because of long wait times.

What

Primary Care vs Primary Health:

Primary Care	Primary *Health*
Patient focus (people with medical problems)	*Member* focus (all people)
Physician led	Nurse / team led, collaborative
Physical Visits remain preferred engagement. Phone & video available and *tolerated*	Communication channel agnostic (Text, Phone, Video, in-person - meet people where they are - not where we wish them to be)
Medical focus (treat disease when it comes)	Health focus (optimize *health - prevent illness*)
Behavioral Health, Nutrition, Physical Therapy seen as adjuncts – referrals out	Coaches, social workers, pharmacists, psychologists, nutritionists, physical therapists all core team members
Narrow network of specialists & hospitals	eConsults for initial specialty support Contracted specialists (not FFS)

Primary Care Innovators



	OneMedical	Iora	Oak St	Crossover	ChenMed
Founded	2002	2011	2012	2012	2013
Funding	VC: $532M IPO: $250M	VC: $349M	PE: $105M IPO: $328M	VC: $113M	VC: $200M
Last Funding	IPO	Series F / Acquired	IPO	NA	NA
# of Locations	92	43	80	8	74
Focus	Concierge Medicine *LA, SF, NY, Chicago*	Medicare MA	Medicare *Disadvantaged Communities*	Self Insured Employers	Medicare *Disadvantaged Communities*

Proven Outcomes

Outpatient Costs	↓ by 25%
Inpatient Admissions	↓ by 41%
Emergency Room Visits	↓ by 35%
Readmission Rates	↓ by 42%
Net Promoter Score	↑ 90
Total Cost Savings	20%

But ..

- Home-grown technology
- Physician-centric staffing/care models
- Persistence of in-person engagement
- Difficult to scale

We Solve

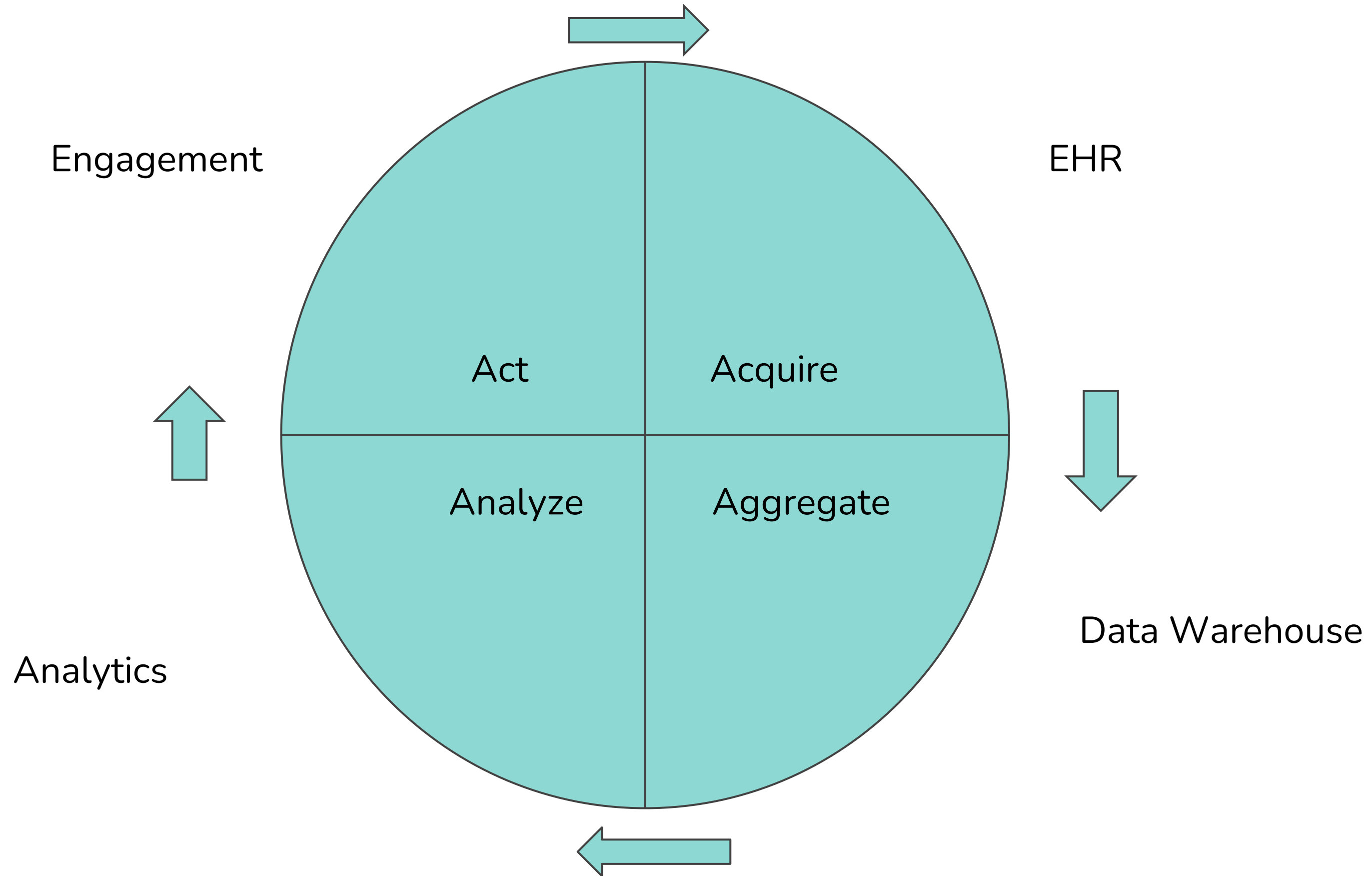
- Home-grown technology
- Physician-centric staffing/care models
- Persistence of in-person engagement
- Difficult to scale

How

Huddle Health, an MSO

- Built to Scale - a national network of primary *health* practices
- Individually owned practices contracted with Huddle Health *and* practices owned by Huddle Health

Technology - Our Strategic View



Huddle < > Iora, Chen, Oak Street, Village ...

Technology

- EHR built for Health (not more care)
- Analytics / Automation / Proactive

Engagement

- ONE team provides Telehealth, Virtual, in-person service
- E-consults - *AristaMD*
- Seamless integration with point solutions - *Physera, Virta, BabyScripts, etc.*

Staffing

- Nurses, social workers etc up front -physician in back
- Optimized, efficient, effective

Traditional

Staffing

Who	How many	Cost / 10,000
Physician	1: 3000 patients	$825,000.00
Nurses	2: 1 physicians	$858,000.00
Admin	3: 1 physicians	$396,000.00
Physical Therapy	0	
Social Work	0	
Nutrition	0	
Total		$2,079,000.00

Huddle Health

Staffing

Team	1: 10,000 patients	Cost/10,000
Nurses	2	$160,000
Coach	2	$80,000
Physical Therapy	2	$120,000
Social Work	2	$140,000
Nutrition	2	$110,000
Physician	1	$250,000
NP/PA	1	$175,000
Total		$1,035,000

How We Grow

Initial Client

Initial launch with MVP, SIEs

Limited, straightforward launch primarily focused on Medicare Advantage

- ❏ Identify members
- ❏ Align on success criteria
- ❏ Configure EHR / Tech
- ❏ Design and Implement

Geographic Expansion

Expand into low saturation/high potential markets

Create repeatable operating model and begin to expand to other markets

- ❏ Repeatable patient growth strategies
- ❏ Repeatable care design
- ❏ Repeatable interventions
- ❏ Repeatable tech stack

Long Term Expansion

Differentiate with improved outcomes, lower cost of care, excellent service and culture

Expand into established markets and expand beyond MA

- ❏ Align with regulatory shifts in value based payment: commercial, SIEs, Medicaid

Primary *Health*