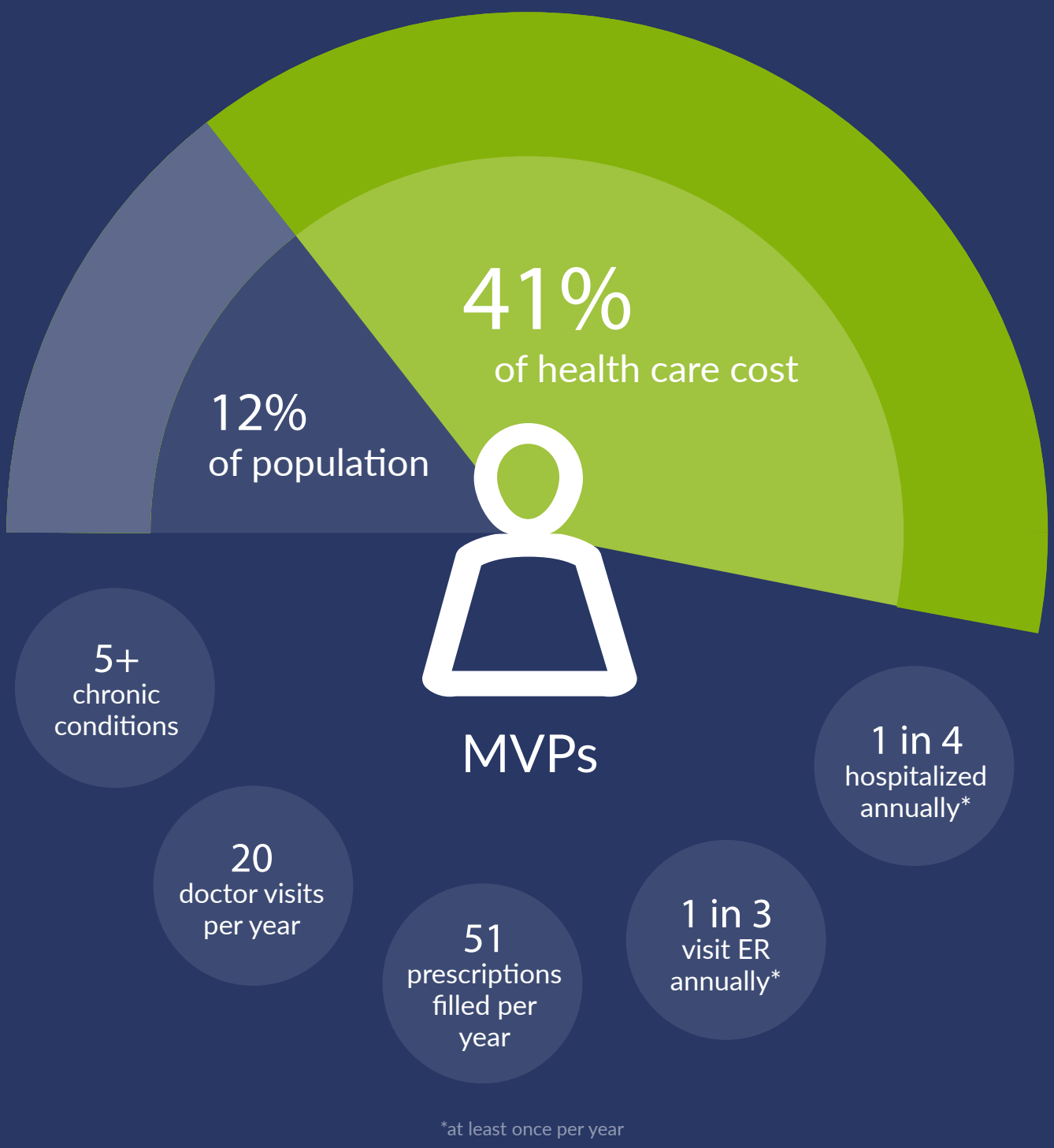


Rethinking Care for the Most Vulnerable Patients (MVPs)

Who are our nation's MVPs?^{1,2}



The Solution

Comprehensive care for MVPs when and where they need it most—within the home, post-acute care facility, telephonically, 24x7.

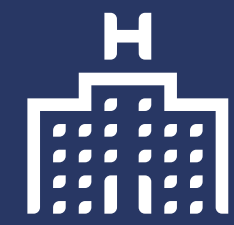
Traditional Care Model Challenges

- 15 min. PCP visits
- Lack of coordination across providers
- Conflicting medications and care plans
- Limited social and specialty services
- 1 in 5 readmitted within 30 days³

High-Touch Care Model Required

- 90 min. House Calls visits
- Coordination with existing PCPs and specialists
- Comprehensive care services (clinical, social, palliative, behavioral)
- Post-discharge follow up and planning

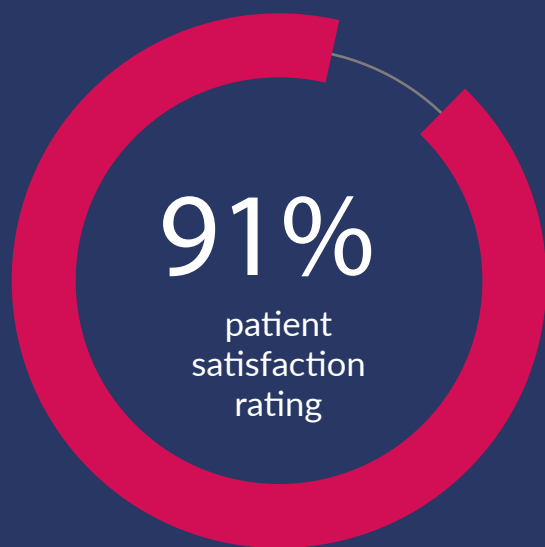
Proven Results⁴



35-40%
fewer hospitalizations



10-15%
fewer emergency room visits



15-20%
lower cost of care

How we partner with health plans

Comprehensive care provider for high-risk populations (full or shared risk)



C-SNP care provider for poly-chronic members (full risk)⁵



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1. These data points represent our definition of the "Most Vulnerable Patients" 2. Buttorff, Christine, Teague Ruder and Melissa Bauman, Multiple Chronic Conditions in the United States, Santa Monica, CA: RAND Corporation, 2017 (<https://www.rand.org/pubs/tools/TL221.html>). 3. (Medicare data only) Jencks, S.F., Williams, M.V., Coleman, E.A. Rehospitalizations among patients in the Medicare fee-for-service program. N Engl J Med. 2009;360:1418-1428 (<https://www.ncbi.nlm.nih.gov/pubmed/19339721>). 4. DaVita Health Solutions team conducted this analysis using claims data from June 2017- June 2018, comparing member results to pre-DaVita Health Solutions baseline data. Results may vary and not every population will necessarily have the same outcomes. 5. Anticipated in 2020.