



U.S. LIFE EXPECTANCY

1980s

2000s

Middle of the pack Bottom of the pack

Socioeconomic status and social factors exert larger influences on longevity.

Social underfunding probably has more long-term implications than underinvestment in medical care. ""

Gerard Anderson, Johns Hopkins New York Times, May 14, 2018



U2

Crumbs from Your Table



U.S. Health Care from A GLOBAL PERSPECTIVE

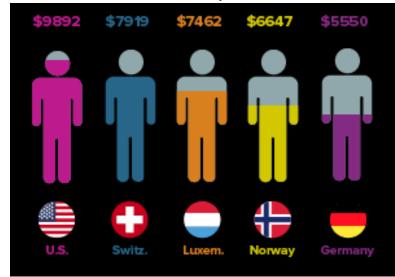
MORE PREVENTABLE DEATHS

More people die of preventable diseases and complications in the U.S. than in any other developed nation.*



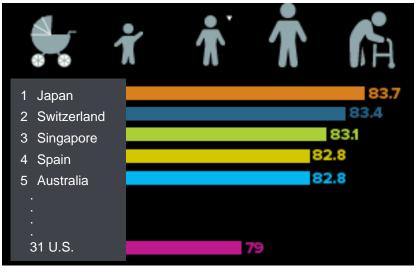
HIGHEST HEALTH COSTS

The United States spends more money per person on healthcare than any other nation with comparable incomes.



LOWER LIFE EXPECTANCY

The United States has a significantly lower life expectancy than other countries that spend less on healthcare.

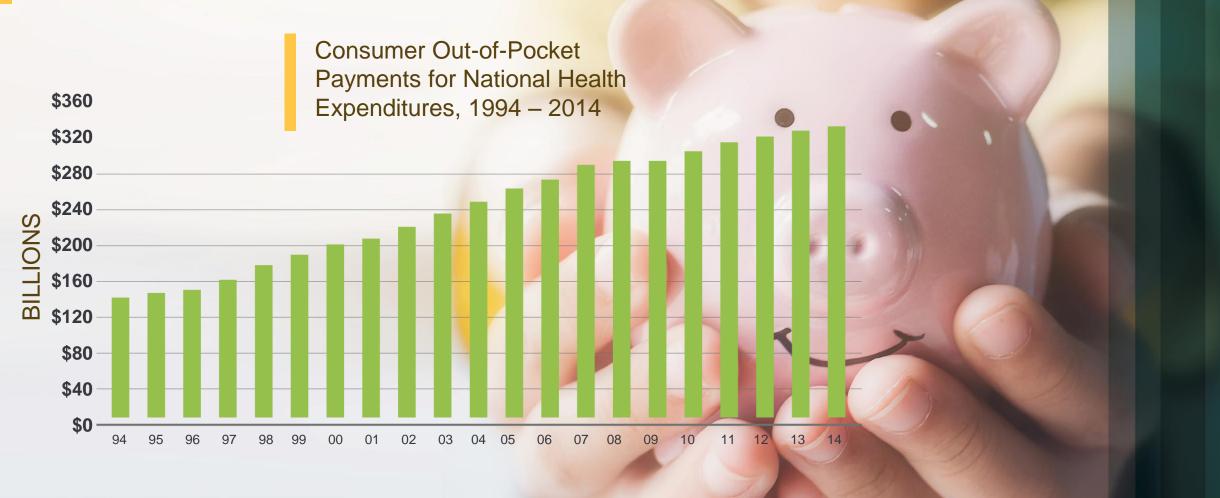


*Per 1000,000

Source: Reverehealth, https://reverehealth.com/vbc/vbc-providers/



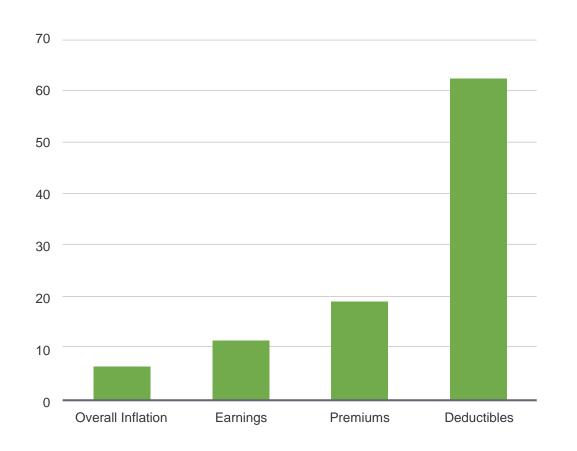
Business PERSPECTIVE







Out-of-Pocket EXPENSES GROWING



Out-of-pocket expenses for **PREMIUMS** AND **DEDUCTIBLES ARE GROWING FASTER** than overall inflation and earnings



Individual PERSPECTIVE



ONE in four Americans

say the cost of health care is the biggest concern facing their family.

Kaiser Family Foundation

ONE in three Americans

report that they could not access care in the last year because of cost.

The Commonwealth Fund

Affordability

is one of the most important challenges influencing American's ability to access health care.



U.S. Health Care from a GLOBAL PERSPECTIVE

Exhibit ES-1. Overall Ranking

Country Rankings		
	1.00-2.33	
	2.34-4.66	
	4.67-7.00	

	AUS	CAN	GER	NEIH	NZ	UK	05
OVERALL RANKING (2010)	3	6	4	1	5	2	7
Quality Care	4	7	5	2	1	3	6
Effective Care	2	7	6	3	5	1	4
Safe Care	6	5	3	1	4	2	7
Coordinated Care	4	5	7	2	1	3	6
Patient-Centered Care	2	5	3	6	1	7	4
Access	6.5	5	3	1	4	2	6.5
Cost-Related Problem	6	3.5	3.5	2	5	1	7
Timeliness of Care	6	7	2	1	3	4	5
Efficiency	2	6	5	3	4	1	7
Equity	4	5	3	1	6	2	7
Long, Healthy, Productive Lives	1	2	3	4	5	6	7
Health Expenditures/Capita, 2007	\$3,357	\$3,895	\$3,588	\$3,837*	\$2,454	\$2,992	\$7,290

CAN

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Note: * Estimate. Expenditures shown in \$US PPP (purchasing power parity).

Source: Calculated by The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Sicker Adults; 2009 International Health Policy Survey of Primary Care Physicians; Commonwealth Fund Commission on a High Performance Health System National Scorecard; and Organization for Economic Cooperation and Development, OECD Health Data, 2009 (Paris: OECD, Nov. 2009).



1020	Hospitals in Toyon form Plus Cross hoolth plan		GDP	-	
1929	Hospitals in Texas form Blue Cross health plan			The second second	
1939	California hospitals created Blue Shield				
1940	9% of Americans have some form of health insurance	e	E0/	STATE OF THE PERSON NAMED IN	
1945	National Health Insurance/Social Security Private insurance expands	-	5%	A STATE OF THE PARTY OF THE PAR	
1946	Hill Burton Private Insurance expands				
1950	50% of Americans have some form of health insurance	се	0.00/	MESSE	
1960	66% of Americans have some form of health insurance	ce	9.2%		1
1965	Medicare and Medicaid established Diagnosis Related Groups created Private insurance expands		12.5%		
1970s	HMOs created				
1980s	Healthcare inflation outpaces national GDP		17.6%		
1993 1997	Clinton "Health Security Act" universal health care, employer model			5311	
A	Balanced Budget Act • Reimbursement reductions for Medicare		19.3%		-
2010	• SCHIP	_	18.2%	the country	40
	Affordable Care Act		19.7%	4.4/18334	
2016	15 million healthcare employees Triple Aim / Population Health / Value-Based care		13.170		AND THE RESERVE OF THE PARTY OF
2017	Triple Aim / Population Health / Value-Based care	ELITLIDE D	PO IECTIO	NIC AT 270/	
2025	Repeal and Replace ACA Discussions	FUTURE P	ROJECTIO	ONS AT 37%	
2050					

The (Not-So-Rosy) Future of Hospitals

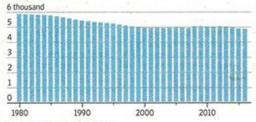


HOSPITAL DRAMA

How these facilities at the center of the health-care system are evolving

Full-Service Fade

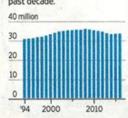
The number of community hospitals in the U.S. has been in a long-term decline, and hospital closures are expected to continue over the next decade.



Source: American Hospital Association

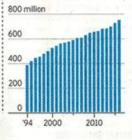
Fewer Stays

Inpatient admissions to community hospitals have trended down over the past decade.



More Patients But outpatient visits have

climbed steadily.



Source: American Hospital Association

The Cost Benefit

Average savings on these outpatient procedures compared with inpatient settings PATIENT OUT-OF-POCKET

	TOTAL SAVINGS	SAVINGS		
Hysterectomy	\$4,505	\$483		
Lumbar/spine surgery	\$8,475	\$320		
Galibladder removal	\$11,262	\$924		
Angioplasty	\$17,530	\$1,062		

Note: 2014 data

Source: Blue Cross Blue Shield Association

THE WALL STREET JOURNAL.



Clayton Christensen

2019 – The Innovator's Prescription

"The movement of more and more services outside of the four walls of a hospital has been a positive one. It has, all else being equal, lowered costs and improved outcomes. But as I said, even as this transformation is going on, we believe it needs to accelerate."

Alex Azur

Speech to American Hospital Association May 9, 2018



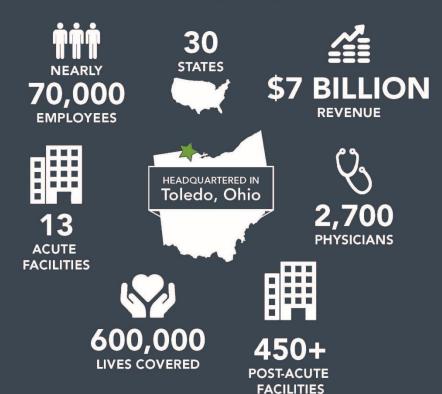


TOGETHER,

TRANSFORMING HEALTH CARE FOR SENIORS

ProMedica and HCR ManorCare

TWO MISSION-DRIVEN ORGANIZATIONS, ONE VISION



MARKET OPPORTUNITY

85+

Within 20 years, the **85+ POPULATION WILL DOUBLE.**



OLDER ADULTS are expected to **OUTNUMBER CHILDREN** for the first time in U.S. history.

TOGETHER, WE WILL DELIVER...



HIGH-QUALITY, PATIENT-CENTERED CARE



A SEAMLESS AND COORDINATED EXPERIENCE



CARE IN A SETTING THAT MEETS THE NEEDS OF THE PATIENT



A NEW PERSPECTIVE THAT INCLUDES THE ROLE OF SOCIAL DETERMINANTS IN HEALTHY AGING

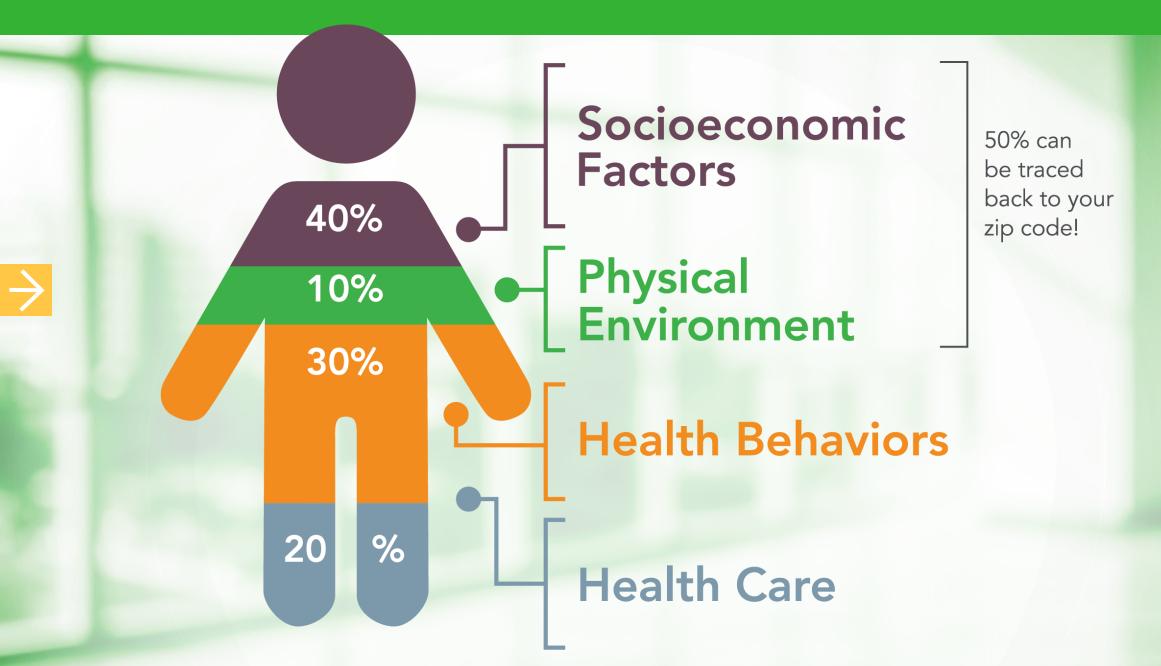


THOUGH HEALTH CARE IS ESSENTIAL TO HEALTH IT IS A RELATIVELY WEAK HEALTH DETERMINANT ***

McGinnis/Foege "Actual Cases of Death in the US"

JAMA November 1993





Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

PROMEDICA'S JOURNEY IN SOCIAL DETERMINANTS OF HEALTH



BUILDING NATIONAL REPUTATION

National



Needs Assessment





Healthcare Reform



ProMedica's Mission, Vision & Values

Tenacious

Problems

Food Deserts Access to Affordable Housing



28,400 Total Screens

Infant mortality



The Root Cause Coalition ProMedica + AARP Foundation



S50 Million Ebeid Promise



National Social Determinants of Health Institute



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Education



Advocacy















JOIN US AND OUR SDOH JOURNEY CONTINUES



Well-Being Organization

New Model of Health Care Clinical + Social + Anchor





· Partnerships with the Arts

Thriving Local

Some of those projects include:

- . The Chop House
- · Barry Bagels

Feonomic

Development

Catalytic Community Economic Investments

Colony Development

During this journey; our community has joined us in investing in our region's future.

Innovations

- · Marina District Development
- . Fort Industry Square Development
- · Adrian Michigan Angel Fund
- · Defiance Industrial Park
- · And more to come



ARE WE ASKING THE RIGHT QUESTIONS?

We do ...

Ask about and encourage exercise

Ask about and encourage people to lose weight

Check vital signs

Check a child's growth

Provide physical examinations

Provide education to patients

Criticize patients who fail to show up for appointments

But we don't ...

Ask about safety in neighborhoods

Ask about diet and ability to secure healthy food

Screen for mental health

Look for signs of toxic stress

Ask about insurance information

Ask if they can't read

Ask if they have transportation

DOMAINS OF SDOH RISK



FOOD INSECURITY



FINANCIAL STRAIN



INTIMATE PARTNER VIOLENCE





TRAINING & EMPLOYMENT



HOUSING INSECURITY



CHILDCARE



BEHAVIORAL HEALTH



TRANSPORTATION



EDUCATION



SOCIAL CONNECTION



UTILITIES



- Food Insecurity Screens: 970,572
- SDOH Screens: 118,030
- Screening employees through EAP

55% HAD POSITIVE NEEDS IDENTIFIED

- 39% of those screened had needs in four domains or more
- 87% of those screened had a high motivation score

Social Determinants of HEALTH SCREENING

TOP NEEDS:

- Financial Strain
- Behavioral Health
- Food

A GROWING SENIOR POPULATION WITH INCREASING NEEDS

As the "baby boomers" age, every support system they rely upon is facing unprecedented expectations to met their demands. Health care is no different. Their expectations create an opportunity to reshape every aspect of how they receive, respond and engage in health and wellness services. Because of this:



Within 20 years, the **85+ POPULATION**WILL DOUBLE



OLDER ADULTS are expected to **OUTNUMBER CHILDREN** for the first time in U.S. history.



80% of seniors have **AT LEAST ONE CHRONIC DISEASE** and **50%** have at least two chronic diseases.



Number of people with **DEMENTIA DOUBLES EVERY 20 YEARS.**



Average annual health spending for those with multiple chronic conditions and functional limitations is **28% HIGHER AMONG THE ELDERLY** than non-elderly.



At least **70%** of people 65+ will need **LONG-TERM CARE SERVICES** and support at some point in their lifetime.



1 in 7 seniors are threatened by hunger and 3.6 million live in poverty.



Bankruptcy booms among older Americans: The rate of people 65 AND OLDER FILING FOR BANKRUPTCY IS THREE TIMES WHAT IT WAS IN 1991 due to vanishing pensions, soaring medical expenses and inadequate savings.



Researchers have found that loneliness is just as lethal as smoking 15 cigarettes per day. **NEARLY HALF OF AMERICANS ARE LONELY** and it's particularly prevalent among senior populations.



DEATHS FROM CHRONIC DISEASES like Alzheimer's, Hepatitis C and cancer are rising.



Too often seniors **HAVE TO CHOOSE** between food and medicine.



POST HOSPITAL SYNDROME

Vulnerable state caused by the stress and disruption of hospitalization.



Patients with LOW HEALTH LITERACY...

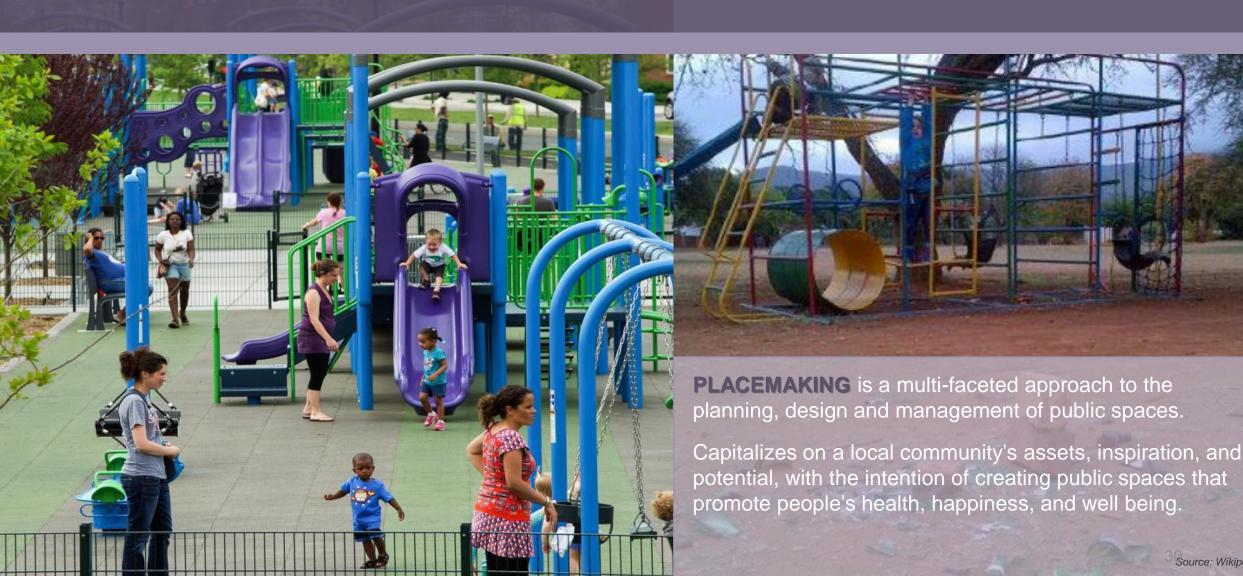








> PLACE MATTERS to Health



Source: Wikipedia



EBEID CENTER











- Food market 1st Floor
- Teaching kitchen 2nd Floor
- Call center 3rd Floor
- Job training/career skills
- Financial literacy classes
- Parenting classes
- Nutrition counseling
- Diabetes education
- Block-by-block community empowerment/improvement

U.S. HEALTH CARE'S FORK IN THE ROAD

HEALTH CARE TODAY

- 18.2% GDP (\$6t)
- \$500-900B Waste
- 50% Prescriptions
- 1/3 Care Unnecessary
- #1 Cause of Bankruptcy
- Lack of Transparency
- 1/3 Skip Care





- 19.4% GDP (2027)
- High Tech/Advanced Care
- Clinical Treatment
- Expansion of Current Model
- Chronic Condition Focus
- Extensive End of Life Care

- Health & Well-being Focus
- Social Determinants Preventative
- Adverse Child Effects Preventative
- Health Care at Home
- Care to Lowest Cost Setting
- Technology Assisted
- Increase Primary Care

A HEALTH & WELL-BEING MODEL

- Preferred Care Setting
- Personalized Care
- Lowest Cost Setting
- Participatory
- Predictive
- Primary Care Based
- Partnership Oriented
- Affordable
- Integrated

- Longstanding & Holistic
 - Social Determinants
 - Clinical
 - Mental Health
 - Prevention
 - Genomics
 - Social Interactions
- On Demand (24x7)
- Culturally Designed
- Technology & Data Driven
- Wearables

- Monitoring Devices
- Monitoring Remotely
- Telehealth Consultations
- Voice & Video Activated
- Predictive Analytics
- Artificial Intelligence
- Mobile Based
- Digital
- Alternative Therapies
- Longevity Inspired

