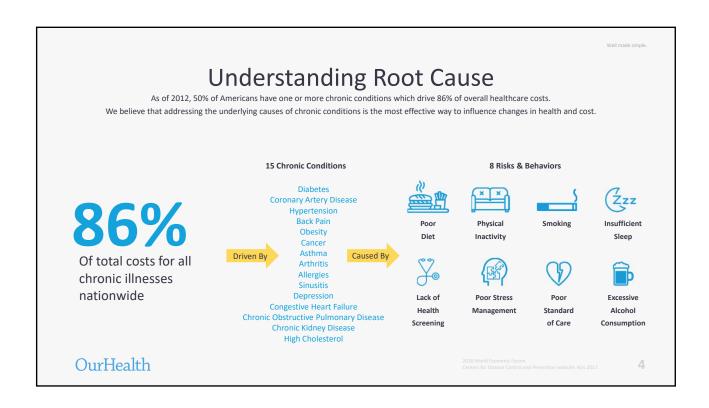
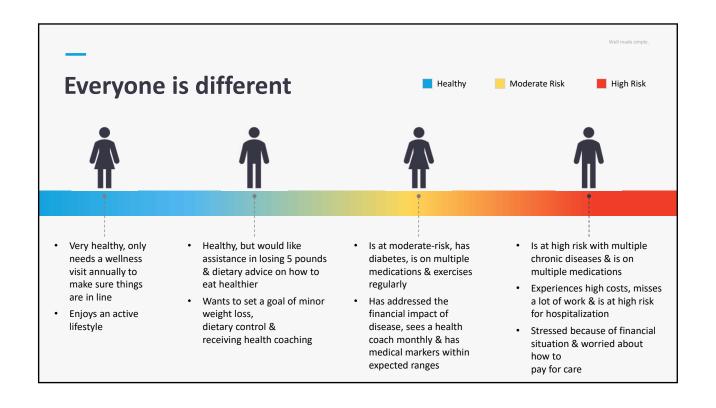


Any given population looks approximately like this ... 5% - 10% 40% - 45% 50% Healthy - Low Risk At Risk - Moderate Risk Advanced Illness - High Risk Does not utilize healthcare system • Has stable chronic condition(s) · Is a super-utilizer of healthcare Focuses on preventive care. • Is at risk for hospitalizations • Has multiple chronic conditions • Is at high risk for hospitalization & assessment & screening & procedures • Receives annual wellness visit · Faces potential emergency department utilization Gets regular immunizations socioeconomic barriers · Has high risk for mental health issues • Is at risk for fragmented care Risk • • • • • • • Risk Risk Cost Cost Cost OurHealth







Well made simple

## How to Think About Cost

When it comes to healthcare, there are the things you can control, and the things you can't.



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## WHAT WE CAN'T CONTROL

- Catastrophic incidents/risk
- Healthcare policy changes
- Higher cost healthcare innovations

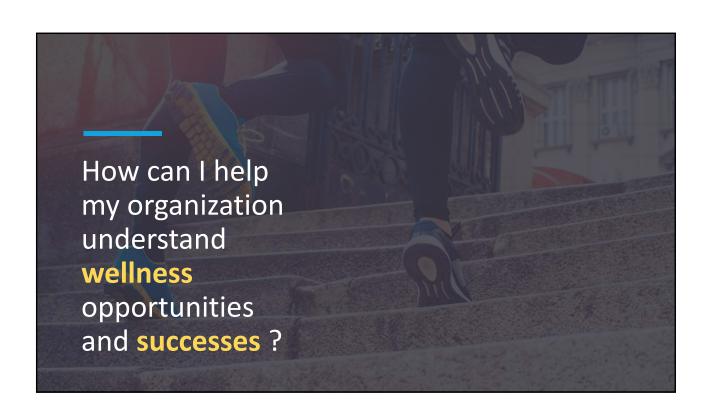


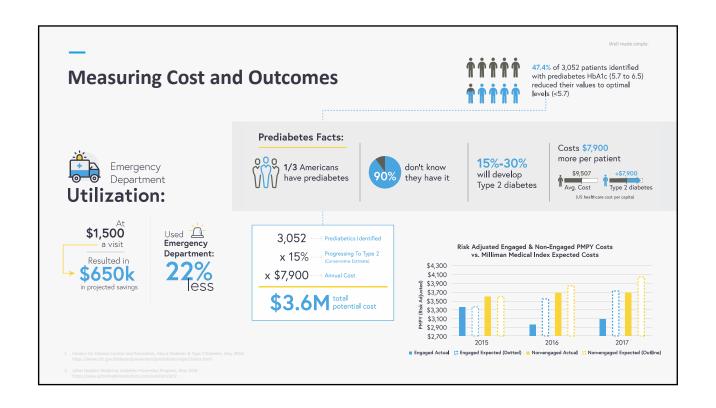
## WHAT WE CAN CONTROL

- Diverting high-cost visits (e.g., avoidable ER) to high-value primary & urgent care
- Directly lowering cost on pass-through expenses (e.g., labs and pharmaceuticals)
- Improving population-based wellness outcomes (e.g., diabetes)
- Facilitating low-cost, high-quality specialist referrals

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## **What Success Can Look Like**

Meet **Tyran Davis**, a City of Charlotte retiree. He had a dangerously high A1c that landed him in the emergency room two to three times per month. After meeting with Dr. Teressa Watts and a Certified Diabetes Educator, Davis lowered his A1c from 12 to 7 and now lives a healthier lifestyle.



Reduced A1c 12 → 7



Medical claim spend down 64% in one year



The staff helped me get through this. It was the push, it was the caring, it was the love they gave to me. I just can't thank them enough."

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Tyran Davis | City of Charlotte retiree

