

ATTACHMENT A

MARATHON'S PERFORMANCE REPORT



County of Santa Barbara

Annual Report - Year 15

January 2025

Most Recent Reporting Period: 06/2023 – 05/2024

Table of Contents

| | |
|---|----|
| Section 1 – Executive Summary | 3 |
| Section 2 – Participation | 4 |
| Section 3 – Patient Satisfaction | 5 |
| Section 4 – Clinical Impact | 6 |
| Risk Factors | 6 |
| Clinical Improvement | 7 |
| Hypertension | 7 |
| LDL Cholesterol | 7 |
| Obesity | 8 |
| Diabetes | 8 |
| Chronic Condition Management Savings | 9 |
| Section 5 - Value of Health Center Visits | 10 |
| Referral Avoidance | 11 |
| Same/Next Day Availability | 12 |
| Member Savings | 13 |
| Financial Impact | 14 |
| Appendices | 15 |
| Appendix A – Citations | 15 |

Section 1 – Executive Summary

Marathon health center value: Satisfied and engaged patients will result in improved management of conditions, with these clinical outcomes ultimately leading to financial return and other qualitative value.

Participation

- The County of Santa Barbara health center population achieved over 17% unique participation among employees and 12% overall participation among all individuals in Health Center Year 15.
- Office Visits with clinicians were the most utilized appointment types.

Patient Satisfaction

- Marathon Health measures patient satisfaction with Net Promoter Score (NPS).
- County of Santa Barbara patients gave their health center experience a score of 92. This is considered an Excellent score.

Clinical Impact

- Blood pressure, cholesterol and tobacco use measures are favorable compared to benchmarks
- A1c's and weight management remain opportunities for focused improvement and outreach
- Marathon Health has identified members with chronic condition and the opportunity to impact healthcare costs. There is a total estimated opportunity value of \$2.1M and an estimated improved value of \$911K during the reporting period, based on credible studies and healthcare claims data.

Health Center Savings

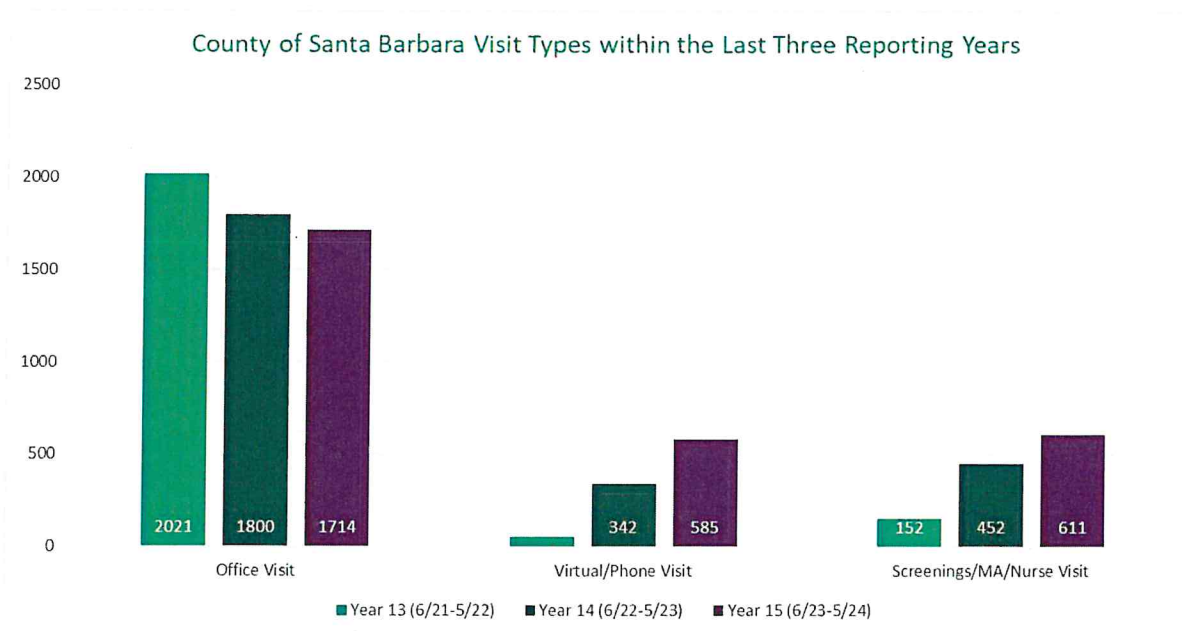
- Comparing health center visits with a Marathon Health provider to similar visits in the marketplace, County of Santa Barbara has utilized \$884K worth of visits through Marathon Health in Health Center Year 15.
- Employees and dependents have saved over \$1.67M in healthcare cost sharing by utilizing Marathon health centers over other facilities since June 2014.

Section 2 – Participation

In the fifteenth year of health center access, County of Santa Barbara achieved over 17% unique participation among employees, 5% among spouses, and 12% overall participation among all individuals. Participation percentages in Year 15 are based on 7,053 total eligible members – 4,586 employees, 980 spouses, and 1,487 dependents.

| Relationship | County of Santa Barbara Participation by Unique Eligibles | | | | | |
|--------------|---|-------------|---------------------|--------------|---------------------|--------------|
| | Year 13 (6/21-5/22) | | Year 14 (6/22-5/23) | | Year 15 (6/23-5/24) | |
| | Participation | % | Participation | % | Participation | % |
| Employees | 694 | 16.3% | 697 | 15.7% | 811 | 17.7% |
| Spouses | 54 | 3.3% | 55 | 5.4% | 54 | 5.5% |
| Dependents | 25 | 1.3% | 37 | 2.2% | 30 | 2.0% |
| Total | 773 | 9.8% | 789 | 11.1% | 895 | 12.7% |

The graph below shows health center utilization by visit type over the last three years. Office Visits with clinicians were the most frequent visits. **These visits are a positive indicator of engagement and provide an ongoing opportunity for improvement in health status and reduced future costs.**



Section 3 – Patient Satisfaction

Patient satisfaction survey results indicate an NPS Score of 92 and several positive responses across seven categories. This average is based on 494 patient surveys received. Marathon Health believes patient engagement and satisfaction are at the core of a successful health center model. This affects clinical outcomes, patient retention and impacts the timely, efficient patient-centered delivery of high-quality health care. For comparison, industry¹ & Health Plan² NPS scores are supplied below.

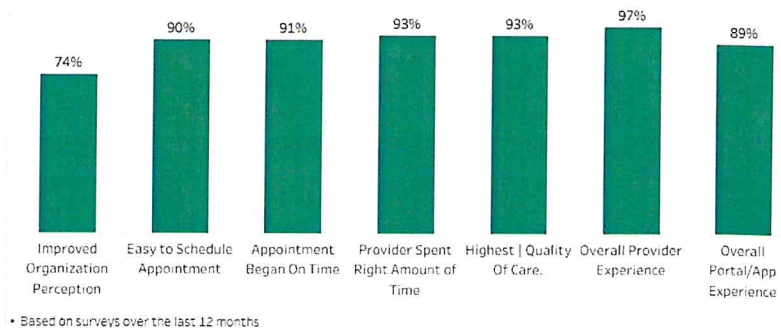
Net Promoter® Score (NPS)

Percent of Positive Response by Question

92 - Excellent

Based on 494 Surveys
Over The Last 12 Months

- Net Promoter Score = [% of Promoters] - [% of Detractors]
- Promoters respond with a score of 9 or 10
- Detractors respond with a score of 6 or less
- Excellent = 70-100 | Great = 30-70 | Good = 0-30 | Needs Improvement = -100-0



Industry Average Net Promoter Scores

| | |
|----------------------------|----|
| Kaiser Permanente (2021) | 48 |
| Healthcare Industry (2023) | 45 |

Below are some recent responses received from patients that reflect their experience with the health centers and providers. These are direct quotations that come from Marathon's patient satisfaction survey.

Patient Testimonials

Attentiveness, professionalism, and expertise.

Dr. Landsberg follows up with patient. Easy to make appointment.

Good competent knowledgeable service. Vanessa and Mari are great!

I really felt I could talk about what my problem was without any judgment and to find a solution

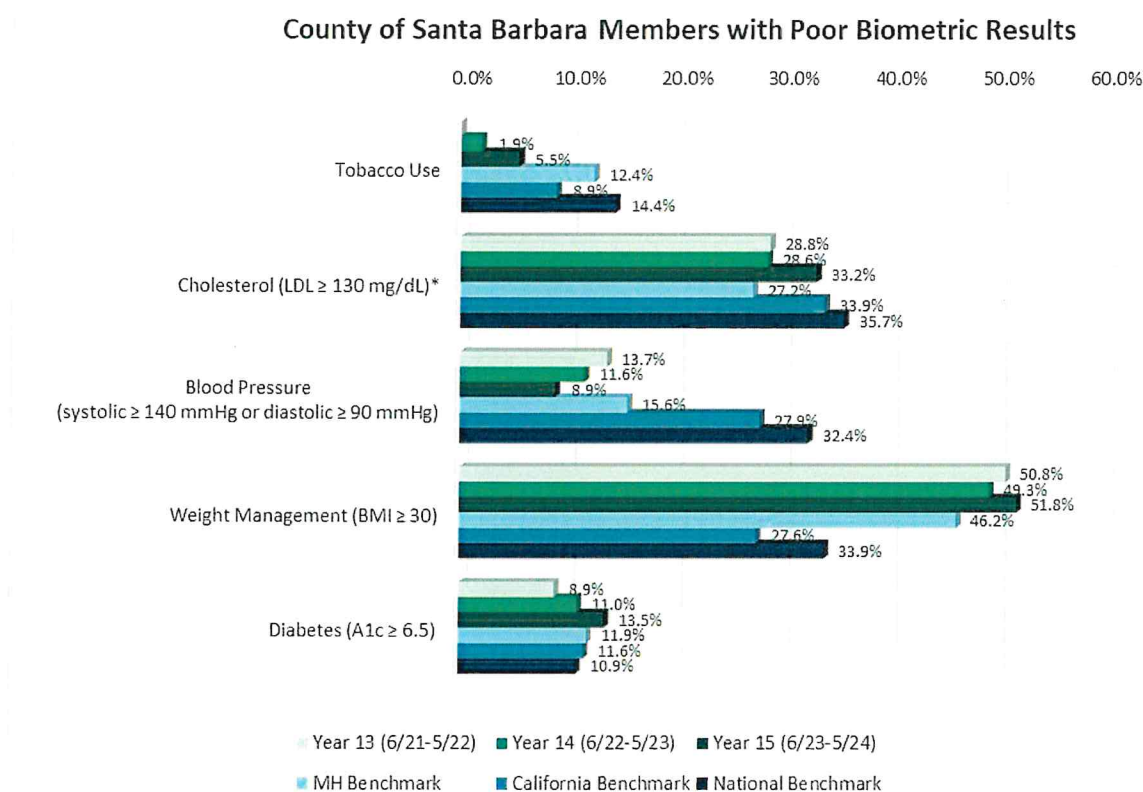
¹ Grigore, "What Is a Good Net Promoter Score? (2023 NPS Benchmark)."

² "Spread the Word..."

Section 4 – Clinical Impact

Risk Factors

The following compares the County of Santa Barbara health center population to the state- & national- benchmarks³ and to Marathon-wide prevalence of five health risk factors. Each bar represents the share of individuals with a poor result in the given risk factor (i.e. lower percentages are better.) **Blood pressure, cholesterol and tobacco use measures are favorable compared to benchmarks. A1c's and weight management remain opportunities for focused improvement and outreach.**



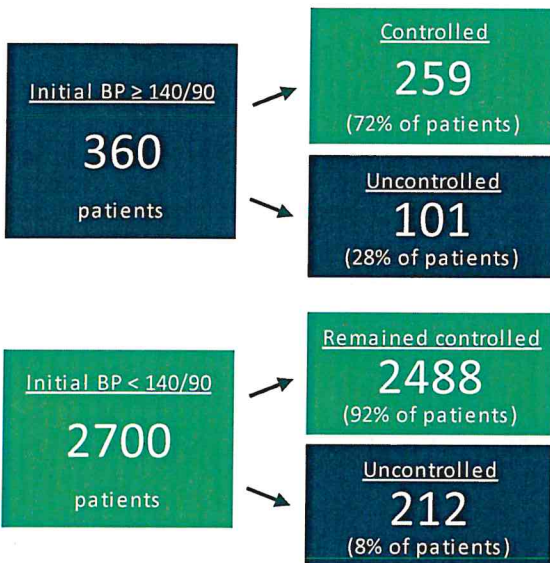
| | County of Santa Barbara Members with Poor Biometric Results | | | | | | | | |
|-------------------|---|-------------------------|---------------------------|----------------------------|-------------------------|---------------------------|----------------------------|-------------------------|---------------------------|
| | Year 13 (6/21-5/22) | | | Year 14 (6/22-5/23) | | | Year 15 (6/23-5/24) | | |
| | Mbrs. w/ poor result | Total mbrs. assessed | Percent w/ poor result | Mbrs. w/ poor result | Total mbrs. assessed | Percent w/ poor result | Mbrs. w/ poor result | Total mbrs. assessed | Percent w/ poor result |
| Tobacco Use | Data Not Available | | | 3 | 156 | 1.9% | 18 | 330 | 5.5% |
| Cholesterol | 85 | 295 | 28.8% | 102 | 357 | 28.6% | 125 | 377 | 33.2% |
| Blood Pressure | 62 | 453 | 13.7% | 59 | 509 | 11.6% | 63 | 709 | 8.9% |
| Weight Management | 195 | 384 | 50.8% | 230 | 467 | 49.3% | 333 | 643 | 51.8% |
| Diabetes | 22 | 248 | 8.9% | 34 | 309 | 11.0% | 40 | 296 | 13.5% |

³ Data benchmarks: Tobacco (Explore Smoking), Cholesterol (Explore High Cholesterol), Blood Pressure (Explore High Blood Pressure), Weight Management (Explore Obesity), Diabetes (Explore Diabetes),

Clinical Improvement

The illustrations below reflect the improvement and progress of patients using the health center in key clinical measures. The results demonstrate the impact on patients with more than one measurement of the given metric by an MH-associated provider.

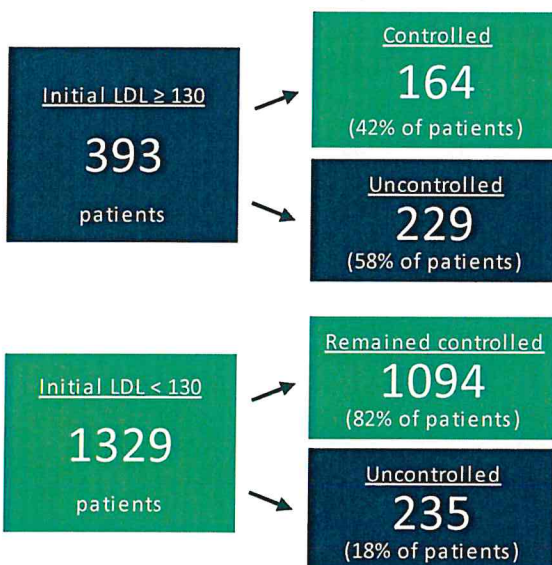
Hypertension



- Among County of Santa Barbara patients whose initial blood pressure was higher or equal than 140/90, **72% lowered their blood pressure below 140/90.**

- Among County of Santa Barbara patients whose initial blood pressure was lower than 140/90, **92% remained controlled.**

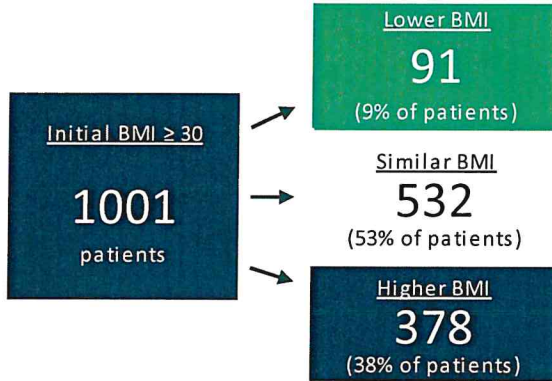
LDL Cholesterol



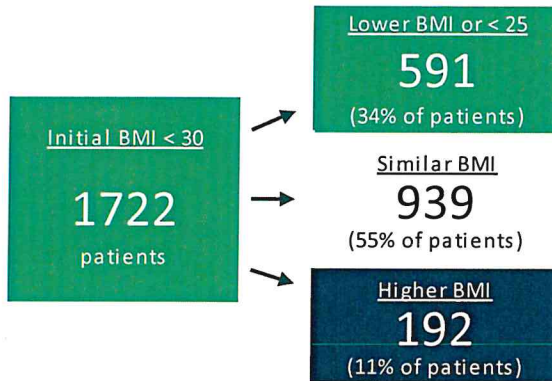
- Among County of Santa Barbara patients whose initial LDL cholesterol was higher or equal than 130, **42% lowered their LDL cholesterol below 130.**

- Among County of Santa Barbara patients whose initial LDL cholesterol was lower than 130, **82% remained controlled.**

Obesity

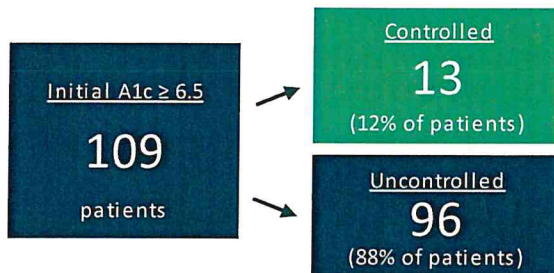


- Among County of Santa Barbara patients whose initial body mass index was higher or equal than 30, 9% lowered their BMI by more than 5% and 53% stayed within 5% of their initial BMI.

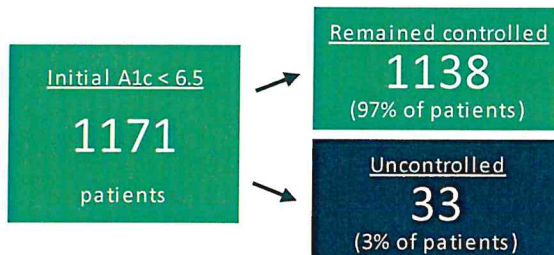


- Among County of Santa Barbara patients whose initial body mass index was lower than 30, 34% lowered their BMI by more than 5% and 55% stayed within 5% of their initial BMI.

Diabetes



- Among County of Santa Barbara patients whose initial A1c's were higher or equal than 6.5, 12% lowered their A1c's below 6.5.



- Among County of Santa Barbara patients whose initial A1c's were lower than 6.5, 97% remained controlled.

Chronic Condition Management Savings

Marathon Health endeavors to manage the overall health of each patient served, including the ongoing management of severe chronic conditions. Below is an exhibit detailing some of these patients for which we have identified during the reporting period as having high blood pressure, obesity, elevated A1c, or as a user of tobacco. The improved patients are identified as those who have been improved from a high-risk category to a low-risk category under each chronic condition. To qualify for this designation, these patients must have a minimum of two assessments within the Marathon Health Center and the most recent assessment must have taken place within 36 months of the end of the reporting period. Based on studies performed by the National Institute of Health⁴, the American Heart Association⁵, and population healthcare claims data⁶, each of these identified patients is an opportunity to have an overall impact on healthcare cost. **The estimated value of improvement for the identified patients in the reporting period was \$911K.** The total identified value opportunity of patients that have not yet improved is \$2.1M.

| County of Santa Barbara Estimated Chronic Condition Improvement & Opportunity Value | | | |
|--|---------------------|--------------------------|---------------------------------|
| | Improved Patients | Annual Value per Patient | Estimated Value of Improvements |
| Tobacco Usage | 0 | \$15,252 | \$0 |
| Blood Pressure | 287 | \$1,920 | \$551,040 |
| Weight Management | 84 | \$2,058 | \$172,872 |
| Diabetes | 12 | \$15,600 | \$187,200 |
| Total | 383 | \$2,379 | \$911,112 |
| | Identified Patients | Annual Value per Patient | Additional Value Opportunity |
| Tobacco Usage | 18 | \$15,252 | \$274,536 |
| Blood Pressure | 90 | \$1,920 | \$172,800 |
| Weight Management | 422 | \$2,058 | \$868,476 |
| Diabetes | 51 | \$15,600 | \$795,600 |
| Total | 581 | \$3,634 | \$2,111,412 |

Note: Tobacco Usage data is only available after Health Center Year 14.

⁴ Cawley, John. "Direct Medical Costs of Obesity in the United States and the Most Populous States."

⁵ Kirkland, Elizabeth B. "Trends in Healthcare Expenditures among Us Adults with Hypertension ..."

⁶ Marathon Health Book of Business Experience



Section 5 - Value of Health Center Visits

One pillar of the services provided by Marathon Health is to provide an improved healthcare experience and more holistic visits rather than appointment churn. As a result, each visit with a Marathon provider is more inclusive and involved than a visit at a traditional healthcare facility. As represented in the table below, the average amount of time spent with a provider at a Marathon health center was approximately 21.5 minutes. Comparing this to a traditional setting⁷ at a typical cost of \$137⁸, the value of a Marathon visit is approximately \$304. **The total value of the 2,912 visits for 6/23 to 5/24 was \$884K.** Savings resulting from avoided services such as ER, outpatient, and inpatient care are not included in this estimated value.

| | Average Minutes | Average Cost/Value* |
|---|-----------------|---------------------|
| Traditional Office Visits | 9.7 | \$137 |
| Marathon Office Visits - County of Santa Barbara | 21.5 | \$304 |

| | Visits | Total Value |
|---------------------|---------------|--------------------|
| Year 6 (6/14-5/15) | 5,317 | \$1,614,559 |
| Year 7 (6/15-5/16) | 5,104 | \$1,549,880 |
| Year 8 (6/16-5/17) | 5,264 | \$1,598,465 |
| Year 9 (6/17-5/18) | 4,305 | \$1,307,255 |
| Year 10 (6/18-5/19) | 5,243 | \$1,592,088 |
| Year 11 (6/19-5/20) | 4,854 | \$1,473,965 |
| Year 12 (6/20-5/21) | 3,680 | \$1,117,468 |
| Year 13 (6/21-5/22) | 2,235 | \$678,680 |
| Year 14 (6/22-5/23) | 2,600 | \$789,515 |
| Year 15 (6/23-5/24) | 2,912 | \$884,257 |
| Total | 25,233 | \$7,662,248 |

*= Average cost to the health plan is derived from the source's cost for primary care visit in the United States without insurance. Exhibit assumes 80% of this cost is paid for by the health plan.

Note: appointment data prior to Health Center Year 6 is not available due to data migration.

⁷ Yawn, Barbara "Time Use during Acute and Chronic Illness Visits to a Family Physician."

⁸ deGraft-Johnson, Latifa. "How Much Does a Primary Care Visit Cost in 2022?"

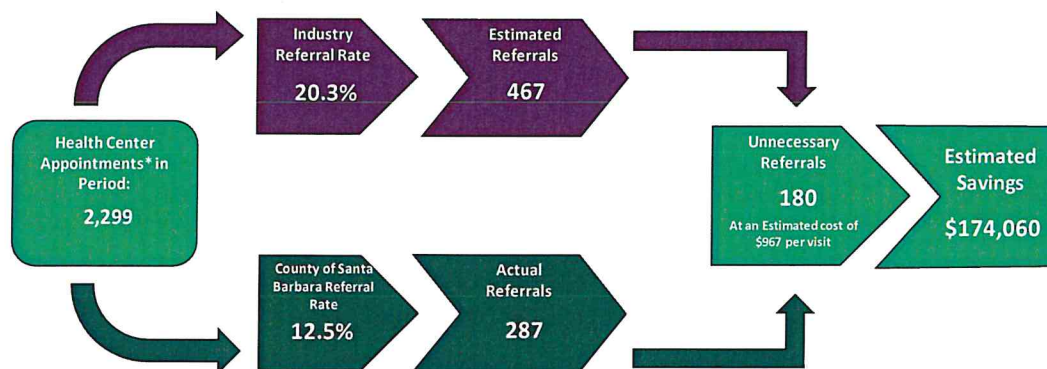


Referral Avoidance

Marathon Health focuses on bridging the gap between Primary Care and Specialty Care. Scarcity in specialty providers, difficulty in navigating the healthcare environment, and potential patient financial constraints all contribute to individuals not receiving the specialist care they require. In addition, with proper training, continual education, and a large provider colleague network to leverage, some health care professionals believe that up to a third of referrals are unnecessary⁹.

One pillar of the Marathon Health Center experience is minimizing outside referrals while maximizing patient care and cost avoidance; Marathon Health providers utilize tools such as RubiconMD and a network of other experienced Marathon Health providers to maintain a referral rate below healthcare industry averages. For the patient, this allows Marathon Health to be a centralized & cohesive experience for managing their wellbeing. For the self-insured group, a lower referral rate results in significant cost savings and a more sustainable financial model for the health plan.

Through the most recent reporting period, Marathon Health estimates having reduced referrals to the health plan by 180 appointments. At an estimated cost to the health plan of \$967 per referral, these avoided referrals are estimated to have a value of \$174,060. The results reinforce Marathon Health's dedication to optimizing the connection between Primary Care and Specialty Care.



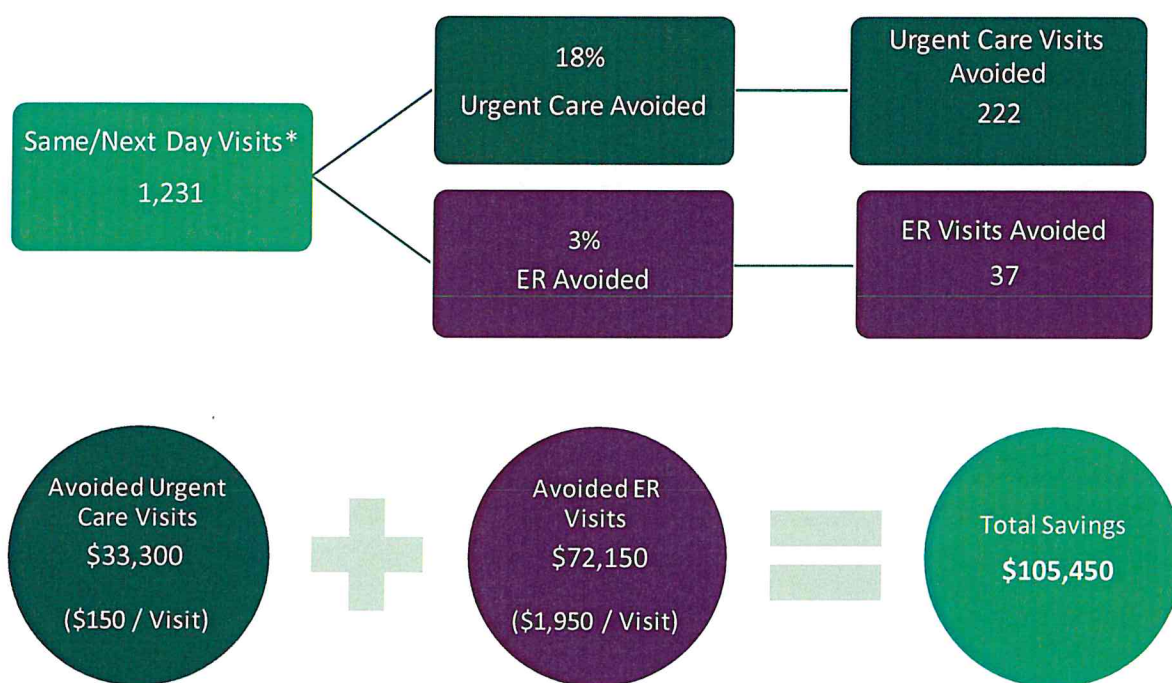
*Time Period of 06/01/2023 to 05/31/2024 considered for exhibit. Appointment Count only includes Office Visits & Virtual/Phone Visits.

⁹El Ayadi H. "Referral Rates Vary Widely between Family Medicine Practices."

Same/Next Day Availability

Marathon Health focuses on patients receiving timely and efficient care, effectively diverting numerous cases from emergency rooms and urgent care facilities to Marathon health centers. Not only does this save patients' time and money, but it also offers a more cost-effective alternative to pricey urgent care and emergency room visits. By having appointment times available either at convenient in-person locations or virtually through our online tools, patients needing timely responses can do so with our providers at no additional cost. By offering comprehensive and accessible care, Marathon Health optimizes resource allocation and contributes to a more efficient and effective healthcare ecosystem.

From our GoodRx source¹⁰, we estimate the plan cost of for Urgent Care visits to be 80% of the cost of a visit without insurance. For ER Visits, we estimate the plan cost as the ER cost of a visit without insurance less the average patient copay amount.



*=Time Period of 06/01/2023 to 05/31/2024 considered for exhibit.

¹⁰ Williams, Geoff. "Using the ER for Non-Emergencies Is Expensive: 4 Other Options."



Member Savings

In addition to potential savings realized by County of Santa Barbara, employees and their dependents also gain significant out of pocket savings by utilizing health center services, on top of other qualitative benefits and overall satisfaction. From Health Center Year 6 to Health Center Year 15, **total employee and dependent savings are estimated to be \$1.67M based on average copays and coinsurance for office visits and drugs each year.**

| County of Santa Barbara Member Savings | Year 6 (6/14-5/15) | Year 7 (6/15-5/16) | Year 8 (6/16-5/17) | Year 9 (6/17-5/18) | Year 10 (6/18-5/19) | Year 11 (6/19-5/20) | Year 12 (6/20-5/21) | Year 13 (6/21-5/22) | Year 14 (6/22-5/23) | Year 15 (6/23-5/24) | Total |
|--|--------------------|--------------------|--------------------|--------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|--------------------|
| Number of health center visits | 5,317 | 5,104 | 5,264 | 4,305 | 5,243 | 4,854 | 3,680 | 2,235 | 2,600 | 2,912 | |
| Average member cost share per outside office visit | \$40.00 | \$40.00 | \$40.00 | \$40.00 | \$40.00 | \$40.00 | \$40.00 | \$40.00 | \$40.00 | \$40.00 | |
| Member savings - health center visits | \$212,680 | \$204,160 | \$210,560 | \$172,200 | \$209,720 | \$194,160 | \$147,200 | \$89,400 | \$104,000 | \$116,480 | \$1,660,560 |
| Generic drugs dispensed at health center | Data N/A | Data N/A | Data N/A | 68 | 256 | 399 | 352 | 163 | 58 | 0 | |
| Average member cost share per generic script | \$10.00 | \$10.00 | \$10.00 | \$10.00 | \$10.00 | \$10.00 | \$10.00 | \$10.00 | \$10.00 | \$10.00 | |
| Brand drugs dispensed at health center | Data N/A | Data N/A | Data N/A | 3 | 16 | 15 | 13 | 5 | 3 | 0 | |
| Average member cost share per Brand script | \$30.00 | \$30.00 | \$30.00 | \$30.00 | \$30.00 | \$10.00 | \$10.00 | \$10.00 | \$10.00 | \$10.00 | |
| Member savings - Rx | \$0 | \$0 | \$0 | \$770 | \$3,040 | \$4,140 | \$3,650 | \$1,680 | \$610 | \$0 | \$13,890 |
| Total member savings | \$212,680 | \$204,160 | \$210,560 | \$172,970 | \$212,760 | \$198,300 | \$150,850 | \$91,080 | \$104,610 | \$116,480 | \$1,674,450 |

Note: appointment data prior to Health Center Year 6 is not available due to data migration.



Financial Impact

Marathon Health is dedicated to enhancing patients' lives by providing high-quality & patient focused primary health care experience. Patients leave Marathon Health Centers satisfied with customer experiences and the improvements in their overall wellbeing. Both clinical outcomes and patient satisfaction ultimately lead to financial savings and other qualitative values. Those values were detailed throughout the report and are summarized for the most recent reporting year below.

| County of Santa Barbara Financial Impact Summary | |
|---|--------------------|
| Year 15 (6/23-5/24) | |
| Value of Health Center Visits | \$884,257 |
| Chronic Condition Management Savings | \$911,112 |
| Member Out of Pocket Savings | \$116,480 |
| Same/Next Day Availability | \$105,450 |
| Provider Referrals | \$174,060 |
| Total Estimated Value | \$2,191,359 |
| Marathon Fees & Pass Throughs | \$1,094,064 |
| Net Savings | \$1,097,296 |

From June 2023 to May 2024, the health center program has achieved \$1.1M in healthcare value, including reductions in health center visit costs, effective chronic condition management, avoided referrals, and the benefits of same or next-day availability. Additionally, member out-of-pocket savings serve as a direct benefit from their employer, further demonstrating the value of the program. As more patients utilize Marathon Health services, these savings will continue to grow, amplifying the financial benefits and contributing to improved health outcomes and patient satisfaction.

Additionally, the above list is not exhaustive. Improvements in employee absenteeism, employee retention, and improved employer perception are all benefits¹¹ of the Marathon Health Center program. Qualitative benefits should be considered when estimating the value of the health center; however, this value estimation is reliant on outside information and cannot be reasonably estimated by Marathon Health.

¹¹ "The Benefits of Direct Primary Care for Employers and Multi-Employers"

Appendices

Appendix A – Citations

Cawley, John, Adam Biener, and Chad Meyerhoefer. "Direct Medical Costs of Obesity in the United States and the Most Populous States." *Journal of managed care & specialty pharmacy*, January 20, 2020. <https://pubmed.ncbi.nlm.nih.gov/33470881/>.

deGraft-Johnson, Latifa. "How Much Does a Primary Care Visit Cost in 2022?" *K Health*, January 23, 2023. <https://khealth.com/learn/healthcare/primary-care-visit-cost/>.

El Ayadi H, Desai A, Jones RE, Mercado E, Williams M, Rooks B, Carek PJ. "Referral Rates Vary Widely between Family Medicine Practices." *Journal of the American Board of Family Medicine : JABFM*. Accessed November 13, 2023. <https://pubmed.ncbi.nlm.nih.gov/34772773/>.

"Explore Diabetes in the United States: Ahr." *America's Health Rankings*. Accessed October 16, 2023. <https://www.americashealthrankings.org/explore/measures/Diabetes#>.

"Explore High Blood Pressure in the United States: Ahr." *America's Health Rankings*. Accessed October 16, 2023. <https://www.americashealthrankings.org/explore/measures/Hypertension>.

"Explore High Cholesterol: AHR." *America's Health Rankings*. Accessed October 16, 2023. https://www.americashealthrankings.org/explore/measures/High_Cholesterol.

"Explore Obesity in the United States: Ahr." *America's Health Rankings*. Accessed October 16, 2023. <https://www.americashealthrankings.org/explore/measures/Obesity>.

"Explore Smoking in the United States: Ahr." *America's Health Rankings*. Accessed October 16, 2023. <https://www.americashealthrankings.org/explore/measures/Smoking>.

Grigore. "What Is a Good Net Promoter Score? (2023 NPS Benchmark)." *Retently*, May 18, 2023. <https://www.retently.com/blog/good-net-promoter-score/>.

Grzeskowiak, Dustin, and Frederick Busch. "Independent Review of Everside Health's Client Savings Methodology." *Milliman*, May 19, 2021. <https://www.milliman.com/en/insight/independent-review-of-everside-healths-client-savings-methodology>.

Kirkland, Elizabeth B, Marc Heincelman, and Kinfe G Bishu. "Trends in Healthcare Expenditures among Us Adults with Hypertension ..." *Journal of American Heart Association*, May 30, 2018. <https://www.ahajournals.org/doi/10.1161/JAHA.118.008731>.

RubiconMD Clinical Operations Team. "EConsult Helps Reduce Clinician Burden: White Paper." *Rubicon MD*, July 14, 2023. <https://www.rubiconmd.com/reduce-pcp-burden-increase-satisfaction/>.

"Spread the Word: We're Highest Ranked in Consumer Experience." *Spread the Word: We're Highest Ranked in Consumer Experience | Kaiser Permanente*, July 9, 2021.



<https://about.kaiserpermanente.org/news/spread-the-word--we-re-highest-ranked-in-consumer-experience>.

Williams, Geoff. "Using the ER for Non-Emergencies Is Expensive: 4 Other Options." GoodRx, March 3, 2023.
<https://www.goodrx.com/healthcare-access/patient-advocacy/avoid-er-for-non-emergencies>.

Yawn, Barbara, Meredith Goodwin, Stephen J Zyzanski, and Kurt C Stange. "Time Use during Acute and Chronic Illness Visits to a Family Physician." Academic.oup.com, August 1, 2003.
<https://academic.oup.com/fampra/article/20/4/474/625251?login=true>.