Patient Direct Management Team









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Company Purpose

Patient Direct provides <u>access</u> to healthcare professionals by offering convenient personalized care at an affordable price.



Current Primary Care Model is Failing

"1.2 million Tennesseans and 56 million

Americans, often in rural areas, do not have

adequate access to primary care because there

are too few doctors close to home."

Problems Exist for Both Patients and Providers



- Average of *18.5 days* to get appointment
- Complicated health insurance system
- Lack of personal, meaningful care

<u>Result:</u> Patients use Emergency Room



PROBLEM

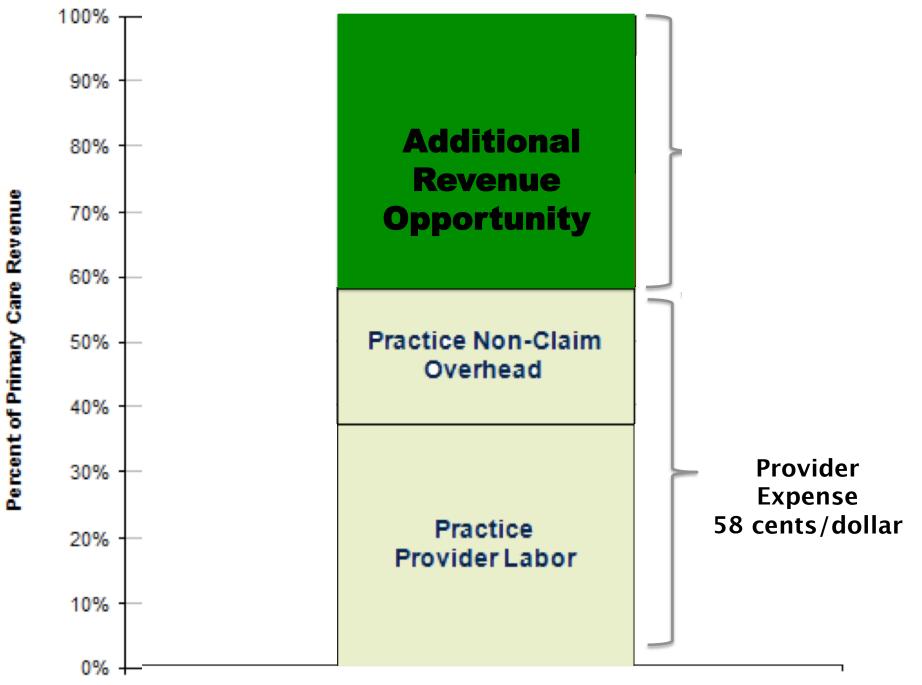
FOR

PATIENTS



- Average time with patient *6 minutes*
- Declining salary
- Expected to get worse

<u>Result</u>: Providers exit profession



Source: Direct Primary Care Coalition, 2014.

Insurance-based Practice

Affordable Solution for *Patients* Sustainable model to *Providers*



- Guaranteed access
- No co-pays or deductibles
- Membership model

<u>Result</u>: Personalized, convenient care

- Reduced workload 15 patients/day
- Competitive salary
- Stronger margins

<u>Result</u>: Satisfied providers

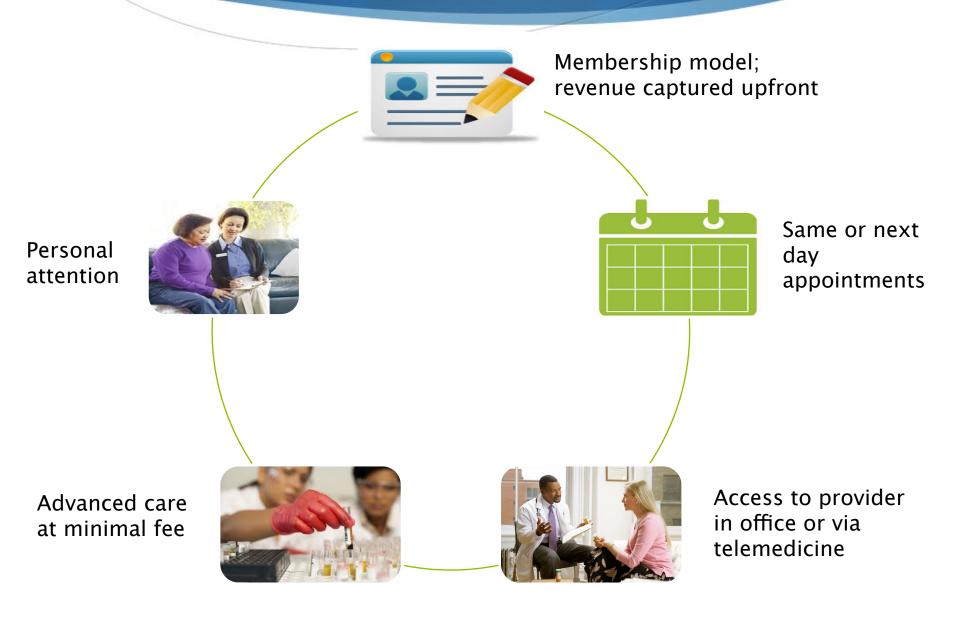
PROVIDER SOLUTION

PATIENT

SOLUTION



How Patient Direct Works



Target Patients Early Adopters



"My time is my money." – Rick, Franklin, TN



"I don't know how I could squeeze another hour into my day." - Christina, Nashville, TN 270K Residents with Income ≥ \$44,000 in 8 target counties*



20% enrolled in High Deductible Plans

~50,000 Seeking Access Answers

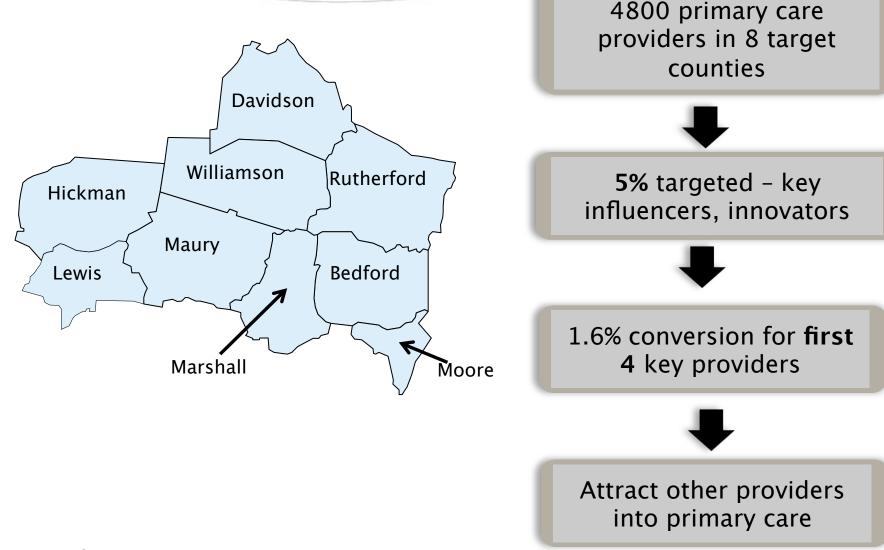
Key Demographic Traits:

- Urbanicity: Town/Rural
- Age Ranges: 35-45
- Home Owners
- College + educated

1.6% adoption rate for critical first 800 members

* Target Counties include Bedford, Davidson, Hickman, Lewis, Marshall, Maury, Moore, Rutherford, Williamson Sources: Nielson, New England Medical Journal, Federation of American Hospitals

Target Providers Early Adopters



Provider Outreach



Jennifer Rahn, VUMC Entering Residency in Primary Care

"The Patient Direct model seems like a great solution as it both serves to bring more providers and coverage to underserved areas, while also lowering the overhead with a promise of greater

revenue."



Provider Target List

Target Criteria

- In region
- Key influencers
- Nearing retirement age



Dr. Raymond Brewer, MD (Columbia, TN) 23 years practicing

Dr. Zachary Hutchens, MD (Centerville, TN) 25 years practicing

Dr. Linda Jones, MD (Lewisburg, TN) 24 years practicing

Dr. Angela Joynes, MD (Columbia, TN)

23 years practicing

Dr. Charles Stimpson, MD (Shelbyville, TN)

32 years practicing

Potential Partners



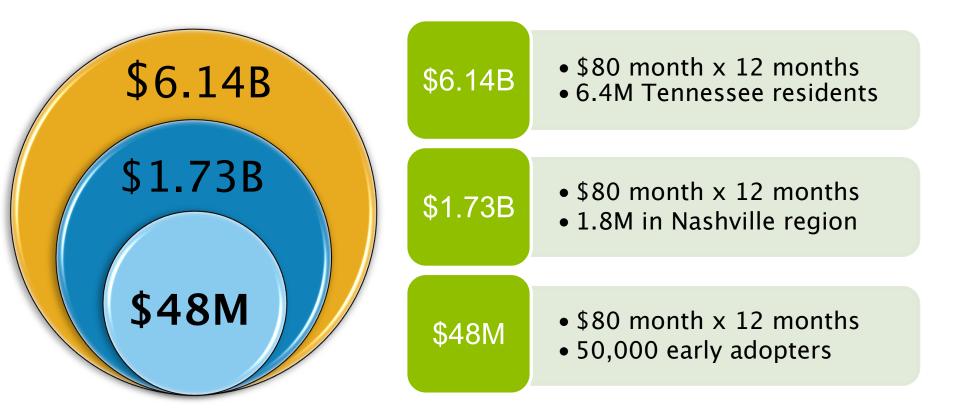






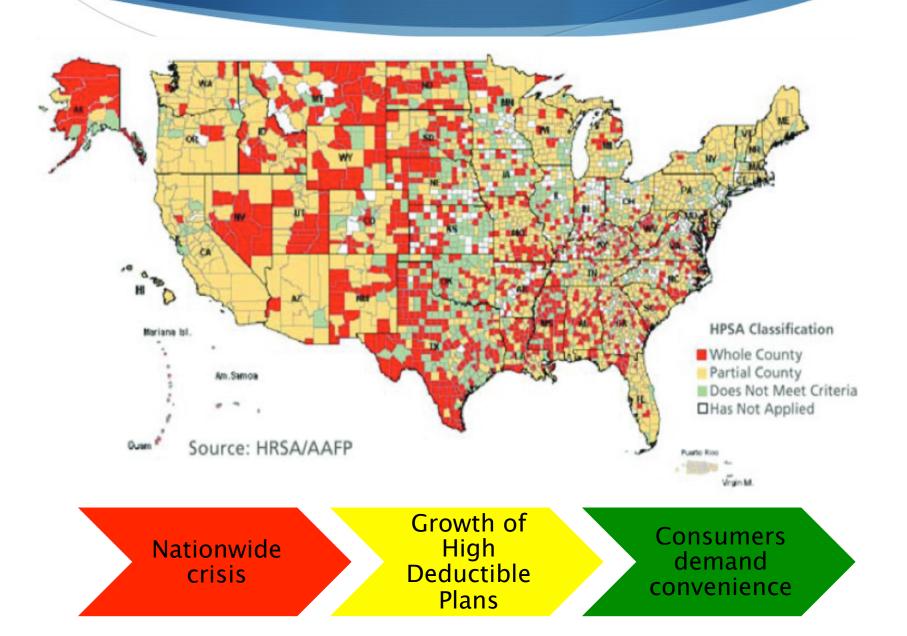


Market Size



Breakeven ≅ 800 patients (1.6% of early adopters)

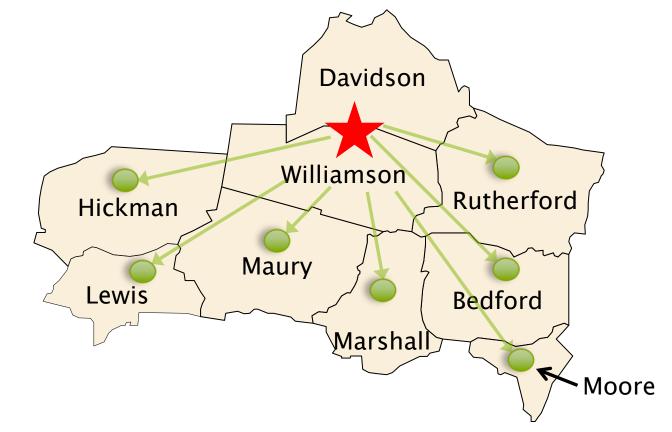
Why now?



New business models are emerging to address the problem in primary care



Patient Direct Model Overview

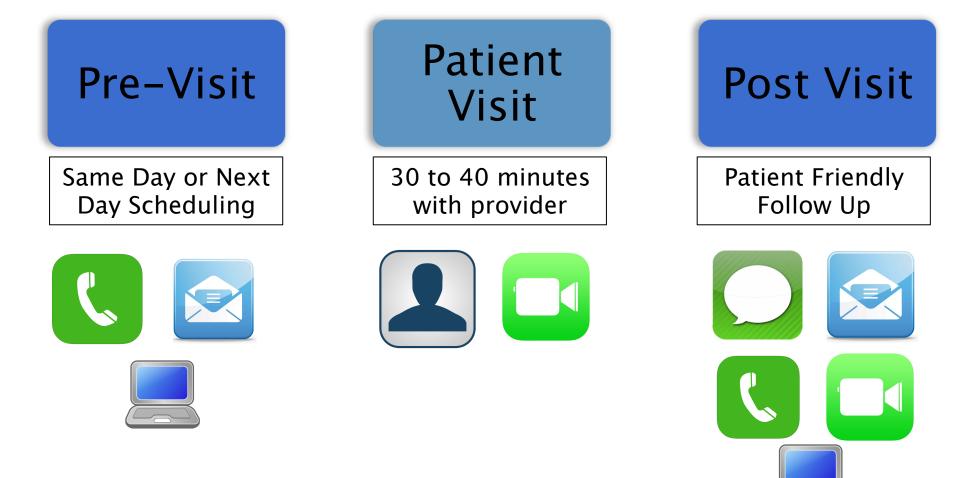


Central location staffed by Doctors

Separate locations staffed by Nurse Practitioners and Registered Nurses

Model Overview

Revenue Captured Upfront Every Month



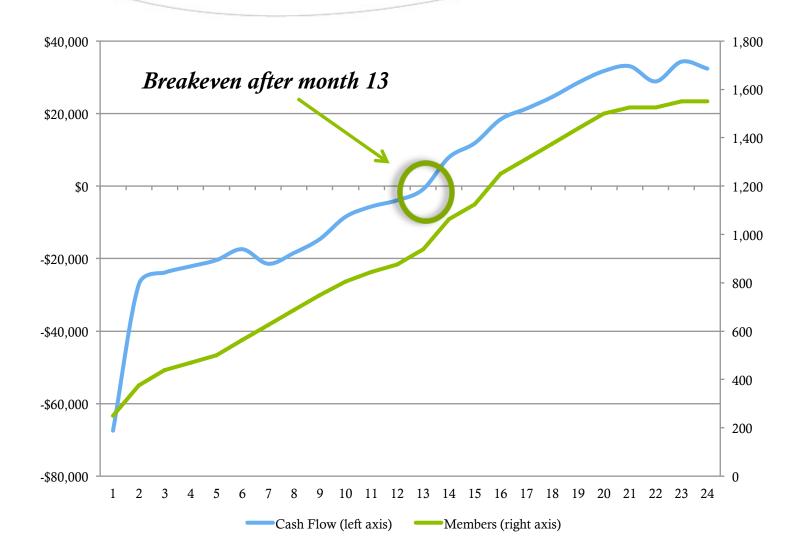
Revenue Streams

<u>Membership Fee</u> Average \$80 per month



Advanced Care 15%-20% margin <u>Joining Fee</u> \$99 one time

Economics Highly Correlated with Member Acquisition



Cost Structure for 1 Hub and 1 Spoke



Uses of Cash & Operating Metrics

| Line Item | Hub Uses of Cash: | Spoke Uses of Cash | <u>Total:</u> |
|--|-------------------|--------------------|---------------|
| Salary Expense | 424,167 | 120,000 | 544,167 |
| Marketing Expense | 135,000 | 28,000 | 163,000 |
| General & Administrative | 103,600 | 57,960 | 161,560 |
| Capital Expenditure | 28,000 | 11,000 | 39,000 |
| Insurance | 42,083 | 15,000 | 57,083 |
| Total | \$732,850 | \$231,960 | \$964,810 |
| Operating Metrics | Hub | <u>Spoke</u> | |
| BreakEven (members) | 625 | 205 | |
| BreakEven (monthly) | \$50,000 | \$16,400 | |
| Maximum # of members per facility | 1260 | 400 | |
| Operating Margin @ Capacity (1 physician) | 27% | 40% | |
| Operating Margin @ Capacity (2 physicians) | 38% | N.A. | |

Key Metrics & Assumptions

| | Q1:15 | Q2:15 | Q3:15 | Q4:15 | Q1:16 | Q2:16 | Q3:16 | Q4:16 |
|--------------------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Hub Members | 350 | 450 | 600 | 700 | 900 | 1,100 | 1,200 | 1,200 |
| Spoke Members | 88 | 113 | 150 | 175 | 225 | 275 | 325 | 350 |
| Total Members | 438 | 563 | 750 | 875 | 1,125 | 1,375 | 1,525 | 1,550 |
| Sequential Growth | | 28.5% | 33.2% | 16.7% | 28.6% | 22.2% | 10.9% | 1.6% |
| | | | | | | | | |
| Overall Gross Margin | 94.9% | 92.4% | 92.4% | 91.6% | 93.6% | 94.3% | 95.0% | 95.6% |
| Overall Operating Margin | -161.4% | -80.4% | -54.4% | -17.7% | 9.7% | 29.0% | 38.0% | 40.1% |
| Net Income | -124,805 | -89,172 | -84,416 | -32,698 | 24,264 | 87,318 | 128,818 | 138,330 |
| Free Cash Flow | -\$118,369 | -\$59,963 | -\$54,498 | -\$18,030 | \$18,909 | \$64,350 | \$93,280 | \$101,392 |
| Cash on Balance Sheet | \$381,631 | \$321,668 | \$267,170 | \$249,140 | \$268,049 | \$332,399 | \$425,679 | \$527,071 |



\$500,000 for Patient Direct

Salary Marketing Infrastructure Technology

Return Sensitivity to EBITDA Multiples

| Exit Value | | | | |
|--------------|-------------|-------------|-------------|-------------|
| 2016E EBITDA | \$420,340 | \$420,340 | \$420,340 | \$420,340 |
| Multiple | 8.0x | 10.0x | 12.0x | 14.0x |
| Value | \$3,362,720 | \$4,203,400 | \$5,044,080 | \$5,884,760 |

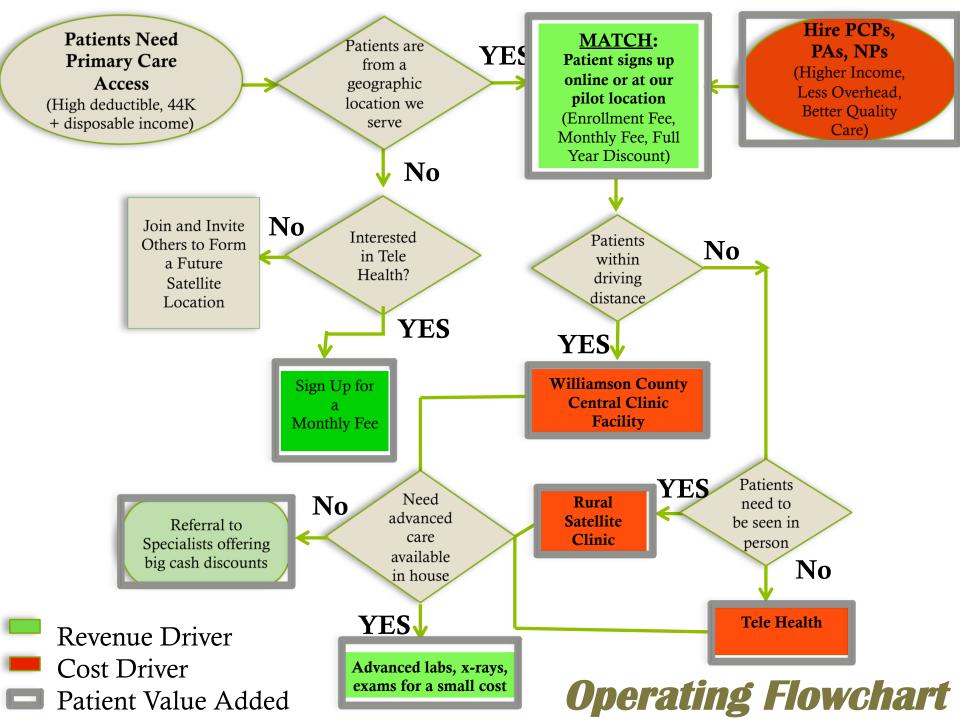
Why can we sell this for +12x?

| Buyer | Seller | Date | Value | EBITDA | Multiple | Margin |
|---------------------------|------------------------------|-----------|---------|--------|----------|--------|
| Community Health Systems | Health Management Associates | 1/27/2014 | \$7,716 | \$484 | 15.94x | 0.82% |
| Texoma Healthcare Systems | Pyschiatric Solutions | 5/31/2007 | \$425 | \$37 | 11.58x | 10.56% |
| Tenet Healthcare | Vanguard Health Systems | 10/1/2013 | \$4,818 | \$525 | 9.17x | 4.87% |
| Average | | | | | 12.23x | 5.42% |

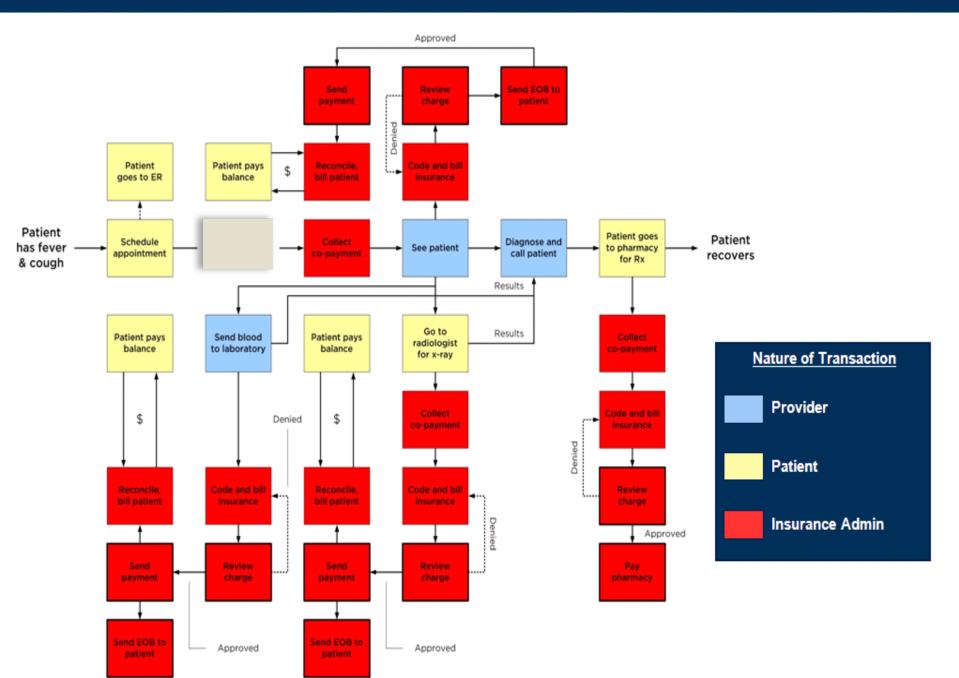
- **Business model superior** no working capital requirements
- Significant Operating Leverage
- Model is Scalable

Patient Direct

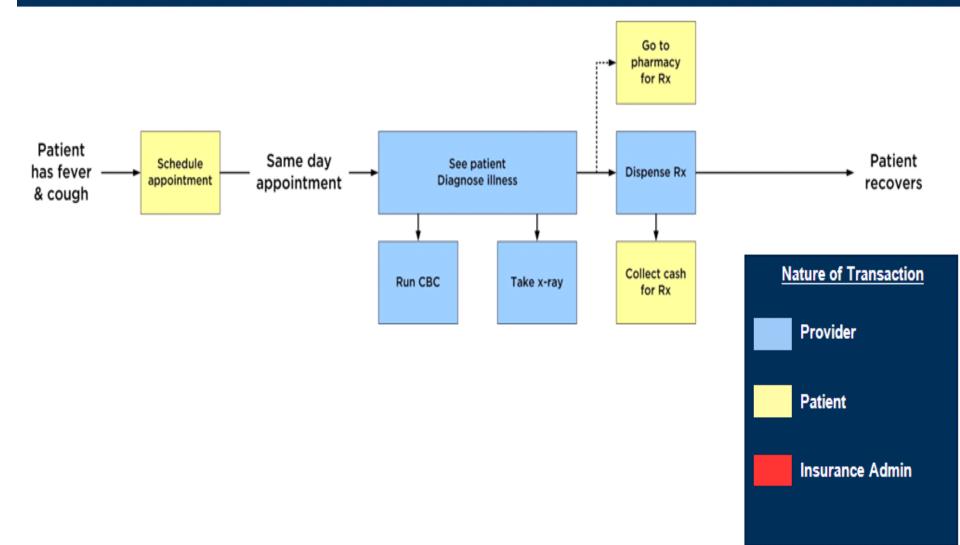
Appendix



Insurance-based Visit: Possible Pneumonia



Direct Primary Care Medical Home Solution: Possible Pneumonia



Services Included

Services Overview

- Anytime access to a practitioner by mobile phone/telemedicine
- Unlimited emails & phone calls to office
- Unlimited clinic visits during regular hours
- Yearly Wellness + Prevention Planning
- Labs & diagnostic tests (cholesterol, diabetes testing, strep)
- Medical equipment lease (crutches, etc.)
- Yearly flu shot
- Access to discounted, *wholesale pricing* on non-covered services (labs, <u>meds</u>, procedures, immunizations etc.)

Urgent Care

Colds & flu Gastroenteritis Strains & sprains Simple fractures

Rashes & skin abscess UTI & yeast infections Unexplained symptoms

Chronic Diseases

Diabetes High blood pressure High cholesterol Thyroid disorders Asthma & COPD Allergies & eczema Depression & anxiety Migraines

Wellness/Prevention

School/sports physicals Work/DOT physicals Screening tests Pap smears Weight loss counseling Fitness counseling Smoking cessation Travel consultation

Revenue Drivers

Membership Fee

- Primary source of revenue
- Reoccurring monthly fee
- Covers routine office visits
- Discounts for 6 or 12 month advance payment
- Family discounts
- Fee based on patient's age
- Monthly fees range from \$60 -\$150 per month

Enrollment Fee

- Secondary source of revenue
- One-time fee
- Family discounts
- If a member leaves and rejoins, have to re-pay this fee
- Helps maintain stability and commitment
- Fee range from \$40 - \$100 per patient

Advanced Care

- Secondary source of revenue
- Items not covered with monthly membership fee
- Costco model of charging low margin to cover costs (15% margin)
- Always transparent about these costs
- Examples: mole removals, skin biopsies, joint injection (steroid)

Uses of Cash & Operating Metrics

| Uses of Cash First Year | | | | | | |
|--------------------------|-------------------|---------------------|---------------|--|--|--|
| | Hub Uses of Cash: | Spoke Uses of Cash: | <u>Total:</u> | | | |
| Physician Salary Expense | \$270,000 | \$0 | \$270,000 | | | |
| Management | 85,000 | 0 | 85,000 | | | |
| Nurse | 50,000 | 90,000 | 140,000 | | | |
| Marketing Expense | 135,000 | 28,000 | 163,000 | | | |
| Receptionist Expense | 30,000 | 30,000 | 60,000 | | | |
| Office Lease Expense | 69,000 | 36,000 | 105,000 | | | |
| Equipment Lease | 9,600 | 3,168 | 12,768 | | | |
| Supplies & Materials | 2,000 | 996 | 2,996 | | | |
| Capital Expenditure | 28,000 | 11,000 | 39,000 | | | |
| Utilities | 13,000 | 7,800 | 20,800 | | | |
| Billing Software | 10,000 | 9,996 | 19,996 | | | |
| Insurance | 44,583 | 15,000 | 59,583 | | | |
| Total | \$746,183 | \$231,960 | \$978,143 | | | |