### Reduce Avoidable Utilization

### for Members who Depend on Family Caregivers

26% of Members in a typical Medicare Advantage (MA) plan depend on family caregivers (e.g., spouses, adult children) to manage changes in their condition. These Members are difficult to engage in traditional care management programs. However, they are readily identified from claims data based on having conditions that require high levels of caregiver support. Collectively, these Members drive 68% of total hospitalizations and 56% of total plan costs (see table).

Costs and hospitalizations for Members who	Conditions Requiring High Levels of Caregiver Support				
depend on a family caregiver (for a typical					Any of These
Medicare Advantage plan)	Dementia	Stroke	Parkinson's	Frailty (est)	Conditions
Prevalence (% of all members diagnosed)	8.5%	7.8%	1.8%	20.0%	26.3%
Total (Medical + Rx) Costs PMPM	\$2,812	\$2,767	\$2,470	\$2,760	\$2,621
% of Total Plan Costs	19%	18%	4%	45%	56%
Inpatient Admissions per 1,000 Members (ADK)	743	710	533	610	567
% of Total Inpatient Admissions	27%	25%	4%	55%	68%

Sources: Milliman white paper, J Am Geriatr Soc. 2015 June; 63(6):1121-1128, Ceresti claims analyses

Ceresti's Digital Caregiver Empowerment Platform enrolls and upskills the family caregivers of these costly Members to reduce avoidable utilization and healthcare costs.



Ceresti Health is the leader in virtual care for Medicare beneficiaries who depend on family caregivers to manage their care.

Our digital caregiver empowerment platform is deployed with care teams from leading Medicare Advantage health plans.

Contact us today to learn more

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<sup>\*</sup> Point32Health presentation at CMMI webinar

# Digital Caregiver Empowerment Platform PURPOSE-BUILT & SCALABLE

The Ceresti Digital Caregiver Empowerment Platform is purpose-built to make it easy for care management teams to support Members who depend on family caregivers.

#### 

Caregivers receive a dedicated elder-friendly tablet, or download an app, that enables access to a program of personalized education, evidence-based support, remote monitoring and proactive coaching.

### Improve Caregiver Effectiveness via Education & Coaching



Predictive

**Analytics** 

Mobile platform enables caregiver engagement in education, support, coaching, remote risk assessments and digital therapies



Experienced coaches proactively engage, monitor and support caregivers



Evidence-based medical and psychosocial content (e.g., videos, tutorials) is curated to support caregivers

### Reduce Member Hospitalizations via Remote Monitoring



### **Examples of Risk Mitigation**

- Caregiver coaching
- Encourage primary care and alert care management teams
- Identify SDOH barriers and connect Members to plan benefits



## Statistically Significant and Financially Meaningful, Third-Party-Validated, Outcomes

The following outcomes were achieved in Ceresti's programs deployed with MA/Duals members with dementia by health plans that utilize our platform.

#### **Member Outcomes**

Member outcomes were determined using claims data, compared to a matched comparison group, and are statistically significant (p-value < 0.05).



Reduction in hospitalizations



Reduction in total medical costs



Reduction in 30-day readmissions



ValidationInstitute
Third-party validation
(link to report)

### **Caregiver Outcomes**

Caregiver outcomes were determined using standard assessments

Net promoter score (NPS), measure of caregiver satisfaction

-3.1
Days

Reduction in mental unhealthy days (MUHD) reported on Healthy Days Assessment\*

### **Process Metrics**

Process metrics were extracted by Ceresti from enrollment and engagement data

40 min/wk

Caregiver total engagement time per week in education, coaching calls, assessments, and digital therapies

90%

% of caregivers that engaged during month



% of caregivers that graduated from their programs



Number of remote risk assessments completed by caregivers per week



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<sup>\*</sup> Population assessment of health-related quality of life (HRQOL) developed by the CDC (Centers for Disease Control)

## Reduce Costs by Reducing Avoidable Utilization for Members Who Depend on Caregivers

Eligible Members are identified from claims data based on having conditions that require high levels of caregiver support (e.g., dementia, stroke, Parkinson's disease or frailty).

We offer the Ceresti Digital Caregiver Empowerment Program (DCEP) to <u>all</u> eligible Members and their caregivers. We typically enroll the family caregivers of 15-20% of eligible Members in our program per year. To foster future enrollment of those who are not initially interested, we offer access to a caregiver education app and on-demand coaching.

### **Projected Net Savings**

Based on our <u>validated outcomes for dementia</u>, projected net savings (gross savings less fees paid to Ceresti) attributable to the Ceresti DCEP are \$5 million per 1,000 enrolled Members. The projected return on investment (ROI) is greater than 4. Actual net savings depend on the costs of enrolled Members.

\$5M per 1,000 enrolled Members

Projected net savings attributable to the Ceresti Digital Caregiver Empowerment Program

Example: For a typical health plan with 50,000 Members, an estimated 13,000 Members (26% of all Members) depend on a family caregiver. If 500 Members are enrolled in the Ceresti DCEP (4% of eligible), projected net savings are \$2.5 million; if 2,000 Members (15% of eligible) are enrolled in the Ceresti DCEP, projected net savings are \$10 million.

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