

Overview of United Medical Gym Products and Services



Company History

United Medical Gym is a self-funded start-up company that has been developing and integrating medical fitness programs since 2009.

Our corporate research and development center is located in South Portland Maine and is focused on partnerships with existing resources to improve population health outcomes.



UMedGym Mission and Vision

Prioritize management and prevention of chronic disease through evidence based medical fitness.

Our vision is to improve the patient experience through innovative collaborations that are driven by a need within each community. We are building a network of evidenced based healthcare professionals dedicated to the integration of healthcare across all provider boundaries.



Our Business Philosophy



Products and Services

- UMedGym University – Education and Certificates
- UMedGym Fractional Franchise Model
- U-First Corporate Wellness Programming
- UMedGym Technology Platform
- Research and Development



UMedGym University

E-learning platform that provides a combination of online education, compliance, standardization and hands-on clinical education.

- SAFE 6 Certificate
- Special population certificates
- Corporate Wellness Education



Fractional Franchise Model

Requirements to becoming a UMedGym owner are the following:

1. Business operations must have more than two years of experience in a health related field such as (but not limited to) physical therapy, chiropractic, hospital, DO, physician practice, or sports medicine)
2. UMedGym and franchisee have a reasonable basis to anticipate that the sales arising from the UMedGym relationship will not exceed 20 percent of the franchisee's total dollar volume in the first year of operation of the fractional franchise
3. Facilities space. Minimum space requirements for a UMedGym programs are typically anywhere from 2,500 sq ft up to a maximum of 20,000 sq. ft or more. Our model is highly modifiable and as a result, we can customize implementation based upon the customer.



Additional recommendations for facility

- Passionate about providing exceptional services to the members!
- Must employ professionals that meet our minimum standards of education of a 4 year degree in a health related field and professional certifications)
- Willingness to comply with operational guidelines and program execution
- Desire to offer more than "just a gym"
- Healthcare background preferred but not required to own a facility



U-First™ Corporate Wellness Services

- Customizable solutions for large (self-insured) and small employers
- Data driven approach from assessment to analysis
- Proven engagement in high risk populations
- Experienced team



UMedGym Technology

- Proprietary and customizable
- 3rd party technology integration
- HIPAA compliant and bi-directional
- Outcomes and reporting
- Diversified application (athletes to elderly)



UMedGym Technology



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surveys

GOALS CALENDAR REPORTS UPLOAD Box Report Data View DEW Delete QJNIOGA REPORT **surveys** TASKS & CATEGORIES USERS & GROUPS

ADD SURVEY

Name	view response	Edit link
Test survey	View	edit
Neurological Evaluation Report	View	edit
Functional Assessment and Balance Survey	View	edit
Health Risk Assessment	View	edit
Healthcoaching Survey Follow-up	View	edit
Cardiovascular Risk Stratification Survey	View	edit
Hra Employee Survey	View	edit

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Administration

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Start date

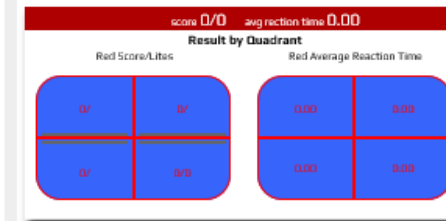
End Date

SUMMIT

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Total Score	Total Hits	LRUD	Performance	Visual Segmentation
0.00	0	0.00	0.00	0.00

A star	Quadrant	Ring	HL	HR	VL	VR	Left	Right	Inner Ring	Outer Ring	Functional peripheral	LTRT Brainsolo
0	Total Hits	1 0.00 2 0.00 3 0.00 4 0.00 5 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	Total Avg Rec Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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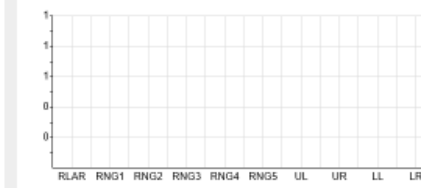
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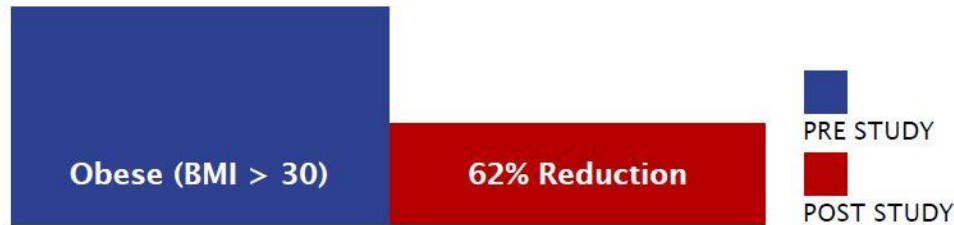
Technology Integration



Research and Development

Ongoing data collection and reporting on population health

Prevalence of Hypertension in Moderate to High Risk Population (BMI > 30)



- Average reduction in body weight: 5.8 lbs
- Maximum weight lost: 102 lbs
- Average reduction in waist circumference: 2.3 inches
- Average changes in Systolic Blood Pressure: 33.8 mmHg
- Average reduction in Diastolic Blood Pressure: 9.8 mmHg
- Average visits to UMG week = 2.3
- Average minutes of exercise/week: 91.5
- % of pilot patients progressed to Diabetes = 0

75%

Engagement for all
Maine Health
participants

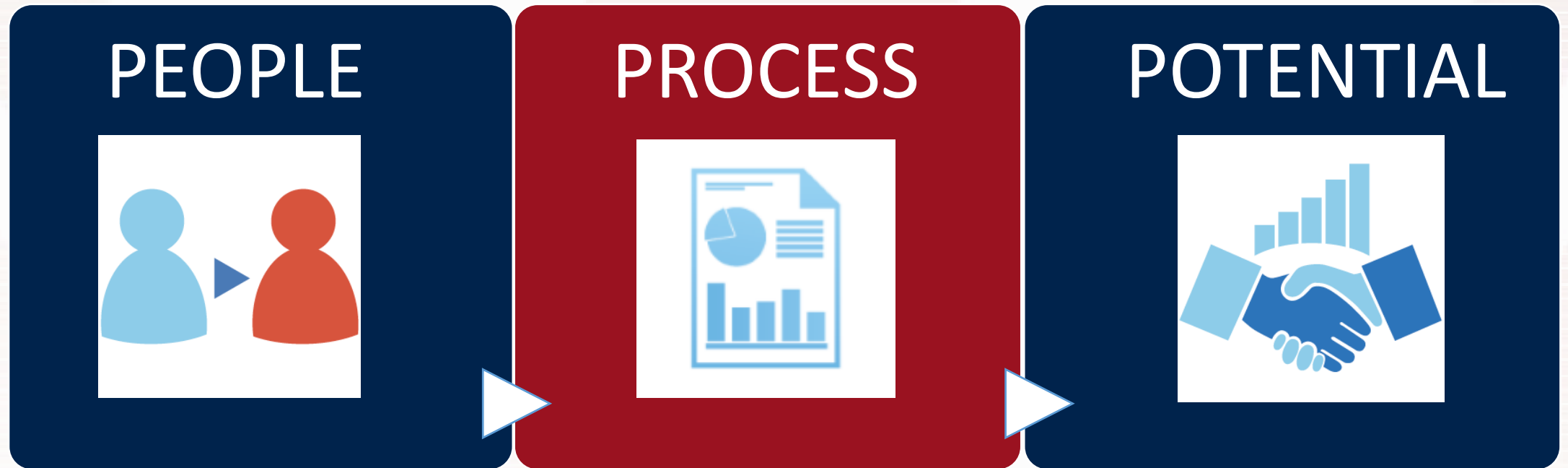
45%

Of all participants
decreased their BMI
by 1 point or greater

Average reduction in body weight over 6 months



Key Differentiators



The People

- Multidisciplinary and experienced (“Swim Lanes”)
- Dedicated to quality, standardization and outcomes
- Team based approach
- High level of expectations
- Understands importance of technology



The Process

- The Intake Process & SAFE 6 Methodology
- Data collection and reporting
- Evidence and outcomes
- Focused on engagement and positive customer experience
- Ongoing research and development through inter-professional partnerships

The Potential

- Diversification of markets
 - Hospitals & Clinics
 - Insurance companies & Workers comp
 - Employers
 - Universities
- Shared savings & “At Risk” Contracts
- Increased utilization of multidisciplinary team
- Improved patient engagement and satisfaction



The Role of Community Based Medical Fitness in Improving Patient Engagement and Chronic Disease Management



Challenges associated with the current healthcare model

Fee for Service System



1. Practice team constrained to delivering “billable services” to be financially sustainable

2. Difficult for practice team to develop innovative approaches to care delivery

Traditional Care Delivery Model



3. Patient interaction with practice team ends after visit

4. Difficult for patient to access services outside of the traditional office setting

Current healthcare model

Traditional Primary Care Team



- Primary Care Physician
- Registered Nurse
- Administrative support

Traditional Care Pathway



Patient makes PCP appointment for sore throat



Receives care for acute illness



Returns home with antibiotic prescription

Current “Fee for Service Reimbursement System

→
\$\$

→
\$\$

Patient – Track A... Meet Vinnie....



- 55 year old male
- Desk job in insurance
- Married with two children – ages 9 and 13
- Reports high stress at work and home
- High blood pressure, high cholesterol, smoker, overweight (BMI 31), Low back pain

Most recent visit revealed:

- Type II Diabetes (A1C 9.1 – goal <5.9)

Positive depression screen

Let's Imagine Vinnie's Out of Pocket Expenses



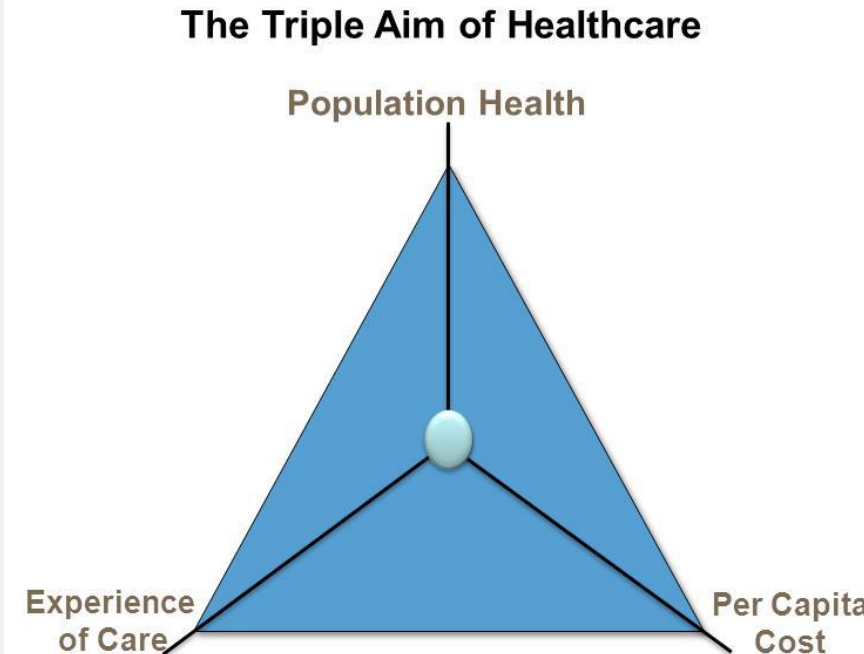
Chronic Condition/Medical Procedure	Annual Costs
Blood glucose monitoring supplies	\$2400 (\$200/month)
Physical therapy for low back pain (10 visits with 70% coverage and a \$20.00 Copay)	\$800
Blood work	\$25.00
Office Visit	\$50.00
Injections	\$80.00
Prescription Drugs (Generic)	\$600.00
Estimated Total Out of Pocket Cost	\$3,955



* Estimates are based upon 70% coverage for private insurance; Source Fair Health Consumer Cost Lookup

What is an ACO, how will they work, and what results can we expect them to achieve?

“A group of health care providers working together to assume shared accountability for the quality and cost of the care they provide to their community with an overall focus on improving health care value”



Codified in contractual arrangements with employers and / or health plans under which we assume accountability for a population of individuals and agree to meet specified budgetary and quality benchmarks.

Source: 2009 The Dartmouth Institute for Health Policy and Clinical Practice

Success in these arrangements depends on excellence in four major areas.



Invest in Information for Patient Care and Population Health

Successfully implement a shared medical record across our ACO AND harness the power of information for population health



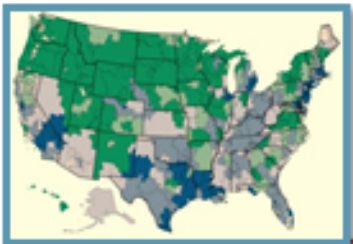
Deliver on Primary Care

Implement the Medical Home model and ensure adequate supply of primary care for all ACO patients



Focus Care Coordination on Patients who Need it Most

Assess, consolidate and/or reorganize system-wide care coordination resources to ensure right focus on right patients



Establish a Culture of Learning and Transparency

A physician-led peer review program will focus on reducing unwarranted variation in care

How do we
help
achieve
excellence?



Source: MaineHealth ACO

Data is what we do.

1



Invest in Information for Patient Care and Population Health

Successfully implement a shared medical record across our ACO AND harness the power of information for population health



Data Driven

The core of our business is built upon data. From health outcomes to cost of care, there is not one step we take without letting the data guide us.



Reduce the demand on PCP

2



Deliver on Primary Care

Implement the Medical Home model and ensure adequate supply of primary care for all ACO patients



Engagement

Our high touch approach results in long-term engagement amongst all patients regardless of health status. This reduces the burden on the PCP as a result of better patient health outcomes.



Community Based Collaboration

3



Focus Care Coordination on Patients who Need it Most

Assess, consolidate and/or reorganize system-wide care coordination resources to ensure right focus on right patients



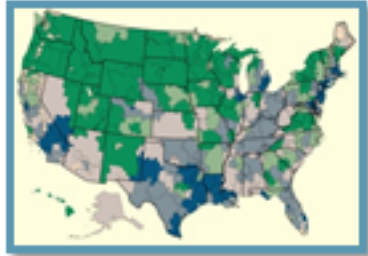
Collaborative Care

The key to addressing the patient engagement gap is frequent contact with a healthcare provider and frequent objective feedback. We do both and communicate to all providers involved in care coordination every 90 days. We are the support you and your patient needs right here in the community.



Evidence Based. Adaptive Checklists.

4



Establish a Culture of Learning and Transparency

A physician-led peer review program will focus on reducing unwarranted variation in care



Adaptive Technology

Our evidence based approach to exercise prescription and dedication to data has created a platform that is adaptive, smart, and guides a patient's plan of care based upon current health status and predictive outcomes.



Patient-Centered Medical Homes (PCMH):

putting the patient first

The
Medical Home



Why:

1. Complex patients require care coordination among many providers
2. Behavioral health needs exist in many patients with chronic disease
3. Patient Care is most efficiently provided by a team
4. Care needs must be anticipated – not just reactive to patient visit needs
5. Linkages to community organizations are essential
6. Health care cannot be one-size fits all



“New” patient centered healthcare model

PCMH Care Team



Primary Care Physician

Nurse Practitioner

Registered Nurse

Behavioral Health Clinician (LCSW)

Health Coach

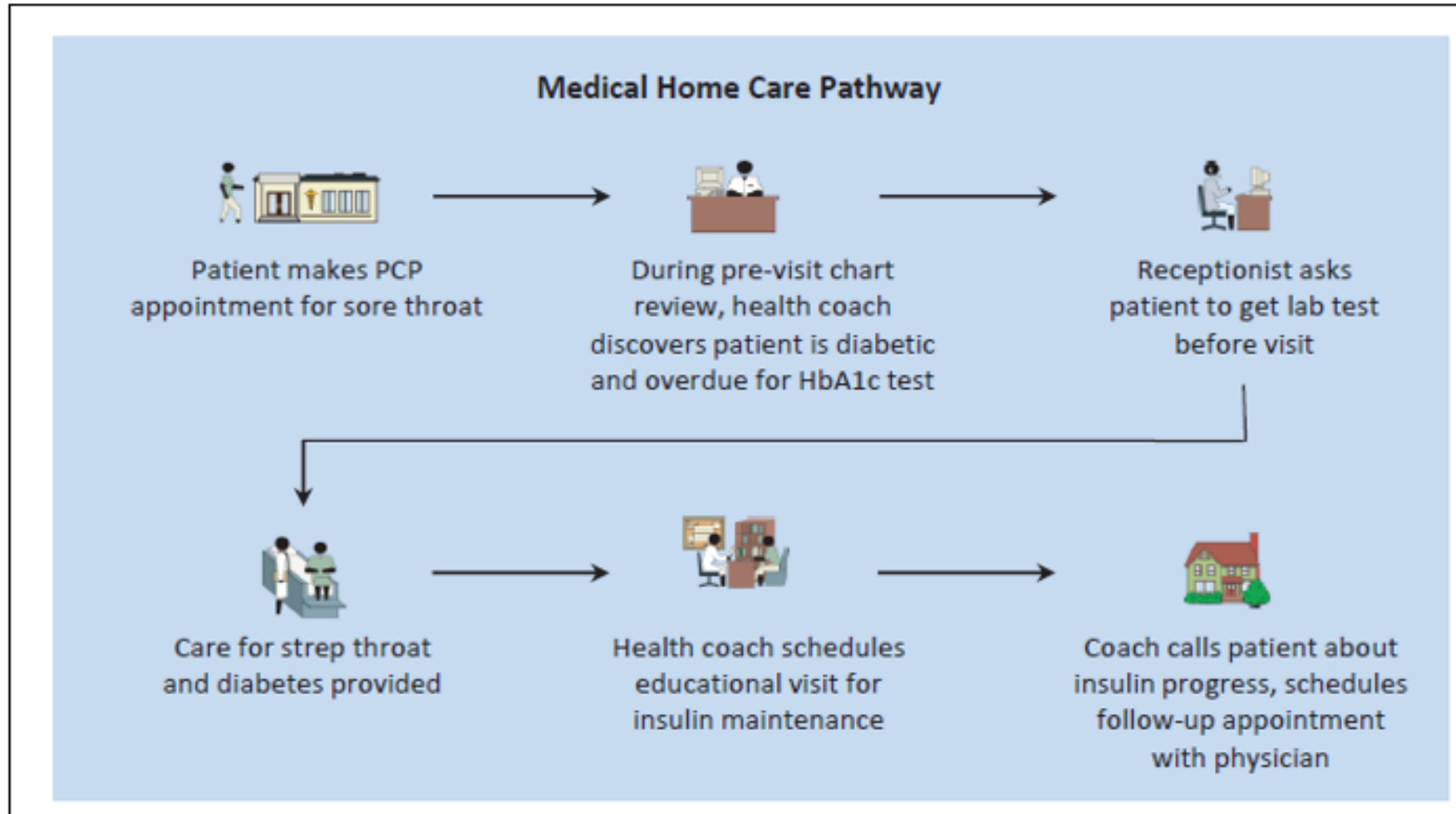
Administrative support

Alternative “Capitated”
Reimbursement System

→ Per member per month (PMPM) payment

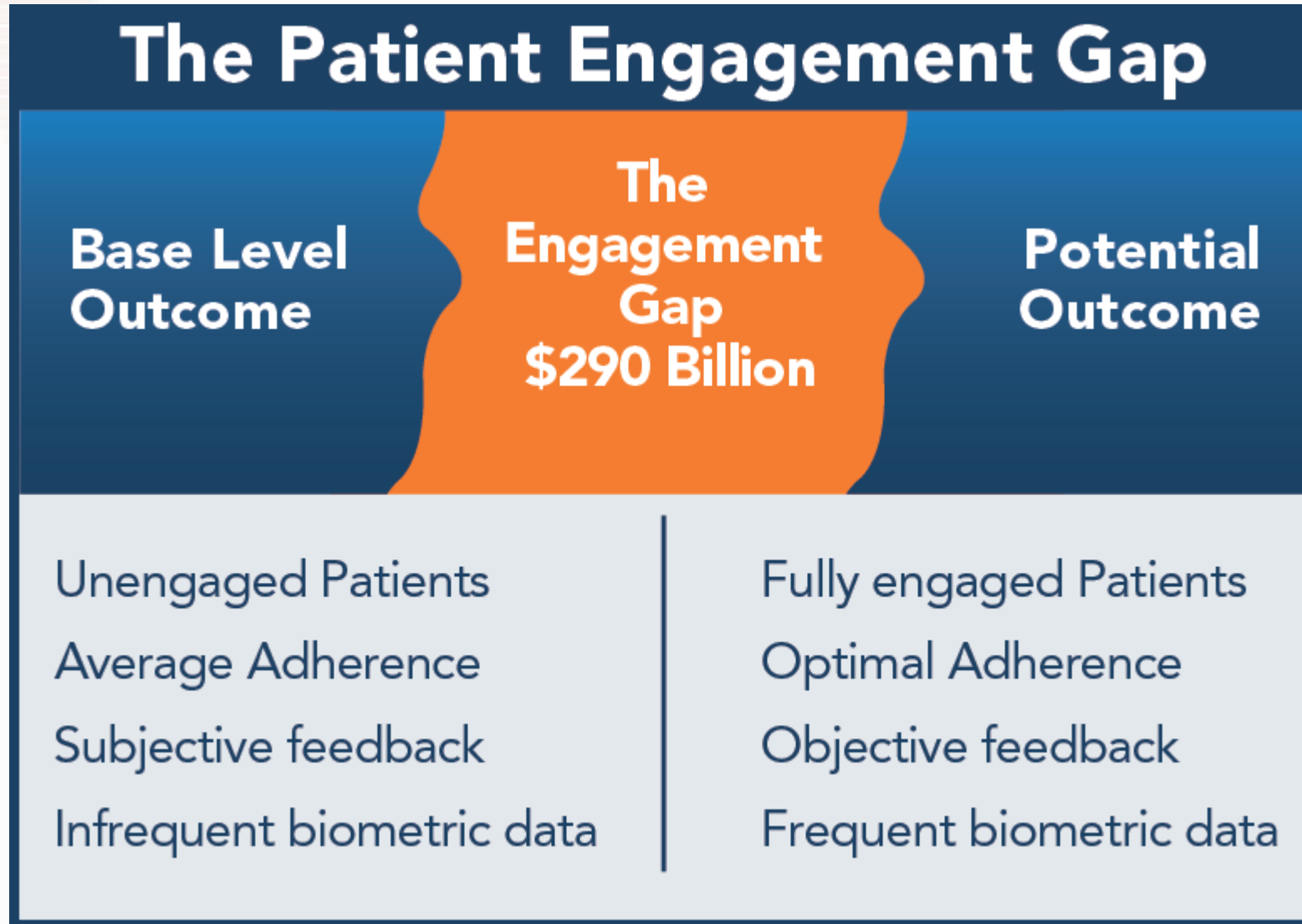


The PCMH and capitated payment arrangement offers a new care delivery model...



Practice receives a PMPM payment to care for the patient...

Addressing the “Gap”



Patient – Track B... Meet Vinnie.... Again....



- 55 year old male
- Desk job in insurance
- Married with two children – ages 9 and 13
- Reports high stress at work and home
- High blood pressure, high cholesterol, smoker, overweight (BMI 31), Low back pain

Most recent visit revealed:

- Type II Diabetes (A1C 9.1 – goal <5.9)

Positive depression screen

Where can
we fit in
now?



Let's Re-visit Vinnie's Out of Pocket Expenses...

Chronic Condition/Medical Procedure	Annual Costs	Community Referral/Intervention	
Blood glucose monitoring supplies	\$2400 (\$200/month)	UMedGym Annual Membership	\$960
Physical therapy for low back pain (10 visits with 70% coverage and a \$20.00 Copay)	\$800	Physical Therapy for low back pain (6 visits with 70% coverage and a \$20.00 copay)	\$480
Blood work	\$25.00	Blood work	\$25.00
Office Visit	\$50.00	Office Visit	\$50.00
Injections	\$80.00	Injections	n/a
Prescription Drugs (Generic)	\$600.00	Prescription Drugs	n/a
Estimated Total Out of Pocket Cost	\$3,955	Estimated Out of Pocket Cost	\$1,515

Cost Difference of \$2,440



* Estimates are based upon 70% coverage for private insurance; Source Fair Health Consumer Cost Lookup

Single Referral Providing Multiple Benefits

- Multidisciplinary site focusing on transition of care, not discharge of the patient
- Combination of fee for service and cash based private pay
- Focused on patient engagement and outcomes
- Access to a variety of interventions in one location provided by a collaborative care team
- Insurance coverage does not always mean less expensive to the patient



Partnerships and Pilot Programs

- We can work directly with provider groups to evaluate a high risk/high cost population to design, execute, and evaluate an intervention to improve patient engagement and reduce cost of care
- We can execute full statistical analysis to report on outcomes and correlations to plan of care, patient engagement, cost of care
- We are dedicated to value and providing the right service, by the right professional to the right person at the right time



Customer Snapshot

Insurance Companies:

- Harvard Pilgrim Healthcare
- Blue Cross and Blue Shield
- UHA Health Insurance – Hawaii

Hospitals/Clinics:

- Maine Health System
- InterMed
- Maine Neurology
- Maine Ortho

Employers:

- Maine Health System
- InterMED
- Tube Hollows
- Texas Instruments
- UHA Hawaii

Academia:

- University of New England
- Inter-professional Education Collaborative (IPEC)



Some of our business partners



For more information

Jaclyn Chadbourne, MA, CES
Principal, Director of Research and Development
United Medical Gym, Inc.
29 Foden Road
South Portland, ME 04016
jchadbourn@umedgym.com
C – (207) 653-9022

www.umedgym.com

