The FastCare Difference: Leveraging Your Potential
“Learning and innovation go hand in hand. The arrogance of success is to think that what you did yesterday will be sufficient for tomorrow.”

- William Pollard
Can’t Find a Doctor?

• Two thirds of Americans say they have a hard time getting medical care on nights, weekends, and holidays, according to 2007 survey by the Commonwealth Fund.

• Just 30 percent of Americans say they can get in to see their doctor on the same day—putting the United States second to last among industrialized countries, ahead of Canada, according to the Commonwealth Fund survey.
Can’t Find a Doctor?

• In California, almost half of emergency department patients surveyed in 2006 by the California HealthCare Foundation said they thought their problem could have been handled by a primary-care physician. Two thirds of those people said they couldn't get an appointment with their doctor.

• In Texas, 24 counties now have no primary-care doctors at all.
Physician Shortage

• A Wisconsin Medical Society survey of 19 chief medical officers representing more than 5,000 physicians found:
  – 63 percent said a shortage of physicians is requiring them to alter how they deliver services
  – 53 percent said patient wait times have lengthened
  – 26 percent indicated they are limiting acceptance of new patients

  Source: Wisconsin Council on Medical Education and Workforce November 2008
2008 RAND Corporation Study

- Data from 1.35M visits to 300 retail health clinics owned by 8 operators reveals that 90% of retail clinic visits were for 10 simple acute conditions and preventive care:
  - Upper respiratory infections
  - Sinusitis
  - Bronchitis
  - Sore throat
  - Inner ear infections
  - Swimmer’s ear
  - Conjunctivitis
  - Urinary tract infection
  - Immunizations
  - Screening or blood test

- The same conditions accounted for 18 percent of visits to primary care physician offices and 12 percent of emergency department visits
2008 RAND Corporation Study

- Patients aged 18 to 44 accounted for 43% of the people visiting retail clinics, compared to 23% for primary care physician offices.
- Only 39% of the patients at retail clinics indicated they had a primary care physician, while 80% of people surveyed nationally say they have a personal doctor.

“Since most of these patients do not have a primary care physician, there is no relationship to disrupt”

Source: RAND Corporation Study
Lead author Dr. Ateev Mehrotra September 2008
Retail Clinics are a Disruptive Innovation

They challenge the status quo
Retail Clinics Value Proposition

• Setting
• Access
• Care delivery
• Technology
• Scope of services
It’s All About The Convenience

• NO WAITS

• Easy access evenings/weekends

• Transparent, bundled pricing
Health Systems Are Seeking Partners

• Currently
  – Health systems operate 15% retail health clinics
• Future
  – This will increase to 40% in the next 18 months (1500 clinics)

“Health systems can use retail clinics as an entry point to their networks. Perhaps that is one reason why retail clinics backed by hospital systems are the fastest-growing segment of the retail clinic market”, said Thomas Charland of Merchant Medicine

Source: AAMC Reporter
September 2008
Growth Potential

• 115 Million visits per year qualify for retail clinics
  – 99 million from primary care
  – 16 million from ED’s
• Currently the 1000 retail clinics meet 7% of this demand
Why Is FastCare Different/Better?

• FastCare serves as:
  – A differentiator with employers and payers
  – An extended access point for current customers
  – A vehicle to engage with, and convert, non-system patients
    • 50% of visits are non patients
    • 30 – 40% of visits have no primary care provider
  – An opportunity to leverage retail/pharmacy benefits
  – An opportunity to build a “retail” brand/services (hot in healthcare)
  – A competitive posture for emerging competition (Wal-Mart, Take Care, stand-alones, etc.)
Why Is FastCare Different/Better?

- High quality – follows American Academy of Family Practitioners Guidelines for Retail Health Clinics
  - Well defined and limited scope of clinical services
  - Clinical services and treatment plans are evidenced-based
  - Formal connections with physician practices in the community
  - Systems for referring patients to physicians when symptoms exceed scope of services
  - Use of electronic health record systems compatible with physician offices
Why Is FastCare Different/Better?

• FastCare provides a plug-and-play platform that allows speed-to-market and provides proven results
  – Build-out and clinic set-up in as little as 90 days
  – Proven marketing platform
  – Clinical and operating guidelines for staff and medical director
  – Field support
  – National partner consortium
  – Convenient Care Association
FastCare Is Employer Driven

- Reduce health care costs
- Reduce absenteeism
- Educate employees and creates awareness
- Direct billing or contracting
Employer Savings

Reduce Emergency Room visits up to 30%.

Fact: 30% of ER visits could be diagnosed and treated at FastCare.
    FastCare treats sore throats, ear aches, sinus infections, flu or cold symptoms, urinary tract infections, insect bites, and more.

Fact: Most ER visits occur on weekends and weeknights between 4-8pm.**
    FastCare Hours: M - F 8:30 am - 8:30 pm, Sat 8:30 am - 5 pm
    Sun 10 am - 5 pm, Holidays 10 am - 2 pm

Fact: FastCare saves money.

<table>
<thead>
<tr>
<th>Typical Services:</th>
<th>Emergency Room</th>
<th>FastCare</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore throat &amp; rapid strep test</td>
<td>$483</td>
<td>Just $49</td>
<td>-$434</td>
</tr>
<tr>
<td>Sinus infection</td>
<td></td>
<td>per visit (including lab)</td>
<td></td>
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<tr>
<td>Blood tests &amp; urinalysis</td>
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<tr>
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<tr>
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<td>Just $49</td>
<td>-$78</td>
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<tr>
<td>Blood tests &amp; urinalysis</td>
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<td>Just $49</td>
<td>-$103</td>
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We bill insurance or can bill the employer for employees’ FastCare expenses.