Marathon Health

Advanced primary care and ROI

Reversing trend and improving outcomes for North Carolinians

November 19, 2025 | 11:30 am ET

Today’s webinar

Agenda and housekeeping

1 **Understanding health trends**
North Carolina’s care challenges

2 **The ROI of advanced primary care**
Reversing trend and improving outcomes

3 **Audience Q&A**

4 **Wrap-up**

- ✓ **[housekeeping notes/instructions from NCBCH]**
- ✓ **[housekeeping notes/instructions from NCBCH]**
- ✓ **[housekeeping notes/instructions from NCBCH]**

Featured speakers

Moderator

Jon Rankin

PRESIDENT & CEO

NCBCH

Speaker

Nirav Vakharia, MD

CHIEF OPERATING OFFICER

MARATHON HEALTH

Speaker

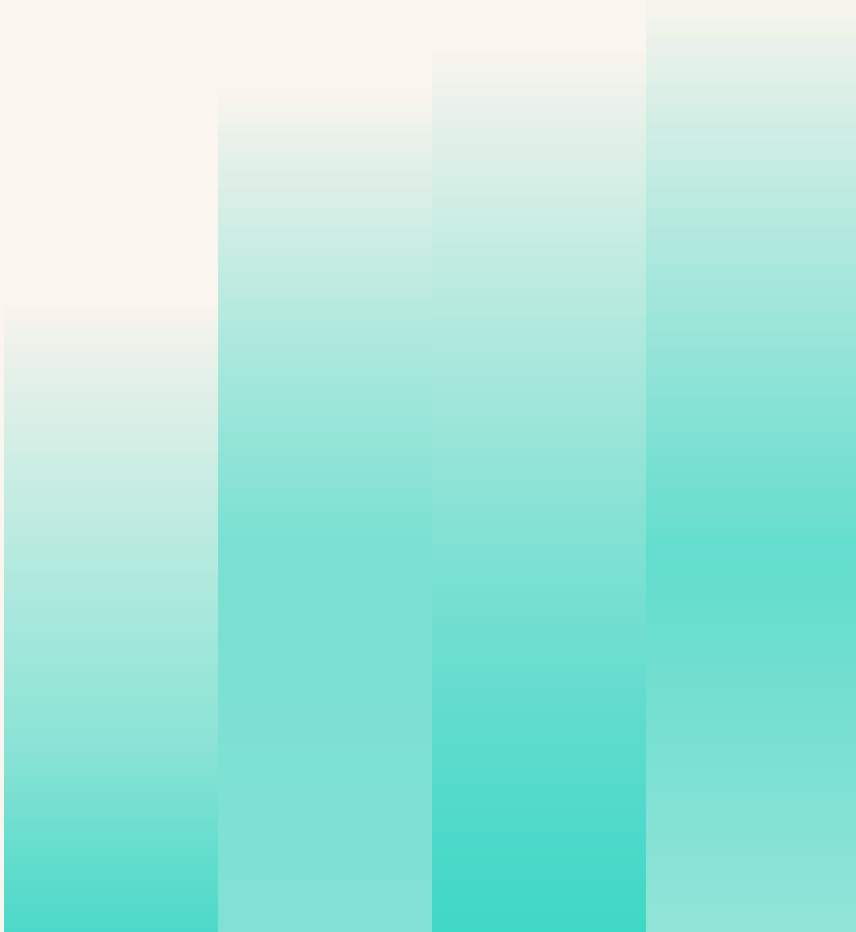
Marcus Such

CHIEF ACTUARY

MARATHON HEALTH

Poll:

What is your organization’s biggest challenge in managing healthcare costs?



North Carolina is facing escalating healthcare pressures

Rising costs are causing more employees to delay care, creating a vicious cycle in a state where 12% of adults live with three or more chronic conditions[1]

51%
of employers expect to pass on costs in 2026[2]

68%
of North Carolinians have struggled to afford care at least once[3]

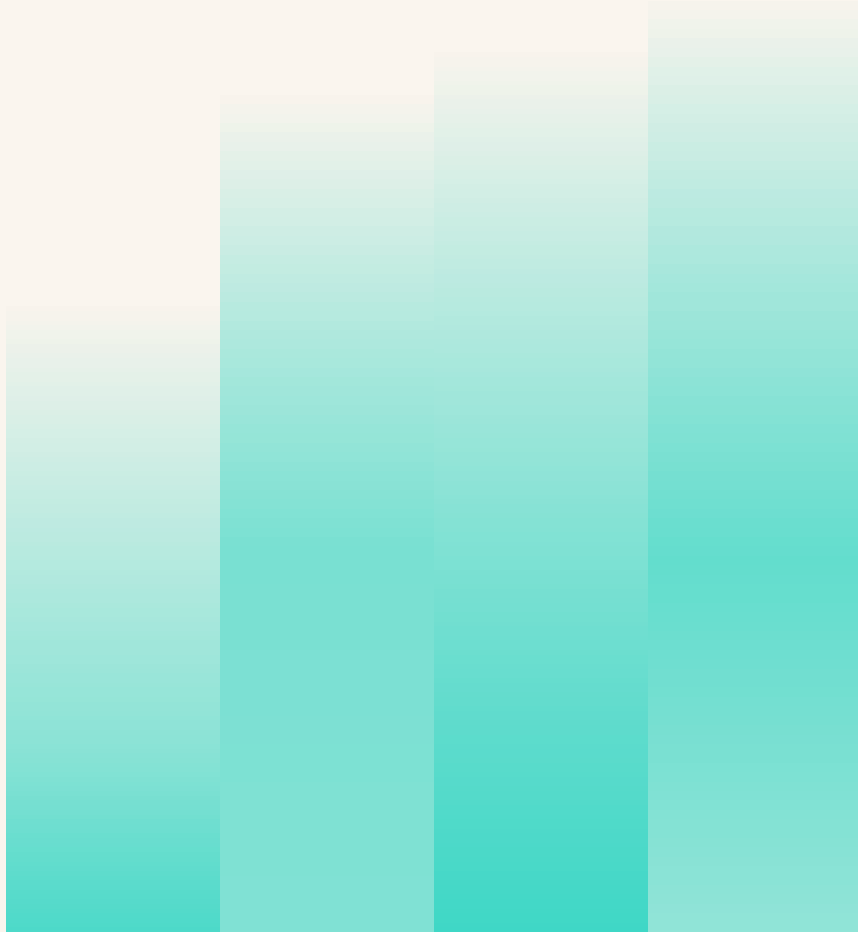
85%
worry about future healthcare costs[4]

61%
are delaying or skipping care due to costs[5]

1. United Health Foundation 2. Mercer 3. Healthcare Value Hub 4. Ibid 5. Ibid

Poll:

How familiar are you with advanced primary care?



What is advanced primary care?

A return to a trusted, continuous patient-provider relationship, and the space to simply “do the right thing”

76% of employers are currently offering or planning to offer APC within the next 1–3 years

1. Responsible for population health
2. Proactive, continuous, tech-enabled care
3. A home for all health concerns

National Alliance of Healthcare Purchasers

Menshana

Daughter of City of Charlotte employee. Pre-diabetic, struggled to manage weight—asked her physician for help.

MENSHANA & LEVELUP BY MARATHON HEALTH

Her primary care provider referred Menshana to the health coach.

With her coach's support, Menshana **lost 63 pounds, ran her first 5K and reversed her prediabetes.** By focusing on her strengths and motivations, Menshana's coach encouraged her to complete a CNA certification, opening the door to a better paying job.

This is not possible…

…at 1.47 visits per year, at 18 minutes a visit

…in visits restricted to a single medical concern or condition

…under fee-for-service payment

…when incentives are aligned to revenue, not outcomes

…when weight health is treated in a silo

"She is like my guardian angel, I don't know where I would be without her." Menshana will soon turn 26 and age off of her father's insurance plan. "It's hard to believe that all of this is included because he works for the city," she said. "When I turn 26, I'm going to cry."

-Menshana, City of Charlotte member

Latest insights on results gained from APC investment

1

Are costs going down? By how much?

APC pays for itself in Year 1, with increasing ROI over time
Conservatively, a 3.7x ROI by Year 5

Analysis of ~89,000 lives over 29 clients, program Years 1-5 over calendar years 2011-2024

2

What drives reduced costs?

Engaged members consume more preventive care, less specialty/acute care
Conservatively, cost $93-113 less per month

Analysis of ~224,000 lives over 60 clients, July 2023-June 2024, adjusted for risk

Are costs going down? By how much?

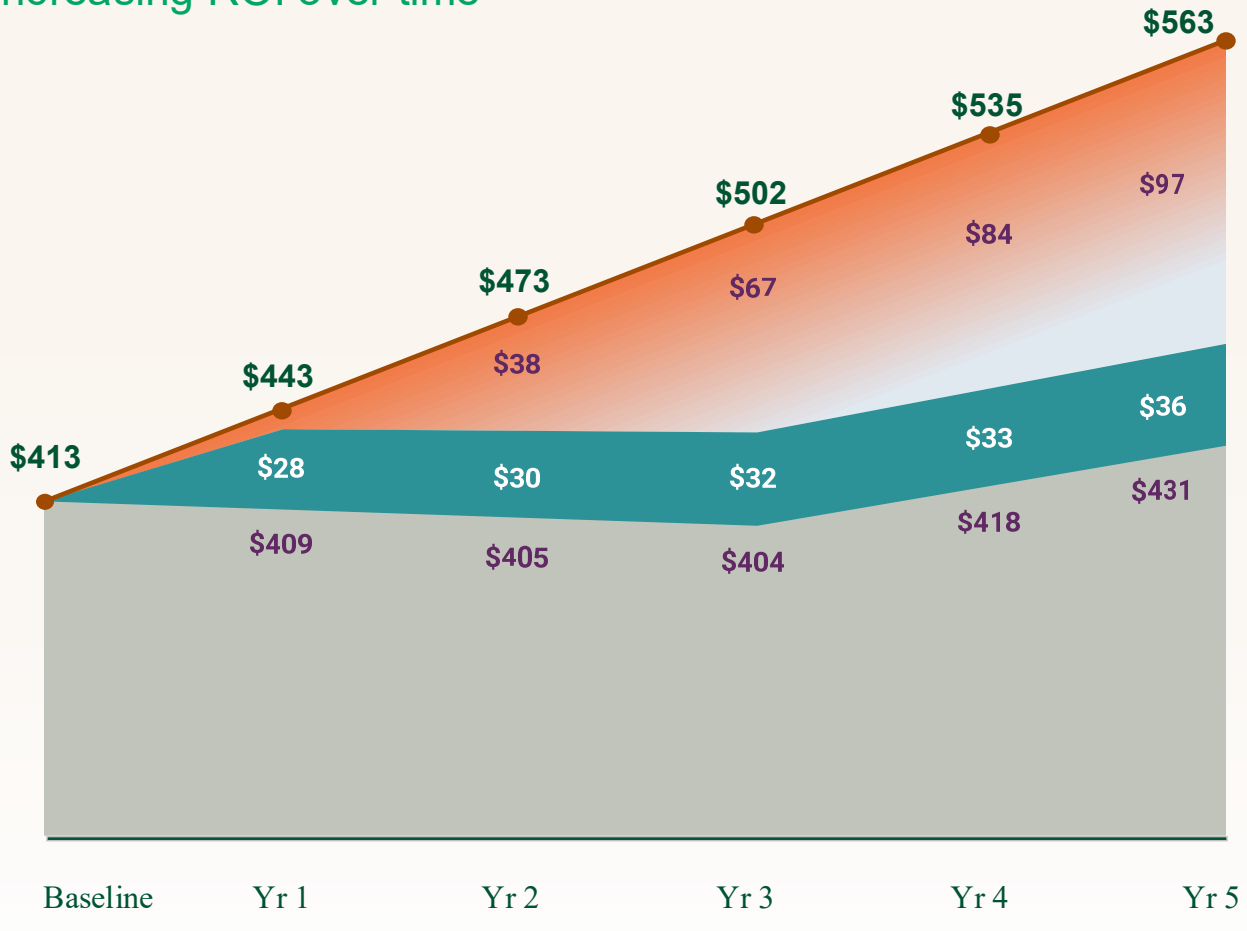
APC pays for itself in Year 1, yields increasing ROI over time

Market PMPM
(expected cost)

Net savings PMPM
(gross + APC costs)

APC PMPM (includes health center costs, lab, Rx, etc.)

Gross PMPM
(health plan claims only)

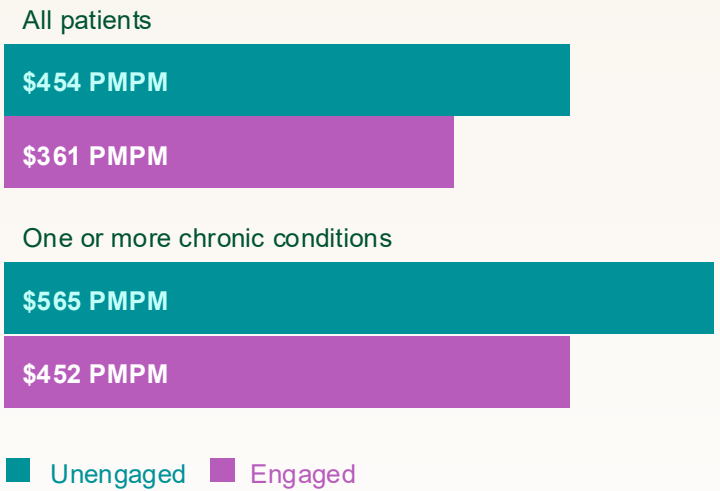


ROI over time

1.2x	2.3x	3.1x	3.5x	3.7x
Yr 1	Yr 2	Yr 3	Yr 4	Yr 5

What drives reduced costs?

Engaged members—more preventive, less specialty/acute care



82% ↑
primary care usage

15% ↓
ED visits

31% ↓
urgent care visits

41% ↓
inpatient admissions

21% ↓
outpatient claims

9% ↓
specialty claims

- Sample size/power included support generalizability
- Risk adjusted, including large claimant truncation
- Inclusion in data/analyses limited to adults aged 18 or older
- Engaged = at least 2 visits (in-person or virtual) over 18-month lookback period

A deeper dive into high-cost care utilization

3

How does APC impact ED utilization?

Engaged members have less non-emergent and primary care treatable ED visits, 17% and 14% lower than unengaged, respectively

Analysis of ~224,000 lives over 60 clients, July 2023-June 2024, using the Johns Hopkins ED algorithm

4

Can APC help control high-cost claims (HCCs)?

There were 42.5% fewer engaged members crossing into the HCC category, with 5% lower total medical spend compared to unengaged HCCs

Analysis of ~224,000 lives over 60 clients, July 2023-June 2024, medical claims >$125,000

How does APC impact ED utilization?

Less non-emergent, primary care treatable, potentially avoidable ED visits

15% ▼
total ED visits

17% ▼
non-emergent

14% ▼
emergent—primary care treatable

6% ▼
emergent—potentially avoidable

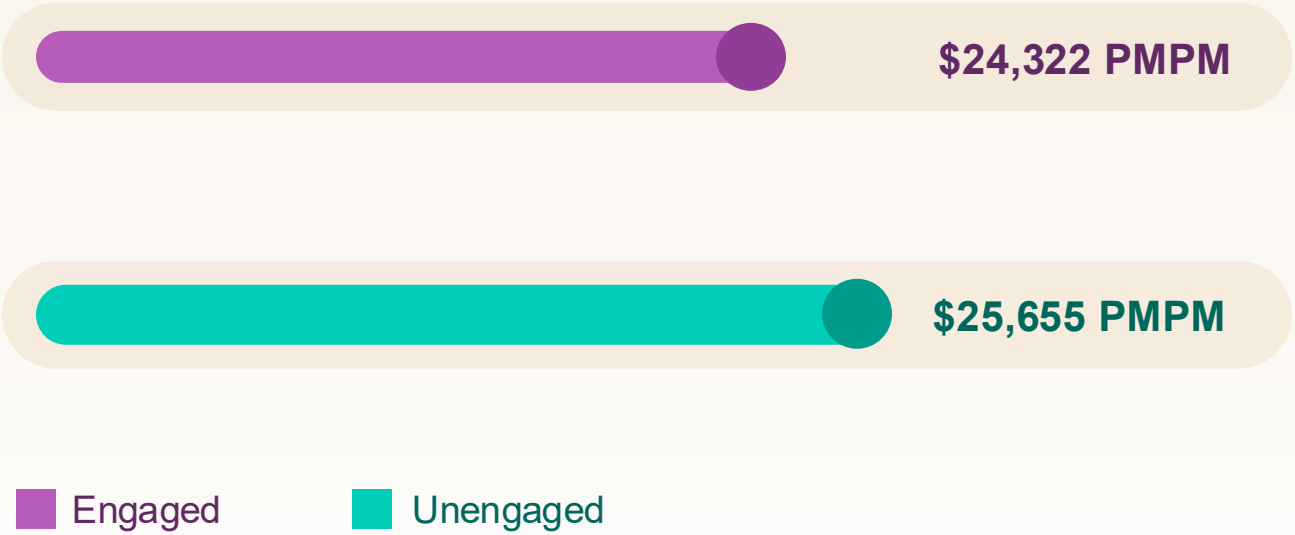
- Categorized using the Johns Hopkins ED algorithm
- Categories such as emergent-unavoidable, psychiatric, substance-related, injury-related, and unclassified visits excluded

Can APC help control high-cost claims (HCCs)?

Less HCCs in engaged group, engaged HCCs had lower overall spend

42.5%
fewer engaged members became HCCs

5%
lower claims spend among engaged HCCs



- Claimants > $125,000
- Estimates are conservative, considering selection bias as engaged and unengaged members operate differently
- While pharmacy claims were not included in this analysis, the results are aligned with peer-reviewed literature and broader Marathon Health findings

How does APC impact costly conditions?

Mental health

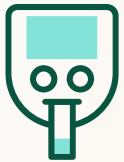
42% ↓

lower spend for anxiety, 12% for depression

Cardiovascular

24% ↓

lower spend



Diabetes

31% ↓

Lower spend

Musculoskeletal

35% ↓

lower spend for low back pain

How APC is delivering ROI in NC

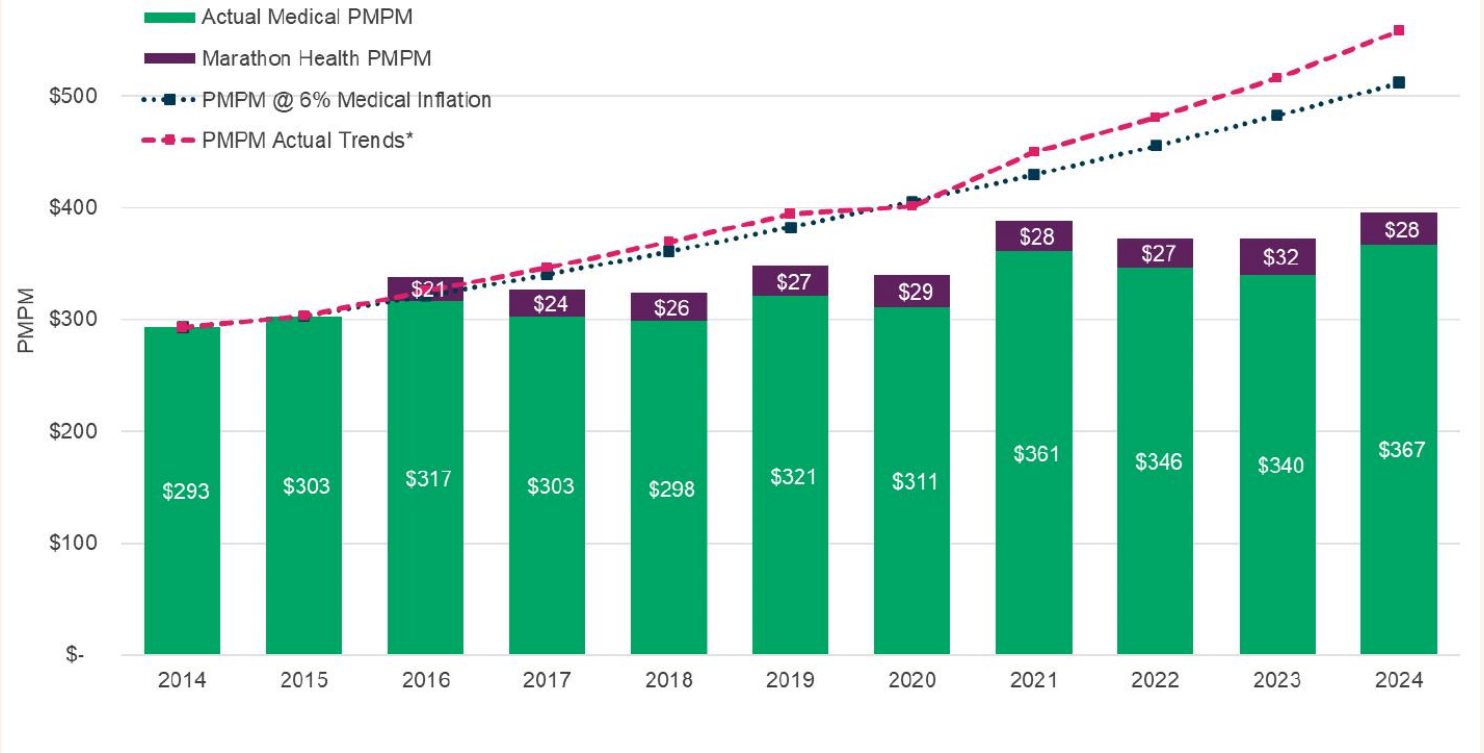
ROI analysis from a large North Carolina employer

5.73x

ROI vs. actual trends

$127M

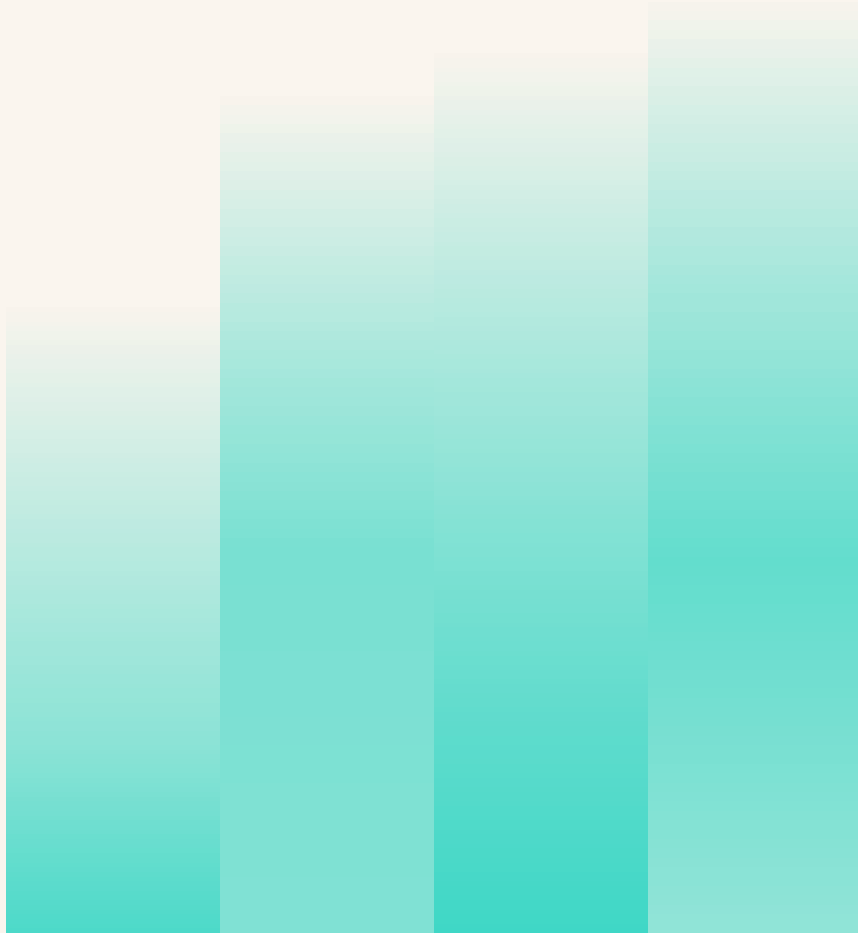
in cumulative savings



Using actual medical claims experience vs. market trends including high-cost claimants

Poll:

What is your biggest challenge in proving ROI of your benefits offerings?



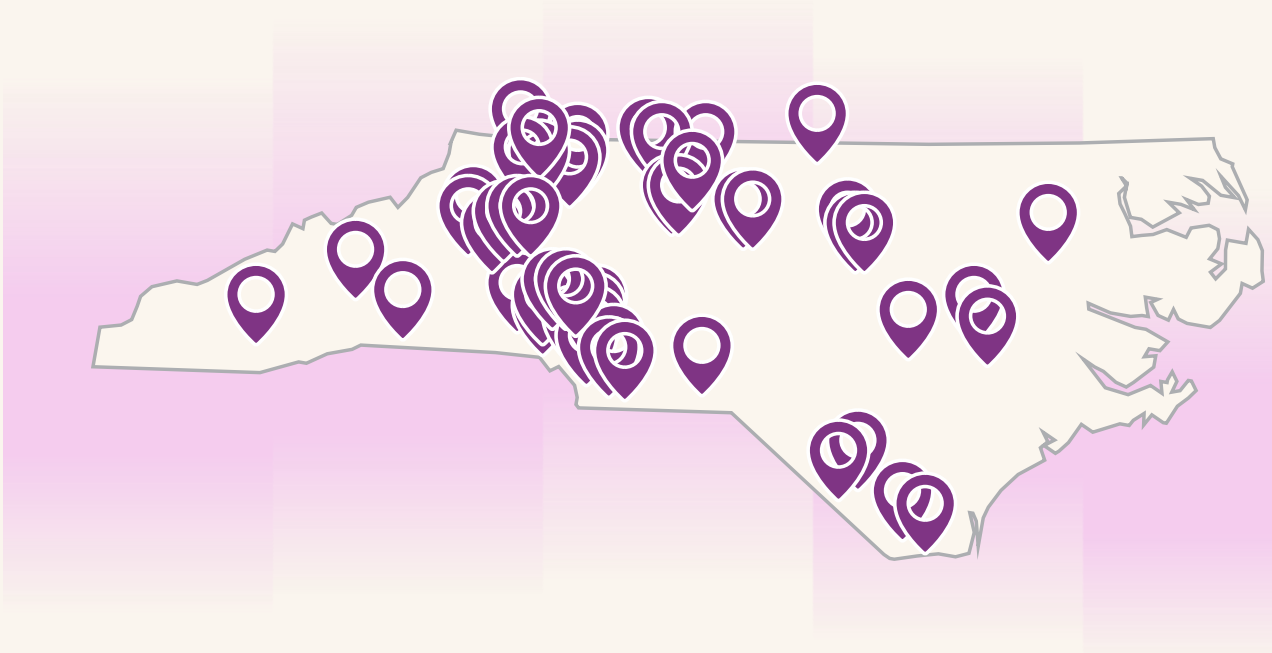
Care that’s within reach in North Carolina

60 health centers

27 clients

216 teammates

100k patients



Thank you for joining us!

DOWNLOAD OUR LATEST EBOOK

https://hubs.la/Q03Syhhr0

GOT QUESTIONS? WANT TO LEARN MORE?

Reach out at marathon.health/chat

FOLLOW US ON LINKEDIN

linkedin.com/company/marathon-health/

AS FEATURED IN THE CHARLOTTE LEDGER

> “Our health care costs have not gone up as much as national averages. We’ve seen a reduction on non-emergent ER visits, urgent care visits, lab spend and an increase in preventative care visits and screenings.”

— Christina Fath
Chief Benefits Officer
City of Charlotte