LIVE AND LEAVE WELL

LEAVE
AS WELL AS YOU
LIVE

How we want to leave vs.
how we *actually* leave life

What we want

To die at home with family and friends

Limited suffering

Dignity and choice

What we actually get

Die in hospitals with strangers

Endure invasive heroic procedures

Why Does it Happen?

- Age treated as a medical issue

- Television and movies misrepresent process of leaving life

- Too many specialists and too few palliative care doctors

- Malpractice concerns/Ethical Requirements

- Those leaving, don't come back to complain ☺

- Doctors too optimistic

How It Works Today

- Paper Process

- Different rules by state

- Awkward topic leads to poor outcomes

- Not respected

- "the Conversation" happens too late

- *You* update multiple Friends and Family, Doctors, Hospice and LT care
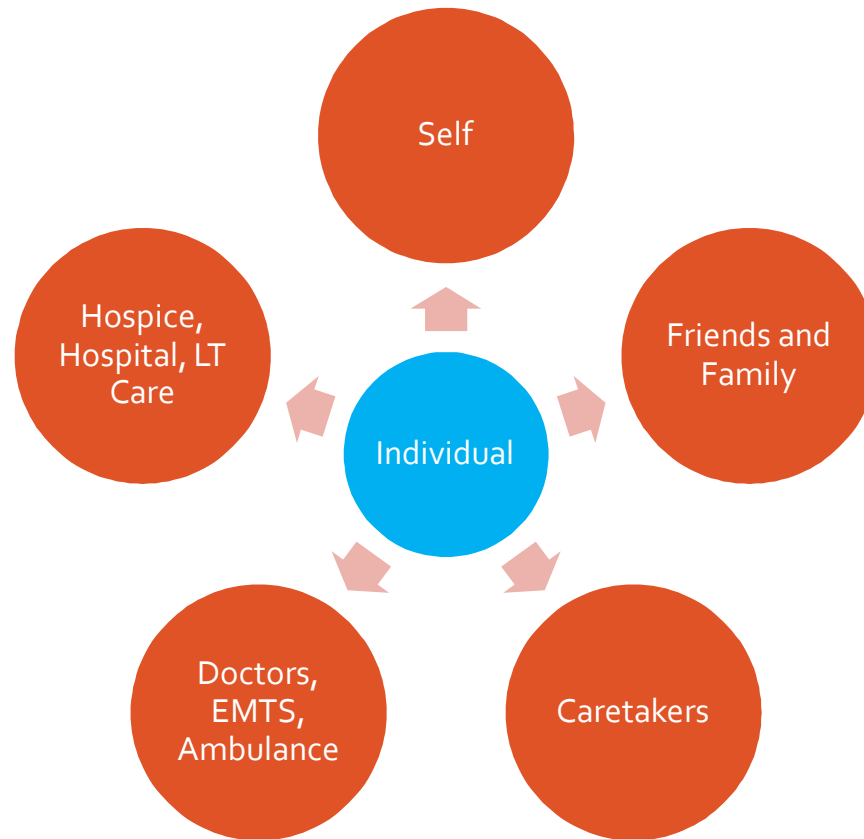
What We Need

- **DNRs and POLST respected and available**

- **One place to manage,** update and communicate end of life plans and groups of end of life plans.

- **Easier and earlier starts** for "the conversation" among doctors, families, and individuals

- Deeper **understanding of the impacts of sever illness,** and the care options for end of life

- **Coordination** of multi-disciplined **end of life care** such as palliative care

Self

Friends and Family

Individual

Hospice, Hospital, LT Care

Caretakers

Doctors, EMTS, Ambulance

Is it a Problem?

Affects us all.
- +65 and caretakers alone are 80 million US
- 2 Billion WW
- Trends support need for such a service as a result of rising numbers of older people, fewer nursing homes, more home health care.
- Current tools are incomplete
- Taboos will dissolve as population directly affected increases

Moral and Financial costs are too high.
- Failing is costly and unfair to patients and families
- Studies show that treatment of the most complex patients during their **final months accounts for a disproportionate amount of health-care spending.**
- About 25% of Medicare costs cover the last year of patients' lives, **while 80% of the government health program's spending during the last month is for hospitalization**. A visit to an intensive-care unit alone can cost more than $4,000 a day.

Live and Leave Well is
Different because it delivers your DNR where you need it:
All Competitors Create Documents to **Print**

Collect → **Score** → **Deliver**
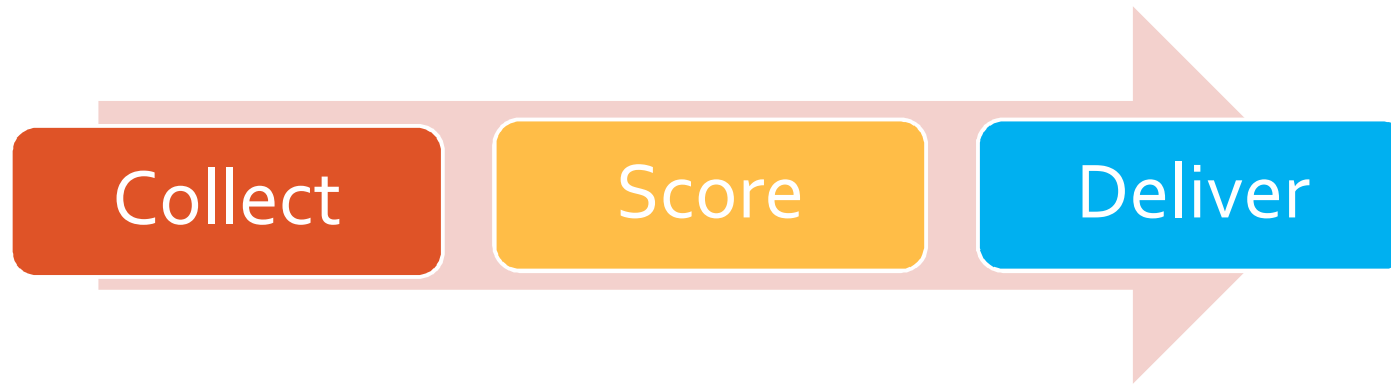
- **<u>Live and Leave Well (LLW.com) is an end of life planning platform designed to help individuals create, manage and share end of life plans.</u>** LLW.com:

- **<u>Collects</u>** end of life plans, starting with DNRs, MOLST, and POLST via web and mobile application

- Facilitates "the conversation" with individuals, doctors, family and friends.

- **<u>Scores</u>** the DNR, MOLST and POLST for validity, completeness, and utility

- Provides downstream data consumers such as EHRs, HMS, with **<u>a single point of truth for DNRs</u>**

- **<u>Delivers</u>** the end of life plan to the caretaker at end of life **<u>via mobile app and web.</u>**

The Steps

1. Contact

Phone
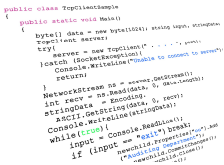

Web

2. Collect

Phone

Web

Data

3. Score

4. Confirm

Bio
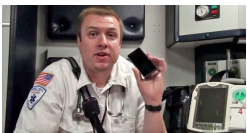

Chip

QR

Paper

Phone

?
TBD

## 5. Act

Medical

LT Care

Doctor

Use Case Sharing DNR

- Person logs into web site

- Person authorizes use and sharing of data

- Person completes DNR in application

- Live and Leave well creates a personal profile, messaging center and scores the DNR

- Person selects partners with whom to share the DNR

- Partners include Family, Friends, Caretakers, Lawyers

- Partners login to the system and accept usage terms

- Partners view and interact with DNR in Live and Leave Well's message center
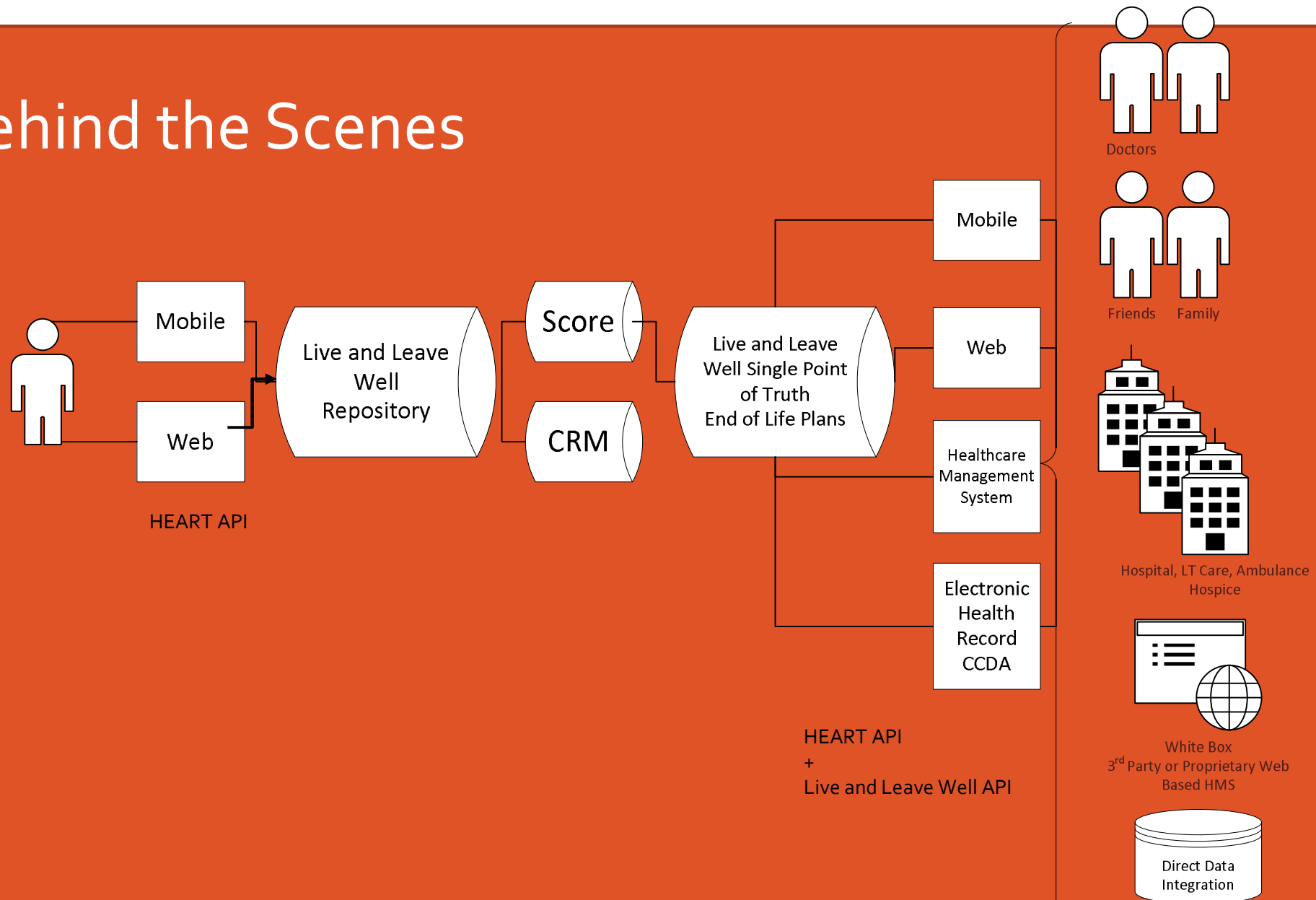
Financial Projections and Key User Metrics

Leave and Leave Well High Level Financials						
Model: Freemium for individuals & subscription for institutions						
Assumptions		Year 1	Year 2	Year 3	Year 4	Total
Cost per Customer Acquired	$ 35					
Number Individuals Joining (KPI)		10,000	20,000	30,000	70,000	130,000
Number Institutions Subscribing		2	4	8	10	24
Avg Monthly Revenue/Individual	$ 65	$ 650,000	$ 1,300,000	$ 1,950,000	$ 4,550,000	$ 8,450,000
Avg Monthly Revenue from Institutional Subscribers	$ 10,000	$ 20,000	$ 40,000	$ 80,000	$ 100,000	$ 240,000
Costs						
Development		$ 70,000	$ 150,000	$ 200,000	$ 200,000	$ 620,000
Integration		$ 45,000	$ 100,000	$ 150,000	$ 150,000	$ 445,000
Customer Acquisition		$ 350,000	$ 700,000	$ 1,050,000	$ 2,450,000	$ 4,550,000
Total Cost		$ 465,000	$ 950,000	$ 1,400,000	$ 2,800,000	$ 5,615,000
Revenue		$ 670,000	$ 1,340,000	$ 2,030,000	$ 4,650,000	$ 8,690,000
Net Profit		**$ 205,000**	**$ 390,000**	**$ 630,000**	**$ 1,850,000**	**$ 3,075,000**

Go To Market Plan

Release 1 "User Creates DNRs and Authorizes Data Sharing" (+ 3 months)

- Mobile application for IOS (User View, Caretaker View)

- Integrate Patent Pending LLW Risk Scoring™

- Create user profiles with scores

Marketing: Targeted States' Telemarketing and Partners to Drive Adoption

Release 2 "Sharing DNRs Release" (+ 3 months)

- Create and Publish Live and Leave Well API™ as an open API

- Leverage HEART API to authenticate from our service to multiple subscribers in real time.

- Integrate to at least 2 partners

Marketing: Launch all 50 states, Press, Social and Partner Marketing

Release 3 "Sharing with Friends and Family" (+3 months)

- Update and add Mobile Android (User View, Caretaker View)

- Create sharing center with Health Proxy capability

Broad Launch, Additional Partners