



**trellishealth**

# Winning in Primary Care: A Capitated PCP Model

February 20, 2026



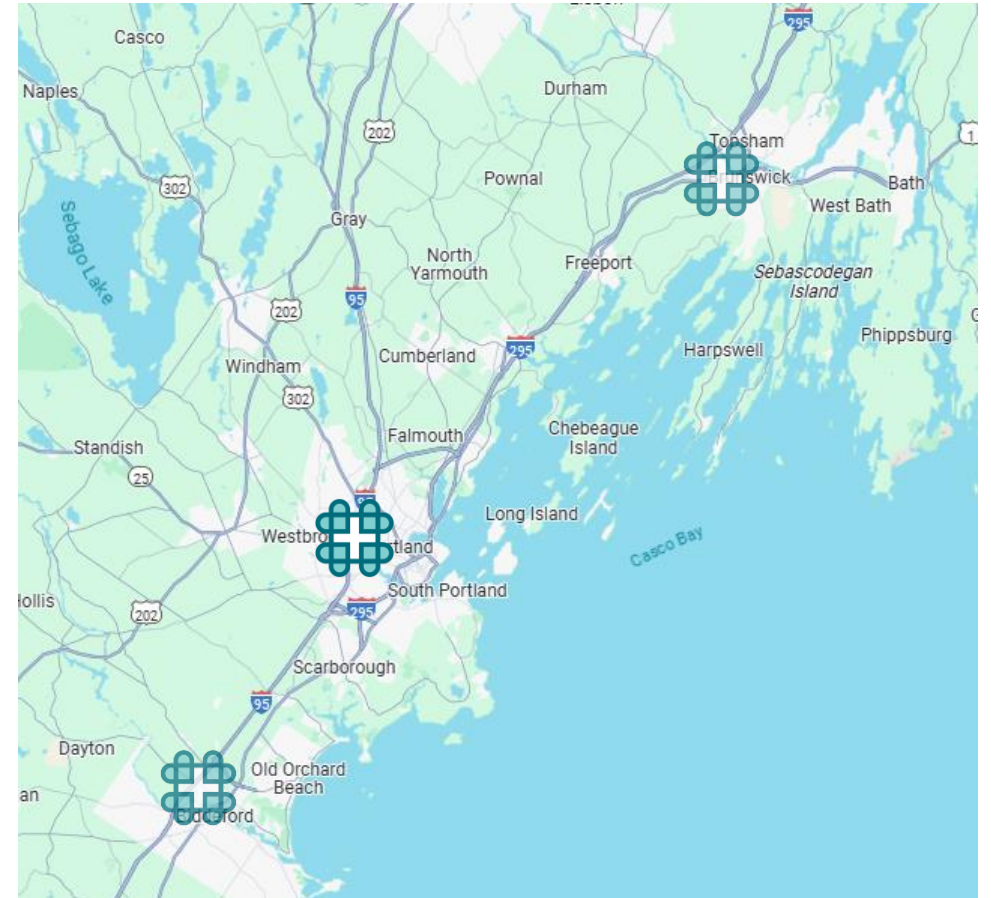
# Our Origin

## Advanced primary care for Mainers

Trellis Health is a start-up venture of MaineHealth, created to amplify MaineHealth's continued investment in primary care.

We're charged with building a clinical model that transforms the care experience for patients and providers. To take the best of what's happening at MaineHealth in exciting new directions.

Through a planned network of advanced primary care practices, Trellis is improving access to a host of preventive services while also reducing total cost of care for employers and individuals.





## Investment Thesis

MaineHealth invested in Trellis to explore how a relationship-centered, team-based, and an integrated model of primary care can build on the extraordinary work our physicians and care teams already do - showing what becomes possible when they are freed from the constraints of fee-for-service.

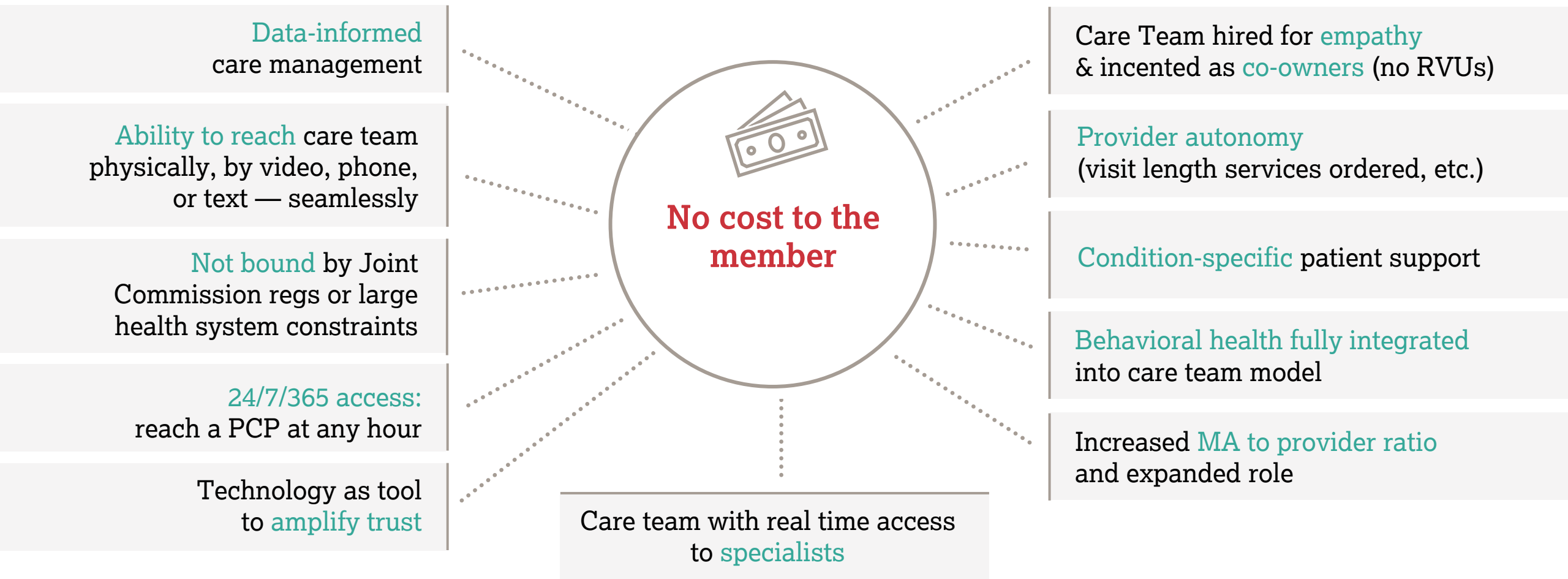
Trellis is our living laboratory to demonstrate that a single practice can create a financially sustainable, scalable blueprint for advanced primary care. By improving access, deepening engagement, and addressing needs earlier, Trellis reduces the total cost of care while strengthening our partnerships with employers through a cost-predictable model. In doing so, Trellis redefines the experience for patients and providers and positions MaineHealth as a leader in shaping the future of primary care.

# Clinical Tenets

- ✓ 24/7, 365 access
- ✓ Team-based care
- ✓ Care coordination and navigation
- ✓ Tech as a tool to amplify services and engagement
- ✓ Omnichannel care (physical and virtual access)
- ✓ Empathy-first engagement
- ✓ Whole patient care
- ✓ Integrated behavioral health
- ✓ Optimal use of specialty care
- ✓ Value-based payment structure
- ✓ Aligned incentives
- ✓ Delightful practice

# What's Different? No FFS!

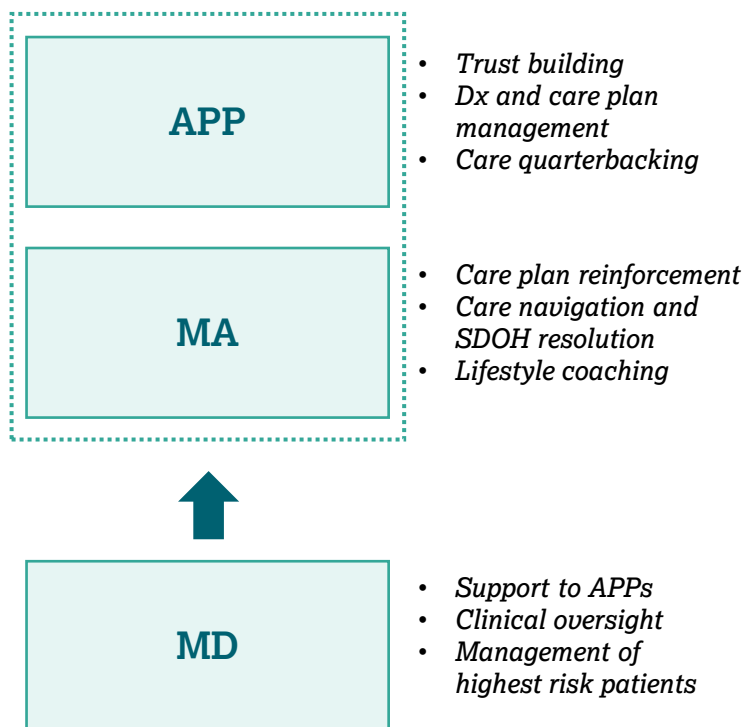
## Flipping the script on primary care



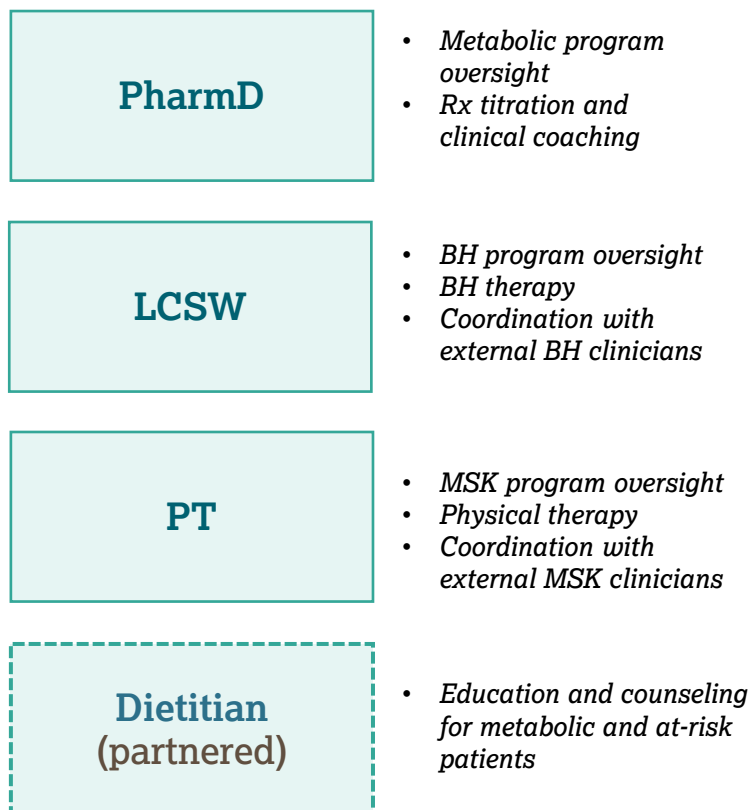
# Clinical Model

## Multidisciplinary care team supports a whole person approach

### Primary Care Pod



### Integrated Ancillary Resources



### MA Oversight & Triage



### After Hours



# Why It Matters to MaineHealth



Opens a new access channel

Recognizes primary care for the value it delivers



Creates clinical & care team learnings

Encompasses behavioral health and SDOH



Provides a test lab for MHMG ideas

Advances VBC strategies



Outmaneuvers competitive threats

Pioneers new ways to define, measure, and track impact



Diversifies MaineHealth revenue streams

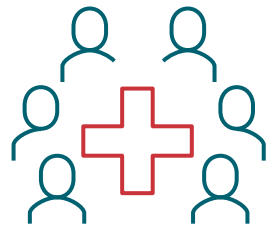
# Trellis' Value Creation Drivers



Seamless, integrated care

**We bring together in-person and digital access in one connected experience**

Experience as a moat



**This is more than satisfaction, it's a magnet**

Financially unbreakable model



**A practice sized for sustainability**

Redefining what primary care delivers



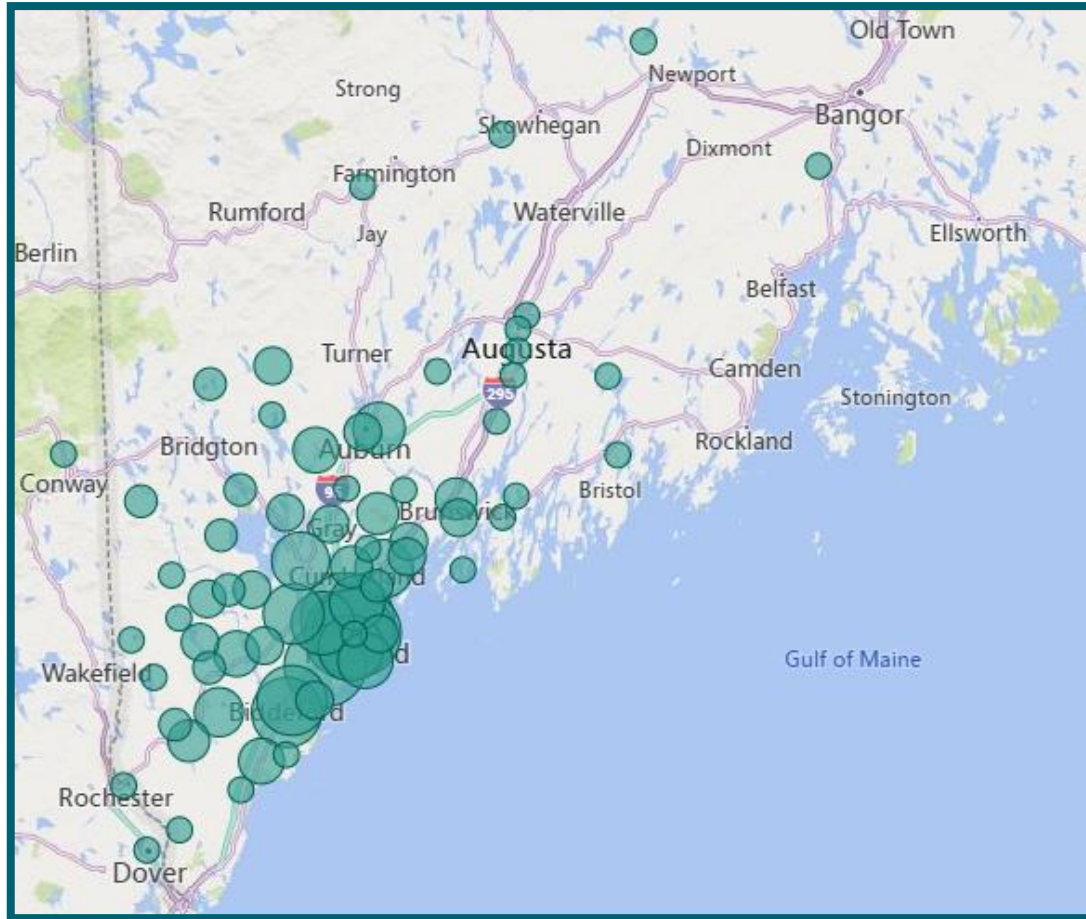
**Trellis isn't about checking boxes...**

# Early Successes

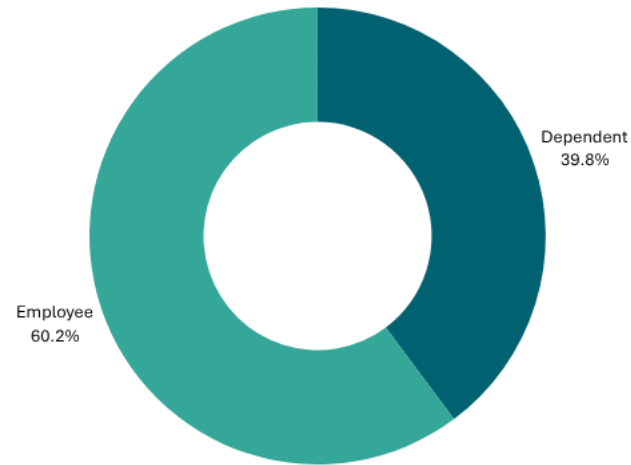


# Trellis Enrolled MaineHealth Population

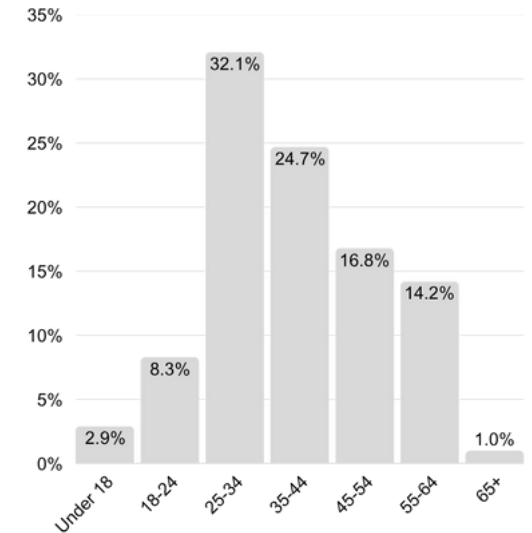
Member Count by Zip



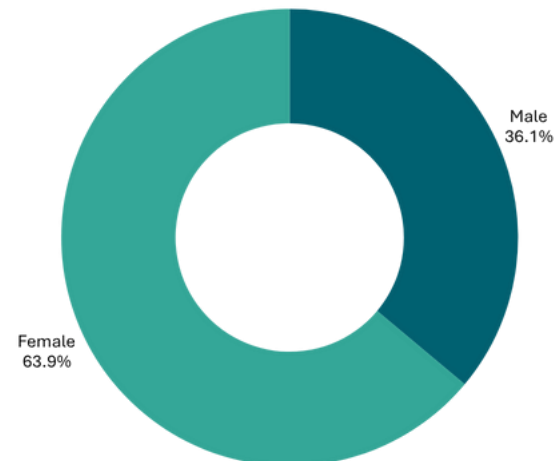
Employee vs. Dependent



Age Distribution (%)



Sex Distribution

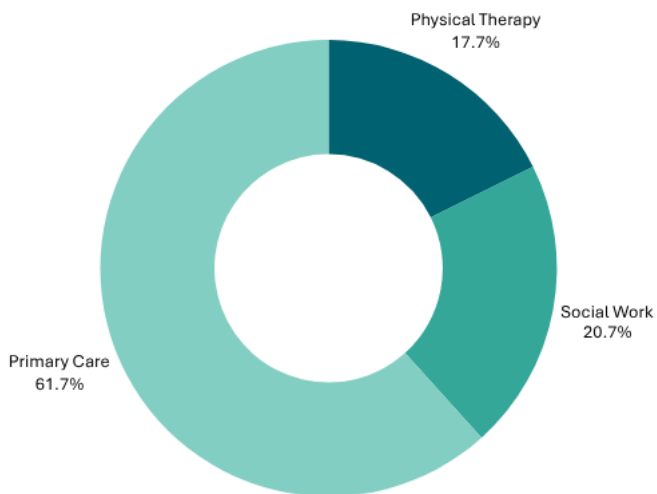


Plan Distribution



# Access & Engagement

Trellis Visit Utilization

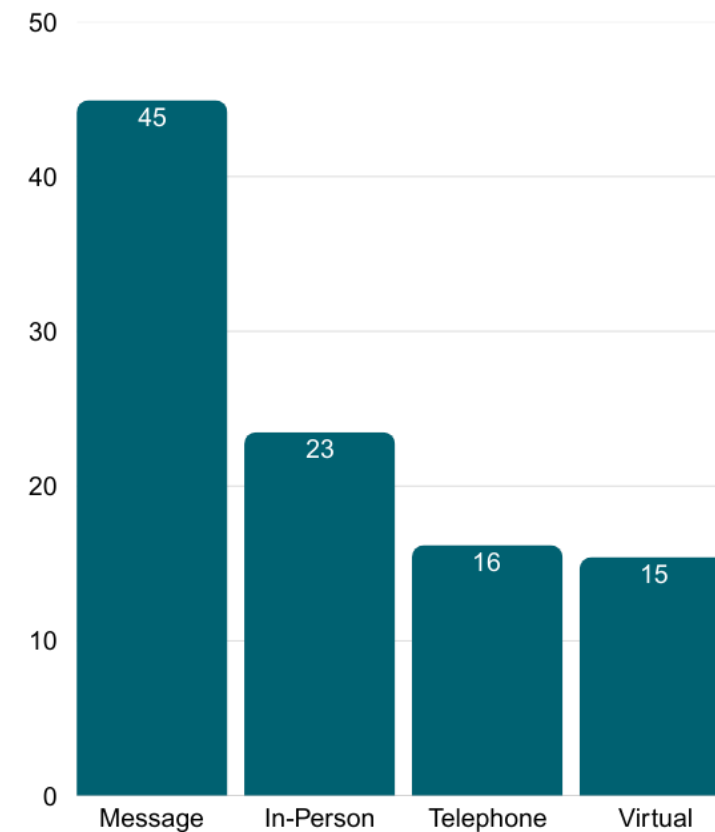


**75%** Encounters are virtual (phone, video, message)

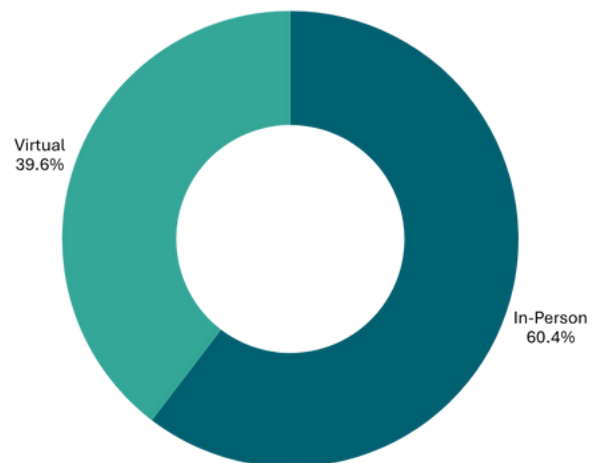
Number of days to respond to outreach **.45**

Time to next available appointment : PCP .2 Days | BH 0 Days | PT 0 Days

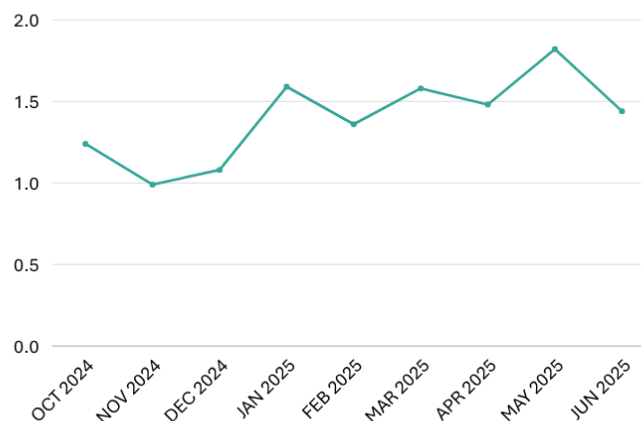
% of Total by Encounter Type



% of Total by Visit Type



# of Touches Per Member Per Month



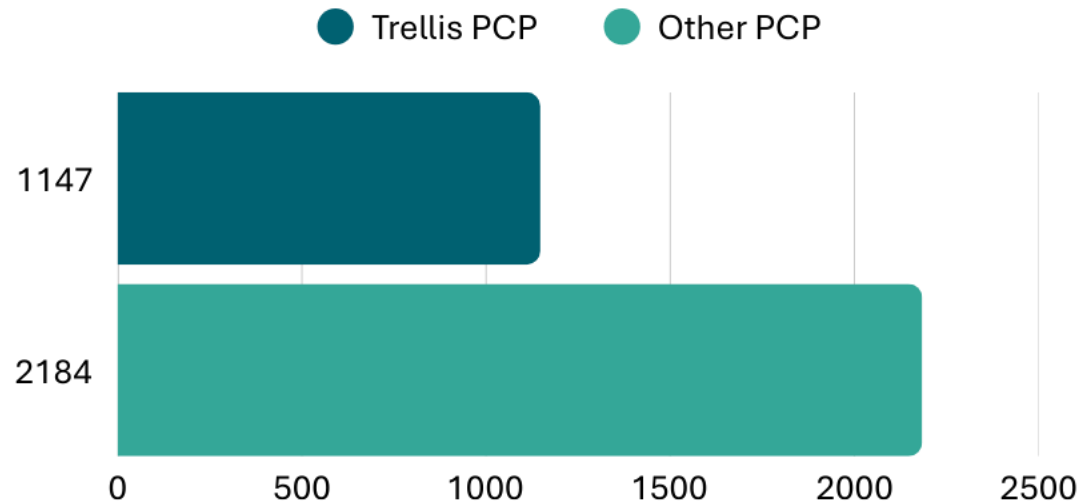
# Professional Service Utilization

## Specialist Utilization

On average, MH employees have 2+ specialist encounters annually, while MH employees enrolled in Trellis have ~1. This is consistent across specialties, including Ortho, Bariatric, OB/GYN, Derm, & Sports Med. Trellis members also have lower advanced imaging rates: CT, MRI, and X-ray

**48%** reduction

Risk Adjusted Per 1K Employees - Specialty Care Visits



# Emergency Department Utilization

## All-Cause ED Utilization

Older population with chronic diagnoses like chest pain, arrhythmia, gastrointestinal. Likely situations of exacerbated chronic conditions, which Trellis follows upon to engage members in longitudinal care planning.

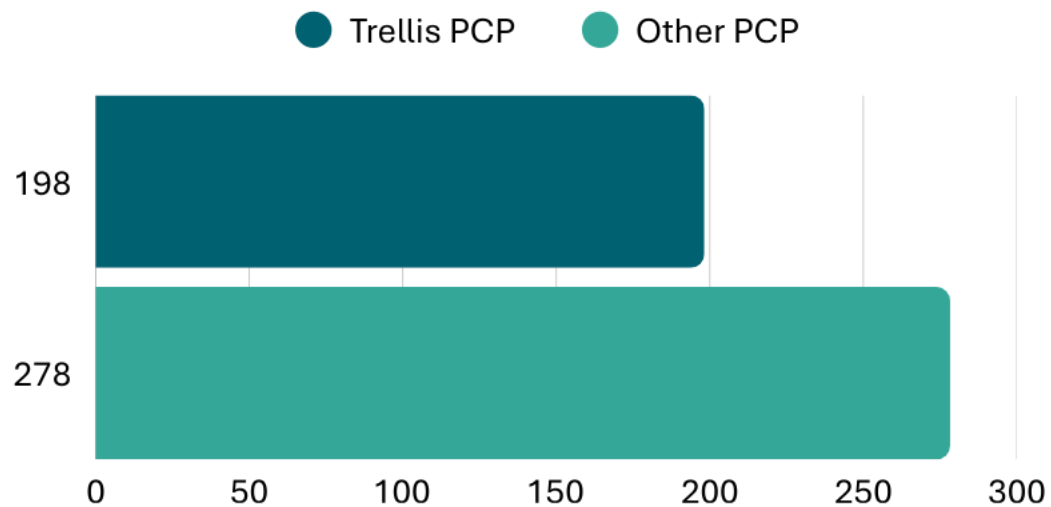
**48%** reduction

## Avoidable ED Utilization

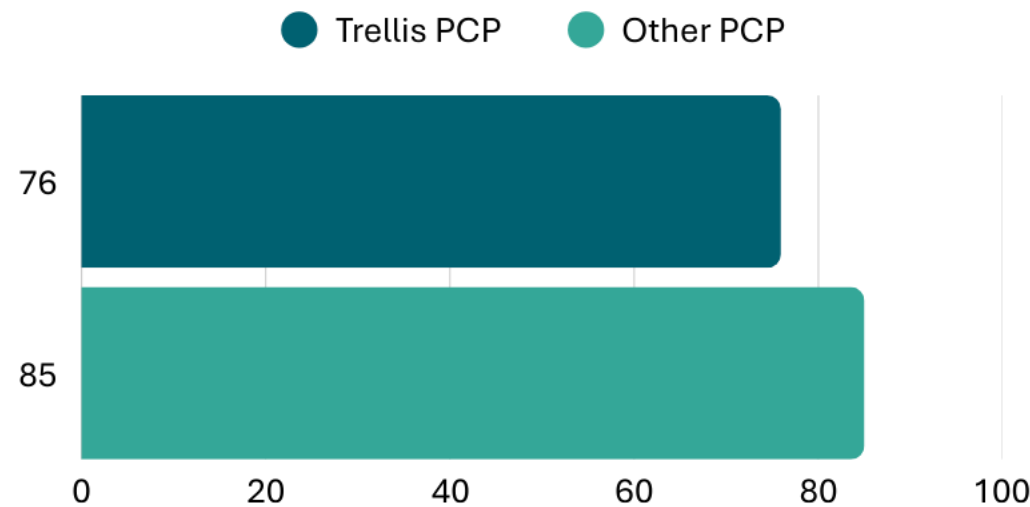
The largest driver of avoidable ED visits comes from the "young and healthy" with the highest rate among 18-24 year olds and the highest volume among 25-34 year olds. Trellis sees meaningful opportunity to impact this measure further.

**11%** reduction

Risk Adjusted Per 1K Employees - ED Visits



Risk Adjusted Per 1K Employees - Avoidable ED Visits



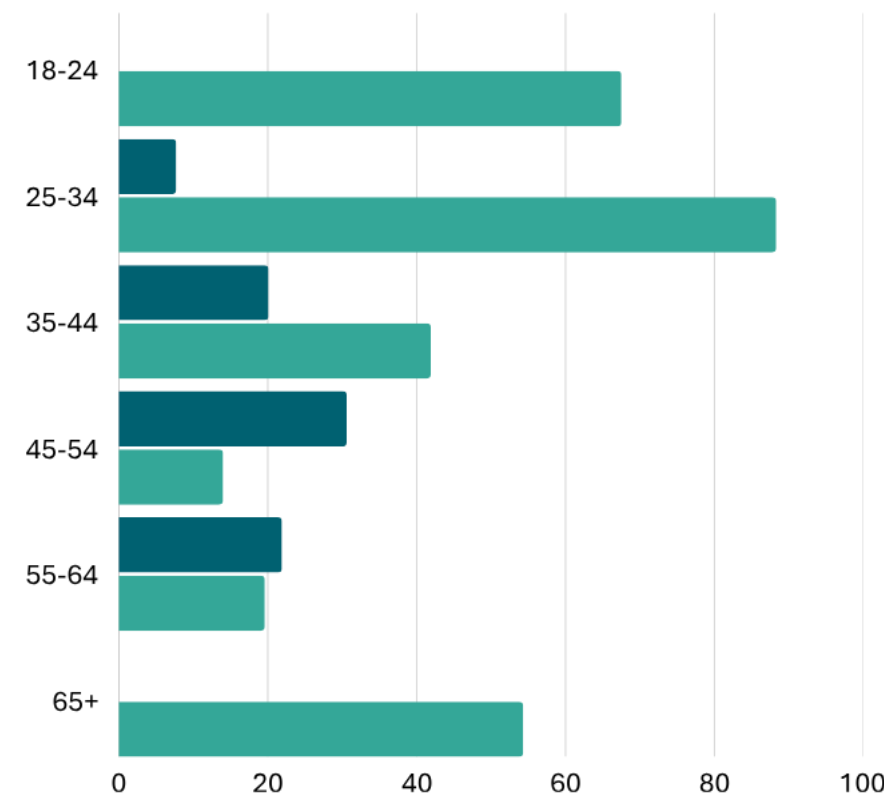
# Keeping Members out of the Hospital

## Inpatient Admissions

56% lower inpatient admission rate. Trellis tracks every IP admit, follows up within 72 hours of discharge, and sees all members within 30 days of discharge. Trellis has yet to have a readmission. Primary drivers include cardiac events and accidents/trauma.

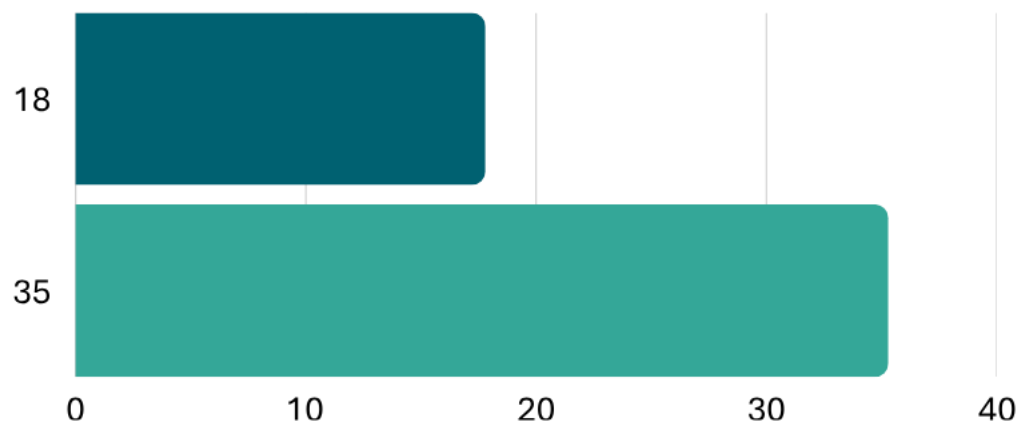
Risk Adjusted Per 1K Employees - IP Admissions

● Trellis PCP ● Other PCP



Risk Adjusted Per 1K Employees - IP Admissions

● Trellis PCP ● Other PCP



# Trellis is a Blueprint

## Not a boutique

- Primary care doesn't have to be a cost center
- You can't deliver great experience without owning the outcomes
- Trellis proves that Advanced Primary Care ~~can~~ should live within a health system

We didn't ask clinicians to work harder; we removed the obstacles that kept them from doing the right thing.



trellishealth

Where your health is **primary**