## BOURNE PARTNERS

# Infusion Therapy Market Update

Perspectives and Research on the Infusion Industry August 7, 2024



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University of Missouri







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## Executive Summary: Home and Alternate Site Infusion Space

We view home and alternate site infusion therapy as one of the most attractive verticals in healthcare services today based on the primary and secondary research that we have completed in recent months. This includes a series of channel checks with providers as well as vendors of software and services that sell into the space.

#### Key Takeaways

The home and alternate site infusion therapy space should be able to sustainably generate superior growth versus the broader healthcare services space. In fact, many providers are generating double digit organic revenue growth coupled with synergies from acquisitions. We see this growth being sustainably driven by patient preferences and the cost advantages of using home-based infusion therapy (for managed care and atrisk provider organizations).

**Therapeutic innovation will continue to be a growth driver.** By our analysis, almost half of the new drugs introduced over the past three years require an infusion (or subcutaneous injection) under the supervision of a medical professional. Looking ahead, the infusion providers we spoke with are particularly optimistic for new therapies for neurological diseases, such as Alzheimer's Disease, Parkinson's Disease, and/or multiple sclerosis.

We see a stable reimbursement environment for home and alternate site infusion providers. In fact, we think providers have good reason to be optimistic for a legislative "fix" in how CMS reimburses for home infusion in Medicare Part B. This, in turn, could open-up a sizable new opportunity in the Medicare population.

**Labor costs/shortages are an ongoing concern** for many of the infusion providers we spoke with. However, we see opportunities to generate labor efficiencies through the adoption of artificial intelligence and information technology, the deployment of ambulatory infusion centers, and the use of "smart" pumps and devices.

**Economies of scale is key in the infusion space**, and we have evaluated a variety of consolidation strategies. All have merit, but we ultimately think staying focused on building a national platform in home and alternate site infusion therapy (with integrated specialty pharmacies) allows for greater operational excellence over time and maximizes the flexibility to work across all managed care networks without channel conflicts.

Acquisition Strategies Addressing Labor Costs and Shortages Valuation Considerations

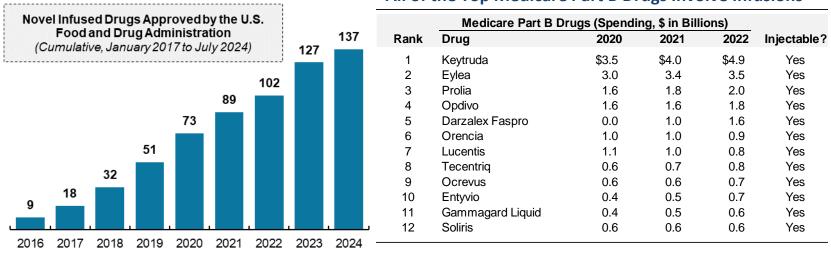
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## What is Infusion Therapy?

**Infusion therapy (or "IV therapy") involves administering medicines through a needle or catheter, intravenously or subcutaneously.** This is often used to treat patients with chronic, complex, and rare diseases and in situations when an oral medication or a transdermal patch or cream is not possible. Many different medicines are delivered by infusion therapy with some common examples including chemotherapy drugs for cancer, enteral nutrition, antibiotics, antifungal drugs, pain management medications, and immunoglobulin medications (IVIG), as well as a variety of specialty drugs.

The advantage of infusion therapy is that the drug is delivered directly into the patient's bloodstream, resulting in greater precision, and with the potential, as needed, to simultaneously deliver complementary drugs. Also, some drugs cannot be taken orally because they lose their effectiveness when exposed to the digestive system. Finally, infusion therapy may be the only alternative for an elderly or particularly frail patient who is unable to take an oral medication.

The disadvantage of infusion therapy is that, because medications are directly delivered into the bloodstream, the impact can be very rapid, including potentially mild and dangerous side effects. Example side effects can include infections, damage to veins, air embolisms, and blood clots. Because of this, infusion therapy often requires supervision of (and/or training by) a medical professional.



#### All of the Top Medicare Part B Drugs Involve Infusions

Source: U.S. Food and Drug Administration and the U.S. Centers for Medicare and Medicaid Services

Competitive Landscape Acquisition Strategies

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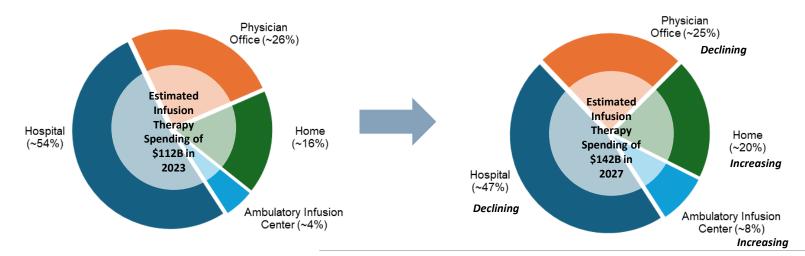
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## Home and Alternate Site Infusion Marketplace Overview

Today, there are **3.2M+ Americans who receive infusion therapy**, of some kind, per year. This translates to **\$110B+ of annual spending**, growing by 5%-7% annually, driven by an increasing prevalence of chronic and rare diseases and a rising number of complex therapies that require intravenous delivery under the supervision of a medical professional.

We expect an ongoing, steady "mix shift" of infusion therapy away from hospital settings to home and/or alternate site settings. Today, most of the spending on infusion therapy still occurs in hospitals (we estimate: ~54% share) and/or in physician offices (we estimate: ~26% share) where there is an ability to provide greater oversight for elderly and/or frail patients with complicated medical profiles. However, an increasing percentage of infusions are now occurring at the patient's home (~16% share) and/or at an alternate site setting (~4% share), such as an ambulatory infusion center.

Home and alternate site infusion therapy spending now totals ~\$25B annually with low double digit growth rates, by our assumptions. Patient (and physician) awareness of home infusion grew substantially during the COVID-19 pandemic when non-acute care was diverted away from facilities. We expect this shift towards home-based infusions will continue for the foreseeable future driven by patient preferences and the need for lower cost healthcare.



#### **Steady Mix Shift Towards Home and Alternate Site Infusions**

Source: National Home Infusion Association (NHIA) and Bourne Partners

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## 5 Drivers of Growth for Home and Alternate Site Infusion

In our view, providers of home and alternate site infusion therapy should be able to sustainably generate superior growth rates versus the broader healthcare services space. Our conversations with providers and industry relationships have centered around FIVE (5) key drivers of growth in the coming three to five years.

**Therapeutic Innovation.** Unlike other healthcare services verticals, the home and alternate site infusion therapy space has the unique benefit of *therapeutic innovation*. Much of the drug development pipeline today consists of complex molecules that require intravenous delivery by a healthcare professional. As such, we expect a growing volume of drugs for infusion providers to service. We are particularly watchful for therapeutic innovation in neurological diseases such as Alzheimer's Disease, Parkinson's Disease, and multiple sclerosis.

**Relatively Low Cost.** The relatively low cost of home and alternate site infusion therapy makes it financially preferable for health plans and at-risk providers in value based (capitated) reimbursement models. Often, infusion therapy done at a patient's home is half the cost of the same therapy in a hospital inpatient setting. Adding to this, home and alternate site infusion can often result in higher quality and personalized care as well.

**Patient Preferences.** Patients overwhelmingly prefer to receive medical care at home -- or at a convenient local ambulatory infusion center. This is true for all forms of healthcare, and infusion therapy is no exception.

**Shared Services.** Infusion therapy is a necessary method of drug delivery for many patients. However, it requires significant nurse labor, which is in short supply. As such, infusion therapy maps well to shared services business models that allow for better economies of scale on limited human resources and digital technologies.

**Positive Reset in Medicare Reimbursement.** Providers of home and alternate site infusion therapy may see a step-up in Medicare patient volumes if Congress is able to "fix" the currently flawed CMS home infusion rules in the coming years. This appears to be unlikely in the current election year, but we see opportunities in 2025.

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### Therapeutic Innovation as a Growth Driver

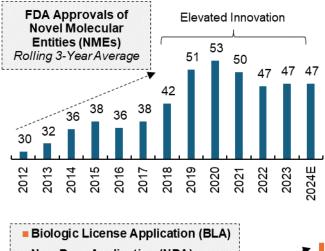
**The home and alternate site infusion therapy space has the unique benefit of** *therapeutic innovation*. Much of the current drug development pipeline consists of complex molecules that require intravenous delivery by a medical professional. As such, we expect a growing volume of drugs for home and alternate site infusion providers to service.

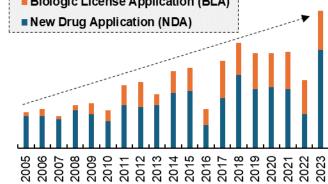
Large molecule biologic medications, most of which require infusions, are approaching 50% of total U.S. drug spending, and, today, all 10 of the highest-expenditure drugs in Medicare Part B are biologics. This mix is expected to continue to grow steadily in the coming years given that we believe almost two-thirds of new drugs in development are large molecule biologics.

In particular, we see very significant upside -- over time -- for the home and alternate site infusion space in Alzheimer's Disease. Nearly 7M Americans are living with Alzheimer's Disease and this is projected to increase to 13M by 2050. Prior to 2023, there had been limited pharmacologic treatments for these patients. However, in mid-2023, a new drug, Lequembi (Biogen and Eisai), was approved for a subset of the Alzheimer's patient population, and this was followed by the approval of a second novel drug called Kisunla (Eli Lilly) that could expand this population in the near-term. Both of these new drugs require infusions.

There is typically a multi-year lag from when a new drug is approved to

when it financially impacts home and alternate site infusion therapy providers. Initially, new infusion treatments tend to be delivered at academic medical centers. As follow-on drugs come to market and as confidence in a therapy increases, there tends to be a relaxing of the monitoring requirements and a greater willingness by clinicians to administer these infusions outside of highly supervised inpatient settings.





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## Almost Half of New Drugs Introduced Are Injectables

**Almost half of recent drug approvals by the FDA consist of injectables**, by our analysis. Specifically, since January 2021, 77 of the 164 (or 47.0%) new molecular entity (NME) approvals by the U.S. Food and Drug Administration (FDA) were for drugs that require an intravenous, intramuscular, and/or subcutaneous injection.

		New Mole	cular Entity (NME	) Approvals B	y the	U.S. Food an	d Drug Admi	nistration (FD	DA)		
	Total Drugs Approved: 50Total Drugs Approved: 37Injectables: 24 (48.0%)Injectables: 18 (48.6%)			Total Drugs Approved: 55 Injectables: 25 (45.5%)			Total Drugs Approved: 22 Injectables: 10 (45.5%)				
	E Approvals:			NME Approvals: 2022 January to December		NME Approvals: 2023 January to December			NME Approvals: 2024 January to July		
Jan	uary to Decen	nper	January to	December		Janu	lary to Decer	nber		January	lo July
Adbry	Bylvay	Fotivda	NexoBrid	Spevigo		Wainua	Aphexda	Miebo		Kisunla	Letybo
Leqvio	Rezurock	Azstarys	Briumvi	Xenpozyme		Filsuvez	Veopoz	Veozah		Ohtuvayre	Exblifep
Vyvgart	Fexinidazole	Pepaxto	Xenoview	Amvuttra		Fabhalta	Sohonos	Elfabrio		Piasky	Zelsuvmi
Tezspire	Kerendia	Nulibry	Lunsumio	Vtama		Ogsiveo	Elrexfio	Qalsody		Sofdra	
Cytalux	Rylaze	Amondys 45	Sunlenca	Mounjaro		Truqap	Talvey	Joenja		lqirvo	
Livtencity	Aduhelm	Cosela	Krazati	Voquezna		Ryzneuta	Izervay	Rezzayo		Rytelo	
Voxzogo	Brexafemme	Evkeeza	Rezlidhia	Camzyos		Augtyro	Zurzuvae	Zynyz		Imdelltra	
Besremi	Lybalvi	Ukoniq	Tzield	Vivjoa		Defencath	Xdemvy	Daybue		Xolremdi	
Scemblix	Truseltiq	Tepmetko	Elahere	Pluvicto		Fruzaqla	Vanflyta	Zavzpret		Ojemda	
Tavneos	Lumakras	Lupkynis	Tecvayli	Opdualag		Loqtorzi	Beyfortus	Skyclarys		Anktiva	
Livmarli	Pylarify	Cabenuva	Imjudo	Ztalmy		Omvoh	Ngenla	Filspari		Lumisight	
Qulipta	Rybrevant	Verquvo	Lytgobi	Vonjo		Agamree	Rystiggo	Lamzede		Zevtera	
Tivdak	Empaveli	· ·	Relyvrio	Pyrukynd		Bimzelx	Litfulo	Jesduvroq		Voydeya	
Exkivity	Zynlonta		Omlonti	Enjaymo		Zilbrysq	Columvi	Orserdu		Vafseo	
Skytrofa	Jemperli		Elucirem	Vabysmo		Velsipity	Inpefa	Jaypirca		Winrevair	
Korsuva	Nextstellis		Terlivaz	Kimmtrak		Rivfloza	Posluma	Brenzavvy		Duvyzat	
Welireg	Qelbree		Rolvedon	Cibinqo		Pombiliti	Paxlovid	Leqembi		Tryvio	
Nexviazyme	Zegalogue		Sotyktu	Quviviq		Exxua	Xacduro			Rezdiffra	
Saphnelo	Ponvory		Daxxify			Ojjaara	Epkinly			Tevimbra	

= Drugs requiring an intravenous, intramuscular, and/or subcutaneous injection

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## Thinking Ahead To a Potential Rise of Biosimilars

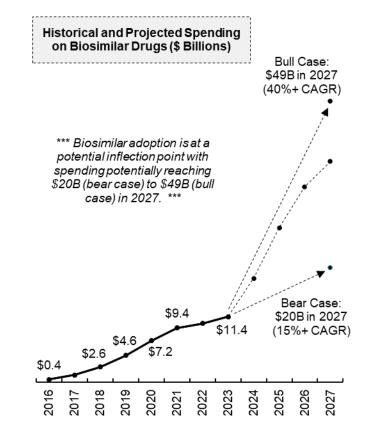
We see an increasing economic impact of biosimilars in the coming years, which should lower drug costs. Opinions on the financial impact on the infusion providers we spoke with vary. However, in our view, biosimilars should help derisk procurement strategies because a provider is not beholden to a single manufacturer. Both the revenue and cost per treatment might decline, but we suspect the profit margin will likely increase modestly.

The home and alternate site infusion space should benefit from a wave of biosimilars, in our opinion. A biosimilar is a biologic medication that is highly clinically similar to an existing FDA-approved biologic medication. Biosimilars are a benefit to infusion providers because they create competition with the original biologic, resulting in material reductions in the cost of the drug (sometimes by 20%+), which, in turn, is typically the largest single cost line item for an infusion provider.

Spending on biosimilars remains stubbornly low in the United States (only ~\$11B in 2023). However, under almost every scenario, spending on biosimilars in the United States is expected to grow rapidly – reaching anywhere from \$20B in 2027 (15%+ CAGR) to ~\$49B in 2027 (40%+ CAGR), per recent estimates by the IQVIA Institute.

To encourage the acceptance and use of biosimilars, the U.S. FDA has funded educational and outreach programs in recent years along with accelerated approval pathways.

Also, the *Inflation Reduction Act* (IRA) of 2022 is designed to encourage the use of biosimilars (and lower drug costs more broadly) by setting premium reimbursement on biosimilars at 108% ASP (vs 106% normally) over a 5-year period. The IRA is directed solely at Medicare drug costs (Part B and Part D). However, a resetting of prices in Medicare would likely have a "ripple effect" across other payer categories as well.



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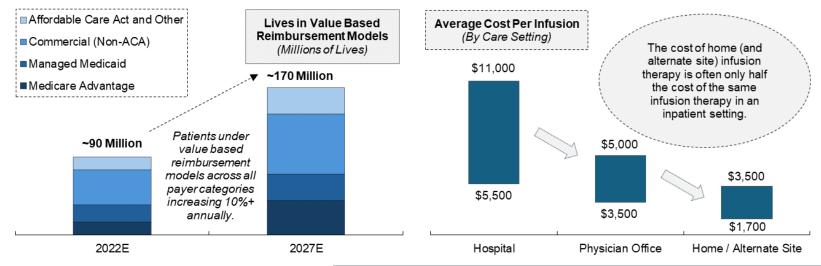
## **Relatively** Low Cost of Home and Alternate Site Infusion

The relatively low cost of home and alternate site infusion therapy makes it financially preferable for managed care organizations and at-risk providers in value based (capitated) reimbursement models. Often, infusion therapy done at a patient's home is half the cost of the same therapy in a hospital inpatient setting.

The impact of value-based reimbursement on the utilization of home and alternate site infusion therapy has yet to be seen, according to the providers we have spoken with. That said, we see value-based reimbursement as a key long-term driver for the space, and home infusion providers should consider investments in interoperable information technology systems and digital health software tools to better track and document the care they provide.

In many circumstances, **the cost of home and alternate site infusion therapy is less than half of the cost** of the exact same infusion therapy delivered in a hospital (inpatient) setting.

At the same time, **treating patients at home often results in better outcomes and more personalized care.** In particular, home infusion therapy improves treatment adherence, which is key for patients with chronic diseases. Non-adherence accounts for ~40% of chronic disease treatment failures as well as \$100B-\$300B of avoidable costs per year. Also, home infusions result in less risk for hospital acquired infections, particularly relevant for patients who are immunocompromised. The CDC has reported that there are ~722k HAIs annually of which ~10% result in death.



Source: McKinsey & Company (December 2022) and Bourne Partners

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## Patients Overwhelmingly Want Home-Based Care

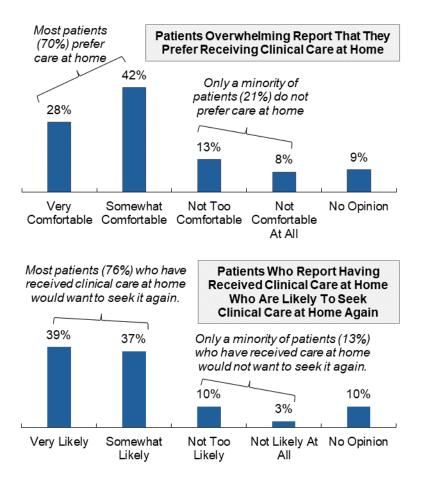
**Patients overwhelmingly prefer to receive medical care at their homes** -- or at a convenient, comfortable, and local ambulatory location. This is true for all forms of healthcare and infusion therapy is no exception.

We see patient preferences as a major driver of home and alternate site infusion therapy.

Americans overwhelmingly prefer medical care at home, whenever possible, in almost every survey on the topic across all healthcare verticals and therapeutic areas. This preference accelerated with the COVID-19 pandemic due to the increased use of digital health and virtual care technology by both patients and clinicians. Convenience is of particular importance for geriatric populations who have limited ability to travel and for family members who are often support for patients.

Over the past five years, **infusion therapy providers have been rolling out networks of "ambulatory infusion centers" (AICs)** in highly trafficked and convenient locations for their patients. These AICs help expand a provider's ability to service patients and provide complex therapies when infusion therapy at home is not possible, practical, or economical.

Ambulatory infusion centers (AICs) offer flexible hours and are designed for patient comfort including a variety of home-like amenities such as televisions, wi-fi connections, and snacks and beverages. Also, each AIC is typically staffed with trained infusion nurses, pharmacists, and care coordinators who help verify a patient's insurance, gather necessary prior authorization and related documentation, and schedule treatments.



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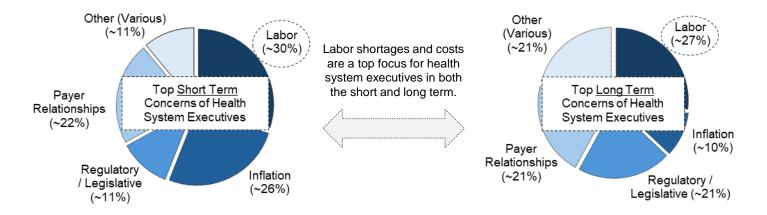
## Shared Services Models Help Optimize Labor Resources

Infusion therapy is a necessary method of drug delivery for many patients. However, it requires significant nurse labor, which is in short supply. As such, **infusion therapy maps well to shared services business models that allow for better economies of scale on limited human resources** and digital technologies.

Home and alternate site infusion providers are able to bring economies of scale to the use of nurse staff in ways that individual hospitals and physician groups cannot. The pursuit of economies of scale has led to the rise of "shared services" models across healthcare organizations in a variety of other areas -- e.g., group purchasing, revenue cycle management, facilities management, and information technology.

Post-COVID, **there has been a painful shortage of nurses in U.S. healthcare.** On average, over half (50%+) of RNs leave their jobs in less than two years due to demanding working conditions, long hours, and relatively low compensation. This turnover may worsen in the coming years as the median age of a registered nurse (RN) is now 46 years -- with 25% of nurses reporting that they plan to leave nursing or retire over the next five years.

In almost every survey, health system executives report "labor" as their number one concern. Even long-term, most health system executives recognize that labor challenges will remain a "front-and-center" issue given an aging U.S. population that will likely be increasingly demanding infusion therapies.



Source: 2024 PNC Healthcare Provider Survey, U.S. Bureau of Labor Statistics, and Bourne Partners

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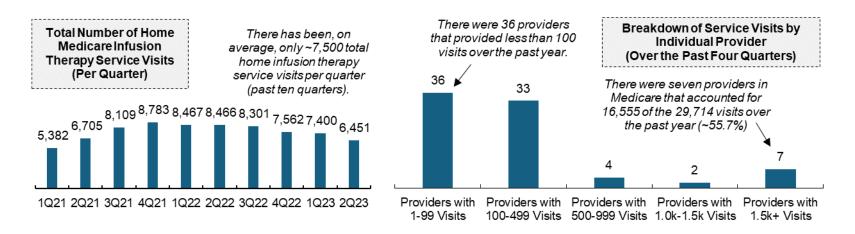
## "Fixing" A Broken Medicare Part B Reimbursement Model

We think home and alternate site infusion providers have good reason to be optimistic for **a step-up in Medicare patient volumes** if Congress is able to "fix" the currently flawed CMS home infusion rules in the coming years.

In our view, home and alternate site infusion therapy providers stand to benefit from important "fixes" to the current home infusion Medicare reimbursement methodology. In our view, this could comfortably result in a significant 10%+ industrywide bump to home and alternate site infusion therapy patient volumes in the coming years.

Currently, the professional services Medicare Part B benefit for home infusion *does not include* reimbursement for the clinical and administrative costs of delivering the therapy -- thereby, making home infusion uneconomical to provide. This is evidenced by the fact that there are only 82 participating providers providing this benefit to less than 10k patients annually (out of 34M+ traditional Medicare beneficiaries). This is a clear underutilization of home infusion in Medicare -- vs the almost 3.2M patients (outside of Medicare) receiving home infusions annually.

The proposed *Preserving Patient Access to Home Infusion (PPAHI) Act* would expand Medicare reimbursement for all the services needed to administer drugs safely and effectively at home. The PPAHI Act has yet to receive an official score from the Congressional Budget Office (CBO). After the bill receives a CBO score, the National Home Infusion Association is hoping to get a vote by year-end.



# Provider Competitive Landscape

Acquisition Strategies Addressing Labor Costs and Shortages Valuation Considerations

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## B

## Our Investment Thesis: "Bigger Is Better"

In our view, profitability and valuation in the home and alternate site infusion therapy space is a direct function of a provider's "size" as measured across THREE (3) interrelated dimensions -- 1) economies of scale, 2) breadth of therapeutic offerings, and 3) geographic coverage. In our view, this has been confirmed by take-out valuations in recent months -- e.g., BioMatrix (15x EBITDA), Paragon Healthcare (20x EBITDA), and KabaFusion (20x EBITDA).

#### **Economies of Scale**

We see scale and breadth of services as critical for sustainable financial success. Size and scale translates to greater leverage on operating expenses and fixed infrastructure as well as purchasing power with suppliers, access to labor resources, and a greater ability to generate synergies from acquisitions. Also, size and scale makes it easier for a provider to incrementally take-on risk in value-based reimbursement scenarios. We expect value-based reimbursement to become increasingly commonplace across all of U.S. healthcare, and infusion therapy should be no exception.

#### **Breadth of Therapeutic Offerings**

Having breadth of therapeutic offerings helps to "smooth out" one-off events in specific therapeutic categories and periodic supply chain disruptions that can occur with certain drugs and compounding inputs. The infusion therapy business is in a constant state of flux across dozens of different categories, each with varying competitive dynamics, supply chain issues, growth rates, and profit margins. Novel therapies are regularly being discovered, approved, and introduced, displacing existing therapies. Offsetting new therapies coming to market are subcutaneous administration events, the emergence of oral substitutes, and the approval of generics and biosimilars, among others.

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### Geographic Coverage (Breadth and Density)

We view geographic coverage and density as highly relevant for an infusion provider's relationships with i) payers, ii) referring providers, and iii) biopharma manufacturers. i) Managed care is the largest driver of infusion therapy spending and achieving in-network status with major health plans is a must, particularly as narrow and tiered networks have become common strategies to control costs. ii) Also, geographic density is critical to win referrals from local hospitals and physicians, particularly as it relates to patient transitions from an acute care setting to the home. iii) Finally, having national presence positions an infusion provider as a potential commercialization partner for biopharma manufacturers.

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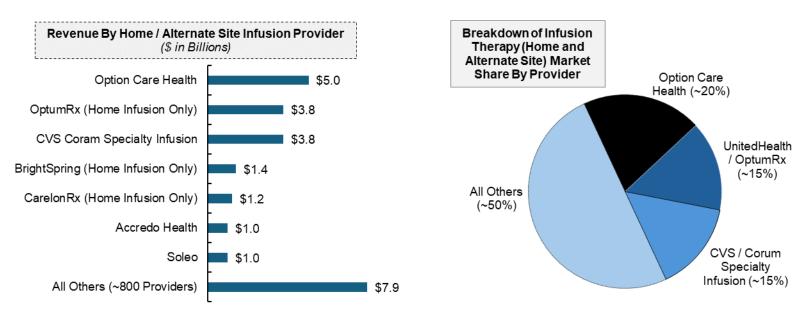
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## Fragmented Landscape of Infusion Therapy Providers

In our view, the marketplace for home and alternate site infusion therapy is highly fragmented, resulting in a suboptimal use of capital and resources. As such, we expect ongoing consolidation of providers in the coming years.

**Option Care Health is the largest provider with ~\$4.7B of annual revenue (we estimate: 20%+ market share)** followed closely by the OptumRx business of UnitedHealth Group (~15%) and the Coram Specialty Infusion business of CVS Health (~15%). Media reports suggest that OptumRx and Coram have recently cut back their home infusion services due to labor and supply cost pressures. Other notable providers include BrightSpring Health (sub-10% market share), the CarelonRx business of Elevance Health (sub-5%), the Accredo Health business of Cigna (sub-5%), and Soleo (sub-5%).

**Outside of the top providers, there are many hundreds of smaller providers.** These smaller providers are able to compete by having strong relationships with local referral sources in specific geographies. That said, lacking scale and geographic coverage ultimately puts these providers in a weak position to sustainably compete long-term.



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Note: Revenue estimates for the home and alternate site infusion therapy services businesses for OptumRx, Coram, CarelonRx, and Accredo Health are Bourne Partners estimates. These revenue figures are not publicly disclosed by the companies. Source: Company reports and Bourne Partners



Note: Excludes larger scaled platforms i.e., the "big four" (Optum, Coram, Option Care, and PharMerica) and small companies isolated within a single state or with less than five locations

# Three Acquisition Strategies

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## Three Consolidation Strategies for Home Infusion Therapy

Mergers and acquisitions are a key tool for home and alternate site infusion providers to build their economies of scale, broaden their therapeutic offerings, and expand their geographic coverage. The importance of size, scale, and breadth of services has been particularly accentuated in recent years by labor cost pressures and supply chain shortages.

We highlight three (3) consolidation strategies for providers of home and alternate site infusion therapy. All three consolidation strategies have merit, in our view, with advantages and disadvantages for each. However, we think creating a national "centers of excellence" for home and alternate site infusion for may create the most value over time.



#### **1. Centers of Excellence**

The "centers of excellence" strategy involves providing *only* home and alternate site therapy services with a focus on having comprehensive therapeutic and geographic coverage.

The advantage of this strategy is that it allows for a razor-focus on operational excellence, and it allows for flexibility to work agnostically with all payers across all referral sources -- i.e., no channel conflicts.

The disadvantage is the potential for suboptimal care coordination.

The primary case study here is Option Care Health (NASDAQ: OPHC).



#### 2. Horizontal Integration

The horizontal integration strategy involves integrating home and alternate site infusion therapy within a broader continuum of complementary healthcare services.

The advantage of this approach is the potential for synergies with respect to referrals and payer negotiations. Also, this allows for more coordinated care, which is advantageous in value-based reimbursement models.

The disadvantage is the potential for a lack of management focus.

The case study here is BrightSpring Health (NASDAQ: BTSG).



#### **3. Vertical Integration**

The vertical integration strategy involves integrating home and alternate site infusion services under captive ownership of a health plan.

The advantage of being owned by a health plan is that it results in a captive and directed flow of referrals.

The disadvantage is the potential of creating channel conflicts and the potential for lost organizational focus.

Key case studies include OptumRx (part of UnitedHealth), Coram CVS Specialty Infusion Services (part of CVS Health), and Paragon Health Services (part of Elevance Health).

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## Thoughts on the "Centers of Excellence" Growth Strategy

The "centers of excellence" growth strategy involves focusing only on home and alternate site therapy with a growth and acquisition strategy predicated on developing comprehensive therapeutic and geographic coverage. Based on our industry conversations, we think it is important for a home and alternate site infusion provider to own/operate its own pharmacies to maximize coordination and communication between pharmacy and infusion nurse staff -- as well as coordination with biopharma manufacturers with respect to developing clinical protocols for complex new therapies.

#### **Advantages**

The advantages of the "centers of excellence" strategy are a razor-focus on operational excellence, and the flexibility to work agnostically across all managed care networks and referral sources -- i.e., in no channel conflicts. This strategy also makes the home infusion provider more attractive to referral sources since network status becomes less of a consideration (headache) for the referring physician. Finally, this strategy avoids provider-to-provider competitive dynamics since the provider would not be wed to any specific health system.

#### **Disadvantages (and Caveats)**

The disadvantage is the potential for suboptimal care coordination. However, we think that the potential for care fragmentation can be mitigated with a modern healthcare IT infrastructure that allows for seamless interoperability of information with third-party software systems. So, as part of this strategy, relationships with information technology and software vendors is key. Historically, interoperability has been a challenge in U.S. healthcare due to "closed" client-server software systems (written in unique programming languages). However, over the past decade, there has been an acceptance and use of cloud computing, which, in turn, has helped to break down the "information siloes" between disparate healthcare organizations. This will be further facilitated by a standardization of APIs as part of the ongoing rollout of the interoperability provisions of the 21st Century Cures Act.

#### Providing Full Continuum of Infusion Therapies with Pharmacy Support Services -- On a National Basis

#### "Acute" Infusion Therapies

Length of Treatment: Less Than One Year Typical Gross Margins: 40%-70% Typical Referral Sources: Hospital Discharge Planners and Physician Offices Sample Therapies: Anti-Infectives, Nutritional Support, Inotropic Therapy, Pain Management, and Hydration Therapy

#### "Chronic" Infusion Therapies

Length of Treatment: More Than One Year Typical Gross Margins: 10%-25% Typical Referral Sources: Physician Specialists Sample Therapies: Immunoglobulin therapies, anti-inflammatory therapies, Crohn's Disease therapies, Multiple Scleroses therapies, and Hemophilia therapies

Addressing Labor Costs and Shortages Valuation Considerations

Appendix

## B

## "Centers of Excellence" Profile

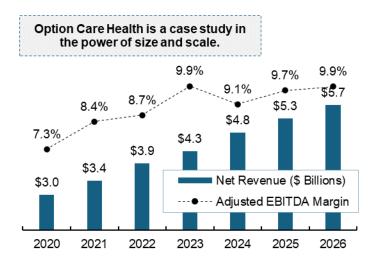


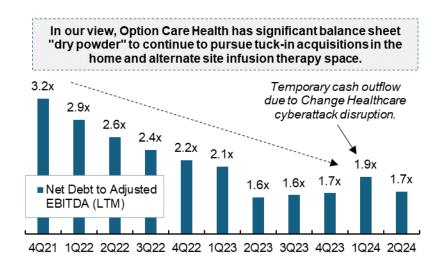
#### **Option Care Health**

In our view, **Option Care Health (NASDAQ-OPCH) is a good case study of the "centers of excellence" growth strategy** in home and alternate site infusion. Today, Option Care is the largest pure-play home and alternate site infusion therapy provider in the United States servicing ~270k patients annually, employing 2,500+ infusion nurses, and managing a network of 167 ambulatory infusion suites. We estimate OPCH holds a market share of ~20%.

Importantly, **Option Care is "in-network" with all the major national health plans**, making the company easy for referral partners to work with. Also, **Option Care has prioritized investments in information technology** including advanced analytics and revenue cycle management automation. Recently, in January 2024, Option Care announced a partnership with Palantir Technologies (NASDAQ-PLTR) to develop and deploy a unified artificial intelligence platform across nurse scheduling, patient onboarding, purchasing optimization, and supply chain execution, among other areas.

By our models, **OPCH has significant balance sheet "dry powder" for tuck-in acquisitions** to continue to fill-in whitespace across its therapeutic offerings and geographic footprint. Tuck-in acquisitions have been a historical focus of Option Care, and the Company has completed six tuck-in acquisitions (average purchase price of ~\$30M) over the past three years. We model OPCH to comfortably be on track to exit 2024 with a net debt ratio of sub-1.0x, below management's stated target net debt ratio of 3.0x-4.0x.





## **Thoughts on Horizontal Growth Strategies**

The horizontal integration strategy involves integrating home and alternate site infusion therapy within a broader continuum of complementary healthcare services -- such as hospital care, specialty pharmacy, community pharmacy, home-based primary care, home health, rehab, and hospice/palliative care (among others).

#### Advantages

The advantage of this approach is the potential for revenue synergies with respect to referrals and payer negotiations. As one example, bundled together, infusion therapy with home health and hospice services can be highly synergistic for assisted living and related long-term care facility referrals. Also, this strategy can lead to more coordinated care, and it potentially positions a provider for success in value-based reimbursement models. Moreover, horizontally consolidated provider organizations can be advantageous with respect to negotiating power with managed care organizations. Finally, for investors, diversification of services can be attractive.

#### Disadvantages

The two major disadvantages of horizontal growth strategies are the potential loss of organizational focus and the potential for channel conflicts with competitive health systems. This is commentary we heard from a variety of industry sources. Also, generally, we find the argument that horizontal integration improves patient care coordination to be less and less relevant in an increasingly cloud and post-Cures Act environment.

Healthcare Continuum (Patient Journey)							
Chronic Therapies, e.g., Imm	<b>c" Infusion Therapies</b> nunoglobulin, Anti-Inflammat Sclerosis, and Hemophilia (et		<b>"Acute" Infusion Therapies</b> Acute Therapies, e.g., Anti-Infectives, Nutritional Support, Inotrop Therapy, Pain Management, and Hydration (etc.)				
Pre-Hospital					Post Acute Care		
Personal Health &	Primary Care Clinic			In/Outpatient Rehab Care	Home Care		
Wellness	Ambulatory Surgery Center	Acute Hosp		Skilled Nursing Facility	Hospice		

Addressing Labor Costs and Shortages Valuation Considerations

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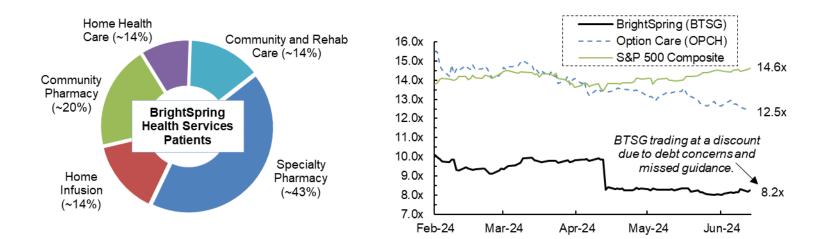
## Horizontal Growth Profile

#### **BrightSpring Health Services**

In our view, BrightSpring Health (NASDAQ-BTSG) is a good case study of the "horizonal" growth strategy in home and alternate site infusion. BrightSpring offers a continuum of home infusion, specialty pharmacy, home health, and primary care to medically complex patients in home and community settings. The vision is to create an integrated experience for patients and referring providers -- as well as a holistic solution for payers in an increasingly value based reimbursement environment. Today, all BrightSpring patients receiving its provider services are also receiving its pharmacy services. Also, management has reported increasing success in its ability to link nursing home discharges who use BrightSpring for pharmacy services to BrightSpring's various provider services businesses.

Since 2019, **BrightSpring has completed almost 60 tuck-in acquisitions (typically sub-\$20M of EBITDA) to "fill out" its service and geographic coverage.** BrightSpring has a track record of being able to cut acquisition multiples by 50% almost immediately/day-one post-acquisition by bringing the acquired company onto its payer and purchasing contracts and by leveraging corporate expenses.

Near-term, **BrightSpring appears focused on reducing balance sheet debt (following its January 2024 IPO)** from a debt ratio of 4.3x exiting 1Q24 to a target ratio of sub-3.0x. Over time, we expect BrightSpring to return to its acquisition growth strategy. In each of its geographies, BrightSpring seeks to have fully integrated home-based primary care, home infusion, home health, rehab, and hospice/palliative care.



Addressing Labor Costs and Shortages Valuation Considerations

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## **Thoughts on Vertical Growth Strategies**

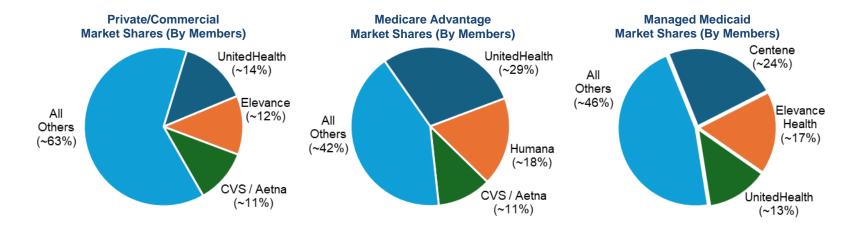
The vertical integration strategy involves integrating home and alternate site infusion services under the captive ownership of a health plan. Consolidation between payers and providers has been a trend throughout U.S. healthcare in recent years, and a handful of large health plans, such as UnitedHealth Group, CVS Health, Elevance Health, and Cigna have built sizeable captive home and alternate site infusion operations through acquisitions.

#### **Advantages**

For the home and alternate site infusion therapy provider the advantage of being owned by a health plan is a captive flow of patient referrals to service. Also, health plans see owning home and alternate site infusion providers as a way to improve performance in value-based reimbursement arrangements by being able to direct the flow of patients to lower cost settings, ensure better medication adherence, and improve care coordination.

#### **Disadvantages**

The disadvantages of vertical integration are the potential for channel conflicts with other health plan networks and the loss of organizational focus. In particular, the potential loss of access to *other* health plan networks could be very limiting to a payer-owned provider's growth prospects. Moreover, in our view, payer-owned infusion therapy providers still need to be competitive within their own networks. Health plans compete based on network access, including being able to offer members multiple provider options and support their preferences for specific providers. As such, captive home and alternate site infusion providers still must compete based on their cost of care, their ability to generate positive patient experiences, and their ability to document good clinical outcomes. Finally, payers need to be careful to not be perceived as compromising care by internal pressures to save money.



Addressing Labor Costs and Shortage Valuation Considerations

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## **Multiple Vertical Growth Case Studies**

Monitoring the financial success of vertical growth strategies is difficult given the lack of disclosed data. However, we have not seen/heard any empirical evidence of vertical integration strategies impacting the market shares of the various independent providers we have spoken with. Altogether, we think independent providers should be able to hold their market share against captive payer businesses by being able to demonstrate and document the value that they bring to payers with respect to cost of care, patient satisfaction, care coordination, and quality of care. In many cases, a third-party independent provider might have the ability to operate more efficiently than a health plan's captive provider.



UnitedHealth Group (UNH) offers home and alternate site infusion therapy to patients through its OptumRx subsidiary.

UNH does not disclose financial details on a business-by-business basis, but we believe that OptumRx has ~15% market share in home and alternate site infusion.

In February 2023, UNH acquired LHC Group, and in June 2023, UNH announced plans to acquire Amedisys. We estimate LHC Group and Amedisys, together, would add up to a high single digit market share in the home health space and a low single digit market share in the hospice space.

The Amedisys and LHC Group acquisitions would also create meaningful horizontal revenue and cost synergies over time with the OptumRx home and alternate site infusion services business.

### ♥CVSHealth

CVS Health has offered home and alternate site infusion therapy through its Coram CVS Specialty Infusion Services subsidiary for well over a decade.

CVS Health does not disclose financial details on a business-by-business basis, but we believe that Coram CVS Specialty Infusion Services has a ~15% market share in home and alternate site infusion.

This business originated with CVS Health's January 2014 acquisition of Coram, the specialty infusion services and enteral nutrition business of Apria Healthcare Group.

Following the acquisition of Coram, CVS Health closed the acquisitions of ABD Group and the specialty pharmacy business of Premier (PINC-NASDAQ).

### Elevance Health

Elevance Health (ELV) recently made a big move into the home and alternate site infusion therapy space in March 2024 by acquiring Paragon Healthcare.

This acquisition complements ELV's February 2013 acquisition of BioPlus, a specialty pharmacy for patients living with chronic conditions. Paragon Healthcare will be housed in CarelonRx, the pharmacy services business unit of ELV.

Across its providers, ELV spends ~\$16B annually on infusion therapy, of which ~50% occurs in hospital settings. Moving ~10% of this spend to lower cost settings could save hundreds of millions per year.

To facilitate this, ELV is building out Paragon's existing ambulatory infusion sites in 2024 and 2025. The question is: how effective can ELV be in directing members to lower cost settings.

# Addressing Labor Costs and Shortages

Acquisition Strategies Addressing Labor Costs and Shortages Valuation Considerations

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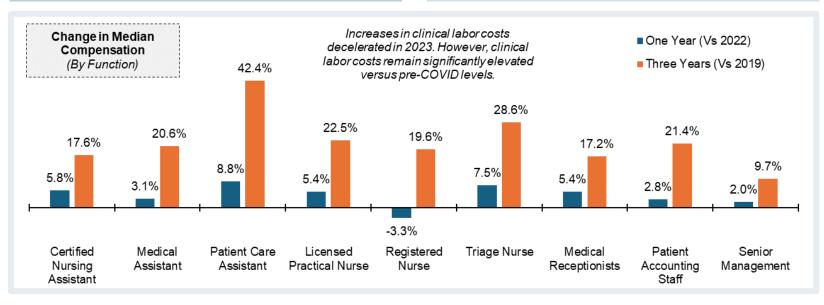
## **Three Strategies to Address Nursing Labor Shortages**

Looking ahead, the main limiting factor to growth for a home and alternate site infusion therapy provider is access to (and retention of) labor.

Home and alternate site infusion therapy is a labor-intensive activity, in some cases requiring a 1-to-1 nurse-to-patient ratio. As such, much of a provider's growth prospects is a direct function of its ability to **optimize labor productivity** (and minimize turnover).

Adding to this, **infusion nurses require specialized training**, and this often results in infusion nurses commanding premium compensation -- of as much as 10%-20% -- versus a generic registered nurse. Our vertical research suggests THREE (3) "levers" for a home and alternate site infusion provider to fully leverage and retain its existing staff.

- Providers should invest in the latest in artificial intelligence software and information technology to optimize staffing and maximize patient capacity.
- 2) Providers should collaborate with payers to "steer" patients towards **ambulatory infusion suites** where greater economies of scale can be achieved.
- Providers should look to "smart" medical devices and remote monitoring technologies to get more scale out of their nursing labor.



Addressing Labor Costs and Shortages Valuation Considerations

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## Al and Machine Learning to Optimize Labor

**Providers should consider investing in the latest in artificial intelligence software and information technology** to optimize limited nurse staffing resource and maximize patient capacity/throughput.

All providers of home and alternate site infusion therapy are bottlenecked, to some degree, by suboptimal use of limited nurse labor as well as by poor interoperability with third-party EHR software systems. Case studies show that the adoption and use of artificial intelligence and machine learning technologies can add 15%+ to run-rate patient volumes, reduce overtime staffing by 50%, and lower patient wait times by as much as 30%.

Today, many providers of home and alternate site infusion therapy are still operating using manual/legacy processes (e.g., excel spreadsheets). This is increasingly untenable in the face of double-digit patient volume growth. Adding to this, many capacity expansion plans were paused during the COVID-19 pandemic resulting in many providers still being in "catch up" mode with their expansion plans.

**Front-desk staff are often pressured to accommodate patient scheduling preferences** in the hope of generating positive experiences. However, in the "real world" of patient cancellations, late arrivals, and medical complications, this can lead to long wait times, frustrated nurses, and dissatisfied patients. Infusion centers can use AI/ML to anticipate patient no-shows, when hot spots are likely to occur, and where to steer add-ons within a network of infusion centers.

#### Snapshot of Day-to-Day Infusion Center Operations (Survey Data)

40%	of infusion centers say <b>the biggest barrier to</b> <b>days running smoothly is unbalanced schedules</b> with too many mid-day patients	64%	of infusion centers say <b>staffing shortages are</b> <b>causing higher nurse-to-patient ratios and</b> <b>longer wait times</b>			
<b>49</b> %	of infusion centers are <b>pursuing growth</b> <b>and expanding their service lines</b> , a shift away from pandemic restrictions	40%	of infusion centers say the biggest gap in using data for operational decision making is <b>data being difficult to access</b>			
51%	of <b>infusion centers experience overbooking</b> frequently, very frequently or almost always	31%	of infusion centers would consider using AI to improve their operations but they do not know of any tools that do so			

Acquisition Strategies

Addressing Labor Costs and Shortages Valuation Considerations

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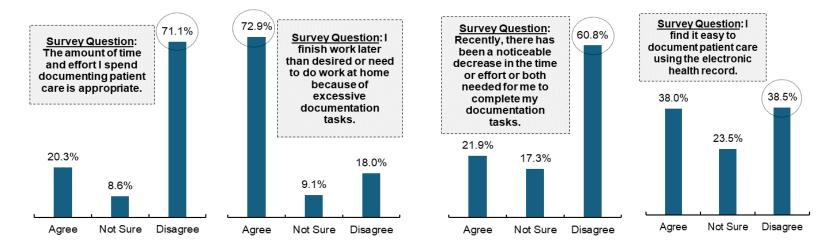
## **Artificial Intelligence to Increase Staff Retention**

Adoption of modern artificial intelligence software can potentially improve nurse satisfaction -- and retention rates. Surveys show that a major source of nurse/clinician burnout (and turnover) is repetitive administrative workflows.

**Effective digital automation requires seamless interoperability** with third-party EHR software. Many providers we have spoken with have reported significant challenges with respect to accessing the clinical data, necessitating double data entry and repetitive documentation. This can undermine productivity gains from modern information technology.

We see revenue cycle and supply chain management as particularly "ripe" for automation. Infusion drugs are relatively expensive, and they often involve more prior authorization documentation than the average script. We see the recent advances in generative AI and large language models having use cases here. Further, providers struggle with manual inventory management and vial scanning. This makes it more difficult to determine which patient received a specific unit of medication on any treatment record. In both cases, legacy processes, including manual communication and paper-based workflows, can result in treatment delays, greater room for error, and poor use of nurse time.

We think that providers should take care to build in some redundancy with their technology platforms to avoid extensive downtime from cybersecurity incidents. This was highlighted by a major cyberattack on Change Healthcare in early/mid 2024. This led to many infusion providers having to revert to manual revenue cycle workflows in patient registration, refill administration, benefit verification, and payer authorization.



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## Labor Productivity Gains can Translate to Significant EBITDA

Financially, modest gains in labor productivity can translate to material increases in operating profits (EBITDA) and valuation. This is due to the economies of scale on the ~25%-35% of a provider's costs and expenses that are often labor and/or fixed in nature. (The largest absolute cost for a provider is the drugs themselves -- a variable cost).

Situations will vary significantly from provider to provider, but **we have seen 20% labor productivity gains, over time, through the optimized use of artificial intelligence software and information technology.** Recent studies on nurse workflow suggest that as much as 40% of a nurse's time is spent on activities that could be automated with information technology. This would include documentation, which often accounts for ~10%-20% of a nurse's workday. Also, surveys suggest that another 5%-10% of a nurse's workday consists of assessments, admissions/intakes, vitals charting, and other manual activities --- many of which can be automated. Finally, running down information on a patient medical profile can account for another ~5%-10% of a nurse's time.

In our view, **providers of infusion should maximize their "speed to value" by procuring from specialized third-party software/data vendors** -- rather than developing in-house. Current electronic health record (EHR) software vendors are helpful aggregating and organizing patient data to create reports on past/present performance. However, their software is not designed to manage the data needed to optimize labor resources and/or make predictions using probability theory or simulation algorithms. This is consistently reported by surveys on the topic.

		P	roductivity G	ain	
Scenario Analysis	Before	+10%	+20%	+30%	The use of artificial intelligence software
Net Revenue	100.00	110.00	120.00	130.00 <	can increase labor productivity, allowing for 10% to 30% higher patient census
Gross Profit	\$25.00	\$29.00	\$33.00	\$37.00	(without additional headcount).
Gross Margin	25.0%	26.4%	27.5%	28.5%	
					The economies of scale of a 20% gain in
less: Fixed Overhead Expenses	(15.00)	(15.00)	(15.00)	(15.00)	labor productivity can translate to upward
Operating (EBITDA) Profit	\$10.00	\$14.00	\$18.00	\$22.00	of a 50% increase in EBITDA (and enterprise valuation). This assumes ~259
Operating (EBITDA) Margin	10.0%	12.7%	15.0%	16.9%	of direct costs are fixed (labor) and ~100 of operating expenses are fixed.
x Scenario Multiple of EBITDA	13.5x	13.5x	13.5x	13.5x	
= Scenario Valuation (Ent Value)	\$135.00	\$189.00	\$243.00	\$297.00	

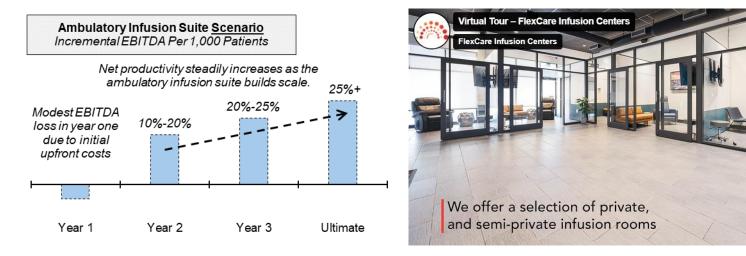
## Using Ambulatory Infusion Centers to Better Scale Labor

**The use of ambulatory infusion centers (AICs) still appears to be in its "early innings"** -- according to AIC providers we have spoken with. AIC providers should focus on educating health plans on their cost and quality advantages (vs local physician practices) and collaborate on strategies to appropriately "steer" patients towards their locations.

**Ambulatory infusion centers (AICs) generate significant labor efficiencies** with upwards of 20%-30% net efficiency gains within 24 months (net of the costs of running the suite -- e.g., rent, utilities, etc) and with reimbursement in line with that for home infusion. Also, these ambulatory infusion centers require only minimal capital to build -- \$150k-\$350k each.

Also, providers have highlighted that offering patients the option of being treated at the home or at an AIC results in higher net promoter scores. Successful case studies, such as FlexCare Infusion Centers, have specifically designed their AICs to be comfortable and personalized with easy parking, short wait times, and flexible schedules. In many cases, we have heard that a significant percent of patients actually prefer to receive their infusions at an AIC (vs at home).

Finally, **ambulatory infusion suites can expand the scope of therapies that a provider can address.** This includes more complex therapies and treatments for frail and elderly patients who require greater supervision. Also, it allows for providers to economically offer low-cost treatments that might not make sense for home care.



Competitive Landscape Acquisition Strategies

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## **Smart Infusion Pumps and Cloud Connected Devices**

In our view, home and alternate site infusion therapy providers should look to leverage "smart" medical devices and remote monitoring technologies to get more economies of scale out of nursing and clinical labor.

Today, "smart" infusion pumps are standard of care for critical and acute care patients (90%+ adoption). These "smart" pumps include pre-programmed libraries of standardized dosing for common therapies, dose error reduction software, and guidance technologies that help guide the nurse to the optimal location to insert a vascular access device. However, we still see innovation with respect to usability, e.g., intuitive programming and interfaces for nurses (who may not be trained with technology), interoperability with electronic health record software, and analytics.

Outside of inpatient settings, **we see opportunities for infusion providers to take advantage of remote monitoring technologies.** The COVID-19 pandemic resulted in more openness and acceptance of virtual care by both physicians and patients. New cloud-connected infusion pumps allow for the extraction of therapy data via a mobile or web app, which, in turn, can be transmitted to nurses to monitor the progress of a patient's therapy. Essentially, providers can remotely view the same data they would have collected inperson and make therapy adjustments faster than before, pre-empting a hospital readmission. This can be further augmented with telehealth, allowing for real-time engagement.

**Other areas of recent remote infusion therapy innovation include patient usability and geolocation.** There has been focus on patient-friendly interfaces since home infusion equipment can be difficult for patients to operate, leading a patient to become nonadherent to a treatment plan. Also, many remote infusion pumps now include geolocation technology to help providers recover the almost 10% of at-home equipment that is lost each year after treatment.

#### Select Manufacturers





#### **Eitan Medical**

#### Eitan Insights<sup>®</sup>

Eitan Insights<sup>®</sup> is a cloud-based digital health software suite that captures and analyzes pump data. Insights can receive data remotely from the Avoset pump or with the Sapphire Infusion pump through Sapphire Connect<sup>®</sup>, a plug-and-play universal cellular communication accessory.



# Valuation Considerations

Valuation Considerations

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## Impressive Recent Take-Out Valuations for Quality Assets

We have seen FOUR (4) impressive acquisitions in the home and alternate site infusion space over the past 24 months -- each of which was priced in the 14x-20x EBITDA range. This is above the prior five-year average of ~13.7x.

In our view, these elevated take-out multiples confirm the value of a national, therapeutically diverse home and alternate site infusion business model -- e.g., the acquisitions of Infusion Associates (14x+ EBITDA), BioMatrix (15x EBITDA), and KabaFusion (20x EBITDA). Also, the acquisition of Paragon Healthcare (20x EBITDA) highlights the strategic value of home and alternate site infusion platforms to large managed care organizations.

Finally, more generally, we think that the relatively strong valuations we have seen post-COVID reflect an increased 'cultural' acceptance of home and community-based care by both physicians and patients. Patient convenience is particularly relevant for an aging population with a more limited ability to travel.

Date			Transaction		Transaction
Announced	Acquisition Target	Acquiror	Value (TV)	EBITDA	Value / EBITDA
07/09/24	Infusion Associates	Vivo Infusion	\$215	\$15	14.3x
06/25/24	BioMatrix	Frazier Healthcare Partners	450	30	15.0x
06/10/24	Apex Infusion	FFL Partners	n/a	n/a	n/a
05/28/24	ContinuumRx	California Specialty Pharmacy	n/a	3	n/a
01/04/24	Paragon Healthcare	Elevance Health	1,000	50	20.0x
09/22/22	KabaFusion	Novo Holdings	1,000	57	17.5x
08/15/22	Rochester Home Infusion	Option Care Health	27	2	13.5x
02/24/22	American Outcome Management	Ridgemont Equity Partners	170	18	9.4x
08/25/21	Promptcare	Waud Capital	400	36	11.1x
09/15/20	Paragon Healthcare	Peak Rock Capital	263	25	10.5x
12/09/19	Diplomat Pharmacy	OptumRx	869	97	9.0x
03/15/19	BioScript	Option Care Health	3,682	210	17.5x
01/24/19	KabaFusion	PPC Partners	n/a	n/a	13.0x
04/19/18	Atlus Infusion	Undisclosed	n/a	n/a	9.5x

Average (Arithmetic Mean)	13.7x
Average (Median)	13.5x

Source: Axios, S&P Global Market Intelligence, and company filings (collected as of August 5, 2024).

Valuation Considerations

Appendix

## Premium Valuations for Home and Community Healthcare

**Providers of home and community-based care (e.g., home infusion) tend to trade at a premium** to providers of more traditional facilities-based care due to their 1) superior growth prospects and 2) relatively "capital lite" balance sheets.

		Enterprise	Projected CY2025		Projected CY2025			Debt
Company Name	Ticker	Value	Revenue	Growth	EBITDA	Growth	Multiple	Ratio
Home and Community Based Care								
Addus HomeCare Corporation	ADUS	\$2,092	\$1,207	5.1%	\$143	6.1%	14.7x	-0.9x
Amedisys, Inc.	AMED	3,533	2,514	6.8%	276	7.2%	12.8x	1.2x
Aveanna Healthcare Holdings Inc.	AVAH	2,184	2,074	4.8%	165	8.8%	13.2x	8.9x
BrightSpring Health Services, Inc.	BTSG	4,833	11,638	8.3%	618	7.1%	7.8x	4.7x
Encompass Health Corporation	EHC	11,316	5,779	8.9%	1,152	8.8%	9.8x	2.4x
The Ensign Group, Inc.	ENSG	9,490	4,612	9.6%	528	10.8%	18.0x	2.8x
Option Care Health, Inc.	OPCH	5,984	5,225	8.3%	494	11.3%	12.1x	1.7x
The Pennant Group, Inc.	PNTG	1,221	683	7.9%	56	13.6%	21.8x	6.1x
Select Medical Holdings Corporation	SEM	9,137	7,313	4.2%	934	7.0%	9.8x	5.2x
U.S. Physical Therapy, Inc.	USPH	1,496	681	5.3%	90	6.7%	16.6x	1.3x
Average (Mean)				6.9%		8.7%	13.7x	3.3x
Average (Median)				7.3%		8.0%	13.0x	2.6x
Facilities Based Care								
Acadia Healthcare Company, Inc.	ACHC	\$8,521	\$3,533	10.2%	\$826	10.4%	10.3x	2.3x
Brookdale Senior Living Inc.	BKD	φ0,321 5.834	3,301	5.1%	422	8.9%	13.8x	2.5× 10.5x
Community Health Systems, Inc.	CYH	12,806	13,097	4.1%	1,652	6.1%	7.8x	7.4x
DaVita Inc.	DVA	23,689	13,214	4.2%	2,730	3.7%	8.7x	4.2x
HCA Healthcare, Inc.	HCA	133,826	74,626	4.2 <i>%</i> 5.5%	14,670	5.3%	9.1x	4.2x 2.9x
Pediatrix Medical Group, Inc.	MD	1,302	2,059	0.8%	212	3.8%	6.2x	2.7x
RadNet, Inc.	RDNT	5,410	1,890	9.0%	305	10.9%	17.8x	3.3x
Surgery Partners, Inc.	SGRY	6,838	3,345	9.3%	572	12.5%	12.0x	5.3x
Tenet Healthcare Corporation	THC	24,115	21,697	4.0%	4,027	2.9%	6.0x	2.5x
Universal Health Services, Inc.	UHS	19,134	16,576	4.0 <i>%</i> 5.7%	2,324	5.2%	8.2x	2.0x 2.1x
Average (Mean)		·		5.8%		7.0%	10.0x	4.3x
Average (Median)				5.3%		5.7%	8.9x	3.1x

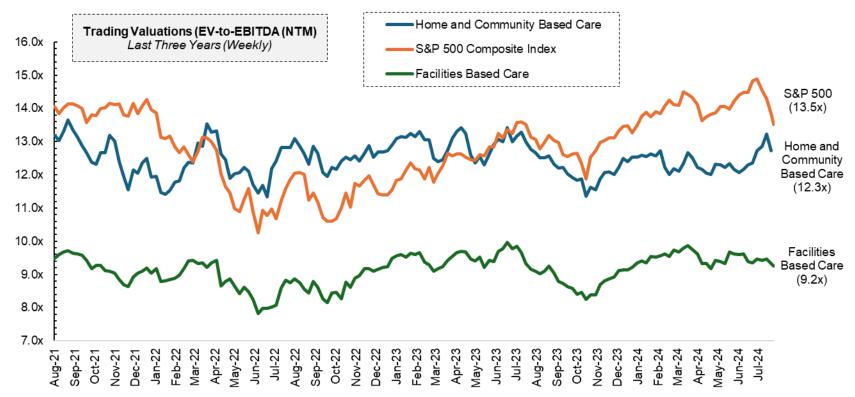
Source: S&P Global Market Intelligence (as of August 5, 2024).

Key IndustryCompetitiveAcquisitionAddressing LaborValuationGrowth DriversLandscapeStrategiesCosts and ShortagesConsiderations

### **Consistent Premium Valuations Over Time**

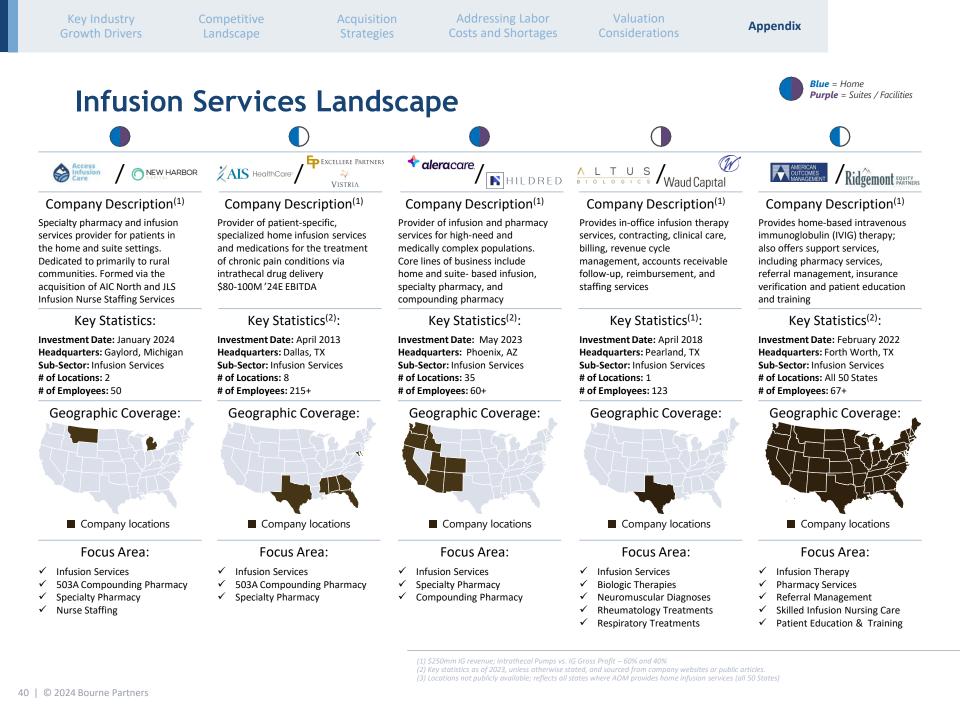
**Providers of home and community-based care (including home and alternate site infusion), as a group, have traded consistently in the 11x-15x range** (currently: 13.2x), on an EV-to-NTM EBITDA basis. This is roughly in line with the broader S&P 500 trading averages. We attribute the recent relative outperformance by the S&P 500 in 2024 to a small group of stocks exposed to artificial intelligence -- e.g., Microsoft, Apple, Nvidia, Alphabet and Amazon.com.

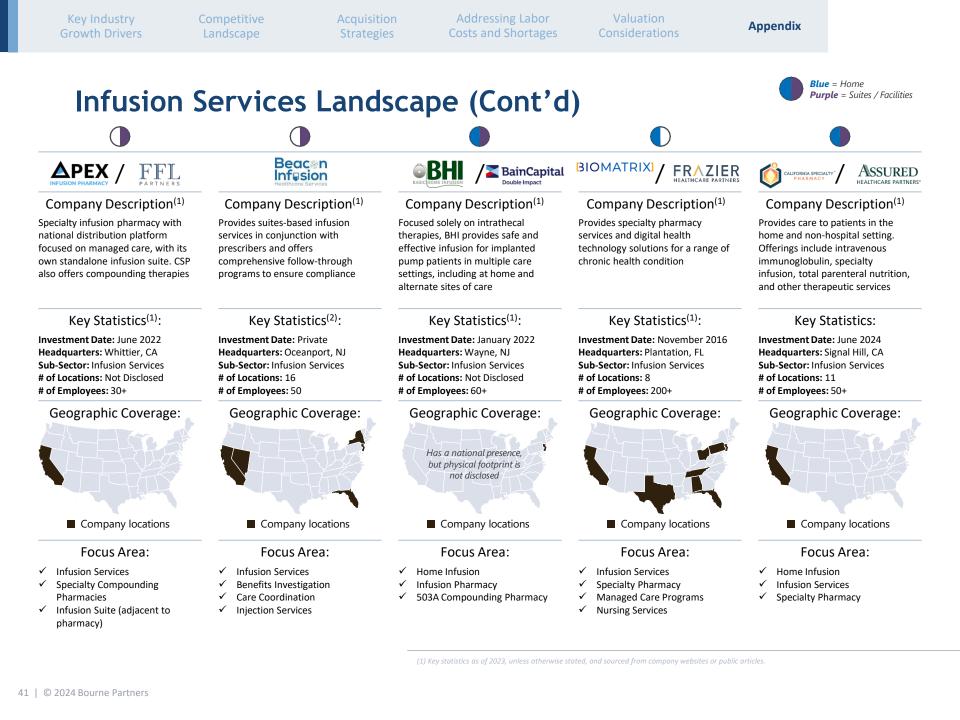
Of note, home and community-based stocks have consistently traded at a 35%+ premium to more traditional facilities-based care providers. In our opinion, this reflects superior growth expectations as well as the "capital light" nature of home and community business models in a higher interest rate environment.

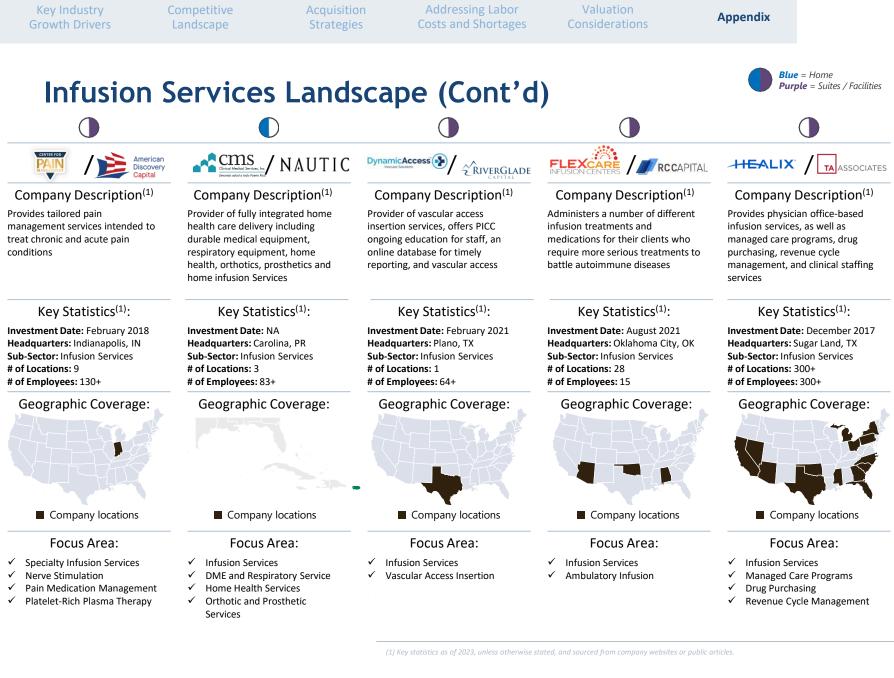


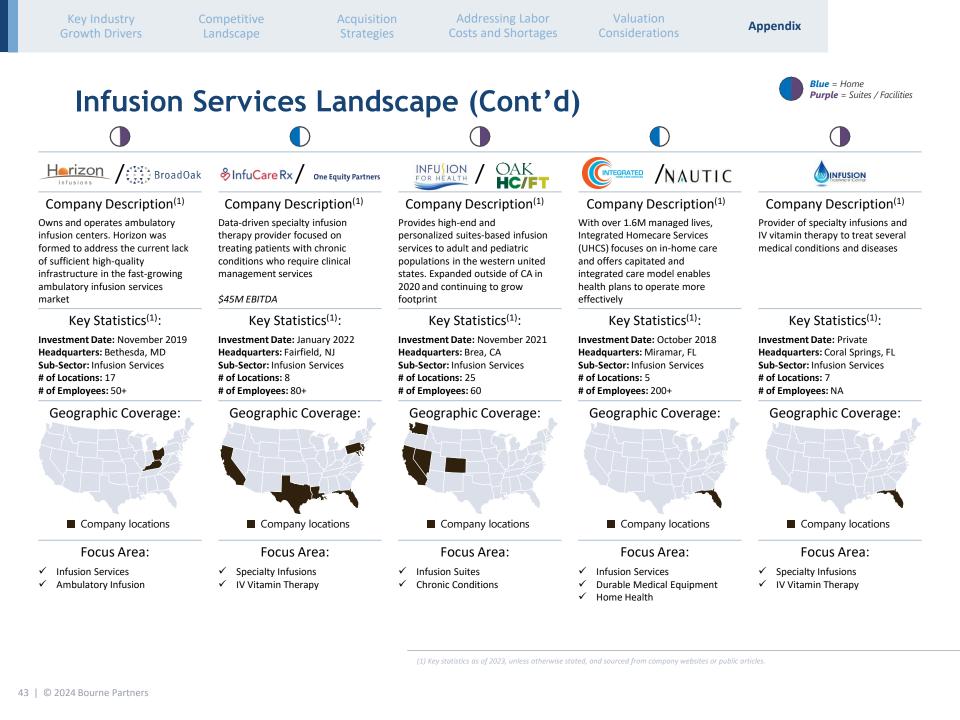
Note: A breakdown of each of the indices above is outlined on Slide 37. Source: S&P Global Market Intelligence (as of August 5, 2024).

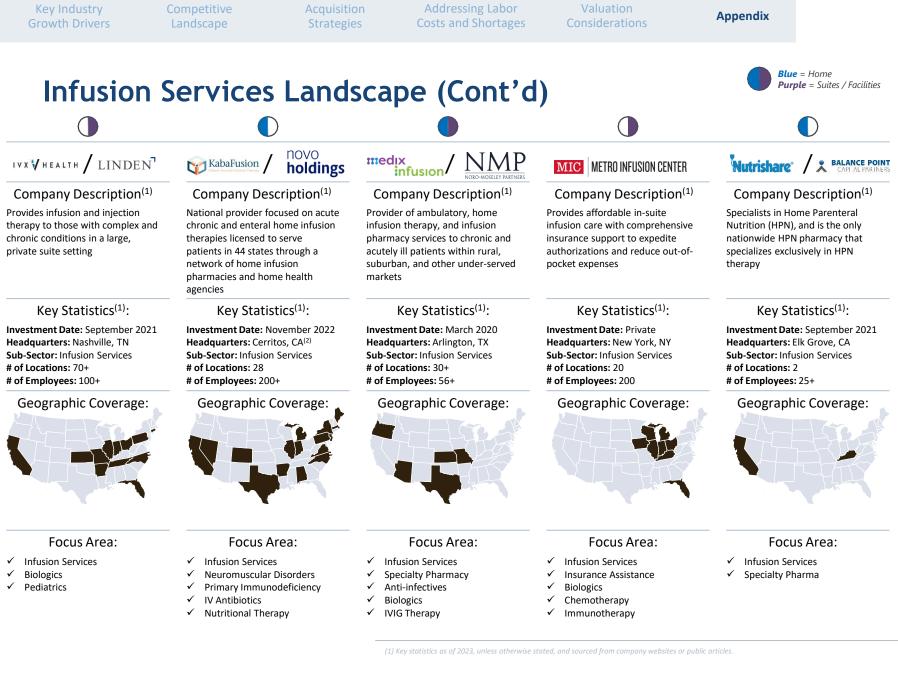
# Appendix 1 Company Snapshots

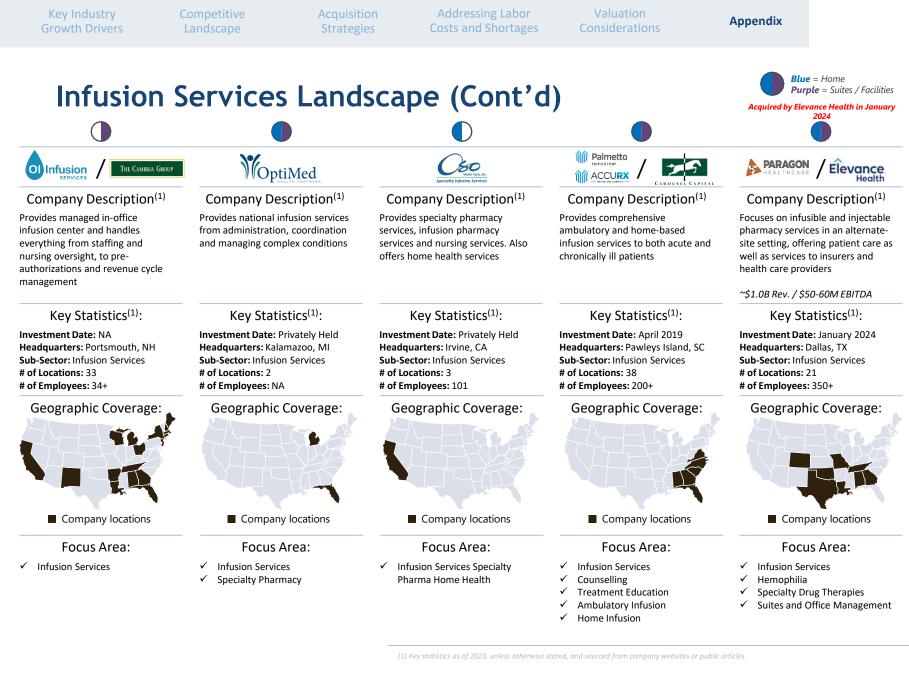


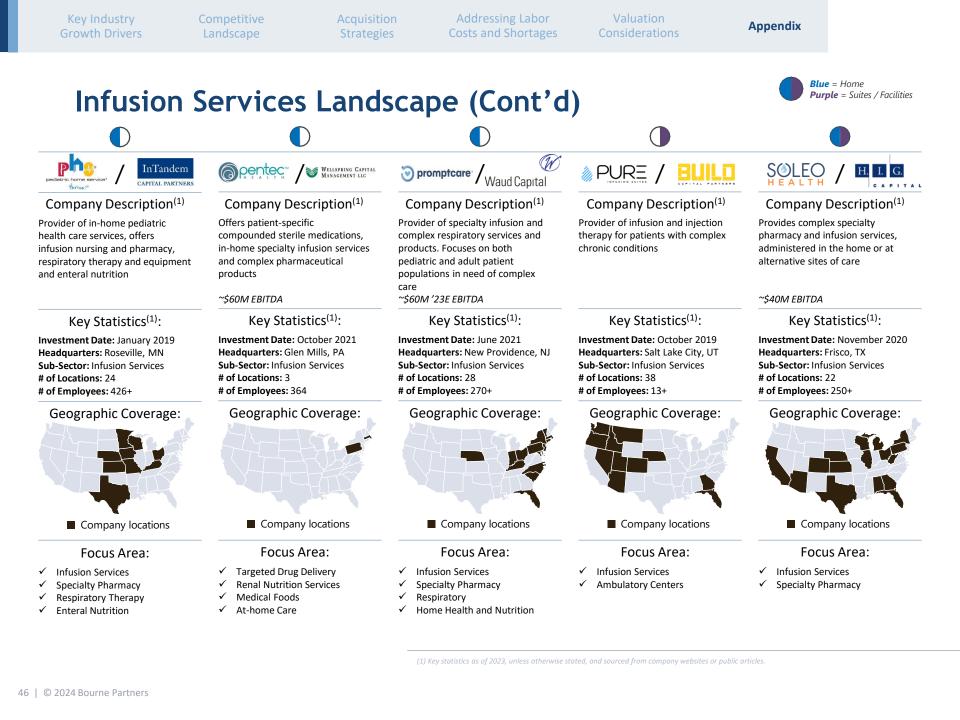


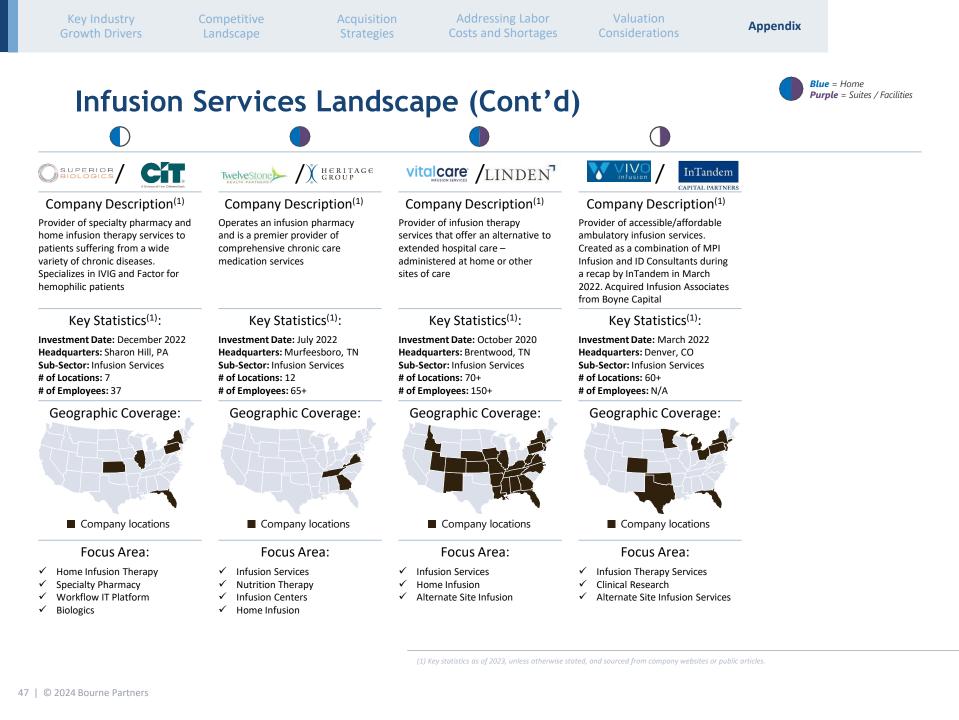












## **Appendix 2** Bourne Partners Overview

Addressing Labor Costs and Shortages Valuation Considerations

Appendix

## B

## **Bourne Partners Overview**

#### **Our Service Offering**

For over twenty years, Bourne Partners has focused exclusively on providing investment banking advisory services and making direct investments in the Pharmaceutical, Pharma Services, Pharmacy Services, and Consumer Health and Wellness industries. Since 2015, we have successfully executed on **over \$10B** in transactions, having worked with many leading companies and private equity investors in these core focus areas.

#### Value Beyond the Deal

#### **Total Perspective**

Experience advising, investing in, building, operating, buying, and selling companies Unmatched 360° perspective for every project

#### **Uncompromised Service**

Direct involvement of senior management throughout process High level of attention regardless of transaction value

#### **Global Reach**

Experience working with companies around the globe Extensive network of potential international buyers

#### **Investment Banking**

#### **Mergers and Acquisitions**

Sell-side and buy-side assignments Transaction Experience: \$10M - \$3.5B

Capital Sourcing Debt / Equity / Hybrid \$10 - \$500 million raises

#### **Business Development Support**

Development stage and approved products Local and international

#### **Geographic Coverage**



#### **Sector Expertise**

Pharma & Life Sciences Pharma Services



Consumer Health

Addressing Labor Costs and Shortages Valuation Considerations

Appendix

## Bourne's Leadership in Pharmacy and Infusion Therapy

#### **Proven Expertise**

Over recent years, Bourne has successfully completed numerous key transactions, solidifying its position as a leading M&A advisor in the sector.

#### **Relevant Blinded Engagements**

#### Bourne's Value Add



Project Nirvana Operator of California-based sterile 503B outsourcing facility. Sell-Side Advisory Project Alchemy Major 503A player focused on dermatology, mitochondrial diseases, and hair loss. Sell-Side Advisory



Unmatched industry expertise and strong relationships with counterparties

Expert-level attention from senior bankers throughout the process



Bespoke process strategy and comprehensive outcome evaluation



Negotiating favorable deal terms and economics on a swift timeline

#### **Representative Completed Transactions**



Note: Includes transactions completed at prior firms

Key Industry Growth Drivers	Competitive Landscape	Acquisition Strategies	Addressing Labor Costs and Shortages	Valuation Considerations	Appendix	

### The Bourne Team

Senior Leadership





**Banks Bourne** Founder & CEO

Jeremy Johnson Senior Managing Director



**Aaron Olson Managing Director** 



**Xan Smith** Managing Director



**Todd Bokus** Director



**Robert Stanley** Director

#### Strategic Advisory & Administration











Matt **Bullard Strategic Advisor** 



**Strategic Advisor** 

Bruce Montgomery **Strategic Advisor** 

Paul Campanelli Strategic Advisor

Martin Zentgraf Strategic Advisor

Minor Hinson CIO, BPSC

#### Chris Inklebarger **Chief Operating Officer**

Calli Lewis Chief of Staff

#### Support Team



Addressing Labor Costs and Shortages Valuation Considerations

Appendix

B

## **Thought Leadership**

#### **Bourne Perspective**

After 20+ years of exclusive industry and capital markets coverage, we know the space and we are committed to providing actionable insights to our clients. We provide cutting-edge thought leadership on all things Pharma, Pharma Services, and Consumer Health.

Through leveraging resources and insights of both Bourne Partners Strategic Capital and Investment Banking divisions, **we provide differentiated perspectives to our clients from our unique vantage point**. Our goal is to deliver heavy-hitting, timely reports in an easy-to-read format tailored specifically for executives within our industry coverage.





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