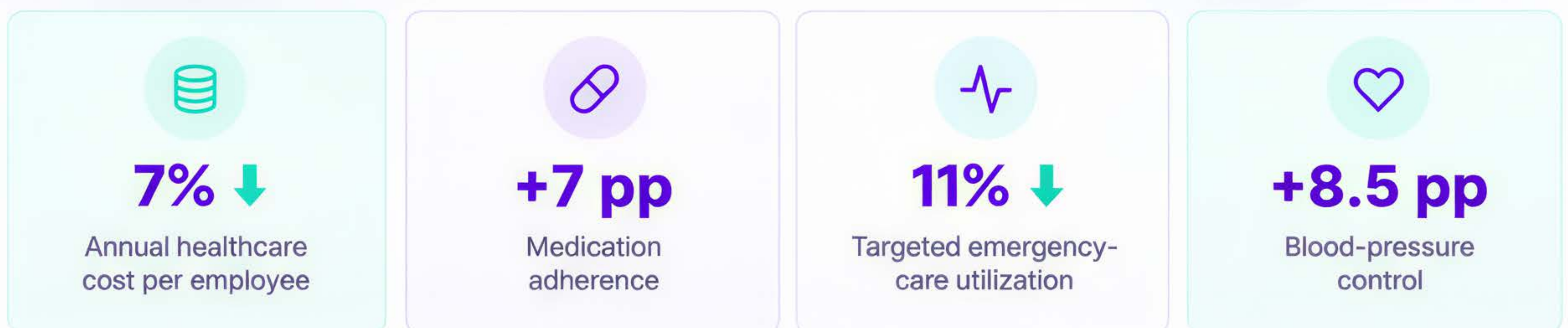


INTEGRATED ONSITE CARE

How a connected workforce-health model can lower annual cost per employee — while improving adherence and clinical control.

Hospitalia connects onsite medical care, chronic-disease management, diagnostics, digital follow-up and home nursing within one managed operating model.



NO PROPORTIONAL INCREASE IN THE EMPLOYER'S INTERNAL HEALTHCARE TEAM.

[Build Your Corporate Health Model →](#)

[Talk to Hospitalia →](#)

FROM HEALTHIER
PEOPLE TO STRONGER
ORGANIZATIONS

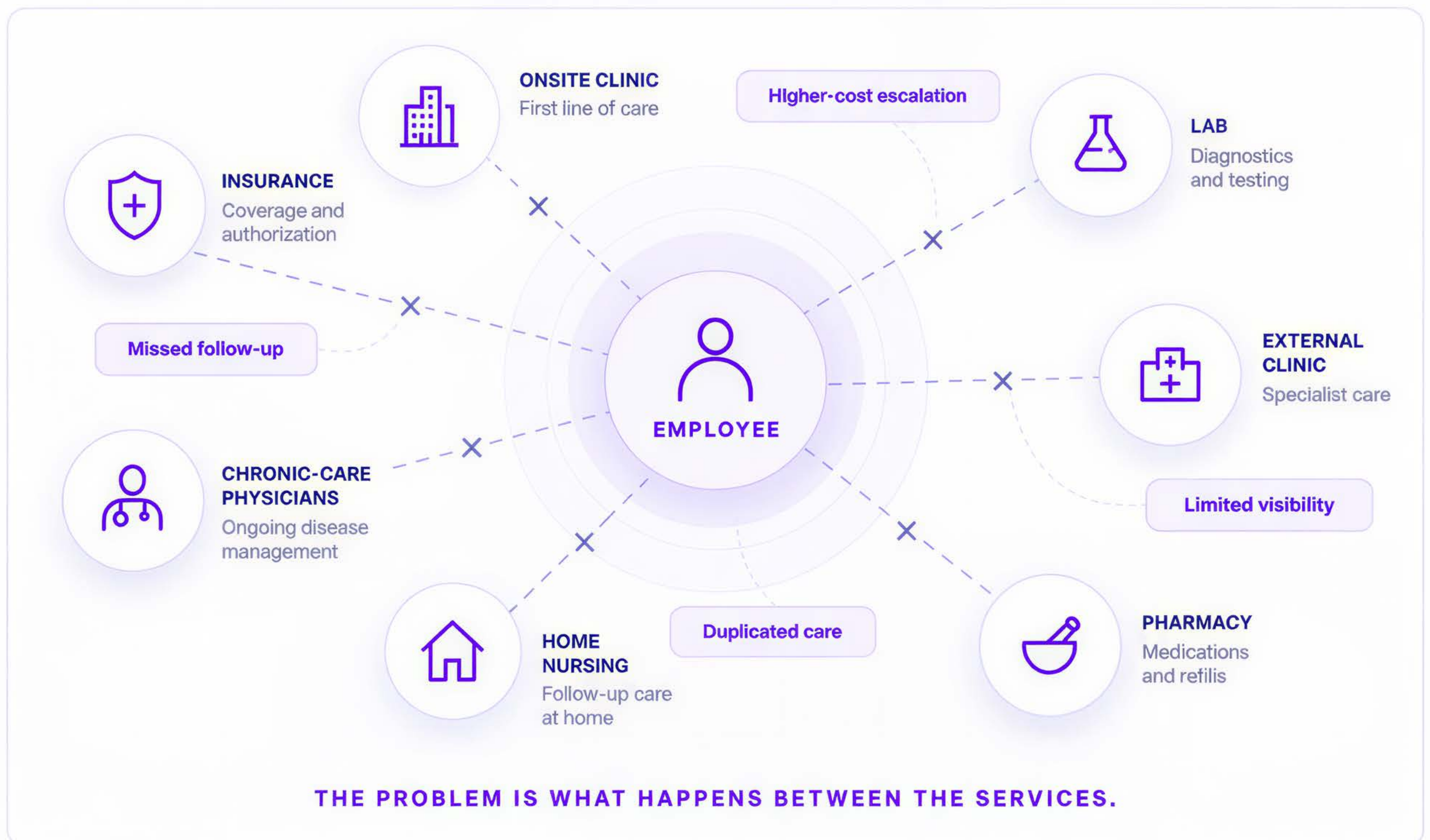
Benchmark methodology: Illustrative scenario based on published regional clinical baselines and international evidence. Results are not from a specific Hospitalia client and may vary based on workforce risk profile, utilization, benefit design and implementation maturity.

01 — THE BUSINESS PROBLEM

More healthcare services don't necessarily create better healthcare.

Fragmentation is not a service problem. It is a journey problem.

Employees navigate a complex and disconnected set of healthcare services, leading to gaps in care, duplicated services and higher costs — without achieving better outcomes.



REGIONAL CONTEXT

— A HEALTHIER WORKFORCE. A STRONGER TOMORROW.

62%



Approx. adherence reference among people with type 2 diabetes in North African studies.

MEDICATION ADHERENCE

36.8%



Pooled BP control among hypertensive patients with diabetes across Eastern Mediterranean studies.

BLOOD PRESSURE CONTROL

64%



Share of deaths in Egypt attributable to noncommunicable diseases in WHO 2021 country estimate.

NCD BURDEN IN EGYPT

These figures establish the opportunity context; they are not Hospitalia client outcomes.

One connected healthcare ecosystem.

Hospitalia keeps the employee anchored while care settings reorganize around one coordinated journey.

BEFORE

Fragmented care creates gaps, higher costs and poorer outcomes.

Employees navigate a complex, disconnected system with multiple handoffs. Follow-up depends largely on the employee, which often leads to care gaps, delayed treatment and potential deterioration.



AFTER HOSPITALIA

A connected journey. Better care. Lower cost.

Employees enter a unified ecosystem with coordinated care across onsite, digital and home settings, with the right escalation at the right time.

- Enters Hospitalia ecosystem
Employee feels unwell
- Onsite assessment
Initial evaluation at work
- Clinical triage
Right care, right setting
- Risk stratification
Identify needs and prioritize care
- Diagnostics coordination
Streamlined, connected diagnostics
- Treatment
Evidence-based care
- Chronic-care enrolment
For ongoing needs
- Digital follow-up
Continuous engagement
- Home nursing
When appropriate
- Specialist escalation
Only when needed



Same employee.
Shorter paths.
Closed care loop.

RIGHT CARE
RIGHT PLACE
RIGHT TIME
BETTER OUTCOMES

HOSPITALIA OPERATING MODEL

Every setting connected around the employee.

One orchestration layer connects onsite care, chronic care, diagnostics, digital follow-up, home nursing and referral networks — powered by a population health layer.



04 — THE FINANCIAL IMPACT

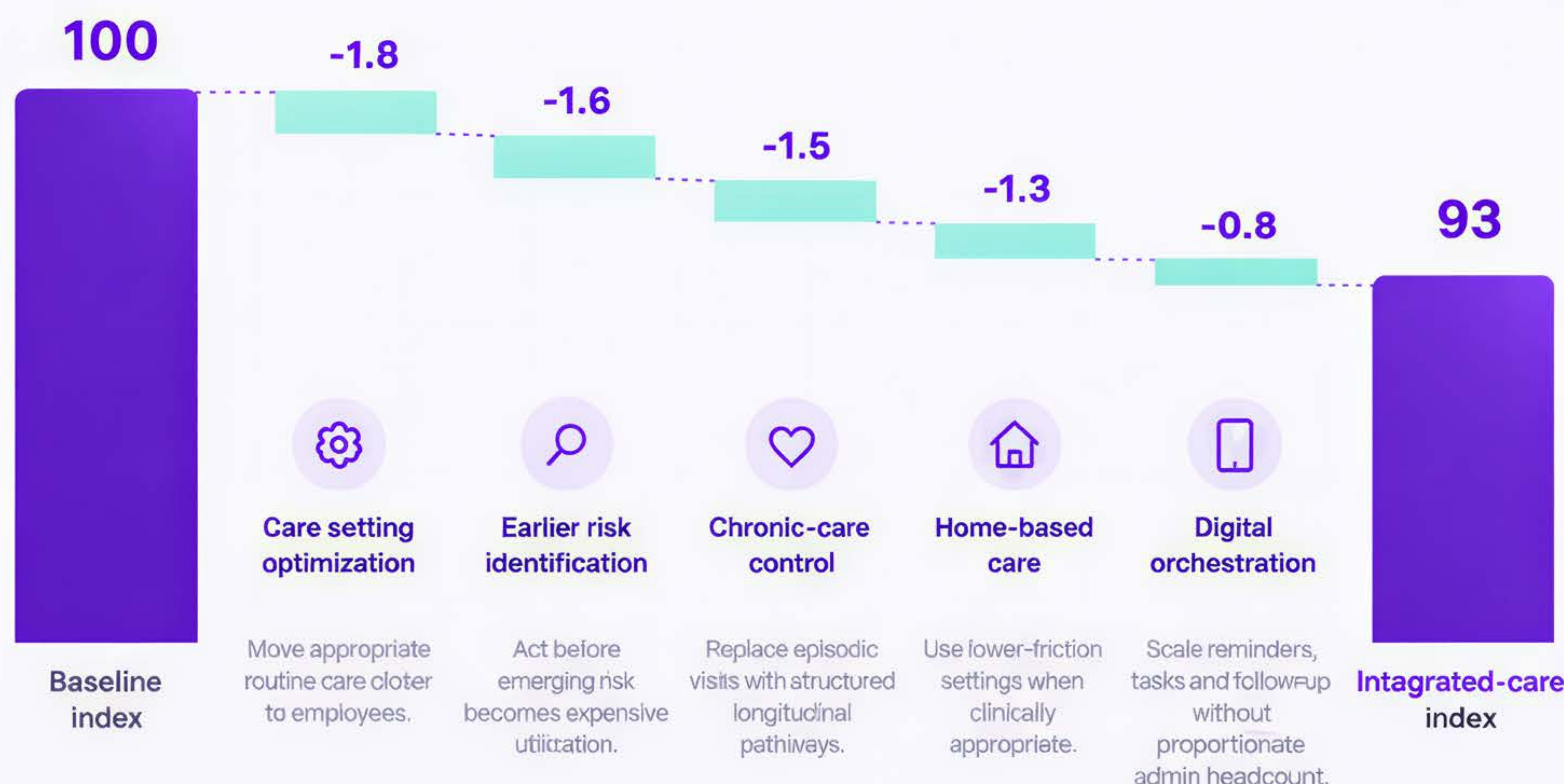
Redesigning the cost curve – not simply negotiating the same care more cheaply.

The benchmark model uses a mature integrated-care scenario with a 7% reduction in annual healthcare cost per employee, driven by multiple value levers working together.

SUSTAINABLE
SAVINGS
THROUGH
INTEGRATED
CARE

FROM FIVE LEVERS TO A HEALTHIER BOTTOM LINE

ANNUAL COST / EMPLOYEE (INDEX)



7%

BENCHMARK-MODELED
REDUCTION

Lower annual
healthcare cost
per employee.

GREATER ADHERENCE, BETTER OUTCOMES. LOWER COSTS.

Improving adherence closes the loop.

A more connected workforce-health model increases medication adherence from 62% to 69% (+7 percentage points), supporting better health outcomes and lower downstream costs.



HIGHER
ADHERENCE
DRIVES A
HEALTHIER,
MORE PRODUCTIVE
WORKFORCE.



MULTIPLE LEVERS. A STRONGER, MORE RESILIENT WORKFORCE.

SAME PEOPLE.
HEALTHIER LIVES.
A STRONGER
BUSINESS.

What a mature integrated program should **aim to move.**

Economics first. Clinical outcomes explain the economics.

ANNUAL HEALTHCARE
COST PER EMPLOYEE

-7%

100 → 93
index

MEDICATION
ADHERENCE



+7 pp

62% → 69%

BP CONTROL



+8.5 pp

36.8% → 45.3%

TARGETED ED
USE

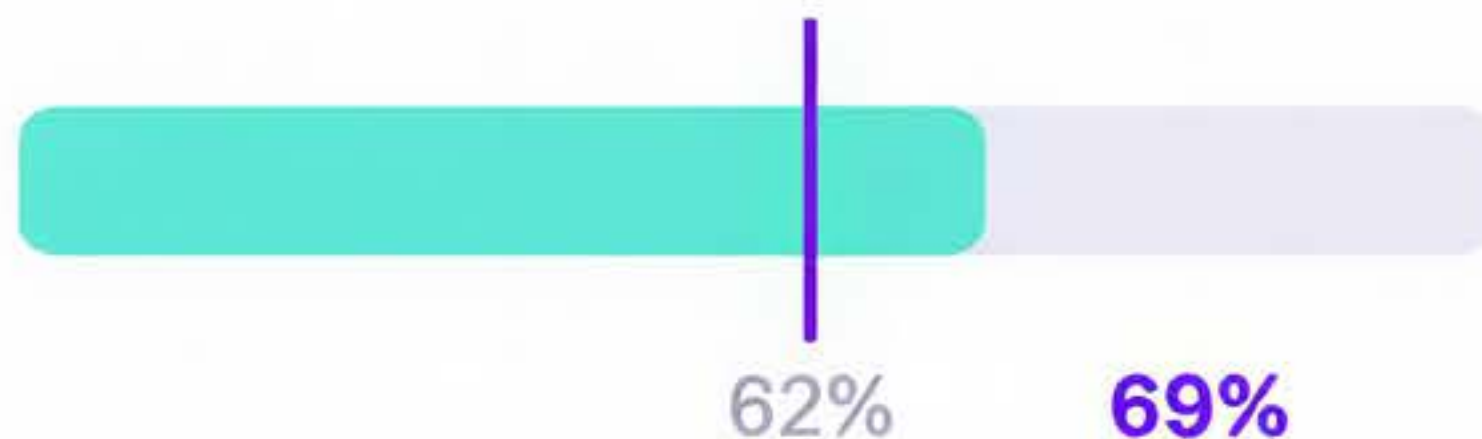


-11%

100 → 89
index

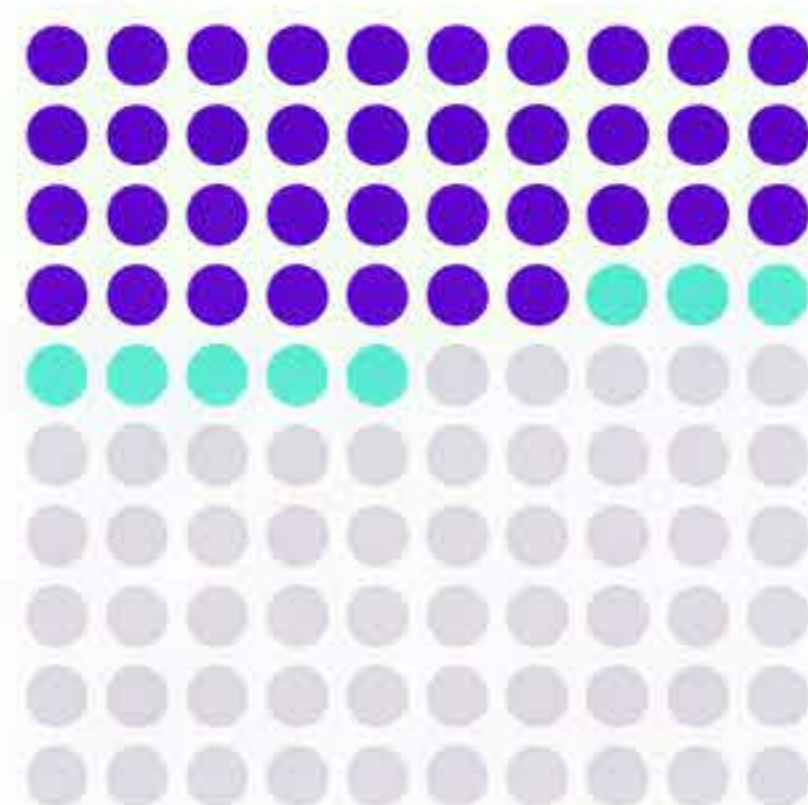
CLINICAL OUTCOMES

Medication adherence



+7 pp

BP control – relevant
chronic cohort



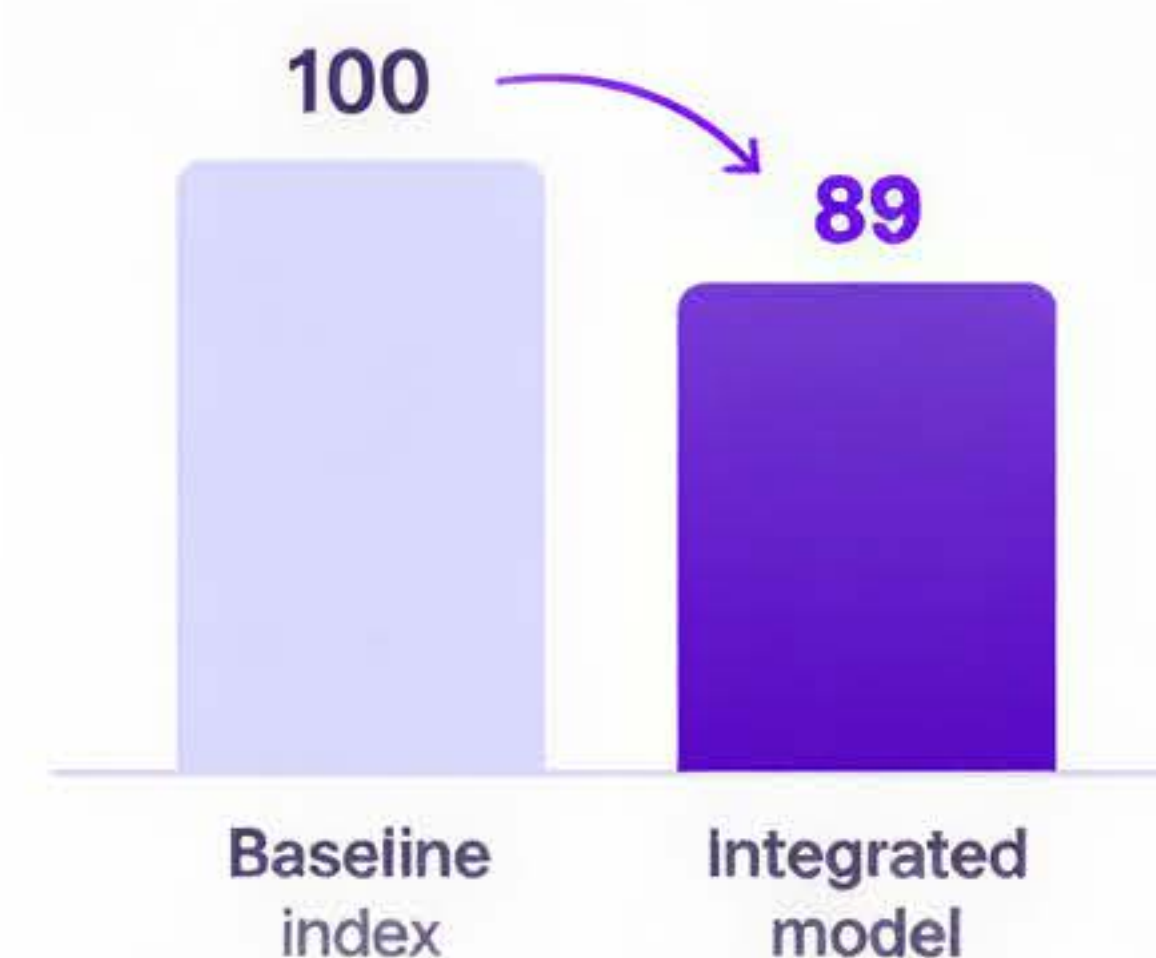
36.8%
reference

→ **45.3%**

+8.5 pp

LOWER AVOIDABLE ESCALATION

Targeted emergency-care utilization



-11%

Targeted ED use



~3 hrs

Potentially preserved per
eligible offsite visit avoided

BETTER ACCESS + BETTER ADHERENCE + BETTER CONTROL + MORE APPROPRIATE UTILIZATION

= LOWER COST PER EMPLOYEE

A HEALTHIER WORKFORCE. A STRONGER TOMORROW.

Turn employee healthcare into a managed health ecosystem.

Build a model around your workforce profile, locations, utilization and existing benefits structure.

Build My Corporate
Health Model →

Speak With a
Corporate Health Expert →