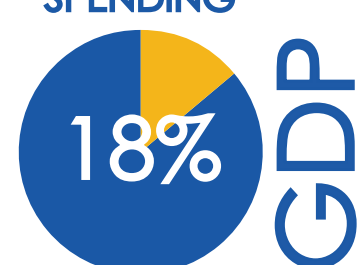


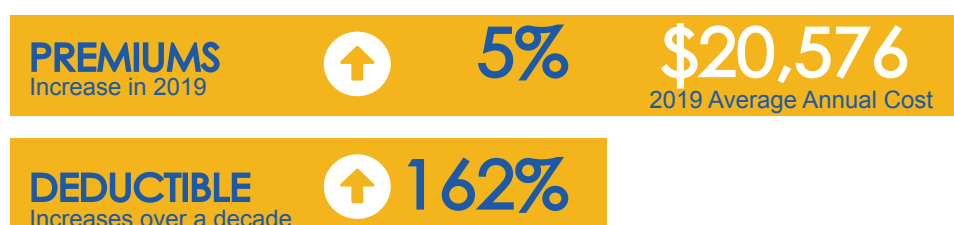
## 1 Cost & Transparency

Implementing strategies and tactics to address growth of medical and pharmaceutical costs and impacts to access and quality of care.

### HEALTHCARE SPENDING



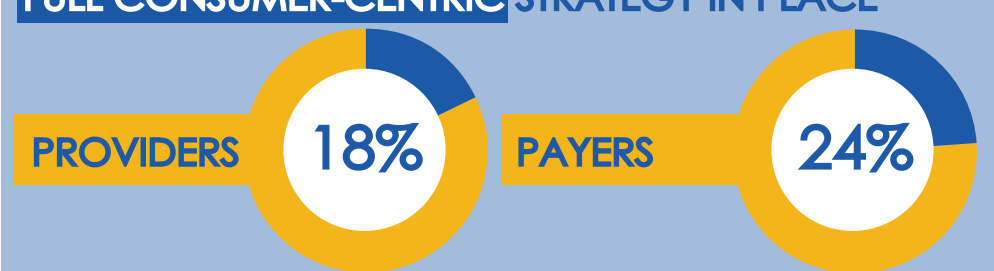
### EMPLOYER SPONSORED PROGRAMS



## 2 Consumer Experience

Understanding, addressing and assuring that all consumer interactions and outcomes are easy, convenient, timely, streamlined, and cohesive so that health fits naturally into the "life flow" of every individual's, family's and community's daily activities.

### FULL CONSUMER-CENTRIC STRATEGY IN PLACE



### SOME STRATEGY IN PLACE OR DEVELOPMENT



Payers and providers also disagree on who is best positioned to provide cost and quality data to consumers, both believing they are the best choice

## 3 Delivery System Transformation

Operationalizing and scaling coordination and delivery system transformation of medical and non-medical services via partnerships and collaborations between healthcare and community-based organizations to overcome barriers including social determinants of health to effect better outcomes.

**\$760 BILLION ANNUALLY**

SPENT  
UNNECESSARILY  
ON HEALTHCARE



## 4 Data & Analytics

Leveraging advanced analytics and new sources of disparate, non-standard, unstructured, highly variable data (history, labs, Rx, sensors, mHealth, IoT, socioeconomic, geographic, genomic, demographic, lifestyle behaviors) to improve health outcomes, reduce administrative burdens and support transition from volume to value and facilitate individual/provider/payer effectiveness.



### PROVIDER & PAYER DIFFERENCES



## 5 Interoperability / Consumer Data Access

Integrating and improving the exchange of member, payer, patient, provider data and workflows to bring value of aggregated data and systems (EHR's, HIE's, financial, admin and clinical data, etc) on a near real-time and cost-effective basis to all stakeholders equitably.



### PROVIDER & PAYER DIFFERENCES

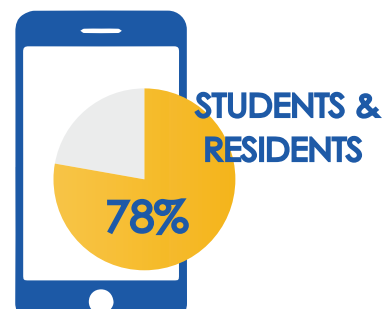
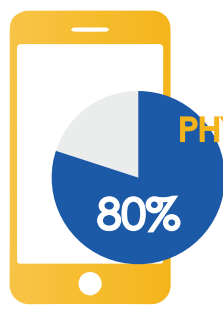


Providers and Payers are divided on what will make healthcare interoperability happen

## 6 Holistic Individual Health

Identifying, addressing and improving the member/patient's overall medical, lifestyle/behavioral, socioeconomic, cultural, financial, educational, geographic and environmental well-being for a frictionless and connected healthcare experience.

SELF-REPORTED DATA  
WOULD BE CLINICALLY  
VALUABLE IN SUPPORTING  
CARE



## 7 Next Generation Payment Models

Developing and integrating technical and operational infrastructure and programs for a more collaborative and equitable approach to manage costs, sharing risk and enhanced quality outcomes in the transition from volume to value. (bundled payment, episodes of care, shared savings, risk-sharing, etc).



### PROVIDER & PAYER DIFFERENCES

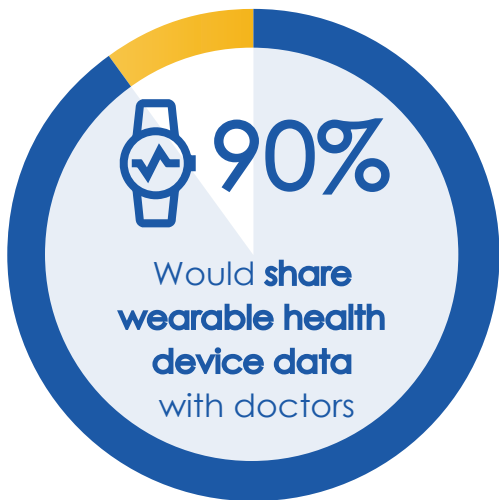
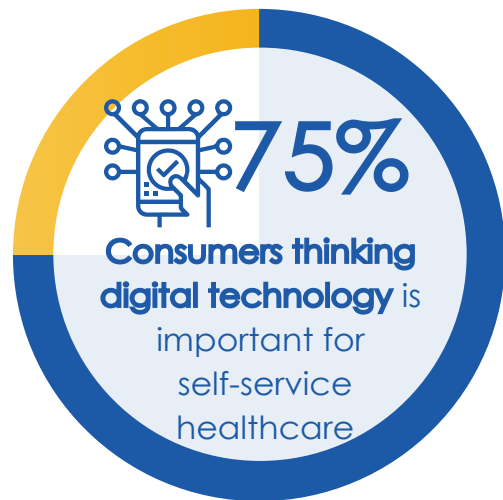


Payers report infrastructure as barriers 3 times that of providers

## 8 Accessible Points of Care

Telehealth, mHealth, wearables, digital devices, retail clinics, home-based care, micro-hospitals; and acceptance of these and other initiatives moving care closer to home and office.

### IMPORTANCE & ADOPTION OF VIRTUAL CARE



## 9 Healthcare Policy

Dealing with repeal/replace/modification of current healthcare policy, regulations, political uncertainty/antagonism and lack of a disciplined regulatory process. Medicare-for-All, single payer, Medicare/Medicaid buy-in, block grants, surprise billing, provider directories, association health plans, and short-term policies, FHIR standards, and other mandates.

### EXPECTATIONS POST 2020 ELECTION



## 10 Privacy / Security

Staying ahead of cybersecurity threats on the privacy of consumer and other healthcare information to enhance consumer trust in sharing data. Staying current with changing landscape of federal and state privacy laws.



41% OF ALL BREACHES OCCUR IN THE HEALTHCARE SECTOR



\$429 PER RECORD COST FOR A BREACH



BELIEVE CYBERSECURITY IS NOT RECOGNIZED AS A PRIORITY AT THE EXECUTIVE / BOARD LEVEL