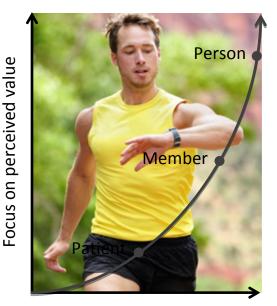
From the Frontlines: Strategies to Enable PHM Success





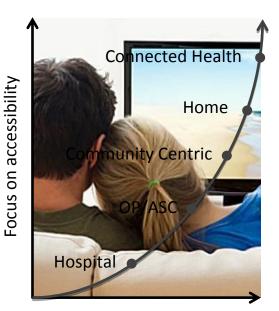
Transforming how we think about health

Who: Consumer Effect



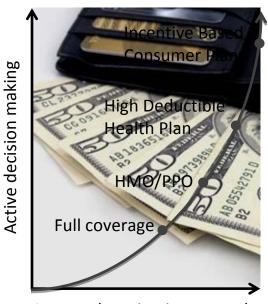
Active participation

Where: Netflix Effect



Episodic to continuous

How: Wallet Effect



Incented motivation towards health

A heritage of innovation in healthcare





Managing populations and risk

Targeting
"Who"
Analytics

Intensive ambulatory
& acute care

Chronic patient management, hospital discharge & aging well

Prevention & wellness



Targeting "How"

Continuous

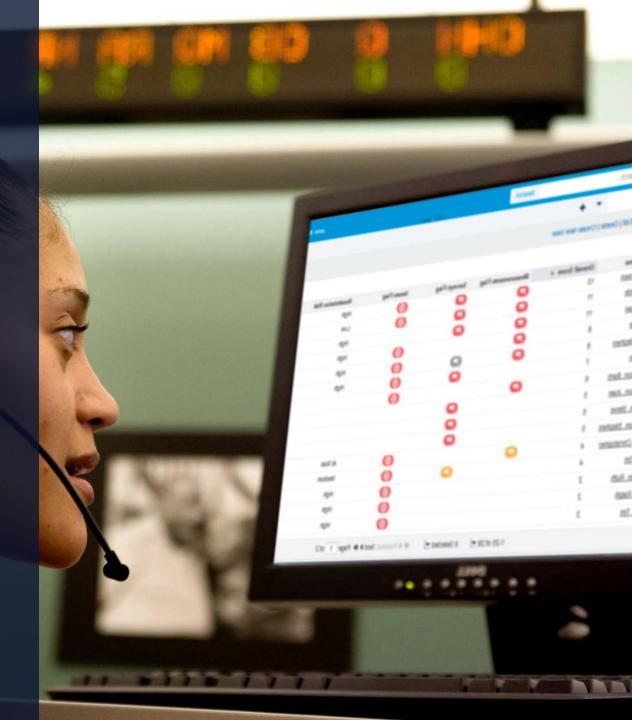
Health



The Big Five

1

From big data to meaningful data



All that data – but for what purpose?



- Technology captures more data at more locations across the health continuum
- Must be a purpose beyond informatics and analytics (the data hole)



- Measure to manage, but what actually matters?
- Of 1958 measures tracked by the quality management clearing house, only 139 (7%) are actual health outcomes



- The right data = the right focus
- Payer-provider collaboration creates actions
- We are beginning the journey from science to business impact

(2)

Managing risks, managing populations



Manage risk – but who?



- Focus on key utilizers and frequent fliers
- Address the near term opportunities



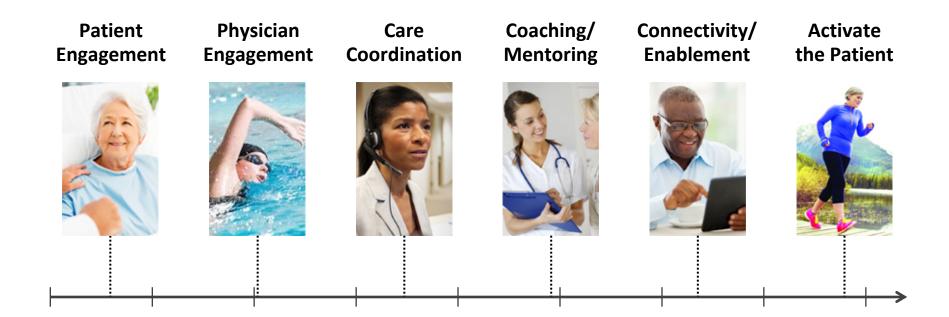
- Strategy must cover the entire population
- Develop plans, outreach and forecasts for each risk band
- Monitor socio economic and health factors



• Track movers that are critical to forecastable costs, utilization, and market



Activating the Patient—but how?

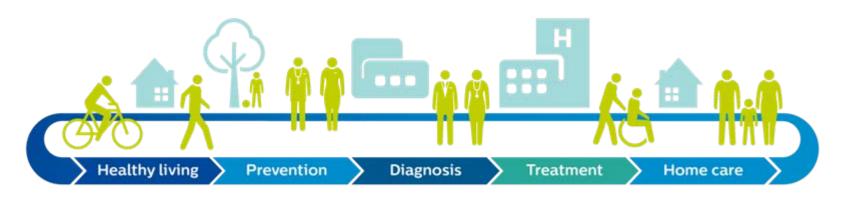






Enable continuous health

Continuous health



Working across the **full spectrum of** where, when and how health happens



Friedman's Theorem of Biomedical Informatics

Figure 1: A "Fundamental Theorem" of informatics



Figure 2: What informatics is not





