

INNOVATION REPORT

FIERCE INNOVATION

AWARDS

HEALTHCARE EDITION 2018

2018

FROM THE PUBLISHER OF FIERCEHEALTHCARE

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INTRODUCTION



REBECCA WILLUMSON
PUBLISHER, LIFE SCIENCES
& HEALTHCARE

The healthcare industry is always changing. Healthcare providers, health insurers, and government healthcare programs must innovate to keep pace with the scale and direction of industry disruption.

On-demand house calls, next-gen ambulance services, and customized benefit design are some of the innovations being celebrated in this year's Healthcare Innovation Report. We're showcasing the ground-breaking technologies and services that are transforming the way we deliver and experience healthcare, and what that means for patient outcomes and costs.

The winning companies are creating solutions for the biggest challenges facing the U.S. healthcare system. Our esteemed panel of judges from renowned hospitals and health plans across the country reviewed hundreds of applications this year.

Applicants were judged in the following categories:

CLINICAL INFORMATION MANAGEMENT - Clinical information management supports decision making and ensures quality patient information at every touchpoint along the patient journey. Solutions suitable for this category include clinical decision support tools, transcription tools, medication management, Meaningful Use, CPOE, ePrescribing, and imaging management.

DATA ANALYTICS/BUSINESS INTELLIGENCE - Innovative data analytics tools enable healthcare organizations to maximize performance, improve customer health and bolster efficiencies through smarter management of resources, risk assessment, quality measurement, clinical resources and predictive modeling. Solutions in this category will bring actionable information directly to users by either enabling the wide dissemination of clinical, financial or operational data, or helping them make sense of it.

DIGITAL/MOBILE HEALTH SOLUTIONS - Smartphones and tablets have created an intense and perpetual demand for innovative apps, solutions and services designed to engage and educate customers, save money, and enable information sharing among providers, payers and customers alike. Examples of solutions suitable for this category include mobile apps, telemedicine, website development and IT platforms.

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FINANCIAL/OPERATIONAL SOLUTIONS - Healthcare organizations are seeking new ways to streamline their operations, upgrade legacy systems and increase efficiencies. Solutions suitable for this category include network design, administrative services and solutions to address billing/payment transparency, claims processing, ICD10/coding, auditing and legal/compliance challenges.

POPULATION HEALTH MANAGEMENT/PATIENT ENGAGEMENT SOLUTIONS - Consumers are making decisions about their coverage and care on their own, leaving healthcare organizations seeking new ways to engage in this new environment that allows consumers to take charge of their healthcare. At the same time, health insurers and providers are seeking tools that promote behavioral changes, enhance communication and improve the patient experience. Solutions suitable for this category include fitness/wellness tools, retail solutions, transparency solutions, care management solutions, education tools and social engagement tools.

We invite you to read about the 2018 winners and their solutions; and we're excited to share their work in reshaping healthcare in revolutionary ways.

REBECCA WILLUMSON
PUBLISHER, LIFE SCIENCES & HEALTHCARE

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AYASDI

FIERCEST COST SAVING SOLUTION
Clinical Variation Management Application



FIERCEST ENGAGEMENT SOLUTION
Health Plan Performance Management



FIERCEST NEW PRODUCT/SERVICE
Viz LVO

WINNERS



CLINICAL INFORMATION MANAGEMENT
VIZ LVO

AYASDI

DATA ANALYTICS/BUSINESS INTELLIGENCE
CLINICAL VARIATION MANAGEMENT APPLICATION



DIGITAL/MOBILE HEALTH SOLUTIONS
HEAL



FINANCIAL/OPERATIONAL SOLUTIONS
ACUITY LINK



**POPULATION HEALTH MANAGEMENT/PATIENT
ENGAGEMENT SOLUTIONS**
HEALTH PLAN PERFORMANCE MANAGEMENT

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FINALISTS

CLINICAL INFORMATION MANAGEMENT



Ambra Health
Ambra Health Suite



Imprivata®
Imprivata Confirm ID
for EPCS



Viz.ai
Viz.ai, Inc.
Viz LVO

DATA ANALYTICS/BUSINESS INTELLIGENCE



Ayasdi
Clinical Variation
Management Application



**Bind On-Demand
Health Insurance**
Bind On-Demand
Health Insurance



**Comprehensive
Pharmacy Services**
RxResource Solutions

DIGITAL/MOBILE HEALTH SOLUTIONS



Heal
Heal



HealthStar
HealthStar Visit |
Electronic Visit Verification



Reflexion Health
VERA™

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FINANCIAL/OPERATIONAL SOLUTIONS



Acuity Link
Acuity Link



Nordis Technologies
Expresso (tm)



Serco, Inc.
Serco Eligibility
Verification System

POPULATION HEALTH MANAGEMENT/PATIENT ENGAGEMENT SOLUTIONS



HGS AxisPoint Health, LLC
CarePoint



Nova Healthcare Administrators
Health Plan
Performance Management



Welltok
Welltok Health
Optimization Platform

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JUDGES



DON CASEY

MD, MPH, MBA, FACP, FAHA, FAAPL, DFACMQ
SENIOR VICE PRESIDENT AND CHIEF OF CLINICAL AFFAIRS
MEDECISION



TAMARA CULL

DHA, MSW, LCSW, ACM
SENIOR VICE PRESIDENT
MEDECISION



INDRANIL (NEAL) GANGULY

CHCIO, FCHIME, FHIMSS
VICE PRESIDENT AND CHIEF INFORMATION OFFICER
JFK HEALTH SYSTEM



DEBORAH GORDON

SENIOR FELLOW
MOSSOVAR-RAHMANI CENTER FOR BUSINESS AND GOVERNMENT AT
THE HARVARD KENNEDY SCHOOL

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JUDGES CONTINUED



DANIEL KNECHT

VICE PRESIDENT, CLINICAL STRATEGY & POLICY
AETNA



CURT KWAK

MBA, CHCIO, FCHIME
CHIEF INFORMATION OFFICER
PROLIANCE SURGEONS



THERESA MEADOWS

SENIOR VICE PRESIDENT AND CIO
COOK CHILDREN'S HEALTH CARE SYSTEM



ROGER L. NEAL

MSTM, FHIMSS
VICE PRESIDENT OF OPERATIONS/CIO
DUNCAN REGIONAL HOSPITAL

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TODD RICHARDSON
SVP/CIO
ASPIRUS, INC.



JULIE SLEZAK
EVP
GNSHEALTHCARE

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VIZ.AI, INC.

CEO: CHRIS MANSI, VIZ.AI
BASED: SAN FRANCISCO, CA
FOUNDED: 2016



Viz.ai for Viz LVO

What's the scoop: For surgery patients, it's not just what happens in the operating room that matters. That's what Viz.ai CEO Dr. Chris Mansi learned during his work as a neurosurgeon. In 2014, Dr. Mansi performed an emergency operation on a young patient who was hit by car. Although the surgery went well and saved the woman's life, she died 12 hours later. The four hours it took to get the patient from the accident into the OR was the deciding factor.

So, his company created an application that uses AI-powered stroke triage to automatically analyze CTA images and get urgent patients into surgery faster. Viz LVO makes it possible to save significant amounts of time for stroke identification, notification and treatment. Every minute a stroke goes untreated, 2 million brain cells die. **“Our goal is to win the race against time and connect the right patient to right doctor before it's too late. And by doing that, improve efficiency and ultimately patient outcomes.”**

What makes it Fierce: In a mark of success, the company this year achieved FDA clearance allowing the clinical decision support software to be used to alert providers of a potential stroke in patients.

For hospitals, Viz LVO extends the specialist reach throughout a network. As Dr. Mansi explained, in a hub-and-spoke model, the spoke hospital gets the benefit of hub specialists in real time. Moreover, the significant improvement in time savings created by the software translates to better outcomes for patients and cost savings for hospitals. When “time is brain,” a patient who arrives for treatment an hour earlier has 120 million fewer brain cells that are dead, which means they have less disability, fewer bed days, and fewer complications.

What to look for: Viz LVO already has helped hundreds of patients get treated faster. And the company intends to provide its solution to as many hospitals as possible, as quickly as possible. It's also looking to expand horizontally to other use cases, so departments beyond Stroke and Neurovascular can benefit from the time savings, costs savings, and improved outcomes.

As clinical information management solutions like Viz LVO continue to augment what clinicians do, Dr. Mansi expects them to become more user-friendly. “Healthcare software can no longer lag so far behind software we use in our daily lives,” he said.

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AN OPEN LETTER TO CLINICIANS: IT'S TIME TO DEMAND BETTER.

BY DR. SUBHA AIRAN-JAVIA

Fellow Clinicians -

When we go to work, we are stepping in to one of the most personal and high stakes jobs. Every day, we ask patients to put their total faith and trust in our experience as we navigate them through some of the toughest and scariest times of their lives.

With every new patient we are given pieces of a puzzle. Some puzzles we can solve quickly, thanks to our years of training. Some puzzles are more complex, with multiple patterns and missing pieces.

For those most complicated puzzles, we rely on tools and our colleagues' knowledge to help us. However, the digital tools we are using seem to hinder our workflows and weaken our ability to collaborate.

These tools lack seamless communication, mobility, and easy collaboration. Instead of being built with our workflows in mind, we are continuously asked to adjust our workflow to the technology, or to "learn how to use it as intended."

Instead of us bending over backwards to fit to technology, shouldn't technology be built to make things better for us?

In our private lives, we interact with well-designed technology every day that truly delights its users, and not only fits to workflow, but improves it. Why then, is health IT any different? Why are we lacking tools that seamlessly integrate into our clinical workflow? Perhaps because we, the front-line clinicians, are the end-user, rather than the purchaser.

Therefore, our voices are not heard.

But it's time to demand better.

An important consequence to the lack of usability of our current tools, often the EHR, leads to an over-reliance on paper for our clinical workflow. From to-do lists, printed vitals and labs, to scanned PDFs from consultants and other clinical practices, we are practicing with tools that are archaic by today's standards. **What other profession is so dependent on fax machines?** With the current lack of interoperability, we spend more time on hunting and gathering clinical data, and then hoarding it

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AN OPEN LETTER TO CLINICIANS: IT'S TIME TO DEMAND BETTER. CONTINUED.

in paper stacks and lists. It is no surprise that pieces of the puzzle are getting lost, our patients aren't getting the best care possible, and good colleagues are burning out.

The digital revolution in Healthcare is a necessary first step. However, EHRs were created to address the business side of care, they have done little to improve how we deliver care.

We need tools that were built specifically for us. We need better communication, better collaboration and a better user experience.

This is why we created TrekIT - to relieve clinicians of the burdens created by the EHR and to provide a tool that is easy to use, seamlessly fits in our workflow and helps us solve our most complicated puzzles.

I've heard the demands from my colleagues, and we're raising the bar for digital health tools.

Visit [TrekIt.health](https://trekit.health) to see how.

Sincerely,
Subha Airan-Javia, MD
Chief Medical Officer, TrekIT Health

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EspressoHealth™

by Nordis Technologies

We are changing the rules for managing patient communications.

Managing patient communications and billing statements doesn't have to be time-consuming, complicated or costly. Our cloud-based EspressoHealth technology lets revenue cycle companies quickly onboard new clients, adapt to changing business conditions, while enhancing patient engagement and financial performance.

- Create, manage and execute provider-specific print and electronic patient communications.
- Built-in archive provides real-time access to previously produced patient communications in the cloud.
- Integrated Print & Mail services, including print on demand, variable, and full-color digital printing.
- Go digital and deliver communications based on the customer's preferred channel.

PRINT/MAIL • EMAIL • SMS/TEXT

Nordis
Technologies
Streamling Communications

Contact Nordis Technologies today to
learn more and schedule a demo
(954) 323-5500

www.nordistechnologies.com • sales@nordistechnologies.com

CEO: NICK DESAI
BASED: PACIFIC PALISADES, LOS ANGELES, CA
FOUNDED: 2014

Heal for House Calls On-Demand Application

What's the scoop: When Nick Desai couldn't get a hold of his seven-month-old son's pediatrician on a Friday afternoon, he was sent to the nearest emergency room. He and his wife waited in the ER for seven hours with a sick baby, and another young child at home.

Desai knew there must be a better way – fundamentally changing how people get health care, through house calls. That's why he and his wife Dr. Renee Dua founded Heal. For a patient or the parent of a sick child, the Heal app eliminates the challenges of having to see a doctor, offering convenient online booking system, timely access to quality care, and clear information on costs. With the click of a button, a qualified doctor will arrive at a patient's door within two hours, 12 hours a day, seven days a week, 365 days a year.

It's not just a more convenient and frictionless experience, house calls make for better medicine, Desai said. During a house call, doctors can see environmental factors that may impact health – mildew, cigarette smoke, medication bottles – that an in-office doctor can't. This enables doctors to practice higher-quality, more precise, and more personal medical care in a comfortable home environment. **"Primary care delivered by house calls is a gateway to lower health costs,"** Desai said.

What makes it Fierce: Heal re-humanizes medicine through house calls, in a way that's fulfilling for both patients and doctors. Heal doctors spend a remarkable 394% more time with each patient and



90% less time on bureaucracy. Instead of rushing through 40 patients in a day, Heal doctors can see 12 patients, and spend 30 minutes of time getting to know each patient. "These doctors feel better about the healthcare they practice, and happy doctors equal better care," Desai said.

It's a service that provides peace of mind during a person's time of need. This was evident in California, where Heal offered free house calls to fire fighters and victims affected by wildfires. Desai shared the experience of a Heal doctor who traveled from Sacramento to Chico to give much-needed comfort and care to a man and his family who had just lost their house and possessions. That's something you can't put a price tag on, he said.

What to look for: For Desai, a digital revolution is finally occurring in healthcare and consumers are starting to demand dramatic changes in the way they get healthcare and the way healthcare works. He said, "Combining digital access to high-quality healthcare using mobile technology is the epicenter of how healthcare is evolving, and we're excited to be part of it."

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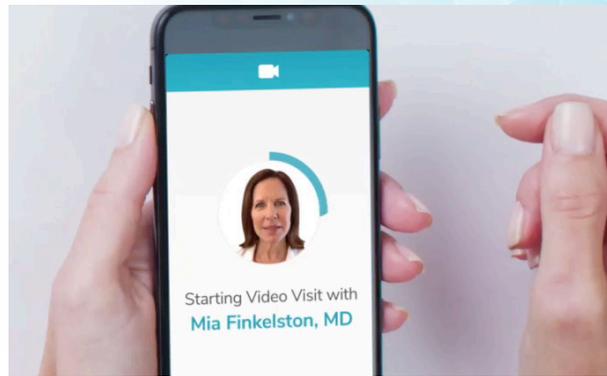
LiveHealth[®] ONLINE

PRODUCT NAME: VIRTUAL SECOND OPINION
COMPANY NAME: LIVEHEALTH ONLINE
BY DR. MANISH OZA

The Scoop: Up to 33% of care can be attributed to approximately 1% of the population. While very often the services provided to these patients in medical need are appropriate there is opportunity through our Virtual Second Opinion program to ensure members are receiving the right care at the right time by a provider that has the best outcomes. By leveraging artificial intelligence and machine learning technology, we can now identify member's that will benefit from a second opinion. With a net promoter score of 83, this program has been an invaluable addition to our clinical suit of programs and the outcomes are proving impactful.

We know after you receive a diagnosis from a physician, especially a difficult diagnosis, you move through typical feelings of denial, resistance and potentially detachment. A second opinion is a valuable tool to help you identify a missed diagnosis or get you closer to accepting your condition and move towards treatment. Virtual Second Opinion brings the best doctors to our members without the member never having to leave their home. Using telemedicine technology, the patient can see and speak with a physician from the comforts of their home.

The member will also receive treatment decision support and become educated on evidence based guidelines and be informed on all treatment options whether they be surgical or not. When appropriate medical records are obtained in order to ensure all the relevant clinical information is obtained by the reviewer. We are also able to ensure the member's primary care doctor is informed of the second opinion so that a care plan can be developed that the patient and the doctor agrees upon.



What's fierce about this program?

Diagnosis Changes:

- 75% of the time the 2nd opinion agrees with the diagnosis
- 15% agree, but with changes
- 10% have full disagreement related to the diagnosis

Treatment Changes:

- 38% agree with recommended treatment
- 22% suggest minor changes to treatment
- 24% suggest moderate changes to treatment
- 16% suggest major changes to the treatment plan

What to look for: Given the success the program has had and the impact in the quality of care that our members receive, we anticipate Virtual Second Opinion becoming the standard of care that members have access to on a regular basis.

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Certainty starts here

LiveHealth[®]
O N L I N E

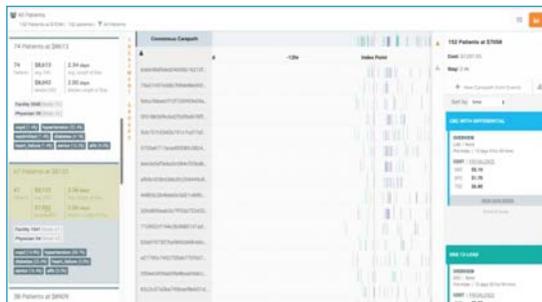
When faced with an unexpected or complicated diagnosis, many patients feel lost, confused and on their own. Our Virtual Second Opinion solution monitors claims to identify members who could use a guiding hand. Then we reach out to connect them to expert, dedicated one-on-one support for increased peace of mind when they need it most. It's just one more way we are innovating for our members.

LiveHealth Online is available in most states and expected to expand to more in the near future. Visit the home page of livehealthonline.com to view the service map by state. LiveHealth Online is the trade name of Health Management Corporation.

CEO: GURJEET SINGH
BASED: MENLO PARK, CA
FOUNDED: 2008

Ayasdi for Clinical Variation Management

What's the scoop: The U.S. healthcare system spends more than \$750 billion a year on waste, according to the Institute of Medicine, largely due to clinical variation. Clinical Variation Management (CVM) software from Ayasdi uses AI and machine learning technology to uncover patterns hidden in hospital data to target variation and determine optimal ways to treat patients.



The CVM software tracks ongoing physician adherence with the identified best practices, helping to standardize care across the hospital or health system. According to Ayasdi, measuring care path adherence creates a roadmap for building the best treatment strategies that reduce needless clinical variation and deliver better care at a lower cost.

What makes it Fierce: “Healthcare has always been a data game, but what we have now, with

compute, EMRs, billing and other databases, is the ability to marshal extraordinary amounts of data on behalf of our patient populations,” said Ayasdi CEO Gurjeet Singh. “The key is to use the machines to help us make the connections, see the patterns and identify the innovation in our care practices.”

For healthcare organizations of all sizes, standardizing clinical best practices is essential for delivering value-based care. Smaller hospitals lacking the data science resources of larger hospital systems can use the CVM software to harness the power of machine learning to create evidence-based, best practice clinical pathways for various procedures. **“This has profound impacts on the financial performance of the hospital while simultaneously delivering better patient outcomes,”** said Singh.

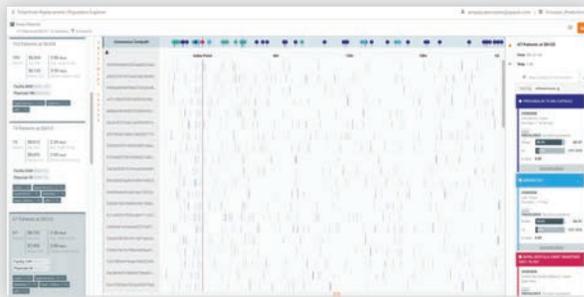
What to look for: The company continues to explore new areas where AI capabilities can drive value-based care, such as the health insurer market. “Payers are actively trialing the technology to support population health initiatives, assess readiness for shared risk contracts and to steer patients to the best performing doctors and systems,” according to Singh.

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The most valuable opportunity in healthcare was also the most complex.

UNTIL NOW.



Clinical variation represents \$750 billion in annual healthcare expenses that don't improve the patient outcome and in many cases diminish it. Despite this massive opportunity, the problem remains effectively unsolved.

Ayasdi's Clinical Variation Management application leverages cutting-edge, unsupervised machine learning to identify patient groups with the best outcomes as defined by the hospital (cost, re-admissions, LOS, mortality or some combination of these or other outcomes). Then the application maps out the exact sequence and timing of events to deliver that outcome. Every lab, test, order or surgical event presented in a simple, intuitive interface.

Add a robust adherence measurement module and now hospitals have exactly what they need to start the journey to value-based care.

No data scientist required.

TO LEARN MORE VISIT WWW.AYASDI.COM/HEALTHCARE

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TACKLING CLINICAL VARIATION WITH ARTIFICIAL INTELLIGENCE APPLICATIONS

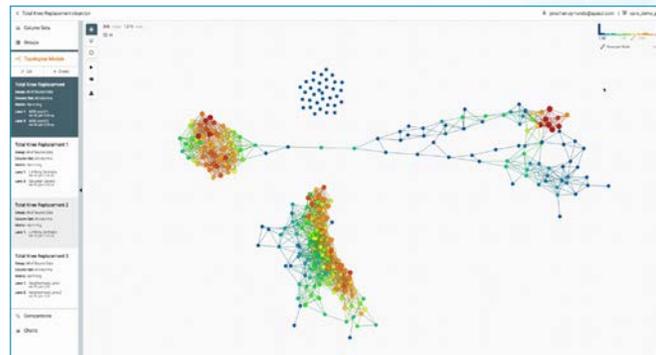
BY GURJEET SINGH, CEO AND CO-FOUNDER OF AYASDI

The biggest challenge in healthcare is not cancer, diabetes or Alzheimer's – it is variation. Clinical variation manifests itself in terms of waste, rework and unnecessary procedures that don't improve the patient experience. Clinical variation also manifests itself in the form of innovation, discovery and emerging practices.

Unwanted variation, however, has staggering costs – \$750 billion per year in the U.S. alone. For a Becker's Top 100 hospital, that represents \$1.29 billion a year.

Ayasdi is on a mission to transform healthcare by developing a suite of machine intelligent applications for provider and payer organizations. The Clinical Variation Management application is the flagship application. This powerful, but intuitive application is designed for clinicians, yet utilizes cutting-edge unsupervised machine learning to simplify the hyper-complex challenge of determining the optimal care pathway for any surgical or non-surgical procedure.

Traditionally, the process of identifying and reducing variation has been highly manual and labor intensive; however, Ayasdi CVM application automates the process of identifying the best care practices within a health system, developing



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TACKLING CLINICAL VARIATION WITH ARTIFICIAL INTELLIGENCE APPLICATIONS CONTINUED.

optimal care paths for different patient groups, operationalizing those care paths, and continuously improving patient care and outcomes.

In doing so, the intelligent application will surface good variation (innovation) as well as bad variation (waste), while providing a mechanism to optimize (or co-optimize) the care process model against a number of different variables, including cost, length of stay, readmissions, mortality, or patient satisfaction.

Unique in the market, Ayasdi's Clinical Variation Management application has several distinguishing characteristics:

1. Unsupervised learning. Ayasdi's mastery in unsupervised learning allows it to group patient outcomes together by a notion of similarity – without the need for any hypothesis building. What this means is that, even in the face of exceptionally complex data (events, sequence, timing, genetic profiles, social determinants), patients with similar treatments are grouped together, facilitating a deep understanding of both the optimal care process model as well as what is being practiced in your system.

2. Full justification of results. In medicine, there can be no black box. Practitioners need to understand exactly what the machine is recommending and why. While the underlying complexity of the math can be abstracted, the machine's decisions need to be clear, atomic and interpretable.

3. User Interface. Ayasdi's technology is designed from the user experience perspective to be consumed by practitioners. This orientation ensures that the clinical decision support can be consumed broadly across the organization.

4. Adherence. The rapid creation and deployment of care process models is only the first step. Adherence is the second. Measuring adherence at every step enables data-driven conversations with clinicians about what's working and what is in need of improvement.

Ayasdi has worked with a number of healthcare organizations – Intermountain, Mercy and Flagler Hospital. As a result of changes in the pneumonia care path at Flagler, for example, the hospital saved \$1,350 per patient, reduced the LOS for these patients by two days, on average, and achieved a 7x reduction in readmissions. The hospital anticipates initially saving nearly \$850,000 in unnecessary costs, and the overall program is expected to save in excess of \$20 million over the next three years.

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ACUITY LINK

CEO: ALEXANDRE THEOHARIDIS
BASED: BOSTON, MA
FOUNDED: 2016

Acuity Link

What's the scoop: The user experience for requesting an ambulance is like requesting a ride share service that gets someone to the right place at the right time – that's what Acuity Link is doing for hospitals and other healthcare institutions.

Acuity Link was born out of the frustration and challenges emergency care providers face daily. Acuity Link President and CEO Alexandre Theoharidis – drawing on an extensive career in the emergency medical services (EMS) field – saw firsthand the inefficient way healthcare settings interact and communicate with ambulance and medical transportation providers.

According to Theoharidis, it's crucial to replace the outdated, disparate systems to request and manage non-emergency medical transportation (NEMT). The NEMT status quo relies on phone calls and paperwork that slow down the discharge process and create a bottleneck of patients.

What makes it Fierce: Acuity Link's combination of real-time tracking, automated scheduling, and accurate communication can get patients to and from healthcare facilities in a more reliable and more efficient way. **"Automation creates the ability to align the right transportation resource to right patient at right time,"** said Theoharidis.



His company recognizes that data is increasingly becoming key to revolutionizing non-emergency medical transportation to improve patient care and enhance operational efficiencies. That's why Acuity Link manages and aggregates data into an all-inclusive dashboard that informs actionable operational and clinical decisions for hospital leaders. With data on discharge delays and transportation, healthcare organizations can identify trends and patterns in the movement of patients through the system. All of which reduces discharge times, improves patient throughput, increases bed utilization, and optimizes workflows.

What to look for: The company is focused on scaling nationwide. As Theoharidis noted, it's the only platform that can manage logistics for all levels of care and all modes of transportation and has ability to deploy into any healthcare setting.

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REPOSITIONING TELEHEALTH: HOW VIRTUAL CARE GOES BEYOND TELEHEALTH

BY LEE HORNER, CEO, SYNZI



Over the past year, “telehealth” has emerged as an umbrella term for the broad range of technologies and methods which are used to deliver virtual medical, health, and education services for patients and providers. The key word is “virtual.” Telehealth-related tools and technologies are designed to provide care in a virtual manner.

Compared to telehealth solutions, virtual care technology is expected to be more widely embraced by healthcare organizations, providers, patients and members. The benefits of a virtual care platform “go beyond” telehealth to include:

1. Extra applications: Virtual care solutions will be applied to more use-cases, more departments, and more populations. Healthcare facilities and health plans will expand the use of virtual care beyond initial use-cases – and see

how elastic and expansive virtual care can be when introduced across departments and patient / member populations.

2. Expedited answers Virtual consults will drive more real-time, real-life saving communications between providers, specialists, and patients. In emergent care situations, virtual consults will allow providers to obtain immediate and impactful diagnoses and decisions by offsite specialists. Virtual consults will be the go-to-solution for ensuring that patients are getting “seen” by specialists, regardless of the specialists’ location and if a patient is in the Emergency Department, an ambulance, another healthcare setting, or at home.

3. Expanded capabilities: Virtual consults and virtual visits will enable smaller and/or rural hospitals to broaden and deepen their capabilities by allowing staff to reach out to specialists who may be hours away and/or associated with a different hospital. Virtual care will help all patients receive the care they need, regardless of the distance between home, hospital, patient and provider.

4. Extended reach: Virtual conversations will also let staff simultaneously add multiple family members to provider’s bedside / “webservice” conversation with a specialist and the patient. With a simple click of a button, personal

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caregivers can be integrated into critical discussions about the patient's condition and next steps related to the transition of care.

5. Enhanced care: Virtual care will deliver more timely and higher quality of care coordination amongst providers, care team staff, patients / members and caregivers. By allowing individuals to participate in their healthcare from any device, anywhere, and at any time, healthcare organizations will drive deeper patient / member engagement. Virtual visits will help medical staff better monitor and motivate patients while reducing travel time and expenses, minimizing no-show's and overcoming patient / member barriers to accessing convenient care.

Ultimately, virtual care will continue to transform the timing and delivery of patient care. In time, the use of virtual care will become second-nature to all stakeholders in the healthcare industry. The "tele" part of telehealth may eventually be deemed outdated and unnecessary. The new horizon for healthcare will be virtual care.



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This is HealthStar Visit, a compliance-conscious electronic visit verification (EVV) system designed to stop improper payments before they happen, and virtually eliminate patient abuse and neglect in the home health industry.

Here's how it works:

STEP 1



VISIT + VERIFY

Before, during, and after the at-home appointment, our system confirms caregiver identity, exact GPS location, date, and time via a patient-assigned tablet device.

If the visit is rescheduled, the payer is alerted. Back-up care is initiated if the visit is late or missed.

STEP 2



DOCUMENT

Upon check-out, the system triggers surveys for the caregiver and patient to ensure patient health status and satisfaction.

Then, the system documents the visit and alerts the payer to follow-up, if needed.

STEP 3



CLAIM

If suspicious activity is detected, the visit is flagged. Otherwise, a claim is independently generated for payment based on verified data and the caregiver's time of check-in and check-out.



HealthStar

WE CONNECT.

Ready to put an end to
improper payments?

Let's talk.

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865.357.8955

healthstarconnects.com



NOVA HEALTHCARE ADMINISTRATORS

COO: LISA TRUE
PRESIDENT: LAURA HIRSCH
BASED: BUFFALO, NY
FOUNDED: 1982

Nova Healthcare Administrators for Health Plan Performance Management

What's the scoop: Population health management is not one-size-fits all. Health Plan Performance Management from Nova Healthcare Administrators is providing a customized approach to address the financial and benefit needs of their clients and their health plan participants.

“At its core, this is a way to address escalating health care costs and deploy an approach that’s tailored to our clients’ population rather than with a broad brush,” said Jamie Farrell, Director of Nova’s Health Plan Performance Management.

It’s also identifying creative ways and best practices for engaging with populations – a challenge in the healthcare industry. Negative associations with insurance companies often stem from issues with long wait times, denied services, or balance billing. **“We’ve really been working to change the mindset and help our clients and members better navigate the healthcare system and let them know the types of resources we have here to help them,”** Farrell said.

What makes it Fierce: According to Farrell, Nova serves as an extension of its clients’ HR department to ensure its solution will fit the needs of the unique population. “We learn everything we can about our clients,” said Farrell. Everything from demographics, culture and geography to how associates consume information, and employee shifts and schedules, Nova takes in all this information to create a sustainable health benefits program that helps the client and its plan participants accomplish their goals.

What to look for: With a robust foundation in customized medical management, care navigation, education, Nova wants to keep building on those strengths to discover new strategies to deliver the results its clients value most – healthier employees and reduced medical spend.

For Farrell, technology will play an even larger role in population health management and patient engagement than it does now, with a move to the individual level. “I can really see patients becoming owners of their medical records.”

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AYASDI

Ayasdi is a pioneer in the creation and deployment of enterprise-class intelligent applications for the healthcare industry. Ayasdi's award-winning Artificial Intelligence platform, developed by Stanford computational mathematicians, has already solved key challenges in healthcare including clinical variation management, population risk assessment, claim denial management, and fraudulent claim detection. The Company's accomplishments have earned it recognition as one of the world's most innovative companies from both Fast Company and the World Economic Forum.

Based in Menlo Park, CA, Ayasdi is backed by Kleiner Perkins Caufield & Byers, IVP, Khosla, Centerview Technology Partners, Draper Nexus, Citi Ventures, GE Ventures, and Floodgate Capital.



Comprehensive Pharmacy Services is the industry leader in pharmacy support. We are driven by passion to help our clients achieve standardization, consistency and efficiency in their pharmacy operations. With nearly 50 years of expertise and over 2,500 clinical, regulatory, and operational pharmacy professionals, we provide proven solutions that reduce drug costs, lower readmissions and improve patient quality. We serve more than 700 hospitals and healthcare facilities across the United States and Puerto Rico. Our clients can count on measurable results across the entire continuum of care from our pharmacy solutions, consulting services, telepharmacy and technology offerings.

FOR MORE INFORMATION, VISIT [HTTPS://CPSPHARM.COM](https://cpspharm.com).

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Olea Kiosks is on the EPIC list of recommended patient check-in kiosk providers. Our largest client is Kaiser Permanente. Johns Hopkins, Fairview, Asante, Baptist Health, Blue Cross Blue Shield of Louisiana, Cedars Sinai, Novant, StayHealthy and Tenet are additional client examples.

We provide standard kiosks as well as small footprint and even a fully ADA-client adjustable height (pushbutton) for wheelchair clients. UL-certified and designed-in HIPAA compliance. Validated certified EMV solutions for multiple processors utilized by hospitals.

After thousands of deployments and millions of check-ins, Olea provides the next generation of the most popular healthcare kiosk. From check-in to payments to improving the patient experience, Olea's healthcare kiosks help facilities of all sizes take their care to the next level. Our check-in kiosks provide multiple benefits including: revenue collection, improved data collection, security and privacy, and importantly a better experience.



PatientBond is a revolutionary approach to personalized patient engagement across any population of healthcare consumers. PatientBond uses the unique combination of a proprietary psychographic model and digital workflows, proven to motivate patient behaviors and help our clients achieve – and surpass– their clinical and business goals.

PatientBond's psychographic model was developed by healthcare consumer experts from P&G to personalize engagement according to individuals' personalities, motivations and communication preferences. PatientBond's highly configurable digital workflows ensure patients receive the right combination of messaging and channels (emails, text/SMS, IVR, in-app/portal, print, interpersonal, etc.) to activate behaviors.

PatientBond's mission is to leverage Healthcare Consumer Insights and Innovative Technology Solutions to help our clients better navigate the rise of consumerism in healthcare and the evolution of reimbursement models. Cloud-based and API driven, PatientBond helps clients build a tighter bond with their healthcare consumer population to amplify health outcomes, patient acquisition and loyalty.

WWW.PATIENTBOND.COM / INFO@PATIENTBOND.COM /312-445-8750

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Synzi is a technology company dedicated to providing better ways for healthcare organizations to manage and engage patients and colleagues, simply and efficiently. Synzi's award-winning integrated communication platform goes beyond traditional telehealth applications to help healthcare organizations effectively engage patients across the continuum of care. The sophisticated communication platform automates and optimizes workflows to help providers deliver virtual care on-demand and avoid unnecessary and costly readmissions and transfers. Leveraging everyday devices such as smartphones, tablets and laptops, the platform can be used across all levels of cellular or Wi-Fi connectivity. The platform is equipped with a variety of communication modalities - including video, audio, email, text, and SMS - to optimize patient engagement, improve outcomes and reduce costs.

[LEARN HOW SYNZI CAN ENABLE BETTER PERFORMANCE FOR YOUR ORGANIZATION, BETTER ACCESS FOR YOUR PATIENTS, AND BETTER OUTCOMES FOR ALL AT WWW.SYNZI.COM.](http://WWW.SYNZI.COM)



Virtual Second Opinion (VSO) offers members who are at a crossroads in their course of treatment access to highly specialized providers who will provide them a virtual second opinion. VSO identifies patients with the greatest opportunity for impact on their care by leveraging machine learning and artificial intelligence technology. Patients are virtually connected with specialized providers available through our program.

The Virtual Second Opinion program helps members:

- Learn more about their condition
- Make sure the diagnosis is correct
- Compare treatment options
- Get support for understanding the treatment options
- Find a high-quality doctor
- Feel confident the treatment they choose is right

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Viz.ai is an applied artificial intelligence healthcare company that works alongside physicians to improve acute medical care. Viz's flagship product, Viz LVO, leverages advanced deep learning to communicate time-sensitive information about stroke patients straight to a specialist who can intervene and treat. Viz.ai is the first company to receive FDA clearance for an artificial intelligence-based Computer-Aided Triage and notification software. Viz.ai's mission is to fundamentally improve how healthcare is delivered in the world, through intelligent software that promises to reduce time to treatment and improve access to care.

[VISIT WWW.VIZ.AI FOR MORE INFORMATION](http://www.viz.ai)

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