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## Strengthen the Financial Condition of Healthcare Delivery Systems

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- Increase revenue and margin: Improving throughput, reducing LOS, intel triage
- Navigating the workforce crisis: Clinical, care management, call centers: Burnout, workforce automation, talent acquisition/retention, benefits Tx.
- Next Gen RCM-contracting to maximize revenue: Dynamic re-pricing and autonomous coding
- New revenue streams: Building a distributed healthcare system – location of care moved to most appropriate setting

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## Reaching and Managing the Unreachable, Underserved, and High-Utilizers

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- Disparities continue to widen because there is a dearth of care-models that meet underserved communities where they are which perpetuates high health care costs and utilization from the same populations.
- Solutions that reach the unreachable and high utilizers (homeless, justice involved, lonely seniors, etc.) by developing new patient and member archetypes and matching them with the corresponding culturally informed workforce [CHWs, EMTs, doulas, etc.] and care models; data aggregation, analytics and risk stratification platforms centered around SDoH; tailored benefit care navigation and deployment platforms.

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## Enabling Seniors to Age at Home and Transforming Caregiving

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- CMS is raising the bar for MA plans to deliver health and financial outcomes and to improve quality to justify high spend. CMS is also looking for more inclusive and whole person care models for underserved and hard to reach seniors and is investing in tailored SDoH needs.
- Solutions that provide caregiver support, training/upskilling, and coordination; senior-specific social networks that combat loneliness and isolation; tech-enabled workforce extenders that facilitate the scaling of care-at-home models.

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## Stitching Together a Fragmented Care Ecosystem – Building an End-to-End Patient Care Journey

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- Patients, providers, employers, and payors are each inundated with poorly integrated point solutions on top of a lack of coordination between these entities further fragmenting the US healthcare system.
- Solutions that can simplify the patient journey and streamline care pathways (member navigation to high value care); platforms that seamlessly integrate digital, virtual and in-person care; point solution aggregators that provide an exceptional user experience across entire care journey; integrated primary and specialty care platforms that can engage in risk-based arrangements with payors and providers; clinical decision support that efficiently guides providers to better outcomes and increased engagement.

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## Transitioning from Fee-For-Service to Value-Based Care

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- Health plans are responding to CMS and employer pressures and are looking for value-based arrangements with providers. Additionally, the pandemic has motivated health systems to stabilize revenue through value-based contracting but face upfront investment and cost which are significant barriers.
- Solutions that design value-based contracts; data collection, aggregation, and interoperability tools that help providers track value-based arrangements; provider enablement platforms that eliminate administrative burden; tech-enabled providers of complex care patient populations and SNPs (Special Needs Plans) willing to take full-risk contracts with payors; solutions to strengthen or launch ACOs for health systems and Community health centers; building care and risk-management models for diagnosing and managing long Covid patients at individual and population health level.

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## Finding and Reaching New Patients/Members and Building a Sticky/Longitudinal Patient/Member Relationships

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- The pandemic has scrambled long-standing interaction patterns between patients/members, providers, and payers requiring new and highly-personalized approaches to recruit, retain, and engage with patients/members – a foundational capability required for the post-pandemic world.
- Solutions that are consumer-centric and engage continuously to empower the care-seeker to take ownership over their care journey; platforms that facilitate communication and data interoperability between payer, patient, and provider; integrated bolt-on benefits that attract, retain, and build user profile journeys; tech-enabled analytics that integrate marketing, care delivery, care management, population health tailored to the individual at scale.