



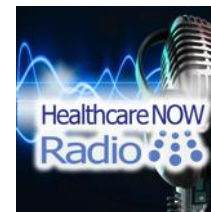
THINK TANK IV

Welcome!

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Directly and unscripted from thought leaders on the front lines of healthcare

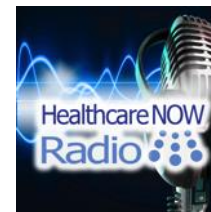
Justin Barnes
Co-Founder

Dr. Bob Monteverdi
Co-Founder

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Think Tank Collaborators

- Partners Healthcare
- Northwell Health
- UPMC & UPMC Health Plan
- Thomas Jefferson University
- University of Virginia Health System
- Duke Health
- Resurgens Orthopaedics
- Christus Health
- UT Southwestern Medical Center/
Parkland Health
- Boston University School of Medicine
- Tahoe Forest Hospital District
- Pratt Regional Medical Center
- Nemaha County Hospital
- Florida Association of ACOs
- Children's Integrated Center for
Success
- Reliant Medical Group
- Nemours Children's Health
System
- Dartmouth-Hitchcock
- Sturdy Memorial Hospital
- Phoenix Children's
Hospital
- Lima Memorial Health
- OhioHealth
- Covenant Health
- Halifax Health
- HCR ManorCare
- FastMed Urgent Care
- Institute for Family Health
- UNC/ Rex Health Ventures
- MedAllies, Inc.
- HHS/ ONC
- Intel
- Philips Healthcare
- Qualcomm Life
- McKesson
- Notable Health
- Meditech
- Cerner
- Allscripts
- CPSI
- NextGen Healthcare
- Change Healthcare
- New York eHealth
Collaborative
- Practice Fusion
- Connection
- CDW
- Qure4U
- HIPnation
- NeHII
- Livongo Health
- LifemedID
- WallerMD
- Call9 Inc.
- eviCore healthcare
- Commonwealth Health
- Insight Enterprises
- HealthEC
- Lenovo Health
- Center for Connected
Medicine (CCM)
- Justin Barnes Advisors
- Elevation Health
- StudioNorth

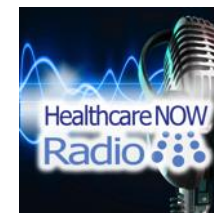
**Sampling of collaborators*

Consumerism: Elevating the Patient Experience

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Kamal Jethwani

Senior Director, Innovation

Partners Connected Health

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Consumerism in HealthCare

- Partners HealthCare internal research: 80% patients cared about 'brand/expertise' when selecting provider in 2005 – dropped to 42% in 2015. Convenience now biggest consideration.
- Over 1/3rd patients looked for virtual visit capabilities when selecting primary care provider in Boston, MA
- ACO response: aligning incentives for providers to 'pivot' to consumer-centric care: bonus payments linked to patient experience scores (HCAHPS)
- As a provider, our biggest competition in providing direct-to-patient services are now payers (example: BCBSMA deploying virtual triage through Am Well)
- Biggest challenges in VBC: Patient loyalty (especially for younger/healthier patients), physician burnout (retention), appropriate risk pooling, aligning incentives when billing is hardcoded into our workflows

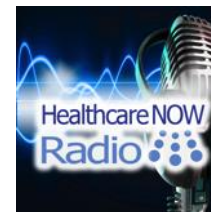
How can we improve Patient Engagement

Dr. Monica Bolbjerg, CEO and Founder of Qure4u

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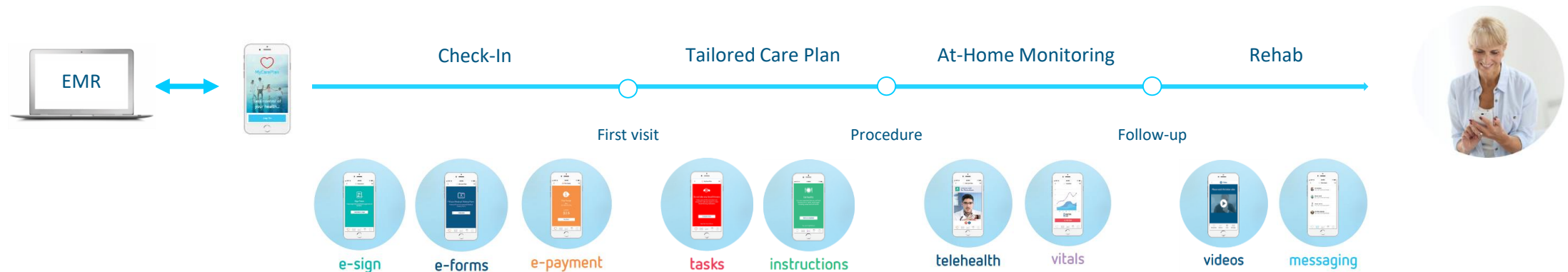
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How to drive engagement across the entire journey of care

ONE patient facing solution – Integrated to EMRs – Added value for both patients and providers



Tips:

- Remember that the patient is not a doctor! What is simple for us is not necessarily easy for the patient.
- Content should be tailored to patients and guide the patient in a simple and intuitive way.
- Go mobile! If you are on your patient's phone, then you are with them 24/7!
- Make it simple to use and support! One solution, easy login, multiple platforms should be supported.
- Make it relevant and valuable for the patient? Build a solution that adds value and is easier to use than picking up the phone.
- Make it look nice. Design is important. You want it to be appealing to the patients and the staff should be proud of it!

The Patient Experience:

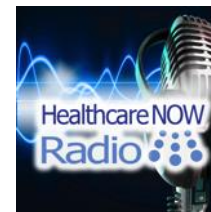
You May Not Be Famous, But
Everyone Knows You

Larry Garber, MD
Reliant Medical Group

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Elevating the Patient Experience



- Reliant Medical Group – 85th %ile “Would Recommend”
- The 3 U’s: **U**seful, **U**sable, “**U**” have to develop trust
- Telehealth experience
- Reliant is everywhere
- Everyone knows you...
 - Interfaces to ER, SNF, Home Health, Hospital, consultant
 - Stealth photos
 - Medication compliance
 - RoomEd
- ...all the time
 - Population Health
 - Home BP monitoring
 - The future...

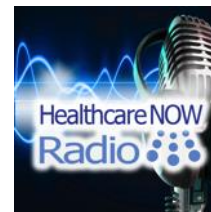


Break

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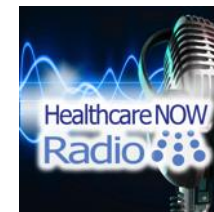
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Collaboration: Advances in Care Collaboration and Care Models for Improved Outcomes

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Virtual Care

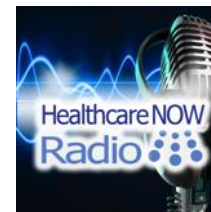
Matt Gaug, Lima Memorial Hospital

Wyatt Yelverton, Lenovo Health

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New Frontiers in Virtual Care

Defining Virtual Care:

- Telemedicine
- Patient Engagement
- Remote Patient Monitoring
- Patient Portals

Technology Components:

- Secure Communications (voice, video, text, data, etc.)
- Medical Device Integration (including wearables, home sensors, etc.)
- EHR Integration (Omni/bi-directional)
- Chart Review (labs, care plan, meds, appointments, etc.)

What's Working-What's Not

Successes:

- **Extending Clinical Resources** – looking at areas without staff support, like tele-stroke care
- **Virtual Patient Reminders** – health reminder apps can bridge the gap from in-person care
- **Proactive Virtual Care** – apps must be proactive/encouraging to patients, reminders promoting healthy lifestyles
- **Personalized Care** – virtual care must be personalized to the patient, yet generalized to the diagnosis

Challenges:

- **Struggles with IT for Home Care** – when tech is sent to patient's home, assumes patient has basic connectivity (router, Wi-Fi). If not, who is responsible?
- **Reimbursement** – major issue, some home care is reimbursed, some is not.

Advances in Care Collaboration and Care Models for Improved Outcomes

Sylvan Waller, MD, FACEP

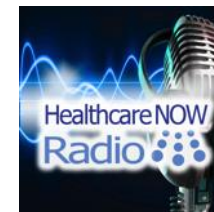
Call9 Chief Operating Officer & Chief Medical Officer

@SylvanWallerMD


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- 
- **Virtual Care: Best practices to engage the care team in delivering remote patient care to improve outcomes**
 - Create value for all stakeholders.
 - Most of healthcare is a zero-sum game. How do you create a win for all players, patients, providers and payers?
 - **Efficiency: Best practices to improve clinical workflow efficiency, productivity and communication**
 - Purpose-built solutions that empower the workflow, not having to hack a solution.
 - No permanent hacks. Fail fast, fail cheaply, minimize risk to stakeholders.
 - **Effectiveness: Best practices and strategies to successfully implement emerging care models**
 - Integrate into the existing healthcare fabric, don't create more inefficiency.
 - Focus on change management.



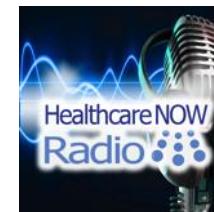
Bradley Dick
CIO

Resurgens Orthopaedics

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No such thing as brokener...

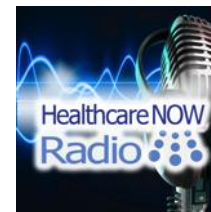
- The current delivery model for healthcare is unsustainable and inefficient
 - Examples..
 - Costs are staggering \$3.3 Trillion or 17.9% of GDP (cms.gov)
- Qwerty is the enemy and other hurdles to innovation
 - The Alexa factor and NLP/AI
 - Bandwidth, Battery, Big Data
 - Compliance, Hipaa, Security
- From the field...
 - Patient Reported Outcome Metrics and reaching “Value Paradigm”
 - Direct to employer contracts, bundles, insurance
- Final Thought...
 - We in healthcare need to develop a “tolerance of risk” (Mark Randolph, Co-Founder Netflix)

Lunch

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Lunch Educational Updates

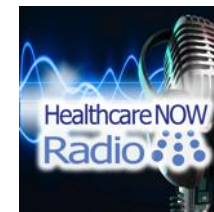
Dr. Jamie Skipper -Telehealth & Health Technology Reg's Update

Jeff Coughlin -HIMSS Legislative & Regulatory Policy Update

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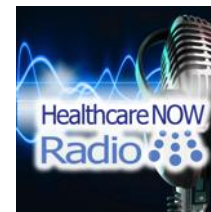
Telehealth Policy Landscape

Dr. Jamie Skipper, CEO of Elevation Health

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Policy Landscape & Key Words

Legislation/Regulation	Key Word(s)
MACRA – QPP (MIPS & APM), PFSs, MU	Reimbursed or Boutique Care; Patient Engagement
Bipartisan Budget Act of 2018	Originating Sites & MSAs
HR6 – SUPPORT for Pts & Communities Act	Opioids
Parity-Laws	Equal Reimbursement
HIPAA	Secure Platform, EHR interoperability
FCC	Connectivity
RUSH Act	Emergency Care



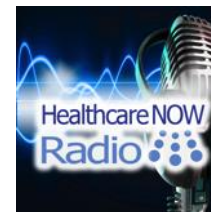
Public Policy Update

Jeff Coughlin
Senior Director, Federal & State Affairs, HIMSS

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Public Policy Update Across the Three Themes

- ***Consumerism: Elevating the Patient Experience***

- CMS MyHealthEData and Blue Button 2.0 facilitating more patient engagement and access to data
- Greater CMS recognition of telehealth and RPM technologies across several programs
- CMS MSSP ACO Rule proposing incentive payments for Medicare beneficiaries to stay engaged

- ***Collaboration: Advances in Care Collaboration and Care Models for Improved Outcomes***

- CMS and ONC partnering to address clinician burden issues through E/M documentation coding
- Greater data exchange is key; Data from CMMI projects on testing new payment and service delivery models
- CMS PFS Rule calls for Medicare coverage of new virtual check-in physician service

- ***Innovation: Ramping Up for the Future of Care with IT Innovation***

- New RFI from ONC on EHR Reporting Program; Information from DoD and VA EHR Modernization
- New HHS Report on Department-wide Data Sources; New HHS Cyber Playbook for Small Practices
- Appropriate FDA regulation is critical—New digital health software paradigm; Pre-cert Program for companies with a robust culture of quality; FDA approval of Ai-based diagnostic tools

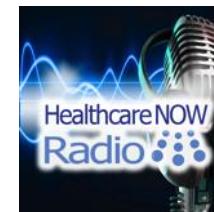
Innovation: Ramping up for the Future of Care with Innovation



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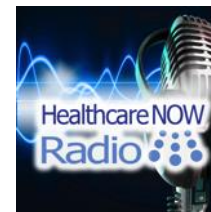


EHR Optimization

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EHR Optimization

- Optimizing the EHR depends on thinking less about tasks and more about goals.
- Organizations **MUST** view optimization and efforts to achieve value as a system problem.
- Usability testing of an implemented product is the best way to optimize a product.
- The organization needs to define “efficient” and “user-friendly” for itself, and recognize that there will always be unhappy users.
- Bridge the gap: IT to clinical, Executive offices to coders
- The [National Academy of Medicine’s Action Collaborative on Clinician Well-Being and Resilience](#)

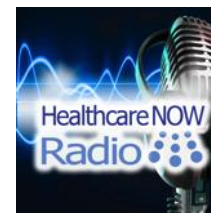


Andy Bartley Sr. Solution Architect Intel Corp.

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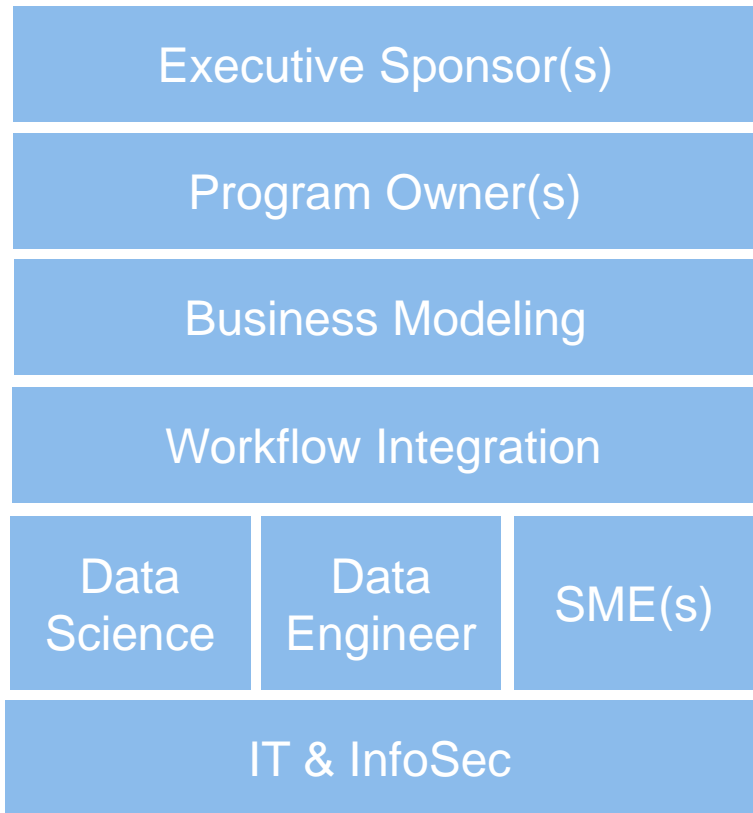
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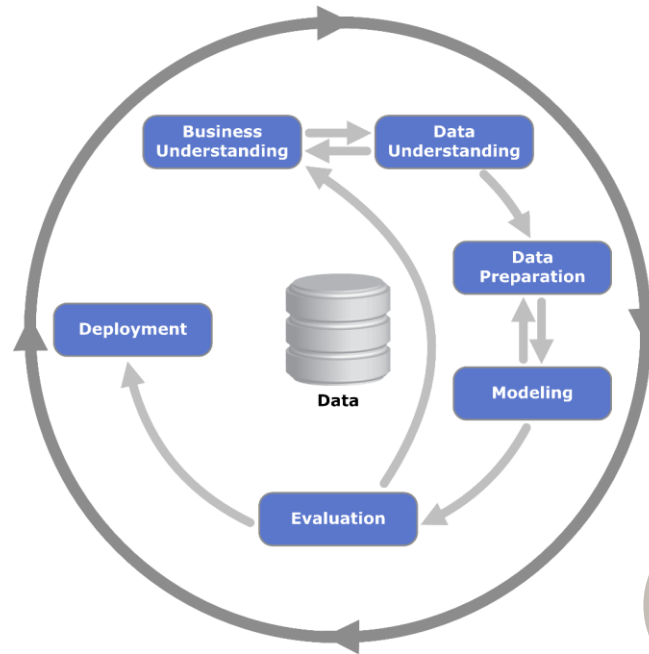
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Data Strategies – Best practices in optimizing data to improve care, value and security

People

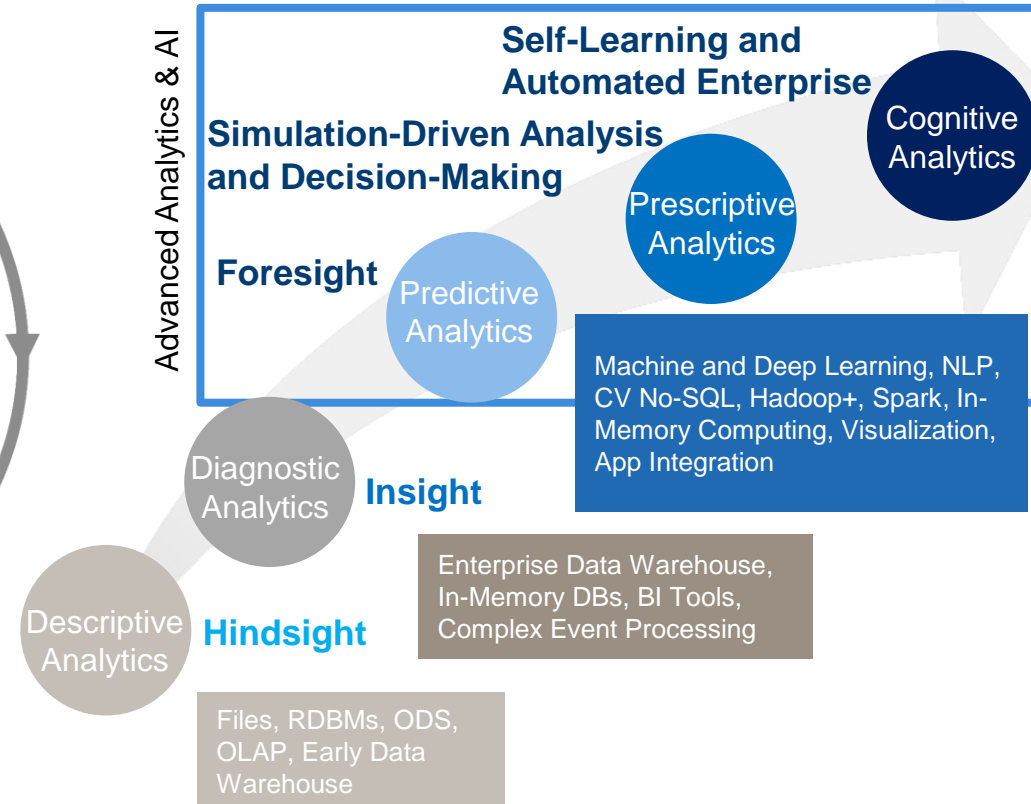


Process



CRISP - DM

Technology



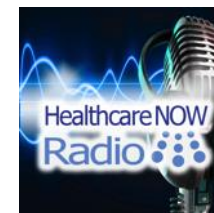
Innovation: Ramping Up for the Future of Care with IT Innovation

Sean Dowling, Northwell Health

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Northwell Health Ventures

Catalyzing Growth and Innovation in Healthcare

Northwell Ventures invests in novel technologies and business models that have the prospect to improve patient care, advance Northwell Health's growth and enable further investment in our mission

DIFFERENTIATED INVESTMENT STRATEGY

Perform diligence that tests alignment with the health system

- Leverage health system relationships: Validate product and services prior to investment using subject matter experts.







Structure winning deals

- Invest behind experienced teams: 12 of our 14 active portfolio company CEOs have led prior exits
- Proper deal structuring: Negotiating preferred shares and liquidation preference; Board representation; milestone based warrants

Co-investment bias: Co-invested with some of the nation's most successful professional investors to mitigate capital & market risks

Post-investment, optimize for two-way strategic value

- Add value through proactive engagement: Introduction to customers, advisors, strategic partners & investors
- Proactive development and monitoring: Proper board governance; regular reporting and review of budget vs actual; frequent interaction
- Follow-on capital: Only if traction is real and/or an exit on horizon

Company	Sector	Co-investors
 ARTERYS	Artificial Intelligence	TEMASEK, GE VENTURES, FOSUNPHARMA, Stanford University, VARIAN medical systems, NewYork-Presbyterian
 Avizia	Virtual Care	HealthQuest CAPITAL, WATERLINE, NewYork-Presbyterian
 binaryfountain	Digital Health	PRESS GANEY, HLM, VENTURE PARTNERS, pioneerventurepartners, PROVIDENCE Ventures
 conversa HEALTH	Patient Experience	Allscripts, healthgrades, TRIPLE TREE, EPIC VENTURES
 gauss	Medical Device	REX HEALTH VENTURES, OSF HEALTHCARE, SoftBank, SPECTRUM HEALTH, Mount Sinai
 HealthReveal	Health Analytics	GE VENTURES, Boston Scientific, GREYCROFT, flare capital partners

Think Tank V Topics

- Healthcare Disrupters
- Transparency of Cost
- Transparency of Quality
- Amplification of Technology

THANK YOU

— Justin Barnes

• —————> Justin@JustinBarnes.com