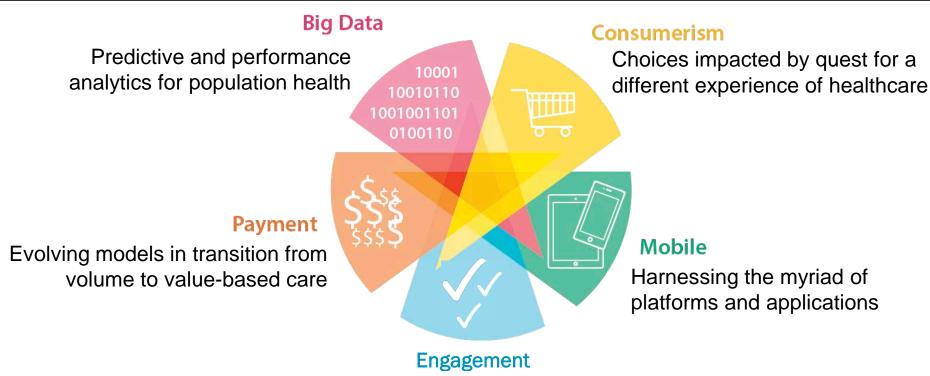






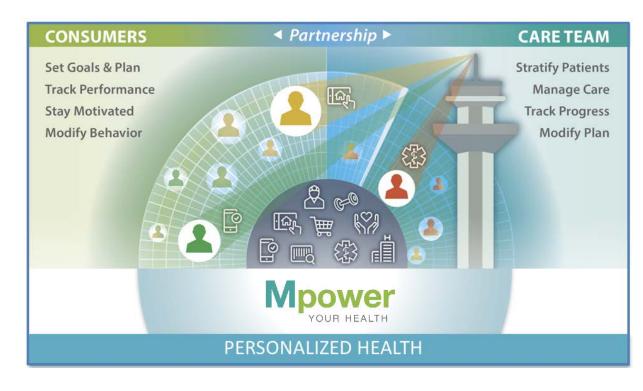
Key Drivers of Change



Ability to drive sustained engagement key to managing populations

Active Management of the Total Population

- Intelligence: knowing where each individual is at on their healthcare journey
- Engagement: connecting every member of the population with the care team
- Personalization: tailoring care and support to each individual's needs



Transitioning Care from Clinic to Community

Change focus and change locus

 Personalized care, with continuity, delivered in the community



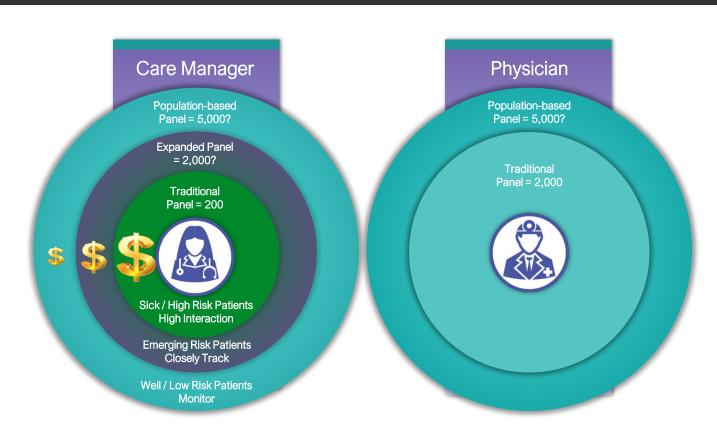
Panel Size and Scalable Staffing Models

Challenge

 Traditional caremanager staffing models cannot scale to high engagement models in large populations

Goals

- Improve the health of populations
- Reduce the per capita cost of healthcare
- Improve the outcome and experience of care



Bridging the Gap – Population Health and Consumer Engagement

Population Health

- Registries
- Office Based Care
- Process Oriented Pathways



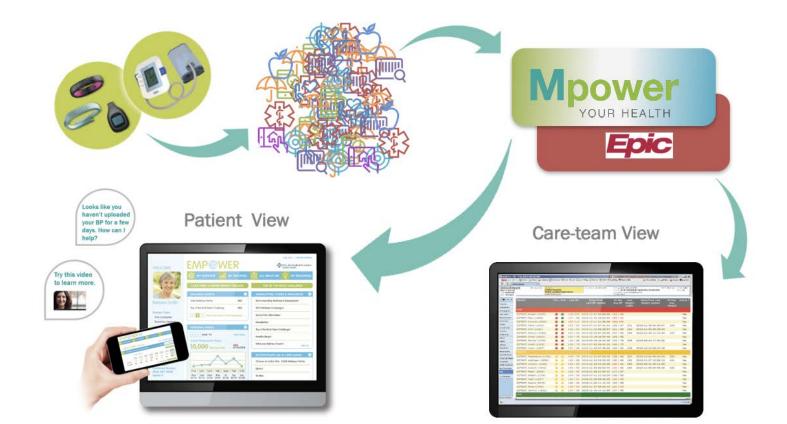
Consumer Engagement

- Unreliable PGHD
- Single Disease Apps
- Disconnected from Care Team

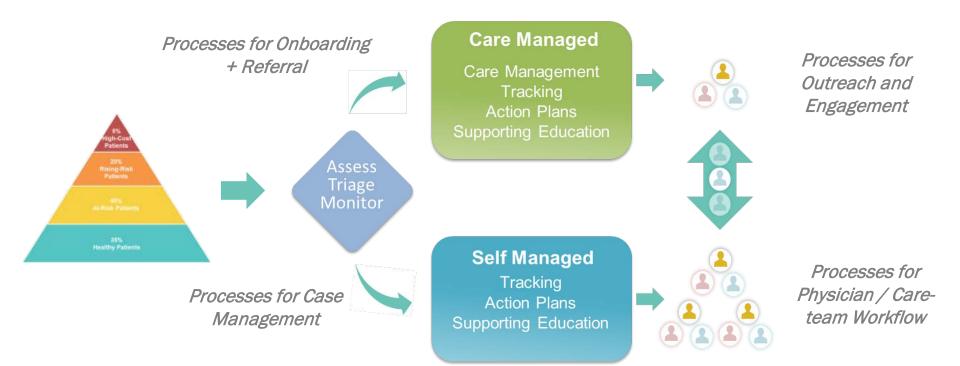
Engaging the Individual In Their Daily Lives - Leveraging the ecosystem of PGHD, eHealth, mHealth



Delivery Model for Advanced Personalized Care Co-ordinated Use of PGHD, eHealth, mHealth

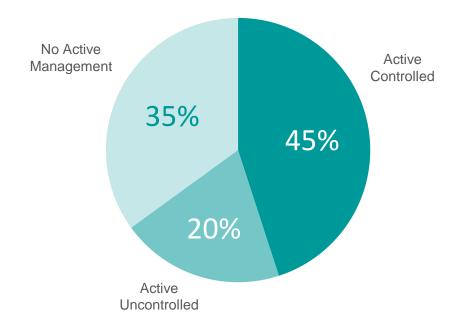


System Model for PGHD-based Personalized Care

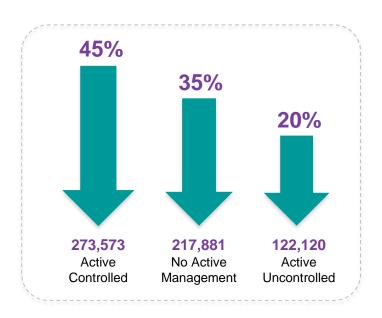


The Gap

613,664
Sutter patients with Hypertension on their active Problem List

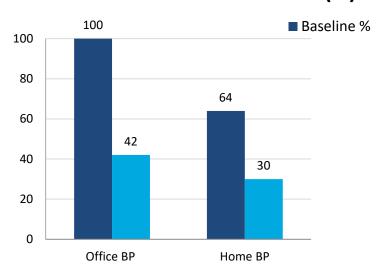


55%
Sutter HTN population not under control or not under active management

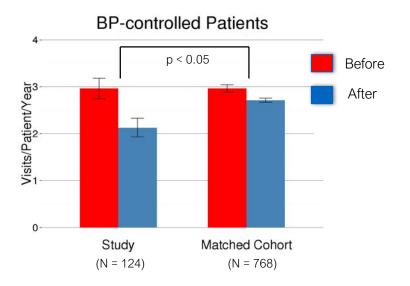


EMPOWER-H Clinical Outcomes Study Results - Reduction in Uncontrolled HTN

Patients with Uncontrolled HTN Pre-Post Intervention (%)



Reduction in Visit Utilization



Mpower Usual Care - Status Over 12 Months

