



Provider Perspectives

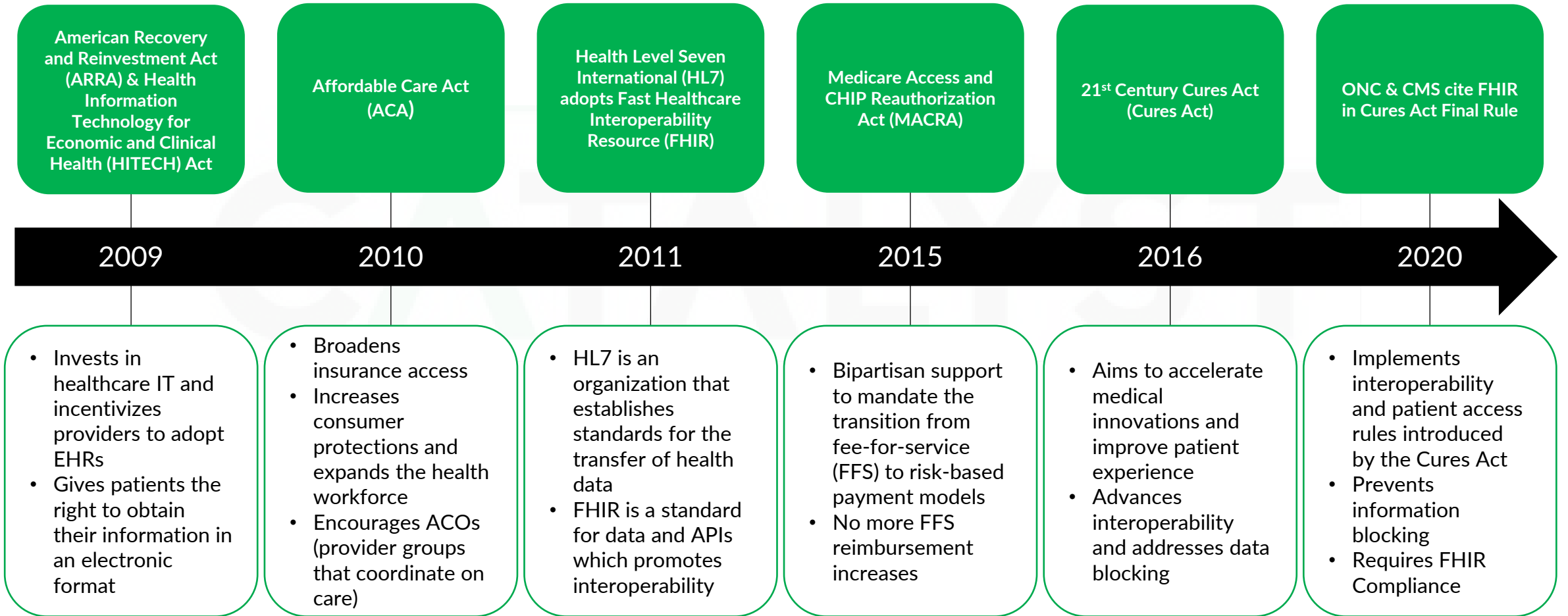
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An Evolving Regulatory Landscape



The last decade of healthcare reform has significantly shifted how healthcare is delivered, documented and reimbursed



Cost as a Catalyst for Change



New care delivery models emerge as stakeholders across the ecosystem seek opportunities to reduce costs

Employers increasingly opt for self-insurance, bearing more of the risk themselves in order to avoid paying high fees and premiums to an insurance carrier

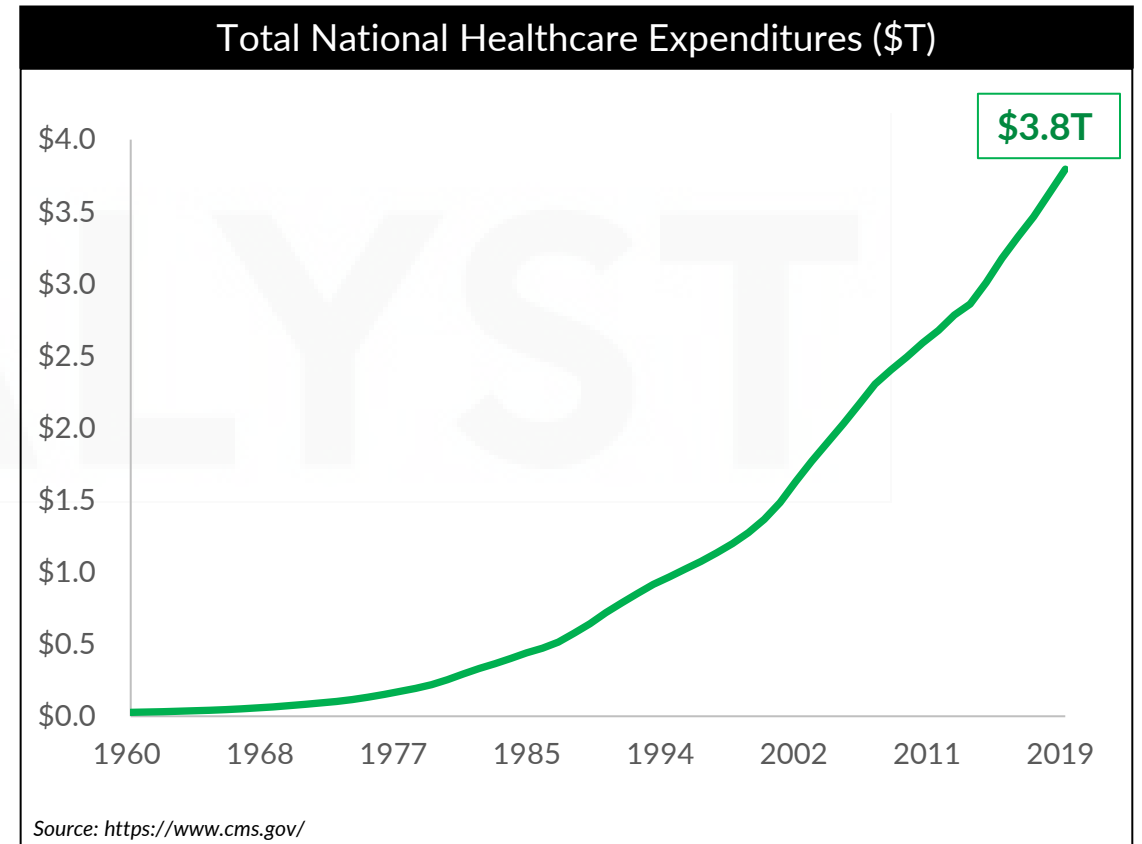
- 67% of U.S. workers are covered by self-insured employers as of 2020

Payers embrace alternative reimbursement models

- Commercial insurers are motivated to adopt value-based care (VBC) models in order to reduce costs and attract / retain employer contracts

Direct primary care practices have become more popular due to rising premiums and out-of-pocket expenses

- Rather than go through insurance, patients can pay a monthly subscription for basic primary care services



Stages of Healthcare IT



Healthcare IT solutions have blossomed as a result of healthcare reform, rising costs and the broader consumerization of healthcare

Healthcare IT 1.0 – Digital

The introduction of EHRs began the digitization of healthcare information

Healthcare IT 2.0 – Efficient

Efficiency tools automate practice operations and establish lines of communication between providers and patients

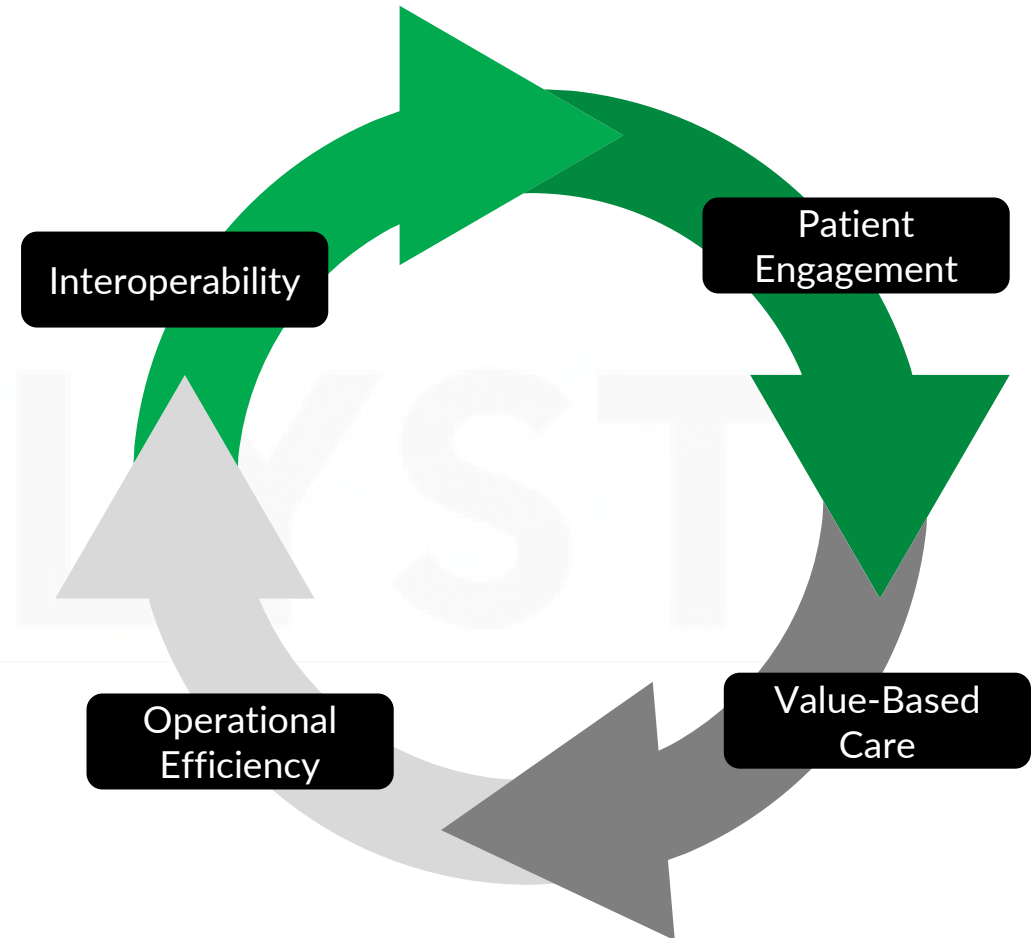
Healthcare IT 3.0 – Proactive

Information sharing and improved patient engagement enable a data-driven, proactive approach to patient care

Powering the Shift from HCIT 2.0 to HCIT 3.0



- **Interoperability** – Meet new information sharing requirements; attract / retain patients; leverage best of breed technology through APIs
- **Patient Engagement** – Promote collaboration between the patient and entire care team; activate patients; improve patient satisfaction and outcomes
- **Value-Based Care** – Hit quality metrics; get the right care at the right time to the right patient and benefit from the shared savings
- **Operational Efficiency** – Reduce administrative burden; adapt to an evolving payer landscape; shift focus to patients over operations



Interoperability



Interoperability gives patients control of their data and arms providers with the information they need to deliver quality care; health data is increasingly accessible to patients via apps and portals and to providers via external systems powered by FHIR APIs

New interoperability standards go into effect as we cross Cures Act Final Rule implementation deadlines, requiring providers to participate in information sharing

- Providers feel unprepared to comply with new standards due to tech deficiencies; a HCIT refresh will enable doctors to connect via APIs in order to send and receive data and notifications
- Information security is at the center of HIPAA-compliant information sharing, placing an increased focus on cybersecurity
- Data standardization remains an obstacle; providers need technology that allows them to record, send and receive data in a sharable format

When providers embrace interoperability, they unlock insights that help them grow their business and offer higher quality care

- Helps eliminate duplicative and sometimes unnecessary procedures and supports successful Remote Patient Monitoring (RPM)
- With increased data liquidity, the focus shifts to distilling the most important information; predictive modeling can help providers determine the most relevant data points to inform the best course of care

Patient Engagement



Ongoing patient engagement ultimately results in superior health outcomes and improved patient retention

Patients demand more time and attention from their providers

- Telehealth enables more consistent and time-efficient patient interactions
- Practices leverage their non-doctor staff to manage patient relationships and maintain an open line of communication
- Asynchronous communication increases patient activation and improves patient outcomes

Since interoperability gives patients direct access to their health data, it becomes easier for them to switch providers; therefore, patient experience and satisfaction are increasingly important competitive advantages

- Price and quality transparency empower patients to choose providers that best fit their needs
- Patient engagement platforms streamline appointment scheduling and paperwork which results in a better intake and follow-up experience
- Integration with consumer wearables enables RPM and proactive treatment plans in order to achieve better health outcomes
- Tools that facilitate patient segmentation help providers identify individual preferences and create curated care plans

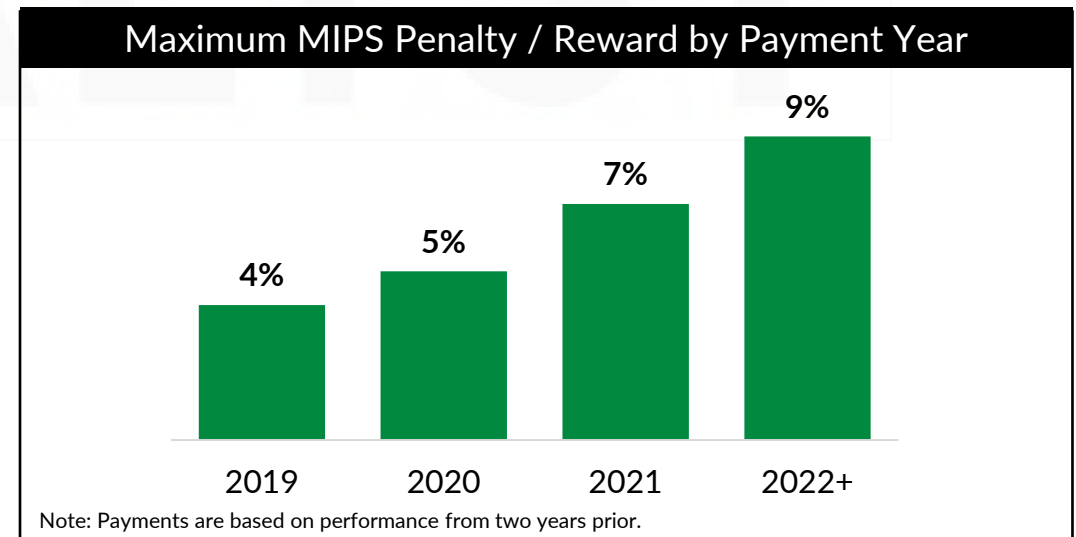
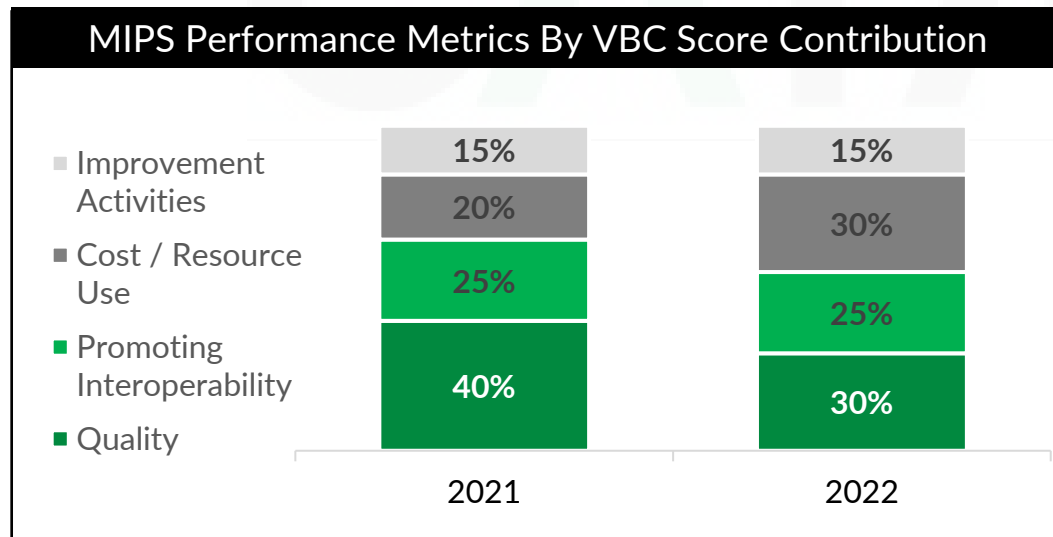
Value-Based Care



As (i) CMS's penalties for not participating increase, (ii) no-financial-risk periods roll off and (iii) commercial insurers increasingly implement value-based reimbursement programs, providers must leverage technology in order to achieve success under VBC

VBC is intended to improve patient outcomes while simultaneously driving down the cost of care; however, misaligned incentives have stalled its adoption since providers have historically struggled to receive bonuses through VBC

- RPM and patient engagement tools facilitate proactive, preventative care in order to (i) control costs, (ii) improve clinical outcomes and (iii) achieve high scores on quality metrics, all of which ultimately result in higher reimbursement
- Care team coordination and high-quality referral networks empower providers to retain patients in network
- Aligning incentives between patients, providers and payers will unlock the potential for better collaboration and innovation across the healthcare ecosystem



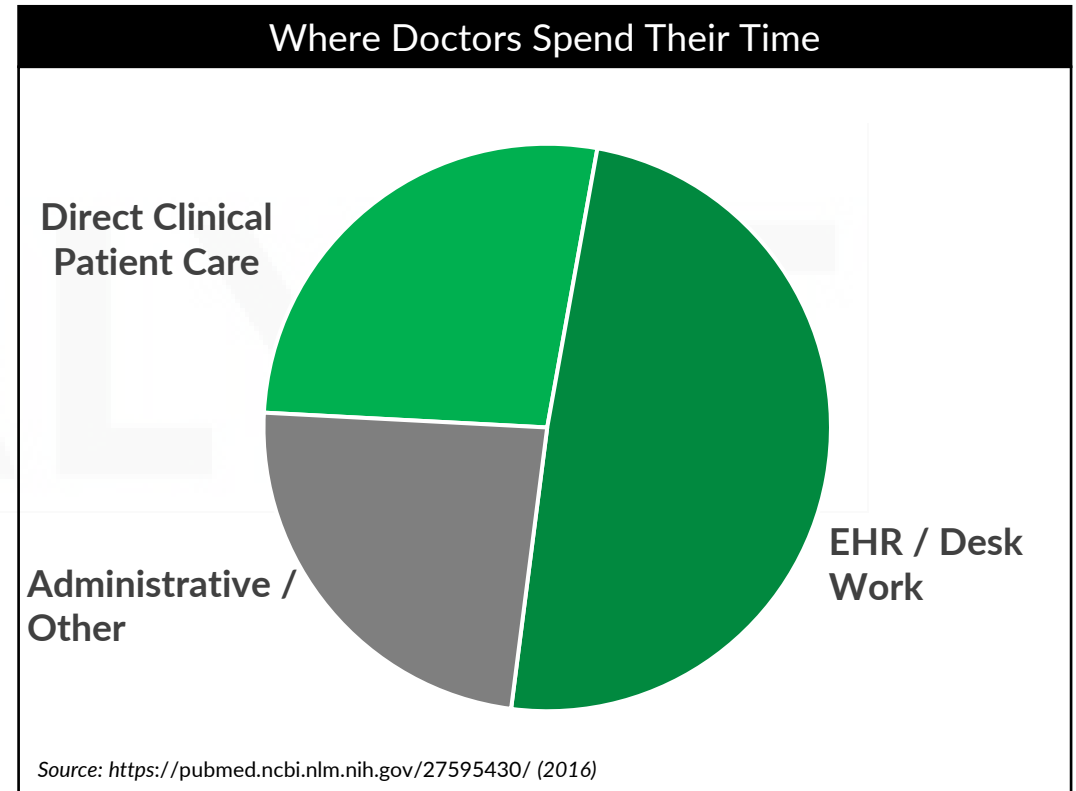
Operational Efficiency



Modern tech stacks should reduce administrative burden and must be flexible in order to accommodate the evolving payer and regulatory landscapes; best-in-class solutions should be “built by doctors for doctors” unlike many legacy systems

The industry is due for an EHR refresh cycle; rigid legacy EHRs have poor UI/UX (too many clicks) and providers end up spending more time charting a visit than they spend with their patients

- Modern EHRs must support apps and integrations including patient engagement tools, telehealth, practice management systems and billing systems that support new payment models
- Voice recognition tools will help reduce charting and other manual data entry
- EHRs that accommodate changing reimbursement models help doctors (i) come up to speed on relevant changes and (ii) meet the appropriate metrics in order to achieve financial success under any alternative payment model
- Solutions that automate / facilitate payments based on coverage and reimbursement model will help reduce the number of unpaid bills and aging receivables from both patients and payers, a major pain point for most providers



Provider Solutions Market Map



Interoperability



Patient Engagement



Value-Based Care



Operational Efficiency





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