Digital Health and the Underserved, Part 1: Emerging Opportunities

Wednesday, September 3, 1:00 – 2:00 pm ET

For Audio Dial: 888-352-6803
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Questions?

To submit a question please click the question mark icon located in the toolbar at the top of your screen.

Your questions will be viewable only to panelists.

Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.
I. Welcome and Introductions
II. Observations and Opportunities: The Entrepreneurial Perspective
III. Observation and Opportunities: The Health Care Delivery Perspective
IV. Moderated Discussion
V. Q&A
Speakers

Rachel Davis
Senior Program Officer
Center for Health Care Strategies

Katya Hancock
Strategic Partnerships Director
StartUp Health

Veenu Aulakh
Executive Director
Center for Care Innovations
Portrait of the Underserved

- 5% of Medicaid beneficiaries account for 55% of the program’s total costs¹
- Low connectivity to primary care, frequent Emergency Departments²
- High prevalence of physical health, mental health, substance use conditions³
- Many are socially isolated and unstably housed
- Wary of the health care system
- High degree of care coordination needed to manage needs

Sources:
1. 2013 Super-Utilizer Summit: Common Themes from Innovative Complex Care Management Programs, http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf407990
2. J. Billings and M. Raven, http://content.healthaffairs.org/content/32/12/2099.abstract
Low-income populations are increasingly ‘connected’:

- 43% own a smartphone
- 54% own a feature phone
- Early evidence that they use them for health-related purposes

Sources:
4. Pew Internet and American Life Project, 
http://www.pewinternet.org/files/old-media/Files/Reports/2012/Smarphone%20ownership%202012.pdf
6. UCSF CT SI Mobile Health Resource Allocation Program (RAP) Grant
CHCS Focus Groups

- Conducted in Spring ’13, four groups in New York and Philadelphia
- Discussions revealed:
  - Comfortable using different kinds of technology
  - Saw opportunities for technology to aid them
  - Barriers included low literacy levels, impaired motor functions, concerns about privacy

Obvious Opportunities

- Maintaining contact
- Coordinating care across providers
- Tracking:
  - Health conditions
  - Medications
  - Records
  - Appointments
  - Transportation
- Real-time notifications
- Others...?
“The Medicaid population represents a sizable opportunity for innovators who can figure out how to serve it profitably with high-value, lower-cost solutions.”

- Stefanos Zenios and Lyn Denend

Digital Health & The Underserved

Katya Hancock
Director of Strategic Partnerships
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Comprehensive funding data available at startuphealth.com/insights
What is StartUp Health?
A Global Startup Platform and Ecosystem designed to 10x health innovation
An International Program & Growing Community

80 COMPANIES FROM 7 COUNTRIES AND MORE THAN 35 CITIES

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The Creative Destruction of Healthcare

TRANSFORMED INDUSTRIES

- Media
- Entertainment
- Music
- Travel
- Retail/Commerce
- Healthcare

"Creative Destruction" popularized by Joseph Schumpeter in Capitalism, Socialism and Democracy. Richard Foster and Sarah Kaplan applied the concept directly to healthcare in Creative Destruction. Dan Sullivan and The Strategic Coach simplified the concept further in his Creative Destruction Series. Eric Topol, MD, recently wrote a book The Creative Destruction of Medicine.

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The Conditions are Set for an Epic Decade

Change
Healthcare Reform

Technology
Mobile & Digital Health

Acceleration
Chronic Disease, Aging & Cost

Opportunity
The Golden Age of Entrepreneurship
A 10x Solution to Drive Value Creation

- 2-10% Equity in SU+H Companies
- Founders Collective
- 80 SU+H Companies
- $148M raised by SU+H Companies
- 41% increase in NAV as of Q2 2014
- 3 companies acquired

SU+H Companies

Stages of Innovation:

- Idea
- Start Up
- Ramp Up
- Speed Up

Long Term
Global Reach
Network Effect
All Stages
Infrastructure and Team

Basis by Intel
Apereo by Gene
Avado by WebMD
Healthcare Transformers

\[ \times \]

The Network Effect

\[ = \]

The Reimagination of Healthcare
StartUp Health Education Program for Entrepreneurs

• In partnership with the Robert Wood Johnson Foundation, StartUp Health is working to *inspire* and *educate* entrepreneurs on building solutions to improve health outcomes in vulnerable populations

• Visit [startuphealth.com/makeanimpact](http://startuphealth.com/makeanimpact) for a library of educational videos, online resources, and a directory of select organizations and individuals working to improve health outcomes in under

Robert Wood Johnson Foundation

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Technology is reimagining the ways we experience and deliver healthcare. But too few new solutions consider the barriers that prevent many Americans from accessing quality care. With support from the Robert Wood Johnson Foundation, we're creating an online resource center to help entrepreneurs understand and connect with the highest-need and highest-cost patients, so that they can kickstart innovation in traditionally underserved communities.

Join us and make an impact! Subscribe to receive alerts when new videos are published and get fresh industry news, funding insights and more with our weekly newsletter.

https://www.youtube.com/watch?v=glC2-l8stBY
Digital Health & Underserved Communities

Direct Dermatology (directdermatology.com)

- **Problem:** Skin problems account for about 25% of all visits to primary care physicians, but 42% of the US population lives in areas of the country that are underserved by dermatologists. The *average wait-time for a dermatologist can range from 1 to 4 months*.
- Direct Dermatology is a web-based, HIPAA-compliant technology platform that enables same-day and next-day consultations by US board-certified dermatologists.
- **Key Takeaway:** telehealth solutions have high potential to improve access to and quality of medical care for patients in traditionally underserved areas.
Digital Health & Underserved Communities

Care at Hand (careathand.com)

- **Problem:** Early health declines lead to preventable and costly hospital readmissions
- Care at Hand is a care coordination platform that enables direct care workers to answer simple surveys that trigger real-time alerts to care managers who can detect and prevent early health decline
- Medicaid already reimburses home care workers to help vulnerable elderly with activities of daily living (ADLs)
- 2014 mHIMSS case-study highlights how Care at Hand enabled direct care workers to decrease 30-day readmissions by 39.6%
- **Key takeaway:** leverage existing care and revenue models, in this case home health workers and Medicaid reimbursements
Comprehensive funding data available at startuphealth.com/insights

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Digital Health and the Underserved: Reflections from Safety Net Systems

Veenu Aulakh, Center for Care Innovations
CCI transforms care for underserved populations by supporting changes in health care safety net organizations.
Innovation Center for the Safety Net
Strategy behind our work

Discover

Investigate new ideas, programs, technologies

Patient Experience
Access: Alternative Visit Types
Seniors & Complex Patients
Care Coordination
Strategy behind our work

Discover

Investigate new ideas, programs, technologies

- Patient Experience
- Access: Alternative Visit Types
- Seniors & Complex Patients
- Care Coordination

Incubate

Move from ideas to pilot programs
Strategy behind our work

**Discover**
Investigate new ideas, programs, technologies

- Patient Experience
- Access: Alternative Visit Types
- Seniors & Complex Patients
- Care Coordination

**Incubate**
Move from ideas to pilot programs

**Accelerate**
Move from pilot programs into standard operations and spread to other organizations

*Modified from Lyle Berkowitz – Northwestern Memorial Hospital*
Search by Topic

- Remote Monitoring
- Resources & Referral
- Patient-Provider Communication
- Care Coordination

Select Type or Date:
- Select a type
- Date

Submit

Showing Results for:

**Sense Health**
Sense Health makes it easy for providers to use text messages to keep the conversation going between appointments.

**AppMedicine**
AppVisit’s easy-to-use tools allow providers to customize and answer questions on all platforms simultaneously.

**Polyglot**
Polyglot Systems produces software for the healthcare industry to bridge the language gap between physicians and patients and improve proficiency.
Currently: a disconnect

Needs of Vulnerable Populations

Solutions being built
Patient Needs
Safety Net
Clinic Needs
In partnership with Blue Shield of California Foundation

Texting for Better Care
Problem
One of every three people in the United States has low health literacy. Low health literacy is a stronger predictor of health than age, income, employment status and race.

Solution
Meducation materials written for 5th grade level, supports all languages, medication calendar is clear and concise. Integrated into after visit summary

Metrics & ROI
Reduced staff time for patient education, increased medication adherence, increased patient and staff satisfaction. Leads to improve patient health outcomes and meets meaningful use
### Receipt

**Date:** 01/29/2023 01:30 PM
**Total:** $184.99

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<table>
<thead>
<tr>
<th>COMMON NAME:</th>
<th>DURIPREX (extended release)</th>
<th>COMMON USES:</th>
<th>TREATMENT OF HIGH BLOOD PRESSURE</th>
</tr>
</thead>
</table>

**Before using this medicine:**
- **This medicine is a long-acting beta-blocker used for the treatment of high blood pressure.**
- It is also used to treat other conditions as determined by your doctor.

**How to use this medicine:**
- Follow the directions for using this medicine provided by your doctor. Your doctor has prescribed this medicine for you.
- **Do not change the amount of the medicine you are taking without checking with your doctor.**
- **Do not take this medicine within 1 hour of a meal.**
- **Do not skip any doses.**
- **Do not stop taking this medicine suddenly.**

**Possible side effects:**
- These side effects are usually not serious, but report them to your doctor.
- **Tell your doctor if you have any of these side effects:**
  - Dizziness
  - Nausea
  - Headache
  - Changes in vision
  - Fast heartbeat
  - Difficulty breathing
  - Changes in blood pressure

**Overdose:**
- If overdose is suspected, contact your local poison control center or emergency room immediately.

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**CARES FOR YOU:**
- **Call your doctor or pharmacist if you have any questions or concerns about this medicine.**

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**Center for Care Innovations**
- **Phone:** (919) 767-1155
- **Fax:** (919) 767-1155
- **Address:** 1201 S. Mission Rd., Suite 100, Durham, NC 27713
- **Website:** www.careforus.com
Universal Medication Schedule

How to take medicine
Take the medicine by mouth twice a day with meals - breakfast and dinner.

<table>
<thead>
<tr>
<th>Time</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>5 mL</td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td>5 mL</td>
</tr>
<tr>
<td>Bedtime</td>
<td></td>
</tr>
</tbody>
</table>
Bactrim Tablet 400-80 mg

This medicine is used to treat infection.

**How to take medicine**
Take the medicine by mouth twice a day with meals - breakfast and dinner.

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Bedtime</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Instructions**

Swallow the medicine without crushing or chewing it.

This medicine may be taken with or without food.

It is very important that you take the medicine at about the same time every day. It will work best if you do this.

Keep the medicine at room temperature. Avoid heat and direct light.

Drink extra water while on this medicine. Adults should try to drink 6-8 cups (48 to 64 oz.) of water every day.

**Cautions**

If you have ever had any reaction to this medicine, do not use it. Please tell your doctor if you are pregnant, breast feeding, or have a skin rash or allergy.

**Other Information**

This medicine may be a generic.
Opportunities: Focus on the Needs
Questions?

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