U.S. Healthcare 2020 – 10 Predictions

Mike Lovdal
Emeritus Partner, Oliver Wyman
mike@mlovdal.com
U.S. Healthcare 2020 – Mike Lovdal’s 10 Predictions

10 State and local initiatives will trump federal impact
9 $2 trillion will migrate to value-based healthcare
8 Newly sculpted provider networks will emerge as winners
7 Public health and healthcare will increasingly merge
6 200 million Americans will become healthcare consumers
5 Healthcare pricing will become transparent
4 Consumer-centric business models will be essential to survival
3 Healthcare will become an information technology business
2 Precision medicine will become commonplace
1 The structure of the healthcare industry will radically change
The ten predictions: Impact on your business model?

1. The structure of the healthcare industry will radically change
2. Precision medicine will become commonplace
3. Healthcare will become an information technology business
4. Consumer-centric business models will be essential to survival
5. Healthcare pricing will become transparent
6. 200 million Americans will become healthcare consumers
7. Public health and healthcare will increasingly merge
8. Newly sculpted provider networks will emerge as winners
9. $2 trillion will migrate to value-based healthcare
10. State and local initiatives will trump federal impact

**Target Populations**
What consumer / patient segments / populations are we targeting?

**Value Proposition**
What is our unique and differentiated value proposition?

**Strategic Control**
How will we protect our consumer / patient base and sustain our value proposition?

**Revenue Models**
What revenue models will we use to generate superior financial returns?

**Scope**
What value chain positions and what assets and partners do we need?
U.S. health spending: 5% of GDP in 1960, 17.5% in 2014

U.S. Healthcare Expenditures
Percent of GDP

Demographic age wave
Declining population health status and attitudes
New medical and therapeutic technologies
Fee-for-service payment systems
Sense of health entitlement
User = payer

$3.08T
$1.71T
$1.37T

Source: Centers for Medicare and Medicaid Services, 2014
One Hundred Eleventh Congress of the United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Tuesday, the fifth day of January, two thousand and ten

An Act

Entitled The Patient Protection and Affordable Care Act.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Patient Protection and Affordable Care Act”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Title; table of contents.

TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle A—Immediate Improvements in Health Care Coverage for All Americans

Sec. 1001. Amendments to the Public Health Service Act.
ACA exchange enrollment and payment

1: 11.7M includes 4.5M who were re-enrolled from 2014; as of June 30, 2015, 9.9M were still enrolled and had paid for a Marketplace plan
2: As of 1/7/16; 2016 Open Enrollment period: Nov 1 2015 – Jan 31, 2016

Source: HHS, CMS, Health Affairs, ObamacareFacts.org
ACA impacting healthcare spending growth?

Healthcare spend as % of GDP

2001 Healthcare expenditures: $1.5T

2014 Healthcare expenditures: $3.0T

Source: Centers for Medicare & Medicaid Services (CMS) National Health Expenditure Report 2014
# U.S. Health Performance

## Country Rankings

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| Health Expenditures/Capita, 2011** | $3,800 | $4,522 | $4,118 | $4,495 | $5,099 | $3,182 | $5,669 | $3,925 | $5,643 | $3,405 | $8,508 |

Notes: * Includes ties. ** Expenditures shown in $US PPP (purchasing power parity); Australian $ data are from 2010.

Today’s objective: Look into the future
State and city initiatives will trump federal impact
It is one of the happy incidents of the federal system that a single courageous state may, if its citizens choose, serve as a laboratory; and try novel social and economic experiments without risk to the rest of the country.

Justice Louis Brandeis, 1932
Uninsured Rates Among the Nonelderly, 2014

Massachusetts: 5.1% uninsured

Texas: 18.8% uninsured

Source: Kaiser Family Foundation, 2014
Medicare Advantage contracts with 4 or more stars

Number of Key Elements Included in State PA Law, June 2015

- One Key Element
- Two Key Elements
- Three Key Elements
- Four Key Elements
- Five Key Elements
- Six Key Elements

State healthcare practice restrictions
NOTES: *HI, NM, NV, and OR are federally-supported state-based Marketplaces in 2015.

**Coordinated Care Organizations** – innovative experiment with managing Medicaid populations in coordinated care organizations

**Healthy Indiana Plan** – a consumer-directed plan for low-income individuals. The Governor has requested to use the state-run plan in place of traditional Medicaid expansion

**Accountable Care Entities** – ACOs for Medicaid

**Private Option** – uses federal funds to purchase private coverage for low income residents

**Current status of exchanges and Medicaid expansion**
Cities with health innovation initiatives

**Tampa**

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**New York City**

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**Philadelphia**

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Source: Websites of Tampa Hillsborough Economic Development Corporation, MediFuture, the Cleveland Health-Tech Corridor, the Global Center for Health Innovation, IBX Games Changers, Penn Medicine Center for Health Innovation
$2 trillion will migrate to value-based healthcare
Fee-for-service (FFS) to fee-for-value (FFV)

**Today: FFS**
- Transactional Models
  - Episodic Care Models
    - Orthopedics
    - CV surgery
    - General / specialty surgery
  - Condition Care Models
    - Oncology
    - Diabetes
    - Asthma
    - Chronic/end-stage renal

**Future: FFV**
- Population Care Models
  - Partial Population
    - Frail elder
    - High risk
    - Poly-chronic
  - Full Population
    - Globally capitated models
    - Accountable Care Organization

9
Value-based healthcare will ultimately become the dominant payment system

Value market by funding source
2010-2025

TIPPING POINT:
FFV tops 30% of total market

$3.7T in 2025
(70% of total spend)

- Individuals & Exchange: $231 B
- Innovative Employers: $1.2 T
- Duals: $578 B
- MA: $1.5 T
- Managed Medicaid: $268 B

$2T by 2020?
“HHS has set a goal of tying 30% of traditional, or fee-for-service, Medicare payments to quality or value through alternative payment models, such as Accountable Care Organizations (ACOs) or bundled payment arrangements by the end of 2016, and tying 50% of payments to these models by the end of 2018 . . .

. . . This is the first time in the history of the Medicare program that HHS has set explicit goals for alternative payment models and value-based payments.”
Reactions to HHS announcement

“We encourage the Administration to fully evaluate and improve on the delivery system reforms currently in place . . . Moreover, we need to phase in changes in a thoughtful manner tailored to the specific needs of individual communities.

We look forward to learning more from HHS on the details and metrics of this program.”

“Physicians have many ideas for redesigning and improving the delivery of high-quality patient care in this country . . .

We look forward to hearing more details behind the percentages HHS put forward as well as their plans to reach these percentage targets.”

“Advancing a patient-centered health system requires a fundamental transformation in how we pay for and deliver care. Health plans have been on the forefront of implementing payment reforms . . .

We are excited to bring these experiences and innovations to this new collaboration.”
Of the original 32 CMS “Pioneer” ACOs, 19 are still active.

Pioneer Performance Year 3 Results

- Savings of $120M, an increase of 24% from year 2 ($96M), which was itself an increase from year 1 ($88M)
- Of the 15 ACOs that generated savings, 11 generated savings outside a minimum savings rate and earned shared savings; these ACOs qualify for shared savings payments of $82M
- Of the 5 ACOs who generated losses, three generated losses outside a minimum loss rate and owed shared losses; these ACOs are paying CMS $9M in shared losses

Source: Center for Medicare & Medicaid Services (CMS), 2015
# CMS BPCI

## Exhibit 1

### Bundled Payments for Care Improvement Initiative Model Characteristics

<table>
<thead>
<tr>
<th>Model</th>
<th>Episode</th>
<th>Conditions</th>
<th>Episode Initiators</th>
<th>Medicare Discount</th>
</tr>
</thead>
</table>
| 1     | Inpatient stay (hospital services only) | All diagnosis-related groups (DRGs) | Acute care hospitals | Year 1 (0–6 months) = 0.0%  
Year 2 (7–12 months) = 0.5%  
Year 3 = 1.0% |
| 2     | Inpatient stay plus 30, 60, or 90 days (participant’s choice) of postacute care | One or more of 48 episodes based on families of DRGs (participant’s choice) | Acute care hospitals or physician group practices | 3% for episodes 30 or 60 days in length  
2% for episodes 90 days in length |
| 3     | 30, 60, or 90 days (participant’s choice) of postacute care following a hospital stay | One or more of 48 episodes based on families of DRGs (participant’s choice) | Postacute care provider (skilled nursing facility, inpatient rehabilitation facility, long-term care hospital, or home health agency) or physician group practice | 3% for all episodes (regardless of length) |
| 4     | Inpatient stay (including physician services) | One or more of 48 episodes based on families of DRGs (participant’s choice) | Acute care hospitals | 3% for most episodes (3.25% for cardiac and orthopedic episodes included in the acute care episode demonstration) |

**Source:** Author’s analysis.

http://www.healthaffairs.org/healthpolicybriefs/
The transition is already underway, with 500+ ACOs currently in the market and hundreds of additional pilots being tested.

Updated as of January 2014. Sources: News releases, company websites, Dartmouth Atlas PCSAs, Claritas, Oliver Wyman analysis

1. ACOs defined as providers participating in Pioneer ACO, Medicare Shared Savings, a Medicaid ACO, PGP Transition, or in a shared savings/risk arrangement with a commercial payer; Prep activity defined as participation in a learning collaborative or providers preparing to become an ACO.
Patient-centered care - the real benefit of moving to value-based reimbursement

- Patient-centered, caring culture with team-based staffing and patient engagement models
- Value optimization through intelligent adaptive workflow
- Predictive modeling, prevention, and early intervention
- Web-enabled, personalized, 24 hour clinical model
- Health, behavioral, and wellbeing program integration
- Population Health Management – whole-person care across the pyramid

Patient-Centered Care Core Competencies
Different value-based contracting structures allow health systems to take on varying amounts of risk and reward.

**No Risk**
- FFS payments still provided for services
- Savings via reduced utilization are shared between payer and system
- Risk born by payer
- Generally a “transition” period to risk-share

**Risk and Potential Reward**
- Gain-share (e.g., P4P)
  - FFS payments still provided for services
  - Savings via reduced utilization are shared between payer and system
- Risk-share (Full or Partial)
  - FFS payments still provided for services
  - Savings shared between payer and system
  - Greater portion of savings available to system
  - System re-pays payers for FFS payments exceeding benchmark
- Capitation (bundle or full population)
  - System accepts fixed payments per member
  - System is responsible for paying all costs (internal and external) for member
  - System bears all risk for over-utilization

- Solely reimbursed on utilization of services
- No upside for improved care management

**FFS**
- No Risk

**MMM**
- Different value-based contracting structures allow health systems to take on varying amounts of risk and reward.
Newly sculpted provider networks will emerge as winners
Employer-led “sculpted” reference pricing networks

- CalPERS expanded reference pricing to include
  - Arthroscopy procedures
  - Colonoscopies
  - Cataract surgeries

- In the first two years after implementation, reference pricing saved CalPERS
  - $2.8 million for joint replacement surgery
  - $2.3 million for arthroscopy procedures
  - $7.0 million for colonoscopies
  - $1.3 million for cataract surgery

Set a reference price of $30K for orthopedic joint replacement surgery

Sources: OW interview, Public data from CalPERS website, Alliance for Healthcare Reform reference pricing panel transcript, Health Affairs Safeway case study, Institute for Healthcare Consumerism Safeway case study, Berkley Center for Health Technology
Employer-led medical tourism networks (pioneered by the most sophisticated procurement organization in the world)

- Heart surgeries
- Spine surgeries
- Hip replacements
- Knee replacements

Walmart

- GEISINGER HEALTH PLAN
- Mercy
- Mayo Clinic
- Cleveland Clinic
- Virginia Mason
- Scott & White Healthcare
- Kaiser Permanente
- Mercy
- Virginia Mason
- Johns Hopkins Medicine
- The Johns Hopkins Hospital
Provider-led direct contracting networks

“Program for Advanced Medical Care”

Started with cardiac surgery; expanded to joint replacement and orthopedics

Direct contracts with Lowe’s, Boeing, WalMart, Kolh’s and others

170 global locations
Payer/provider “exclusive” networks
Public health and healthcare will increasingly merge
## Top ten public health achievements in the 20th century

*Source: CDC*

<table>
<thead>
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<th>Ten Great Public Health Achievements in the 20th Century</th>
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<tbody>
<tr>
<td>Immunizations</td>
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<tr>
<td>Motor-Vehicle Safety</td>
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<tr>
<td>Workplace Safety</td>
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<tr>
<td>Control of Infectious Diseases</td>
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<tr>
<td>Declines in Deaths from Heart Disease and Stroke</td>
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<tr>
<td>Safer and Healthier Foods</td>
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</table>
Mayor Bloomberg’s public health initiatives

2002: Smoking banned inside bars and restaurants

2006: Trans fats banned from restaurant kitchens

2008: Restaurants required to display calorie counts on menus

2010: City-wide campaign to reduce salt consumption
  • Voluntary guidelines for restaurants and retailers
  • Goal: cut salt levels in prepackaged food by 25% by 2014

2011: Smoking also banned in public parks, plazas, beaches

2013: 3 bills submitted to city council to
  • Raise min. age to buy from 19 to 21
  • Prohibit display of cigarette ads in stores
  • Create $10.50 price floor for packs
  • Classify e-cigarettes as tobacco product

2012: Proposed ban on sugary drinks larger than 16 oz. Passed by NYC Board of Health

2013: Struck down by NY Supreme Court and appeals court

NYC announces that 21 food companies have met targets

Source: Office of the Mayor (nyc.gov)
We underinvest in public health

US National Health Expenditures
$B, 1960-2014

Total US Healthcare: $3.08T

Public Health: 3%

Source: 2014 National Health Expenditures Report
Public health can tackle the toughest healthcare issues

Obesity defined as BMI ≥ 30, or about 30 lbs. overweight for a 5'4” person
“Public health focuses on denominators – what proportion of all people who can benefit from an intervention actually benefit. Improvements at the base of the pyramid generally improve health for more people, at lower unit cost, than those at the top.”

Tom Frieden, Director CDC, *NEJM*
Today: Reactive Individual Sick Care

Future: Preventive Population Health Management

The World of Public Health
~200 million Americans will become healthcare consumers
Insurance status of 320M Americans

Employer
160 M (50%)

Individual
19 M (6%)

Other Public
6 M (2%)

Medicare
42 M (13%)

Medicaid
62 M (19%)

Uninsured
33 M (10%)

Source: Kaiser Family Foundation, 2014
Non-Group: Includes individuals and families that purchased or are covered as a dependent by non-group insurance.
Other Public: Includes those covered under the military or Veterans Administration.
But what if . . .

Medicare Vouchers and /or Medicaid Block Grants are Adopted

More Employers Move to Defined Contribution

Active Employees

Retired Employees
Insurance status of 320M Americans

Source: Kaiser Family Foundation, 2014

Non-Group: Includes individuals and families that purchased or are covered as a dependent by non-group insurance.

Other Public: Includes those covered under the military or Veterans Administration.

Employers dropping health coverage or moving to defined-contribution health plans = +160 M?

Changes to Medicare (e.g., proposals for vouchers for buying private insurance) = +42 M?

Changes to Medicaid (e.g., block grants to states) = +62 M?

Entry of the uninsured through ACA penalties + exchange subsidies = +33 M?
Healthcare pricing will become transparent
Do you think your doctor should discuss the cost of recommended medical treatment with you ahead of time, or don’t you think that is necessary?

Source: CBS / NYT poll, Dec 2014
5 Disparities in healthcare pricing are huge, even for common elective surgeries

Top 4 Most & Least Expensive Hip Replacements

Source: Center for Medicaid & Medicare Services, The Fiscal Times

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Innovators are driving and monetizing transparency
BCBSNC is bringing price transparency to customers

Information at Your Fingertips
It’s important to find—and get—the best quality healthcare you can afford. And since many health plans require you to pay some of your medical care, it’s important to know what you are paying for.

The Health Cost Estimator makes it easy to look up costs for:
- Doctor’s office visits and fees
- Surgical/nonsurgical procedures
- Hospital and clinic fees

For Our Members
We’ve created a search just for you. Simply log in to Blue Connect and go to Help.

Estimated Treatment Cost
MRI Abdomen, 25 miles from 28210

Source: BlueCross BlueShield North Carolina
© Mike Lovdal, Retired Partner, Oliver Wyman
Consumer-centric business models will be essential to survival
## 2020 World: Consumer-centricity

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B2C benchmarks outside healthcare
U.S. consumer healthcare priorities

1. “I want to understand how to improve my health and live longer and better.”
2. “I want to manage my health conditions.”
3. “I want to make informed decisions about health services and spending.”
4. “I want coordinated, seamless healthcare.”
5. “I want personal health information that I control.”
6. “I want to connect with people and patients like me.”
7. “I want anytime, anywhere access to convenient care.”
8. “I want healthcare tailored to me and my family.”
3 Healthcare will become an information technology business
3 Smartphone and broadband adoption are higher than ever

**U.S. Smartphone adoption**
- Smartphone: 64%
- Cell Phone: 26%
- None: 10%

**U.S. Household internet connectivity**
- High-speed: 73%
- None: 26%
- Other: 1%

The enabling foundations for disruptive consumer healthcare technologies

Healthcare will become an information technology business

### Consumer Health Priorities

1. “I want to understand how to improve my health and live longer and better.”
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### Consumer-driven Technologies

1. Wellness apps, tools and biometric wearables
2. Condition and disease monitoring apps and tools
3. Navigation and transparency apps and tools
4. Smart care teams with interoperable electronic health records
5. Personal health records / electronic medical portals
6. Health crowdsourcing and social media
7. Virtual / remote diagnosis and treatment
8. Genetic testing and precision / personalized medicine
“I want to understand how to improve my health and live longer and better.”

Wellness apps, tools and biometric wearables

Top health apps on Apple App Store
(Dec 2015)

Free
1. Fitbit
2. Calorie Counter – My Fitness Pal
3. Period Tracker Lite
4. Sleep Cycle alarm clock
5. Sworkit
6. White Noise Free Sleep Sounds
7. Period Diary
8. Running for Weight Loss
9. Headspace Meditation
10. Sweat with Kayla

Paid
1. 7 Minute Workout Challenge
2. The Wonder Weeks
3. Fitness Buddy
4. Full Fitness
5. Period Tracker Deluxe
6. Sleep Pillow Sounds
7. ProTracker Plus
8. Yoga Studio
9. My Macros+
10. My Water Balance

Top health apps on Google Play Store
(Dec 2015)

Free
1. Fitbit
2. CVS Pharmacy
3. Calorie Counter – My Fitness Pal
4. My Pregnancy Today
5. Google Fit
6. Period Calendar
7. S Health
8. White Noise
9. 21 Day Container Tracker Fit
10. Headspace Meditation

Paid
1. Sleep Cycle alarm clock
2. 7 Minute Workout Challenge
3. Baby Wonder Weeks Milestones
4. Period Tracker Deluxe
5. Reference Guide for Essential Oils
6. KetoDiet Basic
7. Geocaching
8. White Noise
9. 21 Day Container Tracker Fit
10. Pause

38 of top 40 health apps are focused on wellness

Source: Google Play Store and Apple App Store (December 22, 2015); bold apps also ranked in top 10 in May 2015
“I want to understand how to improve my health and live longer and better.”

Wellness apps, tools and biometric wearables

Not just for ankle or wrist…

Market for healthcare wearables (in billions)

- Smart socks
- Smart earrings
- Smart shirts
- Smart ___?

Source: MDDI, available online: http://www.mddionline.com/article/wearables-fad-or-future-02-06-15
“I want to manage my health conditions.”

Condition and disease monitoring apps and tools

Stroke Recovery with Kinect

Stroke Recovery with Kinect is an interactive rehabilitation system prototype that helps stroke patients improve their upper-limb motor functioning in the comfort of their own home. By using Microsoft Kinect technology, this prototype system recognizes and interprets the user’s gestures, assesses their movements, and provides feedback to help with recovery.

Sources:

Using Kinect to monitor Parkinson’s patients

Ravi Komatireddy, co-founder and chief medical officer at Reflexion Health (in San Diego), explains how Reflexion Health’s solution uses Kinect for Windows to transform physical therapy. By tracking a patient’s range of motion and other clinical data, clinicians can engage with patients and provide them with real-time feedback as they perform their exercises at home.

Reflexion Health uses Kinect for Windows to bring physical therapy to patients’ homes

April 02, 2014
Views: 2,804
Time: 2:17
Watch as WMV

Sources:
“I want to connect with people and patients like me”

Condition-centric Websites and Online Communities

Health crowdsourcing and social media

- talkhealth
- talkpsoriasis
- PsychCentral
- stupidcancer.org
- ALSforums
- CURE DIYA
“I want to connect with people and patients like me”

Crowdsourced Medical Ratings

- ~66% of people are aware of online ratings sites for physicians
- ~22% have used them

Precision medicine will become commonplace
FDA permits marketing of first direct-to-consumer genetic carrier test for Bloom syndrome

The U.S. Food and Drug Administration today authorized for marketing 23andMe's Bloom Syndrome carrier test, a direct-to-consumer (DTC) genetic test to determine whether a healthy person has a variant in a gene that could lead to their offspring inheriting the serious disorder.
Sequencing the human genome, 2001 to 2015 to 2020?

- **2001**: First human genome sequenced for ~$95M
- **Today**: Human genome sequencing costs ~$1K
- **2020 ?**: High throughput technology lowers cost to ~$100 / genome

1. Source: National Human Genome Research Institute
The structure of the healthcare industry will radically change
When U.S. industries have experienced “reform”, industry structures have changed radically.

- Telecommunications
- Cable television
- Trucking
- Airlines
- Ocean / Inland shipping
- Banking
- Investment management
- Auditing / accounting
- Health insurance
- Healthcare delivery
The structure of the healthcare industry will radically change. 

- **Consolidation**
- **Integration**
- **New Entrants and New Models**
Industry structure – Consolidation of health insurers

Source: 2013 InterStudy Data of Commercial Health Plans; Excludes Medicare and Medicaid Enrollment and plans with no enrollment
Industry structure – Consolidation of health insurers

5 national health insurers to 4 or 3?

Anthem

Cigna

Aetna

Humana

UnitedHealthcare
Industry structure – Consolidation of health insurers

Current Trend? ($25 PMPM and 15% of value chain)

Future Direction? ($500 PMPM and 85% of value chain)
Industry structure – Consolidation of hospitals

Distribution of $3.08T of U.S. Healthcare Expenditures

Source: Centers for Medicare and Medicaid Services, 2014
Hospitals are consolidating into health systems

Increasing Affiliation of Hospitals with Health Systems
Community hospitals, 2000 - 2013

Source: American Hospital Association Annual Survey 2015
“Retail” specialty care companies are pulling revenues out of hospitals
Physician practices are consolidating

Total Physicians vs. Physicians in Private Practice (000s) 2000-2012

Source: Fee Schedule Survey by Physician’s Practice; Moody’s; Accenture
Integrated delivery networks: clinical and financial risk in one entity

- Dec 2015: Kaiser announced it will acquire Group Health Cooperative for $1.8B
- Kaiser has invested $4B in its Epic EHR system, KP HealthConnect

Source: Becker’s Hospital Review
1 Vertical integration

Payers Into Care

Providers Into Risk
Industry structure – New entrants

Retailer clinics

Total rooftops:
- CVS Health + Target: 7,800 + 1,801
- Walgreens + RITE AID: 8,173 + 4,587
- Kroger: 2,625
- Walmart: 4,655

Ratio:
- CVS Health + Target: 1 : 9
- Walgreens + RITE AID: 1 : 20
- Kroger: 1 : 18
- Walmart: 1 : 45

Source: Company Websites and Annual Reports
Industry structure – New entrants

Urgent Care in New York City

50 locations in NY today, 2 more planned (1 in NJ)

Source: Company Websites
1. Industry structure – New entrants
The ten predictions: Impact on your business model?

<table>
<thead>
<tr>
<th>10. State and local initiatives will trump federal impact</th>
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<tbody>
<tr>
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<td>8. Newly sculpted provider networks will emerge as winners</td>
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<td>7. Public health and healthcare will increasingly merge</td>
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<td>1. The structure of the healthcare industry will radically change</td>
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- **Target Populations**
  - What consumer / patient segments / populations are we targeting?

- **Value Proposition**
  - What is our unique and differentiated value proposition?

- **Revenue Models**
  - What revenue models will we use to generate superior financial returns?

- **Strategic Control**
  - How will we protect our consumer / patient base and sustain our value proposition?
# U.S. Healthcare 2020 – Mike Lovdal’s 10 Predictions

<table>
<thead>
<tr>
<th>Prediction</th>
<th>Low Impact</th>
<th>Moderate Impact</th>
<th>High Impact</th>
<th>Poorly Prepared</th>
<th>Somewhat Prepared</th>
<th>Well Prepared</th>
<th>Low Priority</th>
<th>Medium Priority</th>
<th>High Priority</th>
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# Prediction: $2 Trillion Will Migrate to Value Based Healthcare

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