

What does healthcare look like going forward?





Inreasingly Distributed

Patients with chronic diseases typically see multiple providers in multiple locations - and care is becoming decentralized



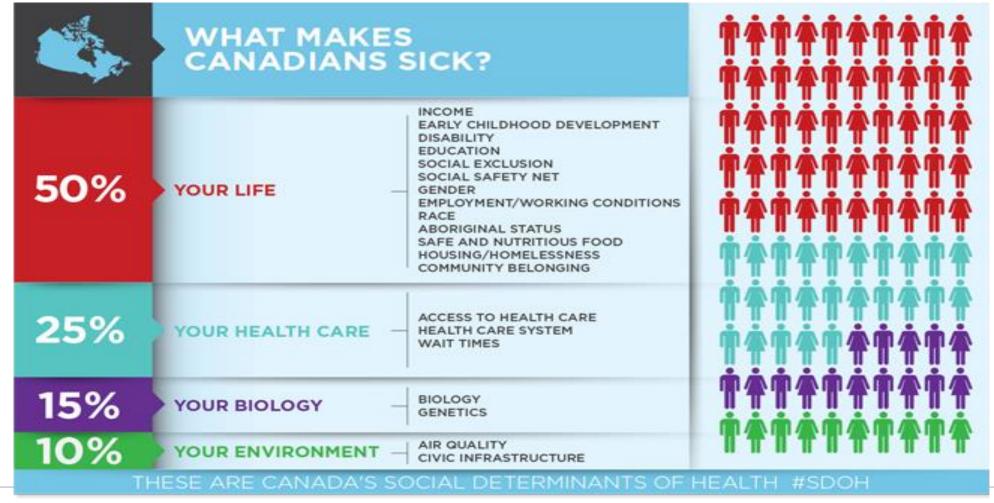








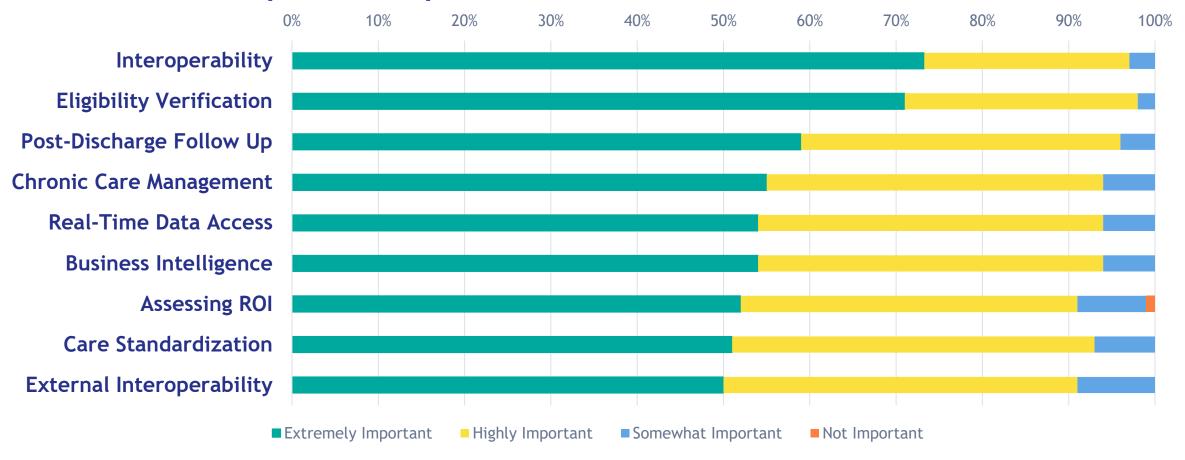
More Aware of Social Determinants





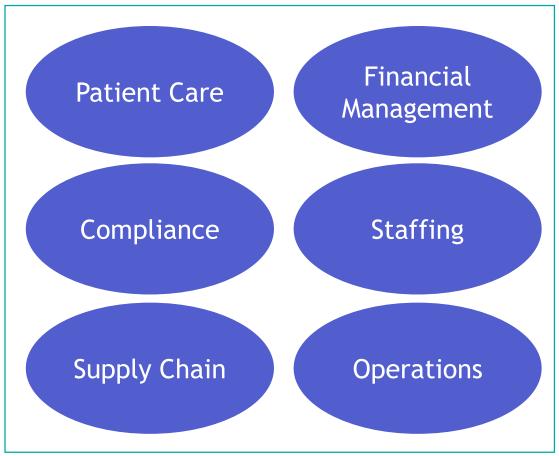
In Transition

Most Important Capabilities for Value-Based Care in 3 Years

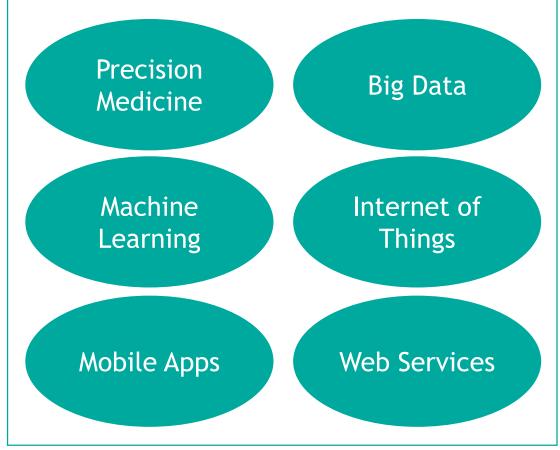




Balancing Today and the Future (Innovation)



A need for stability, reliability, & gradual change



A need for continuous, rapid innovation



Bimodal Health IT

Production System

e.g., EMR, Claims, other

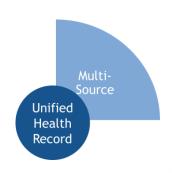
Innovation Environment

Community Care Solutions

Unified Health Record



Doing What Matters



Creating Connected Care Communities Matters





Million

300+ Unique Data
Sources

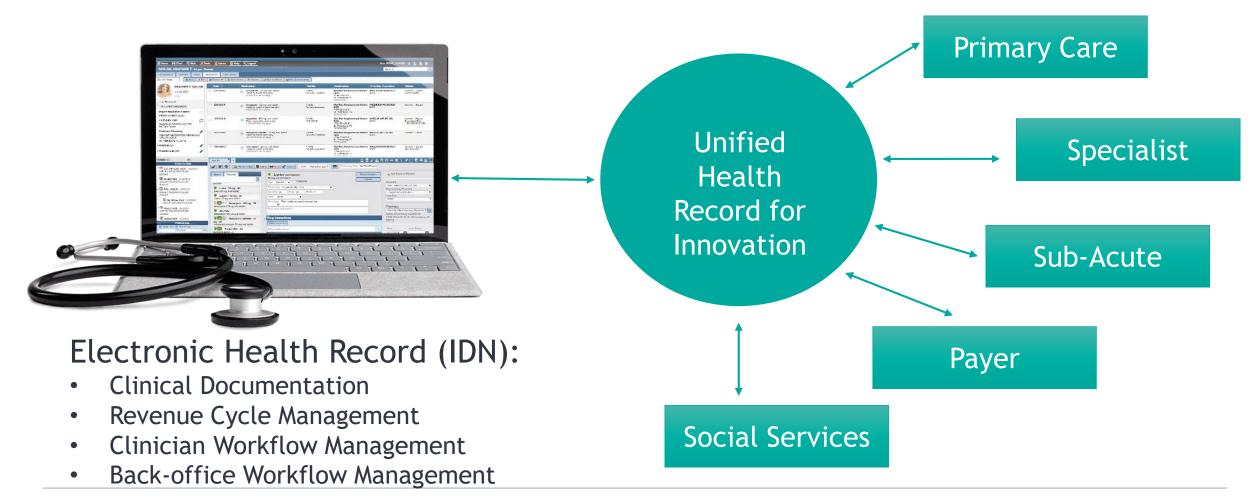
2500+ Contributing Providers

350+ Participating Entities

40+ Unique



The EHR and a unified health record work together





Clinically Integrated Network Provider Participation

90%	With a Signed Participation Agreement	100%
70 %	Contributing Encounter Data to the HIE	with Access to ShareVue
70 %	Contributing LabCorp and/or Quest Data to the HIE	
60 %	Receiving Electronic Results and/or Sending Electronic Orders to/from the HIE	



Share Vue: Enhancing Clinical Value



Access to the unified health record from anywhere

New features released quarterly, prioritized for clinical value and easeof-use



From Proof-of-Concept to General Availability



Care managers in Texas receive **notifications** when insurance-attributed patients are admitted or registered at any Covenant facility



Diabetes and CHF clinical pathways are available to providers in ShareVue



6 diabetes quality measures, calculated using HIE clinical data and validated for HEDIS definitions, are being validated for use as leading indicators for performance improvement



Pre-op users streamline workflow and reduce duplicate testing through real-time access to HIE data in ePreOp





Improving Population Health Matters



- Nation's largest public HIE
- Share patient encounter records for 600+ organizations across thousands of NYC/Long Island locations
- Over 500K real-time clinical event notifications each month
- Risk prediction/stratification drives focused patient care before adverse events occur for chronic and high-risk patients

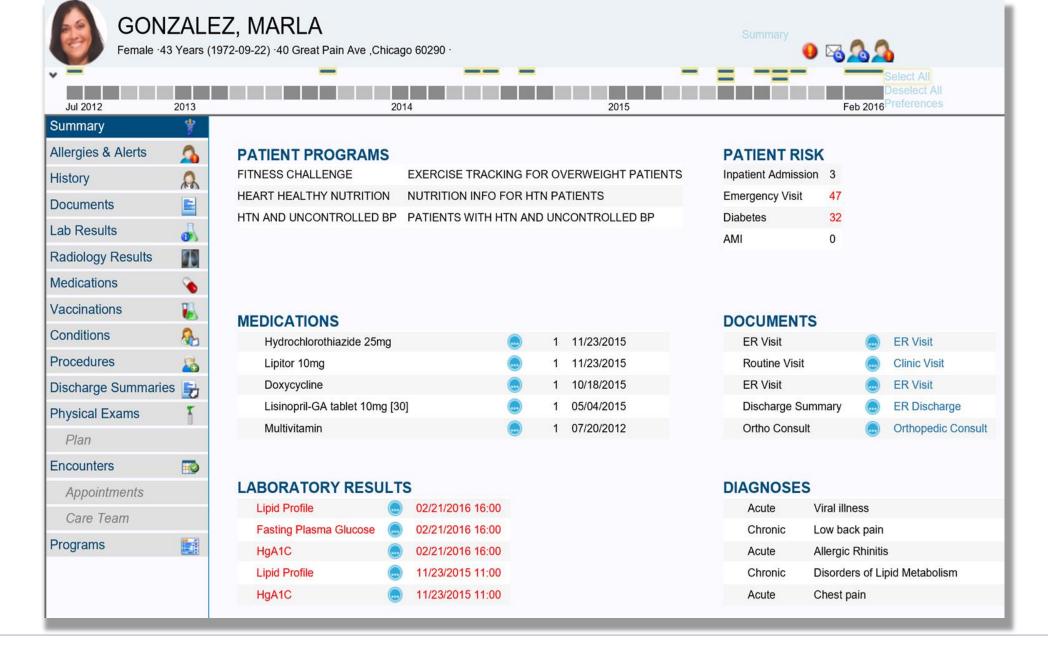




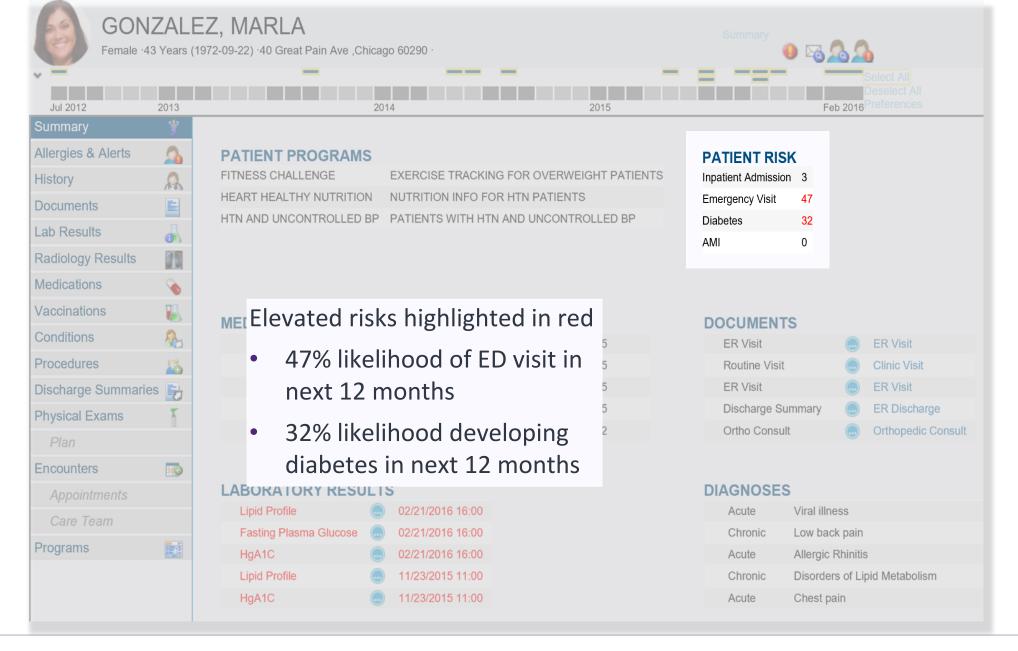
Knowing Where to Focus for Individual Care and Population Health





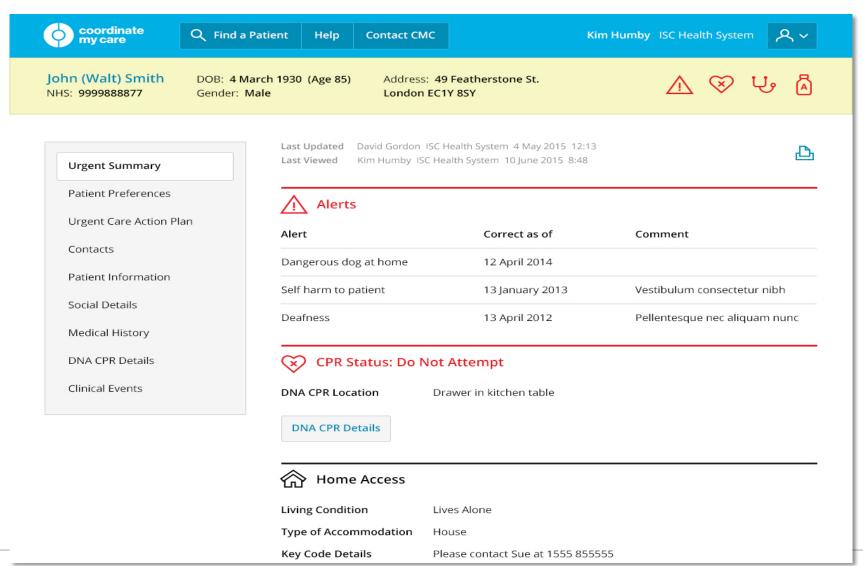








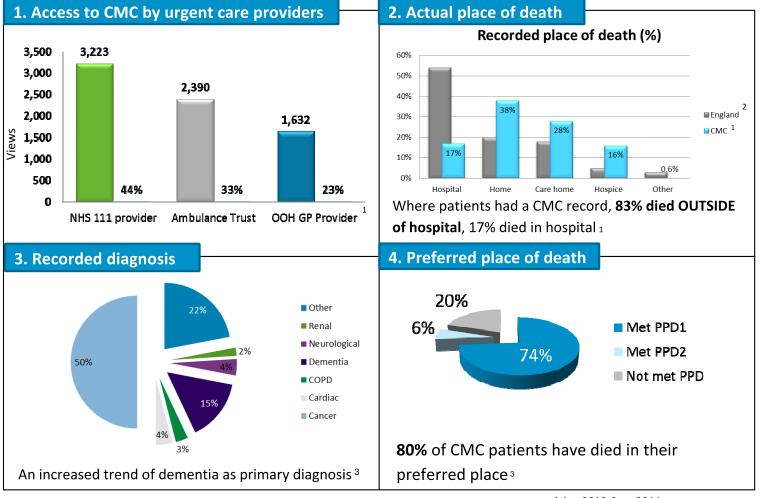
End of Life Care Coordination



Personalized care plan



CMC Activity and Outcomes



Coordinate My Care | Data: 01.11.2014

³ May 2010 to Oct 2014





¹ Apr 2013-Sept 2014

² NEOLCIN, 2008-10



Innovating to support an ever changing complex health care environment matters





Northwell Health



60 alert types

Improved
enrollment in
care
management
programs using
clinician
notifications

23 hospitals

650 outpatient facilities

2M+ patients seen annually

14,000 clinical viewer users

8M unique MPI records

1 Billion+ discrete data elements

Unified

Health Record

6000 physicians

3.6M+ actionable alerts annually

Readmission reduction with LACE Index calculations





Bring together the information that matters.



