Novel Approaches to Public Health: Tech and Innovation for Supporting Public Health

June 27, 2017
Q&A Feature & Tech Support

Please submit questions via the Q&A Feature

Please submit questions to All Panelists

If you have technical difficulties, please contact WebEx Tech Support at 1-866-229-3239. Event number: 823 553 467
Agenda

• Welcome and Orientation: Sue Grinnell
• P2Health intro: Marquesa Finch and Vanessa Mason
• Startup Presentations
  • Boswell: Aristotle Mannan
  • Bloomlife: Eric Dy
• Discussion + Q&A
• Wrap up
Webinar Objectives

• Increase awareness of how innovators approach problems
• Share emerging trends in technology and other innovations that support improved health
• Highlight two startups; share their solutions to health issues and how they are solving issues at hand
• Stimulate thinking of what is possible to create solutions to issues affecting health
• Provide resources information on technology and innovation
The Population Health Innovation Lab designs, catalyzes and accelerates innovative approaches that advance health outcomes and well-being.

**Novel Approaches to Data Collection Network**

- Allen Cheadle | PhD, Director, Center for Community Health and Evaluation, Kaiser
- Marta Induni, PhD, Research Program Director, PHI
- Amy Max, MPH, Senior Public Health Analyst, PHI
- Iana Simeonov, Digital Health Strategist, Genentech
- Rickey Tolliver, MPH, Branch Chief, Health Surveys and Evaluation Branch, State of Colorado
- Karen Trierweiler, MS, CNM, Deputy Division Director and MCH Director, Prevention Services Division, State of Colorado
Challenges and Opportunities

• Lag time in current data collection activity is slow
• Current funding sources may not allow for innovations
• Lack of authorizing environments in leadership

• Partner with Startups to address needs
• New technologies have the potential to drive engagement
P2HEALTH
THE FIRST PUBLIC HEALTH TECH VENTURE FUND
ABOUT P2HEALTH

P2Health is a venture fund that invests in seed-stage and Series A public health tech startups.
WHAT IS PUBLIC HEALTH TECH?

A TECH PRODUCT OR TECH-ENABLED SERVICE THAT PREVENTS DISEASE ONSET OR ADDRESSES THE NEEDS OF MEDICALLY VULNERABLE POPULATIONS
WHY PUBLIC HEALTH TECH?

FEE-FOR-SERVICE DRIVES HIGH COSTS AND POOR OUTCOMES

90% SPENDING ON ACCESS TO CARE

10% IMPACT OF ACCESS TO CARE ON HEALTH OUTCOMES

3% HEALTH CARE SPENDING ON PREVENTION

75% HEALTH CARE COSTS DUE TO POOR PREVENTION
WHY PUBLIC HEALTH TECH?

THE TRANSITION TO VALUE-BASED CARE

PUBLIC HEALTH TECH DRIVES LOWER COSTS, BETTER OUTCOMES
P2HEALTH

FUND OVERVIEW

SIZE
Target $15M into fund, $150-250K average check size, occasionally leading deals

FOCUS
Seed and series A companies with solutions for population and preventative health.

STRATEGY
Leverage the public health tech ecosystem to invest in companies building population and preventative health solutions capable of cost effective and accelerated growth.

THESIS
As value-based healthcare mainstreams, new technology and integrated solutions support a new paradigm of health management—one of greater savings and reduced waste and that drive opportunities for increased revenue.
COMPETITIVE

ADVANTAGES

FIRST OF ITS KIND

P2Health is the first and only firm focused on public health tech. Our brand attracts high quality dealflow and talent for this largely untapped opportunity.

FULL SERVICE

Through our P2Health.LAB vertical, founders have access to talent, mentors, pilots tailored for population and preventative health, as well as a platform for investment.

PARTNER NETWORKS

We have a growing network of national academic partnerships, health systems, and city, state, and federal government agencies that provide research and other strategic support specific to public health models.

EXCLUSIVE DEAL FLOW ACCESS

We have built an ecosystem unique to fostering and identifying early, quality entrepreneurs innovating in public health through university, institutional, industry, and community pipelines across the country.
INVESTMENT CRITERIA

• FOCUSED ON POPULATION & PREVENTATIVE HEALTH

• CLOSING HEALTH INEQUITIES

• COMMITMENT TO EVIDENCE-BACKED RESEARCH

• COMMITMENT TO DIVERSITY
Our Portfolio Services

.LAB
Access to pilots, academic researchers, talent, and expert advisors.

.EDU
Connecting stakeholders in the public health tech ecosystem in developing the intersection.

.PUB
Thought leadership on trends, challenges, and opportunities in public health tech.
THE OPPORTUNITY

$144.8 BILLION

THE VALUE OF THE PREVENTIVE HEALTH SERVICES AND TECHNOLOGY MARKET BY 2020
THE OPPORTUNITY

114 MILLION

ADULTS WITH AT LEAST ONE RISK FACTOR FOR CHRONIC DISEASE ONSET
FACTORS DRIVING THE OPPORTUNITY

- Aging population living longer
  - Life expectancy increased from 73.7 years in 1980 to 79.8 years in 2014

- Skyrocketing out of pocket health care costs
  - Spending on deductibles has nearly quadrupled in a decade (2004-2014)

- Earlier onset of chronic disease in Millennials
  - 35% of young adults (20-44 years) with diabetes are undiagnosed

- Lowest uninsured rate in 8 years
  - 11% of adults are uninsured

- Growing smartphone dependence
  - 12% of African Americans and 13% of Latinos are smartphone-dependent
FACTORS DRIVING THE OPPORTUNITY

Primary care physician shortage

The American Academy of Family Physicians projects a shortage of 131K primary care doctors.

Persistent health disparities in quality of care

Disparities in healthcare are estimated to cost $309 billion annually.

Growth of value-based health care

 Physicians expect that half of their compensation in the next 10 years will be value-based.

ACA investment in community and preventive health

The ACA has allocated $15 billion over the next 10 years to the Prevention and Public Health Investment Fund.

Stakeholder initiatives to reduce waste

Nearly $1 trillion in healthcare spending is wasteful and unnecessary.
Quality dealflow through strong partnerships and ecosystem building

Our partnerships with academic institutions, governments agencies, and other commercial stakeholders provide access to strong entrepreneurs who have little to no resources to scale their evidence-based innovations currently.

Our events bring together hundreds of people, showcasing entrepreneurs to investors and connecting talent with opportunity and support.
Notable Public Health Tech Companies

**Omada Health**
Omada Health targets high risk members, leveraging web design, tech, and health coaches to affect healthy lifestyle behavior and alleviate chronic disease burden.

*Raised to date: $76.5M*
*Investors include: Andreessen Horowitz, Norwest, NEA*

**Clover Health**
Clover Health leverages data analytics to proactively identify and fill gaps in care as a health insurance startup for seniors to drive down costs and improve health outcomes.

*Raised to date: $295M*
*Investors include: Sequoia, First Round, Social Capital*

**Healthify**
Healthify is a SaaS platform that assesses the non-clinical needs of patients that affect health to reduce costs, boost quality metrics, and improve case management.

*Raised to date: $3M*
*Investors include: Kapor Capital, Milestone*
ACCESS TO PILOTS

P2Health has established relationships with a wide range of universities, health systems and academic medical centers across the country.

Our model integrates the business development support of an incubator with the evidence-based rigor of research. All of our companies must participate in a pilot or research study to validate their product.
P2HEALTH COMMUNITY PROFILE

60% Women  40% Men

Health Care Management  17%
Public Health Practitioners  17%
Data Scientists  16%
UX Designers  10%
Engineers  9%
Clinicians  6%
Venture Capital  4%

18% Other
21% Black
34% White
27% Asian

Sample Companies
Ayasdi
McKesson/RelayHealth
Genentech
Zipongo
Blue Shield of California
Propeller Health
CPMC
Delta Dental
GET INVOLVED

• Build the public health tech ecosystem

• Connect public health tech solutions to community pilot studies and programs

• Build public health tech and entrepreneurship skill sets in academic training

• Participate in our Medicaid Market study

http://p2health.typeform.com/to/jh7Nh6
MANAGEMENT TEAM

MARQUESA FINCH, MPH
- Led communications and advised portfolio companies on customer acquisition and marketing at an early-stage tech VC firm
- Built the first mobile analytics program at Kaiser Permanente
- Consulted for a number of digital health startups in the Bay Area
- Co-founded Movement50, a new leaders group promoting diversity and social good in Oakland and San Francisco
- Developed a text messaging intervention for a global health organization in the Middle East to address the refugee crisis
- UC Santa Barbara BA; George Washington University MPH in global health

VANESSA MASON, MPH
- Founded Riveted Partners, a consultancy that accelerates digital health innovation
- Led product development focused on health tech for vulnerable populations at ZeroDivide
- Fostered talent acquisition & investment to advance gender diversity in digital health at Rock Health
- Member, Health IT advisory board for Transdisciplinary Collaborative Center (TCC) for Health Disparities Research at Morehouse School of Medicine
- Supported mobile health product development for clients in west and east Africa
- Speaking engagements include mHealth Summit and ONC Consumer Health IT Summit
- Press mentions in NPR, mHealthnews
- Yale BA in psychology; Columbia MPH in global health
CONTACT US

vanessa@p2health.co
marquesa@p2health.co
p2health.co
@p2health
Improving healthcare outcomes for the underserved population

Aristotle Mannan
Founder and CEO

Boston, MA • www.boswell.io • @boswell_io • aristotle@boswell.io
Huey visited the hospital $>$100 times per year
He epitomized the Medicaid “super-utilizer”

75M Americans

5% of patients

=

>$600B Annually

50% of costs
Needed housing/food & abused substances

**WHAT DETERMINES HEALTH?**
(ADAPTED FROM MCGINNIS ET AL., 2002)

- Genetics: 20%
- Health Care: 20%
- Social, Environmental, Behavioral Factors: 60%
Relied on shelters/pantries/clinics for survival

Community-Based Organizations (CBOs)
CBOs Lack Tools to Document Huey
The “Hueys” Are Costly to Payers/Providers

“unreachable” by health plans and providers

Claims analyses leads to delayed interventions
Bridging CBOs to Payers/Providers

Patients

Community-Based Organizations

Payers/Providers

bosWell
bosWell strengthens safety-net CBOs...

- Free access to HIPAA-compliant, web-based application
- CBOs can generate customizable intake forms
- Build longitudinal profiles on the clients served
- Track program performance and effectively report data
…and leverages real-time data to triage “Hueys”
Case Study: A Free Clinic in Dorchester, MA

- cohort of 400 women
  - 12% HIV+, 25% homeless, 33% sex workers, 66% substance abusers

- social/environmental data used to stratify population
  - Increasing Risk (Patient 1141)
  - Stable Risk (Patient 1182)
  - Decreasing Risk (Patient 1171)
Engaging Patients for Earlier Interventions

Patient 1141

bosWell: cost-effective treatments at the “check engine light”

Claims: identifies patients who have already “broken down”
Revenue Opportunity: Finding “unreachables”

- FQHCs (Federally Qualified Health Center)
  - comprehensive primary and preventive care
  - >35% Medicaid patients are “attributed but not engaged”
  - FQHCs lose revenue from missed appointments, lack of prescription refills
- ACOs (Accountable Care Organization)
  - provider networks share Medicaid savings
  - ACOs/MCOs cannot identify patients for cost-effective, preventive care
- MCOs (Managed Care Organization)
  - capitated Medicaid payments to health plans
  - bosWell CBOs are “sensors” that locate patients - real-time data subscription for plans/providers
A Novel Data Layer with Numerous Applications

- Pharma/Diagnostics
- Medication Adherence
- Policy/Advocacy
- CBO Billing
- Predictive Analytics
- Patient ID
- Engage Patients

- building evidence base with FQHCs/ACOs/MCOs
- future platform value drivers
Improving healthcare outcomes for the underserved population

Thank You

Q&A
bloomlife
Improving the health of moms and babies
Pregnancy through the first 1000 days of life is the largest determinant of lifelong health.
Yet high risk pregnancies & adverse birth outcomes are on the rise despite $100B+ healthcare spending & $40B+ consumer spending.

**Increasing incidence**
Gestational diabetes, Preeclampsia, Preterm birth

**$50B+/year**
Direct healthcare costs (US alone)

**Lack of data**
Unpredictable, Poorly understood, Difficult to monitor
Technology has not kept pace with needs of healthcare providers and women of all income

- Inconvenient and expensive
- Not accessible outside hospitals
- No information on maternal health
Meet Bloomlife Medical accuracy with the convenience of an app for comprehensive prenatal health management
Bloomlife is worn daily and puts need to know information about a mom’s baby and her body at her fingertips.
Fetal movement and heart rate | Daily check if the baby is healthy and listen to the sound of your baby’s heart beat to connect and share
Maternal health | Personalized feedback to guide healthy choices. Easily see if mom is pushing herself too hard and when to get more exercise.
**Contractions** | A validated second opinion to see how her body is preparing for labor and make more confident decisions
Enabled by a medical grade sensor that tracks the health of mom and baby from conception to birth.
Consumers are a springboard into health systems to become standard of care and fully reimbursed

1. Weekly Subscription Direct-to-Consumers
2. Scaling Sales via Mom-to-Mom Referrals & Channel Partnerships
3. FDA Cleared
   Fully Reimbursed
"Bloomlife was the talk of the maternity ward. All the nurses, med students, OB's and residents were uber impressed. We barely used the old fashioned clunky toco."

—Ally, 1st pregnancy, delivered on 01-08-2016
Pioneering the future of prenatal care
Comprehensive remote monitoring to benefit all moms
Helping moms raise healthy happy families
Thank you!