Use Case – [Redacted]

[Redacted] developed a proprietary technology that assesses millions of data points across various cohorts of patients and renders analytics defining best practices based on successful outcomes, as opposed to anecdotal evidence or other non-empirical methods. 'Best practices' in the context of the [Redacted] service line includes both clinical and financial outcomes, and benefits nearly all of the entities associated with an encounter:

- Providers – The [Redacted] service line identifies the clinically most advantageous procedure and treatment regimes for thousands of diagnosis-related groups and ICD-10 diagnoses thereby increasing the efficacy and knowledge of every provider impacted by the process. Increased efficacy and better outcomes = stronger practices and increased revenues.

- Facilities – [Redacted]'s service line streamlines the process of patient flow and provider success by informing medical consumers which combination of patients, providers and facility services will result in the best outcomes with overall reduced time and costs.

- Patients – For the first time, Providers and Facilities will both have access to up-to-the-moment analytics identifying the most successful protocols and treatment regimens – better outcomes across the board mean better quality of life for all patients.

- Payers and Plans – [Redacted]'s service line reduces costs and increases efficiencies across the board; the savings associated with a healthier population and more efficient providers will translate directly to the bottom line.

- Everyone – Value-based Healthcare is *here*, and while CMS and the federal government continue to push for complete implementation, the entire healthcare industry is still struggling with the transition. Fines are going up (again), and the path to compliance is challenging. One of the primary tenets of value-based healthcare is assessing efficacy based on Outcome-Based Payment Models – with the [Redacted] service line, everything medical providers and facilities need to make the jump is available.

Here's an example client interaction:

"A 500 bed health system with multiple outpatient locations with a 60% Medicare patient usage has failed to increase profits after applying multiple rate increases. In the face of growing losses, the health system engages [Redacted] to perform a general assessment of their overall processes and model based on many factors, including the financial and clinical efficacy of treating their patient base. The [Redacted] assessment reveals that the health system is performing below the 20th percentile in almost all of Medicare's quality measures when compared to other state health system. By assessing, approving and adopting many of the newest, most efficient patient assessment and treatment trends as defined and

identified in the data, successful patient outcomes are increased, emergency room returns are decreased, and the health system immediately begins to realize significantly improved reimbursements. General patient quality of care improves, and medical providers at the health system (and those that are part of the general referral networks employed by the health system) enjoy better outcomes and increased revenues."