Safe Harbor Statement

The following is intended to outline our general product direction. It is intended for information purposes only, and may not be incorporated into any contract. It is not a commitment to deliver any material, code, or functionality, and should not be relied upon in making purchasing decisions. The development, release, and timing of any features or functionality described for Oracle’s products remains at the sole discretion of Oracle.
OHF 7.1 Market
How do you aggregate data to create a single source of truth?

How do you create a complete longitudinal patient view?

How do you extract value from the data residing in your multiple systems?

How do you achieve data governance across the organization?
Oracle Healthcare - *Accelerating the Evolution of Human Care*

Population Health
Clinical-Operational Performance
Quality Performance Measures
Value Based Care
Internal Cost
Care Team Effectiveness

Molecular Lab Workflow
Patient Stratification
Statistical & Scientific Analysis
Biomarker Discovery

Patient-Centric Care Coordination
Patient and Provider Validation
Healthcare Data Repository

Oracle Healthcare Foundation

Oracle Healthcare Portfolio

Precision Medicine

Research Collaboration
Clinical Trial Patient Recruitment

Health Information Exchange

Health Sciences Network
Oracle Healthcare - A Solid Foundation

- Complete
- Modular
- Unified
- Flexible
- Extensible
- Enterprise class Platform
- Functionality with other Oracle solutions
Oracle Healthcare Foundation Platform

**Aggregate Once: Power Multiple Applications**
- Rapid deployment of pre-integrated best-of-breed applications
- Easily supporting the healthcare application ecosystem
- Self service analytics using cutting edge BI capabilities
- On prem ise and Cloud deployment options

**Applications**
- **Oracle Health Sciences**
  - Oracle Healthcare Precision Medicine
  - Oracle Healthcare Translational Research
- **3rd Party and Custom**
  - Population Health
    - Care Gap Analysis & Coordination
    - Quality Performance Measurement
  - Cost of Care
    - Value Based Care
    - Internal Cost / Care Team Effectiveness
  - Other Applications

**Empowering Software Integrators**
- Aggregate Once: Power Multiple Applications
  - Rapid deployment of pre-integrated best-of-breed applications
  - Easily supporting the healthcare application ecosystem
  - Self service analytics using cutting edge BI capabilities
  - On prem ise and Cloud deployment options

**Source Systems**
- EHRs
- Registries
- Omics / Biobank
- Ancillary systems
- Lab Systems

**Oracle Healthcare Foundation**
- Omics Module
- Clinical Module
- Financial Module
- Admin Module

**Agile Integration Layer**
Oracle & Population Health – Data Life Cycle

- **Source Systems**
- **Data Aggregation**
- **Care Coordination** (Content & Workflow)
- **Risk Stratification & Risk Management** (Analytics, Visuals)
- **Patient Engagement** (Portal, Self Care)
- **Care Management** (End Users Interface & Personas)

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Key Worldwide Customers
Aligned to your roadmap

Trusted data to support your strategy with proven analytics applications
Oracle Healthcare Foundation - Self Service Analytics

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OHF 7.1 New Features
Oracle Healthcare Foundation Release Timeline

**EHA 6.1**
*Jun ‘15*
- Self Service Analytics
- Self Service Analytics Tool
- App Toolkit Performance Optimizations

**OHF 7.0**
*Feb ‘16*
- Unified Single installer
- Histopathology subject area
- App Toolkit – New Claims data mart
- OMICS loader APIs
- Self Service Analytics

**OHF 7.1**
*Sep ‘16*
- New subject areas: Value Based Care, Derived Measure & Referral
- Customer Self Service UX: Administration Console
- App Toolkit
  - App-specific MDM
  - Value Based Care, Derived Measure & Survey data marts
- Self Service Analytics

Here we are!
## OHF 7.1 Benefits

### Business Needs Driving Enhancements

<table>
<thead>
<tr>
<th>Data Aggregation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provides comprehensive data warehousing and analytics platform for secondary use of healthcare data including analytics needs for Value Based Care delivery.</td>
</tr>
<tr>
<td>• Enables healthcare organizations to integrate data from hundreds of disparate source systems as well as adjudicated claims data from payers into a single source of truth.</td>
</tr>
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</table>

### Value Based Subject Area

| Enables healthcare organizations to address the descent of fee-for-service and ascent of Value-based Care, OHF provides Value-based Care subject area which supports information about member-centric view of the adjudicated claims to enable population health or value-based care analytics. |

### Self Service Analytics

| Enables significant time reduction (from hours to minutes) in creating BI applications by leveraging out of the box self-service analytics tools for Value Based Care, Derived Measure and Survey subject areas. |

### Market Driven Business Analytics

#### Population Health

| Risk stratification |
| Patient/Member Attribution |
| Analysis based on post-adjudicated claims data provides insight about total cost of care. |
| Analyze utilization across Medicare, Medicaid, and Commercially insured populations. |
| Community profiles with demographic, cost, utilization, quality and health risk information. |

#### Value Based Contracting / Provider Risk Sharing

| Insight around cost drivers helps providers in crucial decisions regarding risk-sharing arrangements with payers. |
| Identify cost drivers |
| Areas of high utilization |
| High cost patients |

#### Measuring Performance

| Analyze the outgrowth of quality measures on patient outcomes and cost. |
| Compare quality performance against national benchmarks to maximize value-based purchasing reimbursement. |
| Analyze performance measures with insight to performance improvement opportunities. |
# OHF 7.1 New Features

## Subject Areas

### Value Based Care
- contains information about member centric view of the adjudicated claims, member eligibility along with PCP or attributed provider data, risk score indicating high-cost high-risk patients and data essential for population health programs or value-based care program.

### Derived Measures
- contains information about the calculated values for a measure and for a reporting period. The calculated values can be from organizations partnered with the healthcare enterprise or internal source systems.

### Referral
- contains information related to external-inbound, external-outbound and internal referrals and data essential for analysis of referral trends, referral patterns, referral volume, top referral sources and referral time to appointment.

## Self-Service Analytics

**Supports OBIEE 12c with Visual Analyzer**

**Updated Healthcare Common Data Mart RPD** - More Aggregation rules out of the box

User friendly error messages & documented in *programmer’s guide*

**Performance Improvements** - Less than a minute to generate HCD RPD

**Annotations Framework** - key-value pair in JSON notation

## Admin Console

### Load Summary
- Provides information about various loads for following loaders (ETLs): Terminology Loaders, Warehouse Integration Loaders, and Application Toolkit Loaders
- Latest load summary details are displayed by default and user can search any load summary details by date range and optionally by ETL name, status, etc.

### Exception Management
- Analyzes errors that happened during warehouse Integration load and avoids SQL query based searches on exception table to take corrective actions in next loads and includes an Exception Log Summary by record status (Suspend/Reprocess/Reject), Exception Analysis by error context (exception message code), and Detailed Exception log.

### Profiler
- Identifies the data quality for unprocessed data in Interface Tables (HDI) for coded and reference attributes through built-in profiling measures by data source, entity, and attribute

## Integration Loaders

### New ETLs for all new tables

Out of the box *ODI & Informatica Load Plan* for Healthcare Common Data Mart

**Batch Processing feature** in Incremental Load WIL ETLs
## OHF 7.1 New Features

### Application Tool Kit

- Value Based Care, Derived Measures & Survey Data Marts - 32 data marts from Clinical, Financial, Administrative domains
- App-specific MDM Terminology Standardization - Diagnosis, Procedure, Substance & Observation
- Member Patient cross-walk and vice versa - Payer to Provider data
- MPI support for Individual Service Provider Dimension - Configure Service Provider Relationship Type for Related Service Provider.
- Data Source Helper Table
- Configurable code types for Codes dimension
- Enhancements to Encounter & Bill - Encounter Service Line, Encounter DRG, Bill Self Pay & Bill Balance

### General Resources

**OHF New Features Guides**

- GA 26SEP16
- Included in the documentation package that customers & partners download from MOS through the SR process.

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OHF 7.1 The Elevator Pitch

Accelerating the Evolution of Human Care

*Preparing for Value Based Contracting*

Oracle Health Healthcare Foundation (OHF) offers the healthcare organization a complete, unified and modular solution for actionable insights across clinical, financial, administrative and omics domains. Oracle Healthcare Foundation is a **single-source of truth** that accelerates analytical adoption for better decision support, improving outcomes at a reduced cost across the continuum of care and enables value based contracting, quality performance measurement and internal cost and care team effectiveness measurement.
## OHF 7.1 Key Value Propositions

<table>
<thead>
<tr>
<th>Healthcare Operators</th>
<th>For healthcare operators (providers, payers, public sector organizations and C-level executives, clinicians, care teams, analytics leaders and researchers).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Need</td>
<td>Who want to bridge the gap between quality and cost of care by accelerating the adoption of analytics required to support value based care, quality performance measurement, and internal cost and care team effectiveness.</td>
</tr>
<tr>
<td>What OHF Does</td>
<td>Oracle Healthcare Foundation is a single source of truth that enables accelerated analytical adoption of clinical, financial, administrative and omics data. OHF is a complete, unified and modular solution that provides healthcare organizations with meaningful, actionable insights for strategic, data-driven decision support, from the genome level for precision medicine, that enable population health management. The OHF proven data model aggregates, standardizes, and normalizes data from disparate systems and sources, into clinical, financial, administrative and omics modules. In addition, OHF is a flexible solution allowing health organization user defined analytics application to align their data with their analytics roadmap. Backed by our high standards for scalability, security and compliance. OHF consists of pre-integrated, fully-supported products designed to work together. Oracle’s healthcare enterprise data model was built by healthcare professionals for healthcare professionals to improve outcomes at a reduced cost.</td>
</tr>
<tr>
<td>How OHF is Different</td>
<td>Unlike competing solutions offered by boutique analytic vendors or large IT organizations like IBM or EMR vendors like EPIC, OHF provides the industry’s end-to-end healthcare platform for analytics across the continuum of care to support value based care, quality performance measurement, and internal cost and care team effectiveness.</td>
</tr>
<tr>
<td>Where is OHF working?</td>
<td>Reasons to believe: Oracle is the world leader in developing and implementing effective and end-to-end healthcare analytics for the healthcare industry, as evidenced by numerous successful, large-scale implementations including Adventist, Mt. Sinai Health, MD Anderson, Mayo Clinic, UPenn, UPMC and more.</td>
</tr>
</tbody>
</table>
OHF 7.1 Battlecards
Challenges Faced / Market Forces

- Value Based Contracts: New currency in health care is “covered lives” vs. units of care.
- Provider practice management behavior has significant influences on an IDN ability to be successful in value based care.
- Knowledge of target population and market landscape is critical to developing an effective contracting strategy.
- Not all risk based contracts are good fits for the organization and the downside risk can have significant financial impacts on an organizations financial viability.
- Interoperability of data/information is critical as Provider Networks are growing by affiliation and acquisition.

Success Stories

- Ascension: SDP for OHF 7.1, Cost & Quality Analytics
- Mt. Sinai: SDP/uptaking OHF 7.1 for: Value Based Care Analytics, Population Health Management, and DSRIP
- Adventist: SDP for OHF 7.1

Product Advantage

- End to End comprehensive data model, purposely built for the healthcare industry to support care management.
- Data Aggregation and Analytics ready to support Value Based Care, Quality Performance Measurement, and Internal Cost and Care Team Effectiveness.
- Unified platform consists of modules, designed to work as one installed solution.
- Supports business priorities and data sets in the healthcare ecosystem.
- Solve a single business problem, leverage enterprise-wide level.
- Capacity to scale across domains and organizations.
- Enhanced packaging to allow for modular approach and client/business-friendly pricing metrics.
- Integrated with Oracle Business Intelligence 12c.
- Improved data access for client or 3rd party analytics.

Business Value

Value Based Care in OHF supports

- Member centric view – in addition to Patient and Encounter centric views.
- Adjudicated medical & prescription claims from Payor files.
- Member eligibility along with PCP or attributed provider data.
- Determination of risk score indicating high-cost high-risk patients.
- Integration of data that is required for population health or value-based care programs.
- Existing advanced data management including data quality, terminology features.

Key Contacts

VP, Head of Sales, NA - Keith DePari
Director, Sales, EMEA - Simon Manley
Direct, Sales, NAS – Sean Tierney
Senior Director Healthcare Product Strategy - Don Pettini
Director, Population Health Strategy - Lesli Adams, MPA
Director Business Development - Scott Morris
Director, Care Innovation - Summerpal Kahlon MD
Sr. Director, Alliances - Drew Zwiebel

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Target Audience
- Large healthcare providers, IDNs - Integrated Delivery Networks
  - CEO: Chief Executive Officer
  - CFO: Chief Financial Officer
  - CMO: Chief Medical Officer
  - CMIO: Chief Medical Informatics Officer
  - CIO: Chief Information Officer
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- Head of Analytics (Chief Data Scientist, Chief Analytics Officer)
- Clinician / Specialist / Care team / Registered Nurse

Opportunities
- Shift to Value Based Contracting requires efficiencies program based on operational and administrative data analytics
- Healthcare reform requires health systems use actionable analytics about patient outcomes and costs
- A need for Integrated IT structure into a single source of truth to support disparate systems and multiple data sources

Questions to ask
1. What are my leverage points with payers (what performance metrics should I be contracting for/ which are disadvantageous to me)?
   - Where am I performing well from a cost and quality perspective? Where do I have opportunity to improve and what is the magnitude of the opportunity (can I improve enough to be successful in a risk based contract with a payer)?
2. Need a platform solution that can ingest flat claims files and combine with other clinical and financial data to get a holistic view on the population level and individual MRN level?
3. How do I model various attribution methodologies to proactively optimize my Provider Networks?
4. How can prospectively estimate/model value (quality outcomes, reduction in total medical expense) at the program level, population level, enterprise level?

Product Differentiator
- A complete, comprehensive and proven integrated solution, A single source of truth
- Data Aggregation & Analytics ready to support Value Based Care, Quality Performance Measurement, and Internal Cost and Care Team Effectiveness
- A world class, proven, data management, data integration, consulting and pre-built analytics, backed by our high standards for scalability, security and compliance
- Pre-integrated, fit for purpose solution, fully supported products designed to work together and are thus faster to deploy, carry far less development risk and have been specifically engineered to make it easy to develop new analytic applications.
- Robust partner eco-system: Oracle offers a strong partnership ecosystem for best-of-breed healthcare applications. Our open OHF infrastructure also has the flexibility to add BI layers.
- Domains of admin, clinical, financial, and omics data bank that provides Precision Medicine capabilities
- OHF data model was built by healthcare professionals for healthcare professional

Competitive Insight
- Consulting: (Remedy Partners, Arcadia, Optum)
- Platform Solution - Reporting, population mgmt., workflow support, analytics: (Evolent, Lumeris, MedHok, Optum)

Counter Strategy against competition
- Data model that was created specifically for the healthcare industry to support Value Based Care, Quality Performance Management, and Internal Cost and Care Team Effectiveness. Fit for purpose
- OHF HF is a platform that integrates disparate systems and multiple data sources at the enterprise level – integrate once, use for many purposes
- A complete, comprehensive, proven end-to-end solution
Challenges Faced / Market Forces

- Challenge: None of the Payers have a standard "Quality Program" – each Payer has different measure requirements (numerator/denominator, exceptions, etc.) - creates huge challenge for ongoing reporting and performance management for IDNs and Providers
- Value Based Contracts: Quality measure performance is the "gatekeeper" to upside earnings on Total Medical Expense savings in most shared savings contracts. Pay for performance contracts are standard among commercial payers
- Payments (Commercial Value based and all Medicare (2017), Medicaid (state dependent) tied to effective management of chronic conditions, evidence based prevention and patient/consumer experience
- Consumer/consumer groups demand for transparency

Success Stories

- Adventist: Clinical Quality Close = "Board Book": CMS Patient Experience (HCAHPS), CMS Hospital Inpatient/Outpatient Quality Reporting Program (HIQR/HOQR), CMS Readmission Rates, CMS Survival Rates submission and analysis; Value Based Care Analytics; CMS ACO measures (33)
- Mt. Sinai: ACO, DSRIP = Crimson on OHF, OVI HC, In-progress: SDP/uptaking OHF 7.1 for DSRIP
- Ascension: Cost + Quality = Premier Feeds

Business Value

- Data Aggregation: OHF enables healthcare organizations to integrate clinical outcomes data from disparate source systems and performance periods via the platform to identify and predict the impact of clinical outcomes on reimbursements/financial impact
- Pre-validated integration: Quality reporting applications through Oracle Validated Integration (OVI HC)
- Derived Measures: Any quality metrics data can be loaded into OHF to analyze performance to achieve quality outcomes by leveraging "Derived Measures" data mart in Application Toolkit and out of the box self-service analytics tools

Product Advantage

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Oracle Healthcare Foundation (OHF) - QP

Target Audience
- Large healthcare providers, IDNs - Integrated Delivery Networks
  - SVP Pop Health
  - SVP Quality
  - CEO: Chief Executive Officer
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Opportunities
- Shift to Value Based Contracting requires efficiencies program based on operational and administrative data analytics
- Healthcare reform requires health systems use actionable analytics about patient outcomes and costs
- A need for Integrated IT structure into a single source of truth to support disparate systems and multiple data sources

Questions to ask
- **CFO**: How does OHF help me forecast my quality performance (clinical, process, satisfaction) to build future budgets and make more real-time (monthly/quarterly) adjustments to value based revenues?
- **SVP Quality/Pop Health/CMO**: How do I effectively report quality and KPI metrics in more real-time (outside traditional claims cycle) to be able to support ongoing PI efforts?
- **SVP Quality/Pop Health/CFO/CEO**: How can I report quality and other performance metrics to payers in more real-time to shorten performance to payment cycle?
- **SVP Quality/Pop Health/IT**: Can I report out of OHF directly to GPRO and QMAT? Can you replace the other quality reporting platform I currently use?
- **SVP Quality/Pop Health/IT**: Can OHF manage / integrate claims data files from Payers?
- **IT**: How do I match data across my enterprise in a consistent, inexpensive (relatively) manner – EMP, normalization, etc...especially data coming from outside of my native systems?

Product Differentiator
- **A complete, comprehensive and proven integrated solution, A single source of truth**
- **Data Aggregation & Analytics ready to support Value Based Care, Quality Performance Measurement, and Internal Cost and Care Team Effectiveness**
- **A world class, proven data management, data integration, consulting and pre-built analytics, backed by our high standards for scalability, security and compliance**
- **Pre-integrated, fit for purpose solution, fully supported products designed to work together and are thus faster to deploy, carry far less development risk and have been specifically engineered to make it easy to develop new analytic applications.**
- **Robust partner eco-system**: Oracle offers a strong partnership ecosystem for best-of-breed healthcare applications. Our open OHF infrastructure also has the flexibility to add BI layers.
- **Domains of admin, clinical, financial, and omics data bank that provides Precision Medicine capabilities**
- **OHF data model was built by healthcare professionals for healthcare professional**

Competitive Insight
- **Internal Reporting**: Every Major EHR has a quality reporting module. Arcadia, Premier Health, Optum One (Humedica), IBM (Truven/Phytel)
- **External Reporting platform**: Arcadia, Premier Health
- **Performance Management**: Every Major EHR has a quality reporting module. MedHok, Medecision, Optum One (Humedica), IBM (Truven/Phytel)

Counter Strategy against competition
- **Data model that was created specifically for the healthcare industry to support Value Based Care, Quality Performance Management, and Internal Cost and Care Team Effectiveness. Fit for purpose**
- **OHF HF is a platform that integrates disparate systems and multiple data sources at the enterprise level – integrate once, use for many purposes**
- **A complete, comprehensive, proven end-to-end solution**
Challenges Faced / Market Forces

1. Cost savings vs Revenue generation is growing paradigm in value based care – Example: Mandatory Medicare bundle payment program
2. Operational Efficiency - business restructuring and clinical effectiveness can lead to internal cost savings, before ever touching the target populations
3. Even in FFS markets – understanding and reducing internal costs equals better margins
4. As providers/systems have to support more non-billable (revenue based) interventions/programs, need to know internal costs to attribute savings/ROI
5. Direct to employer bundles – IDN’s are negotiating episode/intervention specific discounted bundle with employers Example – knee replacement, spine surgery

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Success Stories

Baycare: CFO Dashboards
Ascension: Cost & Quality Analytics, Service Line Utilization, HR & Labor Productivity
MD Anderson: Formulary Analytics, Melanoma Scheduling Efficiency
LADHS: Claims Analytics

Business Value

- **Subject Areas:** OHF has broad/deep coverage for healthcare financial and administrative subject areas - in addition to clinical and research. Subject areas in OHF include support for direct/indirect cost allocation, charges, billing, claims, reimbursements, AP/AR, and accounting & financial reporting
- **Integrate Disparate Sources:** Integrate and manage data from disparate sources including ERP into actionable insights
- **Existing Clients:** Live at leading IDNs, AMCs, and public health organizations to analyze and manage financial measures, costs, charges, and reimbursements in conjunction with Quality, Order management, and Patient satisfaction

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- OHF data model was built by healthcare professionals

Competitive Insight

- Consulting: Evolon, Lumeris, Optum
- Platform – reporting or workflow management: Lumeris, Optum, Medecision, HealthCatalyst, IBM (Truven), MedeAnalytics

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Buyer Persona: Bradley Fanning, Chief Financial Officer

Job Role / Psychographics
- Bradley Fanning is a member of the Senior Executive team engaged in facilitating all financial decisions for the organization
- Provides consultation, monitoring and evaluation and policy recommendation for all financial management operations
- CFO is the key resource in providing strategic and financial information to facilitate decision making by the Executive team.
- Financial planning (budgets), timing and execution is the CFO responsibility, as well as adherence to the budget by all other members of Executive Team and Board.
- CFO focus on how to ensure financial viability for the health care organization, especially as reimbursement and payer models evolve from Fee for Service to Value-Based
- CEO and the Board expect the CFO to evaluate new strategic and operational directions for financial viability.

Demographics
- Most likely to be male or female - slightly more male
- 40-55 years old
- MBA required (rare not to have)
- CPA preferred, with strong knowledge in GAAP accounting practices
- Between five to seven years health care financial management and auditing experience; with preference of five to eight years of capital financing, cash management, and knowledge of debt markets and securities management is often required (especially in for-profit systems)

Department: Senior Executive Team
Specialty: Healthcare systems, financial management and audit experience, strong knowledge of GAAP.
Level: Executive

Position on Org Chart
- Typically reports to the CEO
- Oversees accounting, financial management, planning, contracting, supply chain and revenue cycle
- May also oversee compliance and coding due to the strong affiliation with revenue cycle (may share this role with COO)
- Usually has a voting, fiduciary responsibility on the Board of Directors and co-chairs the Finance Committee

Challenges
- Ensure organization establishes and meets budget goals
- Maintain bond rating of A- or higher (to ensure lending power)
- Seek out new opportunities to improve strategic and financial success in marketplace
- Ensure efficient internal financial operations and debt management
- Consult Executive leadership on viable capital projects – with an accurate/conservative revenue to cost models to justify expenditure
- Understand changes in reimbursement methodologies and manage budgets accordingly
- Have adequate information to negotiate ACO and value based contracts with government and non-government payers
- Manage Board expectations

Initiatives
- Ensure financial/ budget KPIs are met
- Ensure financial viability and plan for population health programs for shared risk, care coordination and preventative care across the continuum of care
- Ensure appropriate cost controls are in place
- Identify opportunities to gain efficiencies in operations (human capital, supply chain, etc.)
- Ensure accurate and timely reporting of all KPI/Metrics and Board (and/or public) financial reports
- Manage data to assess, monitor and perform root cause analysis for financial and operational performance

Success Metrics
- Reduce cost, increase efficiency
- Positive performance on KPI’s and reporting metrics
- Positive EBITDA
- Profitable performance on negotiated contracts
- Ability to successfully submit all required financial reporting

Buyer Type / Buying Center
Depending on the scope of the solution and size of the organization, Mr. Fanning fits one or more of the following profiles:

- Initiator / Executive / CXO
  - Executives (visionaries or decision-makers) who generally are involved very early or late
  - Responsible for setting the long-term vision for how the solution will integrate with corporate vision
  - Ensures that the final solution is in alignment with the corporate vision and roadmap
  - Often operates at arm’s length to the decision but can exert veto power over decision
  - May share the Economic role in smaller orgs

- Champion
  - Shepherd the buying process; act as the key sponsor for a particular purchase

- Economic Buyer
  - Has autonomous ownership over the buying decision
  - Main responsibility is to the overall decision rather than individual details
  - Often lead a team or committee tasked with making the buying decision

Relationship with LOB
- Senior and key member of the executive leadership
- Important contributor to organization strategy
- Leads all financial decisions
Buyer Persona: Bradley Fanning, Chief Financial Officer (cont.)

**Key Technology Trends**

- **Real-time and predictive analytics** — Clinical decision support applications at the point of care and across the episode of care coordination and shared risk
- **Integrated data flow is required** — Establishing population health programs for shared risk, care coordination and preventative care across the continuum of care
- **The data “avalanche”** — Integrating the increasing volumes and varieties of data, including evolving data sources such as unstructured data, patient driven and wearable data.
- **Telemedicine: Care on demand, IoT (Internet of things), quantified self**
- **Precision Medicine integration into the clinical workflow** — Support increasing scientific innovation in precision medicine and bring it to the patient bedside.
- **Cloud** — based solutions, SAAS subscription model

**Purchase Preferences**

- Vendors such as Epic/Cerner for EHR system is a must have, understand provider priorities and challenges but limited to the EMR system
- Technology is reliable; it has the needed functionality and is “worth” the price
- Dissatisfied with vendor quality and support
- Competing vendor offers solution that fills a care gap and which addresses growing pain points felt throughout the organization e.g. comparative effectiveness, cost reduction, reimbursement model, “reduce readmission rates” and population at risk
- As part of a risk-averse industry, Mr. Fanning needs compelling reasons and evidence to change — intangible benefits are not enough
- System failure or data security breach impacting trial timelines and/or cost and/or regulatory submissions
- Top-down push from management

**Why Switch Vendors**

- Regulations: Change of the reimbursement model and shift to Accountable Care model requires providers to utilize new technologies and analytics vendors
- A need for a "Single-Source of Truth": Integrating disparate systems and data types can be done by only a few vendors
- Vendor offers solution that fills a recognized gap and which addresses growing pain points felt throughout the organization e.g. readmission rates, cost of care, resources, security, risk, patient satisfaction and more
- Dissatisfied with vendor quality and support
- System failure or data security breach impacting trial timelines of care at a higher cost

**Decision Drivers**

**Enterprise & Medium**

1. Reduce cost
2. Improve patient care and outcomes
3. Improve Quality measurements such as: Near Misses, Falls, Hand Hygiene, Hospital Acquired Conditions
4. Increase patient satisfaction and retention
5. Establish population health programs Ensure patient safety
6. Maintain a high degree of compliance and meet KPIs requirements

**Most Influential Info. Source**

1. Managers, peers and industry colleagues
2. Independent evidence
3. Case studies
4. Industry and scientific conferences
5. Trade publications
6. Consultants
7. Industry analysts
8. Vendors
**Buyer Persona: Bonnie Simmons, SVP Quality**

**Job Role / Psychographics**
- Bonnie Simmons is a member of the Senior Executive team engaged in facilitating all quality performance, patient safety and resource utilization.
- Provides oversight and direction continuous quality improvement and quality reporting activities for the organization.
- Accountable for planning and implementing programs and processes to maximize quality improvement efforts, while also improving cost efficiency, especially in value based contracting.
- Collaborates with senior and physician leadership on quality improvement, patient safety and compliance initiatives.

**Demographics**
- Most likely to be female (few males)
- 35-55 years old
- Often has a clinical background, sometimes required (RN, MD, Clinical Therapies)
- Bachelor’s degree required, Masters (MBA, MPH, etc.) often desired
- Five to eight years in clinical/operational experience in either integrated health care or payer setting
- Between five to eight years’ experience in quality improvement, patient safety and compliance

**Position on Org Chart**
- Typically reports to the CEO or CMO
- Works closely with clinical leadership (CMO, Medical Directors, Etc.)
- Oversees all quality, patient safety, risk management and quality improvement programs across the organization.
- Possible dotted line or full line to Board of Directors, can often Chair Quality Committee

**Challenges**
- Driving collaboration between management teams, medical staff for operational effectiveness and performance improvement.
- Drive clinical, quality performance through improvement efforts.
- Establish a performance and monitoring mechanism for all medical departments.
- Develop and promote value proposition on activities that often have intrinsic value and/or delayed return on investment.
- Maintaining up to date knowledge on regulatory and industry standards related to quality measures, patient safety and reporting standards.
- Garnering cross departmental collaboration within line authority.
- Producing accurate and timely quality reports across the enterprise (often pulling from multiple data systems).
- Manage Board expectations.

**Initiatives**
- Lead education and development of evidence based practices and protocols among clinical staff, providers and management teams.
- Coordinated and collaborates with IT, CI and Population Health to develop and execute organization’s value based strategy.
- Design accurate clinical quality, patient satisfaction, patient safety and resource utilization reports across organization’s enterprise.
- Drive culture of quality and acceptance of change/improvement.
- Champions organization’s CQI efforts with clinical staff; assures performance on CQI measures.
- Communicate and provide education to the medical staff on improving patterns of care and the use of improved documentation to facilitate improved coding (accuracy and appropriate assignment).
- Ensure accurate and timely reporting of all KPI/Metrics and Board (and/or public) quality reports.

**Success Metrics**
- Improvement on quality measures (across the organization).
- Patient Safety and Risk Management Metrics.
- Positive performance on KPI’s and reporting metrics.
- Program and Education efforts within Budget.

**Buyer Type / Buying Center**
- Depending on the scope of the solution and size of the organization, Ms. Simmons fits one or more of the following profiles:
  - **Initiator / Executive / CXO**
    - Executives (visionaries or decision-makers) who generally are involved very early or late.
    - Responsible for setting the long-term vision for how the solution will integrate with corporate vision.
    - Ensures that the final solution is in alignment with the corporate vision and roadmap.
    - Often operates at arm’s length to the decision but can exert veto power over decision.
  - **Champion**
    - Shepherd the buying process; act as the key sponsor for a particular purchase.
    - **Economic Buyer**
      - Does not usually have autonomous ownership over the buying decision.
      - Main responsibility is the details related to area of expertise vs. overall decision.
      - Often lead a team or committee tasked with making the buying decision.
  - **Relationship with LOB**
    - Senior and key member of the executive leadership.
    - Important contributor to organization strategy and clinical direction.
    - Leads all quality improvement innovations and contributes to population health programs.
    - Drives and defines macro-level requirements for new technologies.

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Buyer Persona: Bonnie Simmons, SVP Quality (cont.)

Key Technology Trends

- **Real-time and predictive analytics** – Clinical decision support applications at the point of care and across the episode for care coordination and shared risk
- **Integrated data flow is required** – Establishing population health programs for shared risk, care coordination and preventative care across the continuum of care
- **The data “avalanche”** – Integrating the increasing volumes and varieties of data, including evolving data sources such as unstructured data, patient driven and wearable data.
- **Telemedicine: Care on demand, IoT (Internet of things), quantified self**
- **Precision Medicine integration into the clinical workflow** – Support increasing scientific innovation in precision medicine and bring it to the patient bedside
- **Cloud** – based solutions, SAAS subscription model

Purchase Preferences

- Vendors such as Epic/Cerner for EHR system is a must have, understand provider priorities and challenges but limited to the EMR system
- Technology is reliable; it has the needed functionality and is “worth” the price
- Dissatisfied with vendor quality and support
- Competing vendor offers solution that fills a care gap and which addresses growing pain points felt throughout the organization e.g. comparative effectiveness, cost reduction, reimbursement model, “reduce readmission rates” and population at risk
- Top-down push from management

Key Vendors

- IBM - Watson as an AI analytics, Warehouse Vendor/Horizontal Analytics/Services. Trying to enter the precision medicine market
- **EPIC / Cerner** – EHR Centric, about 60% market share, doesn’t have a complete solutions, not integrated with the Oracle solutions
- Smaller companies such as Health Catalyst with a “Late Binding” model, recently acquired platform capability, is making inroads to this market

Why Switch Vendors

- Regulations: Change of the reimbursement model and shift to Accountable Care model requires providers to utilize new technologies and analytics vendors
- A need for a “Single Source of Truth” - Integrating disparate systems and data types can be done by only a few vendors
- Vendor offers solution that fills a recognized gap and which addresses growing pain points felt throughout the organization e.g. readmission rates, cost of care, resources, security, risk, patient satisfaction and more
- Dissatisfied with vendor quality and support
- System failure or data security breach impacting trial timelines of care at a higher cost

Decision Drivers

<table>
<thead>
<tr>
<th>Enterprise &amp; Medium</th>
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<td>1. Improve patient care and outcomes</td>
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<td>2. Improve Quality measurements such as: Near Misses, Falls, Hand Hygiene, Hospital Acquired Conditions</td>
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</tbody>
</table>

Most Influential Info. Source

1. Managers, peers and industry colleagues
2. Independent evidence
3. Case studies
4. Industry and scientific conferences
5. Trade publications
6. Consultants
7. Industry analysts
8. Vendors

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Buyer Persona: Amy Patel, VP Population Health

Department: Senior Executive Team

Specialty: Healthcare systems, medical quality assurance, quality improvement and risk management. Disease management, provider network relationships, and currency with legislation.

Level: Executive

Job Role / Psychographics

- Amy Patel is a member of the Senior Executive team engaged in facilitating all population health program decisions for the organization.
- Provides oversight and direction for designing, implementing and supporting organizations population health management programs.
- Collaborates with senior and physician leadership on population health based program development, implementation and evaluation.
- Works with Finance and Contracting to ensure population health programs are aligned with value based contracts and performance measures.
- Visionary and proactive leader with ability to commanded respect, persuade and obtain support to accomplish the vision.

Demographics

- Most likely to be female
- 35-55 years old
- Often have a clinical background (RN, Clinical therapist, SW, etc.)
- Bachelor’s degree required, Masters (MBA, MPH, etc.) often desired
- Ten years in clinical/operational experience in either integrated health care or payer setting
- Between five to seven years’ experience in disease management and/or panel/care management role with strong knowledge of clinical IT platforms, EMR and other analytical platforms.

Position on Org Chart

- Typically reports to the CEO or CMO – sometimes CFO (growing trend)
- Works closely with clinical leadership (CMO, Medical Directors, etc.)
- Oversees all population health activities and programs across the organization.
- Possible dotted line or full line to Board of Directors, often Chair Quality Committee.

Challenges

- Organization’s Chief Change Agent
- Drive clinical, quality and financial performance on PH programs; often without the appropriate human capital and IT supports
- Develop and promote value proposition on activities that often have intrinsic value and/or delayed return on investment
- Maintaining up to date knowledge on regulatory and industry standards related to population health and value based care
- Garnering cross departmental collaboration without line authority
- Managing multiple vendors and internal customers across departments (often silo’ed)
- Manage Board expectations

Success Metrics

- Reduce cost, increase efficiency, improve quality (determined by appointed metrics)
- Performance on Population Health program KPIs within budget
- Positive performance on KPI’s and reporting metrics

Initiatives

- Establish a comprehensive population health strategy and program the supports organizations strategy and goals
- Coordinated and collaborates with IT, CI (Clinical Integration – if they aren’t also responsible for it) and Quality to develop and execute population health strategy
- Drive culture of quality and acceptance of change/improvement
- Ensure financial viability and plan for population health programs for shared risk, care coordination and preventative care across the continuum of care
- Ensure accurate and timely reporting of all KPI/Metrics and Board (and/or public) financial reports
- Manage data to assess, monitor and perform root cause analysis for financial and operational performance, especially in Population Health programs

Buyer Type / Buying Center

Depending on the scope of the solution and size of the organization, Ms. Patel fits one or more of the following profiles:

- Initiator / Executive / CIO
  - Executives (visionaries or decision-makers) who generally are involved very early or late
  - Responsible for setting the long-term vision for how the solution will integrate with corporate vision
  - Ensures that the final solution is in alignment with the corporate vision and roadmap
  - Often operates at arm’s length to the decision but can exert veto power over decision
  - May share the Economic role in smaller orgs
- Champion
  - Shepherd the buying process; act as the key sponsor for a particular purchase
- Economic Buyer
  - Has autonomous ownership over the buying decision
  - Main responsibility is to the overall decision rather than individual details
  - Often lead a team or committee tasked with making the buying decision

Relationship with LOB

- Senior and key member of the executive leadership
- Important contributor to organization strategy and clinical direction
- Leads all medical innovation initiatives and population health programs
- Drives and defines macro-level requirements for new technologies

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Buyer Persona: Amy Patel, VP Population Health (cont.)

Key Technology Trends

- Real-time and predictive analytics – Clinical decision support applications at the point of care and across the episode for care coordination and shared risk
- Integrated data flow is required – Establishing population health programs for shared risk, care coordination and preventative care across the continuum of care
- The data “avalanche” – Integrating the increasing volumes and varieties of data, including evolving data sources such as unstructured data, patient driven and wearable data.
- Telemedicine: Care on demand, IoT (Internet of things), quantified self
- Precision Medicine integration into the clinical workflow – Support increasing scientific innovation in precision medicine and bring it to the patient bedside.
- Cloud – based solutions, SaaS subscription model

Purchase Preferences

- Vendors such as Epic/Cerner for EHR system is a must have, understand provider priorities and challenges but limited to the EMR system
- Technology is reliable; it has the needed functionality and is “worth” the price
- Dissatisfied with vendor quality and support
- Competing vendor offers solution that fills a care gap and which addresses growing pain points felt throughout the organization e.g. comparative effectiveness, cost reduction, reimbursement model, “reduce re-admission rates” and population at risk.
- Top-down push from management

Why Switch Vendors

- Regulations: Change of the reimbursement model and shift to Accountable Care model requires providers to utilize new technologies and analytics vendors
- A need for a “Single-Source of Truth” - Integrating disparate systems and data types can be done by only a few vendors
- Vendor offers solution that fills a recognized gap and which addresses growing pain points felt throughout the organization e.g. re-admission rates, cost of care, resources, security, risk, patient satisfaction and more
- Dissatisfied with vendor quality and support
- System failure or data security breach impacting trial timelines of care at a higher cost

Decision Drivers

Enterprise & Medium

1. Establish population health programs
2. Reduce cost
3. Improve patient care and outcomes
4. Increase patient satisfaction and retention
5. Improve quality measurements such as: Near Misses, Falls, Hand Hygiene, Hospital Acquired Conditions
6. Maintain a high degree of compliance and meet KPIs requirements

Most Influential Info. Source

1. Managers, peers and industry colleagues
2. Independent evidence
3. Case studies
4. Industry and scientific conferences
5. Trade publications
6. Consultants
7. Industry analysts
8. Vendors
Buyer Persona: Mary Hower, MD, Chief Medical Officer

Dr. Hower is a key member of the Senior Executive team, engaged in defining the overall medical strategy and the direction of the organization. In addition, she leads the physicians for the organization and provides direction for the Federal Reform Initiatives, Health Management, and Credentialing.

Dr. Hower was motivated to make the transition from patient care to medical management in order to participate in creating significant positive impact at a health system level. Making the right diagnosis and treating a patient successfully is very satisfying. But promoting change that favorably impacts employers, patients, providers, and society at large is even more fulfilling.

- Provides medical oversight, expertise, and leadership to ensure the delivery of affordable quality healthcare services, establish Population Health programs and comply with regulation for better outcomes.
- Delivers medical guidance, support and education to the care teams along with development and implementation of innovative patient-centered programs across the continuum of care.
- Drive medical quality assurance, quality improvement and risk management, provider performance review and compliance.

Demographics
- Most likely to be male or female - slightly more male
- 40-55 years old
- Licensed MD, certified by the American Board of Medical Specialties, for profit will often has an MBA as well. Academic Medical centers could have MD, PhD, MPH as well.
- Between five to seven years professional post-residency experience in direct patient care.

Job Role / Psychographics

Chief Medical Officer (CMO), MD

Department: Senior Executive Team

Specialty: Healthcare systems, medical quality assurance, quality improvement and risk management. Evidence-based medicine, patient relations, Accreditation and Credentialing

Level: Executive

Position on Org Chart

- Typically reports to the CEO.
- Usually oversees models in health care delivery; identify opportunities to improve patient outcomes and integrating technology and clinical programs.
- Manage medical staff organization, Chief Quality Officer, Clinical Practice Evaluation team.

Challenges
- Improve patient outcomes at a reduced cost through quality assurance programs.
- Maintain compliance with the major regulatory changes of:
  - Reimbursement model, from Fee per Service to Value-Based Medicine
  - Affordable Care Act
  - Accountable Care model
  - Establish population health programs for shared risk, care coordination and preventative care across the continuum of care.
  - Identify populations at risk in order to provide the right care coordination and treatment.
  - Keep up with recent clinical and technology trends that can drive greater innovation and improve outcomes.

Initiatives
- Ensure quality control and government KPIs are met.
- Establish population health programs for shared risk, care coordination and preventative care across the continuum of care.
- Follow Evidence-Based Medicine and guidelines.
- Transition from chronic condition management to wellness and preventative care.
- Provide patient satisfaction and experience programs to support Patient Engagement activities.
- Ad-hoc access to reports and dashboard of clinical data to manage patient and populations at risk.
- Manage data to assess, monitor and perform root cause analysis for quality assurance.
- Identify populations at risk in order to provide the right care coordination and treatment.
- Initiate and oversee patient engagement program.
- Credentials and privilege review.

Success Metrics
- Improve patient care and outcomes, reduce cost.
- Improve care coordination across the patient’s multiple points of care for population and public health.
- Engage patients and family, achieve patient satisfaction.
- Improve patient safety.
- Maintain a high degree of compliance and meet KPIs requirements.
- Improve quality measures.

Buyer Type / Buying Center

Depending on the scope of the solution and size of the organization, Dr. Hower fits one or more of the following profiles:

- Initiator / Executive / CIO
  - Executives (visionaries or decision-makers) who generally are involved very early or late
  - Responsible for setting the long-term vision for how the solution will integrate with corporate vision.
  - Ensures that the final solution is in alignment with the corporate vision and roadmap.
  - Often operates at arm’s length to the decision but can exert veto power over decision.
  - May share the Economic role in smaller orgs.
- Champion
  - Shepherd the buying process; act as the key sponsor for a particular purchase.
- Economic Buyer
  - Has autonomous ownership over the buying decision.
  - Main responsibility is to the overall decision rather than individual details.
  - Often lead a team or committee tasked with making the buying decision.

Relationship with LOB

- Senior and key member of the executive leadership.
- Important contributor to organization strategy and clinical direction.
- Leads all medical innovation initiatives and population health programs.
- Drives and defines macro-level requirements for new technologies.

Mary Hower, MD

- 55 years old
- Usually overseas models in health care delivery; identify opportunities to improve patient outcomes and integrating technology and clinical programs.
- Responsible for setting the long-term vision for how the solution will integrate with corporate vision.
- Often lead a team or committee tasked with making the buying decision.

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### Key Technology Trends

- **Real-time and predictive analytics** — Clinical decision support applications at the point of care and across the episode for care coordination and shared risk
- **Integrated data flow is required** — Establishing population health programs for shared risk, care coordination and preventative care across the continuum of care
- **The data “avalanche”** — Integrating the increasing volumes and varieties of data, including evolving data sources such as unstructured data, patient driven and wearable data.
- **Telemedicine: Care on demand, IoT (Internet of things), quantified self**
- **Precision Medicine integration into the clinical workflow** — Support increasing scientific innovation in precision medicine and bring it to the patient bedside.
- **Cloud** — based solutions, SAAS subscription model

### Purchase Preferences

- Vendors such as Epic/Cerner for EHR system is a must have, understand provider priorities and challenges but limited to the EMR system
- Technology is reliable; it has the needed functionality and is “worth” the price
- Dissatisfied with vendor quality and support
- Competing vendor offers solution that fills a care gap and which addresses growing pain points felt throughout the organization e.g. comparative effectiveness, cost reduction, reimbursement model, “reduce readmission rates” and population at risk
- As part of a risk-averse industry, Dr. Hower needs compelling reasons and evidence to change – intangible benefits are not enough
- System failure or data security breach impacting trial timelines and/or cost and/or regulatory submissions
- Top-down push from management

### Decision Drivers

#### Enterprise & Medium

1. Improve patient care and outcomes
2. Improve Quality measurements such as: Near Misses, Falls, Hand Hygiene, Hospital Acquired Conditions
3. Reduce cost
4. Increase patient satisfaction and retention
5. Establish population health programs Ensure patient safety
6. Maintain a high degree of compliance and meet KPIs requirements

### Why Switch Vendors

- Regulations: Change of the reimbursement model and shift to Accountable Care model requires providers to utilize new technologies and analytics vendors
- A need for a “Single-Source of Truth” - Integrating disparate systems and data types can be done by only a few vendors
- Vendor offers solution that fills a recognized gap and which addresses growing pain points felt throughout the organization e.g. readmission rates, cost of care, resources, security, risk, patient satisfaction and more
- Dissatisfied with vendor quality and support
- System failure or data security breach impacting trial timelines of care at a higher cost

### Most Influential Info. Source

1. Managers, peers and industry colleagues
2. Independent evidence
3. Case studies
4. Industry and scientific conferences
5. Trade publications
6. Consultants
7. Industry analysts
8. Vendors
Buyer Persona: Sandeep Rao, MD, Chief Medical Informatics Officer

Job Role / Psychographics

Dr. Rao is a key member of the executive team, engaged in defining the overall Informatics strategy and technology implementation to support the institute’s strategic goals. Dr. Rao’s motivation to transition from patient care to medical informatics management was a result of both his passion for technology and innovation and frustration with the use of Electronic Health Records (EHR) and other health information systems. He started to get more involved with medical informatics in order to participate in creating a significant, positive impact at a health system level. Dr. Rao sees himself as a clinical transformative change agent. Dr. Rao leads the clinical informatics portfolio for the organization in order to:

- Ensure interoperability across the organization and between participating community organizations
- Ensure smooth implementation and deployment of all clinical informatics systems
- Automate clinical workflows and document requirements
- Integrate systems and data sources to ensure data quality
- Improve adoption of the applications by clinicians, optimizing quality, safety, and efficiency in the clinical workflows
- Meet regulatory demands such as Meaningful Use of technology

Challenges

- Achieve consensus among practicing physicians in Informatics for workflow automation
- Automate manual procedures best practice, care plan and guidelines
- Select application and integrate into the enterprise portfolio
- Integrate systems for better outcomes and patient care
- Achieve data governance and create single-source of truth by ensuring patient data quality through standardization and deduplication from multiple sources including new acquisitions
- Balance compliance, security, ease of use, automation of manual processes, and safety
- Integrate multiple data types and sources such as unstructured data “big data” (doctor notes), patient-driven data and more
- Implement enterprise-wide EHR and extend to new acquisitions

Position on Org Chart

- Typically reports to the CIO and dotted line to CMIO, or CEO
- Manage the IT organization including analytics

Initiatives

- Drive interoperability and system integration for better outcomes and patient care
- Ensure smooth implementation and deployment of all clinical informatics systems
- Create single source of truth patient data by ensuring data quality through standardization and aggregation from multiple sources
- Improve provider satisfaction by providing real-time access to unified patient data
- Implement provider directory for use by enterprise systems and external patient portals
- Increase transparency and efficiency
- Meet regulatory demands such as the Federal standards for Meaningful Use for systems implementation
- Initiate and employ new technologies and data sources such as Patient-driven data, mHealth, telemedicine software, wearable data and more

Success Metrics

- Achieve high adoptions of the applications use by clinicians
- Create single source of truth for real-time data use – for various healthcare entities like patients, providers, and clinicians
- Improve efficiency in the clinical workflows for better communications and to improve outcomes
- Optimize quality and safety metrics across the continuum of care
- Implement innovative technologies to support Population Health programs such as coordinated care, and shared risk
- Improve care coordination across the patient’s multiple points of care for population and public health
- Engage patients and family, achieve patient satisfaction through the use of technology
- Maintain a high degree of compliance and meet KPIs requirements
- Enable interoperability through creating efficiencies within and across the organization
- Expand care coordination through cross-enterprise information sharing

Demographics

- Most likely to be male
- 40-55 years old
- Licensed MD, certified by the American Board of Medical Specialties, typically has a M.S. in Health Informatics as well
- Between five to seven years professional post-residency experience in direct patient care
- Member of AMDIS (Association of Medical Directors of Information Systems), AMIA (The American Medical Informatics Association), HIMSS (The Healthcare Information and Management Systems Society)
- 55 years old
- Currently working full-time
- Most likely to be male
- Executives (visionaries or decision-makers) who generally are involved very early in the process
- Responsible for setting the long-term vision for how the solution will integrate with corporate vision
- Ensures that the final solution is in alignment with the corporate vision and roadmap
- Often operates at arm’s length to the decision but can exert veto power over decision
- May share the Economic role in smaller orgs

Buyer Type / Buying Center

Depending on the scope of the solution and size of the organization, Dr. Rao fits one or more of the following profiles:

- **Initiator / Executive / CIO**
  - Executives (visionaries or decision-makers) who generally are involved very early in the process
  - Responsible for setting the long-term vision for how the solution will integrate with corporate vision
  - Ensures that the final solution is in alignment with the corporate vision and roadmap
  - Often operates at arm’s length to the decision but can exert veto power over decision
  - May share the Economic role in smaller orgs

- **Champion**
  - Shepherd the buying process; act as the key sponsor for a particular purchase

- **Economic Buyer**
  - Has autonomous ownership over the buying decision
  - Main responsibility is to the overall decision rather than individual details
  - Often lead a team or committee tasked with making the buying decision

Relationship with LOB

- Senior member of the executive leadership
- Important contributor to organization strategy and technology direction
- Leads health IT initiatives and technology to support population health programs
- Drives and defines macro and micro-level requirements for new technologies
**Key Technology Trends**

- Integrated data flow is required – Establishing integrated patient views across the organization, cross-organizations, and for population health programs for shared risk, care coordination and preventative care across the continuum of care.
- The data "avalanche" – Integrating the increasing volumes and varieties of data, including evolving data sources such as unstructured data, patient driven and wearable data.
- Telemedicine: Care on demand, IoT (Internet of things), quantified self
- Standards-based interoperability – Support increasing cross-enterprise, community-wide interoperability to support care coordination across organizations and networks

**Purchase Preferences**

- Vendors such as Epic/Cerner for EHR system is a must have, understand provider priorities and challenges but limited to the EHR system
- Technology is reliable; it has the needed functionality and is "worth" the price
- As part of a risk-averse industry, Dr. Rao needs compelling reasons and evidence to change – intangible benefits are not enough
- System failure or data security breach impacting trial timelines and/or cost and/or regulatory submissions
- Top-down push from management
- Applications that will further his EHR rollout plans are favored and handled on priority

**Key Vendors**

- IBM - Watson as an AI analytics, Warehouse Vendor/Horizontal Analytics/Services. Trying to enter the precision medicine market
- EPIC / Cerner – EHR Centric, about 60% market share, doesn’t have a complete solutions, not integrated with the Oracle solutions
- Smaller companies such as Health Catalyst with a "Late Binding" model, recently acquired platform capability, is making inroads to this market.

**Why Switch Vendors**

- Regulations: Change of the reimbursement model and shift to Accountable Care model requires providers to utilize new technologies
- A need for a "Single-Source of Truth" - Integrating disparate systems and data types can be done by only a few vendors
- Dissatisfied with product’s inability to support newer and/or expanding application ecosystem
- Unfavorably high cost to upgrade; increasing costs for support with reducing support quality levels
- Higher levels of patient miss-match and increasing need for manual intervention for de-duplication

**Decision Drivers**

1. Improve patient care and outcomes through Informatics system
2. Enable interoperability through creating efficiencies within and across the organization
3. Reduce cost by using accurate tools
4. Increase efficiencies in clinician workflow across the care continuum
5. Increase patient engagement, satisfaction and retention utilizing disruptive tools
6. Increase provider satisfaction and retention
7. Automate clinical workflows and document requirements
8. Integrate multiple systems and data sources to ensure patient data quality
9. Improve adoptions of the applications by clinicians, optimizing quality, safety, and efficiency in the clinical workflows
10. Maintain a high degree of compliance and meet KPIs requirements

**Most Influential Info. Source**

1. Managers, peers and industry colleagues
2. Provider community
3. Independent evidence
4. Case studies
5. Industry and scientific conferences
6. Trade publications
7. Consultants
8. Industry analysts
9. Vendors
Evaluation of technology, architecture and system integration options

Influencer Persona: Jeff Mayer, Chief Information Officer

Mr. Mayer is a key member of the senior leadership team, engaged in defining the overall information strategy and technology implementation to support the institute’s strategic goals. Throughout the years, Mr. Mayer worked his way up to the executive team progressing through the different IT departments. He is passionate about technology and innovation and provides the vision of information technology to support the clinical, operational, financial, academic and administrative functions of the enterprise. He is a driven and result-oriented person. His technology decisions are based on:

- Evaluation of technology, architecture and system integration options
- Selection, implementation and deployment of technologies to support the organization’s strategic goals
- Integration of new technologies to support clinical, operational, financial workflows

Mr. Mayer’s role is in the conjunction of technology trends and business strategy. His responsibilities extend beyond information technology and include managing multi-million dollar budget, improving the organization’s revenue cycle and patient engagement strategy, as well as developing the hospital’s long-term growth strategy.

Job Role / Psychographics

Mr. Mayer is the key member of the senior leadership team, engaged in defining overall information strategy and technology implementation to support the institute’s strategic goals. Throughout the years, Mr. Mayer worked his way up to the executive team progressing through the different IT departments.

Mr. Mayer is passionate about technology and innovation and provides the vision of information technology to support the clinical, operational, financial, academic and administrative functions of the enterprise. He is a driven and result-oriented person. His technology decisions are based on:

- Evaluation of technology, architecture and system integration options
- Selection, implementation and deployment of technologies to support the organization’s strategic goals
- Integration of new technologies to support clinical, operational, financial workflows

Mr. Mayer’s role is in the conjunction of technology trends and business strategy. His responsibilities extend beyond information technology and include managing multi-million dollar budget, improving the organization’s revenue cycle and patient engagement strategy, as well as developing the hospital’s long-term growth strategy.

Demographics

- Most likely to be male
- 40-55 years old
- BS, MS in computer science, information management or related field
- Could be a licensed MD, certified by the American Board of Medical Specialties; typically has an M.S. in Health Informatics as well
- Between 10 to 20 years professional IT experience in different parts of the health organization
- Member of CHIME (College of Healthcare Information Management Executives) CIOO certified, Member of AMDIS (Association of Medical Directors of Information Systems), AMIA (The American Medical Informatics Association), and HIMSS (The Healthcare Information and Management Systems Society)

Challenges

- Health organization’s complex informatics architecture of multiple, fragmented systems
- Large systems implementation and deployment across clinical, financial, operational and research functions of the organization
- Integration of multiple disparate systems to achieve high patient data quality
- Regulatory demands such as implementation of Meaningful Use of technology and HIPAA compliance
- Security and patient privacy in adoption of innovative technologies
- Improving the organization’s revenue cycle, controlling cost while improving outcomes
- Increase patient engagement and satisfaction through implementations new technologies
- Adoption of standards to achieve greater levels of interoperability with other enterprises

Initiatives

- Improve patient care at a reduced cost
- Drive interoperability and optimization cross - organization’s complex informatics architecture to improve outcomes at a reduced cost
- Focus on the health organization’s operations as a whole across clinical, financial, administrative and research workflows
- Ensure smooth, cost-effective implementation and deployment of large informatics systems
- Lead IT to support the shift from fee-per-performance into value-based medicine
- Ensure technology architecture that enables decision-support and the reuse of existing systems without the need to replace
- Develop the organization’s long-term growth strategy from technology perspective
- Innovate and drive new technologies adoption such as predictive analytics applications, mHealth, telemedicine systems IoT (Internet of Things) and patient-driven data
- Ensure patient-centric and population health programs such as care-coordination, and shared-risk across the continuum and ecosystem of care
- Manage multi-million dollar IT budget and technology vendors relationship
- Create a reliable single-source of truth of all healthcare entities
- Achieve improved patient experience by better care-coordination enabled by IT
- Meet standards and legislative requirements
- Improve the organization’s revenue cycle and develop long-term growth strategy
- Enable healthcare interoperability in order to expand care coordination with other organizations

Success Metrics

- Drive integration of systems and processes that improve outcomes and reduce cost
- Support scalability requirements across the healthcare enterprise
- Establish a trusted single-source of truth and improve patient data quality across multiple disparate systems
- Implement innovative technologies for better patient engagement and experience, expanding technology focus from treating conditions addresses health, wellness and prevention
- Manage budget and quickly evaluate the technology, architecture and system integration options
- Meet industry standards, corporate standards, and legislative requirements
- Increase efficiencies and facilitate smoother workflows across the continuum of care
- Ensure post-merger system integration
- Resolve constant issues of multiple records for same patient with outdated and inconsistent demographic information
- Tackle situations with multiple patient identity authoring systems
- Enable continued use of existing systems without losing federated data ownership or having to build costly interfaces for patient identification
- Expand standards compliance to meet information exchange based on current standards
- Ensure single point of reference of patient/entity within and across the enterprise
- Enable secondary use of patient data for analytics, research and operational improvements

Chief Information Officer (CIO), MSc

Department: Senior Executive Team

Specialty: Health information technologies (HIT), Interoperability, Clinical Network Management, Electronic health records (EHR), Electronic Medical records (EMR), Evidence-based medicine, patient safety and engagement.

Level: Executive
Influencer Persona: Jeff Mayer, Chief Information Officer (cont.)

**Key Technology Trends**
- **Integrated data flow is required** – Establishing integrated patient views across the organization, cross-organizations, and for population health programs for shared risk; care coordination and preventative care across the continuum of care.
- The data “avalanche” – Integrating the increasing volumes and varieties of data, including evolving data sources such as unstructured data, patient driven and wearable data.
- **Telemedicine:** Care on demand, IoT (Internet of things), quantified self
- **Standards-based interoperability** – Support increasing cross-enterprise, community-wide interoperability to support care coordination across organizations and networks.

**Purchase Preferences**
- Vendors such as Epic/Cerner for EHR system is a must have, understand provider priorities and challenges but limited to the EHR system.
- **Technology is reliable; it has the needed functionality:** and is “worth” the price.
- **As part of a risk-averse industry, Dr. Rao needs compelling reasons and evidence to change – intangible benefits are not enough**.
- System failure or data security breach impacting trial timelines and/or cost and/or regulatory submissions.
- **Top-down push from management**
- Applications that will further his EHR rollout plans are favored and handled on priority.
- Willing to implement and use applications that improve patient care and outcomes through technologies that address the organization as a whole.
- **Enable interoperability through creating efficiencies within and across the organization**.
- Reduce cost and manage the organization’s revenue-cycle.
- Increase efficiencies across clinical, financial, operational and research workflow.
- Increase patient engagement, satisfaction and retention.
- Integrate multiple systems and data sources to ensure data quality.
- Improve adoptions of the applications, optimizing quality, safety, and efficiency across the organization functions.
- Ensure a high degree of compliance and meet organizations strategic goals.

**Why Switch Vendors**
- **Regulations:** Change of the reimbursement model and shift to Accountable Care model requires providers to utilize new technologies.
- **A need for a “Single-Source of Truth”**: Integrating disparate systems and data types can be done by only a few vendors.
- Dissatisfied with product’s inability to support newer and/or expanding application ecosystem.
- Unfavorably high cost to upgrade; increasing costs for support with reducing support quality levels.
- Higher levels of patient miss-match and increasing need for manual intervention for de-duplication.

**Decision Drivers**
- **For Oracle employees and authorized partners only. Do not distribute to third parties.**

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**Most Influential Info. Source**
1. Ask my industry peers
2. Attend industry and association conferences
3. Search the Web (problem or initiative)
4. Ask my management and direct reports for options
5. Explore a known online community
6. Explore a known vendor Web site

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**Buyer Type / Buying Center**
Depending on the scope of the solution and size of the organization, Mr. Mayer fits one or more of the following profiles:
- **Initiator / Executive / CIO**
- Executives (visionaries or decision-makers) who generally are involved very early in the process.
- Responsible for setting the long-term vision for how the solution will integrate with corporate vision.
- Ensures that the final solution is in alignment with the corporate vision and roadmap.
- Often operates at arm’s length to the decision but can exert veto power over decision.
- May share the Economic role in smaller orgs.

- **Champion**
- Shepherd the buying process; act as the key sponsor for a particular purchase.
- **Economic Buyer**
- Has autonomous ownership over the buying decision.
- Main responsibility is to the overall decision rather than individual details.
- Often lead a team or committee tasked with making the buying decision.

**Relationship with LOB**
- Senior member of the executive leadership.
- Important contributor to organization strategy and technology direction.
- Leads health IT initiatives and technology to support population health programs.
- Drives and defines macro-level requirements for new technologies.

**Key Vendors**
- IBM - Watson as an AI analytics, Warehouse Vendor/Horizontal Analytics/Services. Trying to enter the precision medicine market.
- EPIC / Cerner – EHR Centric, about 60% market share, doesn’t have a complete solutions, not integrated with the Oracle solutions.
- Smaller companies such as Health Catalyst with a “Late Binding” model, recently acquired platform capability, is making inroads to this market.

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Oracle Partner Network
Partner Program Overview & Maturity Path

**Oracle Partner Network Gold Member**
Entry level to work with the Oracle Healthcare portfolio

**HSGBU Healthcare Partner**
- Partner focused on Healthcare market
- Commitment to invest in enablement program for OHF
- May have “assets” to support defined use cases that can integrate with OHF
- No formal Oracle verification

**Oracle Validated Integration (OVI) for Healthcare**
- Advanced level of certification
- Partner application’s are tested and validated by Oracle to work seamlessly with our Healthcare Analytics Solutions

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**Partner Program Overview & Maturity Path**

**Validated Integration**
Healthcare

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**Partners**
- Accenture
- Deloitte
- KPMG
- Forward Health Group
- Enli Health Intelligence
- SCIO Health Analytics
- Grant Thornton
- Spectra MediX
- Edgewater Ranzal
Oracle Health Sciences Partner Knowledge Zones (16)

- **Specialization & Resell Focus**
  - Oracle Argus Applications
  - Oracle Health Sciences Life Sciences Warehouse Applications

- **Oracle Life Sciences Resell**
  - Oracle Clinical & Oracle Remote Data Capture Applications
  - Oracle Siebel Clinical Trial Management System Application
  - Oracle Health Sciences Empirica Applications

- **Oracle Healthcare Resell**
  - Oracle Enterprise Healthcare Analytics Applications
  - Oracle Health Information Exchange Applications
  - Oracle Health Sciences Translational Research Center
  - **Oracle Healthcare Foundation**

- **Oracle Health Sciences Cloud Knowledge Zones - Resell Focus**
  - Oracle Health Sciences ClearTrial Cloud Service
  - Oracle Argus Cloud Service Solutions
  - Oracle Empirica Cloud Service

- **Solution Area & HUB Knowledge Zones**
  - Oracle Health Sciences Partner HUB
  - Oracle Healthcare
  - Oracle Life Sciences
  - Oracle CRO Advantage
Oracle Healthcare Foundation Knowledge Zone

OPN Website – Tools & Resources for your business
Oracle Healthcare Foundation Knowledge Zone

OPN Website – Training, Resell & Specialization for Partners

**Partner Training**

- Get Trained & Track Progress
  - Oracle Healthcare Foundation Application Guided Learning Paths
    - Oracle Healthcare Foundation 7 Application Toolkit OIN Healthcare Specialist
    - Oracle Healthcare Foundation 7 for ODI Pre-Sales Consultant
    - Oracle Healthcare Foundation 7 for InforBPS Pre-Sales Consultant

- Support
  - OIN Member, Gold, Platinum, Diamond Member, Specialized Company

**Resell Program**

- Apply to Resell Oracle Healthcare Foundation
  - Step 1: Review Available Products
  - Step 2: Check Criteria
  - Step 3: Apply to Distribute

Oracle Distribution Agreements
- Configure, quote, and order Oracle Support Services through the Oracle Partner Store (OPS). Include Support in all your hardware and software orders.

Oracle Support Services
- Retail Support

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