

Advanced Analytics Platforms, Applications and Solutions for Healthcare



Mark A. Caron - CEO

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Geneia

3815 Tecport Dr
Harrisburg, PA
www.geneia.com

About Geneia

Geneia specializes in the development of advanced clinical, analytical, and technical solutions for health care. Geneia's dedicated team of physicians, nurses, technologists, analytics experts, and business professionals brings significant experience in all aspects of health care to create products and services that drive improved health care cost, quality, and accessibility. Geneia helps hospitals, physicians, health plans, brokers, employers, and consumers succeed in the post health care reform environment. The company has offices in Harrisburg, PA and Concord, NH.

Interview conducted by: Lynn Fosse, Senior Editor, CEOCFO Magazine

CEOCFO: Mr. Caron, your website indicates that Geneia® is bringing new ideas to healthcare. How so? What do you do?

Mr. Caron: We are helping to transform the delivery of care with advanced analytics platforms, applications and solutions for the home and the wearable virtual marketplace. It is not that we manufacture devices directly, but we identify leading edge devices and manufacturers in the country and strategically partner with them, and integrate the data into our proprietary analytics platform, Theon. To this end, we have a strategic partnership with Covidien for our @Home platform, where they power the devices and the algorithms, and we make the clinical interventions, as well as bring broader meaning to the predictive value of the data. Our analytics engine leverages clinical algorithms and drives early signs of potential issues around care, particularly as it relates to chronic and acute conditions such as congestive heart failure (CHF), coronary artery disease (CAD) and diabetes. CHF and CAD are the first two cohorts that we are looking at, however we are also looking at many

others, as you might expect, given the demand in the market and the transformation of the delivery system.

CEOCFO: *How do you decide when you are evaluating a product when it is the right time or the right product?*

Mr. Caron: There are a couple of things we look at. First we look at the market need; where are patients really struggling? Where are care givers, physicians and clinicians really struggling to really help effectively manage the care that they are giving their patients? How can we get tools and devices that have matured to a point of reliability, wearability and ease of use? Much of the chronic patient base in this country are seniors or of advancing age, so we seek out solutions that are easy to use and easy for a home care provider to support. Although we look at leading-edge technologies, I would not necessarily say we look at the bleeding-edge of technology in the sense of solutions that are in an alpha state. We often run internal pilots with beta products, and determine how they will function in the field, or if already in the field, how they will perform across a significant population base. We actively seek solutions with strong stability, consistent measures and consistent accuracy of results. We also look for extensions not only in the chronic patient base, but also on the prenatal end of the spectrum, where engagement and the return on value will be high. Therefore, we are looking from end to end, if you will, of the continuum of life, inclusive of wellness. We monitor devices that are starting to get an uptick in adoption and attraction in the marketplace, whether it's the iWatch or FitBit, or other wearables. We then feed that into our analytics engine to create a much more advanced predictive modeling tool than what has been in the market, due to our algorithms and expanded data sets. We include not just clinical data, medical record data, laboratory data, claims data from payers and pharmacy data, but we also expand the sets to include psychographic and demographic data, so that we learn more about the person, the socioeconomic environment that they are in, their income levels, and all the pertinent indicators of engagement or potential issues arising from early stage diagnoses of disease.

CEOCFO: *There is great deal of activity in this segment of healthcare. How do you cut through the noise?*

Mr. Caron: Health care is an industry in transition, and the activity has been accelerated with the High Tech Act, the Affordable Care Act and the move much more towards value based reimbursements. This is driven not just the federal level, which is obviously the biggest payer and a dominant force, but also from commercial and private payers that are now structuring new partnerships with delivery systems. It is vastly different from the old days where the parties were adversarial. Relations are becoming much more collaborative, but we are still in the early stages of change. What is also early is the use of population health in hospital and physician practice settings. That is because many physicians have always practiced event-based medicine, directly to the patient, and rightly so. Now they are starting to look at the broad base of the population, in the aggregate, to see if there are trends in practice patterns, if there are care variations, to identify the more cost-effective providers, and determine how. All of these things are really sort of in their infancy, even though the Affordable Care Act and the High Tech Act have been out for a while and have tried to move the needle to digitize the health care industry. We are still very much in an adoption phase. The key to getting above the noise is to build upon proven solutions, identify with a hospital system or a provider group, deliver to key cohorts are that they want to focus on – then broadcast success. Sort of like that old saying, "How do you eat an elephant? One bite at a time." I think you have to do the same here. Therefore, pick one or two things that you can get your arms around to manage. Put a solution in place and start

measuring. You are going to learn from that and take those learnings forward. That is because every hospital system is different. Every practice is different, and trying to standardize is taking us some time. I think it is just leveraging the collective proven solutions.

CEO CFO: *You have been CEO of Geneia for a relatively short period of time. What attracted you to the concept and the company?*

Mr. Caron: I was actually on the board of Geneia, which is a separate, but wholly-owned subsidiary, of Capital BlueCross. I was a senior executive at Capital BlueCross, beginning 2011. The then president, and now CEO of Capital BlueCross is Gary St Hilaire. Gary and I had worked together for many years in our careers as peers. Gary called me to recruit me away from a large competitor, as my background had not only been in the payer sector, but also in the hospital systems and provider sectors. I had previously managed a 150 bed hospital as VP of Administrative Services, a role similar to a COO, and had been a Chief Technology Officer at a seventy-eight hospital system. Seeing the transformation that was happening in the industry, Gary spoke with me about Capital's diversification strategy and interest in making investments in innovation around healthcare, and had identified the company Geneia to acquire. I was on the board for about a year and a half before I transitioned to the CEO role. The fit was right for several reasons; I was already helping them to drive the strategy and direction; my experience on both sides of the health care equation fit very nicely, particularly as it relates to analytics and healthcare analytics; and I knew the people. We have some very bright people and a commitment by Capital. With the support of Gary and the Board of Directors at Capital BlueCross, it was a logical fit.

CEO CFO: *Geneia has recently rolled out Theon, your analytics tool. What do you understand about the analytics process at Geneia? What might you look at when you are doing your calculations or analysis that others do not realize is important?*

Mr. Caron: I think it is two things. When you start in Accountable Care and in risk modeling, you start performing patient attribution, to understand patient-payer and patient-provider relationships. You drive analyses from the data. Typically, this has all been done with payer claims data. The problem there is that you only have a small snapshot of a patient and most of the time you do not actually have results. You just have a paid claim data. You have a code that tells you what they had done. You may have a lab test or lab claim that says they have a lab done, but it does not tell you the results. You need to expand the data models; and this is what many of the data models have not done yet, to really integrate all of the various data that I mentioned prior (pharmacy, lab, medical record, clinical, biometric data) on a daily or continuous basis from all the patients and physicians to building the entire picture, then tie it in with psychographic data. With this you are now starting to build a much broader and more accurate picture of that patient, so that you can start understanding their needs and their situation. For instance, if you are capturing transaction or credit card data you not only know what their buying habits are, you can start learning about them in a completely new, and far more accurate way. You can say, "Here is where Mark is given all of these things, his habits, his last test results, his BMI, his care gaps – this is his *real* risk score." You can get much higher predictive accuracy as to what might come next and what drives the risk factors associated with Mark's health.

What we do is significantly different, in that we take in not just the data to do attribution and prediction, but we have another module within Theon that drives this data to an actionable event. If there is a gap in care or a patient exceeds a threshold based on latest results from the home, a

wellness event or a test, an alert or warning is generated. We alert the caregiver, whether it is a physician or clinician or family member, and put the action right out for them to complete. Instead this being what is typically a retrospective review of data well after the event has passed, we turn it into a real-time predictive view where clinicians can close the loop. I think that is fundamentally different. Market analysts and industry analysts have conducted a thorough due diligence at our platform and they agree.

An analogy of what Theon does is what an ERP system did with the manufacturing and distribution industry. It ties those islands of data around an organization. In this case it is tying the islands of data between the constituents within the healthcare circle. This could be a patient caretaker who is the child of an aging parent. It could be an employer group understanding more of their population to identify the most appropriate wellness programs and best cost providers. It would be the doctor or the case manager accessing the latest and greatest information about the patient. We are connecting those islands. We know patients travel. We know patients might go see different doctors and this creates a pretty fragmented system. By getting data from these various sources, we are creating a full picture of a patient, their risks and their care.

CEOCFO: *The arrangement with Covidien was just recently announced. What is the strategy? How will you be rolling it out in the next year or so?*

Mr. Caron: We chose Covidien as a partner due to the absolute robustness of the technology, the sophistication of the technology and the durability of the technology. Although there is a myriad of solutions in the market, we needed something proven. It was used in our military, with Special Forces and the DOD, and with NASA, and it has been proven in very, very rigorous areas, stressful situations, with very low bandwidth. Therefore, we knew the technology was right, and in working with medical officers and physician advisors, we believe the solution we have designed to leverage the technology is absolutely right. Having a partner like Covidien, who is a world leader in these kinds of solutions, and who has a robust product roadmap working with us is just a natural fit. Again, we are trying to reduce the risk of what we bring to the market and provide a leading edge solution. In terms of rollout, we are actively launching in Medicare Advantage populations in Pennsylvania, and we are in active discussions in the New England market and across the country. We are limiting it to a handful of pilots so that we can learn, particularly on the operations and implementation end of the equation. We have had tremendous interest, but want to ensure that we can execute flawlessly.

CEOCFO: *Are patients ready?*

Mr. Caron: I think that is always the million dollar question; patient adoption and patient engagement. Obviously, the older population still struggles with technology in general. I think it is coming. We are still early with some of this, but it will be there. It probably will happen quicker than we think as people get comfortable with the solutions and the technology. That is because it does several things: it allows them a level of flexibility and independence that they did not have, by transmitting basic data like blood pressure without having to travel out to a physician office; it allows, again, a child of an adult patient to rest better, to know, "My Dad or My Mom has these monitors and I am tied into it, so if something happens, I am going to know quickly and does not matter if I am a thousand miles away". Therefore, I think that the value and benefits that can be provided to the care, let alone the ability to respond much more quickly and sooner, will overcome and help accelerate adoption.

CEOCFO: *Why is Geneia a noteworthy company?*

Mr. Caron: With the level of experience that we have on the healthcare delivery side as well as the payer side and the advisors that we have, we understand the problems well. We are small company in the sense that we are only about three hundred plus or minus team members, but growing quickly, and are quick to the marketplace. Our products are not niche solutions, we have innovated in ways that specifically address the clinical workflow and are designed to take the burden off physicians instead of adding to their burden. This is critical for adoption. Happy physicians and tightly coordinated care translates into happy, more engaged patients and family members.

We have developed some very innovative products, and all the feedback we are getting is corroborating that. We will not stop. Our goals are to continue to identify, iterate and innovate and expand solutions. We are not trying to be everything to everyone. We are trying to be the right things for the right people and the right organizations, and be best in class in that. Our ability to execute is there. We have done a lot in a short period of time. We are well funded, which is always a concern when you have a small company. That makes it easier for us. Our goal is to be very responsive to our customer base and our strategic partners.

BIO: Mark Caron is the Chief Executive Officer of Geneia. He has more than 30 years of business and technology expertise with more than 25 years in health care traversing both health care delivery systems and health insurers.

Prior to becoming CEO of Geneia, he was Chief Information Officer and Senior Vice President of Capital BlueCross. His experience also includes senior leadership roles as the CIO of the Collaborative Care division of OptumHealth, Senior Vice President & CIO at Blue Cross Blue Shield of Wisconsin, Senior Vice President & CIO of Blue Cross Blue Shield of Massachusetts, Chief Technology Officer at Catholic Health Initiatives (a 78 hospital system), and Vice President of Information Systems at Healthsource.

He earned a bachelor's degree in Computer Science from Franklin Pierce College and has a MBA and a master's degree in Computer Information Systems from Southern New Hampshire University. He is a fellow of the American College of Healthcare Executives (FACHE), certified as a Healthcare Chief Information Officer through the College of Healthcare Information Executives, and is a member of the College of Healthcare Information Management Executives (CHIME) and of the Healthcare Information Management and Systems Society (HIMSS).
