CARE OF THE FUFURE

By Götz G. Wehberg Frankfurt, July 2020



"Re-thinking Health Care will increase patient value by integrating practice units, bundling payments across the care cycle and coordinating care delivery across facilities. Convergence will bring Health Care, Life Science and Agriculture closer together to best serve patient's needs. The use of patient data and new technology will make the difference."

Götz G. Wehberg, PhD



The Future of Health Care will be determined on three levels

Levels of Strategic Evolution

Where **Converged CagTech** to play Integration of Health Care, Life Science and AgTech How Value based Health Care to win Integration of the current Health Care services Which **Data driven Operations** capabilities **Next level Health Care operating model**



Digital Natives Like "Dawn Digital" Behave Differently

Basic Consumer Needs and Dawn Digital's Behaviour

Eat: She's always shopping, however, she's never in line

Care: She's never been to a doctor, but she visits her doctor every week

Dress: Her T-shirt is connected to the web

Move: She doesn't know how to drive,

however, she's driving all the time

Live: She's never ever been "lost," and her

tattoo unlocks her door

Create: Her superior is a robot

Talk: She never logs on, but she is indeed

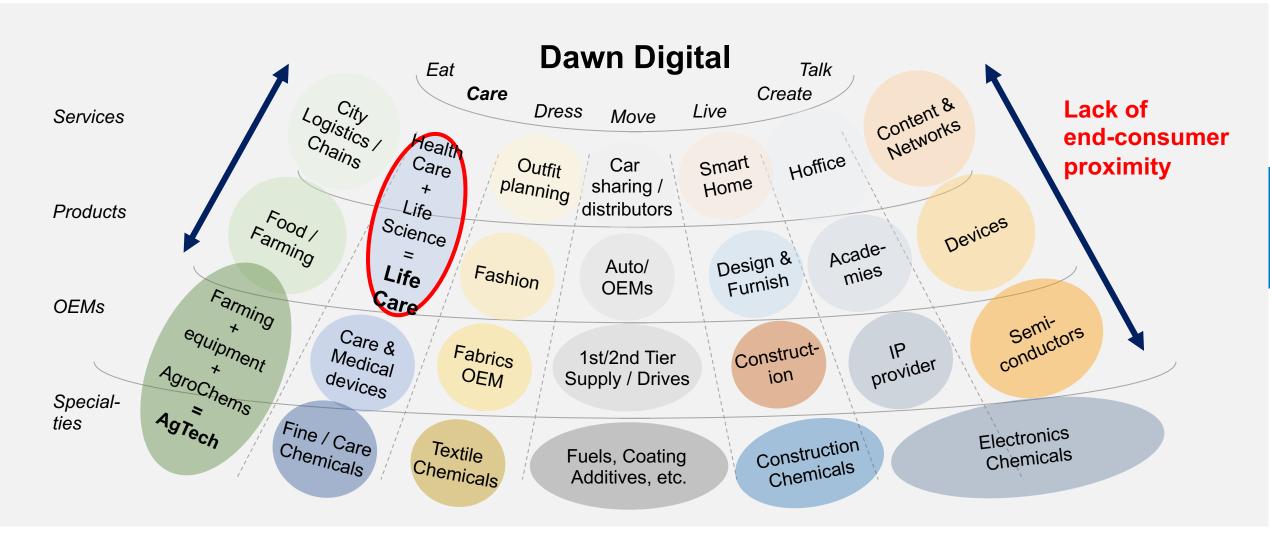
always online

Basis: Clay, Mashall, Glynn 2017; Wehberg 2018

Current Health Care players are being challenged...

End-consumer' Needs and Market Landscape

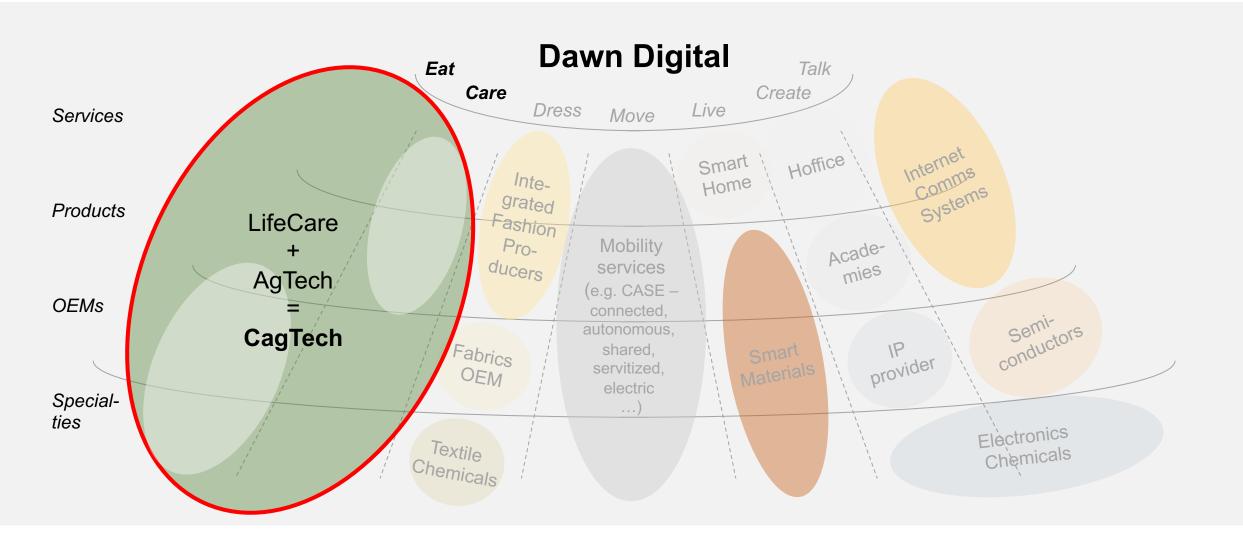




...and develop to CagTech providers and B2B2C...

Future Business Models

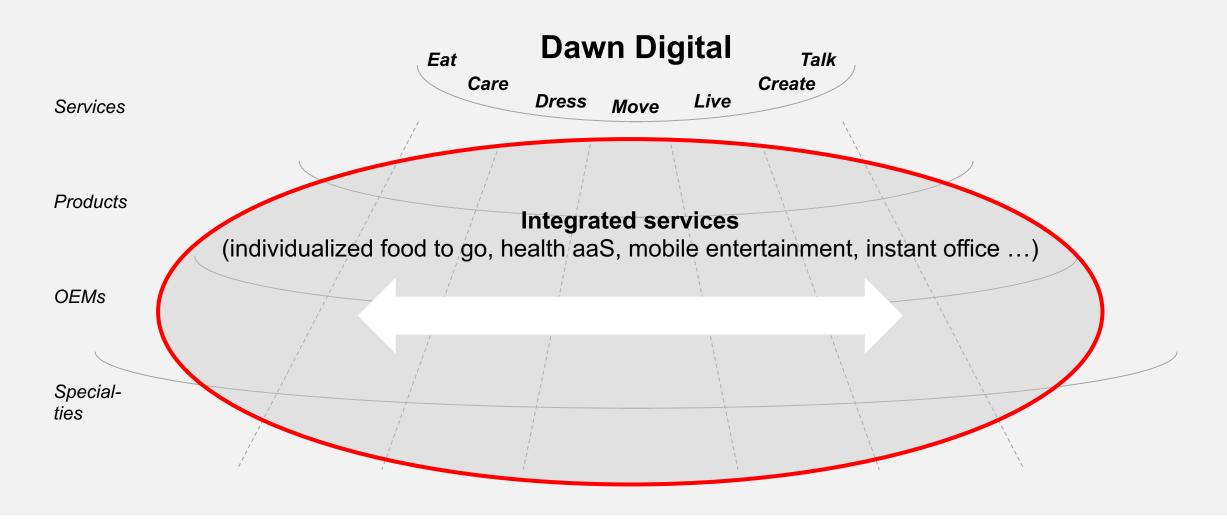




...which will integrate other end-consumer spheres







Health Care players must re-define value in order to win Integration as key differentiator

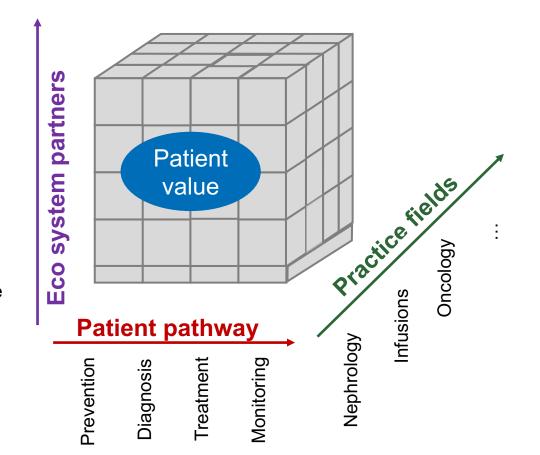
Users / physicians

Product / service providers

Facility developers & operators

Med. technology providers

Payers / insurance companies



Value based principles

- Organize integrated practice units (incl. eco partnering)
- → Move to bundle payments for care cycles
- ↑ Integrate care delivery across facilities (hospital, home, insurance, ...)
- Individualize health care offering to customize toward needs
- Measure outcomes and cost for every patient, e.g. in terms of clinical outcomes, consumer engagement and patient / physician access

Data privacy is a key prerequisite for future Health Care





North America's frightful five

- Increasing number of **societal** "privileges" controlled by tech companies like Google and Amazon, etc. (e.g. insurance)
- Silicon Valley's rules are getting stricter, for being allowed to use their services
- Strong anti trust regulation by future Biden administration expected, but yet open

Europe's privacy culture

- **Anonymous data stored** locally preventing access and control over health status by third party
- Standard being set by **General Data Protection Regulation** (GDPR) of the EU, in particular
- Potential role model for value based health solutions and data privacy standards associated

China's social credits

- **Social Credit System** is meant to provide an answer to the problem of lack of trust on the Chinese market, amongst others
- "Health Code" as extension based on people's health condition and beyond
- **Increasing Orwellian social** scoring experiments, e.g. "Civility Score" (Suzhou)







Patient data will determine value creation in the future

Data access as driver for competitiveness



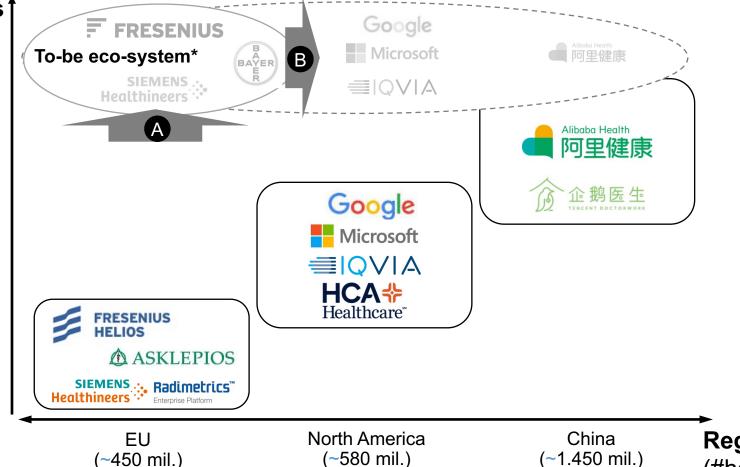
patients / EMR access

Hundred of millions

Dozens of millions

Millions of patients

Hundred thousands



How to build scale

- Organic as well as external growth through ongoing M&A
- A Use strong
 European position
 to attract and
 onboard new ecosystem partners
- B Build EMR
 footprint in the US
 and China via
 regional eco
 partners

Region pa

* Example eco-system partners.

Note: Selection; EMR dfata partly estimated, EU basis

Health Care players should actively influence the future





- Measure and report **outcomes** for patients
- Measure **costs** at condition level / across cycles
- Organize care around integrated practice units
- **Eliminate separation** of e.g. in/outpatient
- Move to primary and preventive care
- Get patient involved as "pro-sumers"
- Move to **reimbursement** of full care cycles
- Open up **competition** btw. providers & insurances
- Develop **new health plans** to maximize value
- Harness the **power of IT** to generate value

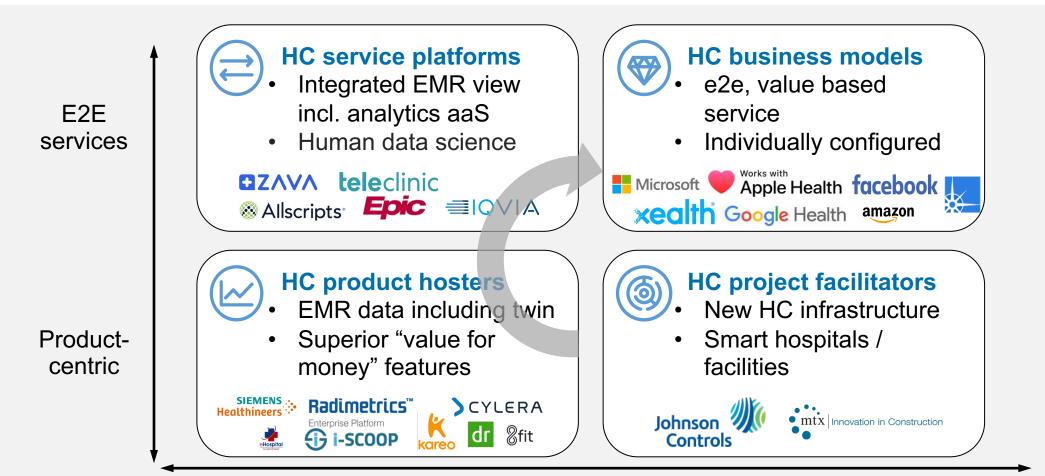
Improvements within the system

Value (example)

- Build **360-degree data** for health analytics
- **Measure health**, e.g. mortality or recovery cycle
 - Improve health with a "health coach" app
 - Charge "health aaS" as **Eagle service** Costs
- Reduce process variations & over-services
- Reduce **documentation time** of personnel
- Increase **cost awareness** in clinical teams

Health Care platforms are in the process of maturing

Platform maturity levels



Standardization

Value based Health Care asks for a new operating model

Health Care target operating model (TOM)

Health care value chain

- **Monitoring / preventing**
- Diagnosing
- **Preparing**
- Intervening
- Recovering /rehabilitating
- **Monitoring / managing**

As-is consolidation focus

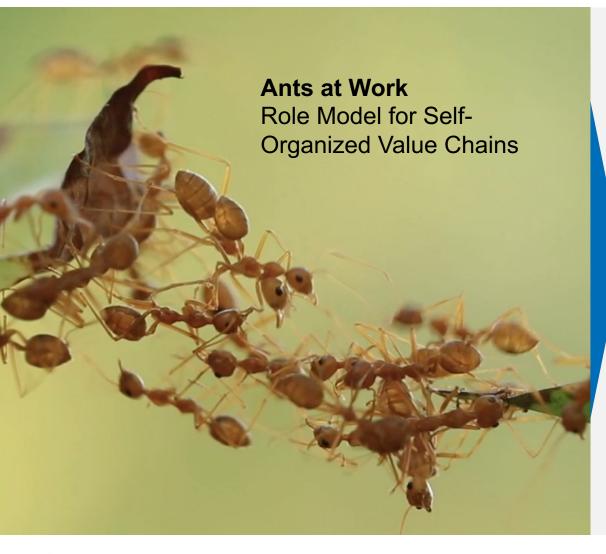
- **Organization**: Facility oriented, central steering, network-optimized
- **Offering**: Product centric
- **Sourcing**: Integrated, asset / OEE driven
- **Processes:** Standardized / stable, cost efficient, S&OP, tracking & tracing (geo), CO2 footprint
- **Talent**: Practice focused
- **IT**: Lights-off, algorithms, centralized data

Future TOM requirements

- Cross-functional, selforganized (>>) / democratic, continuously optimizing (>>)
- Care cycle / health aaS
- Eco-system, asset light
- Individualized / make-toorder, value / risk oriented, dynamic forecasting, digital twin of everything (>>), SDG
- Diversity of people & talent
- Self-driving, machine learning, shared data

Self-organization offers new design principles

Self-organization Key Principles



...of nature

Recursion

...of value chains

· Consistency of Steering

Modular Across Hierarchy

Standardization Across Sites

Autonomy

End-to-end Responsibility

>95% Online

Enforced Alignment

No Management Intervention

Real-time Transparency

V

Redundancy

Sharing

One Data Lake

Dynamic Forecasting

Self-reference

Continuous Improvement

Machine learning

Medical devices become smarter and 3-D along with

SERVICE-ORIENTED MODES





Smart & Green Devices

- Connected medical devices based on IoT technology
- Remote analyses of asset history support predictive maintenance



3D

- Device production through 3D printing at scale
- Local production sites decrease distribution cost and reduce cycle times

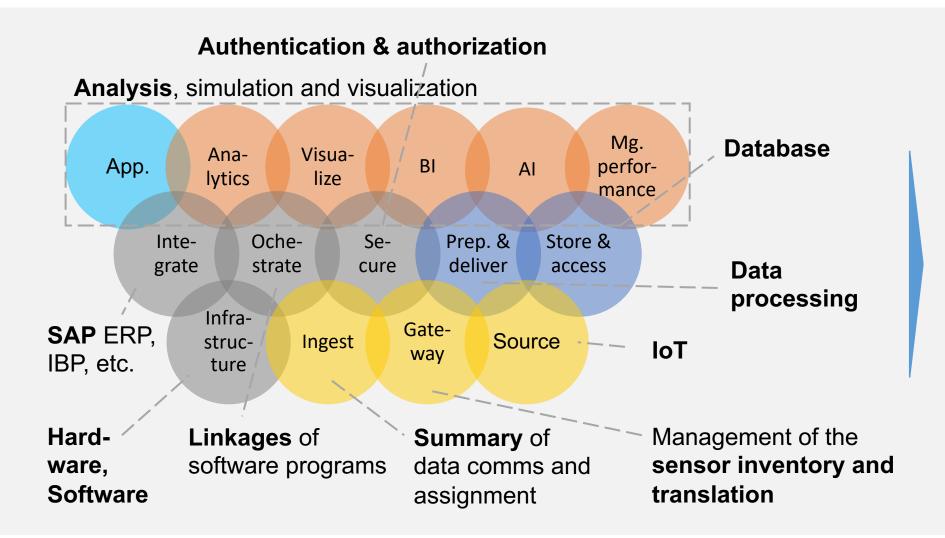


Service-oriented Model

- Selling uptime or other services instead of devices
- Pricing upsides for focusing on patient value and resultsoriented service levels

To-be architecture has to leverage on solutions and data

Reference architecture



Benefits

- Quick wins and speed boats accelerate value creation
- Alignment with business strategy
- Modular set-up supports agile development
- Leverage bestof-breed solutions
- Avoidance of sunk investment

Any Health Care platform needs to meet on-top requirements On-top Requirements for Future Health Care

Converged CagTech

Value based Health Care

Data driven Operations

- **B2B2C and Democracy** ready for the long-tail, B2B2C
- Double-sided Platform leveraging services
- Multi-channel Integrating care-delivery facilities
- Eco-partnered e.g. last mile via city logistics partners
- Make-to-order as Mainstream individualized everything
- End-to-end visibility across practice units
- Predictive forecasting of both demand and disruptions
- Continuous optimization of network and beyond
- Self-organization as future design principle
- Second-degree Automation
- Green like net-zero
- Servitized patient-value pricing along across care cycle
- Cloud-based and Micro Services
- 3D-enabled
- Connected with Patients and Devices remote diagnosis

Thank You