VALIDATED USE CASES

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BLOCKCHAIN HEALTH APPLICATIONS



SUPPLY CHAIN, PHARMACY & CUSTODY

Chain of Custody

Protocol Adherence

Prescription Misuse / Fraud

Asset Tracking



OPERATIONS & ADMINISTRATIVE

Interoperability and Transperancy

Claims Auto-Adjudication

Revenue Optimization & Recovery

Authorizations

Work Flow Optimization

Clinical Decision Collaboration



GOVT & REGULATORY

Regulatory Compliance

Fraud Prevention

Cross-Agency Data Sharing

Mandatory Reporting

Social Services



RESEARCH

Intellectual Property Ownership Clinical Trial Recruitment Research Collaborations Investigator-CRO-Sponsor Data Sharing



IDENTITY & CONSENT

Identity Verification Master Patient Index (MPI) Provider Directory Licensure & Credentials Data Access Tracking Informal to Informed Consent

DATA IS THE FOUNDATIONAL USE CASE

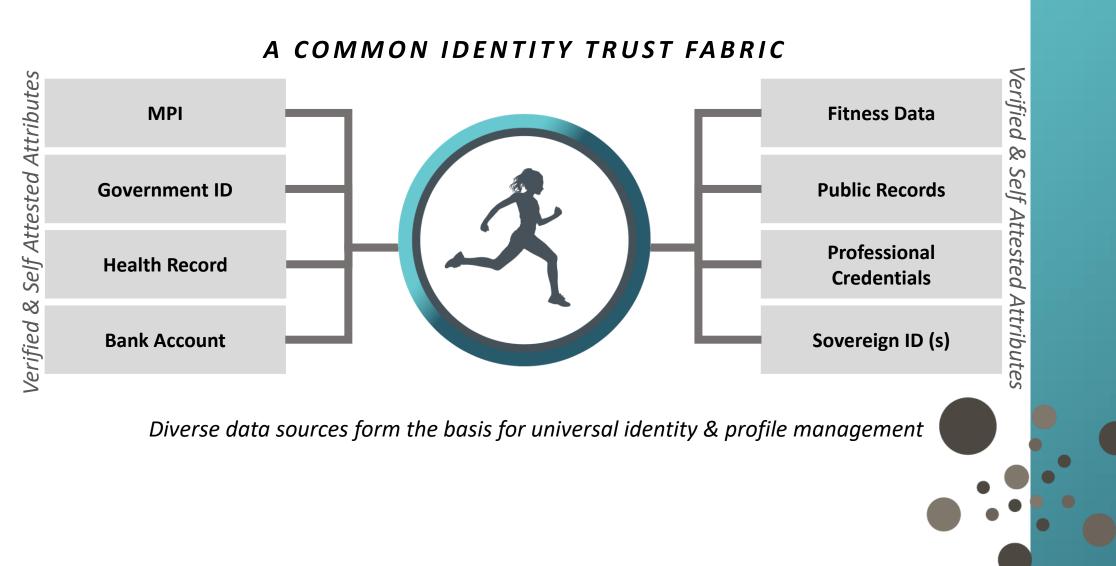


FOR CARE, FOR HEALTH, FOR LIFE



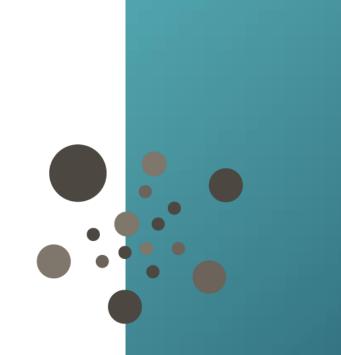
ldentity, Health Profiles, and Consent

A GLOBAL SOVEREIGN HEALTH PROFILE For People, Places, and Things



THREE PARTS TO IDENTITY

- Claims
 - Identity claim made by the person our business
- Proofs
 - Evidence such as a document that provides evidence for the claim
 - Can come in all forms: Drivers license, passport, birth certificate, utility bill
 - Two key items to open a non resident bank account in Bermuda: Government ID and copies of utility bill to demonstrate residency.
- Attestation
 - Third party validation of the claim/proof



YOU CONTROL YOUR ON-LINE PERSONA



Anonymous

Partial or Alias

Everything

GRANULAR INFORMED CONSENT



An Ecosystem of Managed Interactions, Data Sharing, and Monetization





Blockchain & Machine Learning for Provider Data

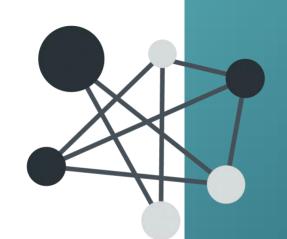


- Contact Information
 - Multiple Addresses + Phone #s
- Professional Information
 - Training, Specialties and Credentials
- Network Status
- Panel Status



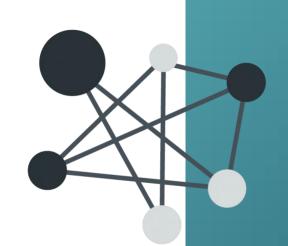


- \$2B+ spent annually by health plans (CAQH)
- Provider directories are <50% accurate (CMS)
- 1 in 7 patients receive a surprise bill due to inaccurate network information (HCCI)



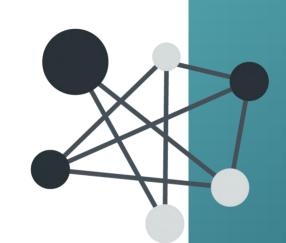


- Regulatory Actions
 - Federal fines (\$25,000 per beneficiary)
 - Mandated reimbursements
 - Blocks on new enrollments



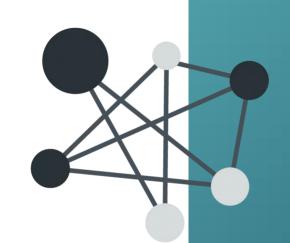


- 1B+ data points from public and proprietary sources
- Machine learning engine
- Results:
 - ≥90% accuracy
 - ≥75% cost-savings





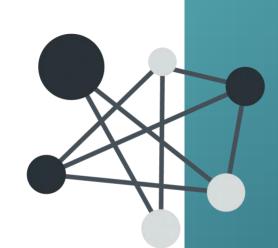
- How do we securely store this data?
- How do we manage sharing this data?
- How do we create an audit trail for regulators?





* Orderly











Blockchain-Enabled Data Aggregation in Clinical Health Data Organizations



Colorado clinical health data organizations:

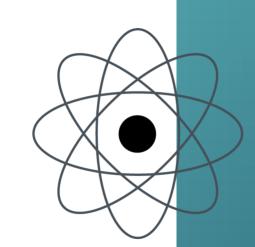
- Colorado Regional Health Information Organization (CORHIO)
- Quality Health Network (QHN)
- Colorado Community Managed Care Network (CCMN)

Required to provide quality metrics for (state-run federally-qualified health programs



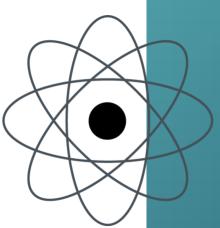
- Share data for aggregated CQM reporting
- Protect data confidentiality
- Reduce administrative costs and burdens





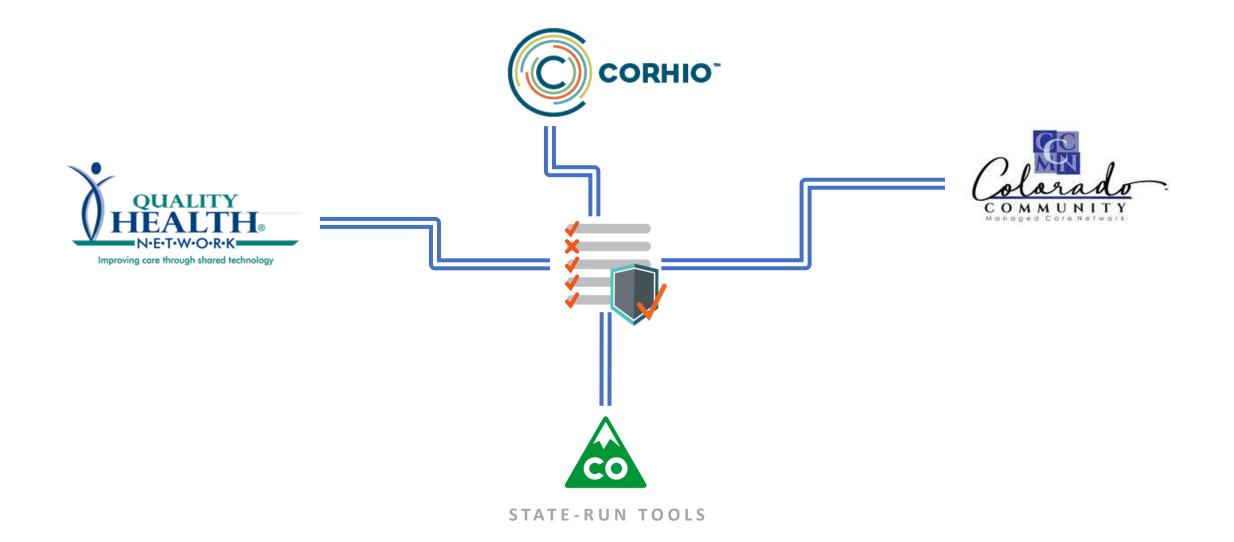


- Data organizations partnered with BurstIQ in August 2018
- Placed clinical quality measures (CQM) on HIPAA-compliant blockchain
- Funded by Colorado State Innovation Model program
- First-of-its-kind project and partnership in Colorado



INTEROPERABILITY

True Data Liquidity Between Endpoints, Stakeholders & Systems





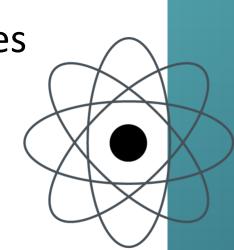
The blockchain-based platform allows:

- Interoperability across organizations
- Data consolidation and contextualization
- Data sharing without revealing individual data points to each other
- Data standardization without having to change internal organization standards
- Accessibility to complex set of stakeholders⁽



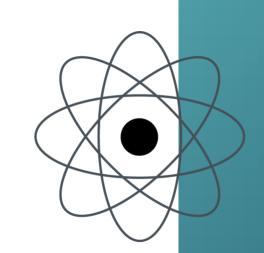
Complex ownership and granular consent allows each organization to:

- Control own data
- Specify how data move between different stakeholders
- Automate permissible access and data uses



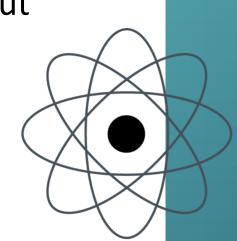


- Reducing administrative burdens of aggregating CQMs
- Simpler process for extracting and reporting organization-level and consolidated results
- More privacy and control over data





- Questions about jurisdiction
- Need for:
 - Governance structures with layers of decisionmaking
 - Data management policies
 - Stakeholder and community education about blockchain





- Building out data ecosystems across other state agencies or health service providers
- More consumer-directed data sharing options (e.g., research, marketplace services)
- Research and public health surveillance:
 - Massive data sets for analysis without access to individual data points
 - Longitudinal analyses for trends

burst iQ

BRING YOUR HEALTH TO LIFE