

DHIT 
SUMMIT

**DIGITAL
HEALTH 360**



ACCELERATING THE FUTURE OF HEALTH



2019 Roadmap to Impact

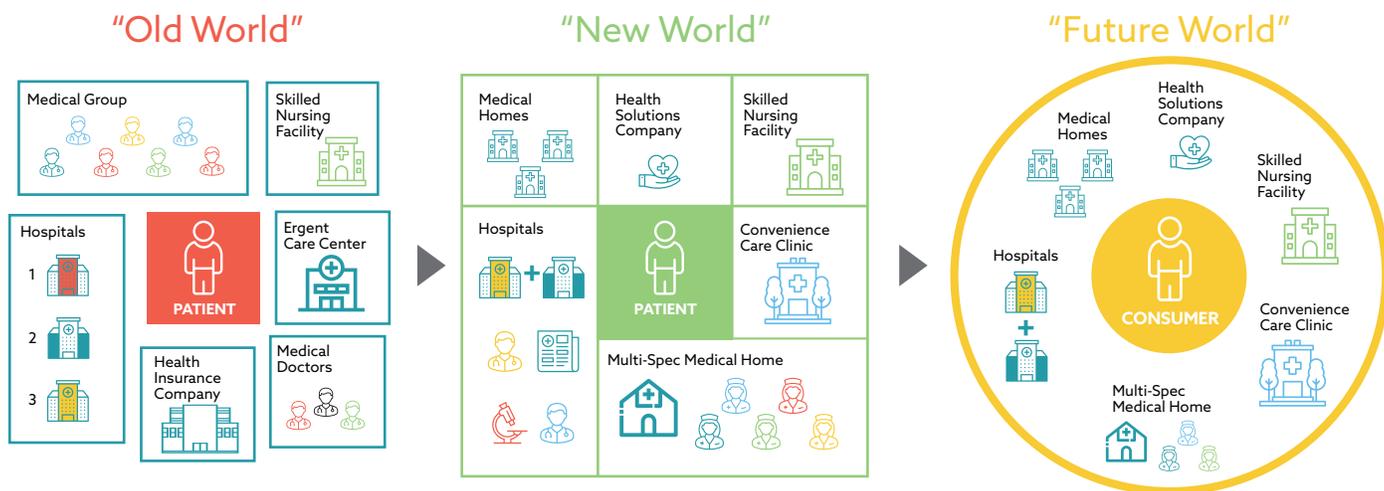
 @DHITglobal // #DHITsummit

About DHIT

DHIT Global is a social purpose venture dedicated to driving healthcare transformation through its Digital Care Models and Impact Platform. The Impact Platform is an operating framework to identify the highest-impact problem areas in healthcare, test and validate solutions in real-world environments, and share them in a trusted marketplace. Constructed from the grassroots efforts of several digital health leaders in North Carolina, the vision of DHIT emerged from its founders' desire to make North Carolina the healthiest place to live, work, play, and raise a family, and where the proven Digital Care Models can then be expanded globally.

“Digital Health is the convergence of Life Sciences, Technology, and Healthcare Delivery. It includes any form of health engagement, assessment, or management solution where the mechanism of action is enabled by digital technology.”

DHIT brings together all stakeholders of the health ecosystem such as payors, providers, government, academia, investors, incubators, service providers, and health tech innovators of all sizes and stages, where the objective is to accelerate the positive impact on healthcare through effective and efficient collaboration. The DHIT Impact Platform produces tangible value for innovators in the form of market insights, demand blueprinting, product validation, real-world evidence, and global market access. Most importantly, the Impact Platform is an innovative operating platform that is demand driven, where the care providers, payors, patients, and consumers play an active role in defining and guiding the Digital Care Models and Solutions that produce the most value and greatest impact for all.



Source: www.guidewell.com

In the pursuit of value-based longitudinal care, there is a significant transformation taking place. Historical care models (the "old world") are disconnected and top-down, resulting in a disengaged patient and an individually agnostic experience. With the emergence of ACOs, CINs, and other quality-based payment models, we are seeing a significant push to adopt unifying technology platforms and consolidation within the system, to finally connect the isolated parts of the system to an individual patient's condition or disease

pathway. This is the so-called "new world", where most healthcare systems are fighting to be relevant today. DHIT is building from a vision of the "future world", where digital care models are created around consumer profiles rather than disease states. In order to leapfrog the "new world" and transition directly to the "future world", DHIT had to develop a new operating model to bridge these two worlds and drive a truly personalized system of care around the patient/consumer.



Why Hold a Digital Health Summit?

More than 160 healthcare leaders, providers, technologists, entrepreneurs, and investors gathered at the inaugural DHIT Summit on November 14th at American Tobacco Campus in Durham for a day of learning and collaboration aimed at driving our community into a new era of digital health and consumer empowerment.

The event was kicked off by author, thought leader and former CMO of UnitedHealthcare Dr. Archelle Georgiou, who issued a call to action to attendees: #DHITsTime—to reimagine how healthcare can be better designed, delivered and experienced in the consumer-driven digital age.

Unlike traditional conferences which primarily focus on education and networking, the Summit focused on demand blueprinting and post-event collaboration with the goal of creating a working model of care that brings the future of health into real-world settings to produce measurable impact. The Summit was centered on three themes selected by a Steering Committee of industry thought leaders—**Building Healthy Communities, Motivating Health Engagement, and Advancing Precision Health**—and brought together individuals and organizations from across the digital health ecosystem. The demand side consisted of payers, providers, consumers and government agencies, while the supply side included tech companies, service providers, incubators, and investors.

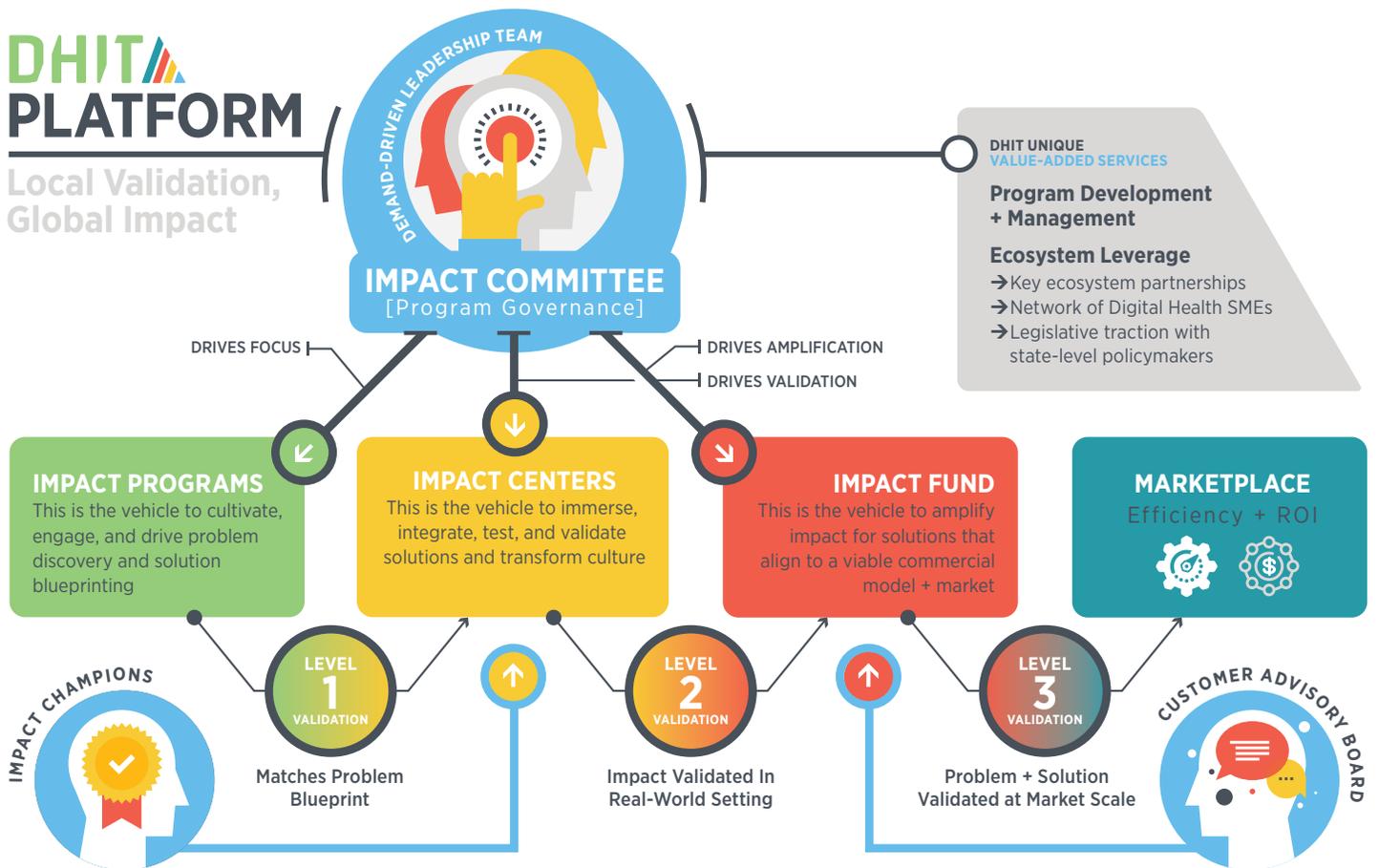
Due to the resounding success of this event, DHIT has scheduled its 2nd annual Summit for November 13th, 2019. Please join us there to continue our collaboration and impact healthcare! » REGISTER AT DHITGLOBAL.ORG

“We all need to recognize how important language, actions, and choice are to engaging patients in their own healthcare. And, when you understand how patients are empowered, or disenfranchised, you can humanize the healthcare experience. This Digital Health Summit is the perfect way to challenge everyone from care providers to CEOs to think innovatively, and collaboratively, to bring new care approaches and experiences to market.”

—Dr. Archelle Georgiou, author, thought leader and former CMO of UnitedHealthcare

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“Only by creating an action plan around a well-vetted and defined problem statement, can we bring together the right resources to begin ideating and prototyping solutions to validate back in the market. In this way, we have a much better chance of meeting consumer and provider needs and generating solutions that improve the efficiency, effectiveness, and experience of healthcare.”

—Don Turner, Chairman and CEO, DHIT Global.



A Call to Action to Our Digital Health Community

We stand on the brink of an amazing opportunity that has the potential to transform healthcare as we know it across North Carolina and beyond. As we issue a call to action to the healthcare, technology and life sciences community to reimagine how healthcare can be better designed, delivered, and experienced for the digital age, we envision the emergence of a new, next generation healthcare ecosystem driven by consumer engagement, and enabled by digital health technology and meaningful and actionable data.

This new health ecosystem will be comprised of advanced digital care solutions that are provider and location agnostic, focused on the prevention, management, and improvement of health, and one that reflects the next generation Digital Care Model.

This will result in an entirely different “healthcare” experience for the patient—one that is grounded in personal need and preference, and rooted in the concept of Precision Health. The new Digital Care Model will radically democratize healthcare, putting it in the hands of care providers, patients, and consumers. It creates an opportunity for every individual to express their health priorities and personal preferences, based on a rich understanding of personal health risk and care pathways that produce optimal results in the shortest period of time.

Empowering individuals to be the authoritative and decisive masters of their own health takes nothing away from doctors, nurses and other healthcare providers. In fact, the reorientation of the system that we envision should be as emancipating for clinicians as it will be for patients.

Care providers will have more objective data, better prepared patients, and a culture of engagement, collaboration and co-production working on their side. We can expect better communication, informed decision making based on data insights, more sensitive reflections of personal preferences for care, better adherence to care pathways and recommended treatment, and with all of these, better health outcomes.

All of this will require multiple support systems and communities—personal, social, environmental, medical, scientific, and technological—to come together and work harmoniously around the individual. As we transition from traditional, system-driven care pathways to consumer-driven digital models of precision care, we will need to see a “cultural transformation” taking place which can only be achieved by aligning motivations and incentives across the ecosystem of care.

Yes, this vision is bold. But much of the medical, scientific, and technological frameworks have experienced significant advancement, and North Carolina certainly has the talent, resources, and infrastructure to make it happen. But it will take commitment to the vision and deliberate intention and investment in people, technology, experimentation and innovation to make it a reality.

Whether we’re looking to improve access to services, enhance the customer experience, improve clinical outcomes or streamline complex processes—digital health innovation is the driver of meaningful change that brings benefits for ourselves, our families and communities.

Lee Phillips, Co-founder, DHIT Global

Panel Discussions

For the morning sessions, panels were assembled for each of the three themes — Building Healthy Communities, Motivating Health Engagement, and Advancing Precision Health — with recognized thought leaders speaking about the current barriers and opportunities surrounding digital health.

Building Healthy Communities



MODERATOR

Andre Blackman
Founder + CEO
Onboard Health



PANELISTS



Jen Zuckerman
Director of Strategic Initiatives
World Food Policy Center
Duke University, Sanford School of Public Policy



Aaron Sheedy
COO + Founder
Xealth



Patrick Mobley
Market President
Evolent Health



Nathaniel Lacktman
Health Care Partner
Foley & Lardner



Alisahah Cole, MD
VP & Chief Community
Impact Officer
Atrium Health

In a world filled with technology at every intersection of our lives, modern healthcare is still not reaching those underserved communities in the most efficient, cost-effective, and scalable way. Many efforts have been made on the policy side to change that by coupling informed policy, economics, and technologies with community engagement. This has led to much innovation across hospital systems, insurance companies, and patients. However, some bottlenecks to implementation include:

- Time to market due to regulatory and compliance issues
- Lack of engagement due to patients not having access to critical information
- The sheer cost of healthcare delivery

Patrick Mobley from Evolent Health provided the following definition for a healthy community: “Your place in the ecosystem where you know everything else that is around you that can support you at a point of need. Needs can vary; they can be addiction, hunger, influenza, etc.” Aaron Sheedy from Xealth added that it can be challenging to provide patient access to all this information in a way in which it can be referred to quickly and understood. Jen Zuckerman from the Duke University World Food Policy Center said that we need to understand three things to address social determinants of health in communities—“what is it like to not have food, what is it like to not have a job, and what is it like to not have access to safe and affordable housing?”

“How many of you have seen your doctor in the last year? Most of you are trying to avoid interacting with the health system, and that’s okay, but keep in mind that every day you are making decisions about your health. Quite frankly, there are also decisions being made for you that impact your health. As health systems, we need to figure out how to engage with our partners to empower people to make healthier decisions, and how we empower each other from the private sector to the public sector.”

—Dr. Alisahah Cole,
Atrium Health



With regard to regulatory and compliance issues, Nathaniel Lacktman from Foley & Lardner commented that many healthcare organizations wait for legislation or regulations to specifically allow them to create new initiatives. This is problematic, as it takes significant time for new regulations to pass, and they are often more restrictive than providers would prefer. For example, with services like telehealth, some states have created rules that may have impeded adoption and development of telehealth programs. For this reason, Lacktman advises that organizations not wait for programs to be regulated, but rather to start new initiatives as long as there is not a rule prohibiting them.

Although there was agreement across the board on engaging communities at the grassroots level, the reality of engaging multiple stakeholders is still a problem with many subsets and with many solutions. The consensus was that individual stakeholders in communities must come together themselves and be the leaders of meaningful change. “Consortiums are helpful, but at the end of the day, the onus is upon the individual who seeks to champion the cause and rally support,” said Jen Zuckerman.

Another key takeaway from the panel was that federal programs were not enough to build healthy communities; it takes a multi-pronged approach with stakeholders to engage other leaders within the community. This alignment takes a critical mass to then convert to a seismic shift. Everyone was in agreement that Digital Health is here to stay and will transform care delivery. However, it is up to us to engage everyone across the socioeconomic spectrum to harness this new health paradigm and enhance the health of humanity.



Motivating Health Engagement



MODERATOR

Justin Kunkel
Chief Design Officer
Benjamin & Bond



PANELISTS



Charlene Foley
Head of Exceptional Experience
Blue Cross Blue Shield NC



Robert Pugliese, PharmD, BCPS
Founding Director
Health Design Lab
@JeffInnovation



Bray Patrick-Lake
Patient Advocate
DCRI



Ingrid Oakley-Girvan, PhD
SVP of Research & Strategy
Medable



David Levin
VP Press Ganey

Panelists explored the key opportunities to engage consumers in managing their health, including:

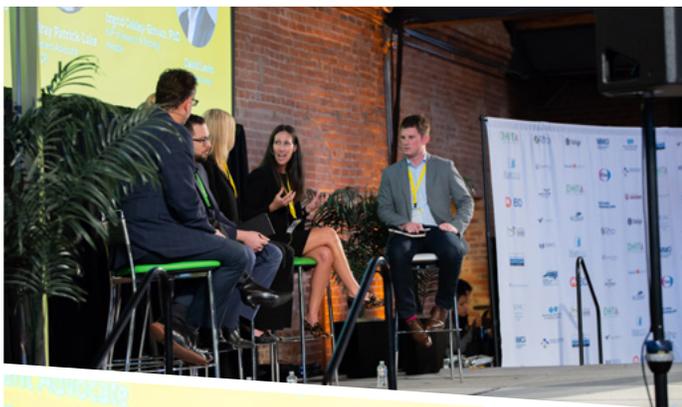
- “We need to have patients understand their information better”
- “We need to focus on financial literacy as well as health literacy”
- “We need to think about incentives that go beyond being healthy, as that is clearly not enough to motivate change in behavior”

It was clear from the panel discussion that technology is not the challenge at this point, and that a framework to identify patient needs and preferences would be invaluable.

Panelist Charlene Foley from Blue Cross Blue Shield of North Carolina (BCBSNC) discussed her organization's work on implementing a telehealth system for its patients that can connect all patient data and implement health-care delivery to those that need it the most in places where access is difficult, such as in rural areas of North Carolina. This initiative is in collaboration with hospital systems, which allows for data to be shared for access and delivery. To make this happen, BCBSNC had to bring together multiple stakeholders within its own organization and engage with the patient community. “This is a difficult process that can take months of negotiation,” said Foley.

Finally, when considering settling on one opportunity and expanding upon it, the best place to begin is by understanding what it is that patients want, defining their needs, and making a point of understanding them better. One idea was to have a marketplace where health applications would be evaluated and curated in a way that would be beneficial for patients, accepted by physicians, and easy to access. It was recognized that there are several barriers to this idea, such as interoperability challenges and assigning oversight to curate and manage this marketplace to secure its sustainability. Another barrier to true engagement is understanding the primary motivation of patients in the context of their health. To consider that a patient will consistently use an application or adhere to a care plan just for the sake of improving their health is naïve; it is important to understand underlying motivations that can hook a patient into behavior change enabled by technology.

It was hypothesized that in order to maintain changes in behavior we should also consider what types of incentives could be effective. Other considerations included narrowing down solutions to address individual conditions (such as diabetes), understanding new models of care/reimbursement, and involving multiple stakeholders (payers, suppliers, physicians, and patients) in redesigning care pathways to be more consumer-centric.



Advancing Precision Health



MODERATOR

Sara Imhof, PhD
Senior Director, Precision Health
NC Biotechnology Center



PANELISTS



Geoffrey Ginsburg, MD/PhD
Founding Director
Duke Center for Applied Genomics
+ Precision Medicine



Linda Avey
CEO
Precise.ly,
Co-founder
23andMe



Jodi Hubler
Managing Director
Lemhi Ventures



Jonathan Berg, MD/PhD
Associate Professor,
Department of Genetics
UNC Chapel Hill

The panel began with introductions and a reading of a quote by Geoffrey Ginsburg, MD, PhD in the Triangle Business Journal: *“Genomic medicine has great potential to improve health, but its widespread implementation has been hampered by the lack of evidence of its clinical utility.”*

Ginsburg added that he “finds it very interesting how engineers tend to approach healthcare challenges from a use-case and needs-driven solution perspective, while some healthcare professionals adopt proposed solutions without having properly identified the need.” Bringing together some of the different disciplines could be beneficial in the effort to spark innovation.

That said, key themes of this panel discussion centered around:

- Need for multistakeholder participation to advance the science and the broader field
- Critical need for real-world clinical and economic utility data to demonstrate the value of precision health
- Educational understanding of genomics for both clinical professionals and consumers/patients
- Issues with genomic data, including how it is collected, protected and used, integrated into medical records, and ownership of it

Precision health relies on a convergence of multiple disciplines. This means that partnerships are necessary and for precision health to advance, there needs to be collaborative efforts. Non-traditional players, such as Bose, are entering the precision health space with wearables and digital health tools. Inclusion of industry partners who have historically been associated with creating some health and wellness issues would be welcome. For example, Linda Avey, CEO of Precise.ly and Co-founder of 23andMe stated, “I wish we had a partnership with McDonald’s, Coke, Pepsi, and other organizations that have done so much to [negatively] affect the health of our country.” The Precision Health community is open and interested in finding partnerships with entities beyond those typically forged in healthcare (e.g., providers and health system leaders) – including public and population health experts, policy influencers and payers, and purchasers of healthcare (public and private insurers). With strong partnerships and collaborations, appropriate and necessary incentives can be introduced responsibly.

Providing evidence-based value of genomic data, including both economic and clinical utility, remains a challenge that was noted by all panelists. Health systems are wary of integrating precision health fully, and payers adamant they won’t reimburse for it, until appropriate and acceptable real-world evidence is delivered. Further, clinicians

and electronic health records are not uniformly prepared or even interested in integrating precision health. All of these points make scaling the opportunity harder and slower than most panelists would prefer.

Lack of knowledge among the general provider population about how to understand genomic data, and how to use the information drawn from it in an impactful way, was also discussed. And from a patient perspective, helping them understand when they take genetic tests and obtain a potentially meaningful result, what does that actually mean? What effect does that have on their daily life, if any?

Putting the consumer at the center of their own data was a hot topic of conversation. Individual patients do not have a centralized or integrated way to access all their health data. Additionally, data collection and sharing is clunky at best. Panelists were insistent about the need to find ways to integrate genetics and genomics with current EHR functionalities in actionable ways for both providers and consumers.

Related to overall education on Precision Health for providers, they also need technical training on genetic testing, and data integration/retrieval/use.

The importance of behavioral science innovation was also highlighted during the discussion. New genomic medicine initiatives are often piloted, but information is not shared regarding whether (1) anything important was found and (2) if anything was done about it. If a provider (or a consumer) knows better, do they *do* better? Again, the importance of digital health to get data and outcomes into the hands of people in a way they are most likely to act on it for better health was stressed in this panel discussion.

The panel also discussed challenges in balancing data demographically. This relates to consumer comfort both with genomic data and participating in research among diverse populations, race, socio-economic status, and beyond. It was agreed that engaging communities and generating trust is important for gathering research on under-represented and diverse populations. “Understandably, there is a great degree of skepticism,” said Dr. Jonathan Berg, Associate Professor at UNC-Chapel Hill’s Department of Genetics. Motives must be questioned and bridges need to be built across communities, with the goal of reducing inequities. More research on under-represented and diverse populations is necessary for precision health to advance to the next level. Communities need to be part of studies, informed consent needs to be a two-way communication channel, and

community advisory groups are needed for studies and research.

Although there was fairly unanimous consensus on this panel, there was some disagreement on whether Precision Health could or should be tasked with the responsibility of solving societal inequities, but all agreed it should avoid exacerbating those inequities.

While several hurdles remain to fully operationalize the value of Precision Health, a few were noted by this panel:

- Community trust/education in the effort to support genomic care models
- Integration of genomic data into existing care models and systems
- Educating providers on a larger scale of the potential that lies within genomic testing and risk assessments
- Funding of various efforts to move Precision Health forward, whether that be by payors, investors, healthcare systems, government entities, or even employers
- How behavioral science can be used to drive adoption and change



Facilitated WORKSHOPS SUMMARY

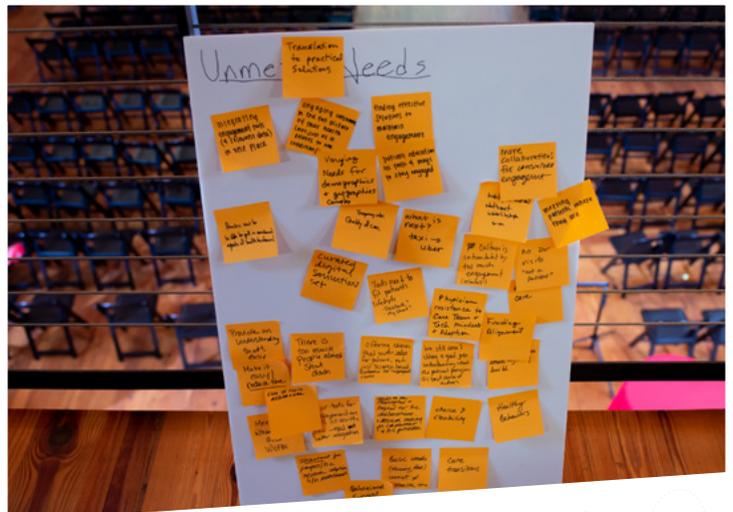
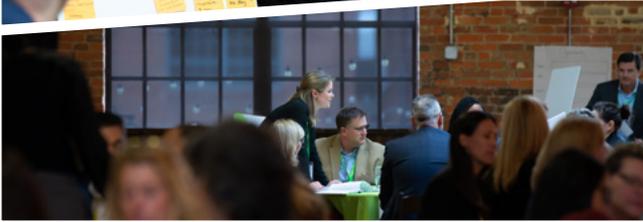
METHODOLOGY

Design thinking is a human-centered approach to innovation that leverages tools like journey mapping, user experience, visualization, and analogous thinking. At DHIT, we use design thinking approaches to catalyze creativity in healthcare, challenge the status quo, and reimagine how healthcare can be designed, delivered and experienced while ensuring that your service offering is rooted in the needs, values and motivations of the people and communities you are aiming to serve.

Participants at the DHIT Summit came prepared for a high-energy, roll-your-sleeves-up working session focused on unmet needs and gap analysis. Participants were curated into multidisciplinary teams across each of the three work streams allowing for diversity of perspective, and in addition to a master facilitator, each team was assigned a table facilitator to lead the group working sessions. Following a roundtable discussion of the key takeaways from the panel sessions, each table generated and prioritized a set of unmet needs pertaining to their domain, and created “Opportunity Posters” highlighting:

- What is the opportunity?
- How can Digital Health address it?
- Barriers (regulatory, system, technology, cultural, etc.)
- Changes required to overcome the barriers
- Immediate next steps

This output has been collected, curated and analyzed to generate key focus areas for our 2019 Roadmap to Impact.



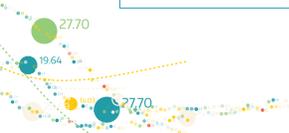
OUTPUTS AND TAKEAWAYS

Table discussions were rich with identification of unmet needs and opportunities for digital health to make an impact. Below is a brief summary:

Building Healthy Communities	
Too much data, and not enough data in the right context; lack of actionable insights	Health data portability; the need for patients to connect/share with their personal ecosystem; family, friends, etc. as well as have control over who has access to their information
Establish artificial intelligence rules to ensure accuracy, as there is not enough governance or oversight	Better nutrition for schools and early education; creating incentives for healthy food options
The need for alignment across those solving problems in the healthcare system – lack of standards and too many silos that prevent collaboration	Access to safe and affordable housing; e.g.: housing as a “prescription” for care; database and network of affordable housing resources; creating a sense of community to build social connections
Need for safe green spaces, with outreach to increase public awareness about available community resources	Identifying social motivation and behavior modification techniques
Unified patient user experience, such as a “Facebook profile for health”	Funding health research for underserved populations to understand unmet needs
Cultural shift toward “designed by” rather than “designed for”	Provide metrics that matter to the patient and provider

Motivating Health Engagement	
Systematic methods to elicit patient values to improve advocacy and empowerment	Provider and patient engagement models are considered in isolation
Addressing health and technology literacy, particularly among underserved communities	Digital care coordination for the chronically ill
Customizable solutions specifically addressed to different medical specialties	Dynamically integrate patient’s voice into care pathway design
Finding effective solutions to sustain health engagement and overcome “app fatigue”	Patient education on digital health tools and ways to stay engaged
Tools that fit into a consumer’s lifestyle or their journey as a patient	Offering choices that create value for the consumer and care provider
Need curated list for consumers to know what apps/tools are evidence-based and validated; a “Consumer Reports” for digital health	Engaging consumers in the full picture of health, rather than just their condition(s)
Need to adopt a “fail fast” mentality to improve the efficiency of transformation	Making it easy and reducing time to understand/manage care plans
Cost transparency for all options to enable informed decision making	Identify the touch points that are most meaningful to the individual

Advancing Precision Health	
Translating genomic data into meaningful actions for patients and consumers	Patients in rural environments have limited access to healthcare
High cost to create innovative solutions in the precision health space	Lack of patient empowerment leads to low adoption of digital health tools
Multiple and fragmented data sources are hampering insight generation	Current healthcare models are not focused enough on prevention of poor health
How to incentivize institutional buy-in of learning-based healthcare models	Entities across the healthcare ecosystem are not properly incentivized to effect change
Challenges are too complex to be solved by single entities – a framework for greater collaboration is needed	Need to better translate precision health data toward targeted therapies and personalized care plans



Facilitated WORKSHOPS

S U M M A R Y

RECOMMENDATIONS

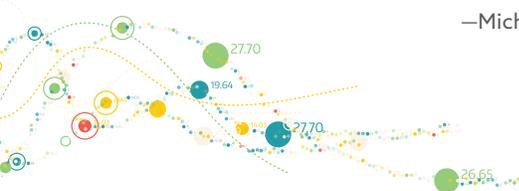
The DHIT Summit Steering Committee was tasked with considering each Opportunity Poster and identifying the most impactful and feasible opportunities to pursue. Opportunities were short-listed based on the following criteria:

- Can digital health significantly address or support the opportunity?
- Can the opportunity compliment and advance existing efforts and projects?
- Can the opportunity produce meaningful and tangible impact within one year?
- Can the opportunity serve as a foundation for a next generation care model?



“ This inaugural Summit has shown us that the energy and intent to collaborate to solve against our highest unmet needs in healthcare is brimming with potential. Now it’s a matter of formalizing these collaborations and moving them down the path to impact.”

—Michael Levy, Co-founder and President, DHIT Global



Below are the recommended opportunities identified for each theme:

Building Healthy Communities	
What is the opportunity?	Health data access and sharing; the need for patients to connect to and share data across their personal ecosystem of family, friends, and providers, as well as have control over who has access to their information, when and why
How can Digital Health address it?	Build tools that allow the patient to share their online patient charts with people who they want to have their information; make transaction points clear and audible to patients
Barriers	The main barrier goes back to the question, who really owns the data? Ensure patients have control over their data; ensure privacy and security, data rights and data aggregation; unclear value proposition around why patients would want to use data; lacking standards, fear of making wrong recommendations with the data; lack of health data literacy, and building trust in the integrity of the solution
Changes Required	Make the “myChart” really ‘mine’ by making the data more transparent by improving data liquidity; enable universal access to data; human aspect needed in conjunction with AI and machine learning
Next Steps Required	Define and talk to stakeholders; find out what physicians need; run business model canvas; find out how to make this actionable in daily life; find out what accessibility and portability means to patients and stakeholders, and discover how to get them excited about this

Motivating Health Engagement	
What is the opportunity?	Curate and leverage digital health apps; how to make good use out of what is out there; need for consumers to know what apps/tools are in the marketplace and what has been validated
How can Digital Health address it?	Curate a list of the popular/useful tools: “Consumer Reports for digital health”
Barriers	<ul style="list-style-type: none"> • Credibility: from a brand a consumer already trusts • Flooded marketplace with more than 500,000 health apps – how to sort out the good from the bad • Gaining physician buy-in and trust
Changes Required	Development of evaluation and accreditation standards
Next Steps Required	<ul style="list-style-type: none"> • Short term: find suitable partner to develop evaluation and accreditation standards • Long term: develop segmentation framework to deliver the right app to the right person at the right time based on profile, individual preferences, etc.

Advancing Precision Health	
What is the opportunity?	Current care models are not focused enough on prevention of poor health
How can Digital Health address it?	Demonstrate improved behavior change through environmental and genomic-based risk assessments
Barriers	<ul style="list-style-type: none"> • Data quality, uniformity, and collection • Presentation of complex predictive analytics to providers, patients, and consumers • Regulatory and reimbursement requirements
Changes Required	<ul style="list-style-type: none"> • Inclusion of precision health data collection and sharing into current decision and care models • Implementation of consumer-focused risk assessment tools • Assessment frameworks to clinically evaluate outcomes against precision care guidelines
Next Steps Required	<ul style="list-style-type: none"> • Work with thought leaders to develop a digital care model that could be prototyped across NC • Identify high potential digital solutions that would be validated by the DHIT Operating Platform • Evaluate the digital care model across several Impact Centers

Roadmap to Impact :: HOW TO GET INVOLVED

#DHITSTIME

As discussed in our May 2017 White Paper, *The State of Digital Health in the Triangle*, DHIT identified that the Digital Health revolution is currently driven by separate ecosystems and silos that are not engaged in active dialogue. The DHIT Summit was successful in bringing together the demand side and supply side of the healthcare, life sciences, and technology industries to begin a joint dialogue and act as a gateway to Open Innovation and collaboration. The Summit's keynote speaker, Dr. Archelle Georgiou, argued that the time is now to engage stakeholders from across the healthcare ecosystem to drive digital health forward.

Throughout 2019, DHIT will be soliciting strategic partners to spearhead a project based on a focus area from each of our three key work streams. The goal will be to generate measurable impact on one of the opportunity areas identified above in the shortest possible time, leveraging digital health platforms and technologies.

There are several ways to engage in the digital health transformation led by DHIT in 2019. Below are examples of key roles for DHIT's Impact Programs:

- **As an Impact Champion** — provider of funding and resources to lead an Impact Program
- **As an Impact Committee Member** — thought leader providing directional guidance
- **As an Impact Center** — health system or community provider testing and validating new solutions in a real-world setting
- **As an Impact Innovator** — supply-side partner supporting an Impact Center
- **As an Impact Fellow** — DHIT volunteer connected to a program

We invite you to **reach out to us** to engage in collaboration. It is critical that we break down silos and involve the entire ecosystem for programs to generate the most impact.

BECOME AN IMPACT CHAMPION AND DRIVE HEALTHCARE TRANSFORMATION IN NC



Impact Champions are strategic partners who spearhead one of our 3 key work streams for 2019: **Building Healthy Communities**, **Motivating Health Engagement**, and **Advancing Precision Health**. Position your brand as a thought leader and driver of measurable impact in our community and beyond. Benefits include:

- Recognition as Impact Champion taking ownership of Problem Statement + driving healthcare transformation
- Host community Impact Event bringing together ecosystem stakeholders to define Problem Blueprint
- Creation of Impact Center in target health system or community to test/validate solution
- Publishing rights to two co-authored white papers, including initial work stream overview and subsequent project impact report
- Premium brand positioning and promotion through DHIT channels—website, weekly DHIT Digest email, blog posts and social media
- Guest pop-up speaker at regional DHIT Happy Hour event
- Report back at VIP Supper Club featuring high profile healthcare leaders, legislators, and change agents
- Impact Sponsor at 2019 DHIT Summit

To get involved, contact cultivate@dhitglobal.com.

DHIT MEDIA

Daily	Social Media, Buzz on dhitglobal.com	
Weekly	DHIT Digest	
Monthly	Sponsored Blog Series	
Quarterly	White Papers	Jan, Apr, Jul, Oct
Annually	Impact Report	Dec

2019 Calendar of Events

DHIT EVENTS

Annually	VIP Supper Club	Nov 12th
Annually	Digital Health Summit	Nov 13th
Quarterly	Regional Happy Hours	March, May, Aug, Oct
Quarterly	Impact Events	March, June, Sept, Nov
Monthly	Triangle Happy Hours	3rd Weds of every month



“DHIT continues to distinguish itself through the Summit’s focus on impact, well beyond the differentiated format of the Summit itself but in facilitating the working groups and blueprints with meaningful action plans. At this rate DHIT is poised to position North Carolina as a national model for impact.”

—Jodi Hubler, Managing Director, Lemhi Ventures and DHIT Board member

ACKNOWLEDGEMENTS

DHIT would like to thank the following individuals for their participation on the Summit Steering Committee:

Sara Imhof, PhD Senior Director
Precision Health
NC Biotechnology Center

Charlene Foley Head of Exceptional Experience
Blue Cross Blue Shield of
North Carolina

Katie McMillan Associate Director
Mobile App Gateway
Duke Health

Patrick Mobley Market President
Evolent Health

Jon Easter Professor of the Practices and Director
Center for Medication Optimization
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