

US Healthcare Stakeholders

Maya Perl

October 2020



About me



\$2.5B in AUM
200 companies
>80 exits

\$150M HealthTech fund launched 2019



Maya Perl
Principal
Pitango HealthTech



Objectives for today

- Understand the **structure, verticals and key segments** of the US healthcare system
- Review **cross-cutting trends** and how they impact each vertical
- Discuss **implications and case studies of innovation**

US healthcare stakeholders

1 Providers



2 Payors



3 Pharma & Medical Industry



Others

- Patients
- Gov't agencies



- Tech & retail giants

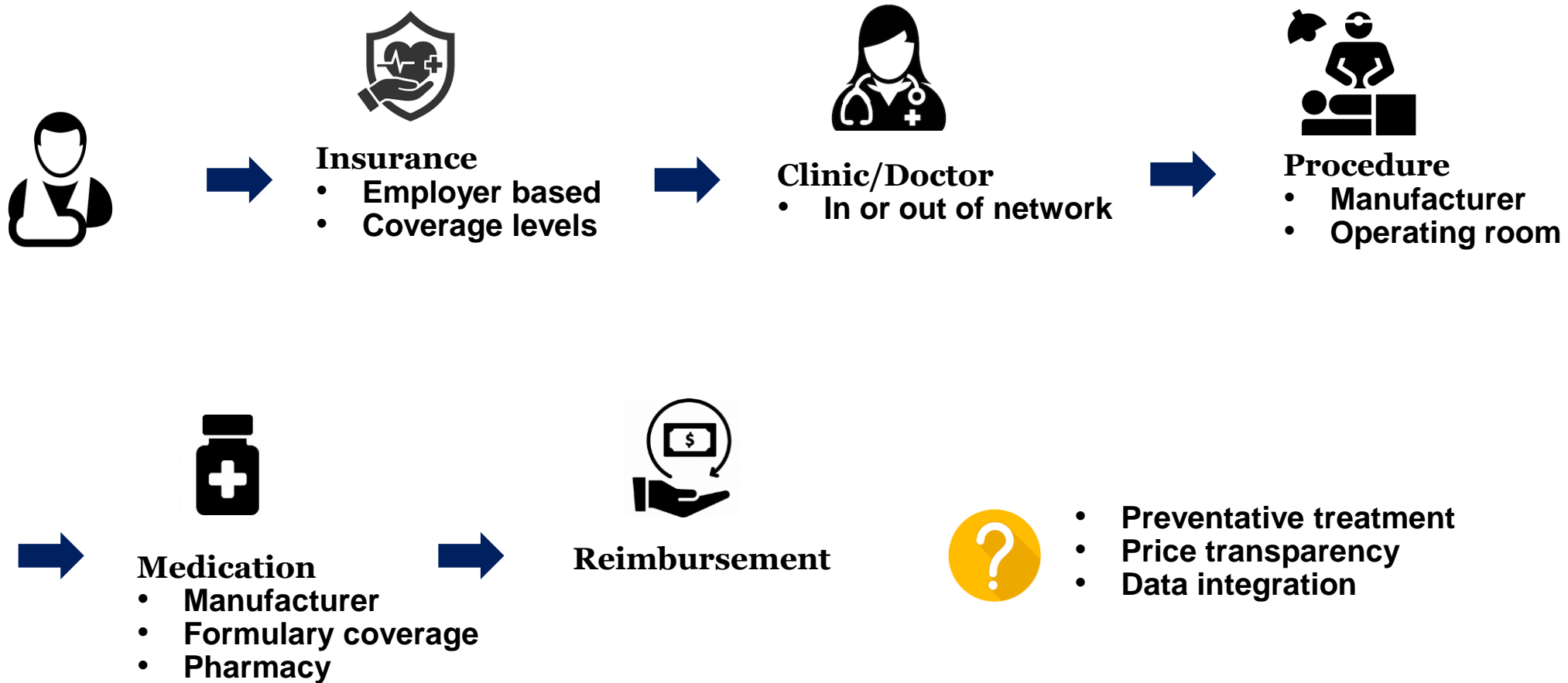


A Value Based Care

B Vertical integration

C Covid-19

Example patient journey



1 Providers

Key actors



- Hospital systems
- Integrated Delivery Networks (IDNs)



- Physicians
- Medical staff
- Research hospitals

- LTC and nursing facilities
- Home care providers

Key actors

UNITEDHEALTH GROUP



- Private insurers
- Self-insured employers



-
- Government payors (CMS and State Medicaid agencies)



-
- TPAs (Third Party Administrators)
 - Brokers

3 Pharma and Medical Industry

Key actors



- Pharma companies



- Medical device manufactures



- PBMs (Pharmacy Benefit Managers)
- Pharmacies



- Diagnostics companies



- Distributors



- Gov't agencies

Key trends and drivers for change in the system

- Healthcare spending is >**\$3.5T** – or >**\$11K** per person – about ~**20%** of GDP



Lack of efficiency

- Preventative treatment
- Price transparency
- Data integration



Demographics

- Aging population
- Chronic conditions

Value Based Care is the shift from payment for healthcare delivered (volume of activities based on Fee-For-Service) to healthcare achieved (outcome measures)

Payors

- New quality and outcome metrics (HEDIS, STAR)
- Population health

Providers

- Workflow changes
- Care coordination

Pharma & Medical Industry

- RWE (Real World Evidence) & HEOR (Health Economics Outcomes Research)
- Outcomes Based Contracts

A (Side point: Reimbursement)

3 pillars of reimbursement

Coverage

- Is the item or service eligible for payment?
- Made by CMS and its contractors + private insurers
- Separate from regulatory safety and efficacy

Coding

- The “language of reimbursement”
- Operationally links coverage and payment
- Having a code does not guarantee reimbursement!

Payment

- How much will the payer pay for the item or service?
- What is the payment methodology?
- Depends on the site of service and provider/supplier type

A Value Based Care: Implications for innovation

Can you help identify main cost categories or revenue opportunity?

Can you deliver the services to help capitalize on them?

Payors

OSCAR

MEDORION

Providers

NAVINA

tyto care™

Pharma

ConcertAI

B Vertical integration

Vertical integration is the result of two drivers: (1) need for scale and (2) need for data

Payors→PBMs→Pharmacies



Payor→Provider/IDNs



Tech & retail giants



B Vertical integration: Implications for innovation

Can you integrate data sources and make things more efficient?

Can you create new data sources?

Increase efficiencies & get more data






Understand risk and achieve better coordination





Create new data & capture patients






Providers

-  Revenue decrease from elective procedure
-  Significant operational burden
-  Increases from telehealth; changes to reimbursement policy

Payors

-  Administrative changes
-  Decrease in utilization and spend → higher profit

Pharma & Medical Industry

-  Clinical trial freeze
-  Vaccine and treatment positive impact
-  Expedited FDA processes

© Covid-19: Implications for Innovation

- Telehealth
- Regulatory speed
- Supply chain focus

Other trends

- Precision medicine and personalization
- Robotics and minimally invasive surgery

.... and many others

Questions?

Feel free to reach out: [**maya.p@pitango.com**](mailto:maya.p@pitango.com)

Thank you!