



Look Inside.™

Intel Health & Life Sciences

Where information and care meet

# Three Experience Pillars of Personal Health

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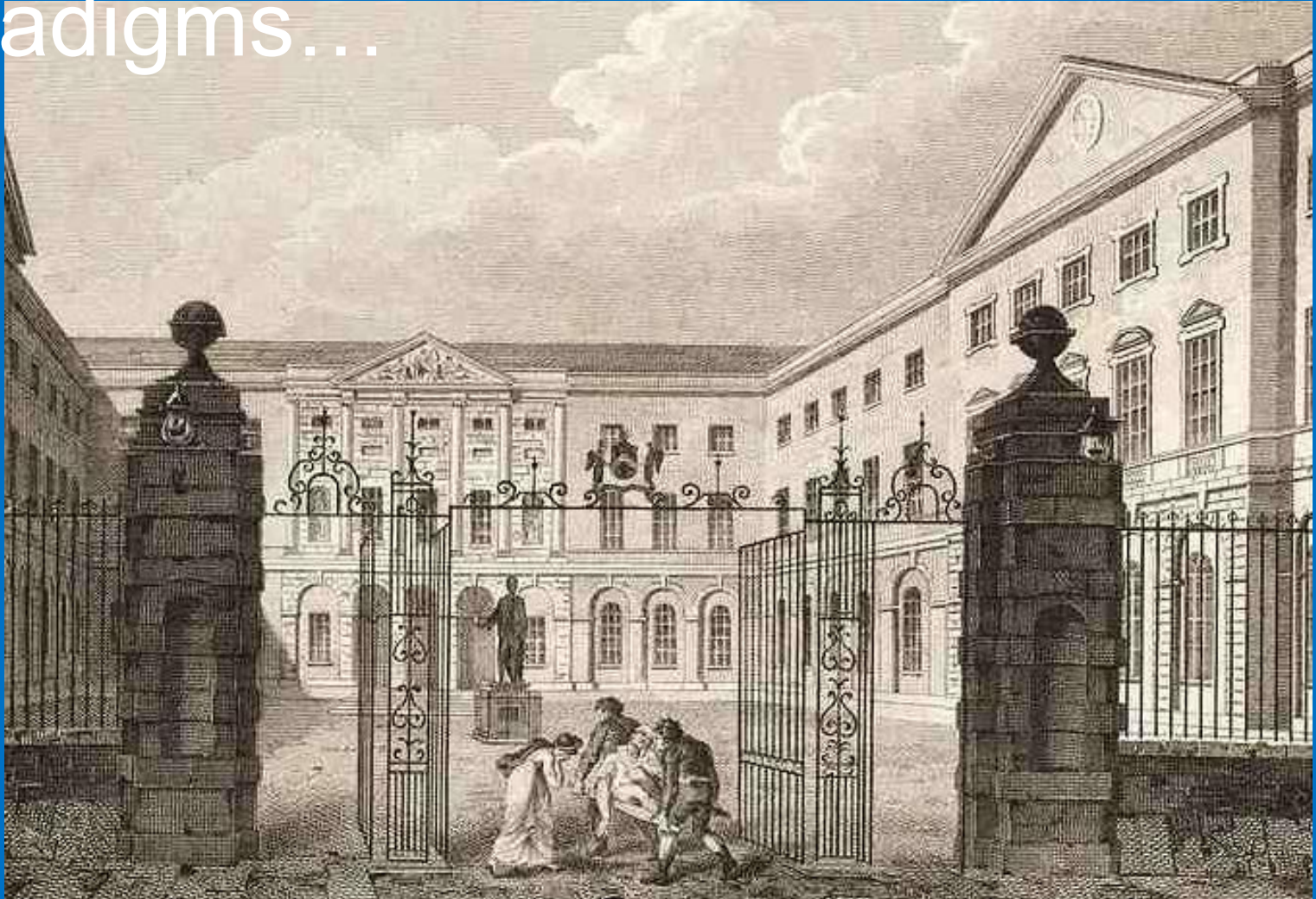


# Entrepreneurial caregiver, patient, scientist



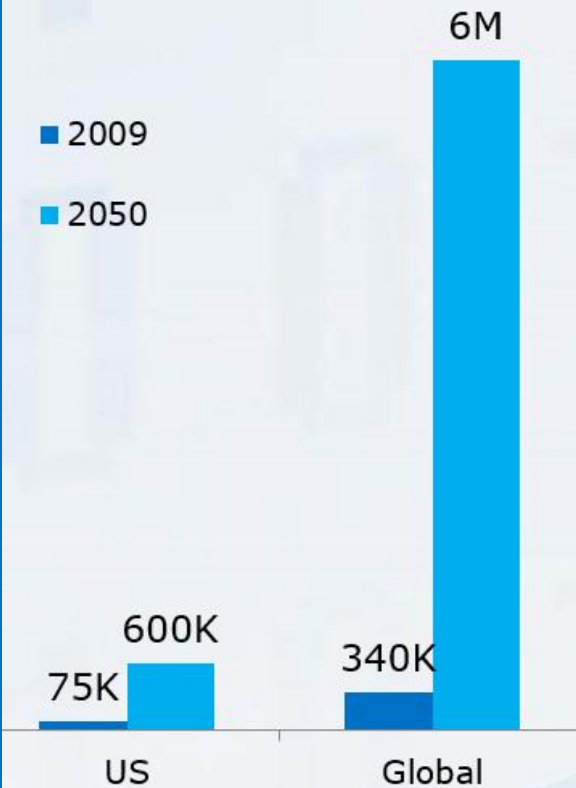


# Studied history of healthcare paradigms...

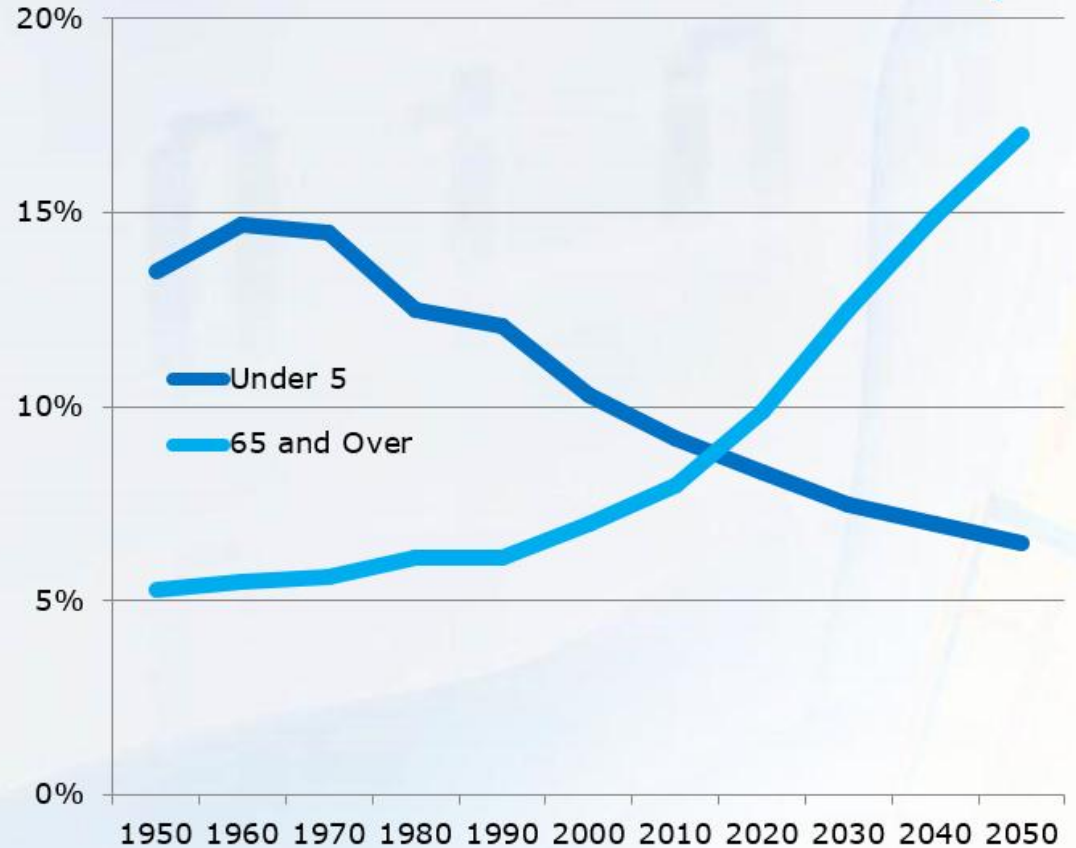


# Studied future of demographics, now here

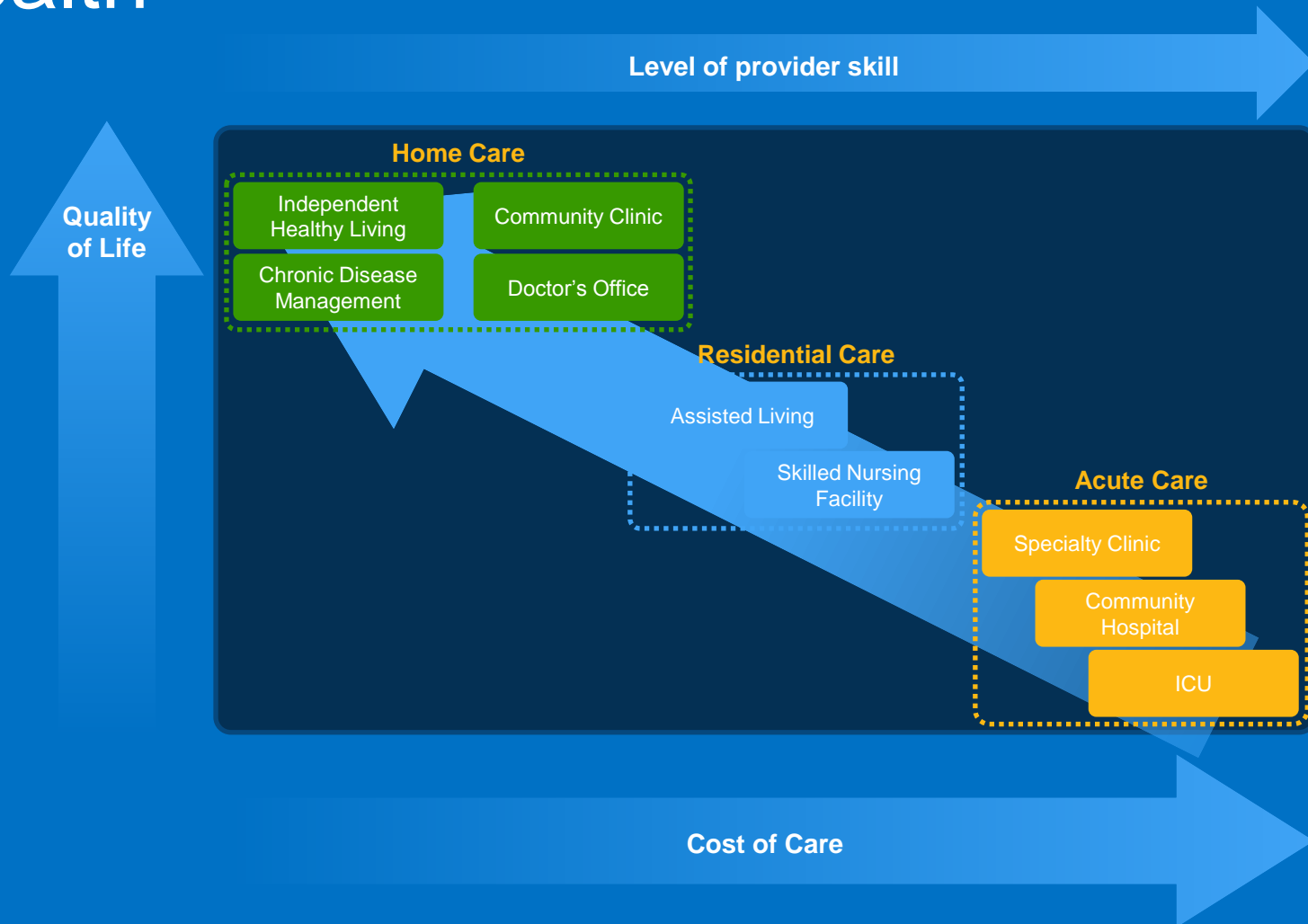
Growth of 100 Year Olds from 2009-2050



By 2017, there will be more people over 65 than under 5 for the first time in history



# Must 'shift left': mainframe to personal health



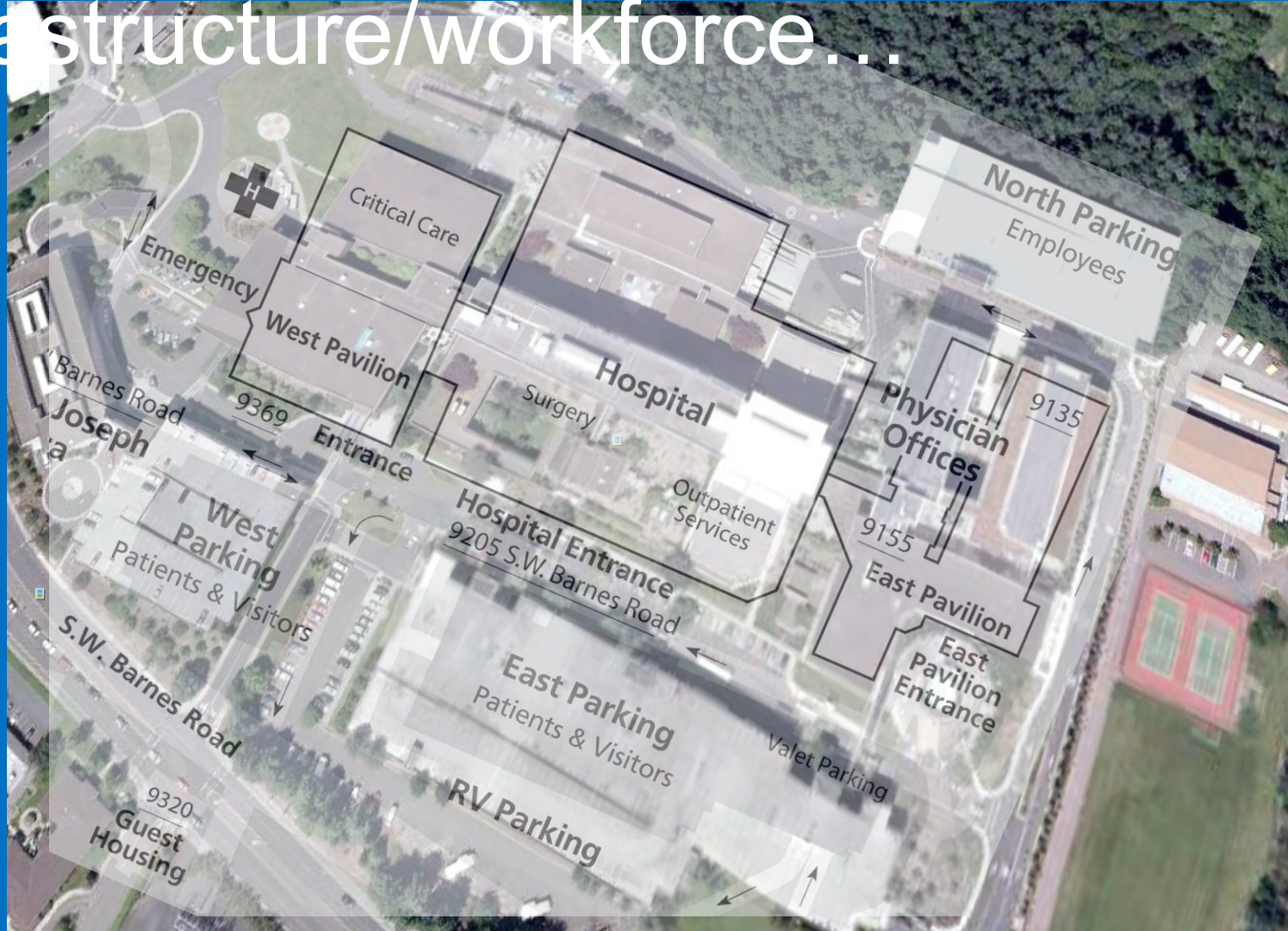


# Distributed care infrastructure/workforce...



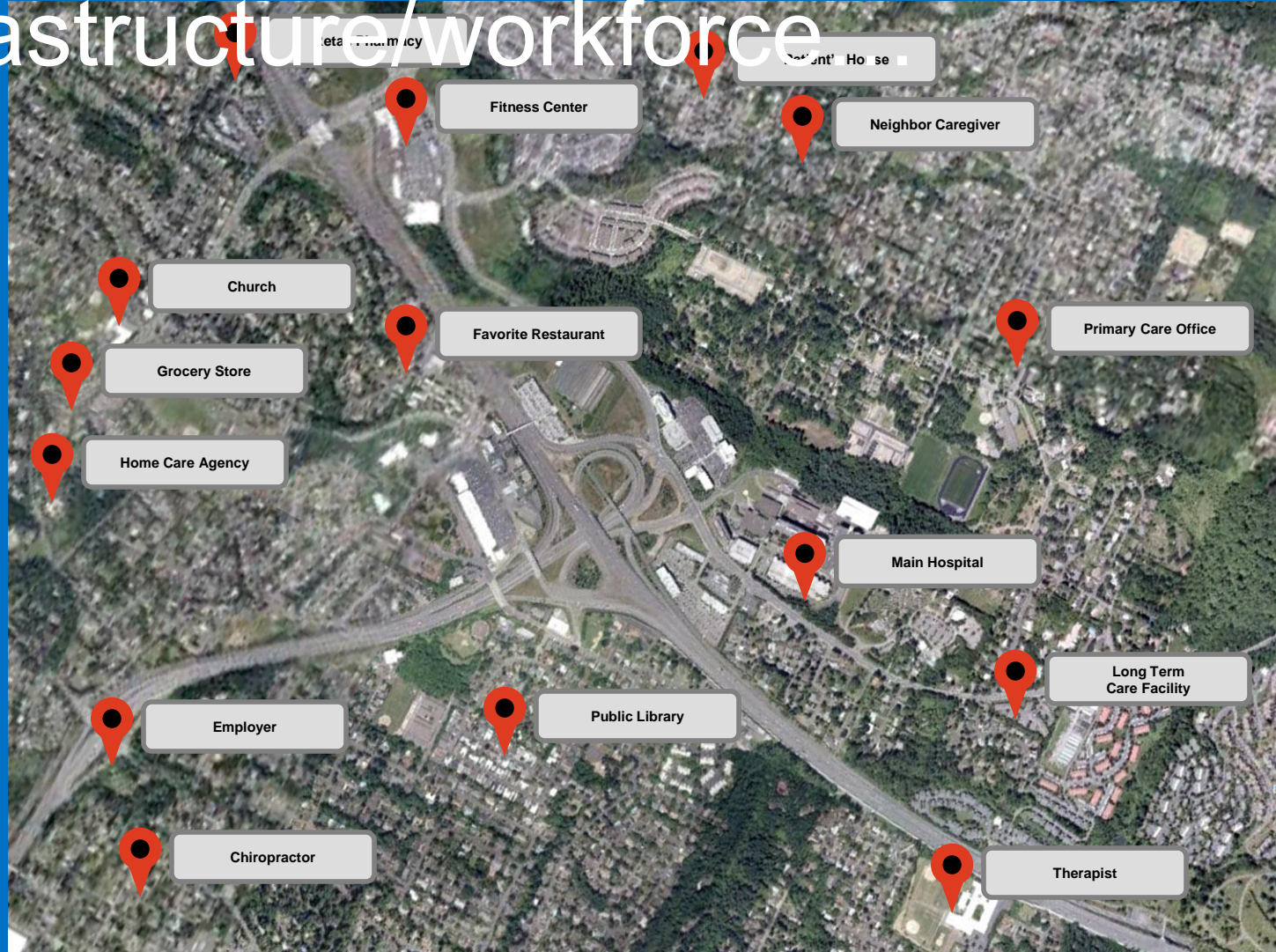


# Distributed care infrastructure/workforce...





# Distributed care infrastructure/workforce





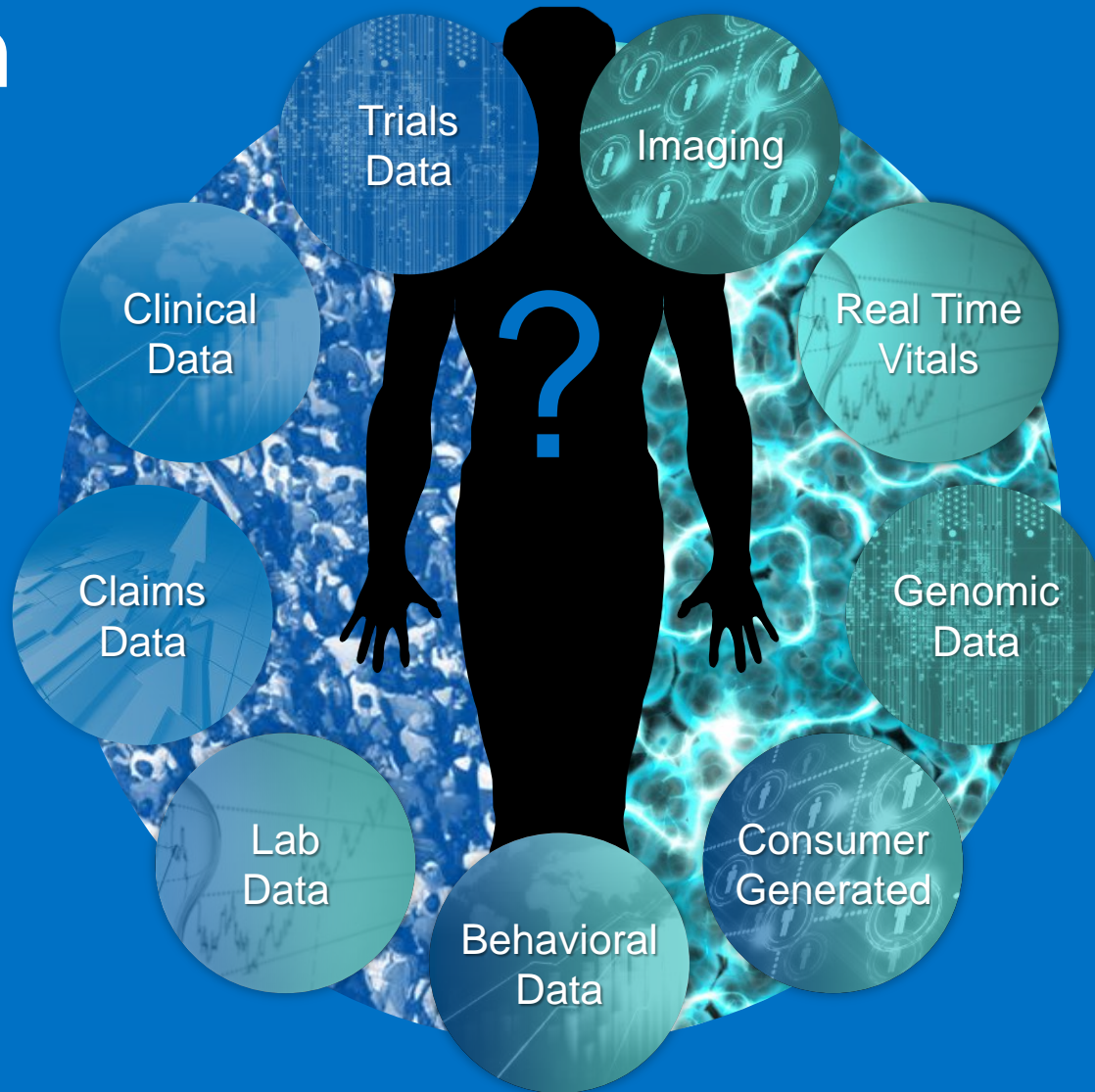
# Personalized: from population to person



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# Personalized: from population to person





# Care Networking

Shift from solo to team-based, connected care across orgs & systems



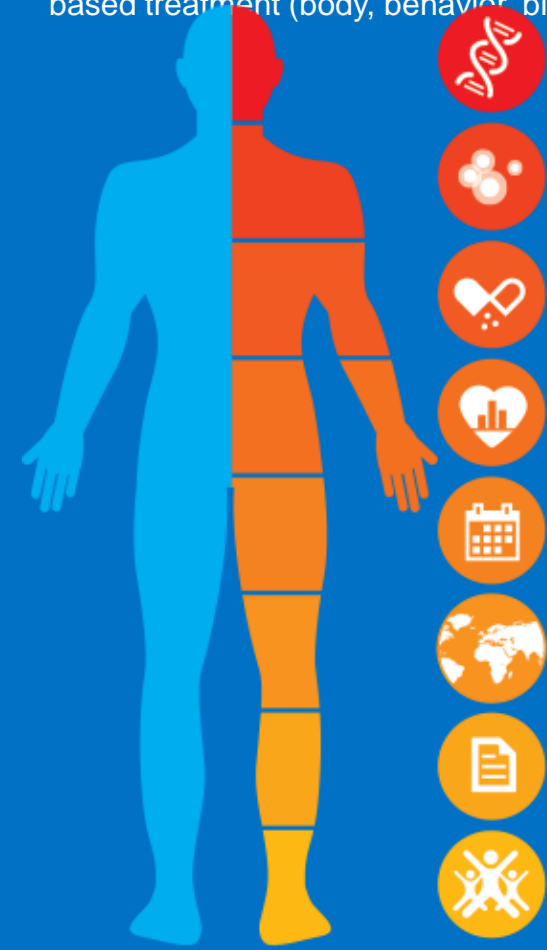
# Care Anywhere

Shift from institutions to mobile, home-based, & community care



# Care Customization

Shift from population-based to person-based treatment (body, behavior, bio)



# Care Networking

Shift from solo to team-based, connected care across orgs & systems



Skill-shift to patients/family via web

Community health worker training

Care coordination  
SW tools

Analytics for patient/risk stratification

Clinical decision support for groups

Real-time quality analytics



# Care Anywhere

Shift from institutions to mobile, home-based, & community care



Place-shift care via telehealth

Virtual visits on smart phones

Real-time diagnostics/monitoring

Self-care coaching agents

Consumerized medical devices

Trusted mobility for clinicians

# Care Customization

Shift from population-based to person-based treatment (body, behavior, biology)



Customized to body, behaviors, biology

Genomics, proteomic data for individuals

Health analytics










Predictive modeling of individuals

Precision therapies, drug customization

Tissue generation & “designer organs”



# Majority of People Believe the Traditional Hospital Will Become Obsolete

	 Global	 US	 Japan	 France	 Italy	 Brazil	 China	 India	 Indonesia
Agree	57	45	42	45	54	65	52	86	60
Disagree	44	55	58	55	46	35	48	14	40

The Intel Healthcare Innovation Barometer conducted online by Penn Schoen Berland on behalf of Intel in Brazil, China, France, India, Indonesia, Italy, Japan and the United States from July 28 to Aug. 15, 2013.

N=12,000 adults (18 and older), margin of error of plus or minus 0.89 percentage points.

For additional information on the Intel Healthcare Innovation Barometer, visit [www.intel.com/newsroom/healthcare](http://www.intel.com/newsroom/healthcare).

# Public Is Ready to Be Part of the Solution

> 80%

Are optimistic about healthcare in terms of innovation and technology.

Would share information anonymously in order to reduce healthcare costs or improve treatment.

> 70%

Are comfortable seeing a doctor for a non-urgent appointment via communications technology

- 88 and 94 percent in China and India, respectively
- Half would trust a diagnosis via video-conference

Are receptive to using toilet sensors, prescription bottle sensors, or swallowed health monitors.

# Some govt's are ready: age friendly cities, China

1. Define **care model** with staffing ratios, training, & standards of care (best practices)
2. Work with the government to lay out the **business model** for all of the ecosystem stakeholders
3. Define **technology, standards, & infrastructure** to deliver those experiences
4. Fourth, **pilot & iterate.**





# 'Health tech' community's challenges...

Broaden Views:

models &  
workflows

Combine

Forces:

PH movement!

Drive Pay for

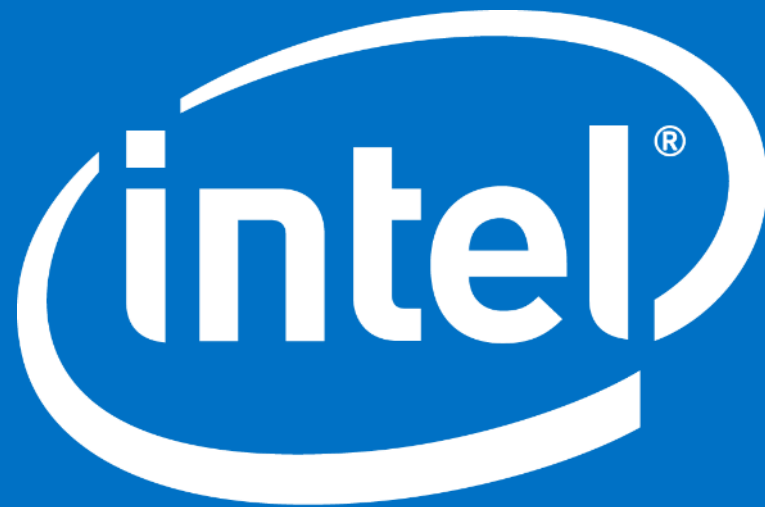
Quality,

=real innovation



Was Care Delivered in the Safest, Least Restrictive, & Preferred Setting That the Patient Chose?

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# China competing to lead personal health with age-friendly communities

**By 2020, drive 90% of care for older people to the home! Current 5-year national plan to drive age friendly cities.**