



# An Introduction to Graphite Health

A blueprint from the Graphite Health Founders

**Graphite Health is a collective of health systems working together to reclaim our digital destiny for the benefit of our patients, providers, and business.**

Digital technology has transformed the customer experience, provided significant operational efficiencies, and increased margins in nearly every industry—except healthcare.

As a result, not only are we failing to meet evolving patient expectations, but we're also missing out the promise that digital transformation could improve every aspect of our business and allow us to finally meet the goals of the Quadruple Aim. This has been our reality for too long. Graphite Health could be our future.

The idea is simple: Create a collective of health systems committed to reclaiming our digital destiny. By banding together, we can:

- Wield our aggregated patient base and market power to negotiate more effectively with tech vendors.
- Create a trusted data platform that enables digital transformation.
- Deliver the digital applications and tools that our patients and providers demand—instead of ceding that responsibility to less-trusted third parties.

This white paper outlines our blueprint for changing the current trajectory of the healthcare industry. We want to move from disruption by outsiders to create an ecosystem of digital transformation *directed by us* that prioritizes our patient and health system needs.

## The Trap of the Status Quo

Our inability to digitally transform our organizations is a strategic failure masquerading as a tech problem. **Research by consulting firm Isobar** reveals that an organization's Digital Strength is predictive of revenue growth across industries—and that healthcare remains a “digital laggard.”

By not keeping pace, we've sacrificed the quality of care, imperiled the patient and provider experience and kept our margins at an average of less than 2%. To be sure there are numerous technical challenges that have made transformation difficult, chiefly our inability to easily exchange data within our walls.

Consider that in an era when consumers can digitally move their money and instantly purchase whatever they need with a click of a button, **fewer**

**than one in three hospitals** can even find, send, and receive electronic patient information. More than 50% of physicians report burnout symptoms related to EHR workloads, and administrative complexity costs **U.S. health systems \$265 billion** annually.

While other industries have sped ahead to capitalize on the benefits of technological innovation we've been hamstrung by siloed data, protectionist business practices of EHR vendors and importantly, our own willingness to standby while outsiders tackle our problems. They've solved them with their own vested interest in mind and at great expense to our organizations.

The innovations exist to make data exchange easier and digital transformation at scale possible. Amazon Comprehend Medical, for example, uses natural language processing to make sense of unstructured patient data and standardized APIs allow developers to then use the data to build apps. However, the software costs health system upwards of \$80 million a year.

Costly, underwhelming solutions that often disenfranchise us from our patients is the status quo. However, digital transformation for healthcare is coming. The question is whether health systems will play an active role—or remain on the sidelines?

***"As health systems, we have a once-in-a-lifetime opportunity to own our platform for the future. If we want to ensure that we prioritize our patients and providers in every data-related process and transaction, we must seize it. The alternative: Ceding that authority to third-parties with different motives."***

— Ries Robinson, Chief Innovation Officer, Presbyterian Healthcare Services

## The Current Opportunity

Regulations, health care economics, existing technology, and patient demands have aligned to make the digital transformation of healthcare a reality. This wasn't the case even a few years ago. But unless we take action, there's no guarantee that health systems will be ones to leverage the pending opportunity.

Here's why digital transformation is possible now:

- **Health systems have an existing digital foundation.** The broad adoption of EHRs provides the technological ground floor for common data exchange. In addition, 94% of health systems report using EHR data to inform clinical practice, 82% use it to support quality improvement, and 81% to enhance patient safety, [according to a report from the ONC](#). The industry understands the value of data and its potential for improving patient care and business operations.
- **The adoption of FHIR APIs and cloud technology.** In 2014, HL7 released its initial draft of the [Fast Healthcare Interoperability Resources \(FHIR\)](#). FHIR standardizes health information for electronic transfer via APIs. Cloud computing infrastructure has furthered interoperability efforts even more, providing secure, cost-effective, accessible storage for extracted data. Encouragingly, [the ONC found nearly 87% of hospitals and 69% of MIPS eligible clinicians](#) are already served by health IT developers with products certified to any FHIR version.
- **A vibrant ecosystem of health tech startups.** There was more than \$23.4 billion [invested](#) in digital health startups from 2015 to 2018, with more than \$8.3 billion invested in 2018 alone. The technology provided by these companies aims to solve all sorts of problems, from streamlining patient billing to device monitoring. The continuous innovation from the startup ecosystem eliminates the need for health systems to develop bespoke solutions—there's likely a technology already available.
- **Federal policies are paving the way.** In early 2019, CMS announced its [Interoperability and Patient Access Proposed Rule](#). The broad proposal includes a requirement for CMS health plans to "break down existing barriers to interoperability and empower patients by giving them access to their health information" through the use of FHIR APIs. At the same time, the [ONC introduced the 21st Century Cures Act Interoperability and Information Blocking proposed rule](#). It's difficult to overstate the significance of these regulations. These proposed rules set the stage for a universe of accessible, shareable, and valuable patient-specific health data that—with an individual's consent—can be readily accessed by third-party entities.
- **A surging focus on consumer-directed exchange.** The above regulations reflect the sentiment of the vast majority of patients, who believe it should be easier to access their

***"As a result of the near ubiquity of EHRs and the implementation of FHIR APIs, person-centric health information will enable organizations to leverage third-party applications and machine learning algorithms. This promises to reinvent the provider workflow to be more evidence-based, and empower consumers to aggregate their health information and engage in their care like never before."***

— Ryan Howells, Executive Director of the CARIN Alliance and Principal at Leavitt Partners

health information. Numerous surveys have highlighted the demand from consumers wanting such access, and efforts abound to make it so. In 2016, the **CARIN Alliance** was formed as a nonpartisan, multi-sector effort to improve the ability for consumers and their authorized caregivers to easily obtain, use, and share their digital health information. This effort led to the Trump administration's 2018 launch of **MyHealthEData**, which advances the ability of consumers to access digital and portable health information.

### WHY GRAPHITE, WHY NOW



## The Health System Imperative

Third-party players in retail and Big Tech have taken notice of the previously mentioned developments, and they're moving fast. Walmart and Target are pursuing health-related ecommerce and adding provider capabilities. The biggest players in tech have announced their joint support for healthcare interoperability and FHIR APIs, and **Google, Amazon, and Microsoft** have signed significant cloud and software development deals with major health systems. Meanwhile, **Apple Health** uses the FHIR open standard to allow iOS users to download and aggregate their health records to their phone.

**CommonHealth** will be using the same FHIR open standard to build something similar for the Android ecosystem.

***"(Best Buy, Walmart, and Amazon have) put the legacy healthcare companies on notice: Start working for the patient, or prepare to be phased out."***

— Justin Bariso via [Inc. Magazine](#), Sept. 2019

While such services are convenient, our patients aren't keen on the idea of Big

Tech providing them. **Only 11% of consumers report** that they'd share their health information with a tech company such as Amazon or Facebook. The recent Google/Ascension debacle lends further credibility to such sentiments. In contrast, three-quarters of patients report that they would share health data with their doctor.

Trust has always been at the core of nonprofit health systems' service to their patients. The imperative here is to scale digital transformation in a way that prioritizes patient trust and privacy. Health systems are uniquely positioned to do this, and in fact, a commitment to providing trusted digital health data and tools may be the next application of the Hippocratic oath.

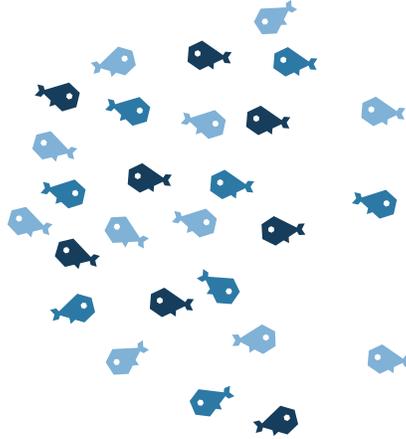
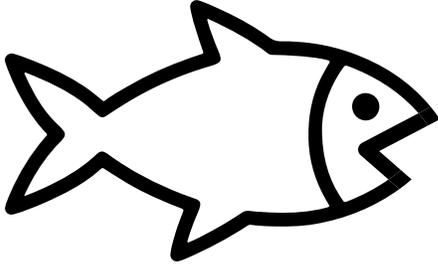
There are business incentives to driving our own digital transformation as well. If health systems cede control of patient data, we risk losing control of patient referrals, provider and treatment recommendations, pricing, and more. Instead of leading a digital revolution for ourselves, we end up digitally disrupted.

What's more exciting is that if we create an ecosystem that allows for transformation, we can finally take advantage of applications that improve our patient experience, reduce our provider workload, increase operational efficiencies and ultimately improve our margins.

## The Way Forward is Together

Disenfranchising ourselves from our future is the risk—and it will be the reality if we stay our current course. However, one system alone can't take on Big Tech or the dominance of third-party EHR vendors to drive the change we need—in a cost-effective, patient-focused way.

### ALONE WE'RE VULNERABLE



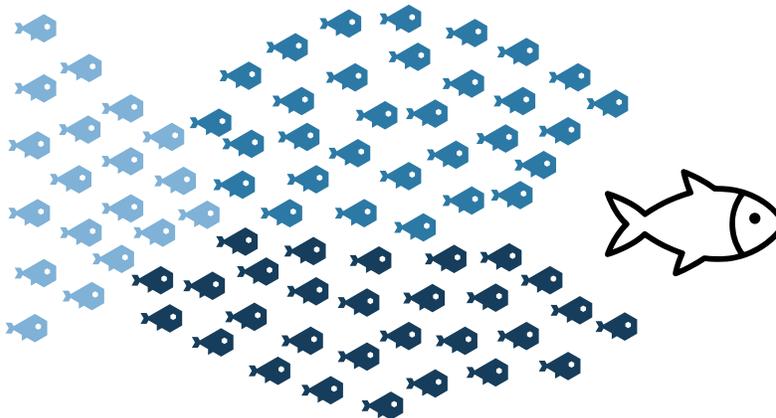
A syndicated approach allows us to scale our resources and ensures we drive our own transformation. **Civica Rx** shows how such a model can work.

The entity was launched in 2018 by a group of U.S. health system leaders who were frustrated by frequent medication shortages and crippling costs of generics.

They joined together with a plan to sidestep drug manufacturers and

make the generic medications themselves. While Civica Rx's manufacturing efforts are still underway, the market moving power of the hundreds of hospitals that Civica Rx represents has already reduced costs and improved drug supplies from existing sources. The initiative reveals the sway health systems have when they band together to solve common problems—instead of relying on outside players to do it for them.

### TOGETHER WE'RE POWERFUL



## Meet Graphite Health

Graphite Health is a health system-owned entity, operating independently, to meet our joint digital transformation needs. We believe the problem is bigger than any single system can solve alone. Solving it together provides exponential benefits to our patients, providers, and organizations.

The entity is comprised of the following components:

- **Graphite Syndicate.** The company will be organized and financed by its health system members. A founding board, committed to serving the common interests of Graphite's member health systems, will provide oversight. Members will invest in and own the company and commit to utilizing Graphite tools and technology. In return, health systems will receive technology solutions designed for them and by them.
- **Graphite Platform.** A foundational element of Graphite Health is an interoperable platform utilized by member health systems. This trusted data layer allows healthcare systems to use their existing digital infrastructure while integrating across a broad healthcare ecosystem.
- **Graphite App Marketplace.** This trusted marketplace is structured to allow customers (health systems, providers, and patients) to access applications that run on top of the Graphite Platform. The marketplace empowers healthcare systems to find the applications they need to run their businesses, with a focus on increasing margins and improving patient care and patient satisfaction. It also offers a venue for app developers and entrepreneurs to make their innovations available on a larger scale.

***"It's the perfect time for health systems to think about how they can get momentum together and combine their joint resources to scale digital transformation."***

— Julie Bonello, Chief Information Officer, Presbyterian Healthcare Services

***"The data collected by a health system represents the tight relationship between the patient and the organization. We've earned the right to maintain that relationship, but we have to claim it."***

— Todd Sandman, Chief Strategy Officer, Presbyterian Healthcare Services

## The Graphite Value

Combining forces to scale digital transformation for health systems—via an initiative driven by health systems—will provide exponential value to the participating members and their patients.

Graphite Health member-systems will:

**Become digitally nimble.** Graphite will spearhead digital innovation with an outside-in approach, accelerating member initiatives while reducing costs and responsibility of individual IT teams. The collective approach allows us to better negotiate terms and costs for existing technology, while the trusted data layer opens up the potential for the development of new apps that meet our needs.

**Enhance patient satisfaction.** Patient-facing applications will elevate the patient experience, providing tools that help improve outcomes and increase overall engagement. We'll continue to prioritize our patient needs for privacy regarding their health data, honoring the trust they have in our organizations to both do good and do no harm.

**Increase operational efficiency.** Seamless data exchange and scalable applications will reduce provider workloads and decrease the cost of care. Providers will be able to focus on their primary role, caring for patients, and eliminate the burden of our currently siloed systems.

**Improve profit margins.** Efficiency gains combined with the potential to increase commercial business and improve payment recovery will protect and improve member-system margins. With nonprofit health system margins hovering at an average of 2%, this would be a welcome development. Creating a trusted data platform serving our syndicate is the most important first step. A [recent McKinsey article](#) showed that “companies with platforms had an annual boost in earnings before interest and taxes of 1.4%, compared with the 0.3% gains of nonplayers. Companies that joined broader cooperative arrangements fared slightly better than those operating their own platforms.”

## Graphite Syndicate

We're creating Graphite Health for the collective benefit of our health systems owners and their constituent providers and patients. The entity's entire purpose is to empower health systems to scale their digital transformation, for the benefit of their patients and providers.

After considerable research on syndication and customer-financed companies, the Graphite founding team has developed the following guidelines for the syndicate components:

***"We constructed an enterprise that wasn't a money-making engine, but aligned for the common good of patients."***

— Dan R. Liljenquist, Chairman of the Board for Civica Rx, SVP and Chief Strategy Officer, Intermountain Healthcare

- **Governance:** The governance structure should facilitate an "all-for-one, one-for-all" philosophy that ensures the company acts in the best interest of the group, and not on the agenda of one or a few members.
- **Management alignment and incentives:** The company's success will require the alignment of Graphite's management and health system members. Additionally, to attract elite management, Graphite will need to provide an exit event for management without requiring the sale of the company.
- **Competitive advantage:** Systems that invest in Graphite will enjoy a competitive advantage via exclusive access to the Graphite Platform and Graphite App Marketplace for a predetermined period of time. We will design the pricing to facilitate adoption. However, the exclusive access will sunset at some point in the future to deter competitors from creating a similar, competing platform.
- **Organization and structure:** We anticipate that Graphite will use a corporate structure (LLC or LLP) with a pass-through tax structure. This tax structure allows income to the health system to be considered related income. Premier, a group purchasing organization, has used a similar LLP structure effectively.
- **Member/owners:** Graphite Health will have two active membership groups, the owner-members, and syndicate members. All members will receive access to Graphite technology. Owner-members will serve on the board of directors, pay an annual fee to support the company's operations, and support a company acquisition fund. Syndicate members will pay an annual fee. All members will commit to a specific level of platform utilization and adoption after development and proof of operational viability.

## Graphite Platform

A key component of Graphite Health will be creating a platform that functions as a trusted data layer for our members. The platform does not replace the vital systems of record within healthcare institutions. Instead our goal is to integrate these systems of record in a way that reduces friction and barriers to care and digital transformation.

We'll also establish the infrastructure necessary to provide a related trusted application layer, which leverages the platform data for additional applications.

***"We need a common platform that enables the digital future of medicine to evolve."***

— Ries Robinson, Chief Innovation Officer, Presbyterian Healthcare Services

The concept is an exciting one for our industry, but it's not wholly new. We've reviewed similar efforts in other industries such as the Open Data Initiative spearheaded by Microsoft, Adobe, and SAP as well as the Cascadia Data Commons led by Matthew Trunnell at Fred Hutch. The experience of previous innovators suggests that while the ecosystems demand a common data platform that's administered independently, we'll also need to facilitate data discovery across organizational boundaries. Graphite will work toward making such an exchange possible.

### Guiding principles

For the platform to succeed, the member systems will need to align around the following five guiding principles:

- The customer (patient and health professionals) must come first.
- The platform must reduce the administrative burden and associated costs of participating health systems.
- Every organization must own and maintain complete, direct control of their data and ensure the individual is providing their consent throughout the data sharing process.
- End-users must be allowed to use AI and machine learning to get insights from unified behavioral and operational data in a private and secure fashion to advance health efforts and research.
- Partners and innovators must easily leverage an open application and data model to extend solutions on top of the existing infrastructure.

### Platform and data infrastructure requirements

To garner system support and mass adoption, the Graphite Platform must meet specific key requirements. While these remain in the early stages, the requirements will broadly include:

- **Overall data management.** Key to the platform is an overarching data management strategy that accounts for how the system ingests raw data from existing systems of record, how it shares data within the health system walls, and how patients can share data externally.
- **Identity management for patients and providers.** Interoperability experts in our industry have successfully achieved this via the use of person-centric digital identity solutions, and provider and location masters.

- **Patient-driven data exchange.** Patients need to be able to access their data and facilitate its transfer, as needed. The platform makes this a possibility, allowing patients to decide how and when their data is shared.
- **Cost-effective, secure data storage.** Public and private cloud storage offers the ability to house infinite quantities of data. Graphite will likely employ a secure data lake, which stores unstructured and structured raw data until another application needs it.
- **Trust in data quality.** The platform will prioritize the integrity of the raw data at ingestion, as well as through standardization and application transactions. Automated quality checks will identify data sources that may be problematic. Collaborating with EHR vendors will be important.
- **App store(s) that leverage platform value.** The platform would enable an application marketplace that serves providers, patients, and health systems. The available applications would allow internal and external customers to customize their applications to meet their health and data needs.

## Graphite App Marketplace

The ability to leverage an open architecture platform has been paramount to the success of technology innovators such as Apple and Salesforce. An interoperability platform that aggregates multiple systems of record into a structured data repository creates the perfect microenvironment for third-party application development. The iPhone we use today would be completely different if we were dependent on Apple for all applications. By employing open source solutions, the iconic tech company has been able to capture the unbounded creativity of developers everywhere and create an ecosystem of valuable, user-friendly applications.

Graphite intends to follow suit. Salesforce, the B2B tech giant, provides an exemplary playbook for how the business model could work within the healthcare ecosystem. The company began with a customer relationship management platform as its original minimal viable product. However, the development of the [Salesforce AppExchange](#) in 2009 is what ultimately cemented it as the dominant player in the CRM space.

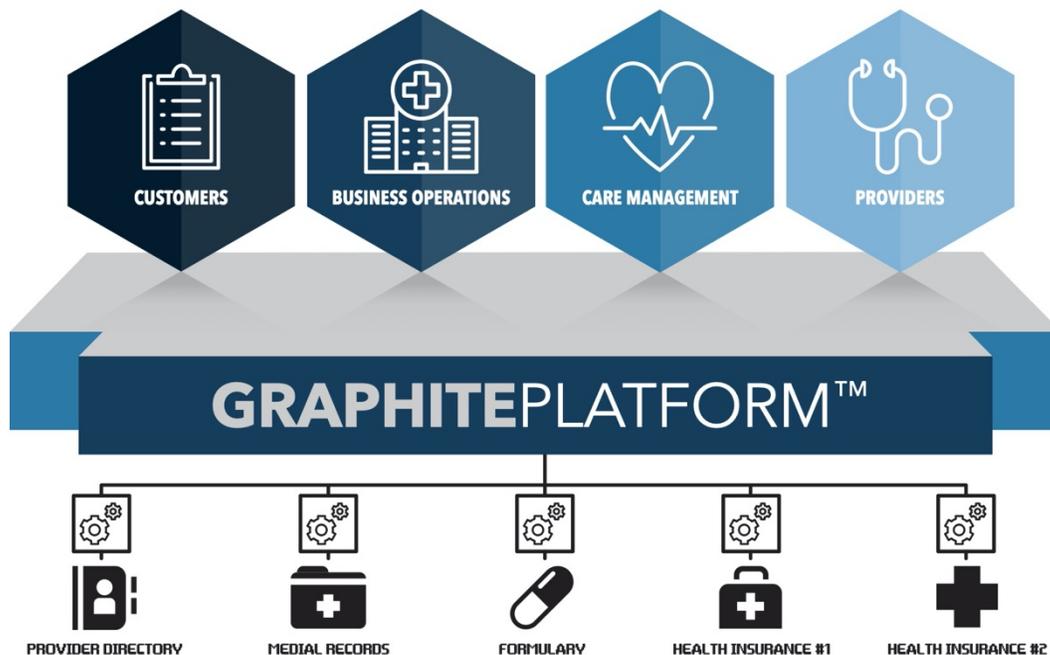
***"I would not trust any of our predictions because reality has so far exceeded them by such a great degree that we've been reduced to spectators just like you, watching this amazing phenomenon and just doing our best to try to help everybody get their apps done and get them on the store."***

— Steve Jobs, Founder of Apple, Wall Street Journal Interview, Aug. 2008

Today, Salesforce's AppExchange hosts more than 5,000 applications for business. The Salesforce Partner Program facilitates the app development, offering a robust set of resources, training, and tools for Independent Software Vendors (ISVs). The relationship is a win-win: The resources allow ISVs to serve their customers better, differentiate their applications, and create a profitable business. In return, Salesforce derives significant revenue from the ISVs via a percentage of their sales.

Graphite aims to create the Graphite App Marketplace, which will be akin to a combination of the Apple App Store and the Salesforce AppExchange. The first is mostly a customer-facing app repository, where customers or patients can select the applications that satisfy their needs. The latter is a business app store that allows the business to improve customer service and more.

# GRAPHITEMARKETPLACE™



The Graphite Marketplace will provide four different types of applications:

- **Consumer-facing apps.** This is where customers or patients can download applications that offer information relevant to them. Such applications may include tools that explain medication or laboratory tests.
- **Care coordination apps.** These are tools for monitoring and proactively treating patients. The health system monitors the resulting information. Applications could include IoT-related devices and data that help manage congestive heart failure, diabetes, and COPD.
- **Business efficiency apps.** Apps offered would focus on data management, efficiency, and utilization. The solutions could range from tools for creating care registries to analytic packages that transform the platform into a system of insights.
- **Provider satisfaction apps:** This represents apps that decrease documentation drudgery, improve efficiency, and enable healthcare providers to more efficiently access information.

## APPENDIX

### Graphite Payments System

One of the most exciting potential uses of the Graphite Platform is the ability to reinvent healthcare payments. This is an area where change is long overdue for patients and systems alike. The increase of high-deductible health plans (HDHPs) has challenged the industry business model, not to mention left an enormous number of patients in dire financial straits. Consider that the percentage of individuals enrolled in HDHPs without an HSA increased from 10.6% to 24.5% from 2007 to 2017, [according to the CDC](#).

This, in turn, has led to a major shift in provider revenue and a spike in uncollected payments, with health systems reporting \$60 billion to \$80 billion in outstanding revenue. Several studies show that out of pocket payments account for an increasing portion of total health system revenue—and they come with a high no payment risk. If problematic now, the situation will only worsen as the adoption of [HDHPs grows to a projected utilization of 39% in 2025](#). Given that the median operating margins of health systems were 1.7% in 2018, any increase in unpaid debt creates significant vulnerability.

***"A health system-backed, intelligent patient billing system combined with financing options creates multiple ways to directly engage with patients, improving their experience and influencing healthier decisions."***

— Paul Perleberg, Former EVP Healthcare Market at Mastercard

This is not the way of the future. The Graphite Payments System could be.

Graphite Payments would use the Graphite Platform to dramatically improve the patient experience. The integrated data allows health systems to create a consolidated bill from the system—instead of multiple bills from various providers. The result is a transparent approach that reduces confusion and simplifies what the patient owes.

The opportunity becomes a true game changer for systems and patients alike by creating the potential for a co-branded hospital system credit card. Graphite members would receive 1% of card transactions as the co-branding entity. This could be a significant revenue source; consider that [Delta Airlines expects to generate \\$7 billion annually](#) by 2023 via its partnership with American Express.

For patients, a co-branded card streamlines the payment experience and could provide added incentives to make healthy decisions. Health systems, for example, could offer patients cash credits against future medical bills or deductible credits.

## APPENDIX

### Graphite Labs

Graphite Labs empowers innovators across a broad spectrum to create and accelerate the delivery of applications leveraging the Graphite Platform. We'll achieve this by providing the optimal environment for entrepreneurs, data scientists, and software engineers to catalyze, test, and validate their ideas and software. Graphite Labs will offer a test environment, vital industry connections, and a flexible platform where founders can transform their ideas for today into the breakthrough healthcare solutions for tomorrow.

Graphite Labs will be configured as a no-strings-attached model, which means entrepreneurs will be free to develop their software while retaining their intellectual property. Additionally, we anticipate that Graphite Labs will also sponsor campaigns for software solutions of common need. These interactions create the best possible solutions of the Graphite owners and provide the company with insights into future platform demands.

***“It is currently ridiculously hard for entrepreneurs to test their technologies across a broad health system use case. The interoperability issue serves as a wall that keeps innovation from entering our healthcare system. Unfortunately, because of this, everybody loses—systems and their patients miss out on next-gen applications that could improve the healthcare experience and entrepreneurs' best ideas die on the vine.”***

— J. Corey Schmid, Strategy Advisor to Graphite Health

Graphite Labs will strive to create the following:

- A physical location and environment for idea exchange.
- A startup sandbox that provides founders with the opportunity to test their applications.
- Expert guidance for entrepreneurs and health systems on application integration with the Graphite Platform.
- Access to venture capital funding for promising healthcare-related applications.
- A mechanism for capturing future member technology and application needs.

## APPENDIX

### Graphite Adoption Strategy

The components for health system digital transformation exist, but there's often a gap between what is possible and what happens. A large-scale adoption strategy has been the missing ingredient. Ron Adner, the author of *The Wide Lens*, notes that transitioning technology from early adopters to widespread usage requires founders to understand the links in the "adoption chain," or the multiple parties that will use the product. An adoption plan needs to address and align the needs and expectations of each link—for instance, providers, patients, health systems, and app developers. A break in this chain imperils the entire effort and greatly reduces chances of success.

***"The challenge is not just getting the technology right and the governance right; it's how you transition the existing actors from the previous system to the new system."***

— Ron Adner, author of *The Wide Lens: What Successful Innovators See that Others Miss* and Professor at Dartmouth's Tuck School of Business

Graphite is committed to understanding the adoption requirements for all of the stakeholders, and creating an effective plan for scaling the platform and marketplace offerings. The broad strokes of this strategy include:

- **Achieving a sizeable syndicate.** A stated objective of Graphite is to create syndication that reflects at least 20 million users. This initial syndicate size means that Graphite members will, in aggregate, represent one of the top volume purchasers of healthcare software.
- **Obtaining health system commitments.** Syndication members will be required to adopt and utilize the Graphite Platform after the company demonstrates a minimum viable product. This adoption requirement is critical to establishing a minimum viable ecosystem that will enable a network effect and the associated third party participation in the ecosystem.
- **Funding application development.** Graphite will provide access to capital to develop and scale promising third-party applications. The funding resources may be external, like the iFund or internal like the Alexa Fund.
- **Educating and integrating health system users.** Graphite will also educate and support health system members regarding how to best use the platform and related applications. This will establish a feedback loop in which Graphite health system members can highlight their needs, spur additional development, and eliminate hurdles for future applications.

## APPENDIX

### Graphite Business Model

The overall business approach leverages the philosophy of [the Amazon Flywheel](#). The concept is that health system utilization of the platform leads to more transactions. More transactions increase the volume of traffic and attract more development partners to the platform. The resulting improvements then lead to greater efficiencies within the platform and broad gains across the healthcare system.

We've designed the Graphite business model to create a flywheel effect guided by the following principles:

***"A flywheel at standstill requires a substantial amount of effort to begin spinning. However, once in motion, the flywheel begins to develop a momentum of its own, which makes it increasingly easy to spin. This same idea of momentum applies to the business analogy as well."***

— Andrew Tonner, former tech specialist at [The Motley Fool](#)

- Minimize barriers to adoption by maximizing the benefit-to-total-cost-ratio for members.
- Provide appropriate returns for Independent Software Developers utilizing the platform.
- Create a competitive benefit and return for the early health system members that invest in Graphite.
- And limit the incentives for competitors to create a second interoperable platform serving health systems.

We're evaluating a business model composed of two phases. The first phase focuses on facilitating the adoption and use of the platform by syndicate owners to create a competitive advantage for these systems. The second phase addresses the broad adoption of the Graphite Platform with no limitations on who can use the platform.

## Next Steps

We published this whitepaper to highlight our best initial thoughts, but now we need your help to make it better, refine the idea, and improve our communication. This document and the Graphite Founders Summit, which occurred in November 2019, represents the start of a new era of industry-led interoperability within U.S. healthcare that benefits health systems, providers, and patients.

Our next steps include:

- Connect with CEOs of interested health systems through the end of the year.
- Garner commitments from first health system founding partners/owners by Jan. 1, 2020.
- Open Graphite to health systems interested in joining the Syndicate.

A health system digital collective, common data platform and app marketplace presents opportunities that we've been hoping for as we've attempted our individual digital transformation—and opportunities we've yet to contemplate. Graphite Health makes such a future not only possible but also within our control.

If you're interested in learning more, please contact Ries Robinson at [rrobinson3@phs.org](mailto:rrobinson3@phs.org).

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