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Improving FQHCs and Home Infusion Therapy through Care3, A Digital Health Tool

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Improving FQHCs and Home Infusion Therapy through Care3, A Digital Health Tool

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Abstract

Previous works have identified many challenges in providing home and community-based services. Challenges include all the following: increased patient volume, risks, communication gaps, care complexities, and education barriers. These problems can contribute to poor health outcomes. This project interviewed home infusion providers to understand better the positive effect digital health tools can assist in this field. Research lead to investigating the home infusion market, federally qualified homes, and Care3. This lead to the development of target accounts and marketing materials to promote product use case. Results identified three salient barriers identified in delivering optimal care include communication barriers, care task complexities, and care management. Digital health tools address these problems and offer immediate solutions for all care team members. Future work will include the recruitment of home infusion providers and federally qualified health centers. Research should focus on understanding care complexities nationwide. Community programs should address gaps in care delivery and implement digital health tools.

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I. Introduction:

Federal Qualified Health Centers (FQHCs) is at the forefront in providing home and community based services such as Home Infusion Therapy (HIT) but face many challenges. These include: increased patient volume, care complexities, case management, and educational barriers. These challenges can contribute to poor health outcomes. Health centers play a salient role in reducing health disparities and promoting population health by providing high quality care. In these types of settings, patients are low-income, uninsured, or on Medicaid. FQHCs offer supportive services such as case management, health education, and translation services. Similarly, a home infusion service provider is defined as an organization that continues or completes a patient's parenteral medication in the home or at an alternate site after the patient is released from a hospital. In the 70s, the health care system had dramatically changed as ill patients started moving out of hospital to their home to lower costs and improve health outcomes. According to Shang et. al (2014), in the United States, more than \$72.2 billion was spent on Home Health Care (HHC) during 2009 alone and approximately 12 million Americans, older than age 65 years, received care from more than 33,000 home health care providers. The demand for HHC is expected to increase as the population continues to age, with an estimate that 20% of Americans will be older than age 65 years in 2030. While health centers provide primary and comprehensive healthcare to more than 17.1 million people. Together, uninsured and Medicaid patients account for almost 75 percent of health center caseloads. One study found that home care introduces additional risks associated with the working environment, isolation and peer support, equipment provision and maintenance, and supply and disposal of clinical consumables (Hignett, 2016). Home and community based services will contribute to the health

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care system while holding the promise of providing effective treatment, quality of life, and comfort for patients. Integrating digital health tools is essential to managing home and community based service by providing cost-effective quality care, managing increased patient volume, increasing education, decreasing risks, and increasing communication.

Background

To contextualize the health problem let's use the socioecological model. The Socioecological models recognize that sedentary behaviors are influenced by factors at multiple levels, starting from the intrapersonal to broader environmental settings and societal levels. The models acknowledge that each environmental context contains various types of environments (e.g. social, physical) that interact with each other (Gubbels et al. 2014). The aim of this model can be applied to explore influences on FQHCs and HIT (Määttä, 2016). This section will only discuss the behavioral, physical environment, and societal.

Behavioral Level

The main behavioral factors noted for both FQHCs and HIT were case management, task complexities, individual risks, and ineffective communication. Care plans/Case management consists of weekly structured activities (e.g. medication management, nursing services, physical therapy, assistance with activities of daily living (ADLs), homemaker services, occupational therapy, wound care, and dietary counseling) are held at home. The authors discuss how traditional risk factors may play a significant role in environmental risk factors. Another study found that ineffective communication among various clinicians involved in patient care may significantly jeopardize patient safety and long-term recovery (Shang, 2014). Given these challenges, it is necessary to evaluate both the task demands, communication, and risks to prevent adverse outcomes.

Physical Environment at Home

FQHCs targets the underserved and medically disenfranchised populations which often produce physical environmental challenges also experienced by HIT providers. The main influential factors noted the physical environment of the homes might not meet electrical codes, controlled temperature, lighting, or sanitary requirements critical in providing safe and efficient care. One study found that increased demands for home care services led to staffing shortages and inadequately trained staff. Challenges include weather, poor roads, long hours, ever-increasing acuity of patients, and the struggle to educate patients and caregivers who have little or no medical training (Parry, 2005). The majority of home and community-based providers acknowledge that this environment plays a role in care delivery.

Societal Level

Research has identified challenges in home health care and opportunities to implement interventions. Anwar et. al (2015) explore a holistic approach to information and communication technology (ICT) based anywhere, anytime healthcare paradigm. Essential features of this model include: (1) constant health status monitoring and intervention, (2) integrated care, (3) self-care, and (4) social support. These new and emerging technology allows for a lot more collection, collaboration, organization, sharing, storage, retrieval of health and personal information of patients. By integrating technology can care teams track, monitor, and report on improved health outcomes.

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I. Scope of the Project

Care3 is the first to bring collaboration to home and community-based settings. David S. William III founded it. He founded the company when he became the primary caregiver for his mother who suffered from COPD, CHF, and ulcerative. He recognized gaps in care coordination and wanted to solve them by building an app that uses mobile and social technologies to distribute care plans to community providers, patients, and family caregivers. The company is based in Los Angeles and has remote employees. Care3 is the best platform for protecting health conversations and organizing information for all care team member. Care3's geographic scope is local, county, state, and national. The company has 2-10 employees. I built out the market to distribution Care3 to home infusion providers. My first objective was to define the market and understand what the fundamental problems home infusion providers faced. I then created a spreadsheet to build out the target account leads. I identified 263 leads and categorized them into columns that included all the following: Organization Name, Organization Size, Organization email, Contact Name (if provided), Organization Phone Number, Organization Address, Organization Facebook, Organization Twitter, and Organization LinkedIn. I reached out home infusion providers to interview them to define pain points enabled me to identify gaps to help promote Care3 as a solution. I then created an ideal customer profile. The customer profile was categorized by workflow, how Care3 can solve specific workflows, and honing marketing messaging. My second objective I developed Care3 marketing strategy using core HIT message of protection, organize, and collaborate. My activities consist of creating messaging for landing pages, blogs, and prospecting email sequences. My third objective I outreached to our target leads to deploy

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Care3. My final objective focused researching and writing on a blog on FQHCs I then track and measured how many responded for demos of the platform.

Agency & Players Involved

Care 3 is the primary agency and site. The players involved consist of me, my preceptor, and home infusion providers.

Levels of the Ecology Model

The Behavioral level illuminates challenges consisted of task management, individual risks, and ineffective communication. Care3 offers digitized health care instructions, organizes medication regimes, notes daily living, and set reminders to educate patient to adhere to medications results in making care coordination much easier. Care3 coordinates task management and helps set up alerts and reminders to patients, families, and providers. Care3 makes communicating with members of the care team effortless. It also allows for immediate follow up in emergency situations. When examining the physical environment level, Care3 allows for providers to document long hours or any environmental issues that prohibit delivery of care., Care3 impacts Societal level by using enabling care teams to store educational documentation to decrease risks. Care3 is essential because it gives complete care visibility, increases communication, and makes sharing/managing complex caseloads seamless thus, improving health delivery and outcomes.

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Roles

I'm an intern at Care3, and my role with the company was to develop accounts and marketing strategies. My day to day activities focuses on adding to the target account spreadsheet. Seeking interviews for HIT providers. Drafting messaging for website landing page and blog posts. I also research daily to learn more about FQHCs I will use my Overall, the goal is to build out the HIT market and FQHCs marketing strategy to deploy Care3. Overall my workflow was defining problems, developing marketing content strategy, deploying outreach, and tracking the success of my efforts.

II. Public/Population Health Impact: Findings and Significance

Research

I did research on Care3, Home infusion and Federally Qualified Health Center (FQHC). Using this research, I identified the complex problems with home and community-based services. My first goal was to build out a home infusion provider contact. I then defined over 200 top target accounts and categories the list my company name, size, location, social media profiles, and contact emails. I then segmented the list by company size, geographic location, time zone, and primary contact emails. I then went on reaching out to home infusion providers in San Francisco to interview to understand the pain points in their care delivery.

Interviews

A former classmate informed me that she had connections with people in the home infusion field. She then introduced me via email. I interviewed two home infusion providers. I asked about their everyday workflow. How many patients they managed. I wanted to know how often they met with them. What the age range was from their caseloads. I also wanted to know if they believed that digital health tools could potentially add benefit to their workflow. I learned that digital health tools are helpful to home infusion providers. The salient barriers that prevented optimal healthcare delivery were: communication barriers, care task complexities and using traditional methods of faxing overall personal health records. Participants reported that they believe that digital health tools can improve communication among all care team members. They also noted that digitalized patient scheduling and medication regimes would be useful. We also found that sharing and reporting patient health records would save time and ensure quality care. I used these interviews to inform my marketing strategy better. These results then resulted in drafting and publishing my marketing blogs.

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Marketing

I created several marketing materials. I created website landing pages that call providers to action. The goal was to increase page traffic. I also created the messaging for the email blast sent out to prospective target accounts. I created two blogs. The first blog focused on home infusion providers and how Care3 could help address their pain points. It discussed communication barriers and how Care3 makes communications with all care teams easy and seamless. It also discussed task complexities and how Care3 can help solve that by providing a platform to organize and manage all patients and work responsibilities. During the latter portion of my research process, the company pivoted to increase their broadband of support to FQHC's. Care3 is essential for FQHC's to have to manage home and community services. Care3 is critical because it helps promote care visibility, it offers digitized care instructions, and has HIPAA compliant messaging all enhancing FHQCs. Care3 harnesses the power of mobile and social technologies to foster collaboration and creates care team that invites family, friends, and even professional care providers to share tasks which are salient in managing HCBS because Care3 goes beyond medication management and creates a unique holistic care plan and promote real-time communications between family and health professionals. Care3 offers digitized health care instructions, organizes drug regimes, notes daily living, and set reminders to educate patient to adhere to medications. This results in making care coordination much easier. This is essential to HCBS because within the increase in caseloads Care3 enable case management more efficient to save time and resources.

Implications

Care3 has developed a digital health intervention that addresses the problems and offers immediate solutions for all care team members. Using Care3 helps home and community-based

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services but, more work needed. We can build upon these results by developing a program, policy, and research ideas based on this project. Program implications include tracking the response rates of FQHCs and HIT providers. Another action step is to pilot this intervention by giving demos of the platform to FQHCs and HIT providers that illustrate the need and resulting in positive health outcomes. This research has provided a lot of information, but more research needs to address the impact of digital health tools on home infusion therapy. (List out your specific ideas for how to do more research - e.g., generalizability). This qualitative has limitations because all the results are only from San Francisco. More research is needed to determine to understand impact nationally. For policy implication, because of the recent government administration, the house just appealed the Affordable Care Act (ACA). The ACA provided FQHCs funding to continue to serve the uninsured and most vulnerable. The Senate has yet to state its course of action, so there needs to be more research to investigate the effects of this.

I. Conclusion

This project attempted to improve health outcomes and reduce burdens in home-based community services through the utilization of digital health tools. The qualitative research in this paper reports that digital health tools enhance communication among all team members. Care3 enables secure, fast texting messaging thus, allowing care team members to communicate easily. Reports conducted state that the digital care plans allow for scheduling to become more efficient and organized. Often providers have multiple clients they visit on a daily, weekly, or monthly. Caseloads can have complex medication regimes. Digital care tools make managing and organizing each client seamlessly. It also allows for real-time reporting to respond to times of crisis. It also makes reporting and sharing patient health records better thus, saving time enhancing better outcomes. Research has shown this model has been proven effective in many settings. It improves patient hospital to home transition. One study found that ineffective communication among various clinicians involved in patient care and the transition may significantly jeopardize patient safety and long-term recovery (Shang, 2014). Given the challenges, digital health tools simplify task demands, communication, to avoid risks to prevent adverse outcomes. Results found that digital health foster collaboration among all care team members. Another study found that family members at home have a greater influence, either positive or negative, on the patient's daily activity and health care plan. (Beer, 2014). Digital health tools help produce collaboration among all care team members to impact patient outcome. Digital health tools have the potential to fill gaps in healthcare today. All care team members considered that society learning to promote education to decrease risks while enhancing communication and rapport is desirable for optimal health outcomes. These new and emerging technology allows for a lot more collection, collaboration, organization, sharing, storage,

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retrieval of health and personal information of patients (Anwar, 2015). For this project, I began the process of investigating FQHCs and home infusion market and Care3, digital health tool. The goal was researching, developed target account, and created marketing materials to showcase our product. I interviewed two key home infusion providers. I defined what our ideal customer profile. This included items such workflows and highlighting pain-points. I drafted and published marketing materials. This included all the following: landing pages, blogs, and account development. I then created and published an outreach email sequence to our target account to motivate them to learn more. This lead to some requesting a demo of our product. The public health impact of this project is both local and national due to the immediate positive effect all care team members. My results enabled care team members to understand how digital health tools can help make lives easier for everyone holding everyone accountable. The HIT interviews demonstrated how communication needs to improve between all care members, care tasks need to improve, and relaying patient records need to improve. The implications of this project have developed a digital health intervention that addresses the problems and offers immediate solutions for all care team members. Current policies pushed that mentions decreased funding and thus, could negatively affect the market. There needs to be more research to investigate the effects of this.

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Appendix

Appendix A:

Blog

The Big Problems for Home Infusion Providers & How Care3 Can Solve Them!

by Amina Gass | March 6, 2017 |



Let's face it being a home infusion provider is not easy, you often struggle with the complexities of care tasks, communication barriers, and oh yeah using the archaic mode of faxing over all of your paperwork. What if I were to tell you that there's a new technology out there that can make your life so EASY and all you had to do was just click and download?

Care3 is HIPAA compliant and uses mobile and social technologies to digitize and distribute care plans to community providers, patients, and family caregivers to coordinate care outside of the hospital.

Let's take a step back and discuss the problem methods of home infusion therapy and see how Care3 can help solve them!

#1 Communication Barriers

Home Infusion providers face many challenges with communication. Whether you're trying to call your patient (who may not even be the right point of contact) to schedule an appointment or waiting forever to get a hold of other care team members all increases frustration and we're here to help! Using Care3's secure messaging platform provides the ability to send in, report, and respond to all members of the care team.

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#2 Care Complexities

Care plans can be very challenging. You have so much on your plate from juggling multiple patients with all different medication schedules to assisting with skilled nursing services, daily living, wound care, and much more. It's a lot of work and here's how Care3 can make you successful:

- **Collaborate**- Patient monitoring just became a lot more seamless! Care3 enables Caregivers to write, track, monitor, set reminders followed up with all members of the care team to produce the highest quality of care.
- **Protect** - With Care3, consumers can store Personal Health Information (PHI), share PHI, and interact with healthcare professionals without going to another, unsafe platform.
- **Organize** - Medication management is HARD! Care3 helps solve this for you by safely documenting each patient medication regime inside our app.

Oh, and did I mention NO MORE FAXING!

Let Care3 **help you** by offering a solution that no one else can solve and that's right at your finger-tips. Care3 produces fast secure messaging and makes caregiving easy by sharing tasks.

Work Smarter, Not Harder in 2017!

To learn more about how Care3 can help you and your company schedule a [demo](#) today

Appendix B:

Home Infusion Provider Interview

Interviewee: [Natalya Vovchok](#)

Place of Work: [Care at Home](#)

Occupation: Registered Nurse

Date: Thursday, January 26th

Notes/Transcript:

A: Hi, thank you so much for taking some time to speak with me.

N: No problem at all.

A: What is home health infusion?

N: Anyone who's not compliant we discharge as a patient. Home: infection decision, chronic, and hospital disease management. Infusion is resistant germ or bug month of IV therapy work with the patient.

A: Let's dive in, how long do you typically spend with your patients?

N: 20 min to an hour. Depends on the patient.

A: How do you communicate with primary provider?

N: We typically fax them our paperwork per each visit. We fax then we follow up verbally.

A: How do you communicate with your clients?

N: I typically tend to call to set appointments. It really depends on the age of the patient. My older clients prefer phone calls, some might not have phones so I may email. The younger clients tend to email but, it really is all very different. I sometime fax too.

A: What is the age range of your clients?

N: 18 to death.

A: Walk me through your patient experience when you're in the home?

N: I deal with disease management and wound therapy. I start care at the patient home. I come in a lease once a week. I go over all the paperwork and then administer wound vacuum dressing and or infused or Injactable medications including orals.

A: What happens next?

N: I troubleshoot any issues and then call the nurse on call to report fact sheet.

A: What is the most common complex problem do you face in delivering home infusion therapy?

N: Communication between primary and us can be improved. There's no internal system. I have to fax back and forth. If we had a universal health record of the patient that would be easier.

A: How do you think we solve these problems?

N: Telehealth is making these a little easier. You can people check their vitals via Bluetooth.

A: In your opinion at what stage or location is the patient most cared for?

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N: In a facility. The facility has to follow what order/issues and solve them quickly.

A: What does medication regime look like?

N: It's the patient responsibility to adhere to their medication schedule but, sometimes when it's oral they might not take it. I won't know until they become sick.

A: How do you hold them promote them to adhere to their medical schedules?

N: reoccurring visits and reinforcing patient education.

A: What gets you passionate about this job?

N: The clients.

A: Thank you so much for you time. Do you have any other people in your next week I can interview as well?

N: Yes, I'd be happy to connect you to one of my coworkers. I'll intro you two tomorrow.

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Appendix C:

Final Learning Objectives

Goal 1: build new market for distribution of Care3 for Home Infusion (Improve the ability of home infusion providers to coordinate care and improve outcomes for their patients by providing access to the Care3 Care Engagement application.)

Objectives (S)	Activities	Start/End Date	Who is Responsible	Tracking Measures
Define Market/What is the key problem (Segment market by value proposition)	<ul style="list-style-type: none"> a. Research: (literature reviews, and collect interview interviews,) b. Develop Target Account Leads: Create a list of target account leads. (Name, Email, Company, Phone #) c. Interview provider to identify HIT pain-points to obtain more feedback d. Define Ideal Customer Profile 	12/6/2016 – 2/28/2017	Amina	<ul style="list-style-type: none"> a. Completed research b. Identified 200 target account leads c. Interviewed two HIT providers d. Created HIT Ideal Customer Profile

Goal 2: Develop Marketing Strategy

Objectives (S)	Activities	Start/End Date	Who is Responsible	Tracking Measures
Create and define Marketing Materials	Created landing pages, two blogs, and email prospect messaging to market to target group	2/28/17-4/19/2017	Amina	<ul style="list-style-type: none"> a. Completed 3 different landing pages b. Published two blogs c. Created Prospect email messaging and sent an email blast to target accounts.

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Goal 3: Outreach				
Objectives (S)	Activiti	Start/End	Who is Responsible	Tracking Measures
Outreach to target leads to deploy Care3	Sent Email blast with blog attached	4/19/2017- 4/26/2017	Amina	a. Tracked: How many HIT Request demos due to marketing Strategy and obtained two demo requests. b. Tracked how HIT providers on-

Goal 4: Care3 for Federal Qualified Health Centers (Improve the ability of FQHCs to coordinate care and improve outcomes for their patients by providing access to the Care3 Care Engagement application.)				
Objectives (S)	Activiti	Start/End	Who is Responsible	Tracking Measures
Define Market/What is the key problem (Segment market by value proposition)	Researched market and wrote a blog to target FQHCs.	4/26/2017-5/5/2017	Amina	Tracking response rate from marketing blog.

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Appendix D:

Master of Public Health Program FIELDWORK TIME LOG

Student	
Student's Name: Amina Gass	Campus ID # 20341945
Student's Phone: (619) 398-6832	Student's Email: agass@usfca.edu
Preceptor	
Preceptor's Name: William Mintz	Preceptor's Title: Co-Founder
Preceptor's Phone:	Preceptor's Email: will@care3.co
Organization: Care3	
Student's Start Date: 12/5/2016	Student's End Date: Hours/week: 5/19/2017

Time Log for (Check One):

Summer 2015
 Fall 2016
 Spring 2017
 Summer 2017

Week	Total # of Hours for Week	Preceptor Initials
12/5/16 -12/12/16	12.5	W.M.
12/12/16-12/19/16	12.5	W.M.
12/19/16-12/26/16	12.5	W.M.
12/26/16-1/2/17	12.5	W.M.
1/2/17-1/9/17	12.5	W.M.
1/9/17-1/16/17	12.5	W.M.
1/16/17-1/23/17	12.5	W.M.
1/23/17-1/30/17	12.5	W.M.
1/30/17-2/6/17	12.5	W.M.
2/6/17-2/13/17	12.5	W.M.
2/13/17-2/20/17	12.5	W.M.
2/20/17-2/27/17	12.5	W.M.
2/27/17-3/6/17	12.5	W.M.
3/6/17-3/13/17	12.5	W.M.
3/13/17-3/20/17	12.5	W.M.
3/20/17-3/27/17	12.5	W.M.
3/27/17-4/3/17	12.5	W.M.
4/3/17-4/10/17	12.5	W.M.
4/10/17-4/17/17	12.5	W.M.
4/17/17-4/24/17	12.5	W.M.

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4/24/17-5/1/17	12.5	<i>W.M.</i>
5/1/17-5/8/17	12.5	<i>W.M.</i>
5/8/17-5/15/17	12.5	<i>W.M.</i>
5/15/17-5/19/17	12.5	<i>W.M.</i>

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Appendix E:

Student Evaluation of Field Experience

Student	
Student's Name: Amina Gass	Campus ID # 20341945
Student's Phone: (619) 398-6832	Student's Email: agass@usfca.edu
Preceptor	
Preceptor's Name: William Mintz	Preceptor's Title: Co-Founder
Preceptor's Phone: (617) 650-4271	Preceptor's Email: will@care3.co
Organization: Care3	
Student's Start Date: 12/5/2016	Student's End Date: Hours/week: 5/19/2017

Please use the following key to respond to the statements listed below.

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N/A = Not

SA	A	D	SD	N/A	
My Field Experience...					
Contributed to the development of my specific career interests	SA	A	D	SD	N/A
Provided me with the opportunity to carry out my field learning objective	SA	A	D	SD	N/A
Provided the opportunity to use skills obtained in MPH classes	SA	A	D	SD	N/A
Required skills I did not have Please list:	SA	A	D	SD	N/A
Required skills I have but did not gain in the MPH program Please list:	SA	A	D	SD	N/A
Added new information and/or skills to my graduate education Please list:	SA	A	D	SD	N/A
Challenged me to work at my highest level	SA	A	D	SD	N/A
Served as a valuable learning experience in public health practice	SA	A	D	SD	N/A
I would recommend this agency to others for future field experiences.	Yes			NO	
My preceptor...					
Was valuable in enabling me to achieve my field learning objectives	SA	A	D	SD	N/A
Was accessible to me	SA	A	D	SD	N/A
Initiated communication relevant to my special assignment that he/she considered of interest to me	SA	A	D	SD	N/A
Initiated communication with me relevant to general functions of the	SA	A	D	SD	N/A

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2. Would you recommend this preceptor for future field experiences? Please explain.

Yes No Unsure

My preceptor was involved and extremely helpful every step of the way. He has an amazing ability to make you critically think through process. He has my highest recommendation.

2. Summary Report: All students are required to prepare a written summary of the field work to be submitted with this evaluation form.

When I first started out researching topics I wanted to cover I knew that I wanted to focus on health technology tools that would be able to alleviate disparities in vulnerable populations. The experience I gained through learning about home and community based services enabled me to produce marketing materials that illustrate immediate solutions to fostering a patient centric care delivery. The MPH coursework that was applied laid the foundation to define objectives to propose a digital intervention that positively impacts community. Home and community based services are scaling so quickly and to help reduce those burdens digital health tools such as, Care3 provide a platform to better manage care coordination thus, enhancing the most optimal patient care delivery.

Amina Gass

Student Signature

5.5.2017

Date

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Appendix F:

MPH Program Competency Inventory

USF MPH Competencies	Notes
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	This project addressed the health needs of underserved home infusion patients by working with Care3, we've identified a digital health solution that will serve the needs of patients, families, and care providing teams.
7. Assess population needs, assets and capacities that affect communities' health	This project addressed the health needs of underserved home infusion patients by working with Care3, we've identified a digital health solution that will serve the needs of patients, families, and care providing teams.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	In working with Care3, we gathered data screening HIT providers and discovered that developing tailor care plans that suit the needs of patients is salient. Care3 fosters a configurable solution to manage all patients to give appropriate care.
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	Using my blogs, seeking product use Care3 to collaborate, empower, and guide decision making.
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	I created marketing strategy materials that consisted of blogs, landing pages, and prospecting emails to address the gaps in care delivery and to offered Care3 as the best optimal solution to drive better health outcomes.