



The bridge to responsive medical delivery

THE PHYSICIAN COLLABORATION PROJECT

How and why physician collaboration drives value

Over the three decades of managed care practices, physician fees have never represented more than 30% of all healthcare expenditures, while physician care authorizations extended their influence to over 90% of all healthcare expenditures. Having built my career in the traditional managed care environment at a global health insurance company, I could not understand why the system was so focused on the fees physicians charged rather than on the care they authorized.

To study this, I formed The Physician Collaboration Project with my fellow co-founders of revelationMD, Steve Agee and Larry Hanrahan. Our group quickly learned that the limitations of technology, the access to information, and the misalignment of incentives were the three key reasons for managed care's inability to control costs. Even the fact that the general health of Americans was deteriorating could be traced back, in part, to the disintermediation of the physician relationship with his or her patient.

It was evident that self-insured employers, health plans, third party administrators, and carriers needed to collaborate directly and strategically with physicians and their supporting provider ecosystems if they really wanted to reduce healthcare costs. And someone needed to write the code that would make that possible.

Five years before we incorporated the business, revelationMD began The Physicians Collaboration Project "think tank" that researched and processed this great challenge. The following report reviews the discovery process as physicians, providers, and healthcare experts worked to develop a new approach to "managed care," one that understood both the challenges and the opportunities within each physician's practice that would:

- Support physicians anywhere in the U.S.
- Work on any technology platform
- Help each plan improve outcomes for their members
- Significantly reduce the cost of medical delivery
- Avoid disrupting current processes or relationships

Rick Grizzle, co-founder, President revelationMD

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EXECUTIVE SUMMARY

In spite of the efforts of many constituents in the healthcare vertical, the expense of medical delivery in the U.S. has continued to rise. As can be seen in the table below from the Kaiser Family Foundation in 2011, the costs have risen dramatically over the last 30 years. Also shown is the amount of time, on average, that patients are now spending with their physicians compared to 30 years ago (73% reduction). While we began with no bias as to problems or solutions, we came to believe that physicians' increasing disintermediation as the leading influencer of value in the healthcare industry was a root cause. Because of denegation of market strength and related reductions in fee schedules, the unfortunate result is that utilization and costs continue to escalate and patients are receiving less attention. Plan sponsors are paying more... and getting less.

The conclusion of The Physician Collaboration Project was that this misalignment of goals became the root cause of waste. When each party acted independently, without the valuable information needed to improve outcomes at lower costs the connection between cost and health value was broken with no way to bridge the gap.

Essentially, the entire industry deteriorated to a focus on price, because its only successful attempt to focus on true cost containment came with onerous restrictions on patients, another version of “the stick” approach managed care companies took with physicians. Correcting that misdirection was the beginning of revelationMD.

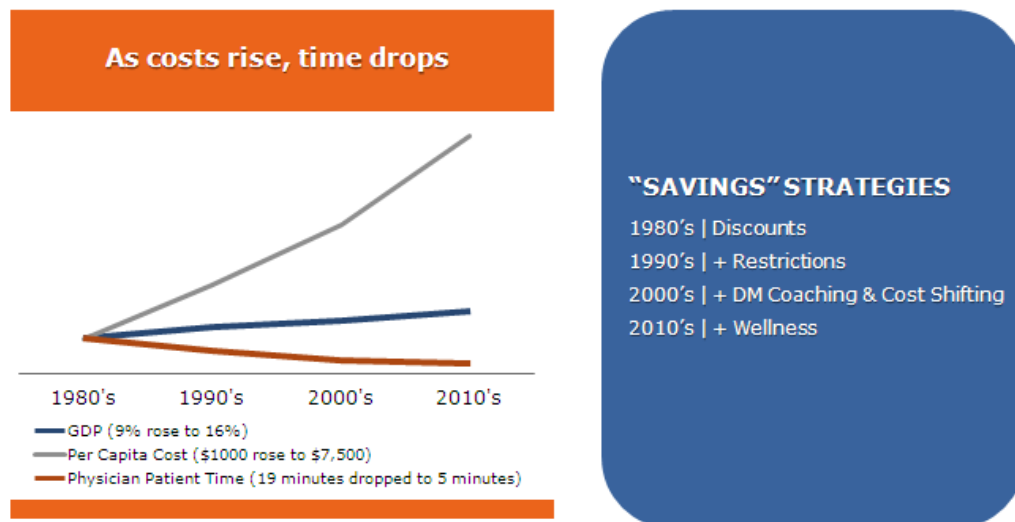


Figure 1: Thirty years of managed care has not managed to control expenses
Kaiser Family Foundation, Snapshot: Healthcare Costs 2011

THE PHYSICIAN COLLABORATION PROJECT: A HISTORY

In 2003 a small group came together with the belief that physicians would allow the use of their gifts and influence to drive value not currently being realized if they were positioned to do so. From that think tank group revelationMD was formed. The following is a high-level history of the company as told by Founder, Rick Grizzle:

“The concept was formed early in my career, more than a decade before we began thinking about forming a think tank. But even before my career, I was preparing for this important work in ways I did not see as connectational at the time. Here is the sequence of events:

- Family ties to hospital administration as a career
- Masters degree in healthcare administration
- First job directly supporting physicians (including my administrative fellowship where I experienced the hospital from every aspect, from board meetings to Saturday night ER rounds of the ‘knife and gun club’; watching surgeries and managing the crash cart in the CCU
- Entry into the health insurance industry began with experiences in practice management, physician recruitment, physician office building management and assisting physicians with personal ancillary supports such as real estate, banking, financial planning, etc.
- Exposure to the human side of the physician’s challenge coming out of medical school and residency with loads of debt and very little business training. Even the seasoned physicians struggled with the business side of the equation as far back as the late ‘80s and early ‘90s...before the payment trends turned negative. And then I directly experienced their real impact on the system.
- In 1992 I transitioned to the managed care side (PacifiCare) during the capitation and shared risk era of HMOs, Managed Care Organizations (MCOs) and Physician Hospital Organizations (PHOs). I saw why it worked and why patients/employees rejected it.
- **This is where I began to see what was really possible, but what managed care networks had missed.** By dealing directly with physicians who were working under the financial models that rewarded efficiency, I witnessed amazing acts of physicians who would go outside of the benefit parameters to help a patient maneuver in the system to optimal health while reducing expenses significantly. The physicians were working with no information and in full trust of the financing organizations and benefitted in this model. Also, the patients loved the care, focus and support they received during these days.
- The cost of care was dropping nationally during the early 90’s in spite of a lack of sophistication within the system, the lack of protection for physicians on the financial maneuverings of managed care. But the populous response to network restrictions caused these approaches to fail and earn poor reputations.
- By the late 90’s, the markets returned unbounded back to fee-for-service medicine. While at CIGNA during this period, I personally witnessed the utilization rates double in one year as we unwound the capitation and risk deals. The coordination and communication with the physicians dropped to nothing, except for dealing with claim challenges and fee reduction communications as the focus turned to non-physician solutions... which did nothing to contain the expense spiral. It was evident what was possible, just as it was evident why it did not work. This is when I began to seek a way to achieve the savings that came from capitation and other restraints without the sense of penalty that went with it.

With this unique set of experiences, I re-oriented my career to repositioning the physicians back to the place where they drive optimal value. The vision has been that they would be supported by meaningful and timely information and encouraged by incentives towards optimal outcomes for patients and purchasers. Until 2002 all of those efforts were driven from within the managed care setting. In 2002, while running the Mid-America market for CIGNA it finally dawned on me (middle of the night as usual) that the only sustainable solution needed to be physician-centric, and patient focused. The traditional managed care setting would simply not allow that to take place. Within six months the think tank was initiated in DFW and the rest is history.”

revelationMD Think Tank Participants and Timeline

- **2003** – Think tank was formed in Las Colinas, TX with representatives from the following fields:
 - Technology
 - Physician
 - Managed care
 - Medical economics
 - Medical outcomes
 - Commercial market distribution
- **2007** – platform identified for physicians to collaborate and strategically improve health, service and cost outcomes – Physician Paradigms, LLC founded in late 2007
- **2008** – first pilot group initiated in Frisco, TX led by Guy Culpepper, MD – 1st referral experienced in May 2008; revelationMD initiated relationship with BCBS, through the Jefferson Physician Group partnership, to support pay-4-performance and quality measure data distribution to providers in Texas
- **2009** – practice software integration challenge solved with proprietary technology (PIC) – physician network begins to grow; Covisint, Inc. licensed our platform in support of Genesis Physician Group relationship; Series A capital raise completed for technology improvement and physician pilot testing
- **2010 through 2011** – continued sales growth of physician participation on mpactMD and first planning efforts for entering the commercial market were initiated
- **2012** – provider registrations grew to just under 900 (including over 3,000 non-registered mpactMD providers) with most of the growth during the year coming from physician leadership, highlighted by the efforts of John Moore, MD; patient collaborative events reached the 400,000 mark; commercial sales kick off in earnest through channel partner Medical Home Exchange; revelationMD completed its first successful employer-specific network recruitment; Series B capital raise initiated for commercial market attack
- **2013** – revelationMD announces its 2nd CEO, Frank M. Roby, to lead the company successfully into the commercial market

Now a solution comes to the market that repositions the physicians enabling them to drive value anywhere, anytime and through multiple avenues. revelationMD’s proprietary technology, mpactMD, is the foundational

support of Physician Collaboration. Within Physician Collaboration, physicians are connected first to each other so they can partner on individual and population health and medical delivery outcomes. Through the technology physicians are supported by real-time and immediate decision-support and performance reporting that helps them optimize outcomes for individuals and populations. mpactMD also supports a plan-funded incentive program, Physician Incentive Program or PIP, which counteracts the fee-for-service model to re-orient the physicians to focus on clinical, service and efficiency outcomes for patients and populations. Finally, the information that is captured allows for physicians to see how they are performing across clinical, service and efficiency outcomes as compared to their peers. In this environment, accountability and competition become prolific within the healthcare system. revelationMD projects that employers can experience \$50 to \$75 in savings per employee per month within the first year without the aid of any vendor changes, plan design changes, cost-shifting, or special employee communication.

A GROWING CHALLENGE FOR THE U.S.

In the last 30 years, healthcare cost per capita has increased over 700%. In the same time period, time spent between the physician and patient has dropped 73%. The slide below, produced through information from the Institute of Medicine 2012 study, documents what the Physician Collaboration Project instinctively understood; that is, claims due to waste in the system increase costs by over 30%.

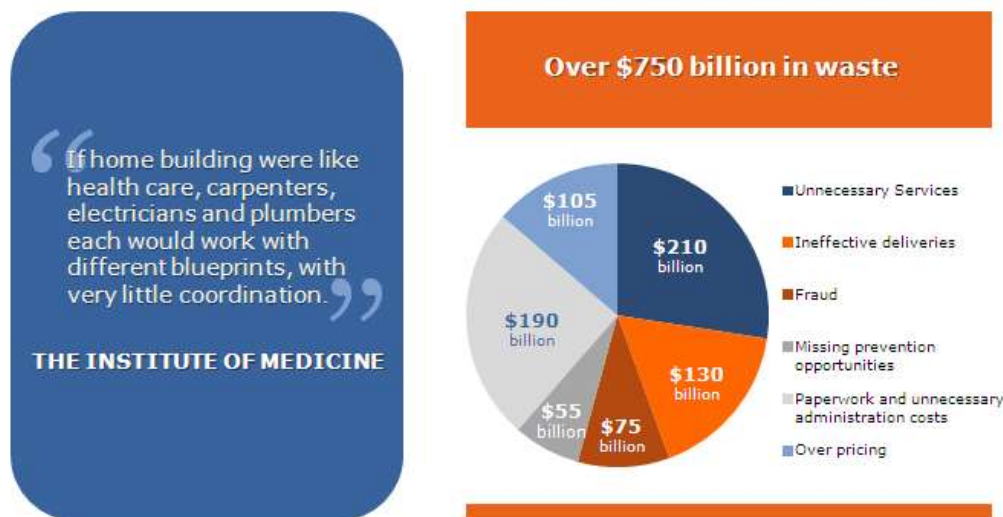


Figure 2: Waste is everywhere and everyone knows it
The Institute of Medicine, Best Care at lower cost 2012

The impact of this waste affects every level of life as it slices through the U.S. economy at rates that are multiples of normal inflation. Adding to the challenge of waste is the increasing age of the population in the U.S. and a growing uninsured population.

Since approximately 90% of every dollar spent in healthcare comes through a physician order or action, it seems reasonable that physicians can have an impact on each aspect of waste in the system. In fact, the physicians agree

that this is true but are also honest in mentioning that there is no incentive for them to pursue greater efficiency. They realize that time and expertise are their marketable resources, but they need information to apply their expertise and incentive to offset the time required.

A SOLUTION FOR PURCHASERS AND PATIENTS

revelationMD's approach to solving the healthcare challenge begins with its proprietary technology birthed out of the 5-year think tank. mpactMD, our proprietary technology that connects physicians to each other and other providers, was developed to create a collaborative care environment. A reasonable analogy would be the concept of a clinic such as Mayo, Scott & White or Kelsey Seybold without the brick, mortar and associated expense. Within that environment, just as with the clinics, physicians collaboratively lead the charge in bringing optimal patient outcomes across physician-specific measures while streamlining the medical delivery process. As a result of these efforts, patients receive outstanding care and service, while the resulting expense of the delivery of medical care is reduced significantly. To further support the collaborative effort, that same technology also connects the employers, the employees & family members, the benefit consultants and the underlying health plan together such that the value experienced by each constituent is optimized. This can occur in any market, for any employer, on any health plan platform with any provider's technology base. The technology and approach works with the current environment as opposed to working against it.

More specifically, the following highlights give insight into the process of the provider collaboration that drives the improved outcomes and reduced expense:

mpactMD – mpactMD is the foundation for cross-provider patient care collaboration. The technology is fluid and works with any provider or provider type regardless of their core technology. The integration is customized and designed to maintain or enhance work-flows for each practice relating to all collaborative efforts. The bottom line is that it works in their existing world... or else it won't work at all. Additionally, the technology is intelligent and offers significant decision support and outcomes intelligence reporting. Practices and providers can be registered and integrated into the program quickly, remotely, and with little pain or expense. Physician response to the collaborative purpose of revelationMD and the emerging mpactMD technology is overwhelming.

Physician Engagement from a physician perspective – Physicians are in survival mode which puts them in 3 categories: 1) they sell to hospitals to put them on a salary guarantee and take away some immediate pressure, 2) they diversify fully by investing in downstream provider revenue streams and commit to optimize revenue and profit to improve their denigrating financial position, or 3) they work to stay independent while dabbling in the relational aspects of categories 1 and 2. Nearly 100% of physicians with whom we have visited like our approach because it rewards them for continually improving their practice, skill, trade and patient focus. However, their trust is limited because they see the power in the existing system and their belief that things can be

different and better is minimal. So we do our best, by asking physicians a lot of questions, so that we are able to think more like a physician. As a result, our approach with them is the following:

- It is your option to determine how aggressively you pursue this collaborative effort
- The financial cost and risk associated with you is so low that you won't mind seeing it through
- The information you will have access to (including your own sourced information) is completely transparent; you can source it to its origin every time
- The financial incentive sourced by the customer from their savings (purchasing employer or health plan) is strong enough to drive value for you one patient at a time
- We will work to penetrate your practice as deeply with this collaborative experience as possible
- You will be recognized for your successful efforts in driving value for your patients and the employers for which they work

Patient Outcomes – to gain the comfort of all parties through the collaboration, the central focus must remain on patient outcomes. Across each patient risk, there are key outcomes that are sought to move the patient out of the stress areas of medical delivery and back into a normalized and functioning state. The outcomes can include evidence of a primary care physician relationship, clinical measures, bio-metrics, physician touches/events, speed of access, speed of care, episode duration, patient compliance, pain levels, function levels (e.g. range of motion), infection, complication, readmission, employee productivity, measured stress/depression outcomes and cost of medical delivery by event/episode/diagnosis/location/procedure code/etc.

When the physicians are successful at improving outcomes that relate to high-impact portions of a population, the cost of caring for that population will be decreased significantly.

Physician Collaboration – When the physicians are connected through mpactMD, collaboration increases dramatically. They become oriented toward seeking the two high-level objectives: improve care and eliminate waste. If the incentives are appropriate, revelationMD's Physician Incentive Program (PIP) facilitates this improved result. Through mpactMD, the physicians are encouraged financially to override the fee-for-service compensation system and shift from production to outcomes. Finally, within the Collaboration, physicians can gain feedback on their patterns of care, service and expense relative to their peers. This creates a natural and productive competitive behavioral environment, which is a natural extension of their experience while in medical school. This approach flows naturally and is safely supported because it is non-disruptive, yet allows improvement in areas where their outcomes may not be competitive on price or outcome quality.

Collaborating on the Individual Patient – The first of these objectives is to help patients create a **relationship with primary care physicians**. The primary care physician is oriented to establish a long-term relationship with the patient. Current payment methodologies have destroyed this concept but revelationMD reverses the financial barrier through the PIP. The role of the primary care physician under appropriate influences is to help navigate the patient towards optimal health. In order to prevent damage before it occurs and to limit the impact of emerging disease or acute issue, they need time and consistency with the patient.

Deloitte Medical Home 2.0 – in Deloitte’s 2010 study of patient centered medical home pilots across the country, they were looking to determine if a primary care driven model that included incentives for focusing on outcomes would drive meaningful utilization and cost reductions, even without the specialist streamlining interventions. The following table from Deloitte shows that there are definite impacts that translate into cost savings with this activity.

Pilot	# of Patients	Population	Incentives	Results		
				Hospitalization reduction (%)	EP visit reduction (%)	Total savings per patient
Colorado Medical Homes for Children	10,781	Medicaid CHP+	Pay for Performance (P4P)	18%	NA	\$169-530
Community Care of North Carolina	> 1 million	Medicaid	Per Member Per Month (PMPM) payment	40%	16%	\$516
Geisinger (ProvenHealth Navigator)	TBD	Medicare Advantage	P4P, PMPM payment, shared savings	15%	NA	NA
Group Health Cooperative	9,200	All	TBD	11%	29%	\$71
Intermountain Health Care (Care Management Plus)	4,700	Chronic disease	P4P	4.8-19.2%	0-7.3%	\$640
MeritCare Health System and Blue Cross Blue Shield of North Dakota	192	Diabetes	PMPM payment, shared savings	6%	24%	\$530
Vermont BluePrint for Health	60,000	All	PMPM payment	11%	12%	\$215

Figure 3: Analysis of seven PCMH Pilot Programs
Deloitte Medical Home 2.0

Guy Culpepper, MD is a family practice physician and is the founder and leader of the Jefferson Physician Group based in Plano, TX, a group of 250 independent primary care physicians. His position on the need to enhance the physician-patient relationship is clear:

“Now with the benefit of real time data through revelationMD, PCPs can make informed decisions as never before. We can serve our mission to steer our patients through the healthcare maze to find cost effective care—Data that makes a difference, so we can make a difference.”

Guy Culpepper, MD

revelationMD supports these processes and incentives with primary care physicians and expects the same type of outcomes, but not limited to specific well-funded groupings. These results can be attained by primary care physicians all over the U.S. with the significant support of mpactMD and the revelationMD team. More specifically, within the revelationMD physician collaboration, the physicians are looking to identify risks of each patient that will engage them. When risks are identified the PCP will create, document and share a CarePlan with the patient and with other supporting providers within the CareTeam. Longitudinally, the CareTeam and patient will monitor the results of the CarePlan with a specific focus on seeing certain outcomes goals accomplished. Engagement and success of the CarePlan are rewarded through the PIP. Successful completion of CarePlans will eliminate unnecessary hospital and ER admissions.

Patient Outcomes measures, which for the most part are *real-time outcomes*, are the central focus of the collaboration. These outcomes can include measures such as an established PCP relationship, clinical and biometric outcomes, speed of care, patient compliance, patient satisfaction with care, complication rates, readmission rates along with patterns, length and expense of connected episodes by diagnosis, etc. All of the outcomes are significantly influenced by physicians and are also highly impacted by patient behaviors. The most important collaboration of all is between the patient and his/her physicians.

Focusing on the Large Claim Patients – the occurrence and expense of large claims each year typically determines whether a plan has a good or bad year against the projected and budgeted expense. There are several challenges that are typically true of large claims including that they will last over a significant period of time and cover multiple events/admissions, will include a multitude of providers and locations, will typically hit hospital charge-masters on a discount from billed charges methodology (placing a multiplier on the cost outcome) and will incur a significant portion of the care in an unmonitored post-acute environment (SNF, rehab, etc). There are coordination, service and cost inefficiencies in most large claim occurrences. Physician-led central coordination can help eliminate a number of the inefficiencies producing a faster healing process for the patient and eliminating financial waste.

Given the connected nature of the CareTeam and the patients, the potential large claim is noticed in real-time. The physicians of the CareTeam are notified that this patient will need focus and that the resulting impact is potentially catastrophic from a health and

financial perspective. Additional CareTeam members are invited to participate in the management of the patient (e.g. hospitalist may become central coordinator). All outcomes for the patient are monitored and the coordination with the underlying health plan, pharmacy benefit manager and stop-loss coordinator occurs in real-time.

Focusing on Population-Level Outcomes: Outcome Planning – Each plan sponsor, whether a self-insured employer, fully insured health plan, third-party administrator or some other aggregation of lives, has its own historical make-up of demographics, health risk and provider patterns of medical delivery and expense. Due to the way the healthcare market has emerged, almost every population has inherent opportunities to improve risk outcomes while reducing the cost of medical delivery. Since the physicians have so much influence with individual patients, it makes sense that they can be strategic for the macro population as well.

So, each population that engages revelationMD experiences a **Physician-Centric Plan** for improving health outcomes and driving out medical delivery inefficiency. The plan includes a review of the population's history. The first objective is to identify the high-impact opportunities that will deliver value to the plan almost immediately. This includes identifying the high-impact physicians and providers, the high-impact diagnoses, the high cost-high volume procedures, the chronically ill and the large claims that currently exist. The second immediate objective is to ensure the high impact providers are engaged to affect the Game Plan for optimizing health and streamlining medical delivery for the high-impact portions of the population.

There are two primary areas of any Physician-Centric Plan for a specific population, **risk reduction** and **medical delivery streamlining**.

Risk reduction is optimal when a patient experiences a deep and trusting relationship with a primary care physician. This is difficult in the current environment because primary care physicians, under the current Medicare-based E&M coding system, are only rewarded for handling 1 or 2 issues for each patient they see. So they lose money if they treat the patient fully (typically 5 to 6 issues in a visit) and forget about the possibility of a holistic approach to health. However, with revelationMD's support and the financial incentives of the PIP, the primary care physicians are rewarded fully for a holistic approach to health. The process includes a well-visit to understand the medical risk of a patient and can include studies around life-stress/depression if the physician feels it is warranted. If medical risks are identified by the primary care physician, they are recorded into a CarePlan and goals within the CarePlan are documented. The goals are published for the patient and can be shared with the primary care physician's CareTeam of other physicians, as necessary. The goal is to get patient and CareTeam on the same playing page with consistency. The patient and the goals are tracked by the providers, using impactMD, and the outcomes associated with the patient are monitored longitudinally across time and any subsequent events. As goals of the CarePlan are

accomplished, care and communication with the patient is dramatically improved. Unnecessary occurrence of ER visits and hospital admissions are reduced significantly which optimizes the life experience of the patient and drops the cost of the plan for the employer or payer.

Medical delivery streamlining is the 2nd major objective of the Physician-Centric Plan. This entails a focus on who and what is driving the primary cost in the plan. Once identified, the physicians, supported by revelationMD and mpactMD, begin to seek opportunities for care and unit cost approaches that remove inefficiencies from the system. This includes looking closely at comparative costs of high-impact services (hospital stays, surgeries, diagnostics, pharma, etc) and delivery processes (anything that causes duplication of services, delays in care, inappropriate volume, etc). If the NIH study on waste in the system is trustworthy, then one will believe there is a 30% opportunity just waiting to be addressed. The key is that the physicians are the only ones capable of bringing about that kind of efficiency. The impetus for making the effort is the platform, information, incentive and competition supporting them. Their primary role is to be physicians performing well within their specialties. revelationMD's role is to support them within their positions so that they influence and deliver optimal outcomes to the engaging populations.

From a revelationMD analysis for an OKC employer, the findings included physicians being able to see significant differentials in the cost of specific high impact procedures.

For one specific example, knee replacements, the physician had savings choices ranging from 28% to over 50% for the same procedure across different facilities all within their network. It is self-apparent that this information, when included with clinical and service outcomes data, can be powerful in the hands of physicians as they consult with their patients.

Dr. John Moore is a participating physician in revelationMD. He agrees that physicians should be seen as partners in improving the health of their patients. According to Dr. Moore, physicians do not have the access to information to guide patients to the best performing solution at the best price.

"It might surprise you that a doctor historically had no idea whether an MRI referral, for example, was going to cost \$300 or \$1,500. We often have to make recommendations without access to that basic information. While the solution is new, I believe it will be the physician's and the employer's 'new best friend.'"

Dr. John Moore

A SUPPORT FOR PHYSICIANS

Successful Physician Collaboration is based on the connective technology of mpactMD, but requires more than just the technology. Communication with each practice and provider by our integration specialists regarding their workflows is critical in integrating mpactMD in a way that will work seamlessly for the practice. **Integration** is a core competence and a growing intellectual property for revelationMD.

The integration approach is also a critical part of **patient identification** in coordination with the underlying health plan, the employer, the benefit consultants and the patients themselves. Patient identification starts with member eligibility and then branches out to other avenues including the patient portal, scheduling integration, billing data integration, proactive provider outreach and revelationMD identification on the patient's insurance card if the employer so chooses.

The integration of the employer's claim data, along with the performance data of mpactMD and the clinical information supplied by the providers creates **decision support** information that helps physicians and their staffs improve outcomes with their choices at the point of care. The real-time nature of mpactMD data is a critical driver in helping the physicians successfully drive better outcomes.

Performance reporting is perhaps the most important part of supporting the physicians, though most would argue that the financial incentive ranks higher. revelationMD's physician outcomes intelligence is oriented to help the physicians focus only on that which needs attention, so the bulk of their energy is applied to giving care. The primary objective is to give just the information they need, right when they need it in the process of supporting their improvement in outcomes. However, because trust is the primary hurdle revelationMD must clear with physicians, they can view all of their reporting anytime they want to... even down to their source data. Complete transparency is a core component of sustained relationship.

Finally, the Physician Collaboration is a truly different phenomenon for the physicians' normal work days. Though we work hard to solve the work-flow concerns, the emergence of performance information, incentive and new market competition creates change. Anytime change is in play one must consider the behavioral impact of that change. Therefore, we support the physicians best with our critical **Practice Strategy Specialists (PS2)** roles. The primary function of the PS2 is to help the physician and his/her practice optimize their outcomes and the financial results of the incentive program. They help the staff get comfortable with mpactMD, the reporting and the PIP processes. Also, they pay attention to broader practice issues and have at their disposal a number of qualified consultants that can help a practice as they need it or request help with it. The goal is for the PS2 to become part of their team.

CONCLUSION

The most significant health and value outcome influencers are physicians, patients and the benefit consultants/employers and managed care companies. The last two, consultants/employers and managed care companies, have consistently pursued a lasting improvement in health and value outcomes for 30 years. But the system was not set up to allow them to win because the one party that touches the highest use of healthcare, the physician, was not allowed to play a meaningful part in the process.

Alternatively, physicians have proven through various cycles that their influence is impactful. The market, both commercial and public, appears to be moving toward the physicians now to channel that impact. But for that movement to provide lasting and successful effect, physician engagement must occur from a physician perspective and fit well within the physician's world of work flow, time management, and patient care.

Beginning ten years ago, The Physician Collaboration Project used dialogue to determine the right catalyst for change. revelationMD was born through this process of learning. By always asking questions and seeking sustainable solutions, this collaboration continues with revelationMD's mpactMD platform. It has already proven its acceptance and support by physicians because it is the only physician centered, technology driven, aligned and transparent approach available in the market designed for overall impact rather than special purpose preservation.

About revelationMD

revelationMD delivers the insights that today's medical delivery requires to decrease waste in healthcare spending and improve efficiency. The company's physician-centered technology bridges communication for physicians, patients, employers, and administrators to improve practice quality, manage complexity, and reduce cost of medical delivery. To learn more about revelationMD, please visit www.revelationmd.com.

