

Florida Nursing Shortage seen as a growing crisis. Miami Healthcare Examiner July 22, 2009



Study Links Rise in Healthcare Costs to Job Losses. Business Week July 23, 2009

111 22 22 22 212 How to Help Your Aging Parents Without Going Broke : Good Housekeeping July 16, 2009

Number of 100-year-olds grows, could reach 6 million by 2050 Associated Press July 20, 2009

Texas Health Resources forms nurse temp agency to address shortages The Dallas Morning News July 23, 2009

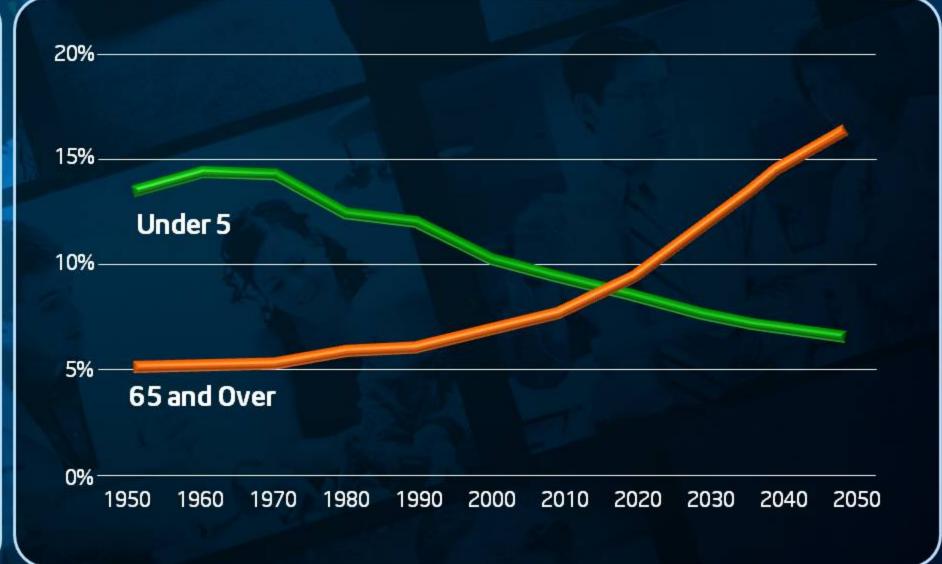
Chronic diseases sap US economy

Duluth News Tribune Jul 4, 2009

Growth of 100 Year Olds from 2009-2050

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





Continuum of Care

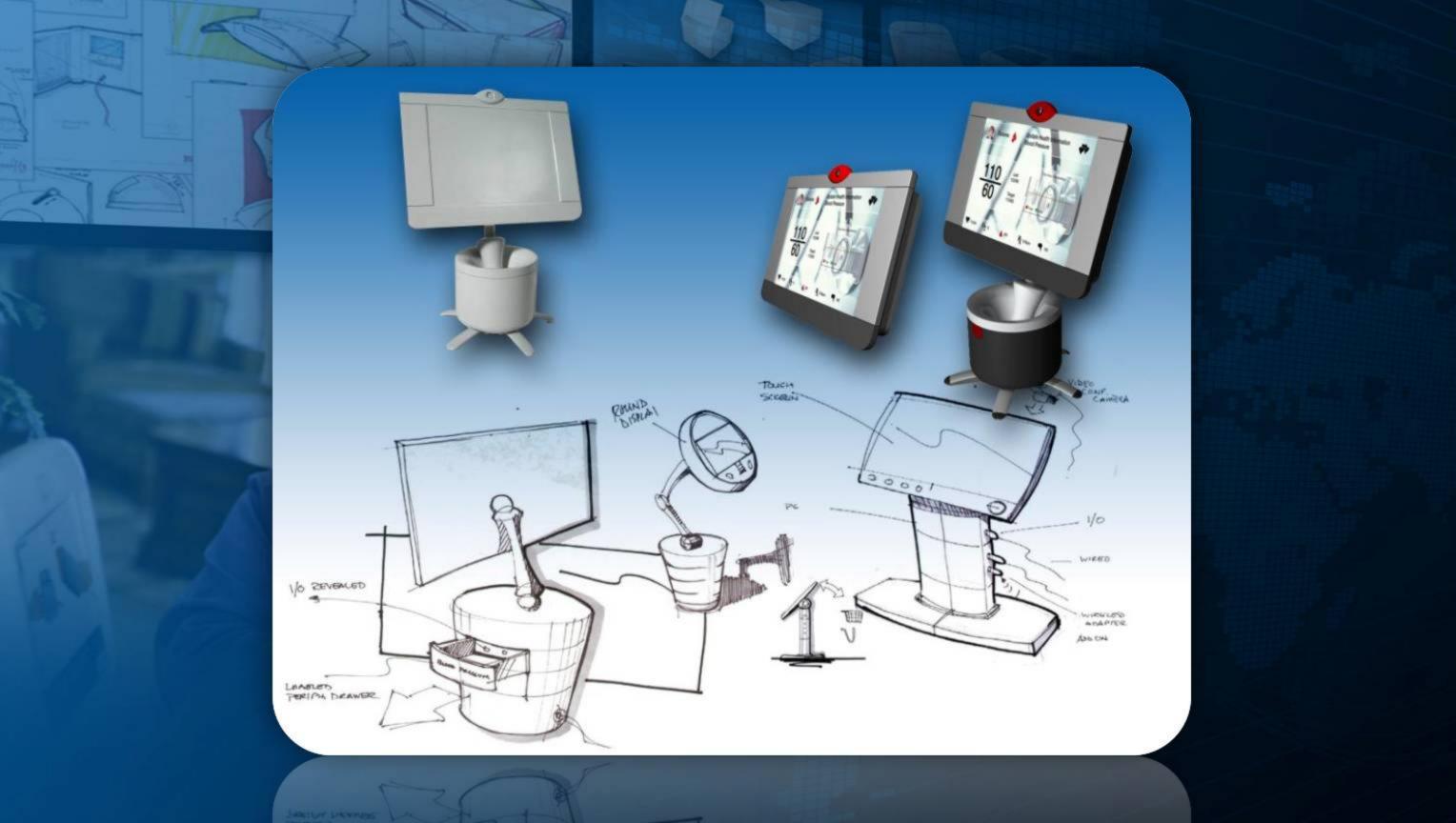
Traditional care models are moving to home-based models













Intel® Health Guide

The Intel® Health Guide connects patients and their care teams for personalized care management at home



Patient



Intel® Health Care Management Suite





- Vital sign measurement
- Reminders
- Patient education content



Technician Interface

- Customizable care protocols
- Video conferencing

Clinician

Backend Services Tool Kit







Intel® Health Guide

Latest News



New Connectivity Options:

Now available with broadband, 3G, POTS

New Customers:

- Spectrum Medical
- Proactive Healthcare
- Providence Life Services

Cleared for Sale in:

- United States
- United Kingdom
- Ireland
- Australia
- Canada













WARNING









Why Independent Living?







US Home Health expenditures in 2005 of \$53.4Bn, ~8M people¹

- Services family caregivers provide for "free" is ~\$306 billion a year
- Cost of care giving to employers is estimated to be \$30 billion a year³
- Only 1 in 8 seniors are in assisted living, or nursing homes⁴

Limited by ability to scale locations, caregivers and services

- Care giving ratio 1:1 for private duty home care⁵
- Assisted living and Continuing Care Retirement Communities (CCRCs) can't build enough to satisfy demand
- Caregiver Care recipient ratio 1950: 15:1 -> 2010: 3:1

¹ Frost & Sullivar

² United Nation

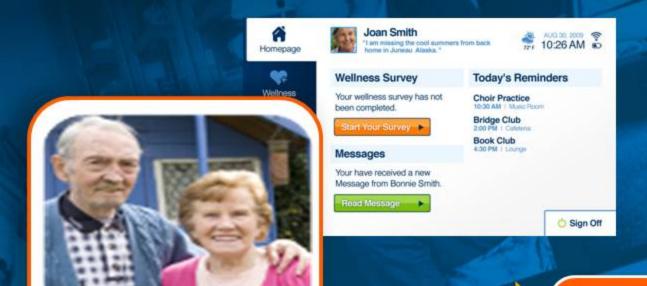
Arno, Peter S., "Economic Value of Informal Caregiving," presented at the Care Coordination and the Caregiving Forum, Dept. of Veterans Affairs, NIH, Bethesda, MD, January 25-27, 2006.

⁴ US Censu

⁵ Private Duty Home Care Assn.

⁶ Chris Selecky, President of DMAA and Chair, Lifemasters, 2005 Available Market based on Wachovia Capital Markets Formula

Arlington: Independent Living Prototype

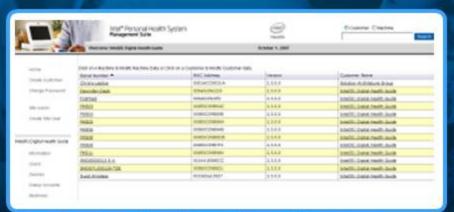


Intel® Health Care
Management Suite

Wellness Coach



- Social Networking
- Calendar
- Notifications



- Customizable care protocols
- Medication Reminders



Backend Services Tool Kit

Technician Interface

Search Clearinghouse

@ About CAST

Background

Leadership

Sponsors

Funders

O Join CAST

CAST Commission

■ CAST Members

Mission & Vision

Work Programs

About CAST

Clearinghouse

CAST Overview

The Center for Aging Services Technologies (CAST) is to

CAST has four focus areas:





A About the TOIL Centre



low do I sum up the speech? It was samply okay—with important elements for reform but without a bold.

regiring vision of where we're headed. Now that's a surprising thing for me to say because, if I step back from it,

Stama was articulate, rational and logical in his thinking, funny, knowledgeable, able to answer questions with

hese issues. The level and quality of discourse coming from President Obama are so refreshing and re-impring

"Colin's Law." 21's a formula that says "Success - Results - Expectations." This law reminds us that expectations

anagement is key because you can drive really good results, but if you've promised people the moon, then they

Setail and examples—all of which left me feeling like he's a real leader with command of—and commitment to—

But - I am reminded of a life formula that Colin Evans, a friend and mentur at Intel, once taught me. I call it

ire bound to be disappointed if you deliver anything less, even if you did amazing work.

Print Version

twitter

Investing in Sustainable Aging: Oriving Towards Personal Healthcare Before

Obama Press Conference Reaction: Sucress - Results Expectations.

Scoring Points and Buying Time Will Obama Lead a Culture

Change for Healthcare Reform

ABOUT THE ALLIANCE

PAUL OTELLINE

Home Pr

CONNECTED HEALTH VISION

Members Language English TEXT SIZE AAA

SPECIAL SECTION 31

We Need a Personal

Health Reformation

The nution's debute about health case reform doesn't seem all that healthy or reformatory. I am glad to see itnest-ments in health information infrustructure, but this is not sufficient to deal with the global age wase that will overwhelm

uar waiting rooms, work force and economy. We are mixed in the past and need to innovate beyond a controllent, experi-deiro medical model to identificated, presental bradto it have. From the 10th-century birth of clinics, medical technologies

and specialty care, we have inherited two fundamental sesson and specially rains, we have inderend non-minimum assum-tions that no longer serve in well in the 23st contary. I) We wait for an illness or injury, 2) then we travel to a needical institution for an expert to repair things. We centralize infrastructure and

expertise in ever larget softan bospitabs and clinics that have become markle and steel nonsuments to medictive. With the larget number of unionated and underinstend in America and our staggering \$2.4 trelion health care bill, we can to longer

afford this pilgrimage to expensive and crowded medical cen-ters lie our every health care used. Nor can we relixquish all sesponsibility for our well-being to the doctors and caregives

who perform miracles every day to put us back together again.

lanovation in computing and communications have to-lanovations in computing and communications have to-larized our relationships and roles in almost every institution other than health care. Today, we usually travel to the markle-

columned bank at the center of town, but ituatead access a wide

communications in time centure or lower, has assume increase a sur-array of personal financial services nersons many locations and our homes. We have a more personal, engaged and proactive role in the management of our own finances — with experts who can help from both bricks-and-nortar and outline locations

when can mep from 1000 feeces among startar and manner to make so consumerations. For now, we must invert and innered in a distributed model of personal health.

Personal health is about shifting the focus from institution to individual and heaptial to house. We trust use the resources of

metariona and nonpian to tonce, we trust use no evolutions of our modified institutions for only estimate and emergency Casins, while shifting expertise, empowed-lity and torbinology for health to our houses and everyday lives. We require a cultural reformation — a new social covenant in which each of us be-

retoriustori — a new social coveranza in socie i enciri il in tor-comen more informed, reggippol and protribre alessat soci health, wellbress and care. True cost surings and quality improvements in single moderni inclinatespos to estable — better preventius, outle

detection, self-cure, chevair disease management and adher-ence to care plans that custom fit our personal fives. So how do we begin to bring about this possonal health relia-

marked? I self Congress, the adeclaritation, corporate America and all of us to consider the following recommendations: 1) Translater this often abstract and conglet delater about health care relians into a vision of personal health — one that

captures the national imagination, shows where we're landed

Sexibility to personalize the location and needings of cure (in

2) Drive care coordination so that every potient has a

informal carregions; all on the some page.

clinical changeion orchestrating his or her care plan with the larger care trues, using basic information technology such as electronic health records to keep the patient, providers and

automate caregories as one to we accompage.

4. Des comparative effectivement funding to evaluate the benefits and trade-off of a wide range of personal health technologies, such as secone doctor patient e-mail, e-prescribing, resologies for the producting, resologies for the producting, relief producting relief production relief producting relief relief producting relief producting relief rel

5) Stald a competitive porsonal health work force of "virtual cars" clinicians who are nationally trained, credentialed and licensed to provide cost effective, efficient care services occuse

addings begin to cover all of the complex issues

the U.S. to patients in their bosses for disease management. independent living, reliab and prevention.

Those so Illusion that technology and innovation are the "magic pill" for all of our health care woos, nor do I believe

in reform. But we should not believe that we can produce our right answer for how to do brakib care for the next 100 years

or that we can sustain our expensive and awflicient pilgrimare model of medicine. Aiming for a house-centric personal

health vision — and designing our policies, expectations an infrastructure so that we can continuously issuesse bruith.

liancest opportunity for economic growth.

Paul Otellini is chief essentise officer of Intel Corp.

- will help achieve the reformation we need. And in so doing, we will bely the U.S. lead the world in 21st century health care technologies and services — not only addressing tree of our society's must preming needs but also inventing to perhaps our

each patient's needs.

nd video consultation

clinic, in the bonne, "virtually" via electronic meson, etc.) for

d explains what in expected of each of an with reform.

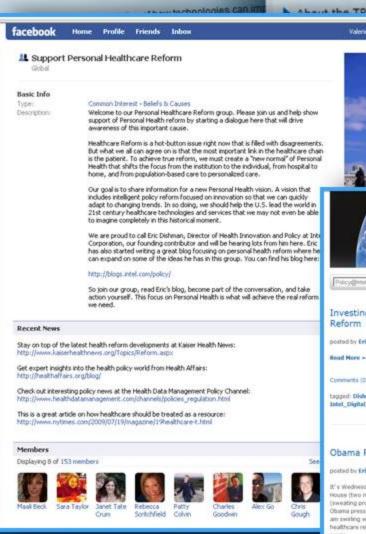
2) Degin to pay doctors and nurses for outcomes and per-manen, not just for face to-dace clinic visits, giving them the

PRODUCTS

NEW

Alliance where smart technology riders connected and empre nywhere.

Connected









Health



Intel Mid-Summer Technology Summit

July 29, 2009