

FOR HEALTH SYSTEMS · ACOs · POPULATION HEALTH LEADERS

You can digitize access. You still need activation.

Health-Shared helps healthcare organizations build authentic digital communities that strengthen patient engagement, activation, and follow-through between encounters.

Designed for health systems, ACOs, population health teams, and care delivery leaders. Works alongside your existing portals, outreach workflows, care management, and digital tools.

Digital transformation can streamline care. It does not automatically create patient activation. Health-Shared is the digital community layer that turns populations into engaged communities.

Not another patient
portal

A digital community
layer

Built for health
systems

Supports
value-based & FFS

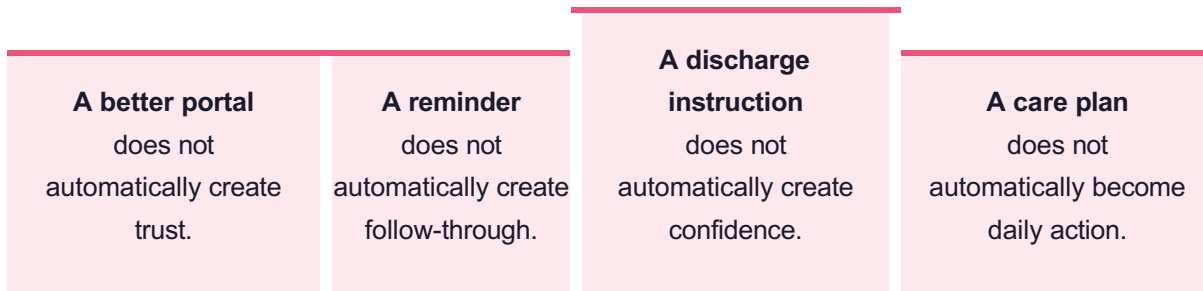
Grounded in
published evidence

01 — THE ACTIVATION GAP

Digital tools can improve access. They do not automatically create activation.

Healthcare organizations are investing in digital access, workflow tools, care coordination, and virtual services. Those investments matter. But most patients still live the reality of their condition outside the

encounter.



What changes outcomes is what happens next. Health-Shared is built for that gap.

02 — FINANCIAL & STRATEGIC FIT

Why authentic community matters in both value-based and fee-for-service care

ACO / VALUE-BASED CARE

Activation as a cost-of-care lever

In CMS's Shared Savings Program, ACOs are accountable for quality, cost, and coordinated care for Medicare beneficiaries and may share in savings when they perform well. CMS reported more than **\$2.1 billion in net savings in 2023**, alongside strong quality performance.

Health-Shared supports this model by helping organizations create the engagement and activation that drive better self-management, stronger follow-through, and **lower avoidable utilization**.

FEE-FOR-SERVICE / HOSPITALS

Reducing readmissions, protecting margin

CMS's Hospital Readmissions Reduction Program ties payment to quality and **reduces payment for eligible hospitals with excess readmissions**, explicitly emphasizing communication, care coordination, discharge planning, and patient engagement.

Health-Shared supports this model by improving what happens after discharge: stronger patient understanding, peer support, activation, and **connection back into the care journey**.

03 — THE SOLUTION

Health-Shared gives your organization a digital community layer for activation

Health-Shared helps healthcare organizations create structured digital communities where patients learn from each other, share what actually works, and build momentum between appointments, episodes, or outreach touchpoints.

Instead of relying only on one-to-one communication, you create an environment where people contribute lived experience, practical strategies, questions, and successes — where that participation becomes a meaningful part of ongoing activation.

01

AI-ASSISTED DISCOVERY

Surfaces real patient barriers and needs through structured interviews.

02

GUIDED ONBOARDING

Prompts and structure that make participation accessible and meaningful.

03

PEER LEARNING

Patients share lived experience, practical strategies, and real-world insight.

04

RECOGNITION & INCENTIVES

Light mechanisms to encourage contribution and sustained engagement.

05

POPULATION VISIBILITY

Better insight into what populations are struggling with between encounters.

06

REUSABLE LAYER

One digital community infrastructure that can support multiple cohorts over time.

This is not social media noise. It is a **structured digital community model** informed by published work on communities of practice, patient engagement, and community engagement in healthcare.

TRUSTED BY U.S. HEALTH SYSTEM LEADERS

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Such a powerful and impactful way to support people — helping them gain control of chronic conditions and improve outcomes.

Neil Meltzer

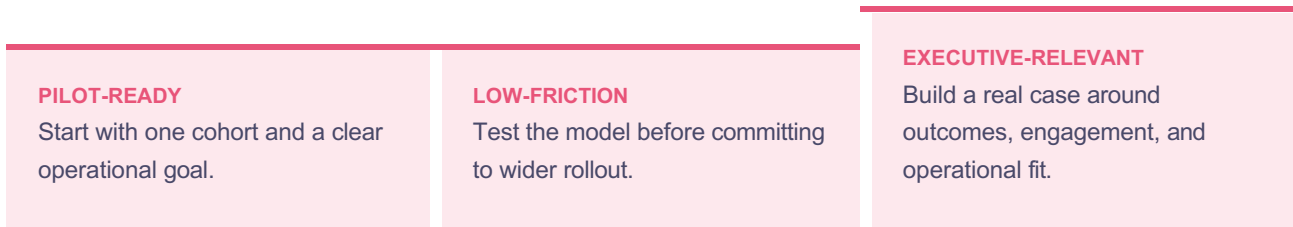
President & CEO, LifeBridge Health

Community-centered, outcome-focused, and operationally relevant validation from one of the U.S. health system sector's most respected leaders.

04 — PILOT PATHWAY

Start with one population, not an enterprise-wide rollout

Health-Shared can begin with a focused pilot around a defined population, condition, or transition pathway — making it easier to test, learn, and build an internal case for scale.



Example cohorts:



05 — HOW IT WORKS

How a Health-Shared pilot starts



06 — RESEARCH & EVIDENCE

Research underpinning the model

Health-Shared is grounded in published work on communities of practice, patient engagement, community engagement, and digital self-management support.

Virtual communities of practice

A Health-Shared-relevant study found the platform rated as usable and acceptable, with strong perceived potential to support patient activation, self-management, and improved patient-provider engagement.

Source: [Kashora et al. Virtual Communities of practice and patient self management](#)

Communities of practice in healthcare

A systematic review found that CoPs in healthcare showed improvements in hospital-based services, primary care, and direct clinical outcomes among studies with statistically significant effects.

Source: [Noar et al. The aims and effectiveness of communities of practice in healthcare: A systematic review](#)

Patient engagement & system improvement

Patient engagement can inform education, tools, planning, and policy, and can enhance service delivery and governance; higher-level co-design was more often associated with care-process or structural outcomes.

Source: [Bombard et al. Engaging patients to improve quality of care: a systematic review](#)

Engagement reduces utilization

The literature indicates patient engagement can lead to reduced hospital admissions, improved effectiveness, efficiency and quality of health services, and enhanced accountability.

Source: [Bombard et al. Engaging patients to improve quality of care: a systematic review](#)

Community engagement & better health outcomes

Community engagement approaches frequently improved health behaviors, health service access, health literacy, and a range of health outcomes, especially when collaborative partnership was present.

Source: [Cyril et al. Exploring the role of community engagement in improving the health of disadvantaged populations](#)

Community engagement & health inequalities

Solid evidence that community engagement interventions have a positive impact on health behaviors, self-efficacy, and perceived social support outcomes across a range of settings.

Source: [O'Mara-Eves et al. Community engagement to reduce inequalities in health: a systematic review](#)

07 — VALUE BY AUDIENCE

What this means for your organization

FOR VALUE-BASED CARE LEADERS

- A stronger engagement model for reducing avoidable utilization
- Supports total cost of care and quality performance goals
- Structured activation layer for ACO and population health programs

FOR HOSPITAL OPERATORS

- A practical way to support post-discharge engagement
- Reduce readmission risk and protect HRRP-linked margin
- Better activation and follow-through from day one after discharge

FOR POPULATION HEALTH TEAMS

- A reusable digital layer for activation, education, and community support
- Better visibility into what populations are experiencing between encounters
- Scalable across multiple cohorts and condition areas

FOR PATIENTS AND COMMUNITIES

- More trust, more shared learning, more confidence
- Peer connection and support between appointments
- A sense of belonging within the healthcare journey

08 — FIT WITH EXISTING SYSTEMS

Built to complement, not replace, your existing digital stack

Health-Shared does not ask you to replace your EHR, patient portal, CRM, outreach platform, or care management tools. It sits around them — adding the digital community layer that supports what those systems do not easily create on their own:

+ Belonging and peer motivation	+ Social reinforcement of care plans	+ Lived-experience learning between encounters
+ Sustained activation beyond reminders	+ Organic feedback loops from the population	+ Community-based chronic condition support

09 — COMMON QUESTIONS

Direct Answers

Is this another patient portal?

No. Health-Shared is a digital community and activation layer that sits alongside your existing systems — it does not replace any portal, EHR, or outreach tool.

Is this only for value-based care organizations?

No. It is relevant in both ACO/value-based and fee-for-service settings, though the financial logic and primary use cases differ by model.

Do we need to start with the entire population?

No. The model is designed to begin with one cohort, condition, or transition pathway — making it straightforward to test and build a case for scale.

Can this support readmissions and post-discharge follow-through?

Yes. One of the strongest U.S. use cases is improving what happens after discharge through peer activation, better understanding, and stronger follow-through.

Can this support chronic disease management?

Yes. Health-Shared is especially well suited to populations where self-management, motivation, and ongoing engagement between encounters matter most.

NEXT STEPS

Build the missing activation layer in your organization

Health systems are investing in digital transformation. The next step is not just better access or better workflow. It is better activation.

[**BOOK A DEMO**](#)

[**ASK ABOUT A PILOT**](#)