

**A Health Information Technology Company, Predilytics Applies Its Patented Analytics Tools to Transform Healthcare “Big Data,” Optimizing and Targeting Healthcare Organizations’ Delivery Resources**

**Healthcare  
Predictive Analytics**

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**Chris Coloian  
President & CEO**

**BIO:** Chris Coloian, President and CEO, is a seasoned executive with more than twenty years of healthcare experience. He has led the growth and development of new businesses thanks to his expertise in strategy, executive management, operations and product development for insurance, provider and healthcare services companies. Prior to launching Predilytics, he was a member of the leadership teams of

Health Dialog, Cigna Healthcare and Matria Healthcare (now Alere Health).

Mr. Coloian is the Chair of the Care Continuum Alliance Board of Directors, the leading population health management industry group, representing over 200 care management company members.

Mr. Coloian graduated from Ohio State University in 1990 with a Master’s in Health Administration and received his Bachelor’s degree in Zoology from Miami University in 1988. Mr. Coloian also currently serves as an Editor for the *Population Health Management Journal*.

**About Predilytics:**

Predilytics is an advanced healthcare predictive analytics product and services company. We are the first to commercially apply to population health the proven machine learning techniques from other demanding industry sectors such as financial services and consumer acquisition. Predilytics applies its patented analytic tools to transform healthcare “big data”, and to point the way for at-risk healthcare organizations to optimize and precisely target their care delivery resources, to increase revenue, and to control costs.

**Interview conducted by:  
Lynn Fosse, Senior Editor  
CEOCFO Magazine**

**CEOCFO:** Mr. Coloian, Predilytics’ tagline indicates answering health care’s toughest questions. What do you do?

**Mr. Coloian:** We are a health information technology company that is applying machine learning and “big data” approaches to identifying emerging utilization, health risk and consumer decision-making in the health care system.

**CEOCFO:** How does this concept translate into day-to-day activity?

**Mr. Coloian:** As you can imagine, with the various quality initiatives and the Affordable Care Act underway, there is a lot of pressure on the health care system to identify who needs support from the system and, for example, who is likely to be hospitalized in the coming year. We take in all of the information that either a health plan or health system has about the populations they are serving, and find hidden patterns in those populations that will identify who is emerging as at risk for hospitalization, long-term care, home care needs, or is not likely to comply with their care regimen from the physician. The way we do that is not through traditional business rules and the data limitations that traditional health analytics imposes, but actually employing techniques and machine learning models that are tested and proven in financial services and advertising in consumer products, which is genetic algorithms.

**CEOCFO:** Would you give us a basic example of what you might be able to pick up that is under the radar?

**Mr. Coloian:** It is not unusual for a health plan serving Medicare beneficiaries known as a Medicare Advantage Plan to have a broad network of physicians and providers who service that population. It is also

not unusual for there to be a lot of hospitalizations and high utilization within that population. However, when a health plan looks at who is likely to be readmitted, the reasons for that readmission may go far beyond the clinical needs or clinical position of the individual. We will take in the claims data and we will take in any clinical notes or electronic medical records that the plan or the providers have, and we find hidden patterns. For instance, it is not unusual for people who are discharged home to their son or daughter in a dual-income family to not be able to take care of the individual post-discharge. That individual usually shows up 15-20 days after they were discharged from the hospital, because the son and daughter have run out of sick days and they now need to go back to work. Knowing that up front, the health plan can put a case manager and home care support in place that can support the family caregivers and avoid going back into the hospital. We find what parts of the population are at risk for those types of issues, and we find out what questions can be asked at the point of discharge to help the plan or provider eliminate that risk.

**CEOCFO:** In general, have people, health plans, or doctors not looked for this in the past, or have they not had the tools to do it on more than an intuitive basis.

**Mr. Coloian:** The problem has been that in any one instance in isolation, the mechanisms that result in hospitalization or acute onset are pretty well known. But, when you try to take all of the movements in a population and understand relative risk and how that population is moving, it is a lot like the need for electronic systems for air traffic control. Every pilot knows their location, destination, speed, and altitude, but you need to know that in relation to all other airplanes to make sure that there is not an accident. In population health, you need to understand emerging care needs and risks, because there are limited resources and time - there are only so many hospital beds, doctors, and nurses that can follow up on the

patients - you need to know who needs your help *now*. That is like the plane that is at the wrong altitude, wrong air speed, or pointing slightly in the wrong direction. It is the same thing with an individual in a population. You need to know who is not following the treatment regimen, does not have the resources they need to be compliant with prescribed care, or does not have the support they need. That is a relative position that is moving all the time. Today I am stable, tomorrow I am not, and four weeks from now, I am in the hospital. Traditional data approaches have been very static. They build regression models on multiple populations, and the models stay in place for years, and ultimately the data the model was built upon is no longer like the current data or the population it is trying to predict. Using machine learning and computer science, you can build

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models for the exact population you want to predict, using the current available data in a fast and scalable manner that keeps up with the dynamic changes in a population – that creates better insights and identifications.

**CEOCFO:** Who is using your services today, either specifically or generically?

**Mr. Coloian:** We are working with a set of national and regional health plans. We are working with integrated delivery systems, and we are working with health technology companies who provide electronic medical records. We are also working with medical device companies and manufacturers.

**CEOCFO:** When you are talking with any one of those groups, when is the “aha” moment where they understand that your system really does what it says, and perhaps better than others?

**Mr. Coloian:** When we show them some of the output from the models and demo the technology that builds the models.

**CEOCFO:** How is business these days?

**Mr. Coloian:** We are an early stage company, meaning that we are two years old. We have had a lot of success commercially, are building out our product line, and we are ramping up and growing fast.

**CEOCFO:** How do you reach potential clients?

**Mr. Coloian:** We have a senior team and sales team that have direct sales interaction with customers.

**CEOCFO:** Is it easy to get attention with so much going on?

**Mr. Coloian:** I think it is easy to get attention. With the pace of change in health care today, and all the clinical and financial pressures, people are not completely satisfied with the analytic tools that they have today.

**CEOCFO:** Are there particular geographies that work better for you?

**Mr. Coloian:** We are heavily focused on the US, but there will certainly be a day when we go beyond that.

**CEOCFO:** Is the Affordable Care Act causing hesitation, and do you find that uncertainty an obstacle or a plus?

**Mr. Coloian:** I think that change makes people inquisitive. In that instance, people are looking out to see what is changing in the system and what vendors or partners can bring to them to help. In that way, I think it makes them inquisitive, but I do think that the amount of work that is going to prepare for the marketplace/exchanges and compliance does create resource constraints on the system as people focus on their current strategies. That can provide challenges to a service company if the organization cannot be flexible and easy enough to do business with -- however at Predilytics, we focus on being both.

**CEO CFO:** Could you tell me a little bit about your solution? Is it one size fits all, or are there customizable pieces?

**Mr. Coloian:** We have productized our capabilities. We walk in with an offering that attaches to a dozen or more of the common issues that health systems and health plans have, but each solution is then implemented and customized based on the data that that institution has available for the populations they are serving. The way to look at it is that it is a scalable product design, but customized for each installation.

**CEO CFO:** How long does it take to get the system up and running?

**Mr. Coloian:** Post-data delivery from the entity, implementation is about three weeks.

**CEO CFO:** Would you tell us how you ensure the system is user friendly?

**Mr. Coloian:** We are still in a services model, and it is not a turnkey installation. We support our clients with

implementation services and client facing teams, because machine learning and computer science is a relatively new application and endeavor in the health care system. We provide the resources to help them execute.

**CEO CFO:** Are your clients taking advantage of what they learn? Is it too early to apply results, or do you follow-up in that respect?

**Mr. Coloian:** Our clients are putting our models and insights into operational results. One of the great things about this approach is not only do we help provide some of the guidance up front to drive execution, but we monitor execution throughout. We do see both business processes and the allocation of resources being affected by the insights coming from the models.

**CEO CFO:** Are you funded to continue with a strong roll out, or will you be looking for additional funding?

**Mr. Coloian:** We have an excellent set of investors that include Highland

Capital, Flybridge Capital, and Google Ventures. As the company continues to grow and commercialize, we anticipate that there will be additional investors, but we have a strong platform to build from.

**CEO CFO:** Why should people in the business and investment community pay attention to Predilytics?

**Mr. Coloian:** We are bringing proven technology to an industry that needs additional analytics and insights to drive performance, both increasing quality and financial performance. We have the leadership team, the technology, and a disruptive approach that is going to impact the way health care is delivered.



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