TRANSFORMING HEALTH CARE

Cambia's journey to build a person-focused & sustainable system



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SERVE AS A CATALYST TO TRANSFORM HEALTH CARE, CREATING A PERSON-FOCUSED AND ECONOMICALLY SUSTAINABLE SYSTEM





Jennifer Danielson Senior Vice President, Public Affairs & Policy

AT CAMBIA HEALTH SOLUTIONS, WE ARE ON A MISSION TO MAKE HEALTH CARE MORE ACCESSIBLE, INTEGRATED, AND PERSONAL

100-Year-Old Startup

We began serving our communities, neighbors, and families more than a century ago through our regional health plans. As consumers' needs and the technologies that guided their lives evolved into the 2000s, our company has evolved with them. Today, Cambia Health Solutions is a family of more than 20 companies that work together to make health care better for our consumers and their families. Our solutions empower nearly 70 million Americans, including 2.6 million people in the Pacific Northwest who are enrolled in our regional health plans.

Our Innovation Story

In the following pages of "Transforming Health Care," we share the story of Cambia's legacy as a health insurance provider and our journey to become a national leader in health care system transformation. We are changing our own culture to integrate innovative practices among our 5,000 employees, investing in creative consumer solutions through Echo Health Ventures, and building groundbreaking software and mobile applications. Our stories are intended to provide inspiration for what is possible in a consumer-focused and interoperable health care system.

Public Policy Partnerships

We believe that developing relationships with those who share our values and beliefs is essential in driving sustainable change in health care through public policy. That's why we have served as founding members of the CARIN Alliance and the Da Vinci Project and partnered with CMS on its BlueButton 2.0 initiative. These partnerships and others will allow us to build a health care system that empowers consumers with actionable data, partners with providers on value-based care, addresses rising costs, and ensures access to high-quality, personalized care.

Thank you for your leadership and support in changing the way Americans experience health care.







FOR CAMBIA, IT BEGAN OVER A CENTURY AGO WITH PEOPLE HELPING PEOPLE. BOLD THINKERS IN THE LOGGING CAMPS OF THE PACIFIC NORTHWEST POOLED THEIR WAGES TO PROTECT THEMSELVES FROM INJURY AND ILLNESS, CREATING ONE OF AMERICA'S FIRST HEALTH INSURANCE MODELS.

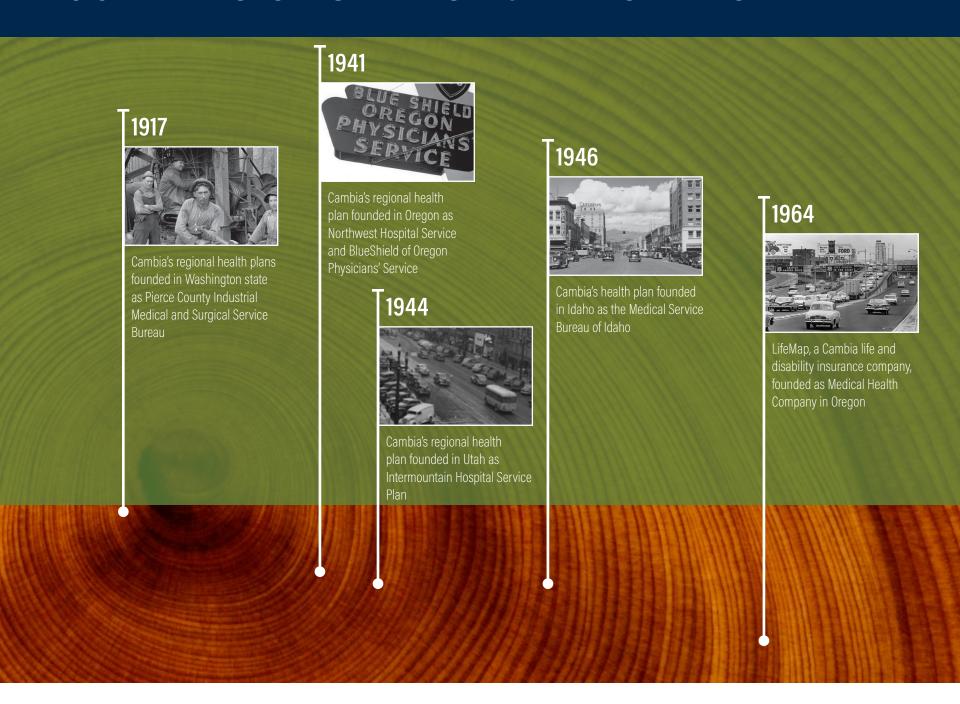
Cambia continues to operate with the same spirit of innovation and entrepreneurship with neighbors helping neighbors. We now operate seven health care plans across the Pacific Northwest in Idaho, Oregon, Utah, and Washington. Informed by 100 years of health insurance experience, Cambia builds and invests in innovation solutions designed around the consumer. We are a family of more than 20 companies that work together to improve the quality and reduce the cost of care.

With deep insurance experience and a commitment to health care transformation, Cambia brings a unique perspective to help develop consumer-focused public policies with state and federal policymakers and our growing partners across America.





100 YEARS OF SERVICE & INNOVATION









THE UNITED STATES OUTSPENDS OTHER HIGH-INCOME COUNTRIES ON HEALTH CARE, YET HAS THE LOWEST LIFE EXPECTANCY, HIGHEST INFANT MORTALITY, AND ROUTINELY POOR HEALTH OUTCOMES.¹

The United States spends nearly twice as much on health care as other high-income countries to produce worse outcomes, despite a comparable provider workforce, hospital beds, and utilization rates.¹

Why is the American health care system failing to produce better outcomes?

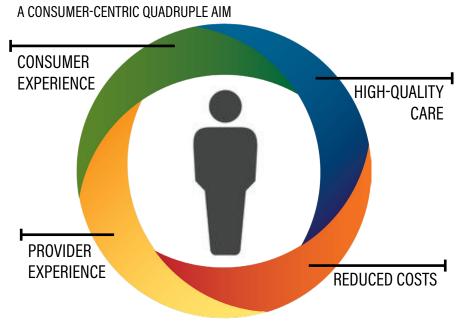
One of the key differences is the high level of fragmentation that results in information silos, constraining the flow of health care data. Our care suffers because our providers and our systems can't get the right information to the right people at the right time.

At Cambia, we believe that America's health care system must be built around the consumer.

Our health care experiences should be personalized, datadriven, and designed for the people we serve. Consumers need useful, actionable data at the point of care to drive informed, collaborative, and evidence-based decisions that move us closer to the Quadruple Aim of improved patient experience, provider quality of life, quality, and reduced cost.²

Health care transformation starts inside our own organization.

To achieve our Cause of creating a person-focused and economically sustainable system, we must think differently about health care business models and how we serve the consumer. We are re-shaping our business to identify the problems that matter to consumers and their families today and to create personalized solutions for tomorrow.



¹ Papanicolas I, Woskie LR, Jha AK. Health care spending in the United States and other high-income countries. JAMA. 2018;319(10):1024-1039.

² Bodenheimer T, Sinsky C. From triple to quadruple aim: Care of the patient requires care of the provider. Ann Fam Med. 2014;12(6):573-576.



SEEDING INNOVATION

FOSTERING SOLUTIONS THROUGH EMPLOYEE ENGAGEMENT, COMMUNITY COLLABORATIONS, & STRATEGIC INVESTMENTS



CAMBIA'S **INNOVATION FORCE** TAPS INTO OUR 5,000 EMPLOYEES AND THEIR PASSIONS AND IDEAS FOR NEW, CREATIVE, CONSUMER-FOCUSED SOLUTIONS

The Innovation Force engages Cambia's workforce to empower our 5,000 employees to become health care innovators who help create the products and services of the future. The Innovation Force coaches employee innovators and hosts events, challenges, and workshops to inspire new ideas. Nearly one-third of our employees are actively involved in innovation, and everyone at Cambia has the potential to ignite change.

Since the Innovation Force launched in 2011, employee ideas have turned into start-up companies and new Cambia products that solve consumer pain points. The Innovation Force and our employees' work has been featured in Forbes, Forrester, Innovation Leader, Spigit, and TedX.



3,836
EMPLOYEE INNOVATORS

2,775

IDEAS SHARED

PATENTS FILED SINCE 2014

\$171 M IN CONTRIBUTED VALUE





HEALTH CARE CHANGEMAKERS ENGAGED IN 2018

538
HEALTH-FOCUSED
STARTUPS IDENTIFIED

334

MEETINGS FACILITATED IN 2018

136

CONNECTIONS CATALYZED IN 2018

THE **CAMBIA GROVE** IS A HEALTH CARE INNOVATION HUB FOCUSED ON BRIDGING THE GAP BETWEEN ENTREPRENEURS & TRADITIONAL HEALTH CARE SECTORS

The Cambia Grove embodies the Pacific Northwest's creative energy and commitment to work together to develop health care solutions of the future. Working with our partners across the region, we host and sponsor pilots, workshops, community meetings, and networking events. We aim to build community, catalyze solutions, and advance innovation. We do this by nurturing a community of health care changemakers to support development of new health care solutions for system-level challenges, and advance innovative efforts to create a more person-focused and economically sustainable health care system.

Our success is illustrated by the neutral convening zone we have created where selling is prohibited and cross-system dialogue is encouraged. We have also expanded this work across geographic and jurisdictional boundaries as health does not have city, state, or national boundaries. But most importantly we are solving problems—rather than advancing problem-seeking solutions. We help to align solutions with the current problems in the health care system to enable system-wide transformation.



THE CAMBIA HEALTH FOUNDATION

IS TRANSFORMING THE HEALTH CARE JOURNEY BY CONNECTING CHANGEMAKERS TO THE RESOURCES & KNOWLEDGE THEY NEED TO MAXIMIZE THEIR IMPACT

The Cambia Health Foundation is committed to advancing patient-focused and family-orientated care for all. Launched in 2011, the Foundation helps to achieve Cambia's Cause through purposeful philanthropy that changes the way people experience health care from birth to the natural completion of life. Through our Sojourns program, we invest in palliative care to help people with serious illness and their caregivers live as well as possible for as long as possible.

We also invest in ideas, models, and whole-person strategies that improve individual and population health with a goal of eliminating health disparities. The health care system continues to make much-needed shifts as consumers demand a more personalized experience that addresses their health care needs and the social influencers of health that impact their overall health and wellbeing. This shift brings new challenges and opportunities for creating a health care system that can address disparities and promote health equity. Through our Healthy People, Healthy Communities Program, we partner with organizations that have a clear view of how they will change the way people experience health care and enable all people to live their best lives.



305
GRANTS AWARDED

ORGANIZATIONS SUPPORTED

PEOPLE IMPACTED BY HEALTHY PEOPLE, HEALTH COMMUNITIES PROGRAM 2014-2018

\$60 M IN PURPOSEFUL INVESTMENTS



COMPANIES INVESTED IN SINCE 2008 COMPANIES HAVE GONE PUBLIC

ECHO HEALTH VENTURES INVESTS TO GROW & BUILD GREAT HEALTH CARE COMPANIES.

Cambia recognizes the value that entrepreneurs and startups offer to spark consumer-focused innovation and change in the health care system.

To support those entrepreneurs, Cambia built a dedicated team to identify and nurture startups that are working to infuse transparency, simplicity, and humanity into the health care experience. In 2016, Cambia combined its investment team with Mosaic Health Solutions, of North Carolina, to create Echo Health Ventures. This 50/50 collaboration created a new type of health care investment company.

Echo invests in companies at all stages of growth, and across the spectrum of health care technology products and services. As a strategic health care investor, Echo offers more than capital. Echo's team develops and fosters deep relationships between Cambia and our portfolio companies to meet the needs of tomorrow's consumers.



ECHO HAS A CURRENT PORTFOLIO OF 25 COMPANIES HEADQUARTERED ACROSS 11 STATES, HELPING CONSUMERS WITH EVERYTHING FROM MATERNITY CARE TO CHRONIC DISEASE MANAGEMENT. : ILLINOIS **CAREMERGE**, care coordination for seniors CITIZENS RX, pharmacy benefit management UPFRONT HEALTHCARE SERVICES, pre-visit services : MASSACHUSETTS : INDIANA LIFEIMAGE, medical image sharing ALEDADE, helping create & support ACOs **GNS HEALTHCARE**, precision SPRINGBUK, health savings medicine insights **NEW YORK** ABACUS INSIGHTS, health data insights AMERICAN WELL, mobile-based clinical care CITYBLOCK, care integration for underserved populations PHREESIA, patient intake software **QUARTET**, behavioral health platform CALIFORNIA. TOUCHCARE, health care assistant TYTOCARE, telehealth diagnosis GENOME MEDICAL, genomic care LIVONGO, chronic care management MPULSE MOBILE, mobile patient engagement SOUTH CAROLINA OCTAVE HEALTH, clinical decision support for MS ACCESSONE, co-branded financing solutions WILDFLOWER HEALTH, maternity & newborn care : TENNESSEE : ARIZONA MDSAVE, online health care marketplace FASTMED URGENT CARE, urgent care : FLORIDA : COLORADO AVALON HEALTHCARE SOLUTIONS, laboratory



benefit management

STRIVE HEALTH, chronic kidney disease care
DISPATCH HEALTH, on-demand, at-home care



CAMBIA IS COMMITTED TO DELIVERING A PERSONALIZED, DATA-DRIVEN HEALTH CARE JOURNEY THAT EMPOWERS CONSUMERS TO TAKE CHARGE OF THEIR HEALTH AND HEALTH CARE EXPERIENCES.

ach of us is on our own health care journey. We are developing tools and technologies that meet people on their terms, tailor their experiences to improve health and wellbeing, and address the goals of the Quadruple Aim. We do this by:

ENSURING HIGH-QUALITY CARE through the use of high-quality data and evidence-based protocols. We believe consumers should have access to the best care for their specific needs. Our efforts have resulted in increased use of evidence-based screening tools for colon cancer, kits to control diabetes, and decreased unnecessary opioid prescribing.

IMPROVING THE CONSUMER EXPERIENCE by putting consumers at the heart of everything we do. Our team of consumer champions continually evaluates processes, systems, and tools to ensure consumer voices are incorporated throughout our business. We are building tools that connect consumers to their health care information in new ways, and help them take control of their health care journeys.

PROMOTING ECONOMIC SUSTAINABILITY by continually looking for ways to overcome rising medical costs, reduce administrative costs, and create an economically sustainable system that works hard for consumers. That work includes paying providers in a way that encourages comprehensive care focused on wellbeing. In 2018, through value-based arrangements with providers, we increased the care gap closure rate by 25% while simultaneously saving more than \$100 million.

SUPPORTING PROVIDERS by creating and providing tools, resources, support, and financial incentives that help them balance the demands of expanding patient panels, evolving evidence, and changing clinical requirements. We want providers to have the right information, at the right time, with the tools that help them serve consumers and manage care.

We are fundamentally changing the way we do business, and working with partners to improve health outcomes while reducing costs. We are dedicated to creating an environment that enables consumer-focused, economically sustainable health care; and we are designing solutions that catalyze change within the system. We are doing this by empowering consumers with actionable data, ensuring free flow of information through liberated data, engaging providers and creating public-private partnerships with industry leaders to develop consensus-driven standards and cross-platform applicability, all while prioritizing privacy and security.



EMPOWERING CONSUMERS

We believe in developing systems that empower and engage consumers to make the best decisions for their health and health care. This is enabled by policies that recognize consumers as the owners of the data, experts in their lived experiences, and partners in their care journeys. Consumers must have easy, robust, and secure access to their medical data. Additionally, consumers must understand what legal protections are in place, and in what circumstances, to make well-informed decisions about how to store, access, and share their data. Consumers should have tools that help them take control of their health care journey and keep their information secure.

HUMAN SERVICES PLATFORM

is born out of a 100-year commitment to serve consumers and make the health care system work for them. Consumers are struggling to navigate the complexities of the U.S. health care system—from finding specialty care and tracking appointments to figuring out what medications are the best and most cost effective. We are removing barriers to health and wellbeing to connect consumers with the health care system in a new, simplified way, supported by people and powered by data insights. With our human services platform, consumers will get answers to even the most confusing questions wherever and whenever they come up—from birth to completion of life. We'll anticipate people's needs, provide a support network, and provide a single place for people to access all their health and wellbeing information.





NURSE INSIGHTS is a clinical predictive model that provides personalized

care through Cambia nurses and care advocates. Health care events can be hard to predict. Bringing artificial intelligence to data analysis can help us better target care. Nurse Insights aggregates a patient's history in a single-screen dashboard to provide a data-driven clinical solution. This provides the care management team with a 360-degree view of the patient by combining demographics, eligibility, information on possible care gaps, future clinic and utilization predictions, and pharmacy, medical, and dental claims in an easily digestible way.

Nurse Insights' clinical predictive model and patented multitasking deep neural network allows doctors and nurses to evaluate a patient's risk and severity factors more accurately. For example, Nurse Insights will predict if someone is at high risk for anxiety, other mood disorders, or an emergency room visit, or if a patient with diabetes is at lower risk for high blood pressure but at higher risk for coronary artery disease. The care management team can then better differentiate and evaluate the severity of the patient's current state in real time and intervene if needed, and provide better, personalized care as they interact in real time with consumers.





ACTIONABLE DATA

We believe in delivering health care information to stakeholders that is understandable, usable, timely, and has clinical utility to inform health care decisions. Simply liberating data does not automatically result in improved health outcomes. The right data must be delivered to the right people at the right time. Policies should be designed to enhance the development and delivery of data that supports providers, consumers, and caregivers to take action. Additionally, ensuring robust data is available across systems to inform clinical insights and tailored care delivery will help optimize the health care system to improve individual health outcomes while managing diverse population needs.



LIBERATING DATA

We believe that health care data should be available to the right people, at the right time, in the right way. This means breaking down the current information silos to ensure data is accessible across the health care system. There are vast amounts of data throughout the health care system, each piece providing only a piece of consumers' stories. To treat the whole person and provide personalized care, we must have a robust view of their health care journey. Uniting this data in actionable ways will help us navigate a path forward.

MEDSAVVY

helps consumers maximize their pharmacy benefit by empowering them to make informed

prescription decisions. In 2012, Sean Karbowicz met a cancer survivor who was frustrated that he couldn't access research and data on the cost and quality of his medications—even though the same information was available to his providers and payer. Inspired by the conversation, Sean returned to Cambia and started working on a solution with the Innovation Force. MedSavvy grew out of an idea to put this powerful information in the hands of patients and providers. Sean understood that presenting this information in a way that is easy to use could help reduce the hassles of getting the best medication at the lowest possible cost.

MedSavvy now offers easy access to medication effectiveness, safety, and cost information so consumers can make well-informed decisions for themselves and their family. At least half of all prescription medications are considered "shoppable," meaning there are similarly safe and effective medication choices for the most common medical conditions that drive most pharmacy spending. MedSavvy's specialized pharmacy team reviews available evidence on how well medications work, how good the science is for that research, and assigns each drug an evidence grade to easily compare treatment options. This helps consumers decide when to:

START the right medication at the point of prescription

STOP or re-evaluate a medication if clinically appropriate

SWITCH to a lower-cost or higher-graded medication equivalent

SUSTAIN a medication with significant benefits

SHOP for the lowest cost or closest pharmacy





HEALTHSPARQ empowers people to make smarter health care choices by providing cost

and quality information about doctors, hospitals, and medical services to health plan members based on their individual benefits. With an always innovative spirit, the SaaS company offers the following solutions to health plans:

USER-FRIENDLY online provider directories, including patient reviews and quality scores to help people find the right care

COST TRANSPARENCY including out-of-pocket cost estimates and treatment timelines with personalized information for members

REWARDS PROGRAM to encourage cost-conscious health care shopping

We put people at the core of everything we do by conducting continuous usability testing, turning consumer research into product innovations, hosting industry panels featuring everyday people, and bringing human stories to the forefront through our #WTFix campaign. Using these insights, we create solutions to help people understand and navigate the health care system. Growing since our founding in 2008 from our home in Portland, Oregon, we now serve 91 million people and about 90 brands across the country.





PRIORITIZING PRIVACY & **SECURITY**

We believe in ensuring that consumers' privacy and security needs are considered and integrated into solutions, and that consumers are well informed about their rights and how to protect their information. Many of the protections around health care data were created before the current state of technology and information exchange was even envisioned. Protections should prioritize privacy while empowering consumers to make well-informed decisions about how to manage, use, and share their data. These protections, however, must also accommodate the type of information exchange required to provide comprehensive, tailored, and coordinated care across the medical neighborhood and health care system.



FNGAGING PROVIDERS

We believe in collaborating with providers through seamless data exchange to support population health management, individual care coordination, and shared decision-making. As the health care industry evolves, the way providers serve patients is also changing. We are working with provider partners to streamline processes, support comprehensive care delivery, and coordinate data exchange to better manage individual care and population health.

E-PREAUTHORIZATION One of the challenges of

managing copious amounts of health data is knowing how to filter and use this data to drive change. Cambia is working to ensure high-quality data and accurate algorithms to transform how medical providers serve their patients, and how consumers navigate the complexities of the health care system. We can aggregate data to help manage health, while also drilling down into individual trends to create personalized care journeys.

One of the ways we have done this is by creating an electronic pre-authorization system. Pre-authorization (PA) can be a powerful tool to help ensure consumers are treated with high-value, cost-effective, and clinically appropriate care and services. Unfortunately, the PA process can add complexity and confusion to the care experience for both providers and patients. Almost half of the PA requests submitted to Cambia are unnecessary and do not require PA—these unnecessary steps are inefficient for care teams and create unnecessary barriers for consumers. To help reduce these complexities and mitigate the burden on providers and patients Cambia has developed an electronic PA system that helps providers to:

KNOW immediately if a code or level of care requires PA

SUBMIT PA requests quickly and easily

CHECK the status of PA requests online (some requests are even able to be approved same day)





THE DA VINCI PROJECT addresses the needs of the

value-based care community by leveraging the HL7 FHIR standard for electronic exchange of health data. As a founding member, Cambia is committed to helping organizations deliver on improved clinical quality and care management outcomes and lower costs and has volunteered to sponsor the creation of the national standard for the risk-based member identification use case (i.e. member attribution). This will enable standardized member attribution rosters and provide the technical means for other use cases (e.g., Clinical Data Exchange, Data Exchange for Quality Measures) to operate in a "for population" mode. As part of our commitment, Cambia joined with two of our major provider partners to deliver Da Vinci Use Cases in 2019. The goal is to reduce the burden on providers. Cambia is looking to expand the number of use cases and partners in 2020 and beyond.

Cambia is collaborating with Oregon Health & Science University and MultiCare to deploy FHIR-based interoperability use cases that simplify providers' daily workflow with automated payer-based administrative and clinical requirements for preauthorization. These tools run within the providers' existing electronic health record system (EHR). The FHIR-based tools will operate across any FHIR-compliant EHR. The work builds a path for innovation that isn't just about our business, it's about transforming the system to provide better care and health outcomes.

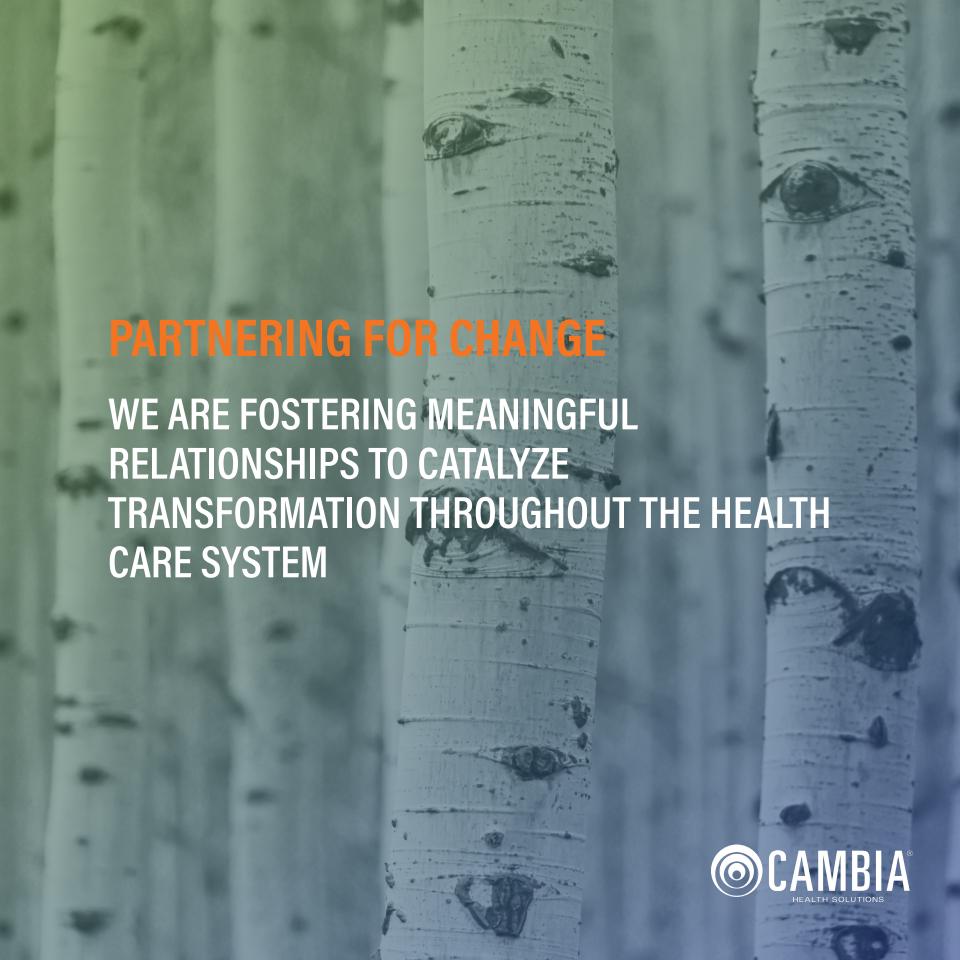




CROSS-PLATFORM APPLICABILITY

We believe in supporting and expanding networks of health care data exchange to connect more broadly across the health continuum. Developing trusted electronic information exchanges across health care stakeholders has the potential to improve system efficiency, care quality, and health outcomes.





WE RECOGNIZE THAT IMPROVED DATA SHARING LEADS TO INNOVATIVE CARE, IMPROVED OUTCOMES, AND WILL CHANGE THE WAY PEOPLE EXPERIENCE HEALTH CARE.

When consumers have access to all their health care data they are in a better position to make well-informed choices about their care and treatment. That's why for more than 15 years we have been working to make data more widely accessible across the health care system—for consumers, providers and between the services they need. We recognize that to deliver care built around individual consumers, data must also be actionable. To be actionable, data must be understandable, usable, timely, and have clinical utility.

To move us and the ecosystem closer to that reality, we partner with key stakeholders to share lessons learned and seek new collaborations. For example, we work closely with the federal government to identify challenges, inform solutions, and shape public policy that encourages interoperable data exchanges. Improving interoperability will allow us to access, exchange,

and interpret data between systems to improve clinical quality, cost, and care management outcomes for consumers and the broader health care system.

As an early proponent of Blue Button 2.0, FHIR API, the CARIN Alliance, and HL7 Da Vinci Project, Cambia has led the health care industry in embracing and advancing national data standardization.

A truly interoperable health data system is now a national priority. Consumers demand it, and policymakers are creating an environment to catalyze and support it, while technology and security are catching up. Cambia continues to raise the bar for other industry players in adopting open and interoperable business practices in a rapidly evolving industry.



CONSENSUS-DRIVEN STANDARDS

We believe in applying standards and processes that are supported industry-wide and have the most promise of facilitating seamless data exchange. Industry leaders have collaboratively developed standards, guidelines, recommendations, and resources to support health data exchange and empower consumers. This includes standardized frameworks, implementation guides, and jointly agreed upon principles to guide information exchange. We support efforts to disseminate these standards throughout the industry and encourage the use of incentives to increase adoption and use.

THE CARIN ALLIANCE is a bipartisan, multi-sector

collaborative working to advance consumer-directed exchange of health information. The CARIN Alliance has a vision to advance the ability for consumers and their caregivers to easily get, use, and share their digital health information when, where, and how they want. As a founding member of the CARIN Alliance in 2016, Cambia has been deeply involved in creating the technical aspects of the Common Payer Consumer Data Set—a new framework to promote consumer data access through a standardized approach.



has supported the development and implementation of health technology and data exchange for over a decade. Through a series of federally funded initiatives and policies, CMS has accelerated the proliferation and adoption of electronic health records, trusted data exchanges, and interoperability standards. Cambia has continued to partner with CMS and other federal agencies to test and promote innovation that serves health care consumers. In 2018, Cambia partnered with CMS on BlueButton 2.0; a developer-friendly, standards-based API that enables Medicare beneficiaries to connect their claims data to the applications, services and research programs they trust. The Blue Button API enables a developer to register a beneficiary-facing application, enables a beneficiary to grant an application access to four years of their Part A, B, and D claims data, and uses the HL7 FHIR standard for beneficiary data and the OAuth 2.0 standard for beneficiary authorization. Developers integrate with the Blue Button API adding value for beneficiaries, providers, care organizations, researchers and many more across health care and life sciences to:

REDUCE patient burden

STREAMLINE information about different kinds of care over time

UNCOVER new insights that can improve health outcomes

ACCESS & MONITOR health information in one place







THANK YOU

Cambia's commitment to catalyzing health system transformation is powered by our innovative, talented, and dedicated team. We want to the thank the following partners for their valuable contributions to this report:

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