

SIEMENS HEALTHINEERS POPULATION HEALTH WITH IBM WATSON CARE MANAGER CLOUD SERVICES

This Service Description for Siemens Healthineers Population Health with IBM Watson Care Manager Cloud Services describes the Cloud Services Offering provided by Siemens Healthineers to Client. Client means the company and its authorized users and recipients of the Cloud Services. The applicable Quotation identifies the specific Cloud Service and quantities selected by the Client. The terms and conditions governing this Service Description are set forth in the applicable Siemens Healthineers Population Health with IBM Watson Care Manager Cloud Services Terms of Use.

1. IBM Watson Care Manager

IBM Watson Care Manager (the "Cloud Service") provides a scalable, high touch solution for person centered, team-based care. Multidisciplinary care teams gain a holistic understanding of a Care Recipient through a comprehensive health summary powered by insights gained from best practice assessments, information from health and social care systems, and coordinate interactions with a Care Recipient. The Cloud Service integrates clinical, social and individual Data Sources, assisting care managers in delivering personalized care plans to prompt behavioral changes across their population. It provides a personalized approach to care management and enables care managers to extend their reach to more Care Recipients.

The Cloud Service includes the following capabilities:

- **Care Recipient Summary:** comprehensive health summary using information that spans across systems and information provided by care providers to create a view of a Care Recipient's care status
- **Intelligent Care Best Practices:** industry standard interventions available for care managers to select appropriate interventions to scale best practices
- **Structured Programs & Business Processes:** deliver guided content and workflow to care managers, providers and others to automate interactions and activities across care programs and processes to improve care team efficiency and effectiveness
- **Person Centered Care Planning:** support the development, management, and sharing of individualized care plans, including outcome goals and barriers, interventions by the care team, and engaging a Care Recipient on his or her care plan tasks
- **Program Enrollment:** manage the referral and enrollment of Care Recipients and groups of Care Recipients (cohorts) into care programs
- **Care Team Assignment:** assign and manage care management activities for a Care Recipient
- **Care Team Management:** view the key stakeholders involved in the care of a Care Recipient
- **Care Recipient Information Management:** collect and update information on a Care Recipient through user interactions or from external systems
- **System Configuration and Administration:** configure the care management platform, including: Client Data, program workflows, assessments, care plans, teams, recommendations, goals and preconfigured action libraries