Health & Care:
The Missing Dataset

Why AI Needs CloudCare to Work — and Why the Market Has Never Been More Ready

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The Missing Dataset

Healthcare is sitting on more data than ever — and still cannot answer the one question that matters most: what is happening with this patient right now?

EHR data is rich but static — only as current as the last office visit.

Claims data is useful but stale — typically 60 to 90 days behind.

Genomic data tells you predisposition, not present condition.

AI systems trained on these sources can identify who is at risk. They cannot tell you when that risk is becoming a crisis — the only intervention that actually bends the cost curve. A patient with CHF, diabetes, and hypertension who hasn't seen their doctor in four months is invisible to every one of these systems. Until they show up in the emergency room.

> **The Missing Dataset**
> *Longitudinal, continuous, real-world vital sign and behavioral data — what is happening with the patient today, at home, between care events. And critically, it must live inside the patient's health record, connected directly to their home — not in a separate monitoring silo, not as a bolt-on service, but as a native, continuous extension of the care relationship.*

When a patient's weight climbs three pounds over 48 hours, blood pressure drifts upward, and activity drops — no single signal triggers an alert. Together, they form a pattern. Personalyze™ detects that pattern against that patient's own baseline and routes an intervention before the hospitalization occurs. That signal is now part of the health record. The next clinician sees the full picture — not just the last visit, but the 90 days of life that preceded this one.

This Is No Longer "Remote" Anything

"Remote Patient Monitoring" implied distance, exception, and technology overlay. "Virtual Care" implied a substitute for real care. Both frames are obsolete.

> **Health & Care**
> *A normal, continuous, ambient way to receive care anywhere you are. The home is not a remote location. It is where life happens, where chronic disease progresses or is arrested, where the data that matters most is generated every day. The platform that connects that home to the healthcare enterprise is not a monitoring tool. It is the new care infrastructure.*

This is the reframe that every payer, provider, and government agency is now being forced to accept: the patient's home is the care setting. The health record must extend into it. The AI must have access to what is happening there. And the economics of value-based care — ACCESS, ELEVATE, the $50 billion Rural Health Transformation Program — require it.

The Triple Witching: Three Forces Converging Now

Every major market transformation follows the same pattern: the technology exists years before the market is ready. The gap isn't technical — it's structural. Markets wait for a payment model that funds the new behavior, a policy mandate that forces structural change, and a crisis that makes the status quo untenable. When all three align, adoption doesn't grow gradually. It accelerates.

Force	What It Means Right Now
Demographic & Cost Crisis	80% of Americans 65+ have chronic disease. $6T in healthcare spending. 800K–2M caregivers lost since COVID. AI must triage at scale — but only with real-time data.
Payment Transformation	CMS ACCESS Model (July 2026) pays for outcomes, not activities. ELEVATE funds prevention. $50B Rural Health Transformation Program (2026–2030) mandates technology-driven chronic disease management across all 50 states.
Government Rebuilding	Federal agencies are being redesigned from the ground up. They need foundational platforms to build upon — not point solutions. CloudCare integrates into Microsoft Fabric — consolidating home-generated patient data with health system data for population-level analytics and reporting, distributed through Microsoft's enterprise sales force to 1,000+ healthcare clients.

What CloudCare Specifically Fills

Every one of these programs has the same unsolved problem: where does the clinical data come from, and what happens to it? ACCESS requires continuous outcome tracking via FHIR-based APIs. ELEVATE requires documented evidence of intervention efficacy. The Rural Health Transformation Program requires measurable outcomes tied to technology deployment. The VA's RPM expansion requires monitoring at scale across geographically dispersed, rural populations.

The Gap	CloudCare's Answer
Real-time patient data between care events	Continuous monitoring via 550+ connected devices, living in the health record
AI with nothing current to act on	Daily longitudinal signals feeding Personalyze™ from the patient's home
Rural patients invisible to the system	Cellular/offline connectivity — no smartphone required
Alerts overwhelming understaffed teams	Intelligent routing — only actionable signals reach clinicians
Outcomes proof required by ACCESS and RHT	Population analytics and individual baseline tracking built in

The Bottom Line

The AI exists. The payment models are in place. The crisis is real. What has been missing is the continuous, longitudinal data stream that makes AI work — living inside the health record, connected to the patient's home, delivered not as a remote service but as a normal part of how care is received. That is Health & Care. That is what CloudCare was built to enable. And that is the gap every new federal program now depends on closing.

Key Policy References

CMS ACCESS Model — Advancing Chronic Care with Effective, Scalable Solutions. Launches July 2026. cms.gov/priorities/innovation/innovation-models/access

CMS MAHA ELEVATE Model — Enhancing Lifestyle and Evaluating Value-based Approaches Through Evidence. Launches September 2026.

CMS Rural Health Transformation Program — $50 billion across all 50 states, 2026–2030. cms.gov/priorities/rural-health-transformation-rht-program

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