Healthcare 2030: An Impact Thesis for the Digital Era of Medicine

By the Digital Medicine Society (DiMe)

The Inflection Point

Despite unprecedented investment and scientific breakthroughs, our healthcare system remains fractured. Clinical knowledge is growing, digital innovations abound, but the results remain siloed, and the impact limited.

Still, there are bright spots. DiMe is proud to have helped create over 880 stories of measurable success advancing regulatory science, product development, and care delivery. We've shown what's possible. Now it's time to build what comes next. Today, our healthcare system is at a breaking point, but it holds immense potential.

What we need now is not a new parallel ecosystem. We need to evolve the infrastructure we already have. Instead of reinforcing structural inefficiencies and inequities through fragmented digitization, we must coordinate bold, system-level transformation.

DiMe was founded five years ago to do exactly that. We work hand in hand with regulators, payers, clinicians, researchers, technologists, and patients to modernize care, research, and public health. Our goal is not to discard the system, but to reengineer it from within, building tools, workflows, and incentives that make healthcare more sustainable, equitable, and effective.

> Ultimately, despite enormous effort and investment, we remain reliant on a broken healthcare system, one in which the steady expansion of clinical knowledge and the recent wave of digital innovation have not translated into impact at scale. Instead of driving meaningful progress toward the quintuple aim, these advances have thus far failed to sufficiently transform health, healthcare, or medical product development into sustainable endeavors that serve every person they are intended to help. DiMe is here to change that."
>
> —Jennifer Goldsack, DiMe Founder and CEO

The first chapter of DiMe's work was about proving what is possible. Now, we are using those lessons and the momentum we have built to drive transformation at scale.

Our Goal

Not to try and optimize our broken system, but to build what comes next.

Digitizing healthcare is not our end goal; it is the means.
We're re-architecting the ecosystem for impact.
And Healthcare 2030 is our impact philosophy for how.

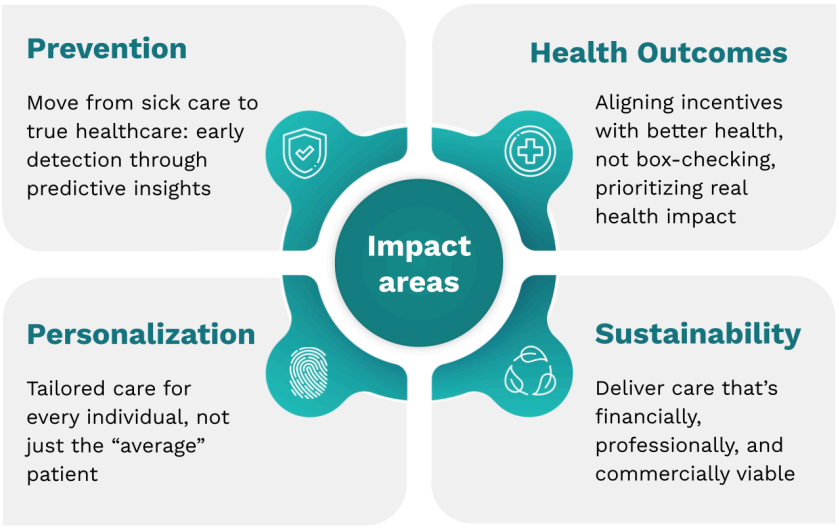
At DiMe, we are designing the foundation for a future where care is proactive, personalized, and accessible. This transformation will extend beyond clinical care into how we develop medical products, conduct research, and shape public health. A future defined not by bureaucratic inertia but by actionable insight, equitable access, and measurable outcomes.

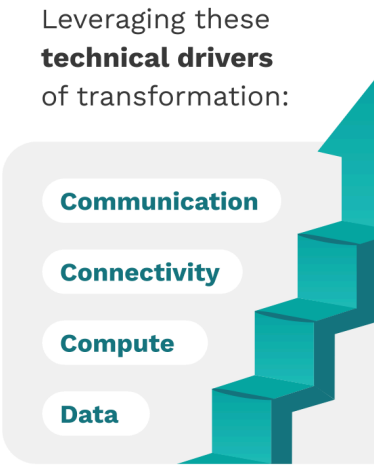
Over the next five years, we will lead the transformation of healthcare by focusing on four powerful technical drivers and four measurable areas of impact.

This is our roadmap to 2030.

Healthcare 2030 at-a-glance

Over the next five years, DiMe will prioritize:





Impact Areas We Will Relentlessly Pursue Through 2030

1. Prevention

With new data streams and predictive analytics, we can finally shift from reactive sick care to true healthcare. Early signals, whether for dementia in older adults or cancer in young people, can be detected before symptoms emerge. But prevention has long struggled to gain traction in the U.S. system. The incentives are misaligned, the behavioral economics are challenging, and the time horizons are often too long for traditional reimbursement models. Our opportunity now is to use high-quality data to change that. With real-world evidence, we can prove exactly how much good prevention can do - clinically, financially, and operationally - and finally make it investable at scale.

But meaningful prevention cannot be achieved by the healthcare sector alone. The conditions that drive health outcomes - nutrition, housing, stress, physical activity, and environment - are shaped outside of clinical walls. Improving health at scale will require bold partnerships with nontraditional stakeholders: from food systems and public transportation to employers, schools, and technology companies. In particular, unlocking data captured by consumer electronics firms could dramatically enhance our ability to identify early symptoms and intervene proactively. If we want a system built for health, not just care, we must expand the circle of accountability and impact.

Evidence in action:

- ✔ **We have** shown how digital measures can shift care upstream. DiMe-defined measures of physical activity and sleep outperform traditional tools in predicting cardiac events, improving both efficiency and accuracy.
- ✔ **We are** using predictive analytics to tackle major public health challenges. Our opioid use disorder relapse prediction model offers a scalable path to save lives and reduce the $2.7T annual cost of opioid-related harm.
- ✔ **We will** make aging in place the default. By capturing predictive signals as part of everyday lives, we will detect cognitive decline earlier, identify disease risk before crisis, and ensure timely, personalized interventions.

2. Personalization

The most optimized care is care tailored to the individual. Today's tools allow us to move beyond population averages and imprecise "best guesses" toward decisions rooted in the totality of evidence, including the lived experience and clinical history of every patient. Using large, diverse datasets, we can optimize care for each person, not just the median trial participant. This transformation enables clinicians to make more

precise decisions and empowers individuals with tools to understand, manage, and take charge of their own health.

Evidence in action:

- ✔ **We have** advanced precision approaches. From codifying best practices to end the use of race-based algorithms to designing pediatric digital solutions, we have delivered tools that meet people - including the underserved - where they are.
- ✔ **We are** transforming patient-generated health data (PGHD) into a precision engine. Our work ensures these personalized data streams are interoperable, high-quality, and usable for care and oversight. And through our DiMe Seal, we are enabling patients to act as full participants in their health through the selection of high-quality, trustworthy tools that will support people to make informed choices, manage conditions, and engage meaningfully with care, even when provider access is limited.
- ✔ **We will** convene pharmaceutical leaders to optimize direct-to-consumer models that connect patients with the therapies most likely to benefit them, strengthening both personalization and access.

3. Health Outcomes

We've long measured the healthcare system by how well it treats sickness and how well it follows procedures. But we now have the tools to measure what truly matters: whether every person it exists to serve is healthy. Technology makes it possible to evaluate outcomes that matter to patients; consistently, continuously, and without bias. This shift, from process to outcomes, makes performance-based payment models possible, aligning incentives with the health of individuals and communities. It's not about how many boxes we check; it's about results.

Evidence in action:

- ✔ **We have** redefined success in healthcare. Our V1C Payor-Contracting Toolkit cut contracting time by 18 months and aligned incentives around outcomes that matter, not just process compliance.
- ✔ **We are** building AI education tools to equip healthcare professionals in low-resource settings with the skills to use AI responsibly, building literacy and confidence, then offering a roadmap for selecting, deploying, and scaling tools. At the same time, our Hospital-at-Home Alliance is creating evaluation and reimbursement models for home-based acute care, already proven to improve access and outcomes.
- ✔ **We will** develop frameworks to support the design, evaluation, and scale of AI-enabled patient navigation tools that improve outcomes and deliver measurable returns for health systems, payers, and technology companies. This

work will apply a dynamic trust, utility, and impact model to guide responsible adoption and real-world value creation.

4. Sustainability

A sustainable healthcare system must be financially viable for patients and society, professionally viable for a strained clinical workforce, and commercially viable to attract ongoing innovation. Technology must be deployed not as a cost center, but as an engine for affordability, workforce renewal, and responsible, long-term investment. When used strategically, digital solutions can reduce the marginal cost of care, decouple scale from expense, and bend the cost curve in a deflationary direction.

A sustainable system also demands a reimagined workforce. Tomorrow's healthcare teams will include new roles that do not exist today, from AI-enabled care navigators to digitally fluent health coaches. As care moves beyond the clinic, we must prepare professionals to work at the top of their license, supported by new tools, training, and smart regulation. DiMe's education efforts are both upskilling today's workforce and helping to define the workforce of the future.

Technology can only transform healthcare if the system is equipped to pay for what works. The current reimbursement model rewards clinician time, not outcomes, making it difficult, if not impossible, for even the most impactful innovations to scale. At DiMe, we are working to help the system catch up. From defining measures that reflect real-world value to supporting new payment models that reward prevention, personalization, and sustained health, we are building the tools and frameworks needed to enable cost-effective innovation. The momentum is real, and the policy window is open. Now is the time to realign incentives to reward results, not just activity.

Evidence in action:

- ✔ **We have** helped the VA scale innovation that works. From SmartHEART virtual rehab to remote temperature monitoring, our value-based framework has delivered measurable impact for Veterans and the system.
- ✔ **We are** defining standards for sustainable digital health. Through the DiMe Seal and our AI implementation playbooks, we are making tech investments work for clinicians, patients, and the bottom line.
- ✔ **We will** equip rural and safety-net providers to thrive. With tailored digital strategies that generate revenue and maintain access, we are securing care for communities too often left behind.

Technical Drivers of Transformation

1. Data

Data is no longer confined to manila folders in locked cabinets. Today, with the right permissions, data is liquid, accessible, reusable, and high-resolution. This allows us to improve clinical decisions, shape public policy, support reimbursement, and accelerate medical product development. New technologies like sensor-based devices and the broader "digital exhaust" enhance traditional datasets such as claims and EHRs, increasing both volume and relevance. This is data, not just as information, but as currency in the digital era of care.

2. Compute

Advances in compute power and AI allow us to make sense of complex, high-velocity data streams, often in real time. These capabilities scale expert-level clinical decision support across settings, making high-quality care more consistent, accessible, and equitable without overwhelming clinicians with today's flood of patient and scientific data. Compute also enables us to synthesize the rapidly growing body of medical knowledge, supporting evidence-based care informed by the full breadth of available science.

3. Connectivity

Connectivity moves healthcare beyond clinic walls. By capturing data during daily life, we gain a more complete, contextualized understanding of health, illness, and lived experience, including social and environmental influences. Connectivity also enables more timely, direct engagement with individuals, reducing barriers to access and creating more frequent, high-impact opportunities for care and research. While this connectivity allows data to flow from patients to the system, the next frontier is true interaction, underscoring that tech is here to support the people the healthcare ecosystem is built on - patients, clinicians, and researchers - and powering information exchange and communication between these groups.

4. Communication

From virtual visits and asynchronous messaging to multilingual, AI-powered interactions, modern communication tools are closing the gap between clinicians and the communities they serve. These technologies support culturally responsive care, enable care partners to be active participants, and expand the reach of overburdened teams. Most importantly, they create a two-way exchange of information, replacing the traditional top-down delivery of medical decisions with dynamic, ongoing interaction. This is how we ensure that care is not only delivered, but understood, personalized, and sustained.

Together, these four drivers - data, compute, connectivity, and communication - form the backbone of digital medicine. From connected devices and sensor-based tools to AI-powered insights and human-centered interfaces, they allow us to generate richer health signals, interpret them in real time, and deliver care beyond traditional settings. Digital medicine is the infrastructure on which the future of health will be built, enabling computation at scale to improve outcomes, access, and sustainability. Just as importantly, it creates the conditions for the human side of medicine, characterized by empathy, trust, and care, to flourish.

These same digital foundations power a more adaptive research enterprise and a more responsive public health system. Continuous, high-resolution data enables more inclusive trials, real-world evidence generation, and dynamic regulatory decision-making. With digital medicine, we can finally realize a true learning health system, one where insight and action continuously inform one another across care, discovery, and public health.

Why DiMe

We have been redefining healthcare in the digital era since the beginning. With over 880 stories of measurable impact, from commercial success for partners to advancing regulatory and evidentiary standards, we know what it takes to drive meaningful change across our complex field.

We remain the only independent, precompetitive, mission-driven organization building the digital era of medicine for everyone. Our work spans open-access education, evidence generation, and policy translation, equipping the full ecosystem to lead. Further, from defining digital endpoints for clinical trials to advancing regulatory-grade patient-generated data, DiMe has helped reshape how we develop, evaluate, and deliver medical products in the digital era.

What makes DiMe different is how we lead: we bring the right people to the table, create a safe space for open dialogue, and translate across sectors. Whether aligning policymakers and developers or connecting patients with regulators, we serve as the trusted facilitator and practical guide, moving ideas from intention to implementation.

We know what it takes to move from vision to impact. Healthcare 2030 outlines where we will go next, but we cannot do it alone.

We will deliver public frameworks, technical standards, implementation toolkits, education programs, and regulatory-aligned guidance, all designed to be used, not admired. Success will be measured by real-world adoption, ecosystem impact, and policy uptake. As always, our work will be visible, collaborative, and accountable.

If you are working to build a future where healthcare is proactive, personalized, outcome-driven, and sustainable, we want to work with you. Review ways to partner and seek support here.