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WHITE PAPER
Healthcare

We are redesigning a new Healthcare system
to evolve opportunities for care, assistance, and
prevention.

Healthcare

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Our journey in digital health in service of the italian NHS

Throughout our long-standing experience alongside Italian healthcare organizations, we have consistently supported their digitalization choices and initiatives. Today, we are at the peak of a crucial phase, officially launched in 2019 with the release of our proprietary platform, ellipse. Since then, our market positioning has expanded and profoundly transformed: we have seen significant growth in terms of clients, users, and installations, taking on an increasingly central role in clinical, healthcare, and assistance processes, as well as in the pathways where these areas intersect. At the same time, we have strengthened our contribution to management and governance activities. All of this has led us to achieve a leadership position in digital health in support of the National Health Service (NHS).

At the dawn of this phase, we defined our ambition and outlined the strategy to achieve it. As an integral part of our DNA, we began by analyzing the needs of the Health System, aware that digital technology—and with it, our contribution—would be called upon to provide concrete and effective responses, starting with the near future. For this reason, we outlined a vision for the future of the Health System, defined an expected demand for digital health,

and built a comprehensive strategy made up of design and application solutions to support it tangibly.

1.1 The drivers of change

At the end of the last decade, our studies—enriched by numerous national and international e-health research initiatives in which we are continuously involved, by conversations with stakeholders at all levels of the Health System, and by interactions with industry analysts—revealed a forward-looking framework shaped by four transformative forces.

The first was the pursuit of value, meaning the need for the Health System to pursue sustainability, in a scenario where demographic dynamics—such as the constant aging of the population—and epidemiological trends—such as the prevalence of chronic diseases—would trigger an inexorable and unsustainable increase in spending. Optimizing value, understood as the ratio between achieved health outcomes and the resources used to achieve them, emerged as a guiding principle for the Health System to consistently pursue sustainability in every decision.

The second, a direct consequence of the first, was the imperative to adopt new models of care and assistance, aimed at rebalancing the focus on prevention and community-based care compared to the—until then dominant, if not exclusive—hospital-based care, which itself needed to shift toward increasing specialization in acute care. These new models of care and assistance were capable of realizing the concept of value by implementing strategies—namely prevention and proximity medicine—essential for providing sustainable responses to the needs of an increasingly elderly population affected by chronic diseases. Among these new models, remote care stands out as a full-fledged proximity medicine strategy, as it allows for continuous and cost-effective care to be delivered directly to the patient's home.

The third driver, closely linked to the previous ones, concerned the "stance" with which the Health System would be called to adopt the new models: an approach based on collaboration—understood as dialogue between clinical specialties and professionals across different care settings—to ensure patient-centeredness and continuity in chronic care pathways; on inclusion—making the

patient an active participant in their prevention, care, and assistance journeys, a key condition for adherence and thus the effectiveness of healthcare interventions; and on responsibility, understood as the constant measurement of the value generated, in terms of health outcomes and costs incurred, to guide every action toward continuous and sustainable improvement.

The fourth, a synthesis of the previous ones, was urgency—the need for convergence toward new organizational models (and their potential reconfiguration to achieve ever-higher levels of value, adopting the right stance) to happen swiftly, making the healthcare system responsive, capable of anticipating needs, and dynamically adapting to the current context.

All four of these drivers materialized, accelerated by the COVID-19 pandemic. The health emergency exposed the limitations of a healthcare system still too hospital-centric, lacking a sufficiently extensive and robust network of primary care and remote assistance. It also made the rapid adoption of new approaches to prevention, diagnosis, care, and assistance urgent; highlighted the benefits of active patient involvement; and underscored the importance of objectively measuring and predicting health phenomena to manage them effectively. This acceleration led to the

reforms underlying the National Recovery and Resilience Plan (NRRP), aimed at making hospitals increasingly focused on acute care, strengthening prevention, proximity medicine, and the home as the primary place of care, promoting large-scale remote assistance, enhancing patient engagement, and introducing measurement—retrospective, contextual, and predictive—as a strategic lever at all levels of the National Health Service.

1.2 How the visions became a system

For each of the four transformative forces we anticipated would impact the Health System, we identified a corresponding effect on the demand for digital health, so that it could become an effective tool to support change. Within this framework, we outlined four evolutionary directions for digital health.

The first evolutionary direction was **total digitalization**, as only by integrating digital technology into every process of prevention, care, and assistance could we truly manage population health pathways and take charge of them, as well as measure value—starting from digital information assets that allow us to understand the clinical outcomes achieved and the resources used to obtain them.

The second concerned **digital specialization**, to provide expert support in the execution and governance of various prevention, care, and assistance processes. No longer generalist solutions, but tools capable of supporting healthcare professionals in every specialized context. Only through this specialization can digital technology truly support the evolution of care and assistance models, accompanying their continuous reshaping in response to emerging needs.

The third was **digital transformation**, meaning the ability of solutions not just to automate processes, but to reshape them around new expected characteristics, facilitating this change. Only through digital transformation can e-health become an ally in orienting care structures toward new values such as multidisciplinary collaboration, patient engagement, and responsibility in undertaking constant and systematic measurement and governance pathways. Because there can be no health and care pathways without information sharing and proactive suggestions, no real patient engagement without access to their own health data, and no continuous measurement and governance without advanced data analysis tools—not just retrospective ones.

Finally, the fourth concerned the adoption of agile

approaches to digital transformation, aimed at progressively developing and implementing application solutions, delivering initial expected benefits quickly and completing them over time. This approach allows for dynamic adaptation to ever-changing contexts. Only through agility can digital technology concretely contribute to defining and implementing new organizational models, overcoming the rigidity of traditional "waterfall" approaches, which often fail to keep pace with change.

All four of these evolutionary directions in digital health demand have materialized.

Digital Health initiatives and the National Recovery and Resilience Plan have outlined a new demand for digital health, enhancing it and placing it at the center of the National Health Service like never before.

This demand clearly reflects the four evolutionary

directions: the expansion of digital solutions across various prevention, care, and assistance processes, including remote care; the definition of specialized characteristics; a strong transformative orientation, including the use of frontier technologies—particularly those dedicated to data governance, management, and visualization; and the adoption of agile approaches, both in the design and development of greenfield solutions and in the implementation of product-based solutions.

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ellipse at the hearth of transformation

The proprietary platform that is redesigning digital healthcare

Within the framework defined by the four transformative forces of the Health System and the four evolutionary directions of digital health demand, we shaped our future positioning ambition: to become a key player in meeting the digital transformation needs of the National Health Service's preventive, diagnostic, clinical, and care processes, while also elevating our role in management and governance processes.

The realization of this ambition was driven by a strategy focused on the design and development of a new proprietary platform—ellipse—and on the enhanced integration of the necessary competencies—organizational, procedural, innovative, functional, and technological—to design and implement it using innovative approaches.

Specifically, **ellipse**, through its modern architectural design:

- Has a natural inclination for **composability**, allowing the creation of application solutions for every area of care and assistance from its basic functional "building blocks";

- Enables the **customization** of these application solutions, giving them the level of specialization needed for effective verticalization;

- Possesses the ability to **transform healthcare processes and pathways**, becoming both a "member of the care team" and a "coach for the patient," thanks to its behaviors that—also through the use of frontier technologies—capture data while minimizing data entry, support decision-making, foster collaboration, reduce risk, ensure privacy, enable remote functionality, empower the patient, and facilitate continuous measurement of health phenomena;

- Supports the adoption of **agile implementation approaches**, being easy to start and easy to manage,

allowing for progressive activation, step-by-step enhancement of process and pathway support, and the creation of ad hoc solutions, both in greenfield logic and within system integration initiatives.

Moreover, recognizing that technology in healthcare only generates value when aligned with the operational needs of professionals and the processes in which they operate, we aimed to connect the various competencies already present in our teams along a continuum. We engineered our approaches to software design and deployment so that the value of these competencies could be fully expressed through established, efficient, and effective methods.

This comprehensive strategy outlines a distinctive "both-and" approach, based on two pillars: the renewal of the application portfolio and the availability of application capabilities to support system integration initiatives on one side, and the refinement of competencies and methodologies for their implementation on the other. The goal is to make digital technology a tool for redesigning healthcare in an era that demands profound transformation.

By implementing this strategy during this phase, we have successfully met the new, large-scale demand for digital health, becoming a leader. But leadership is not merely about occupying space—it lies in initiating transformative processes within our offerings and approaches, so we can continue to be a partner in the NHS's digital journey, as we have been for over thirty years. These are processes we continue to shape tirelessly, so that in the next phase they may reach full maturity, refinement, and renewed transformative momentum—always pushing toward new horizons.

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Our application portfolio

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Our application portfolio for healthcare organizations, previously composed of solutions from the **AREAS Healthcare ERP**, has been enriched and transformed through **ellipse technology** across various application domains.

The first domain—where ellipse was initially developed—is the **hospital clinical-healthcare domain**, where ellipse solutions currently support multiple healthcare organizations in **patient engagement and treatment processes**.

Regarding **engagement**, ellipse also supports the **management of supply and demand for healthcare services**, and their matching—typical of Unified Booking Centers (CUP). Specifically, as part of a comprehensive rethinking of digital support for these processes to make them oriented toward **360° management of the patient relationship**, the first version—developed through an agile implementation process—is already active in **two Regional Health Systems**. It primarily aims to **renew the user experience** while enhancing the already well-recognized functional completeness of **CUP AREAS**.

In the **diagnostic domain**, ellipse has renewed our **laboratory analysis and pathology solutions**. The latter, in particular, is now designed to make **digital pathology** a stable operational model within the structure of **anatomical pathology service networks**.

For **remote care, ellipse RemoteCare** was developed. It enables services such as **teleconsultation, telemonitoring, telemedicine visits, and remote assistance**, and has been selected as the application solution for the **introduction and expansion of telemedicine in eight Regional Health Systems**. ellipse RemoteCare is designed to integrate with all other ellipse applications (and beyond), reflecting our belief that **telemedicine transforms all processes of prevention, diagnosis, care, and assistance into remote-enabled ones**, rather than being a separate process.

In the context of **prevention and community-based care**—and thus the processes through which the healthcare system provides care and assumes responsibility—the **microservices of the ellipse platform**, already foundational to our engagement and treatment solutions, have been used as core components in specific project environments to develop solutions supporting the new **proximity medicine** introduced by the **MD77 reform**: **Community Health Houses** and **Territorial Operations Centers**.

Our **management support solutions** have begun their redesign journey using ellipse technology, starting with **logistics and accounting**. This choice was driven by the transformative push generated by the ongoing digitalization of clinical, diagnostic, healthcare, and care processes within the Regional Health System—facilitated by ellipse itself. Specifically, in **logistics**, ellipse is making its first steps in **micro-logistics**, where care and treatment processes—especially those related to pharmacotherapy—intersect

with goods movement and storage processes.

Regarding **accounting**, ellipse will be the **first market solution capable of supporting "value accounting"**, incorporating a revolution in accounting models for management measurement. Increasingly, these models must allow for the measurement of **value**, i.e., **clinical outcomes**—a variable almost absent in traditional analytical accounting models used so far in the NHS and supporting IT solutions—and the **resources used to achieve them**—a variable that must be captured not just by accumulating costs in "Centers," but by providing views focused on services, processes, and healthcare pathways. In this way, in the management domain, ellipse will enable **continuous monitoring of value**, making it the reference metric for both prospective decision-making and retrospective evaluations across all areas of the NHS.

Finally, as a **cross-cutting element**, ellipse includes **data analysis "asset" solutions** oriented toward the **governance of processes** underlying the various application modules. These can be implemented in an agile manner, ensuring a basic governance model while allowing for customization and evolution based on the sophistication level required by the client. Some of these solutions are based on advanced analytics, making the use of **AI**, **Digital Twin**, and similar technologies concrete within healthcare management processes.

Implementation approaches

Our approach, rooted in the **diversity of competencies**—the only one we believe is truly suited to excel in digital health and recognized by the market as our "trademark"—has reached a new level this season. It has been further strengthened and engineered to enhance the **"Eng style"** of software design and implementation.

Our teams of professionals, with deep expertise in the healthcare domain—both in organizational and process aspects, as well as functional ones, particularly (but not exclusively) related to our proprietary application solutions—have been further integrated to ensure a **systematic understanding of the needs** expressed by healthcare organizations from both perspectives. Based on this understanding, every digital health design and implementation initiative has been shaped to include the **best mix of high-impact consulting services**.

In parallel, we reorganized our technical teams by reinforcing our long-standing **software factory** with a **network of new teams specialized in specific technology lines**. As an additional innovation factor, we built an **ecosystem of specialized partners** (e.g., for device interoperability in telemonitoring), which we activate to expertly complete our delivery chain. The internal and external technical teams, guided by our process and functional consulting teams and our dedicated healthcare innovation team, design **innovation pathways** for both our software products and project initiatives.

This renewed integration between **domain teams** and **technical teams**, along with their reorganization, further expands a framework in which the **diversity and multidisciplinarity** of our professionals are systematically aligned with our clients' needs.

From this foundation, **new implementation approaches** have emerged—particularly for the deployment of our proprietary solutions whenever healthcare organizations choose to adopt them.

These approaches aim to **bridge business orientation**—represented by the owners of the processes being digitalized within healthcare organizations—

and **technical orientation**, embodied by IT managers and their teams. The underlying awareness is that **e-health initiatives are powerful drivers of organizational change**, which can only be activated through a language that is understandable to the business side and a project setup guided by **technical pragmatism**, ensuring tangible results within defined timelines.

To achieve this balance, the core element is our **ellipse Knowledge Base**, organized within a dedicated solution also developed using ellipse technology. It houses and structures all our accumulated knowledge—derived from field experience, process models, and information systems applied across various operational areas of healthcare organizations. This knowledge has been translated into **preconfigured system setups**, refined and cataloged based on the scenarios in which they proved most effective in generating value.

The Knowledge Base allows us to **engage business stakeholders** in digital health projects in an expert and

accessible way, offering **reference models** to accelerate project decisions and open a dialogue that supports change management—without compromising the rigor of a sustainable project and application path, as desired by IT departments.

For example, in our **Knowledge Base for Electronic Health Records (EHR)** management, we have selected process models for **patient admission, clinical and care assessment, therapy**, etc., adopted by our clients. We identified those that most effectively enabled digitalization and improved key performance indicators in wards and outpatient settings. These models have been **tagged according to their usage context** (e.g., general hospital, orthopedic specialty hospital, transplant center, etc.).

In this scenario, whenever a healthcare organization chooses ellipse, we begin by analyzing its characteristics. This includes identifying the tags to search within our Knowledge Base for the most suitable processes and information systems to inspire discussions with the client's

business stakeholders—**Medical Directors, clinical and care professionals** in the case of EHRs—during the system implementation phase.

Thus, our implementation approach makes the classic system deployment phases distinctive:

- **During the analysis phase**, information is gathered about the client's context to guide the solution design based on the best digitalization experiences we've already conducted. This phase is highly **data-driven**, as the most suitable reference model can be selected not only based on qualitative characteristics (e.g., general or specialized hospital) but also on key quantitative indicators (e.g., case mix and volume of medical and surgical admissions).

- **During the design phase**, the process doesn't start from a blank slate. Instead, one or more possible process and system configurations—identified as particularly relevant based on the client's

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characteristics—are suggested from the **Knowledge Base**. This allows for **rigorous yet rapid decision-making** on key aspects of the initiative.

· **During the implementation phase**, the availability of the Knowledge Base **accelerates configuration activities**, which can begin from pre-existing artifacts, making the process faster.

This approach has proven to be of great value in the **NRRP initiatives** we are currently leading, where **time is a critical factor**, especially when paired with the ambition of digitalization projects—such as **Electronic Health Records (EHR)**—that have significant organizational impacts. The availability of the **ellipse Knowledge Base** has allowed us to make the most of limited time by designing **incremental (agile) digitalization pathways**, starting with the implementation of an **enterprise-grade EHR** well-suited for initial digitalization of ward and outpatient processes. This was designed based on our best experiences from the Knowledge Base and then evolved toward specialized

pathways, also inspired and accelerated by the Knowledge Base's specialized content.

Another distinctive feature of our implementation approaches is the **constant and pervasive focus on measurement**. The health of each project is continuously monitored—both to assess system usage and to identify opportunities for configuration improvement. This is done through **objective data collection** from the system database and **user feedback**, which helps guide system fine-tuning.

We have also **renewed our post-go-live services**, where our on-the-ground **"evangelist" professionals** provide **remote support services**. These services, tailored to the scope and service levels chosen by the client, offer access to the best **organizational, functional, and technological expertise** from our teams, based on the specific issues raised by clients.

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Expertise, **experience**, **proactivity**, **innovation**, and **efficiency**: these are the defining traits of our current implementation approaches, and the foundation from which we work every day to identify new vectors for improvement.

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Greenfield spaces

The architectural capabilities of **ellipse**, particularly its **microservices-based composition**—which have been specialized for the healthcare context (e.g., patient admission, scheduling and availability management, clinical assessment, therapy, etc.)—make it a strong candidate as the foundation for **greenfield design and development**. At the same time, our traditional expertise in **system integration** allows us to play a leading role in these types of initiatives.

In the area of **proximity medicine**, the transformation dynamics of the Italian NHS, driven by the **MD77 reform**, have so far led many Regions and Health Authorities to adopt a **cautious approach to digitalization**. This is because the organizational and process foundations are still largely under development in many contexts, making it difficult to decisively guide IT choices—which, as is well known, should follow or align with those foundations. As a result, digital health providers have been unable to fully renew their software offerings for this domain, often relying

instead on their **legacy portfolios**, which were designed for a previous era and risk being partially or entirely inadequate today.

In this complex scenario, some Regional Health Systems that have moved forward with digitalization have done so through **greenfield projects**, where the **organizational design of new proximity medicine processes** was developed in parallel with the **design of the supporting application solutions**. This approach directly confronts the complexity of the task, rather than shifting responsibility to IT vendors to provide ready-made solutions for a context that is still fluid and uncertain.

These Regional Health Systems chose us for this journey, resulting in:

- The **Digital Territory Management System** for the **Lombardy Region**, and

- The **Territorial Operations Center support system** for the **Emilia-Romagna Region**.

Both were designed and developed using **ellipse technology**, and both were built starting from an organizational and process framework aimed at defining the **first operational model** for the new proximity care actors introduced by MD77—namely, **Community Health Houses** and **Territorial Operations Centers**.

These are two examples where the **greenfield value** of the ellipse platform came into play, enabling the creation of **original solutions** using its microservices—already proven in other care and assistance domains—and leveraging the **critical expertise of our teams**, who supported these clients in the ambitious task of shaping the identity of new territorial care actors, the processes that connect them, and the systems that support them.

As for **system integration initiatives**, a special mention

goes to the **National Telemedicine Platform (NTP)**, which we designed and developed—**in partnership with Almaviva**—by applying these same competencies, further enhanced with **data analysis expertise**. This platform represents the **advanced data analytics layer of the NHS for telemedicine**.

We followed a project approach where the **governance processes of telemedicine**, underlying the NTP, were designed and digitalized **before** the operational processes of remote care and assistance—and before the NHS had defined, at all levels, the solutions to digitalize those processes. This laid the groundwork for those solutions to be shaped according to the **planning, monitoring, and control needs** across all levels of the NHS.

It was a **highly innovative approach**, and we were proud to be the implementing partner.

Continuing to bring the future into the present by anticipating it

As we continue to implement the ambition and strategy outlined for this phase, we are already looking ahead to the next one, exploring the future horizons of the health system—and, within it, of digital health.

These new horizons define a future marked by the urgency to reach a higher level of the well-known transformative quartet: **value-based care – new models of care – collaborative posture – urgency**. At this level, healthcare processes—already integrated into pathways of prevention, care, and treatment—are no longer sufficient and must evolve into **precision health experiences**, a new formula expressed by the following equation:

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(<prevention, care, and treatment pathways> x <personalized medicine>)<One Health> = <precision health experiences>
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The scientific community has consolidated and continues to develop evidence showing that each individual's **"x-omic" profile** enables the design of personalized prevention, care, and treatment strategies that maximize the value of health interventions. These strategies form preventive and therapeutic pathways that become **experiences for the patient**, to the extent that personalization considers and addresses all health determinants—including environmental, social, and economic factors—which, according to **One Health** approaches, play a decisive role in the onset and progression of diseases, especially chronic ones.

In this scenario, the healthcare system will increasingly be called upon to design **precision health experiences** for patients, where the possibilities of personalized medicine are exponentially enhanced by the ability to integrate and address multiple factors. These are all crucial to ensuring that each individual—based on their unique x-omic, familial, social, economic, and environmental characteristics—is supported in their journey to maintain health first and, subsequently, to receive care, through a **holistic approach** that embraces every dimension of life.

To achieve this, it is essential to decisively intervene at the level of **prevention and proximity medicine**, making it the preferred setting for configuring precision health experiences. This means moving beyond the current model, where personalized medicine is almost exclusively the domain of specialized care and a limited group of healthcare professionals, and instead extending it to all professional communities and disciplines involved in **territorial care**. This includes leveraging scientific advancements to design personalized prevention, care, and treatment pathways that organically reflect each person's unique profile and the specific characteristics of their living environment.

This is the starting point for defining the next, ambitious level of digital health:

- **Creating knowledge bases** for personalized medicine that are readily and easily accessible to professional communities in prevention and primary care;

- **Bridging the gap** between new discoveries and clinical practice, especially in community settings;

- **Transforming knowledge into executable formats**, making it available in primary care applications for managing patient data, so that when a personalized health pathway is appropriate, healthcare professionals are supported in identifying and initiating it;

- **Expanding the data infrastructure** of these applications to include patients' x-omic data;

- **Adopting frontier data-driven technologies** to implement predictive approaches that support the design of personalized health experiences;

- **Providing tools for patients** to engage with every moment of their health journey, helping them adhere to and monitor their experiences.

A new frontier for digital health, especially in the realm of prevention and primary care, capable of supporting its increasingly effective and comprehensive centrality. This represents the new horizon for enhancing our offering and market positioning, raising the bar even further for a 'fully-specialized-transformative-agile' digitalization.

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CASE STUDY

EngGPT Data Quality for Pandemic Plan Updates

We have developed an AI-based solution that leverages generative models and text-embedding techniques to contextualize the national preparedness and response plan for potential pandemics. The solution generates a comprehensive list of topics covered in various existing pandemic plans and evaluates each plan based on its adherence to those topics. This tool has helped simplify the drafting process of pandemic plans by various local health agencies.

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CASE STUDY

Digital Territory Management System

In an organizational context still undergoing major transformation, and in close collaboration with Aria Spa and Regione Lombardia, we are designing and developing the SGDT system using an agile approach. This allows us to more effectively support the evolving digital needs of healthcare organizations. The ellipse platform serves as an accelerator, enabling the deployment of a first version of SGDT in just 5 months.

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CASE STUDY

A new information system for monitoring health expenditure

We have created a single multi-tenant administrative-accounting information system for use by all healthcare and hospital organizations within the relevant region. The system provides a truthful, accurate, and timely accounting representation of organizational management, implementing a "Holding – Subsidiaries" monitoring and control model. It offers decision-making support for healthcare spending planning, both at central and local levels.

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CASE STUDY

The evolution of remote assistance in the ASL of Foggia

Engineering deployed its proprietary ellipse platform solutions and domain expertise in healthcare processes. Together with contributions from partner companies, this enabled the development of a Telemonitoring platform to connect the Territorial Operations Center with the homes of COVID patients.

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CASE STUDY

Multichannel Guide to Citizen Healthcare Services

The goal is to improve the citizen's digital experience by transforming access to healthcare services into a simple and user-friendly process. These services are currently fragmented across various physical and digital touchpoints: web, app, phone, kiosks, and physical counters.

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CASE STUDY

Easy Hospital: a simple and seamless experience to access healthcare servicesi

This solution welcomes, guides, and orients citizens in accessing both healthcare and non-healthcare services offered at the physical spaces of the Sant'Orsola-Malpighi Polyclinic. The app becomes a personal guide for wayfinding, enabling a phygital and seamless experience by centering on user needs. It supports hybrid and fluid interactions, without interruptions between the digital environment (e.g., booking systems, queue management, payments) and the physical environment (e.g., kiosks, waiting rooms, clinics) where services are delivered.

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