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## About Us

Trajectory Healthcare, LLC is a strategic epidemiologic consultancy firm specializing in the design, evaluation, and science-based improvement of population health programs. It was founded in 2002 by Thomas Wilson, PhD, DrPH with six other members from areas of marketing, intellectual property law, information technology law, medical practice, and population health consulting

The firm has provided epidemiologic services to Medicare programs, Medicaid Agencies, health plans, care management vendors, employer groups, investment bankers, and non-profit groups including the Blue Cross Blue Shield Association, Disease Management Association of America, Academy Health, AHRQ and URAC.

The firm is now offering selected sites the opportunity to evaluate a new software product, Trajectory Analytic System. This system is based on several analytic patents awarded to Dr. Wilson in 2010, and other pending patents. It has the potential to revolutionize health care analytics by using "time" in unique ways. It inputs person level data and transforms it into population level data in both calendar time and 'trajectory' time. Trajectory time enables a manager to examine a defined population the same way to a doctor evaluates an individual patient. Day 1 of each member of the population is the day following the event of interest and the variation in trajectories following Day 1 are due to factors besides the criteria or criterion defining the event of interest. The system includes a proprietary mathematical system that predicts factors in real time that are related to targeted outcomes.

Ask for a demo today: [info@trajectory-inc.com](mailto:info@trajectory-inc.com)



### BIOSKETCH:

Dr. Wilson is the founder of Trajectory Healthcare, LLC.

He is also the co-founder and board chair of a non-profit organization, the Population Health Impact Institute ([www.PHIinstitute.org](http://www.PHIinstitute.org)). This organization advocates for credible, independent, and transparent evaluations of organized population health management programs. The PHI Institute has been awarded grants from the Health Industry Forum at Brandeis University and the Institute for Health and Productivity Management. In 2008, the Institute assembled a national group of health experts to draft a set of standards for impact evaluation. Those standards have formed the foundation of a "Healthcare Transparency & Attribution Program" (H-TAP) for population health programs and the "Methods Evaluation Process" (MEP) certification for individuals.

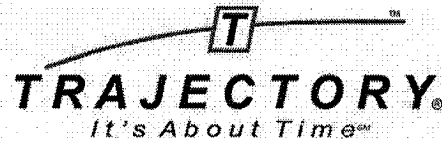
Wilson also serves as a member of the American Health Information Management (AHIMA) Foundation's National Advisory Research Council. He is currently a member of Academy Health and the Case Management Society of America (CMSA). He also serves on the editorial board of the *Journal of Health and Productivity* and is a reviewer for *Health Services Research*.

In 2004, Wilson was named one of the top 25 leaders in the nation in Disease Management (DM) by *Managed Healthcare Executive*, a leading health care industry journal. In May 2009, Wilson was invited to present a statement on behalf of the ABQAURP, AHIMA Foundation, CMSA, IHPM, and PHI Institute to the Federal Coordinating Committee on Comparative Effectiveness Research. The statement advocated for "transparency of methods" and the need to reform the peer-review process in comparative effectiveness research. In 2009, he served as a member of the AHRQ's Health Care Quality and Effectiveness Research (HCQER) study section. In 2010, on the AHRQ "Clinical and Health Outcomes Initiative in Comparative Effectiveness" (CHOICE) Grants and the AHRQ "Special Emphasis Panel (SEP)" study section and on the advisory board of the AHRQ-NICHM sponsored "Evaluation of Wellness Program" initiative.

Publications include contributor (and associate editor) to the encyclopedic Cambridge World History of Human Disease, commissioned works on disease management or wellness evaluation from the DMAA, URAC and the AcademyHealth's State Coverage Initiatives, a program of the Robert Wood Johnson Foundation. Other writings have appeared in the American Journal of Hypertension, American Journal of Managed Care, Annals of Internal Medicine, Barron's Weekly, Cambridge University Press, Case-in-Point, Circulation, Disease Management, Duke University Press, Employee Benefit News, Health Affairs, Joint Commission Journal of Quality and Safety, Journal of the American Geriatric Society, Lancet, Patient Safety and Quality, Professional Case Management, Statistics in Medicine, Journal of Health and Productivity, and others. He is also a frequent speaker at national meetings on the use of evidence-based principles to drive care management program improvement and assess impact of population health improvement initiatives.

In 2010, Wilson was awarded two patents related to analyzing and optimizing "resource allocations in cohort time" from the United States Patent and Trademark Office. These have been licensed to Trajectory Healthcare, LLC for use in the health care space and is the basis of a new analytic software product.

He received his DrPH in epidemiology from the School of Public Health at University of California, Los Angeles and his PhD in bio-history from BGSU (Ohio); he also did post-doctoral work at the London School of Tropical Hygiene and Medicine and the RAND Corporation. Professional positions include the Corporate Epidemiologist at Anthem Blue Cross Blue Shield, a faculty research position at the Schools of Public Health at Columbia University a NIH (NHLBI) post-doctoral fellowship position in cardiovascular diseases and a Fulbright award lectureship at the University of the West Indies, Cave Hill, Barbados. He has a wife and two daughters and lives in a Loveland, Ohio, a suburb in the northeast sector of Cincinnati.

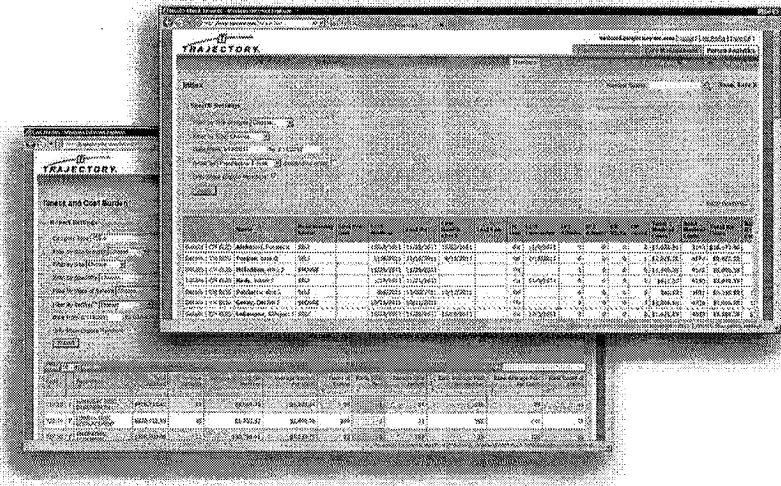

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## Products

### Trajectory® Analytic Software

Trajectory® Analytic Software is made up of three modules

- 1) The Person Analytics module: To explore the characteristics of each individual and his or her longitudinal history.
- 2) The Population Analytics module: To explore the characteristics of each defined population, its longitudinal history, and predictive factors associated with targeted outcomes
- 3) The Care Management module: The functionality to collect new information in electronic format, including iPad, and immediately use in Person Analytics and Population Analytics.



## Population Analytics

Population level information can be accessed by selecting diagnosis or procedure codes, vendors/hospitals/provider, pharmaceuticals, place of service, etc., to display characteristics of the target population for any subset of patients (e.g. number of unique patients, number of encounters/claims, total cost, average cost per person and claim; and the ability to drill down on any sub-set of the population for further analysis).

- Longitudinal history over Calendar time: Analysis can be done in traditional time by examining characteristics of the population of specific diagnosis codes, for example, chronic pain for over one year or one month, will show the characteristics of the primary diagnosis, all comorbidities, or the existence all associated procedures, pharmaceuticals, vendor / provider types, and service locations of the target population.
- Longitudinal history over Trajectory Time: A population is subdivided before and after a defined event (e.g. before and after a diagnosis, a prescription, a procedure, a hospitalization, etc.). The user can drill down to examine resource use patterns based upon time segments before and after the event to review common patterns of individuals or providers; e.g. time-segments prior to onset of the condition and following onset; for MRI use or incidence of back surgery before or after an office visit; the length of time when such procedures occurred pre-or-post intervention; the prevalence of positive and negative images (and comparison across providers); the prevalence of specific procedures following these images; and total resource utilization/costs.
- Predictive/Opportunity Analysis Module: Examining all risk factors in the system to determine the extent to which they contribute to resource use patterns and rank ordering them for future action.
- Program/Therapy Evaluation Module, ability to measure impact of specific interventions, projected or actual.

## Person Analytics

At the individual level users staff can retrieve one-line summaries of an individual patient, including most recent office visit, pharmaceutical usage, physical assessment, etc., as well as totals of resource use over the prior three, six, or twelve or months. The user can then click on any detail and instantly reveal a longitudinal history of that patient with regard to diagnosis, procedures, pharmaceuticals, laboratory tests, providers seen, hospital encounters, etc., making all

## Care Management

Ability to create data collection instruments(health risk assessments, surveys, etc.) for use on the portal and portable use on IPAD.