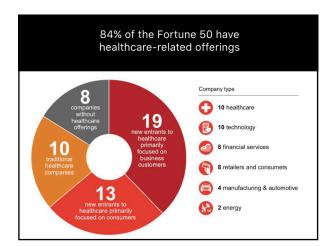


dis-rup-tion /dis-repSH(e)n/ noun disturbance or problems that interrupt an event, activity, or process. "the schedule was planned to minimize disruption"





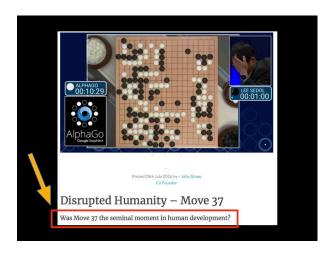






Move 37









Compete or Augment?

IF
IfSeenThisBefore()
{Relax()}
ELSE
{RunLikeHell()}

We are hardwired to fear novelty and to seek out comfort in familiarity

Google

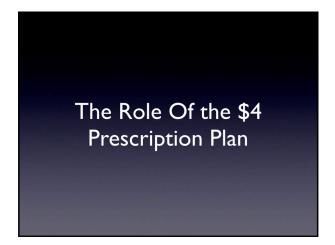
CVS
Health
amazon

September 18, 2017 05:04 AM GMT	Managa Okamban
	Morgan Stanley
September 18, 2017	
Amazon Disruption Symposium	MORGAN STANLEY RESEARCH North America
Where so Far? Where to Next? Who is Safe?	
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Wal-Mart's Goals	
Intentions In Heal	th
Care	

Recent News AFX News Limited Wal-Mart says could open up to 2,000 in-store health clinics in 5-7 years 04.24.07, 2:26 PM ET













Walmart, Not Amazon, May Turn Out To Be The Real Health Care Disruptor JED GRAHAM Every Amazon (AMZN) flirtation toward the health care industry has sent hearts racing on Wall Street. Yet Amazon appears to be having commitment issues, and others have leapt while Jeff Beoso hesitated. Now comes a possible Walmart (WMT)-Humana (HUM) merger. A Walmart acquisition of the insurer could fundamentally reshape health care delivery in ways that Amazon may have trouble matching.







9,800 retail locations, more than 1,100 walkin health care clinics, a pharmacy benefits manager with more than 94 million plan members, a dedicated senior pharmacy care business serving more than one million patients per year.



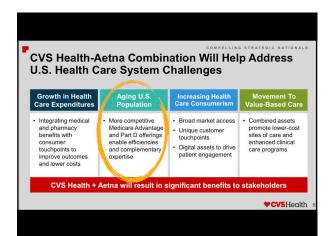
MinuteClinic - As of December 31, 2017, we operated 1,134 MinuteClinic © locations in 33 states and the District of Columbia, of which 1,050 were located in our retail pharmacy stores, and 79 were located in Target stores. We opened 15 new clinics during 2017.

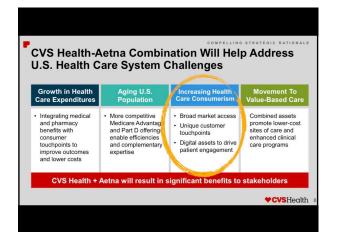


Changes in market dynamics or the actions of competitors or manufacturers, including industry consolidation, the emergence of new competitors and strategic alliances, and the exclusion from new narrow or restricted networks, could materially and adversely impact us.

CVS Form 10-K 2018

	Care System C	ation Will Hel Challenges	p Address
Growth in Health Care Expenditures	Aging U.S. Population	Increasing Health Care Consumerism	Movement To Value-Based Care
Integrating medical and pharmacy benefits with consumer touchpoints to improve outcomes and lower costs	More competitive Medicare Advantage and Part D offerings enable efficiencies and complementary expertise	Broad market access Unique customer touchpoints Digital assets to drive patient engagement	Combined assets promote lower-cost sites of care and enhanced clinical care programs





CVS Health and Aetna Bri Differentiated Capabilities	•
♥CVS Health	aetna [®]
 Unparalleled reach that positions us as the front door to health care 	✓ World class consumer health and engagement model
Ability to support patients, payors and providers with innovative, channel-agnostic solutions Broad capabilities to holistically manage patients Deep clinical expertise and insights Leading provider of pharmacy services in long-term care Ummatched scale in the U.S. making us low-cost provider.	Leading health financing platform Best-in-class service Targeted solutions to improve health and wellness Differentiated provider collaboration experience – equipping providers with tools to succeed Innovative plan designs





"CVS would never admit it, but this sort of pivot is Amazon's doing," Trip Miller, managing partner at Gullane Capital Partners, a minor shareholder in Amazon, told The Street. "What they're doing now is definitely based on Amazon's interest."

https://qz.com/1145594

"It's not quite explicit yet what they're planning on doing but whatever it is, it's scaring CVS," Rowe said

about Amazon.

Amazon is 'scaring' CVS, says former Aetna CEO about Aetna-CVS deal

There are three things that are triggering the CVS-Aetna deal and one of them is Amazon, former Aetna CEO John Rowe told CNBC on Monday.

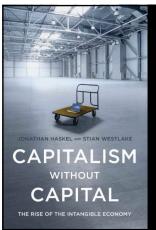
Michelle Fox • 5:27 PM ET Mon, 4 Dec 2017 | 03:20



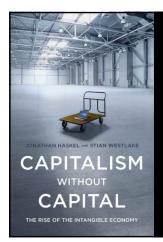
The failure of recent horizontal mergers, like Aetna-Humana deal, has forced companies to think more vertically across sectors to increase their footprint

CVS is reacting, not innovating with Aetna deal. They are going vertical, not horizontal The Economist

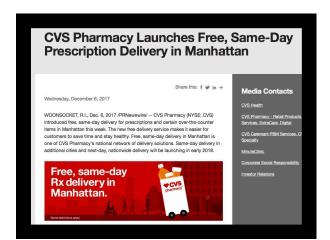
Because it will swallow Aetna's records on patient medical care, its physical outlets will have access to far more information about patients' chronic illnesses. As Aetna's boss, Mark Bertolini, put it, "We have 10,000 new front doors to the health-care system."

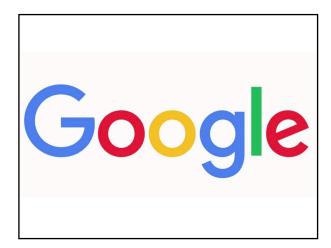


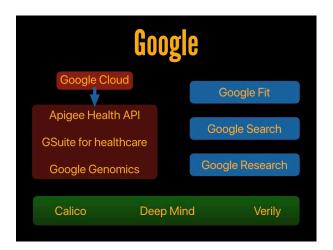
The integration of intangibles takes time, their benefits will not be observed overnight. This is one reason why it has taken as long as it has for these combinations to take place. The integration of these different resources must be executed efficiently, and their successful organization is not always obvious.



The rationale for the CVS-Aetna merger may not be all that clear in the present climate, especially the ability for it to be successfully executed, but it signals new opportunities.







Scalable and accurate deep learning for electronic health records

Alvin Rajkomar*1.2, Eyal Oren*1, Kai Chen¹, Andrew M. Dai¹, Nissan Hajaj¹, Peter J. Liu¹, Xiaobing Liu¹, Mimi Sun¹, Patrik Sundberg¹, Hector Yee¹, Kun Zhang¹, Yi Zhang², Gavin E. Duggan¹, Gerardo Flores¹, Michaela Hardt¹, Jamie Irvine¹, Quoc Le¹, Kurt Litsch¹, Jake Marcus¹, Alexander Mossin¹, Justin Tansuwan¹, De Wang⁴, James Wexler¹, Jimbo Wilson¹, Dana Ludwig², Samuel L. Volchenboum¹, Katherine Chou¹, Michael Pearson¹, Srinivasan Madabushi¹, Nigam H. Shah³, Atul J. Butte², Michael Howell¹, Claire Cui¹, Greg Corrado¹, and Jeff Dean¹

¹Google Inc, Mountain View, California ²University of California, San Francisco, San Francisco, California ³Stanford University, Stanford, California ⁴University of Chicago Medicine, Chicago, Illinois

January 2018

Abstract

Predictive modeling with electronic health record (EHR) data is anticipated to drive personalized medicine and improve healthcare quality. Constructing predictive statistical models typically requires extraction of curated predictor variables from normalized EHR data, a laborintensive process that discards the vast majority of information in each patient's record. We propose a perpesentation of patients' entire, raw EHR records based on the Fast Healthcare Interoperability Resources (FHIR) format. We demonstrate that deep learning methods using his representation are capable of accurately predicting multiple medical events from multiple centers without site-specific data harmonization. We validated our approach using de-identified EHR data from two U.S. academic medical centers with 216,221 adult patients hospitalized for a telast 24 hours. In the sequential format we propose, this volume of EHR data unrolled into a total of 46,864,534,945 data points, including clinical notes. Deep learning models achieved high accuracy for tasks such as predicting in-hospital mortality (AUROC across sites 0,930–94), 30-day unplanned readmission (AUROC 0,75-0,76), prolonged length of stay (AUROC 0,85-0,86), and all of a patient's final diagnoses (frequency-weighted AUROC 0,90). These models outperformed state-of-the-art traditional predictive models in all cases. We also present a case-study of a neural-network attribution system, which illustrates how clinicians can gain some transparency into the predictions. We believe that this approach can be used to create accurate and scalable predictions for a variety of clinical scenarios, complete with explanations that directly highlight evidence in the patient's chart.

Abstract

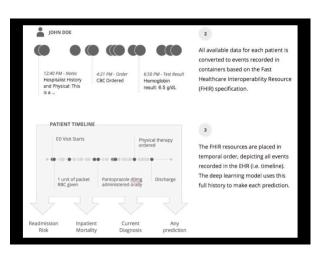
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At admission	24 hours before admission At admission 24 hours after admission Baseline (aEWS ²) at 24 hours after admission	0.90 (0.88-0.92) 0.95 (0.94-0.96)	0.81 (0.79-0.83) 0.90 (0.86-0.91)
At admission At admission At admission At admission At admission Baseline (alEWS²) at 24 hours after admission Baseline (alEWS²) at 24 hours after admission 30-day Readmission, AUROC (95% CI) At admission At admission At admission At admission At disharage At dish	At admission 24 hours after admission Baseline (aEWS ²) at 24 hours after admission	0.90 (0.88-0.92) 0.95 (0.94-0.96)	
24 hours after admission 0.93(0 94-0 96) 0.93(0 92-0 86) Baseline (aEWS²) at 24 hours after admission 0.85 (0.81-0.89) 0.86 (0.83-0.89) 30-day Readmission, AUROC (95% CI)* At admission 0.73 (0.71-0.74) 0.72 (0.71-0.74) 24 hours after admission 0.74 (0.72-0.75) 0.73 (0.72-0.75) 0.73 (0.72-0.75) 0.73 (0.72-0.75) At discharge 0.70 (0.65-0.72) 0.68 (0.67-0.25) 0.60 (0.67-0.25) 0.60 (0.67-0.25) Baseline (mIROSPITAL²) at discharge 0.81 (0.80-0.82) 0.80 (0.80-0.22) 0.80 (0.80-0.22) 0.80 (0.80-0.22) 0.80 (0.80-0.22) 0.85 (0.85-0.22) 0.85 (0.85-0.22) 0.85 (0.85-0.22) 0.76 (0.75-0.77) 0.74 (0.73-0.22) 0.76 (0.75-0.77) 0.74 (0.73-0.22) 0.76 (0.75-0.77) 0.74 (0.73-0.22) 0.76 (0.75-0.77) 0.74 (0.73-0.22) 0.76 (0.75-0.77) 0.74 (0.73-0.22) 0.75 (0.75-0.77) 0.74 (0.73-0.22) 0.75 (0.75-0.77) 0.75 (0.75-0.77) 0.75 (0.75-0.77) 0.75 (0.75-0.77) 0.75 (0.75-0.77) 0.75 (0.75-0.77) 0.75 (0.75-0.77) 0.75 (0.75-0.77) 0.75 (0.75-0.77) 0.75 (0.75-0.77) 0.75 (0.75-0.77) 0.75 (0.75-0.77) 0.75 (0.75-0.77) 0.75 (0.75-0.77) <td>24 hours after admission Baseline (a$\rm EWS^2$) at 24 hours after admission</td> <td>0.95(0.94-0.96)</td> <td>0.90 (0.86-0.91)</td>	24 hours after admission Baseline (a $\rm EWS^2$) at 24 hours after admission	0.95(0.94-0.96)	0.90 (0.86-0.91)
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24 hours after admission	30-day iteadinission, ACROC (3376 CI)		
At discharge Baseline (mIIGSPITAL ²) at discharge	At admission	0.73 (0.71-0.74)	0.72 (0.71-0.73)
Baseline (mHOSPITAL ³) at discharge	24 hours after admission	0.74(0.72 - 0.75)	0.73 (0.72-0.74)
Length of Stay at least 7 days AUROC (95% CI) At admission 0.81 (0.80-0.82) 0.80 (0.80-0.82) 24 hours after admission 0.81 (0.80-0.87) 0.85 (0.85-0.85) Baseline (m.liu*) at 24 hours after admission 0.76 (0.75-0.77) 0.74 (0.73-0.75) Discharge Diagnoses, (weighted AUROC) 0.87 0.86		0.75(0.75-0.78)	0.76(0.75-0.77)
24 hours after admission 0.86 (0.86-0.87) 0.85 (0.85-0.85-0.85-0.85-0.85-0.85-0.85-0.85-	Baseline (mHOSPITAL ³) at discharge	0.70(0.68-0.72)	0.68 (0.67-0.69)
24 hours after admission Baseline (mLiu ⁴) at 24 hours after admission $0.86(0.86-0.87)$ 0.85(0.85-0. Baseline (mLiu ⁴) at 24 hours after admission $0.6(0.75-0.77)$ 0.74(0.73-0. Discharge Diagnoses, (weighted AUROC) At admission 0.87 0.86	Length of Stay at least 7 days AUROC (95% CI)	
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At admission 0.87 0.86	Baseline (mLiu ⁴) at 24 hours after admission	0.76 (0.75-0.77)	0.74 (0.73-0.75)
	Discharge Diagnoses, (weighted AUROC	()	
0.11 6 1.1.1	At admission	0.87	0.86
24 hours after admission 0.89 0.88	24 hours after admission	0.89	0.88
At discharge 0.90 0.90	At discharge	0.90	0.90



Our relationship with Google

Google acquired DeepMind in 2014, because they were excited about the potential for our technology. As part of this acquisition, we agreed that DeepMind would continue to operate independently, and that we would put our technology at the service of other groups like the NHS in line with our social mission. DeepMind Health is our first effort to achieve this.

Most importantly, NHS patient data will only ever be used to help improve hospital care. No NHS patient data will ever be connected to Google accounts or services, and it won't ever be used for any commercial purposes like advertising or insurance. Joing so would be illegal, and would go against the ethical code that underpins our culture and work.

Google DeepMind's Streams technology branded 'phenomenal'



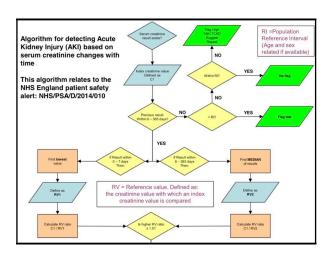
An NHS consultant nurse who is part of a team using an app which helps to detect early signs of kidney failure has branded it 'phenomenal'.

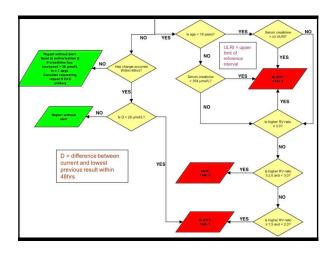
It should be made clear that the DeepMind Streams product does NOT use any Al. It's AKI alerting uses the standard NHS AKI algorithm (based on blood results + age).

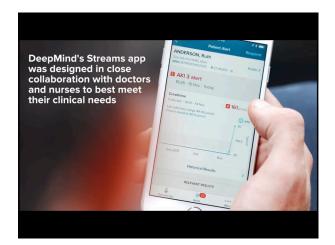
Royal Free (and presumably other customers) already use the AKI algorithm anyway, and the difference Streams makes is in facilitating the notification.

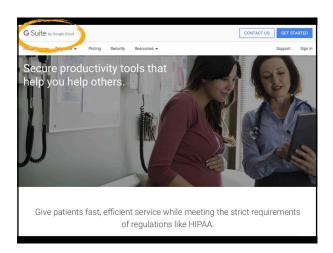
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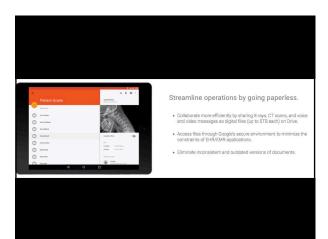


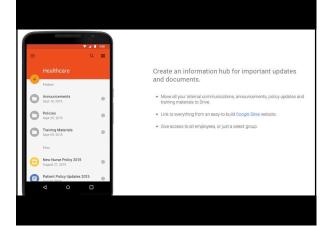


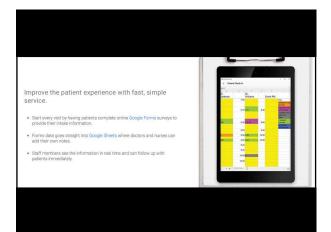


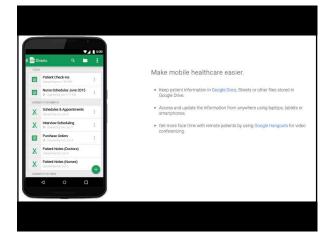
- Use Google's mobile device management and encryption to keep the data secure.
- Allow authorized employees to access the information from any corporate-managed device.

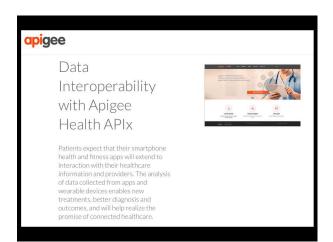




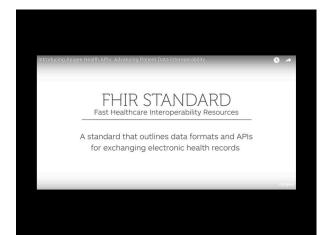


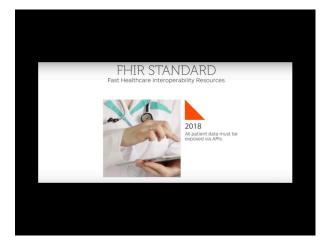








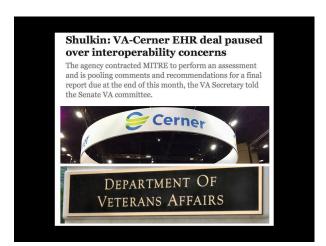




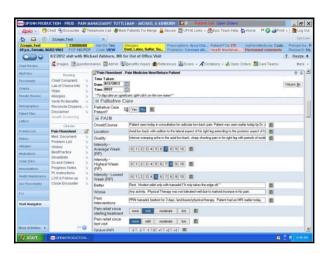


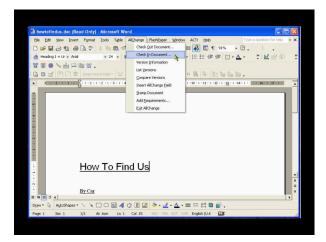






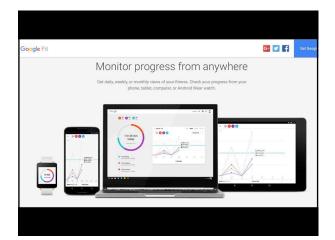


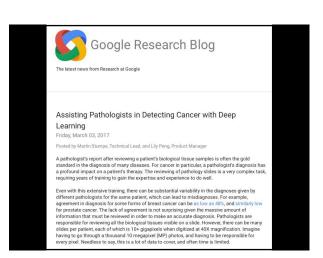


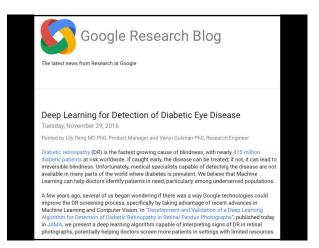


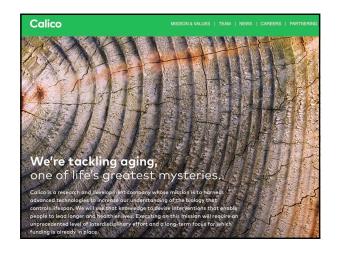








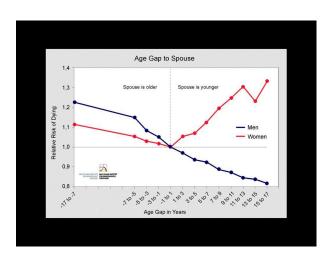










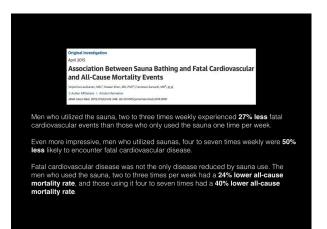




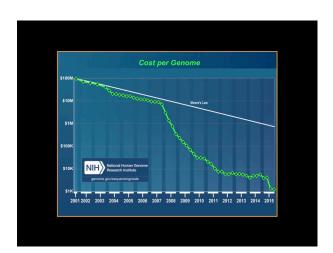


Those who hit the sauna at least four times a week were about 60 percent less likely to suffer a stroke over the next 15 years — versus people who had only one weekly sauna session.



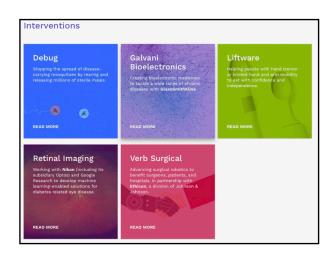


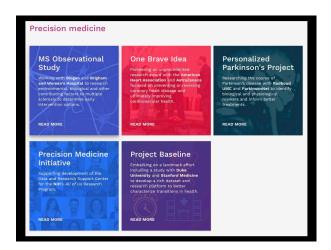




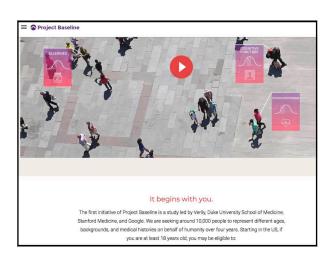














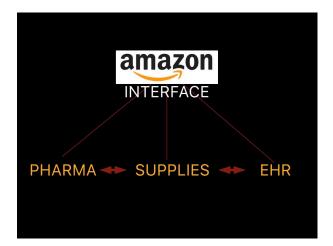






The attitude of most companies is
'This thing runs at 10m/s. How can we make it run at 12 m/s?'

Whereas Amazon takes the opposite view:
'Are there any laws of physics that prevent this running at 100,000m/s? if not, how do we get it to do this?'



The Economist

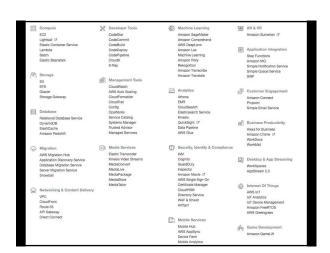
According to a survey by Cowen, an investment bank, 67% of Amazon Prime customers would like to buy prescription drugs on the website. Amazon could be earning as much as \$10bn a year from drugs by 2023, it reckons.

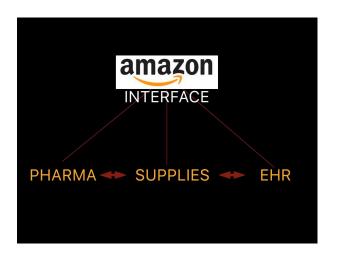






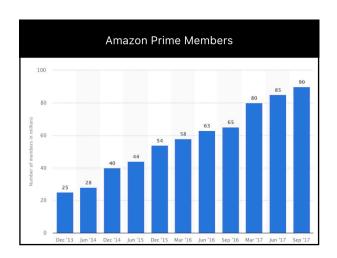


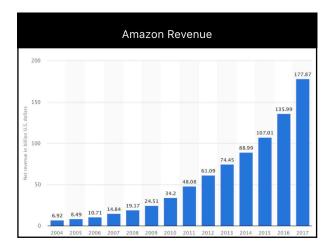














Amazon is hiring people to break into the multibilliondollar pharmacy market

- Each year, Amazon holds an annual meeting to discuss whether it should break into the pharmacy market, said a source familiar.
- This year, it is getting more serious and Amazon is looking to hire a general manager.
- Industry experts say this could be a multibillion market opportunity for the e-commerce company.

Christina Farr | @chrissyfarr Published 8:23 PM ET Tue, 16 May 2017 | Updated 10:19 AM ET Wed, 17 May 2017



THE WALL STREET JOURNAL.

Amazon has been applying for pharmacy licenses in certain states over the past few months, which a company spokeswoman says is required for Amazon Business to sell such professional-use medical products.



Prime ↑ ※ W 1時間で届く、毎日のお買い物





Amazon.co.jp also started selling category No. 1 drugs, which require consultation with a pharmacist before purchase, at its website from Monday.

Before placing orders, customers need to report their symptoms and medical history via a form on Amazon's site. Items will only be delivered after approval by a pharmacist.

Compared with books, toys and other bulky items, the drugs market would appear to be a nirvana for Amazon.

Prescription medicines weigh almost nothing, take up little space and can cost hundreds or thousands of dollars per pill.



1,672 pounds. Free shipping.



THE WALL STREET JOURNAL. U.S. Edition * | July B, 2018 | Today's Paper | Video Amazon's PillPack Deal Gives It Access to Sensitive Health Data Amazon, master of shopping behavior, will now know prescriptions Sharon Terlep • July 1, 2018 7:00 a.m. ET

THE WALL STREET JOURNAL.

Amazon's purchase of PillPack gives it the ability to ship prescriptions to customers' homes in 49 states.

It paid roughly \$1 billion in cash for the company and beat out Walmart Inc. in the process, according to people familiar with the matter.

Amazon just hired a top Seattle doctor who ran a network of health clinics

Christina Farr • 6:12 PM ET Wed, 26 July 2017 | 01:22

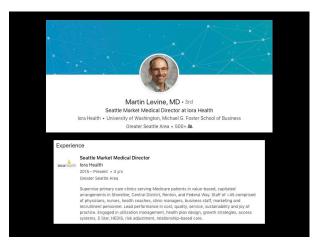


Getty Images

Amazon.com founder and CEO Jeff Bezos

 ${\bf Amazon\ has\ hired\ a\ top\ Seattle\ doctor\ in\ its\ latest\ push\ into\ health\ care,\ according\ to\ two\ people\ familiar\ with\ the\ matter.}$

Martin Levine of Iora Health, which focuses on Medicare patients in six U.S. markets, is one of Amazon's most high-profile hires to date in health. It's not yet certain what Levine's role at the company will be, said the sources, who asked not to be named because no announcement has been made.



One potential role for Levine at Amazon might be to investigate whether the company should invest in new forms of primary care for its own employees.

Whole Foods, which Amazon acquired last year, once explored getting into the health clinic space.

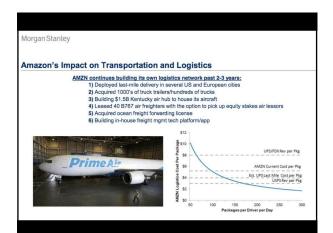
CNBC 1/19/18

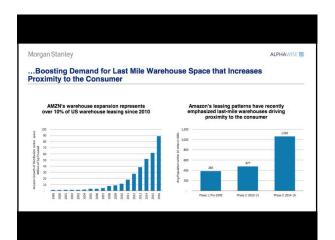
Hospital supplier shares dive as Amazon reportedly ramps up medical supply business

Tae Kim 3:32 PM ET Tue, 13 Feb 2018 | 01:09

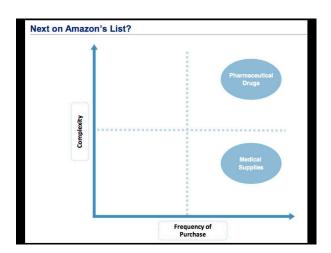


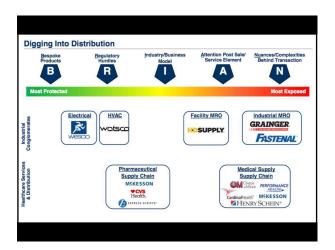




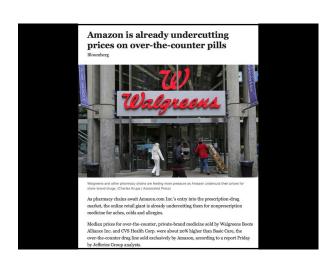


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The race for space has likely escalated as	AM7N will r	need to sign	ificantly in	resee the	ir warehou	ee footprint
		ase market p		rease the	r	1
	WHÔLE FOODS	a	a	Kroger	Cosrco	Walmart 🔆
Population within 10 miles of store/warehouse (A)	147	85	164	151	172	290
Total US Census population in footprint in millions (B)	216	180	221	184	229	324
Market penetration (A divided by B)	68%	47%	74%	82%	75%	90%
Avg income within 10 miles	\$103k	\$91k	\$100k	\$85k	\$97k	\$82k
Millennial Penetration within 10 miles of store or warehouse in millions	35	21	40	36	41	68
Number of stores + distribution centers	~450+	~200+	· ~650+1	~2800+	~500+	~3950+











Amazon has invited hospital executives to its Seattle headquarters on several occasions, most recently in late January, to sound out ideas for expanding its business-to-business marketplace, Amazon Business, into one where hospitals could shop to stock outpatient locations, operating suites and emergency rooms, according to hospital executives who attended the meetings.

THE WALL STREET JOURNAL.

Chris Holt, leader of global health care at Amazon Business, said Amazon won't look to imitate established models already used in the medical-distribution sector. "Our goal is to be something new," he said. "We've been actively building out new capabilities and features" to simplify purchasing, he said.

Health care is "opaque with respect to pricing and how much players are compensated along the supply chain, so entrance by an e-commerce giant like Amazon could be a game changer," S&P Global analysts wrote in a recent report titled "U.S. Healthcare is 'prime' for change by Amazon and others."

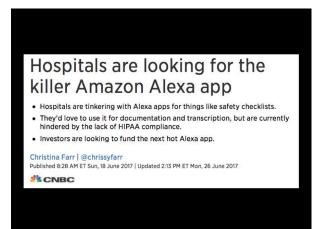
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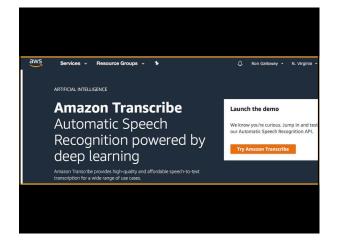
Amazon is betting that those who buy supplies for medical practices as well as for educational and government offices will be comfortable shopping online. Its business site offers additional functions, such as allowing multiple users on a single account, requiring approvals from supervisors and enforcing spending limits.	
But it also allows users to quickly compare prices for a variety of vendors.	
"We want to create an experience similar to the way people shop at home," said Lori Torerson, an Amazon spokeswoman.	
	-
THE WALL STREET JOURNAL.	
Amazon recently dispatched employees to a large Midwestern	
hospital system, where officials are testing whether they can use Amazon Business to order health supplies for the system's roughly 150 outpatient facilities, according to a hospital official overseeing the efforts.	
The pilot is customized for the hospital system's catalog of supplies, the official said, allowing employees to compare prices	
the system negotiates with its distributors against those in the Amazon Business marketplace.	
Which health care providers will Amazon target first and most aggressively? Acute care, long-term care, urgent/emergency, or primary care?	
Will Amazon try to be in the just in time business or in the keep	
the shelves full business? Will Amazon deliver several times a day and on demand or on a schedule dictated by FedEx, UPS or its Uber-style in-house delivery service?	
What roles, if any, will group purchasing organizations play?	
How will Amazon's deals with small chains and individual providers differ with how it serves HCA, etc.?	



Store, Protect, Optim Healthcare Data in A		aws
Healthcare reform, increasing patient expecta		
cyberattacks are forcing healthcare providers Healthcare providers are responding to these management, employ cost effective, scalable quality insights.	demands by leveraging AWS to enforce lif	fecycle
Healthcare providers are responding to these management, employ cost effective, scalable	e demands by leveraging AWS to enforce life storage and un-trap data for operational a	fecycle
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Healthcare providers are responding to these management, employ cost effective, scalable quality insights. Key design criteria for managing healthcare data sho - Flexible ingestion of data	e demands by leveraging AWS to enforce life storage and un-trap data for operational a suid include: Ability to protect and secure critical data	fecycle and







Amazon has a secret health tech team called 1492 working on medical records, virtual doc visits

• Amazon has a secret skunkworks lab called 1492, dedicated to health care tech.

• Areas of exploration include a platform for electronic medical record data, telemedicine and health apps for existing devices like the Amazon Echo.

Eugene Kim | Christina Farr
Published 5:30 PM ET Wed, 26 July 2017 | Updated 2:30 PM ET Thu, 27 July 2017

"Once news of 1492's existence became known, Amazon took steps to erase all information confirming its existence..."

Team 1492 aims to perform following tasks:
Extracting and using data from Electronic Medical Records system and improve the algorithm to make it more efficient and useful.
To make the data available to the patients and doctors.
To build a platform for telemedicine so that patients can interact virtually with the physicians and specialists regarding their problems.
Exploring various medical applications of hardware like Echo and Dash Wand.
Developing skills for Amazon's Alexa that can be used for healthcare as well.
Also there is a possibility about the development of medical devices as

AWS Direct Connect joins growing list of HIPAA-eligible services from AWS!

Posted On: Mar 10, 2017

AWS has expanded its HIPAA compilance program to include AWS Direct Connect as a HIPAA Eligible Service. With the addition of Direct Connect, if you have an executed Business Associate Agreement (BAA) with AWS you can now transfer large amounts of data, including Protected Health Information (PMI), into and out of AWS in a cost-effective manner designed for your security. AWS Direct Connect offers several benefits for customers: it lowers bandwidth costs out of AWS (which is valuable for applications that have bulk data transfer requirements), it offers more consistent network performance over Internet-based connections for applications that require real-time data feeds, and it provides an alternative means to connect to the AWS cloud for customers who may have security or compliance policies that prevent VPN connectivity to the cloud.

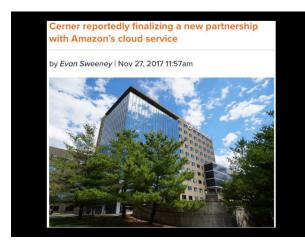
Using Direct Connect to migrate data to AWS is a simple first step towards leveraging a full suite of cloudbased HiPAA Eligible Services for data life cycle management, such as Amazon 53 (excluding the use of 53 Transfer Acceleration), Amazon Glacier, and AWS database services. Read our whitepaper to learn more on how to configure AWS services to support your HiPAA applications.

If you already have an executed BAA with AWS and a Direct Connect connection into AWS, no action is necessary to begin using Direct Connect in the account(s) covered by your BAA. If you do not have an executed BAA with AWS or have any other questions about running applications on AWS that might be subject to HIPAA, please contact us and we will put you in touch with a representative from our team.









Triple Threat: Amazon, Berkshire, JPMorgan Rattle Health-Care Firms The three giants' envision using technology to cut costs and at one point discussed replacing their insurers and drug-benefit managers Laura Stevens Jan. 30, 2018 7:45 p.m. ET







To see absorbediers - 1997 To see absorbedi

Amazon Letter to shareholders - 1997 We will continue to make investment decisions in light of long-term market leadership considerations rather than short-term profitability considerations or short-term Wall Street reactions. We will make bold rather than timid investment decisions where we see a sufficient probability of gaining market leadership advantages. Some of these investments will pay off, others will not, and we will have learned another valuable lesson in either case. **Amazon Letter to shareholders - 1997** We will continue to make investment decisions in light of long-term market leadership considerations rather than short-term profitability considerations or short-term Wall Street reactions. We will make bold rather than timid investment decisions where we see a sufficient probability of gaining market leadership advantages. Some of these investments will pay off, others will not, and we will have learned another valuable lesson in either case. Amazon builds out "interfaces" for its employees (as well as those of Berkshire Hathaway and J.P. Morgan Chase, both digital and physical, to access basic healthcare needs; these sit in front of

pharmacy benefit managers (PBMs), insurance administrators, wholesale distributors and pharmacies.

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Amazon starts building out infrastructure for those healthcare suppliers, requiring them to serve Amazon's employees using a standard interface.

3

Amazon converts the latter into a marketplace where PBMs, insurance administrators, distributors, and pharmacies have to compete to serve employees. And then, once that marketplace is functioning, Amazon will open the floodgates on the demand side, offering that standard interface to every large employer in America.

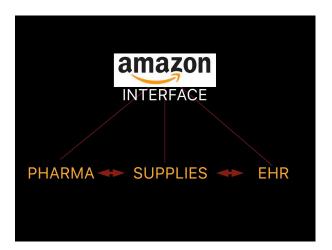
Once an aggregator has gained some number of end users, suppliers will come onto the aggregator's platform on the aggregator's terms, effectively commoditizing and modularizing themselves. Those additional suppliers then make the aggregator more attractive to more users, which in turn draws more suppliers, in a virtuous cycle.

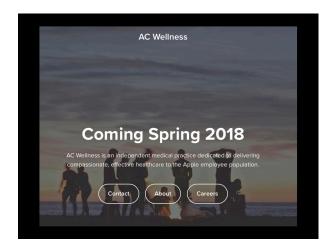
Aggregation Theory

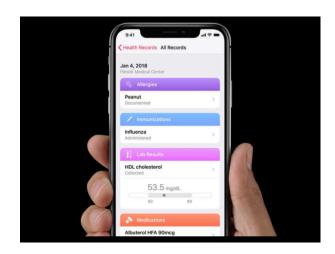
This means that for aggregators, customer acquisition costs decrease over time; marginal customers are attracted to the platform by virtue of the increasing number of suppliers. This further means that aggregators enjoy winner-take-all effects: since the value of an aggregator to end users is continually increasing it is exceedingly difficult for competitors to take away users or win new ones.

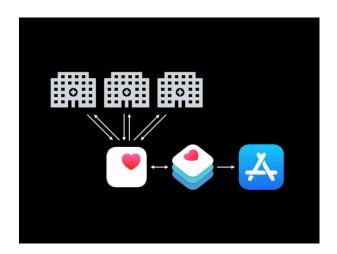
Aggregation Theory

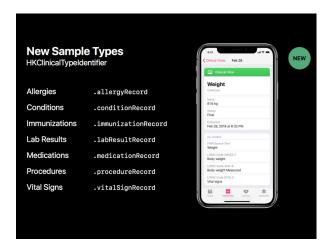
Amazon Kindle interface enabling thousands of authors



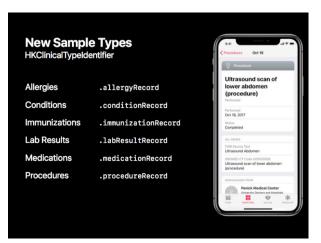


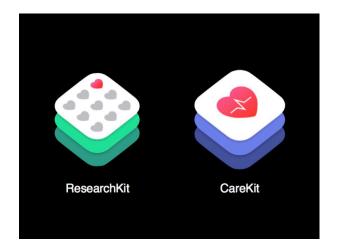






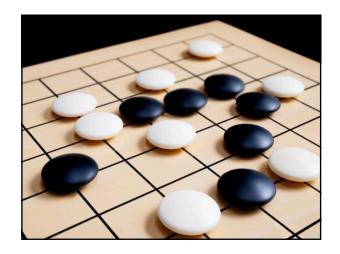






API Features All-day monitoring Relevant to Parkinson's Disease Code signing entitlement





Move 78





This isn't human versus machine. It's human *and* machine. Move 37 was beyond what any of us could fathom. But then came Move 78. And we have to ask:

If Lee Sedol hadn't played those first three games against AlphaGo, would he have found God's Touch? The machine that defeated him had also helped him find the way.