Putting the "P" Ahead of "HIT" – It's Personal 4 February 2014



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Today's Presentation

Landscape/baseline of PHIT

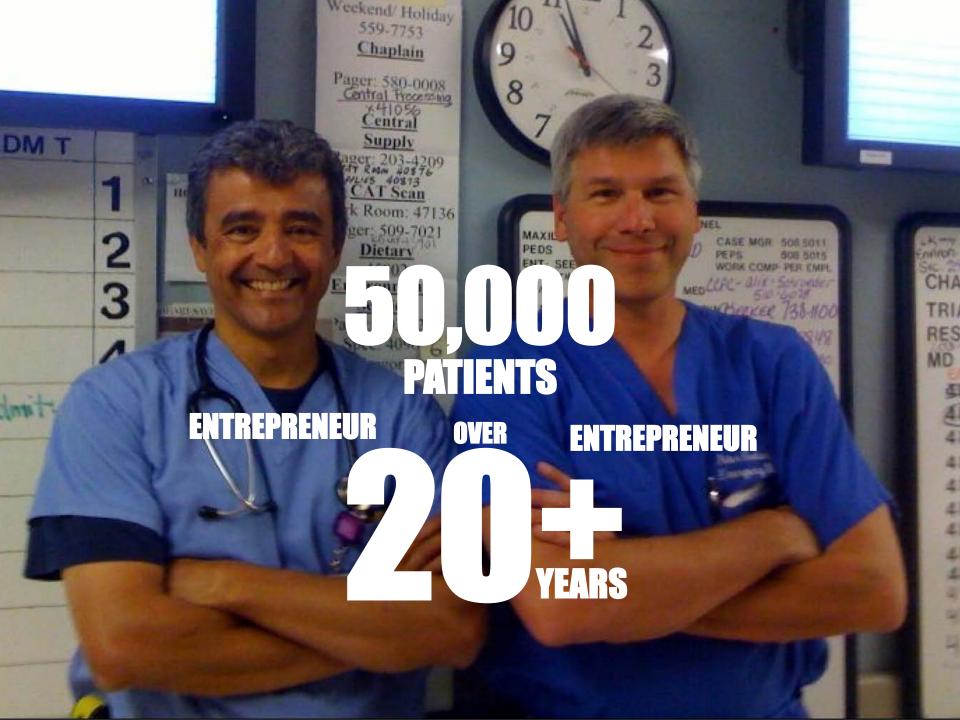
PHIT adoption-drivers for patients/consumers/caregivers

Connection points for providers to drive the Triple Aim

- + Improve patient experience
- + Enhance quality outcomes, and
- + Reduce healthcare costs

PHIT use between patients and providers that drive Triple Aim









CONSUMERS WANT IT

134%

Growth in healthcare's mobile audience in the past year. By far the largest growing sector

80%

of Internet users research health online

67%

want access to more comprehensive info about docs online

81%

want to make appointments online ahead of visit

70%

of all mobile searches result in action within 1 hour

SHIFT TO CONVENIENT, ACTIONABLE MHEALTH INFORMATION

Source: AARP



WHY IS THISPP DISRUPTIVE



BEHAVIOR EMPOWERMENT OUTCOMES

Patient engagement consistently IMPROVES HEALTHCARE OUTCOMES

QUALITY ISSUES	MORE ACTIVATED PATIENT	LESS ACTIVATED PATIENT
Readmitted to the hospital with in 30 days of discharge	12.8%	28%
Experiences a medical error	19.2%	35.8%
Have poor care coordination among health care providers	12.6%	41.8%
Suffer a health consequence because of poor communication among providers	13.2%	48.6%
Lose confidence in the system	15.1%	59.8 %



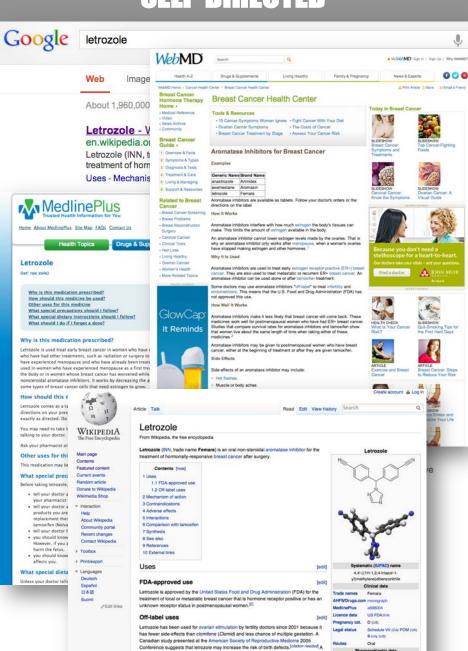
IMPROVING EFFICIENCIES







SELF-DIRECTED



more detailed ovulation induction follow-up study found that letrozole, compared with a

compared with clomiphene 4.8% (3.0% major maiformations).^[5] Despite this, India banned the usage of fetrozole in 2011, citing potential risks to intants.^[4] In 2012, an Indian

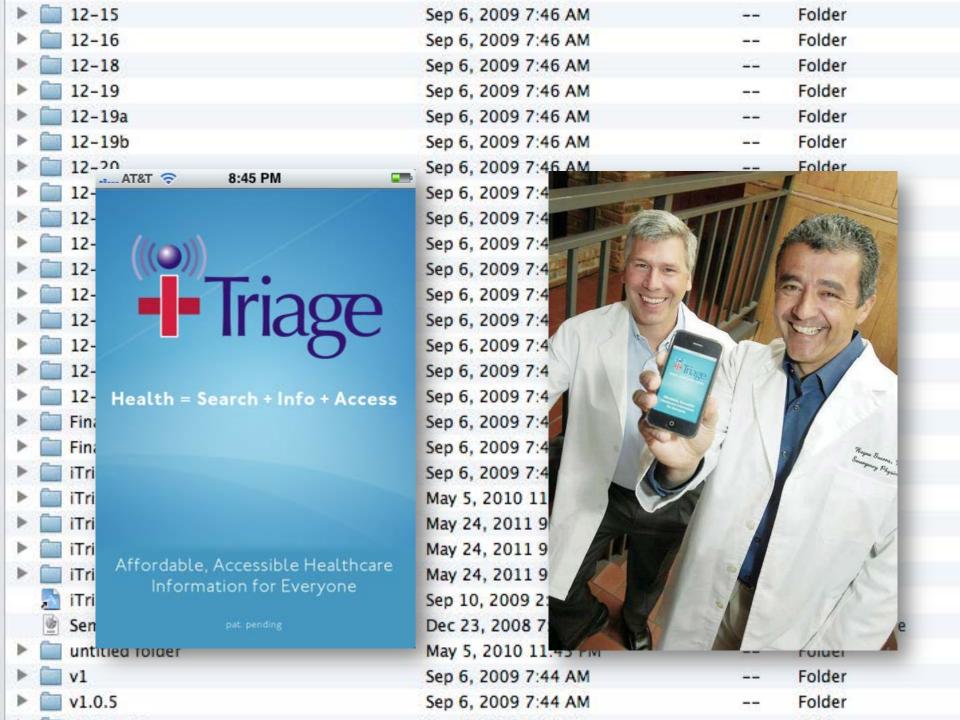
control group of clomiphene, had significantly lower congenital malformations and

chromosomal abnormalities at an overall rate of 2.4% (1.2% major malformations)

Biosvaliability 99.9%

Protein binding 60%, mainly to albumin

pharmacologically-inactive



DRIVING PATIENTS TO THE APPROPRIATE LEVEL OF CARE

INFORMATIONAL STEERAGE

191



ACUTE CARE EFFICIENCIES

40%

Reduction in ER selection for non-urgent causes

LOWER COST, ACUTE CARE 63%

SEARCHING SYMPTOMS

53%

REVIEWING CONDITIONS AND PROCEDURES

17%

LEARNING MORE ABOUT MEDICATIONS

13%

READING THE NEWS AND ALERTS

PATIENT SATISFACTION AND CONVENIENCE:

<u>ER CHECK-IN AT CAPITAL REGIONAL MEDICAL CENTER RESULTS</u>

35%

new patients via iTriage channel 477 check-ins via iTriage

100%

would definitely use or recommend iTriage check-in

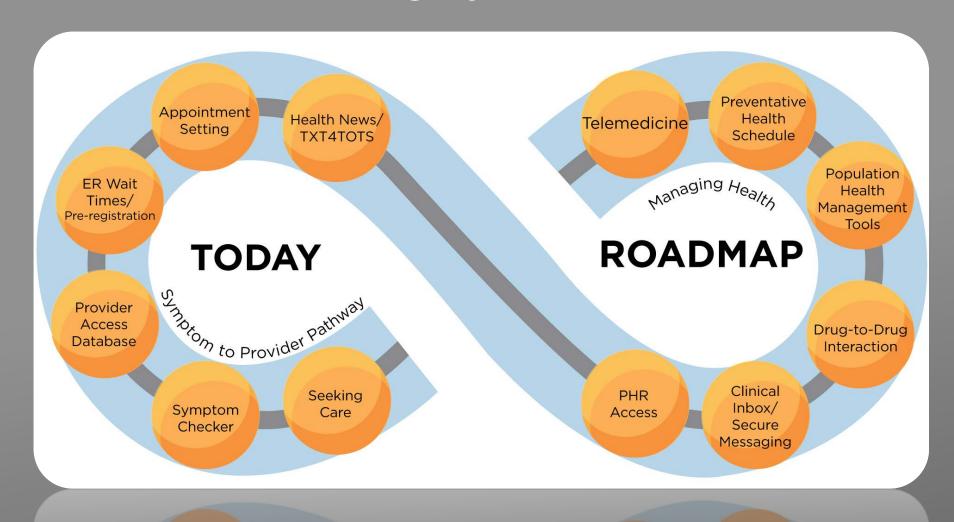
 $oldsymbol{3}$ avg. repeat visits to system facilities (patient loyalty)

98%

users were under age 65

MOTE commercially insured patients than typical ER payer mix

HEALTHCARE DELIVERY + ITRIAGE ADVANCING IN TANDEM



Symptom Checker

Seeking

Access

Clinical Inbox/ Secure lessaging



In Their Words...

From

Date: Mon, Dec 31, 2012 at 9:50 AM

Subject: itriage saved my life To: feedback@healthagen.net

On July 22nd 2012 I was in New Mexico when I had a massive heart attack at 3am in the morning. I did not know were the nearest hospital was and I was in severe pain. I remembered the itiage app on my phone, so I used the hospital location button and it instantly showed me the nearest emergency room location. I followed the turn by turn directions and got to the emergency room were 20 minutes later I collapsed and died in the hospital. I was recessatated and taken into surgery and given a stent. The doctor said," had you not gotten to the hospital when you did they would have found me dead in my hotel room."

I can not recomend this app enough, it saved my life.

If you don't have this app on your phone right now...get it.

This could mean the differece between life and death.

Sent via the Samsung Galaxy S™III, an AT&T 4G LTE smartphone

Thank You!

Questions?



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