

## TEKNE AWARD APPLICATION 2020

### Organization Description

#### Response: Up to 100 words

Please provide a description of your organization. This will be published by the Minnesota Technology Association should your organization be selected as a Tekne finalist.

Medicom Health was founded in 2000 to improve health care through technology. We are dedicated to empowering health engagement through world-class software-as-a-service platforms:

**HEALTH ASSESSMENTS:** Marketers at 900+ hospitals use our DTC, condition-specific Health Risk Assessments to engage millions of patients – converting web visits to office visits through personalized, evidence-based feedback.

**HEALTH ASSISTANTS:** Our new clinical platform integrates with EHRs to analyze patient medical records for insights and actionable data to tackle the thorniest of patient/provider issues, including medication affordability and adherence.

**Our core values:** Be passionately excellent. Be positively resilient. Be dedicated to customer and company.

### Project, Product or Service Description

#### Response: Up to 250 words

Please provide a description of the project, product or service for which you are submitting this Tekne application. The description should include a key feature that makes it a standout in the marketplace. The Minnesota Technology Association will publish this information, should your organization be selected as a Tekne finalist.

Please include up to two attachments to materials that will provide additional context to your submission. (Minimum of one is required.) Some examples include a white paper, case study, product/service brochure, photo, short video, stakeholder testimonial, etc. Links to additional materials can also be included in your response.

### A Significant Problem

Many patients can't afford to fill and follow their prescriptions. Poor medication *adherence* leads to diminished outcomes, low patient satisfaction, greater care costs, and increased re-admissions and penalties.

Health systems can't afford additional Patient Assistance efforts, but the need continues to grow. Due to COVID-19, even more patients are uninsured and financially impaired.

### A Supplemental Solution

Rx Savings Assistant® can instantly increase prescription adherence across an entire health system, alongside existing Patient Assistance Programs, without substantial cost to providers.

How? By leveraging the EHR, we can make Rx more affordable for more patients by greatly increasing the availability of pharma-sponsored discounts. It's invisible and automatic, so there's no impact on workflow or prescribing patterns.

- Our EHR plug-in monitors every prescription and determines patient eligibility

- It searches external databases for matching branded and generic manufacturer discounts.
- It adds appropriate offers to discharge paperwork and patient portals.

These discounts can be used anywhere. No impact on margins. No knowledge or effort is required of patients or providers.

### **Key Differentiation**

***All qualified patients leave the point of care with Rx discounts in hand.***

While these discounts are available elsewhere, they're woefully under-utilized, especially by those that need them most. Existing online DTC channels require every consumer to overcome barriers: awareness, trust, comprehension, eligibility, technology, time and effort.

### **Benefits**

Cheaper medication for EVERY QUALIFIED PATIENT increases adherence at scale. This improves outcomes, patient satisfaction, re-admission rates, and more— at a statistically relevant level, with no downside to patients, pharmacies or providers.

EXPLANATORY VIDEO: <https://medicomhealth.com/rxsa/>

### **Award Category Alignment**

Please advise why you chose this award category. Your response will provide more context to Tekne judges, especially if your project, product or service has synergy across multiple categories.

***HEALTHCARE INFORMATION SYSTEMS:** Recognizes new approaches or advancements in digital systems that capture, process, transmit, report, or otherwise manage health data and activities. This includes electronic patient records and other data related to the activities of providers and health organizations, all with an eye towards improving patient outcomes, informing research, and influencing public policy and decision-making.*

First, Rx Savings Assistant® is certainly a “new approach” for utilizing digital electronic health records to connect more patients, more easily, with existing pharma discounts. Again, the innovation is in the invisible, automated workflow and in the massive scale at which it is deployed across an entire health system.

There are a few other EHR-integrated solutions, but they require the prescribing doctor to initiate a dedicated request. With ours, as soon as the system is turned on, every qualified patient in the system leaves the provider with available discounts for their new prescriptions in hand, on their way to the pharmacy for their first fill. This is an Uber-esque improvement in timely, frictionless discount delivery— a giant leap past current DTC channels which have to win over individuals one at a time and keep them engaged.

Next, the goal of the solution is to get more patients to fill and follow their prescriptions, specifically to improve patient outcomes and generate all of the benefits that come with that, including reduced re-admissions. (Additionally, it is our goal to do that without cost to the providers.)

Finally, although we may not be able to influence policy, we do see this delivery channel becoming the dominant channel for discounts like these. That means that fairly soon, providers could start making

demands of pharma, and shape the details of the discount offers as they see fit—something they have no leverage or visibility to do today.

Furthermore, we would characterize our technical layer (platform) as an “advancement,” one that we have a provisional patent to protect this process: We read patient data out of the medical record, analyze it, and call out to multiple sources for external assets, which are then embedded back into the patients record, and provided as part of the printed discharge materials, with the goal of modifying patient attitudes, knowledge, and actions. To our knowledge, no other third-party developers are doing this.

#### **Project Contributors**

Please list the names and titles of contributors (up to six) on this project, product or service. One name and title per line please.

Will Sigsbee, CEO

Tony Huth, Co-founder/President

Barb Goergen, Co-founder

Corey Maul, CTO/COO

Josh Fieldman, VP of Sales

Sarah Vandenplas, Director of Project Management

#### **Value Proposition/Business Impact\***

**Point Value: 40 points**

**Response: Up to 300 words**

Describe the value proposition for your project, product or service. What problem/s does it mitigate or solve? What benefit/s does it deliver? How does it add value in the marketplace? Include supporting data in your response.

#### **The Problem**

A health care provider can do everything right, from patient acquisition to prescribing, but if a patient cannot afford to fill and follow their medication as prescribed, treatment is likely to fail. This creates a cascade of additional problems, including poor outcomes, poor patient satisfaction scores, increased re-admissions, etc.

- 30% of new prescriptions are never filled <sup>1</sup>
- Patients with low or moderate medication adherence are 2.54x more likely to re-admit <sup>3</sup>
- 22% of non-adherent patients said “*trying to save money*” was a major reason for not filling a prescription.<sup>1</sup>

#### **A Unique Opportunity**

We leverage a unique alignment of interests in the market. Medication adherence, (patients filling and following prescriptions as prescribed,) is maybe the only thing that universally benefits the 4 major players: patients, providers, payers, and pharma.

Pharma has the most money, and the most vested interest in Rx fills, so we tap them for the offers and funding our delivery channel. Providers have the best access to patients at care visits, but they lack the time, money, and resources to develop additional Patient Assistance Programs. Fortunately, care visits are the ideal time and place to effectively deliver medication discount at a much greater scale than

typical channels. Lastly, because our technology solution is invisible and automatic, there is no impact on workflow or prescribing patterns, which is of concern to the providers.

### **The Result**

Research shows these offers really help.

- 178% more scripts were filled by patients using copay coupons than those without<sup>1</sup>
- 158% more patients remained on therapy after 3 months using copay coupons than those without<sup>1</sup>

Additionally, patients benefit not only financially, but they are finally seeing the EHR start to live up to the promise of proactively using their health data to meet a need, much as an Amazon or Apple would.

### **Innovation\***

**Point Value: 30 points**

**Response: Up to 300 words**

Describe what makes your project, product or service innovative. How has this advanced the state of the art? What differentiates your project, product or service from your competition?

With apologies to Edison, I say innovation is 1% inspiration and 99% perspiration. Our innovations are subtle and diverse, but cumulative and significant. Taken together, they are disruptive.

**Unique business model:** Pharma funds the discounts and our solution, because they benefit. Their deeper pockets enable them to commit more resources faster than other industries. Health systems benefit, too, without paying anything, so they provide access to the EHR. Without this incredibly powerful value proposition for providers, we could not get in the door and secure the cooperation needed for an IT integration. This is why there is so little innovation at this niche. But now that we are, we can continue to build other solutions on this technology, as long as they follow a similar model—third-party funding, clear benefit to providers, without impacting workflow or resources. We believe there are lots of opportunities here.

**Invisible & automatic:** Other efforts in this space have required doctors to explicitly look for drug discounts, which both takes time and can influence prescribing. Ours just happens.

**Massive scale:** Many of our discounts are available elsewhere if patients are willing and able to track them down. Some do. And their use is proven to increase adherence. We have taken this benefit and greatly magnified it by providing every qualified patient in a health system (acute care/ED/ambulatory) with these discounts automatically.

**Partnerships:** A large handful of companies collectively provide us access to the majority of generic and brand name manufacturers, so we don't have to secure contracts with every company individually. Importantly, we have redundant partners to reduce our vulnerability and incite partner competition. None of these groups could penetrate health system IT without us.

**Technology:** Built on 20 years of experience building health tools and SaaS products for more than a thousand hospitals.

**Outcomes & Important Accomplishments\***

**Point Value:** 20 points

**Response:** Up to 300 words

Provide three outcomes or accomplishments that illustrate your success within the last year (e.g.: industry recognition, patents, program metrics, milestones achieved, committed partnerships, significant obstacles overcome, etc.). Include the evaluation criteria by which success is defined, measured and evaluated.

**Accomplishment: A provisional patent**

Broader than discounts, it covers the bi-directional nature of the solution:

- Analyzing patient data for actionable insights
- Running algorithms and accessing external assets
- Adding materials into patient record/patient portal/discharge papers

Future modules may tackle other problems, i.e. other adherence issues like care access or social determinants of health. Health system CIOs want to leverage their EHR investment with truly innovative approaches to motivating patients. To date, the promise of EHRs has largely failed to do this.

**Accomplishment: Successful deployments at high-profile health systems**

“Selling” into health systems is very difficult. In short order, we have built an impressive client list of almost a dozen contracts or deployments.

Examples: Cleveland Clinic, Houston Methodist, Allegheny Health, UCSF, Ascension Health, and more

As we iterate on integration, we have been able to reduce it from several months down to as little as 5 weeks.

**Accomplishment: Multiple business partnerships to secure pharma discount content and funding.**

To fuel the discount engine, we require Rx discounts from the manufacturers. Moreover, so that providers do not have to fund our service, we need contracts with the many manufacturers to pay us per discount delivered and/or used. This is no small feat.

Today, through half a dozen partnerships, we can provide discounts for over 90% of generics, and we estimate that soon we will provide offers for a majority of branded prescriptions. New partners are approaching us monthly to expand into clinics, and otherwise broaden/enhance various aspects of the solution.

We’ve also added the ability to host digital offers for the manufacturers on our optimized systems, to increase access speed and reliability. We hope to establish the digital standard for this data type across the industry.