AGENDA

Alere Introduction

1.) Opportunities to Improve Care with Remote Patient Monitoring

2.) Challenges of Adoption and Implementation

3.) Potential Costs, Returns, and Marketing Options
Alere’s Mission

“To empower individuals to take greater control of their health under the supervision of their healthcare providers.”

Ron Zwanziger – CEO
Alere

- Primary focus is to provide solutions and a connection between the patient at home and his or her healthcare provider.

- Alere collectively has the largest remote monitored population in the U.S.

  Alere Home Monitoring
  Alere Health
  Alere Connect

- Alere is a market leader in chronic care management (Heart Disease, COPD, Hypertension, Diabetes) Infectious Disease, Women’s Health, Oncology, and Toxicology.
- Recently awarded a $21.6 million dollar grant from the Gates Foundation for POC Testing for tuberculosis and HIV.

- Diagnostic platforms represent the foundation of our chronic care solutions.

- Our programs are developed around proprietary biomarkers.

- Our solutions provide accurate, timely, and actionable information.

- All diagnostic data is integrated into an electronic health record via a secure, cloud-based information exchange.

- Interface can be accessed by patients, physicians, and payers. (Alere Wellogic – Accountable Care Solutions)

- Rules-engine triggers tailored clinical workflows that place key data in the hands of physicians, helping them risk-stratify patients, administer treatment, and avoid errors.(D1)
Support Across Continuum of Health
Comprehensive, Integrated Approach to Improving Population Health

Health & Wellness
- Health Portal
- HRA
- Online Education
- Telephonic Coaching
- Tobacco Cessation
- Screenings
- Weight/Fitness
- Concierge Svcs

Condition Mgmt.
- Asthma
- Diabetes
- CAD
- Heart Failure
- COPD
- ESRD / CKD
- Anticoag Mgt
- Chronic Pain
- Nurse Consult / Triage

Diagnostics
- Lipids
- Glucose, A1C
- Coagulation
- Blood gases

Biometrics
- WX, activity
- Symptoms
- Blood pressure
- Glucose
- Pulse ox

Case Mgmt.
- Complex Care
- Oncology
- Catastrophic Cases
- Intensive Care
- Transitional Care
- Post-Discharge
- Readmission
- Avoidance
- Home visits

Women's & Children's Health
- Preconception
- OB Risk Assmt / Education
- OB Case Mgmt. / Homecare
- Perinatal Screening
- NICU Case Mgmt

Healthcare Technology
- Communication
- Data Exchange
- Clinical Registry
- EMR
- Care Plans
- Physician Portal
- Patient Portal
- Telemonitoring
- Decision Support

U.S. Government spends approximately $500 Billion on Medicare and States spend over $400 Billion on Medicaid

What We Do at a Glance

HealthCom
- Store & Distribute Data / Manage & Maintain Equipment
- Care of the Patient / Care of the Device

Alere Servers
- Enables Health Information Exchange; Industry Standard Security & Co-Located Backup

Welllogic
- Apollo
- Electronic Medical Records
- HIPAA Compliant Integration to EHR / PHR Systems for Clinicians & Patients to Store / Access Health Data Online

Care of the Patient / Care of Data Integration
One Solution Does **Not** Fit All

U.S. Government spends approximately $500 Billion on Medicare and States spend over $400 Billion on Medicaid

Target Markets: Demonstrated Immediate Need for RPM

Affordable, flexible Remote Patient Monitoring Solutions are needed by organizations who:

- Are financially responsible for the healthcare of individuals and need to avoid costly care utilization;
- Need to gather or access timely, accurate biometric data.

**Hospitalization Avoidance**

CMS will no longer reimburse for hospital readmissions within 30 days, if originally admitted for CHF, myocardial infarction or Pneumonia; Cost-effective, easily deployable solutions needed to address policy changes.

**Accountable Care Organizations**

As CMS shifts from “Fee for Service” (individual services) reimbursement model – to allocation of lump sum payment per patient, ACOs need affordable connectivity with patients to avoid more costly stages of care.

**Home Healthcare Agencies**

Home Health Agencies and Monitoring Centers are starting to provide monitoring services for patients. Critical for physicians, healthcare nurses, family members to be engaged in the process.

**Clinical Research**

Research facilities must increase clinical trial capacity which is not currently meeting demand. Researchers need to efficiently obtain more consistent and accurate data from a larger volume of subjects.

**Medical Device Manufacturers**

Device manufacturers of devices intended for clinical use need to deploy to remote locations with connectivity limitations (no computer, internet, WiFi, etc.); & integrate with EMRs simply, seamlessly & affordably.

**WHO WILL PAY**

Providers, ACO’s, Providers, Payers, Payers, Private Pay, Private Pay, Pharmaceutical Companies, Universities, Clinical Pilot Programs, grant recipients, Providers, Payers, ACO’s, Providers
Opportunities to Improve Care with Remote Patient Monitoring

- Devices and solutions available in the market
- Patient involvement
- Agency involvement in monitoring
- Medication Compliance
Introducing MobileLink
The Simplest and Quickest Connectivity of Alere Devices to the Cloud.

“Plug & Play”
Send it Home.
Plug it in.
Use it.

Patient Involvement

- Simplicity is best.
- Training, encouragement, and follow-up from nursing staff is key.
- Alert stratification is critical.
- Calls to confirm well being, proper equipment utilization, and client questions are crucial to success.
- Constant follow-up and engagement with client.
Opportunities to Improve Care with Remote Patient Monitoring

- Effect on Readmissions

- Impact on improved care, lowering costs, and improved patient satisfaction.

Patient Self-Testing Pilot

Cleveland Clinic

Initial pilot produced savings from reduced rates of hospitalization / ER incidents, as well as related costs in deploying / maintaining equipment. Results suggest enabling patients to manage their conditions promotes accountability and self-compliance

- Diabetic patients were able to increase the number of days between their appointments by 71 percent
- Hypertension patients were able to increase the number of days between their appointments by 26 percent
- Heart failure patients participating in the program were more engaged in their health management, and care providers were able to detect changes in condition earlier – the program’s CHF patients visited their doctor more often - decreasing the number of days between appointments by 27 percent
- “Ease of Use” was a major factor contributing to increasing and maintaining adherence – improving on the results of computer and smartphone based telehealth solutions.
Challenges of Adoption and Implementation

- How are physical, mental, and cognitive issues addressed?
- What specific diseases should be targeted?
- How does medication compliance compliment a program?
- Deployment – Timing and Approach

Potential Costs, Returns, and Marketing Options

- Typical Costs for products and solutions in the market today?
- Can remote monitoring provide an additional revenue stream?
- Can remote monitoring be sold as a “stand-alone” service?
- Ideas for marketing a teleHealth program in a Private Duty Agency
Transformation of Technology Platforms

<table>
<thead>
<tr>
<th>Tier 1 / Tier 2</th>
<th>Wired Stationary (Static)</th>
<th>Wireless Mobile / Portable (Dynamic)</th>
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</thead>
<tbody>
<tr>
<td>Market Description</td>
<td>Fixed Location (Typically Home)</td>
<td>Point of Care, Home &amp; Beyond</td>
</tr>
<tr>
<td>Market Level</td>
<td>Tier 1</td>
<td>Tier 2</td>
</tr>
<tr>
<td>Market Served</td>
<td>100,000 Patients Per Day (US)</td>
<td>Millions of Patients Per Day (US)</td>
</tr>
<tr>
<td>Market Size</td>
<td>$4000 - $6000</td>
<td>$1000 - $2000</td>
</tr>
<tr>
<td>Use by Healthcare System Today</td>
<td>Reactive Mode (Stabilize the Most Ill)</td>
<td>Proactive Mode (Prevent &amp; Stabilize)</td>
</tr>
<tr>
<td>Peripheral Medical Devices (Sensors)</td>
<td>(Typically) Proprietary / Expensive</td>
<td>Off the Shelf OEM Devices</td>
</tr>
<tr>
<td>Clinical Backend System</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Feed to External Electronic Health Records (EHR) / Clients Systems</td>
<td>Typically No</td>
<td>Yes</td>
</tr>
<tr>
<td>Ease of Deployment / Maintenance in the Field</td>
<td>Onsite Installation / Maintenance</td>
<td>Installed / Maintained Over the Air</td>
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<tr>
<td>Cloud-Based Platform / Remote Delivery of Drivers, Profiles, etc.</td>
<td>No</td>
<td>Yes</td>
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Devices today transmit “near-real time” biometric readings to the Home Care clinician

- **Cost** Can range based upon service level needed.

- **Complexity** Technology can be simply a transmission hub or bi-directional communication devices.

- **Functionality** Ability to integrate into a HomeCare HomeBase type system, or proprietary back-end system.
Responsibility for Monitoring

Inherent Liabilities

- Typical clinical protocols are followed to the point of readmission.

- Protocols can stratify the patients condition to improve accuracy of the evaluation.
Responsibility for Monitoring

- Systems today allow for home care clinicians to have near real-time access to their patients at home.

- Gives the home care clinician time to intervene to address issues.

HealthCom Overview

- Collected Data Efficiently Passed to Clients.
- Rapid Integration to Existing Systems.
- Remotely Manages Firmware on Devices.
- Minimizes Technician Interaction to Install / Maintain Devices in Field.
What is Health Com? HealthCom is a web portal for healthcare organizations and their clinicians to manage and maintain patient data collected with assigned Alere™ devices.


HealthCom Going Forward

- Increased Browser Support
- International Language Localization
- Optimized for Future Mobile OS Integration
Does remote monitoring impact readmissions?

Yes – IF

Adopting the right delivery model

1. Proper training from the manufacturer is provided to the agency staff.

2. Training by clinicians of patients.

3. Participant adherence to monitoring, and medication dosages.
Adopting the right delivery model

4. Equipment service and replacement.

5. Constant monitoring of co-morbid conditions.

6. Reporting to clinicians and physicians.

7. Recovery of equipment and reployment.