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Remote Health Management Software and Patient Engagement Advisors helping Patients with Chronic Conditions adhere to their Care Plans

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"Today's patients are used to having tools at their fingertips to access and manage information when, where and how they want and via a personalized experience. Healthcare technologies, like 4D, meet the consumer expectation for a personalized experience in healthcare by seeking to know each patient and remember preference and engage with them effectively via the communication channels that they use in everyday life. All of this will be at the forefront of taking patient care to its next inevitable level."
- Star* Cunningham

CEOCFO: ***Ms. Cunningham, what is the focus at 4D Healthware today?***
Ms. Cunningham: At 4D Healthware, our focus is that we deliver care remotely. Today, physician's offices have to figure out how they are going to care for their patients who are outside the walls of their facilities. Via our health management tool, along with our patient engagement advisors, we become the first line of defense for a physicians group or physicians practice to help them know and understand what is going on with that patient. We educate that patient and we can interact with that patient in consumer facing ways, unlike the ways that healthcare has been in the past.

CEOCFO: ***How does an engagement work? When might a doctor or medical practice turn to you?***
Ms. Cunningham: That is a beautiful question! In January 2015 Medicare came out with the CPT code 99490; that is designed for twenty minutes of, get this, non-face-to-face time spent with a patient. Therefore as you could imagine, a physician may struggle with, "How do I deliver care if a patient is not in front of me?" There have been a few tools out there, like Doctor on Demand and there is WebMD. However, for physicians as a group to really understand how to deliver this care is relatively foreign to them, because I can fully appreciate that doctors are doctors and they spend a lot of years becoming doctors. They are not consumer facing technical people. Therefore, figuring out how to make this all happen can be a challenge. Initially, we use to reach out to the practice, get them to know and understand who we are and what service we provide and make a pitch to them on a revenue share model that we provide the technology and services that enables you to collect this revenue from 99490 and by us doing so we expect a percentage of that. Well, it is now 2016 and that 99490 was just the tip of the iceberg. Now we have organizations contacting us. That is because all of this is around how to provide value based services that allow a physician to quantifiably show that this patient is improving under his care. Whoa, that is brand new, right? As a physician, up until now, I got paid for simply seeing a patient. Now I get paid for showing that their care has improved; value based payment. Today, fortunately for us, we sit in a seat where physicians groups, hospitals, clinics and federally qualified health centers are reaching out to us. They are saying, "Please come and help us so that we can survive and thrive under these new value based payment models that the Affordable Care Act and MACRA (Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)) are generating.

CEOCFO: ***What is a typical interaction? How do you create that value?***
Ms. Cunningham: Exactly! The first thing we do is the identification of the patient who can participate in the program. That sounds pretty simple. I am a physician. I see patients. I should know which of my patients have two or more chronic diseases and meet the other requirements so that they can participate in this program. It is not that simple, because the information resides the electronic medical records. Therefore, that is step one. We get the information out of the electronic medical record and get it to where it needs to be, easily accessible to the provider, to us and the patients. Then step two

is we contact the patient. We help them understand that this is the care plan that their physician has put in front of them and we are the individuals who are going to help them adhere to the care plan. Then we connect the patient to our platform via devices. It could be a wireless scale for someone needing to manage their weight, a Bluetooth enabled glucometer for someone who is a diabetic or a Bluetooth enabled blood pressure cuff for someone who is managing hypertension. Therefore, you have non face to face time that is being spent educating the patient and collecting data on them that will be used to provide effective and efficient non-face-to-face health management.

CEOCFO: ***What has been the patient reaction?***
Ms. Cunningham: That is another excellent question. This is all brand new; brand new for doctors, brand new for patients and new for us as well. Patients want to be independent. They want to be educated. They want to be involved in the management of their disease, especially patients who have two or more. That is because they can have multiple medications and multiple doctors and multiple appointments and someone helping them coordinate that and seeing to it that they are on the right track is a welcome change for them. We augment the care that they receive in the physician's office. Therefore, the reception has been positive. Patients understand it right away. We met a diabetic patient who said, "Wow! Where have you been all this time, because if you would have been here I probably would not have had to have my toe amputated because I would have known enough to take my medication and to go and see the doctor when this started to happen, instead of waiting for my appointment." The outcomes will be significant as we progress.

CEOCFO: ***Are you helping to educate consumers about wellness programs, such as Blue Cross and others do now? Have those programs helped foster what you are doing?***
Ms. Cunningham: Absolutely! Those programs, from a wellness perspective, did educate people and people are comfortable with engaging with someone other than their physician about health matters. Today's healthcare consumer is comfortable going on Google. Even if physicians are not comfortable with the idea of social media, there are Facebook groups for every illness that you can imagine. People talk a lot about HIPAA and compliance; well, these patients are on Facebook giving very detailed information about their health and their circumstances and their medication that they are taking and they are reaching out for a community to support them! So, yes, those initial wellness programs helped, but also it is just where people are at this point in time, where you have access to the majority of information you want instantaneously, with the exception of your healthcare information. We are waiting on healthcare to catch up with the rest of the world and meet consumers, because that has been part of the challenge. Healthcare continues to view them as patients and they really are consumers of a service. You hear a lot about the consumerization of the healthcare. Today's patients are used to having tools at their fingertips to access and manage information when, where and how they want and via a personalized experience. Healthcare technologies, like 4D, meet the consumer expectation for a personalized experience in healthcare by seeking to know each patient and remember preference and engage with them effectively via the communication channels that they use in everyday life. All of this will be at the forefront of taking patient care to its next inevitable level.

CEOCFO: ***Who is speaking with the patients? What are their qualifications, both in terms of medical knowledge as well as personality and approach? What is the process? Are doctors concerned about the approach aspect?***
Ms. Cunningham: Initially, we sit down with the physicians in the physicians practice and we understand their workflow and their patient population. That is because they know their patients better than we do in the beginning. We work with them to understand the patients that would most likely be the most successful in participating in the program. This is intelligent software that looks at an individual's education level, ethnicity, culture, socio-economic factors and language, to make certain that we are engaging with them in a way that is going to be receptive to them. Imagine, up until now when patients received that BlueCross/BlueShield wellness pack, and it went out to fifteen thousand BlueCross/BlueShield members; all fifteen thousand got the same piece of paper and the same information. What our software enables us to do is customize each and every communication and interaction with the patient. Therefore, just like your whole world of television viewing changes when someone understands your preferences and what you like and what you do not like, your entire interaction with healthcare changes as someone understands you and that you are a more mature individual and that you are at home all day, but your grandson comes home at four 'o'clock and he can help you with the technology piece if you need help with and knowing that you speak Spanish and a little English, but that you understand and read Spanish better than you speak English and engaging with a patient engagement advisor who is going to work with you in Spanish and on your education level. When you receive that communication from 4D, guess what; it is going to have people on there who look like you and it is going to be written in a way that you understand. That is because we are a consumer facing product. I would not expect healthcare to figure all of this out; because believe you me; if they could have they would have by now. Healthcare and insurance are not developing these engaging products like we are with this technology background.

CEOCFO: ***How do you interact with the electronic records of any given practice?***
Ms. Cunningham: There are initially sixty-seven – and I know that that is an exact number, but it comes from Medicare, not from us; there are sixty-seven pieces of data that you need from the electronic medical record in order to deliver our service. Therefore, our first goal is to get those sixty-seven. There may be thousands of pieces of data about you in the physician's electronic medical records, but all we need is these sixty-seven to start with. We get those a number of ways. We are partners of health information exchanges in some states, which allow us access to the patient data through that partnership. We work directly with the electronic medical records vendor in some cases. We can work directly with the IT department in the physicians group. That is because, with 4D that first D is Data and at the end of the day we are a technology company, a data company. Therefore, when it comes down to how you interact with or get that information from the electronic medical record that is our area of expertise. That is what we do very well. Once we get it we aggregate it, analyze it and translate it to make it useful for doctors and patients.

CEOCFO: ***How are you reaching out to doctors? There are so many products and services in the marketplace.***
Ms. Cunningham: You are right! There is a lot of noise in this space! Therefore, we have split organizations into three tiers. Tier I is our federally qualified health centers. The way we go after them is to partner with organizations who have federally qualified health centers as members of their organizations, like the Community Health Centers of Arkansas or the Kentucky Health Center Network. That is because at the end of the day this is a revenue opportunity. Sixteen billion dollars in revenue is available and millions of dollars are left on the table month after month after month. Some of these organizations can extrapolate hundreds of thousands of dollars a month and some millions of dollars per month if they have the technology in place and the capability to bill Medicare for providing the service. Then you have Tier II organizations. These are our hospitals and clinics, the larger clinics that may reside in a state. Today we go after them one by one based on the number of patients that they have that are Medicare patients. We are not focused on our Tier III population right now. Those are the larger clinics that can afford to wait and see how all of this shakes out amongst the earlier two tiers who are incentivized by revenue and need to avoid penalties, so they will be early adopters. Soon, because these new value base payment models have to be adopted through a law called MACRA (mentioned above) by 2017, they are also going to be reaching out to organizations that can provide the products or services. Therefore, we look to build partnerships, we look to work directly with hospital systems, but we also look to work with community based organizations who have access to patients who would benefit from our products and services.

CEOCFO: ***What did you learn at IBM as far as what to do and what not to do when creating and developing a business?***
Ms. Cunningham: IBM taught me that when you have a software technology solution that is agnostic you put yourself in a more competitive position than someone who builds a technology solution that is a one trick pony. Therefore, I have been able to develop an integrated service platform. That is what IBM taught me; that providing technology is one thing. Proving services is something very different. Technology enables services and in this space of healthcare you can through tons of technology at a problem and it will not do a darn thing. You have to be able to wrap that technology in a service that is provided to the physician and the patient for everyone to benefit. That is one thing that IBM taught me how to do, how to do very well and how to use intelligence and machine learning to customize interactions with individuals. This is all on that pathway of personalized medicine.

CEOCFO: ***What is next for 4D?***
Ms. Cunningham: The next thing for 4D is scale. It is one thing when you are providing a service to five or ten clinics. It is another thing to show that you have the ability to care for half a million patients and that you have the technology that scales and you have a plan to service them that is scalable. Therefore, now we are in that growth phase. Our product is in the marketplace. Our product is helping patients today. Now it is all about showing the larger organizations that, yes we can turn this service on for your patients and you can benefit from the revenue perspective, but more importantly from providing better patient care, which leads to better patient outcome.