Real-Time Patient Admissions and Discharge Notifications Platform and Application Connecting Healthcare Providers across the United States

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> - Jay Desai

CEOCFO: *Mr. Desai, what is the concept behind PatientPing?*
Mr. Desai: We have a straightforward concept where we notify healthcare providers, in real-time, when patients get admitted or discharged anywhere. If you are a primary care provider and your patient goes to the emergency room or the hospital, we will notify you so that you could follow the patient in whatever setting it is that they are receiving care, and make sure they get the appropriate follow-up care. It is a lightweight way to connect healthcare providers as their patients migrate through the healthcare system. Patients get care from many different providers. The average Medicare patient sees seven providers a year, across four unaffiliated practices. This can complicate things as they do not have the same medical records or systems, and medical information does not travel very well between providers. Therefore, we are making it a great deal easier for those providers to work together.

CEOCFO: *What are the mechanics of putting this in place?*
Mr. Desai: We find a market, such as Boston, or the state of Vermont, depending on where most of the care is delivered. What we will do is partner with the hospitals in that market, and then seek out the community providers such as specialists, primary care providers, nursing homes or home health agencies that want to work with the hospital that we have engaged with. The hospital will provide us with some data from their electronic medical records. To start they will provide us with their registration data, so that others can know when their patients come to their facility or the Emergency Room, and we pull that information. The point is to get the hospital's participation, and then once that happens, we can stitch together the auxiliary providers that are in the halo of any given hospital, and ask them for their patient roster. Once we see the patient roster, we will compare that against the patient that shows up at the Emergency Room, which will enable us to generate the notification. That is where it starts and what that does is draw in other providers across the community to participate and be part of the network, because it starts with the nucleus. We start with a few hospitals and then bring in the community providers, which allows everyone to network together using our platform.

CEOCFO: *Does the patient have to agree?*
Mr. Desai: It depends on the state. First of all, we take patient privacy very seriously. There are a set of rules and regulations within the region on whether or not it is required for patients to either opt in to data sharing or opt out of data sharing. Under HIPAA providers are allowed to receive this information. In some markets, there is a requirement for an opt-out provision in the event a patient does not want his or her data being shared. Then the default is that the data will not be shared unless they opt-in. Therefore, we completely adhere to whatever the local laws and regulations are.

CEOCFO: *Are hospitals and doctors looking for a form of communication like this or surprised when they find your platform? Are there other systems attempting to put together a similar network?*

Mr. Desai: Doctors in the past have thought to work with other providers because that is the best for patient care. For example, my girlfriend is a physician and many times she will receive a patient and there is no history, or the patient may not even remember all of the places they were at. If they do, they may not remember the names of all of the other providers that they have seen. It can be frustrating, particularly if you are a primary care provider and you prescribe a set of instructions for what a patient should be doing after you leave, but having no visibility into whether that happens can be frustrating. Therefore, they have wanted it, but the problem in the past is that the way that the incentives have been aligned from a payment perspective has not really encouraged too much collaboration or coordination between providers. We used to be in a fee for service system, where you go to the doctor and they get paid or they go to the hospital and they get paid for that visit. That is changing in a very meaningful way, which has been happening over the last several years. Some of the efforts put forward under the Obama Administration and now the Trump administration are really towards encouraging a reduction in how much we spend on healthcare. However, much of the reason that we overspend on healthcare is because of the lack of coordination. You may go from one provider to the next, who will also run another x-ray or unnecessarily repeat a lab test. That is just because the information is not moving back and forth. There is a great deal of work being done to reform the payment system for how health providers are getting paid, which creating a great deal more demand for communication tools to be able to coordinate with one-another. The actually make more money if they are able to reduce the cost and improve the quality of care. The last part of your question was whether systems exist today to provide the networking. In most markets the systems that exist are phone back and really unreliable or many times just ad-hoc. It can be compared to fax machines before we had email and text. New technology really has not made its way into healthcare and we are trying to modernize the system.

CEOCFO: *You partner with people that are providing other services to the medical community. Are you concerned that a comprehensive program will come out and this would be just one part of it?*

Mr. Desai: There are a couple of points that you brought up. What if we had a single payer system or everyone was part of one hospital or the same electronic medical records? In our country we do not have a single payer system, and I have spoken to people from the UK and Canada and I've asked them the same question. When you show up at the hospital do they have your medical records or do you have to bring a little baggie with your medication to remind them and show them which ones you are on? Is your primary care provider automatically notified that you are in the emergency room? The answer to those questions is always no! That is because even though you have one insurance provider that you take to pay for your care wherever you go, it does not mean the doctors have a good technology infrastructure to share information with one another. They are not on the same electronic medical records, and in the United States where we are a competitive market, just the notion of have everyone on one system is a long ways away. Even if that were the case, such as in Vermont, which has a single payer market, and much of the technology is centralized by the state. In that market we have a statewide partnership with the state of Vermont, as well as with the public utility that they have constructed in the middle of the state that collects a great deal of their healthcare information called VITL, the Vermont Information and Technology Leaders. We are an add-on to that service to be able to connect providers and be able to deliver it through a lightweight technology.

CEOCFO: *You recently raised $31.6 million, which is not easy to do these days. What is the plan for that money?*

Mr. Desai: My co-founders and I started this company over three years ago and we have done a great deal of work to get the model, product and the service right, as well as how we bring it into new markets. It is really working very well and delivering a great deal of value to providers and patient care in our communities is really improving. We are very excited to continue doing what we have been doing. It has taken us three years to get the model right, and we want to bring it to many more communities. We are in 6 states right now, so there are 44 more to go. We want to bring it laterally across the US to connect providers. Many markets actually are related to each other. For example, many people who live in Massachusetts split half of the year in Massachusetts and half of the year in the state of Florida, as they are what is called, "snow birds". Therefore, we will often hear providers in Massachusetts wanting to work with the providers in Florida. I got a funny request from New York, in Washington Heights in Manhattan where there is a large Dominican population. They wanted to know if we could get the Dominican Republic connected to their community, because when the patients visit the Dominican Republic and see the doctors there, many times they will put them on different medications. When they come back to New York in the summer, everything will be off, which makes me with I could work with them. Therefore, we want to take our product and bring it to more markets across the country. That is one. Number two is that we want to expand what it is that we do beyond just the notification service. We are connecting providers to seamlessly coordinate patient care. That is our mission. Coordinating care is more than just notifying one another of the patient's whereabouts. It is about sharing important information and communicating around the patient, sharing instructions and making sure they get the right follow-up care in order to make sure they are healing as quickly, safely and

cost effectively as possible. A good example would be if a patient shows up at a hospital with a broken wrist. They will be fine as they will get a cast and go home, so they will not require that much coordination. However, if someone is elderly with dementia, and they do not have any caretakers at home or family members nearby, this is someone who people need to pay attention to. Then we can prioritize those types of patients to make sure they are getting the right resources that they need. Therefore, we are looking to add more functionality and more features through the tool that we already have.

CEOCFO: *Do you have to be approved by the state to do business in a particular state?*
Mr. Desai: There are certain regulatory bodies that we certainly need to adhere to, as well as the standards that they put out there; one being HIPAA, for patient privacy and security. Protecting the security and privacy of patient data is something that we have robust policy and procedures around. There is no formal approval process for that. The approval process is more winning the partnership of our health system customers in new markets. Once we are able to partner with the first group, we do need to go through the process of onboarding them and connecting to their medical records. However, we do not need to go through a regulator to do business in a particular state, other than having to adhere to the rules and regulations within the community, and patient privacy and security is the one we focus on the most.

CEOCFO: *Put it together for our readers. Why should people in the business, investment and medical communities be excited about PatientPing?*
Mr. Desai: Right now because patients get care from a great number of providers that are not working together, receiving healthcare in this country is first really inefficient, but more importantly extremely dangerous. If you go to a provider and they prescribe for you a certain set of medications, but did not get the memo from your primary care provider tell him that you are allergic to one of them, or that you are on some other medication that will adversely react with the new meds that they are putting you on, results in bad care. The United States is the most developed country in the world, so for the amount of money that we spend on healthcare we are just not getting the outcomes that we should. One of the big reasons for the failure is that we do not have good coordination of care. We are stubborn optimists here at PatientPing, as we believe that the system can always be better. What we are bringing into the market is something that is lightweight, easy, inexpensive, simple to join and implement, and it connects providers across the flow continuum; wherever the patient is going, be it the hospital, primary care, nursing home, rehab or home care. Wherever the patient goes we are pulling everyone together to a really important technology, which is simply a notification. It lays the foundation, lays the fabric for providers to coordinate with one another. We think it is a really important mission and we are very excited to improve patient care in this country, one provider at a time.