



emocha Health[®]



**Virtual
Innovation Spotlight**

July 15, 2020

Introduction

emocha integrates the power of people and technology to holistically support patients remotely, and solve non-adherence in chronic and infectious diseases.

Vision

We envision a world where taking all of your medication is a cultural norm and the deadly consequences of nonadherence are history.

Global Impact

Over 100 customers

Serving public health since 2014



Global Customers

Abu Dhabi, UAE
Barcelona, Spain
Bangalore, India
Pune, India
Juarez, Mexico
NSW, Australia

Life Sciences

Boston Medical Center
Brown University
Clexio Biosciences
Harvard University
John Hopkins University
New York University
University of Colorado
University of California-
San Francisco
University of Miami
University of Florida
University of Virginia
University of
Washington
Medpace

Payers & Providers

Cedars Sinai Hospital
Elica Health Centers
Greater Baltimore Medical Center
Indiana Regional Medical Center
Jeffcare Health Center
John Hopkins University Health
Care Priority Partners
RKM Primary Care
LifeBridge Health

Public Health Departments

Ninilchik Traditional Council, AK
La Paz County, AZ
Maricopa County, AZ
Pinal County, AZ
Alameda, CA
Contra Costa, CA
Fresno County, CA
Kern, CA
Kings County, CA
Merced, CA
Orange County, CA
San Diego, CA
Solano, CA
Linn County, IA
New Orleans, LA
Hennepin County, MN
Audrain County, MO
Kansas City, MO
Berrien County, MI
Oakland County MI

Public Health Depts. (cont)

Ottawa, MI
Macomb County, MI
Midland, MI
Washtenaw County, MI
Mecklenburg County, NC
Rutgers TB Institute, NJ
Columbus, OH
Marion County, OR
Austin, TX
Collin County, TX
Corpus Christi, TX
Dallas, TX
Denton County, TX
El Paso, TX
Ft Bend, TX
Galveston, TX
Harris County, TX
City of Houston, TX
Tarrant County, TX
Clark County, WA
King County, WA

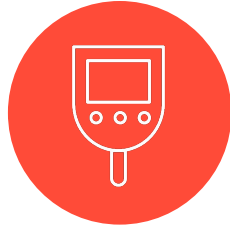
States & Territories

State of Texas
State of Alabama
State of Delaware
State of Louisiana
State of Maryland
State of Mississippi
State of New Mexico
State of Rhode Island
State of South Carolina
State of Tennessee
Territory of Puerto Rico
Territory of Guam
US Virgin Islands

One program for multiple populations



Asthma



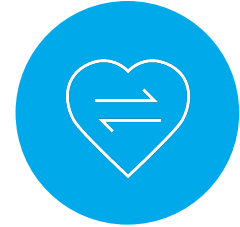
Diabetes



Behavioral
Health



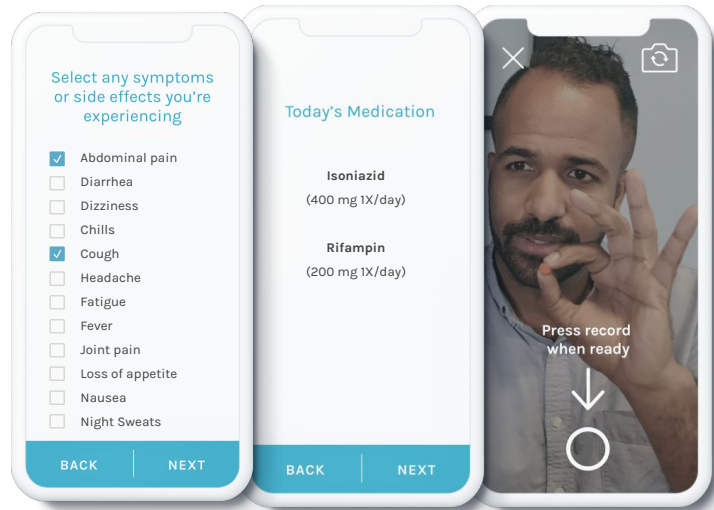
Infectious
Diseases



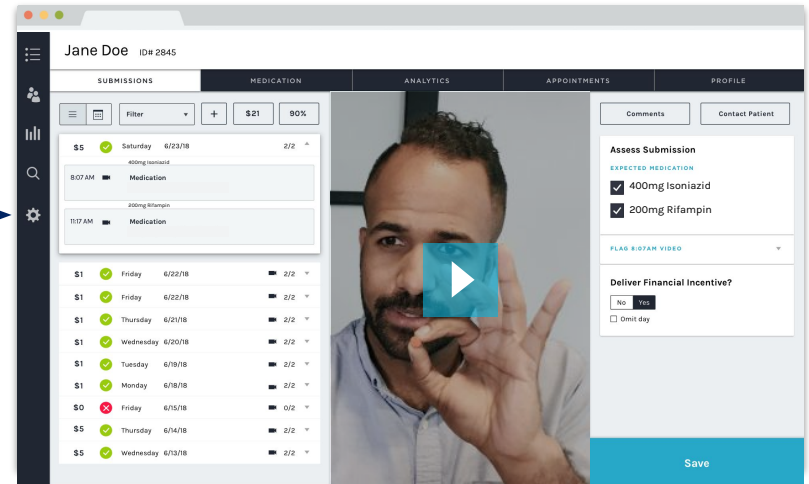
Organ
Transplant

Overview

emocha Video DOT System



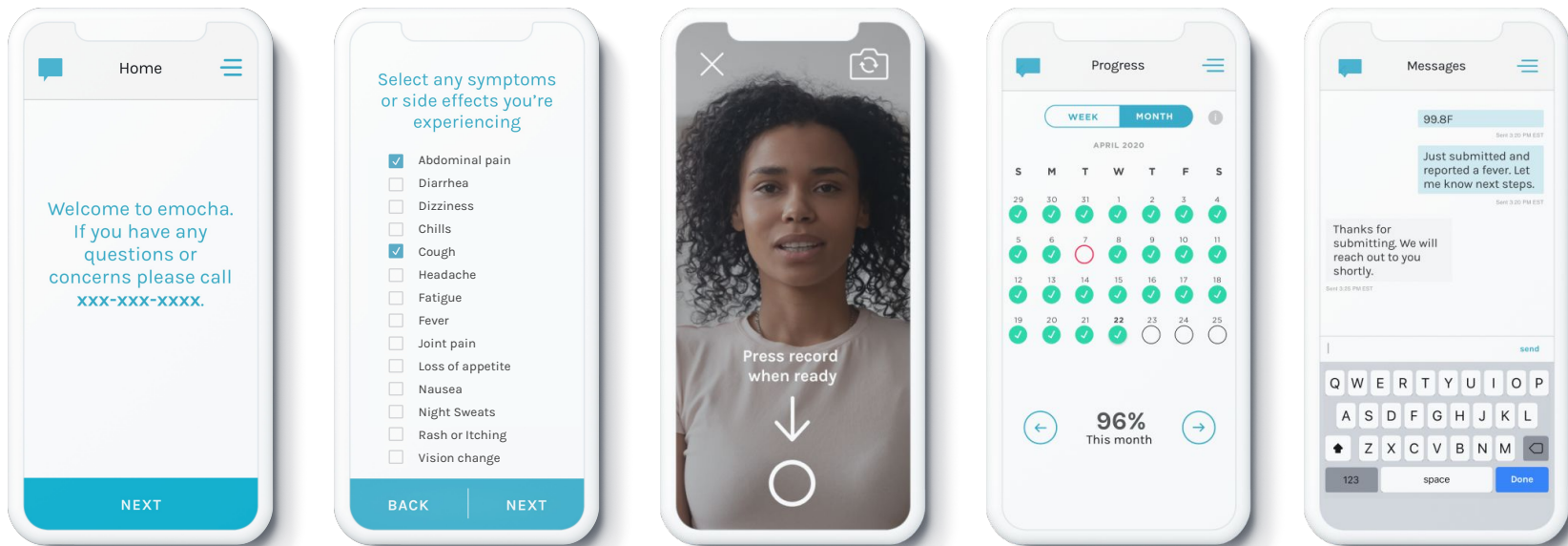
User reports side effects, care plan and submits video



Video assessed by care team for adherence

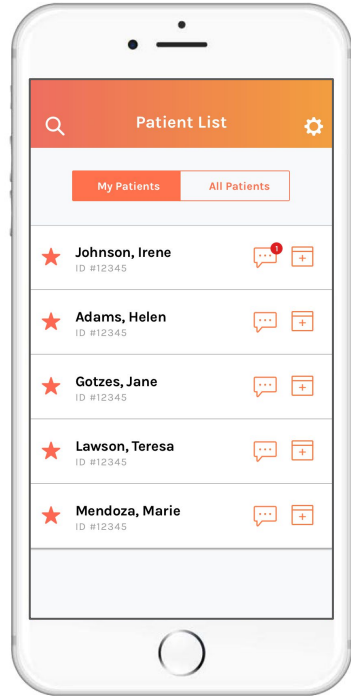
Overview

Simple, easy-to-use app in over 22 languages

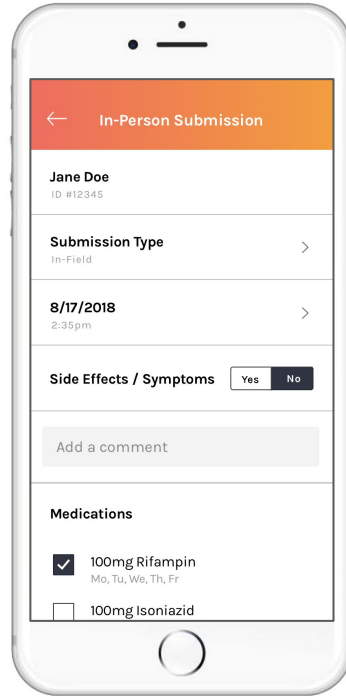


Overview

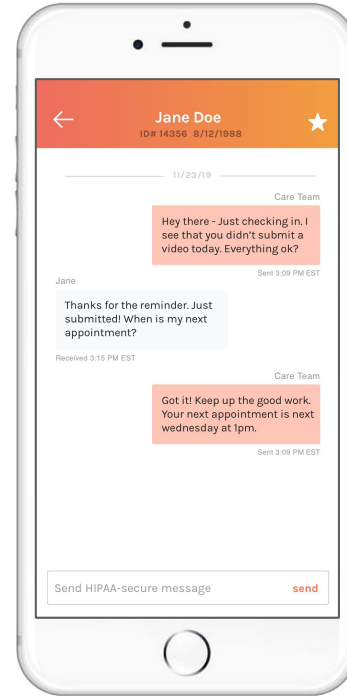
Mobile App for Care Teams



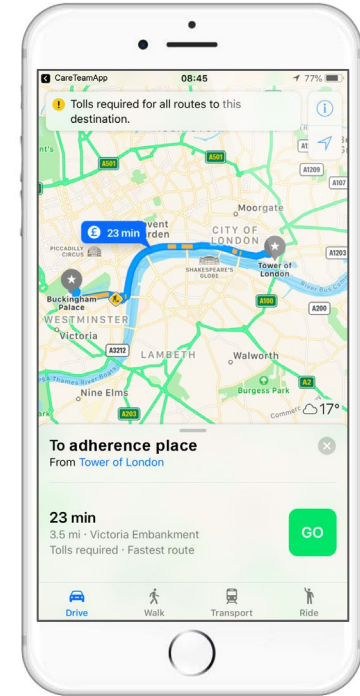
View list of users



Add in-person submission

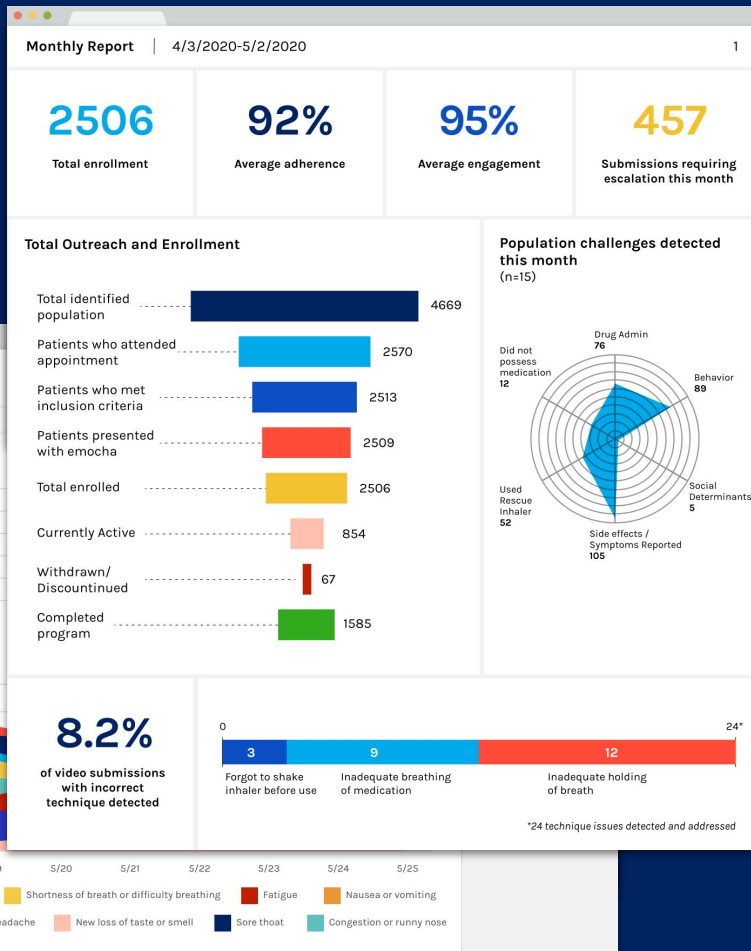
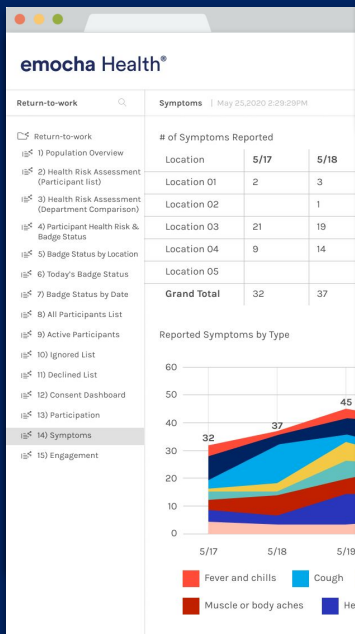


Contact users through the app



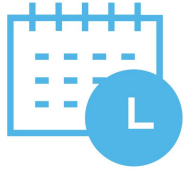
Access directions and view regimen

Provider-facing web portal with detailed population and individual level measures of adherence



Features

Asynchronous Video DOT Benefits



No appointment
scheduling



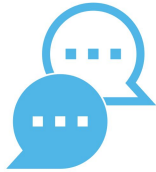
Works without
connectivity



Capture
Weekend doses



Side Effect
Capture



Asynchronous
Secure Messaging



Medication
reminders



20+
languages



Alerts &
Notifications

Evidence

Clinical validation through 21 publications and independent studies

Tuberculosis

CDC Notes from the Field

87-92% Adherence
100% Treatment completion



Partners:
Puerto Rico Department of Health

Tuberculosis

Open Forum Infectious Diseases

92-95% Adherence
Up to \$8K Saved/patient



Partners:
Johns Hopkins, States of Maryland

Tuberculosis

CDC Notes from the Field

97% Adherence
2 weeks Emergency Operations



Partners:
Texas Department of State Health Services

Hepatitis C Virus

CROI

98% Adherence among drug-using population



Partners:
University of Colorado Anschutz Medical Campus, Gilead-supported

Asthma

Pending Publication

92% Adoption
96% Issues handled remotely by nurse



Partners:
LifeBridge Health

Opioid Use Disorder

Journal of Addiction Medicine

Take-home treatment
93% Adherence



Partners:
University of Washington, Boston Medical Center

Resource Expansion

Helping health departments with resource allocation and support

- 1** When resources moved from TB to COVID-19, emocha helps health departments do more with fewer resources
- 2** As those receiving treatment and DOT workers need to maintain distance, video DOT provides remote care without sacrificing adherence
- 3** To optimize resources using video DOT, emocha has supported health departments in contact tracing support & symptoms monitoring

Continuity of care during the pandemic

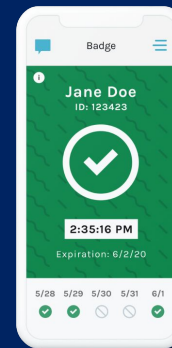
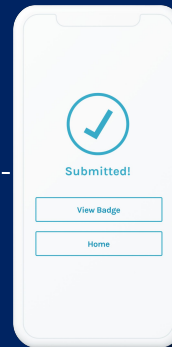
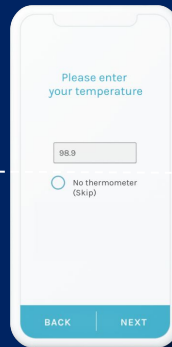
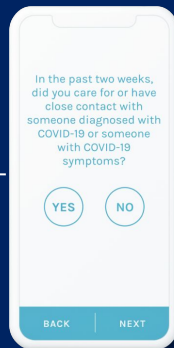
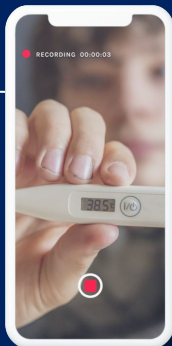
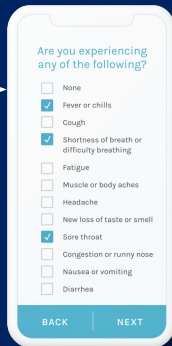
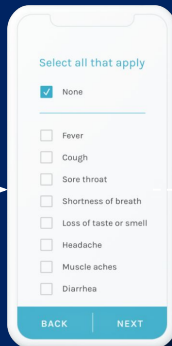
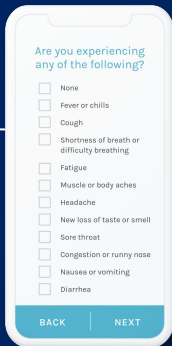
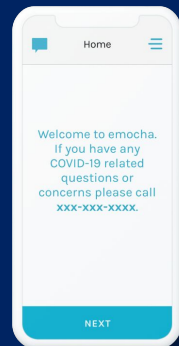
Lapses in care could potentially set back the fight against TB years. emocha's video DOT maintains the benefits of DOT in a safe and feasible way for the duration of the pandemic: helping public health departments do more with fewer resources.



COVID-19 Response

Non-Concerning

Asymptomatic



Concerning



Validation

Customer Case Studies

Video DOT Case Study
GUAM PUBLIC HEALTH DEPARTMENT

The U.S. Pacific Islands spearheads innovation with asynchronous video Directly Observed Therapy for tuberculosis treatment.

Video DOT Case Study
FRESNO COUNTY DEPARTMENT OF HEALTH

Fresno County Department of Public Health needed to expand the capacity of their limited staff to support patients during TB treatment.

Learn how emocha helped Fresno save money, reduce greenhouse gas emissions, and secure high rates of medication adherence.

Video DOT Case Study
Ciudad Juárez, Mexico

Mexico expands the reach of tuberculosis treatment for patients while eliminating the burden of travel.

To enable patients to access tuberculosis treatment more easily, Ciudad Juárez launched the first Mexico-initiated therapy, which improved patient-centered care.

Maryland Department of Health effectively expands video Directly Observed Therapy in local health departments across the state.

The Maryland Center for Tuberculosis (TB) Control and Prevention explored a long-term and sustainable expansion of video directly observed therapy (DOT) that established a more efficient, standardized approach to deliver patient-centric care. The plan enabled state-wide providers to easily leverage technology to support patients throughout the course of their TB treatment.

Case Study

Fresno, CA



41.36 metric tons of CO2
emissions avoided



\$100,531 in salary
and benefits savings



110,234 vehicle
miles saved



\$10,196 in savings
from gasoline



Over 90% adherence for
clients active as of Nov 2017



2,694 employee
hrs saved

Case Study

State of Maryland



150 patients utilized platform for TB



13,500+ videos assessed by staff



27% usage increase
June 2017 - April 2018



\$1,391 in savings
per patient



94% adherence
achieved



Increased flexibility
convenience, & privacy

Case Study

Guam



50.2 per 100,000
Residents with TB



Safety & stigma
addressed



1,417 confirmed doses
From 35 patients



\$21,255 in savings
from staff time



700 hours saved
driving time



\$3,457 in savings
from gasoline

Case Study

Hurricane Harvey



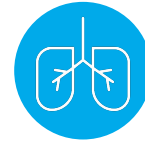
61 patients using emocha
before hurricane



97% adherence
achieved



30 active TB
patients



31 LTBI
patients



2 weeks
emergency operations



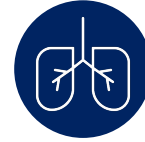
5 years
using emocha to date

Case Study

Puerto Rico Outbreak



6 LTBI patients
RIF, 4 months



11 Active TB
RIPE, 6 months



85-96%
adherence



100% treatment
completion



240 hours saved
in travel time



17-50% weight gain
in patients

Thank You.

For more information, contact Morad Elmi at
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