



emocha Health[®]

Support every patient
at every dose

www.emocha.com / [@emochaHealth](https://twitter.com/emochaHealth) / info@emocha.com

Snapshot

Standard of Care for

450 Health Departments

Validated by over

15 peer-reviewed studies

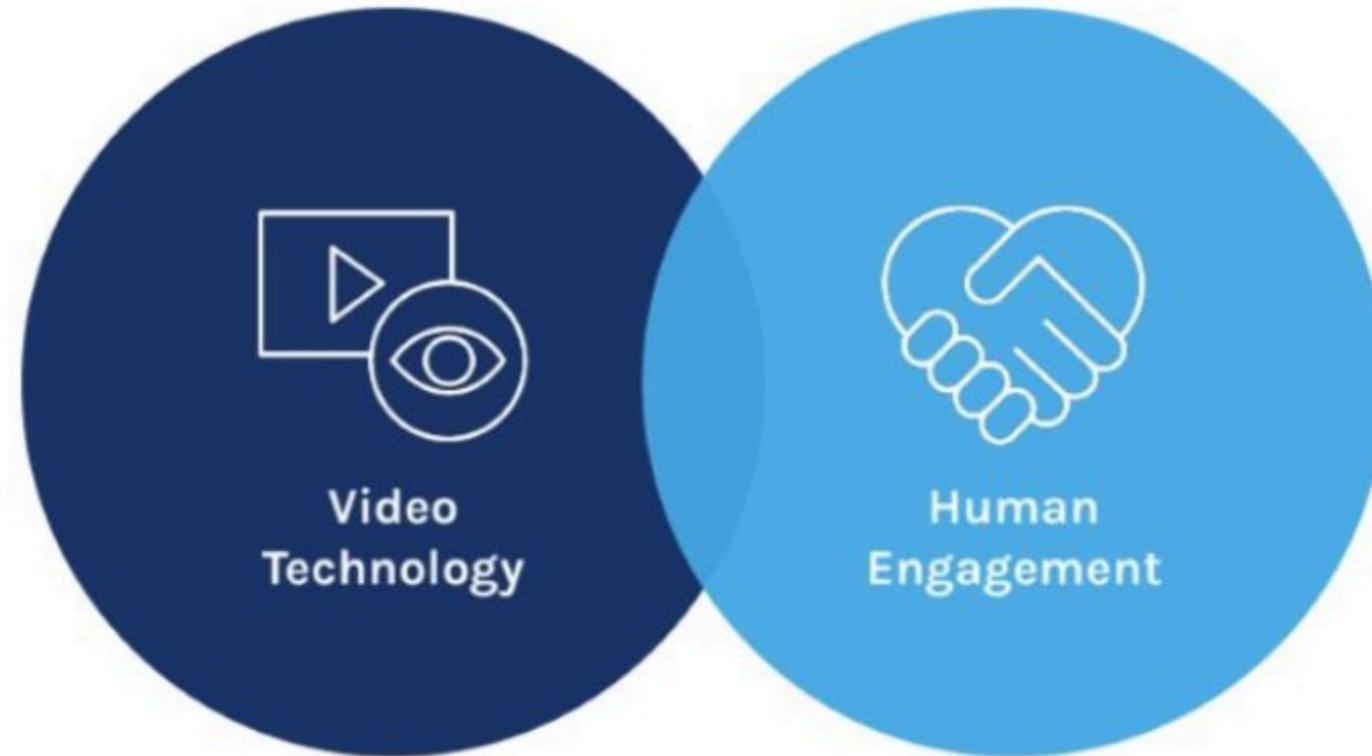
Baltimore-based

Johns Hopkins spin out

Nurses, pharmacists, public health technologists

50-person team

emocha is the first comprehensive
Digital Medication Adherence Program



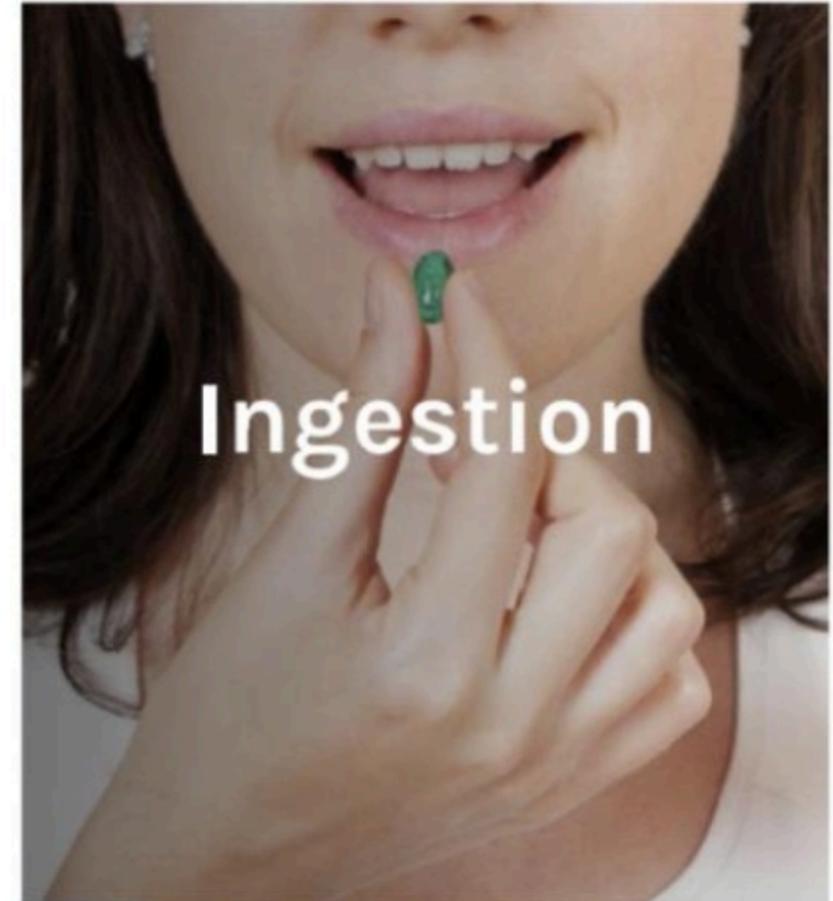
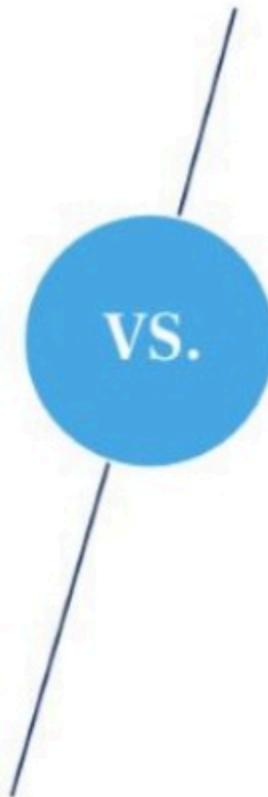
emocha's model leverages a CDC-endorsed, public health practice to confirm dose-by-dose adherence

Defining Adherence

Possession does not equal ingestion



Medication Possession Ratio (MPR) is a standard but inadequate way to measure adherence.



emocha measures adherence by observing of every dose of medication ingested.



A significant portion of transplant patients are non-adherent to their anti-rejection medications

Non-adherence ranges from 20% to 70% across kidney,
heart, and liver

40%¹

Of rejections are linked to medication nonadherence

2/3²

$\frac{2}{3}$ of nonadherent patients will experience graft failure

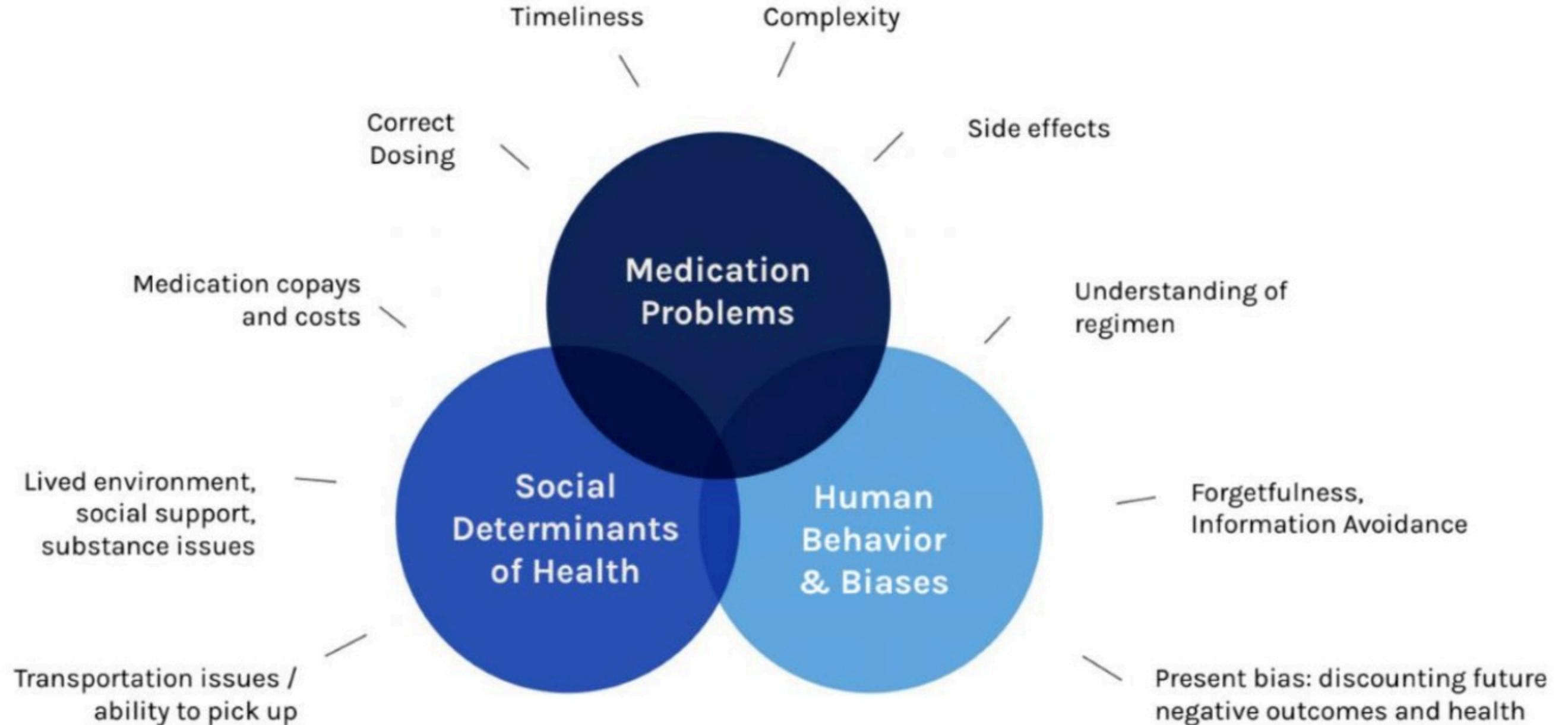
\$4-11K³

Hospitalization costs from rejection episodes

7x⁴

Non-adherent patients have 7x greater risk for late rejection

Post-transplant, patients face myriad challenges.



Digital Medication Adherence Program

Side Effects Social Determinants

Drug Challenges Inhaler Technique Behavior Challenges

Wrong dosage

Regimen Complexity

Drug Interactions



Pharmacist

Pharmacist-led Medication Review



Coach



3 months Daily Directly Observed Therapy



Nurse

Low Possession

Concerning diagnostic measure



Hi there - I see that you didn't pick up your medication this month. Everything ok?

Ongoing Support & Medication Management

Platform & Service Overview

Patients

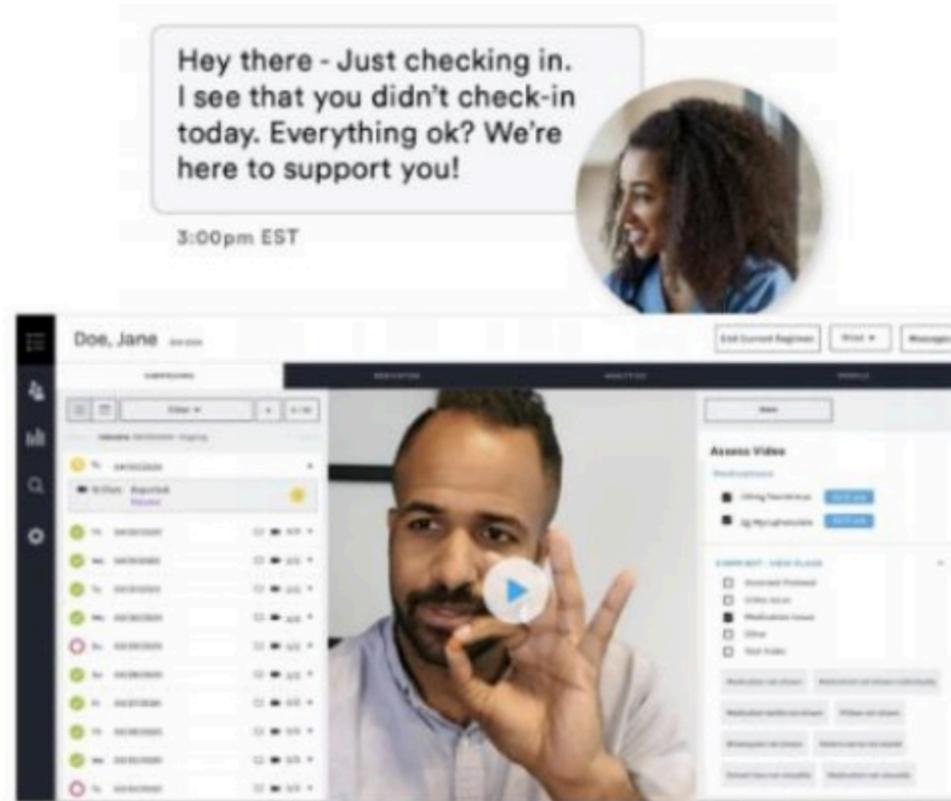
emocha Mobile App



Patients complete daily video check-ins to report side effects, take their medication, track progress, and engage with their adherence coach

Adherence Service

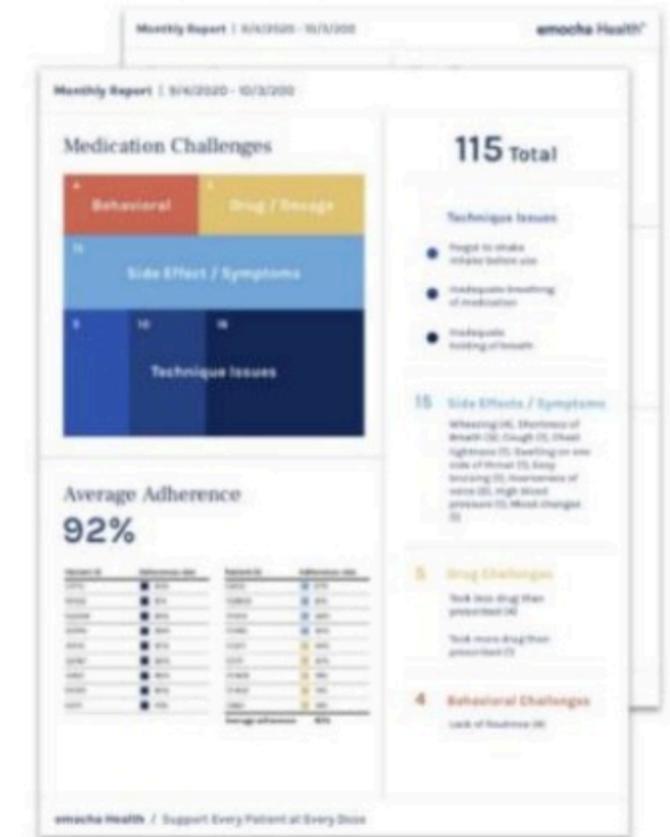
Engagement, Support, & Escalation



emocha's Clinical Adherence Team confirms daily ingestion, motivates and supports patient at every dose, and addresses any adherence challenges that arise by following our transplant-specific playbook.

Transplant Team

Analytics & Reporting



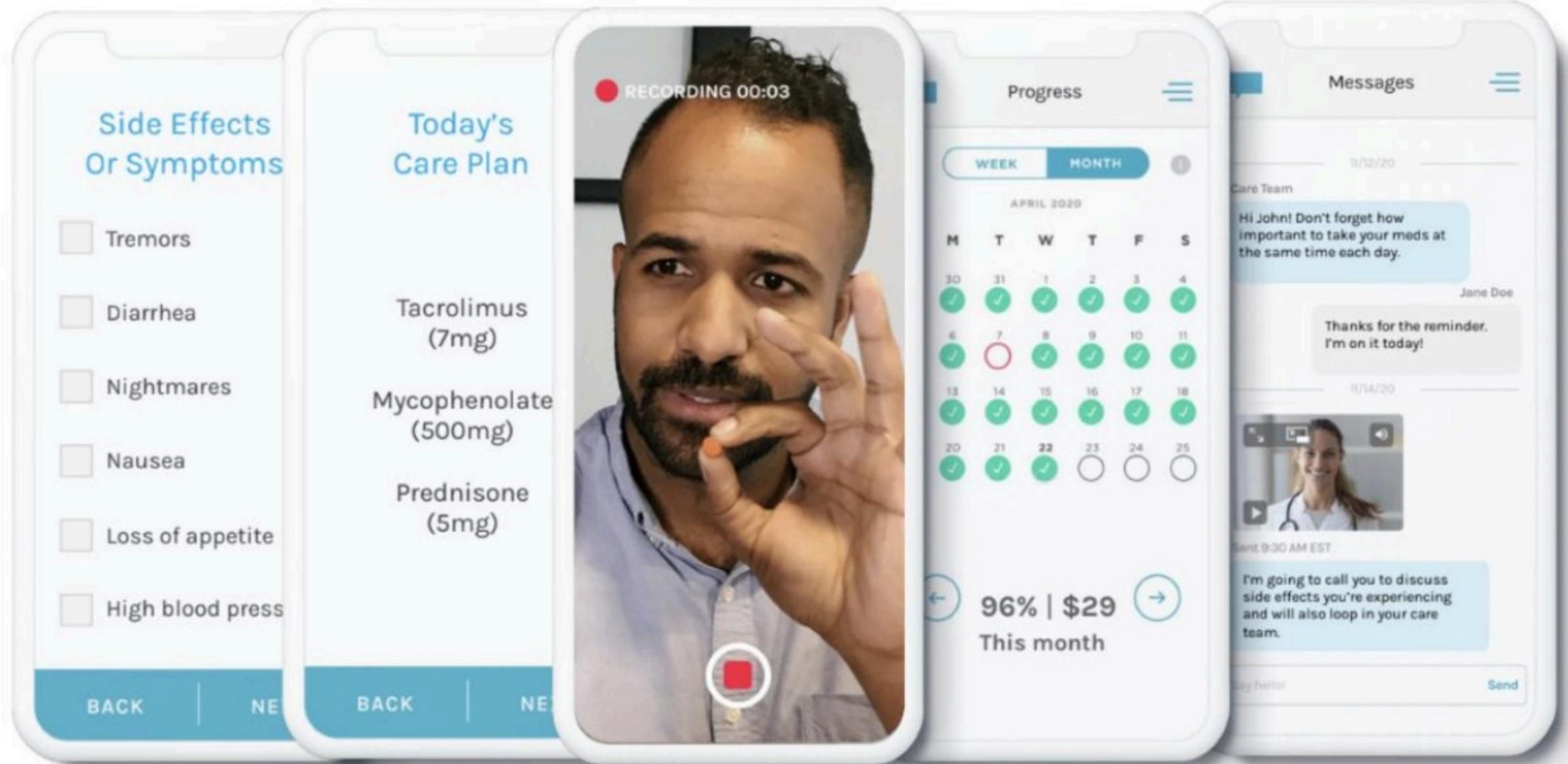
Transplant teams receive weekly and monthly reports on patient progress and adherence barriers, and -- if desired -- ability to view video check-ins using emocha's engagement platform.

Patient-facing Mobile App

emocha's patient app is designed to make daily virtual check-ins feel easy and supportive. Patients open their emocha app daily to report side effects, take a video selfie of medication ingestion and engage with their adherence coach via in-app messaging and video engagement.

FEATURES

- + Medication reminders
- + Symptoms Capture
- + Asynchronous & Live Video
- + In-app messaging
- + Adherence Metrics
- + Financial Incentives
- + Transplant resources
- + Touch ID / Face ID / PIN Login
- + 22 Languages



emocha's Transitional Care Team: Designed to Amplify Transplant Care Teams



Pharmacists

- + Provide medication reconciliation and education at program outset
- + Deliver medication summary and action plan to patient



Adherence Coaches

- + Review all submitted video check-ins for medication adherence
- + Compassionate, empowering, observant; support patients in overcoming every adherence barrier
- + Provide linkage to existing services and resources, and maintain daily communication with patients



Registered Nurses

- + Provide clinical review of all symptoms / side effects
- + Liaise directly with the patient's care team regarding side effects or other concerning issues as needed

Clinical evidence generated through independent studies shows adherence rates, acceptability, and impact

Tuberculosis

92-95% Adherence
\$8K Saved per patient



Partners:
Johns Hopkins, State of Maryland

Tuberculosis

87-92% Adherence
100% Treatment completion



Partners:
Puerto Rico Department of Health

Hepatitis C

98% Adherence among drug-using population



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

Asthma*

92% Patient Adoption
73% Reduction in ED visits



*** Pending Publication:**
Medicaid Population, Baltimore, MD

Type 2 Diabetes*

86% Adherence
50% Reduction in ED visits
27% Diabetes-related hospital admissions post-program



*** Pending Publication:**
Medicaid Population, Baltimore, MD

Holzman SB, Zenilman A, Shah M. Advancing Patient-Centered Care in Tuberculosis Management: A Mixed-Methods Appraisal of Video Directly Observed Therapy. *OFID* 2018, Volume 5, Issue 4, ofy046.

Olano-Soler H, Thomas D, Joglar O, et al. Notes from the Field: Use of Asynchronous Video Directly Observed Therapy for Treatment of Tuberculosis and Latent Tuberculosis Infection in a Long-Term-Care Facility — Puerto Rico, 2016–2017. *MMWR Morb Mortal Wkly Rep* 2017;66:1386–1387.

Kiser, Jennifer J.; Brooks, Kristina M.; Castillo-Mancill, Jose R.; et al (2020, March). Adherence in Active Drug Users with HCV: The INCLUD Trial. Poster session presented at the Conference on Retroviruses and Opportunistic Infections (CROI).

References

1 Burra et. al. Adherence in liver transplant recipients.

<https://pubmed.ncbi.nlm.nih.gov/21384527/>

2 Nevins et al. Understanding Medication Nonadherence after Kidney Transplant.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5533244/>

3 Pinsky et al. Transplant outcomes and economic costs associated with patient noncompliance to immunosuppression.

<https://pubmed.ncbi.nlm.nih.gov/19843035/>

4 Butler et al. Frequency and impact of nonadherence to immunosuppressants after renal transplantation: a systematic review.

<https://pubmed.ncbi.nlm.nih.gov/15021846/>



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Transplant Opportunities & Program Value

Minimize avoidable costs and poor outcomes due to non-adherence

Decrease likelihood of rejection episodes, graft failure, mortality, or retransplantation

Protect a second chance at life for transplant recipients

Amplify and streamline care coordination post-discharge
