Eran Ofir, CEO and Co-Founder

“My platform empowers people to make better health choices and transform their lives”
‘Hand to mouth’ is a fundamental human gesture.

Detecting and monitoring it opens an ocean of opportunities for empowering people to make better health choices and transform their lives.
Platform of many promises

- Collect Real-Time Data
- Wearable
- Smartphone
- Server
- Machine Learning Adaptive Algorithm
- Deliver Insights
- Apply Incentives
- Modify Behavior

Monthly average improvement by population segments per program

Weekly average cigarettes per program for the average policy holder

Average monthly decrease and success rate per smoking cessation method
Telling the difference from other gestures

Numerous use-cases for healthcare, insurance and consumers-products domains
Device agnostic detection

- Understanding Example
- What? Smoking
- When? 8pm
- Where? Bar
- How? Sitting
- How often 16 cigs/day
- Who with? John
- and Why? Social
Growing problem in the US

43,000,000 Americans smoke regularly
(19% of adult population)

50% try quitting
(only 7% succeed)

480,000 die from smoking every year*

$500B the annual (growing) smoking burden on US economy

* Center for Disease Control and Prevention
www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm
Large problem in Europe

150,000,000 Europeans smoke regularly
(28% of adult population)

13,000,000 suffer from tobacco-related chronic diseases

700,000 die from smoking every year*

130B Euro the annual (growing) smoking burden on EU economy

* Center for Disease Control and Prevention
* WHO Europe
Smoking epidemic in Asia

- **Over 300 Million smokers** in China, the largest smoking population in the world
- **52% of adult men** in China are smoking
- one in three adult Chinese men will die of smoking
- 189 Billion cigarettes were consumed in Japan on 2014 by **24 Million adults** (35.5% of Men, 11.2% of Female)
- **161,000** Japanese die every year because of tobacco-caused disease

“The **tobacco epidemic** is one of the biggest public health threats the world has ever faced”

World Health Organization
Where is the problem?
Broken process: No feedback between the practitioner and patient

The gap that hinders the success of prescribed treatments:
Empowering smoking cessation solutions
Enabling remote monitoring of compliance with treatment

[1] DETECT
Real-time smoking pattern detection with standard wearable devices

[2] ANALYZE
Treatment compliance monitoring. Big data insights

[3] SUPPORT
Use predictive analytics, behavior modification to support smoker
Supporting the smoker (using CBT)
Harvesting the power of predictive insights and behavior modification

Social
Emotional
Rational
Financial

somatix
Different where it matters most
Immediate intervention enabled by three novel components

The only platform that combines
Automatic gestures detection algorithm
with
Machine learning servers
with
Cognitive Behavior Therapy based app

[Researchers proved that combined specialist support + medication is $X2.6$ times more efficient than otherwise*]

* Mayo Clinic Proc. 2014;89(10):1360-1367
Value added across Healthcare 4 P’s
Holistic and proprietary clinical and financial benefits

PATIENT
Follow treatment plan
Get real-time support
Free (app)

PHYSICIAN
Compliance monitoring
Direct channel w/Patient
Paid (dashboard) by clinic or by Medicare reimbursement

PROVIDER
Monitor program efficiency across community
Paid (dashboard) by employer or by EBP operator or by payor

PAYOR
Reduce costs
Apply dynamic pricing
Paid (dashboard) by employer or by Medicare or by self
Thank You!

Data with a purpose

somatix

info@somatixinc.com

Selected by:

Dreamit

SAP Certified

New York Digital Health Accelerator

Academic studies:

Penn

Tel Aviv University

Dalhousie University

As featured in:

Entrepreneur Magazine

Inc.

Physician

Tech in Asia

WIRED

TechCrunch
“one third of insurers currently leverage wearable devices to engage and interact with consumers, employees or partners”*

Appendix – Wearables market projections

2019 Estimated Smartwatch Unit Shipments
(by Operating System, in millions)

- watchOS: 51%
- Android Wear: 39%
- Tizen RTOS: 3%
- Android: 1%
- Linux: 1%
- Pebble OS: 3%

Sales in million units:

- 2014: 6
- 2015*: 35
- 2016*: 50
- 2017*: 65
- 2018*: 80

© Statista 2016
Appendix - Suggested additional B2C model

- Offering designed for markets where there is no 'Employee Benefits Programs' as in the US
- Bundle consists of
  - **smartband**+SmokeBeat app+medication
  - Wearable component could be either Somatix' cheap smartband (~$35) or any commercial smartwatch
  - Medication component could be pills, NRT, gums etc.
  - Additional premium service of cessation mentoring offered by employers and insurers
  - Somatix smartband is the only one that contains also gyroscope, allowing detection of gestures, and will be sold also to US corporate, state and healthcare customers
84% percent of very large employers (>2000 workers) offer a smoking-cessation program. The average size of the incentive was nearly $900 annually.
National Business Group on Health and Fidelity Investments, June 2015

41% of small firms (3-199 workers) and 71% of large firms (200-1999 workers) offer some kind of program to help employees stop smoking.

On average, smokers cost companies an extra $4,000 to $6,000 per year in health-care expense, absenteeism, and reduced efficiency.
Philly News, “Study finds incentives to quit smoking are about the how, not how much”, May 2015
Appendix - Smoking Cessation Counseling Codes (Medicare)

- CMS pays for smoking cessation counseling for Medicare outpatient and hospitalized beneficiaries under the following circumstances:
  - Who use tobacco with or without tobacco-related disease. Use ICD-9 codes v15.82 (history of tobacco use) or 305.1 (non-dependent tobacco use disorder)
  - Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner
  - Allows 2 smoking cessation counseling attempts per year (up to 4 sessions each)

- These payments are add-on codes to other E&M services

- Documentation requirements for a physician to get paid using a smoking cessation code:
  - Medical record documentation must show, for each Medicare beneficiary for whom a smoking and tobacco-use cessation counseling, or counseling to prevent tobacco use claim is made, standard information along with sufficient beneficiary history to adequately demonstrate that Medicare coverage conditions were met

CPT 99406 and G0436 pays $11 (facility) or $13 (non-facility)

CPT 99407 and G0437 pays $24 (facility) and $26 (non-facility)