Data with a purpose

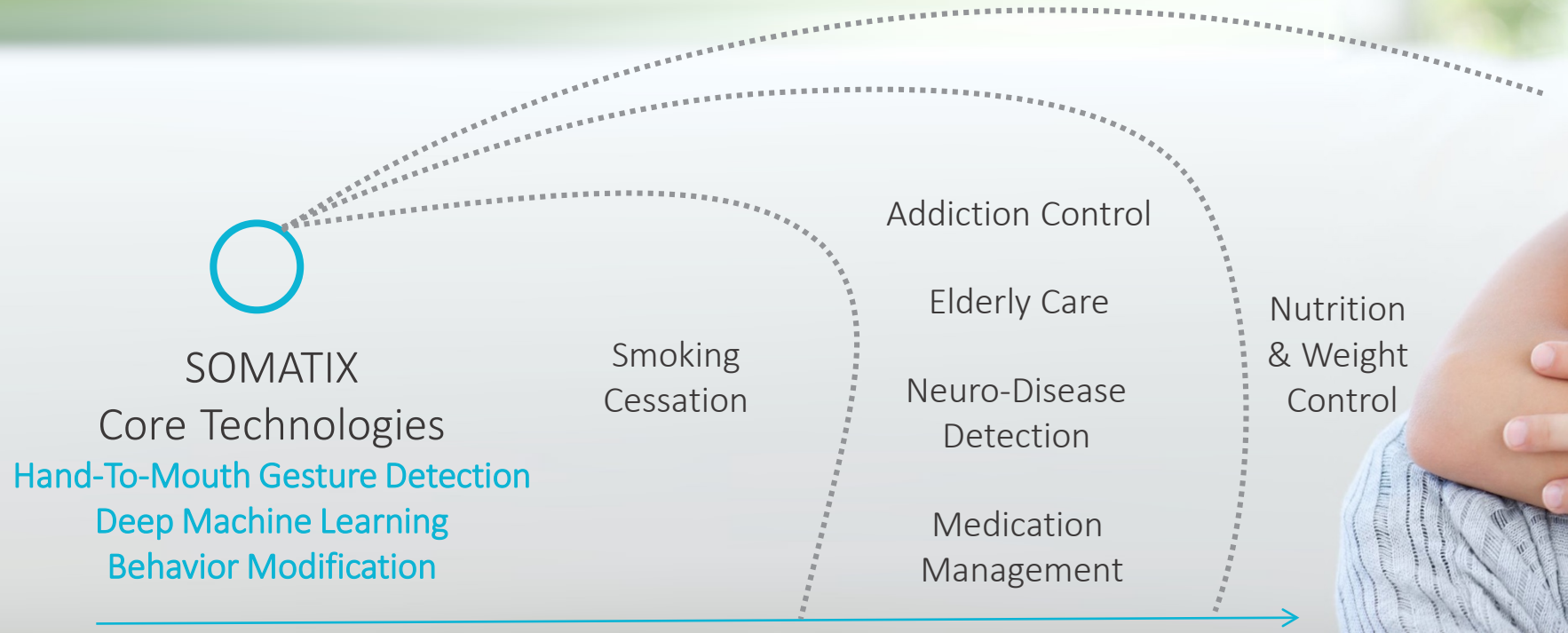
somatix

Eran Ofir, CEO and Co-Founder

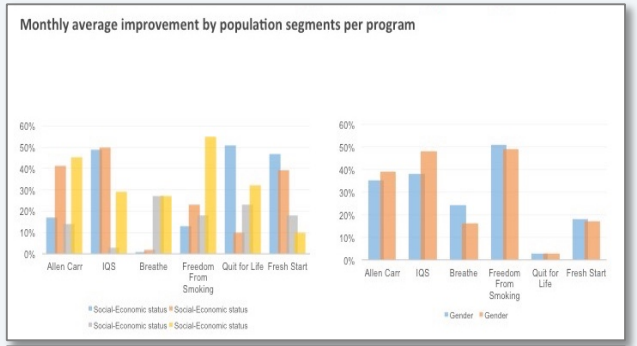
"Our platform empowers people to make better health choices and transform their lives"

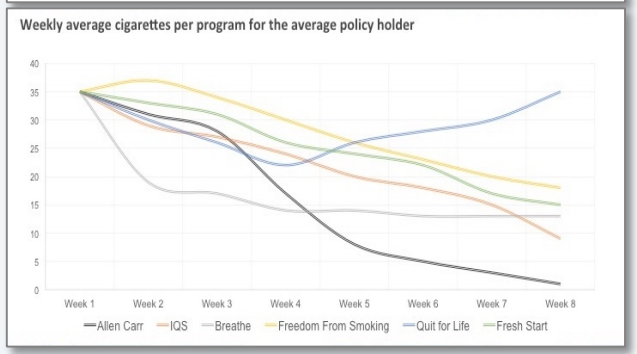
The ‘Big Why’ for Somatix

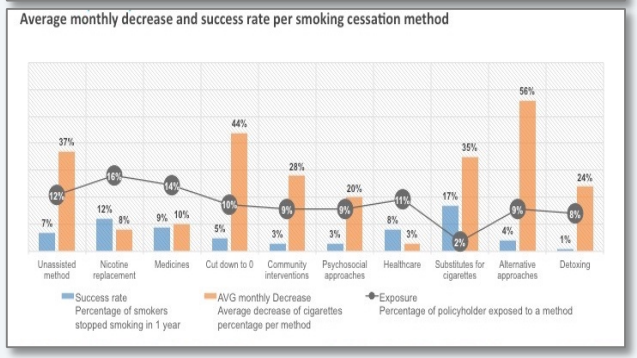
- ‘Hand to mouth’ is a fundamental human gesture.
- Detecting and monitoring it opens an ocean of opportunities for empowering people to make better health choices and transform their lives.

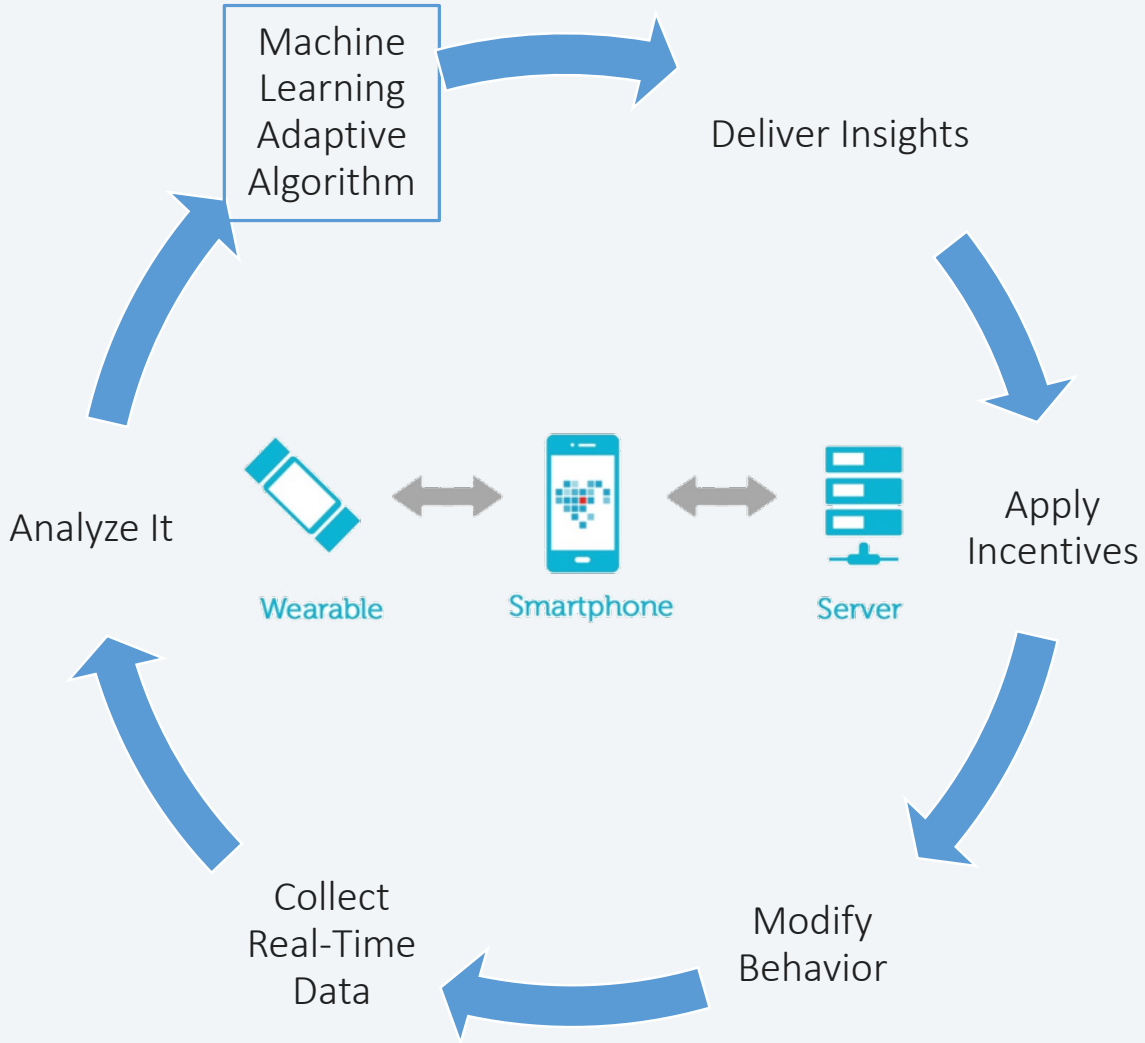


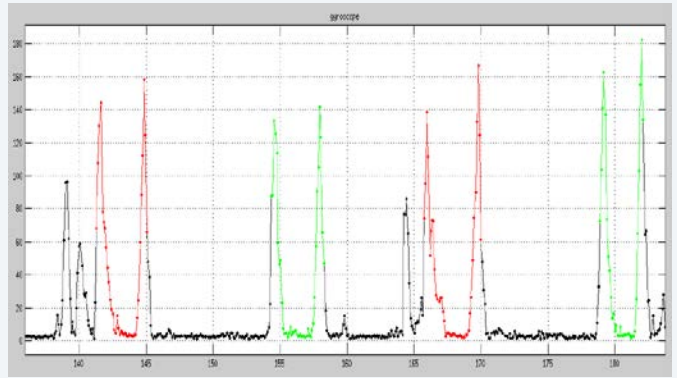
Platform of many promises

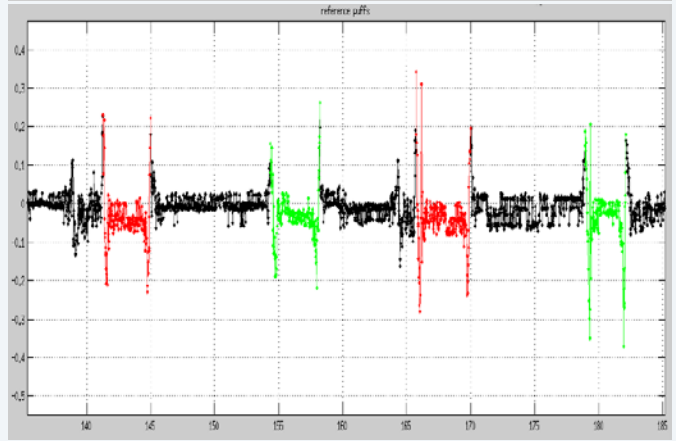








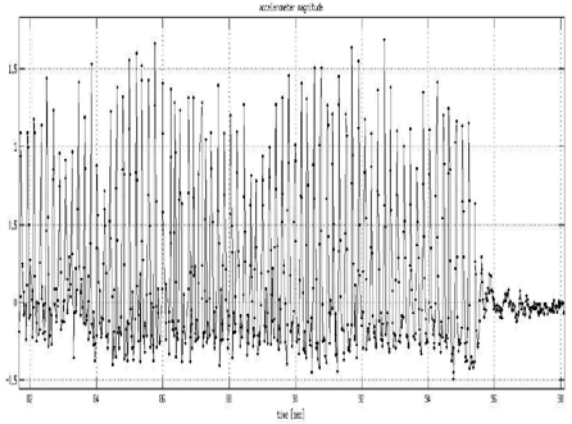


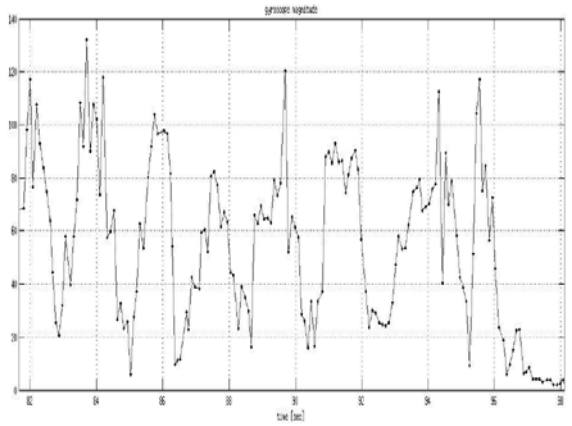


Telling the difference from other gestures

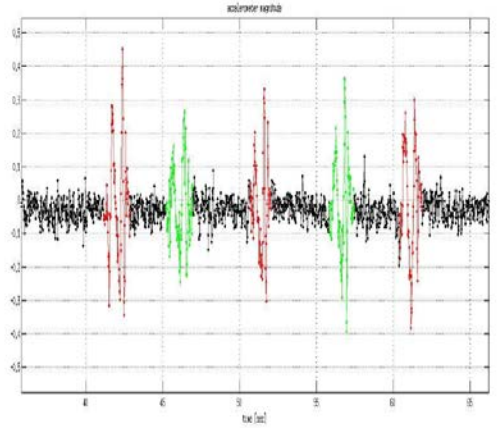
Numerous use-cases for healthcare, insurance and consumers-products domains

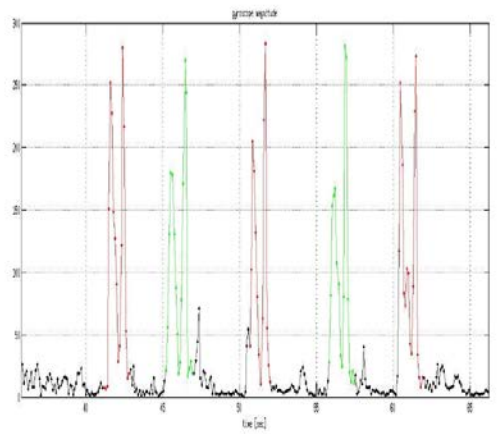
Teeth Brushing



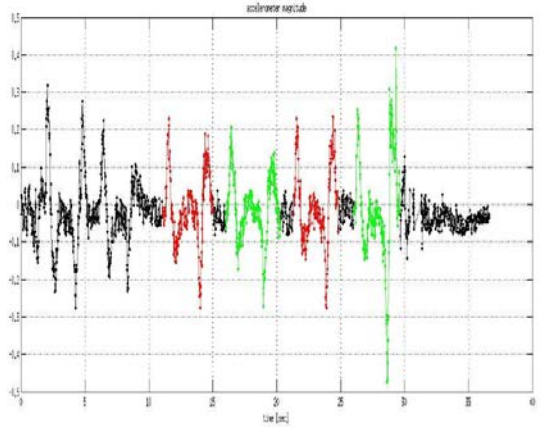


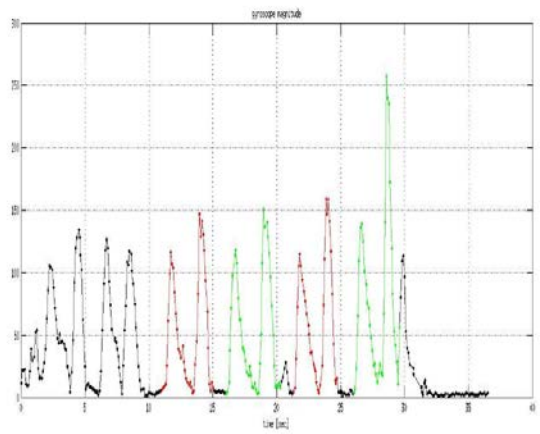
Eating





Drinking (cold)





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.htmc

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

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

World Health Organization

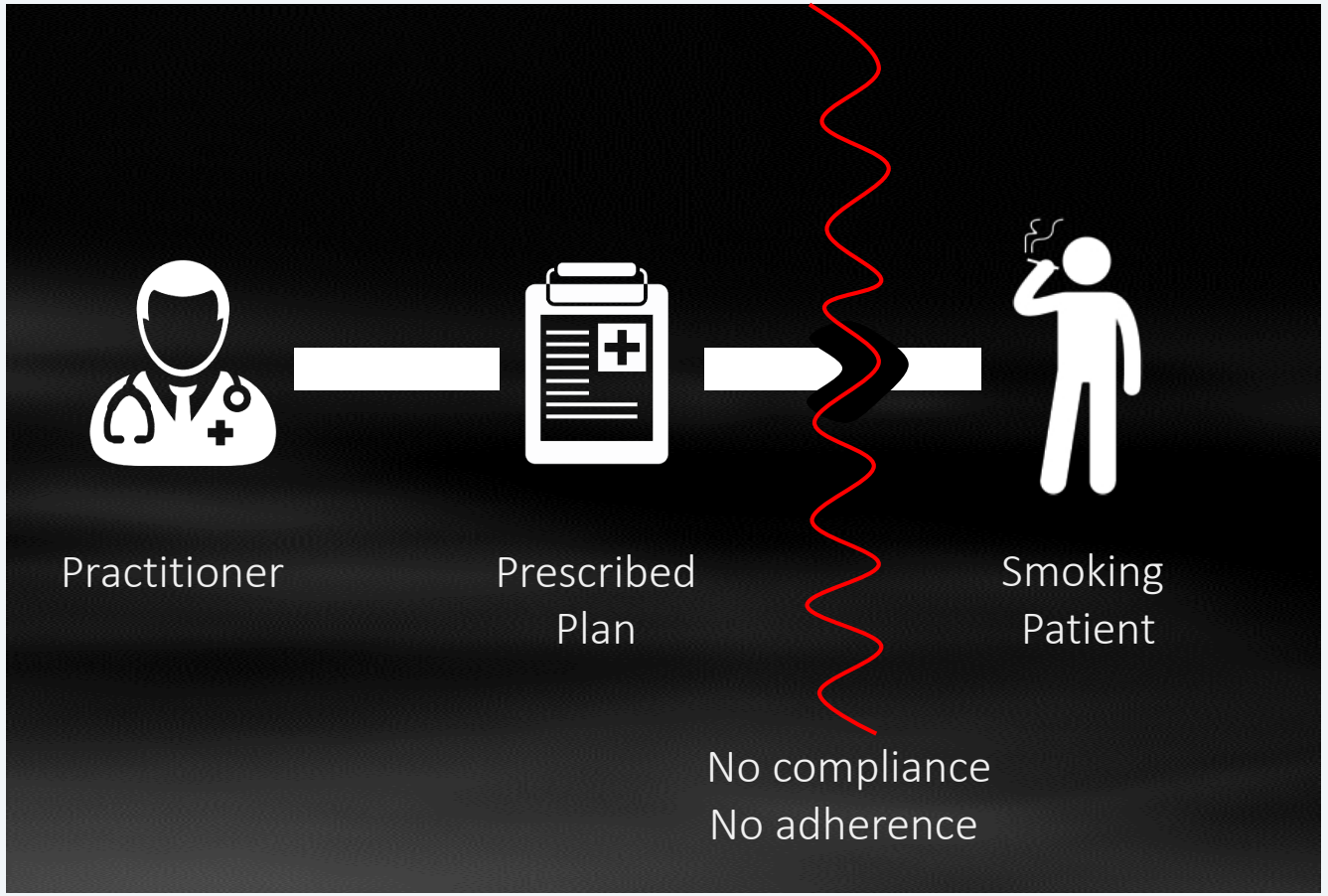
- Over **300 Million smokers** in China, the largest smoking population in the world
- **52% of adult men** in China are smoking
- one in three adult Chinese men will die of smoking

- 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

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

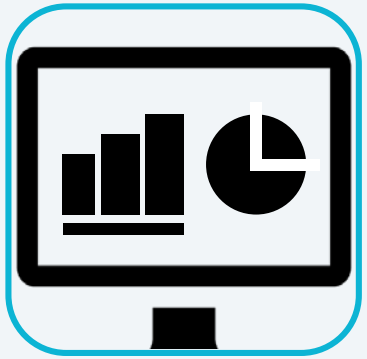
Enabling remote monitoring of compliance with treatment

[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

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Supporting the smoker (using CBT)

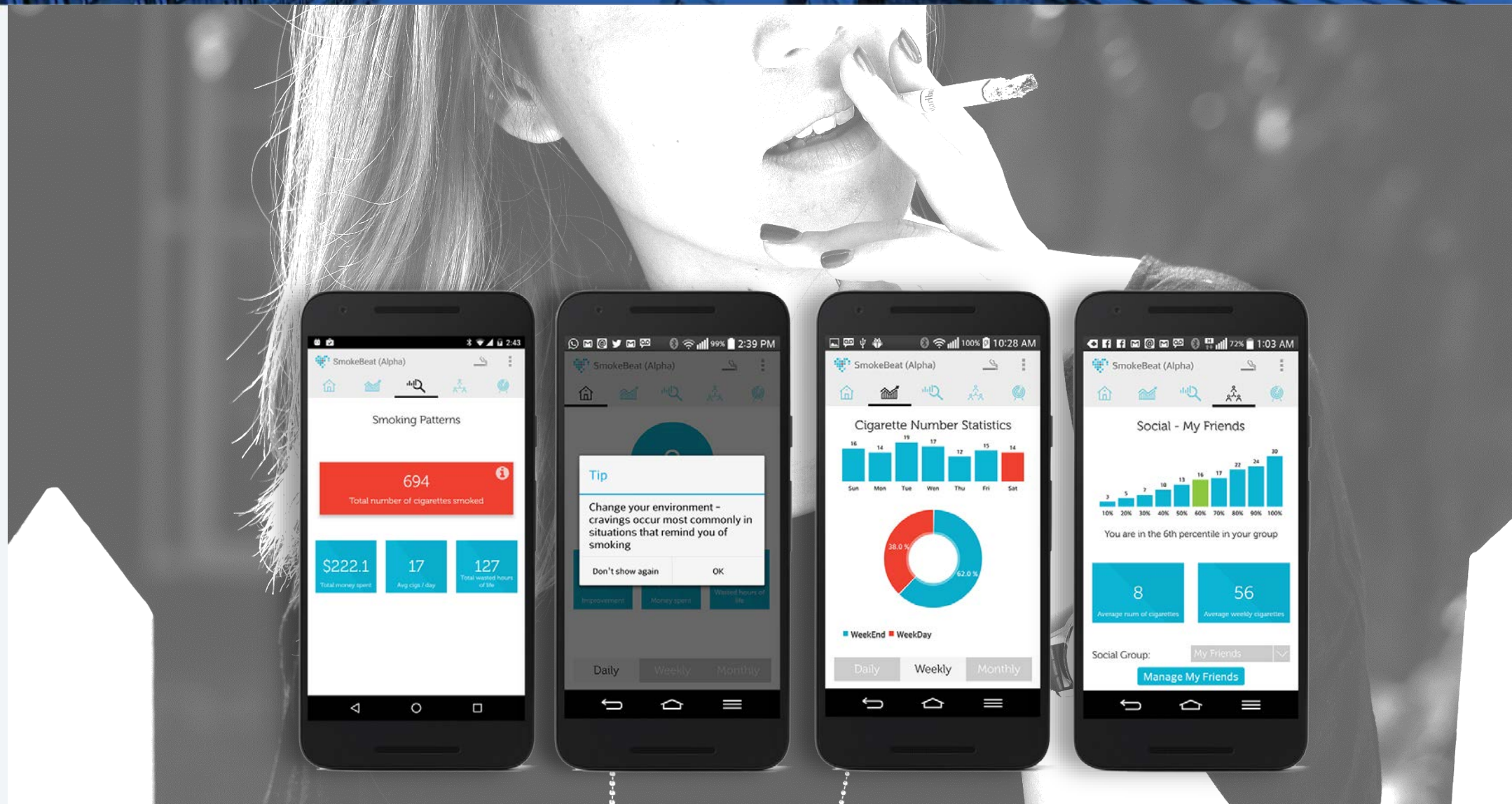
Harvesting the power of predictive insights and behavior modification

Social

Emotional

Rational

Financial



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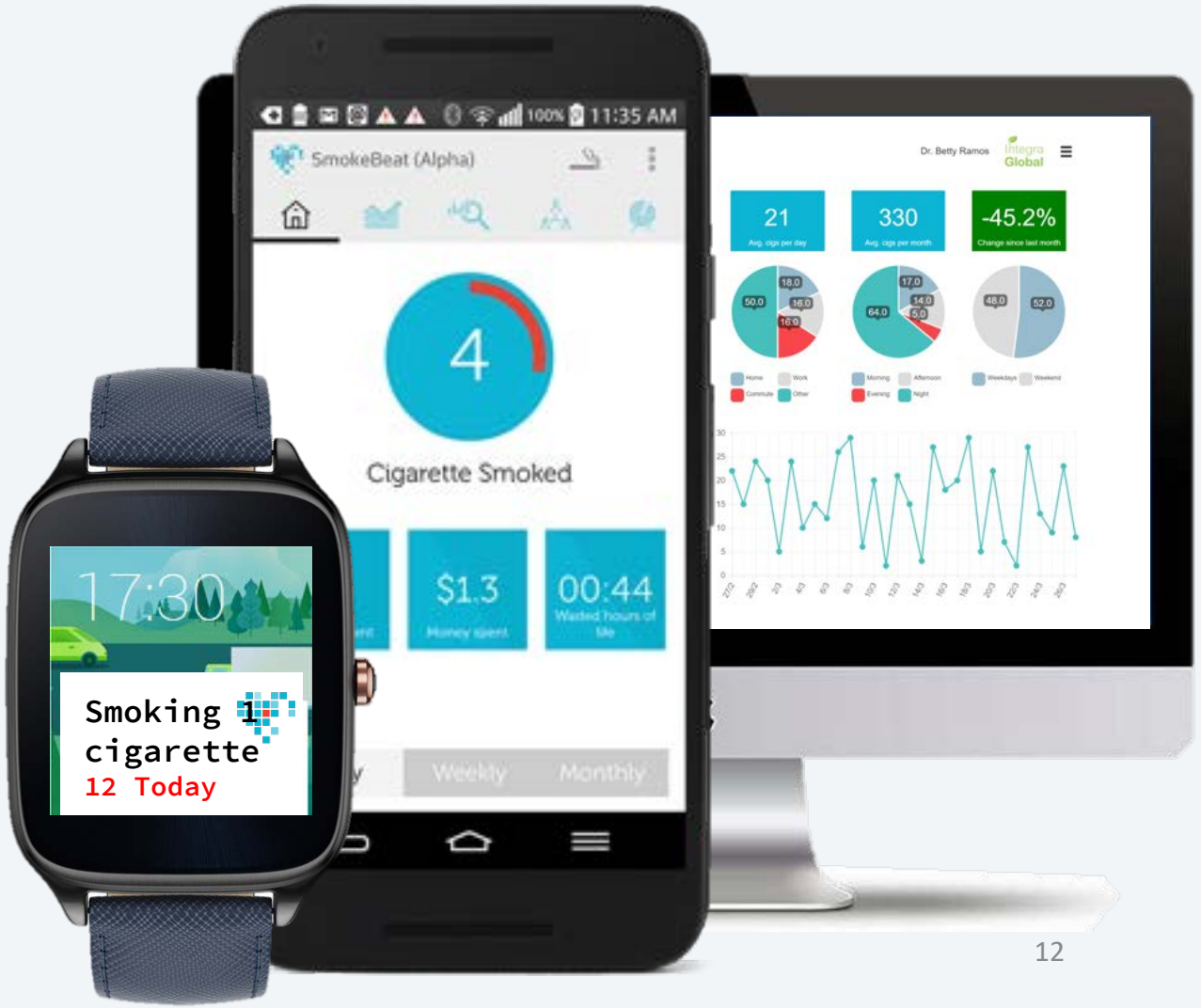
Different where it matters most

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*]



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* 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

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Thank You!

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info@somatixinc.com

Selected by:

Dreamit

SAP Certified

NEW YORK DIGITAL HEALTH ACCELERATOR

Academic studies:

Penn
University of Pennsylvania

TEL AVIV UNIVERSITY

EGE UNIVERSITY 1955

DALHOUSIE UNIVERSITY

SEATTLE UNIVERSITY 1891

NORTHWESTERN UNIVERSITY 1851

As featured in:

Entrepreneur MAGAZINE

Inc.

CHESAPEAKE Physician

TECHINASIA

WIRED

TechCrunch

Appendix – Insurers utilizing wearables

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

Cigna

GEICO

Humana

Allianz

medibank
For Better Health

PROGRESSIVE

John Hancock

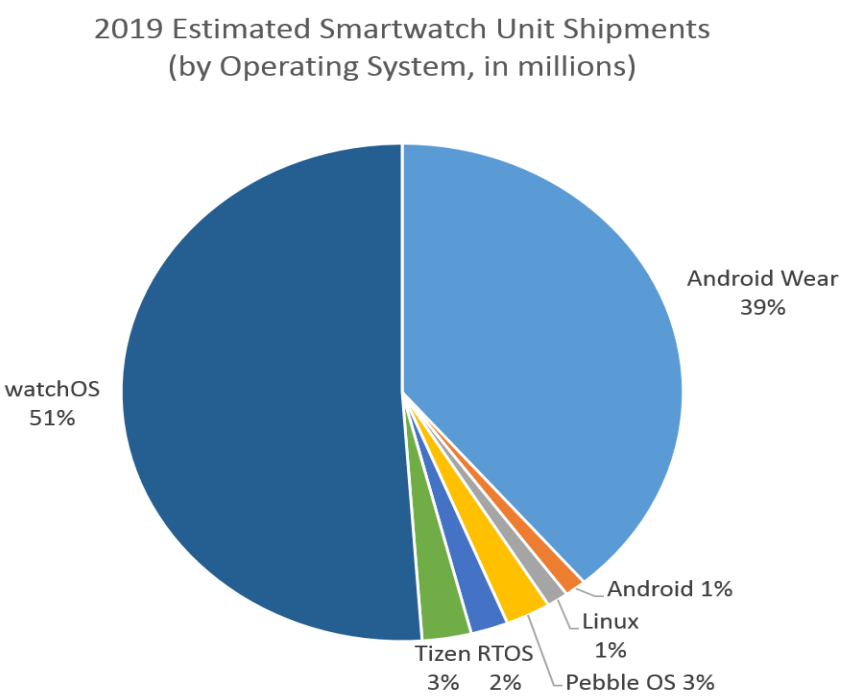
Discovery Vitality

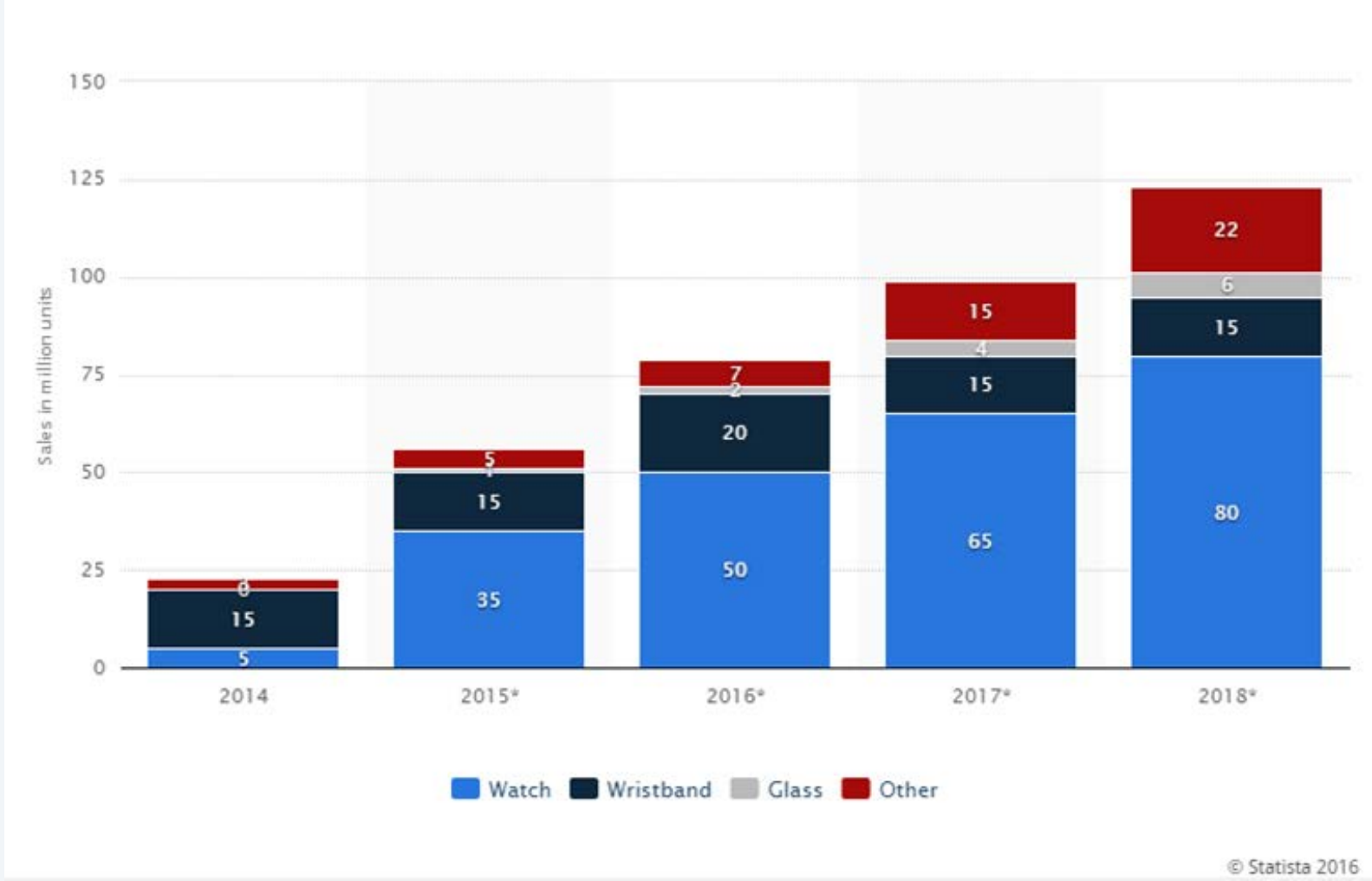
AXA

oscar

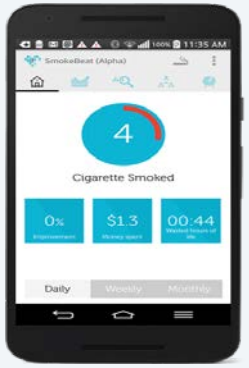
* Accenture Technology Vision for Insurance Nov 2015: "Digital Insurance Era: Stretch Your Boundaries"

Appendix – Wearables market projections





Appendix - Suggested additional B2C model

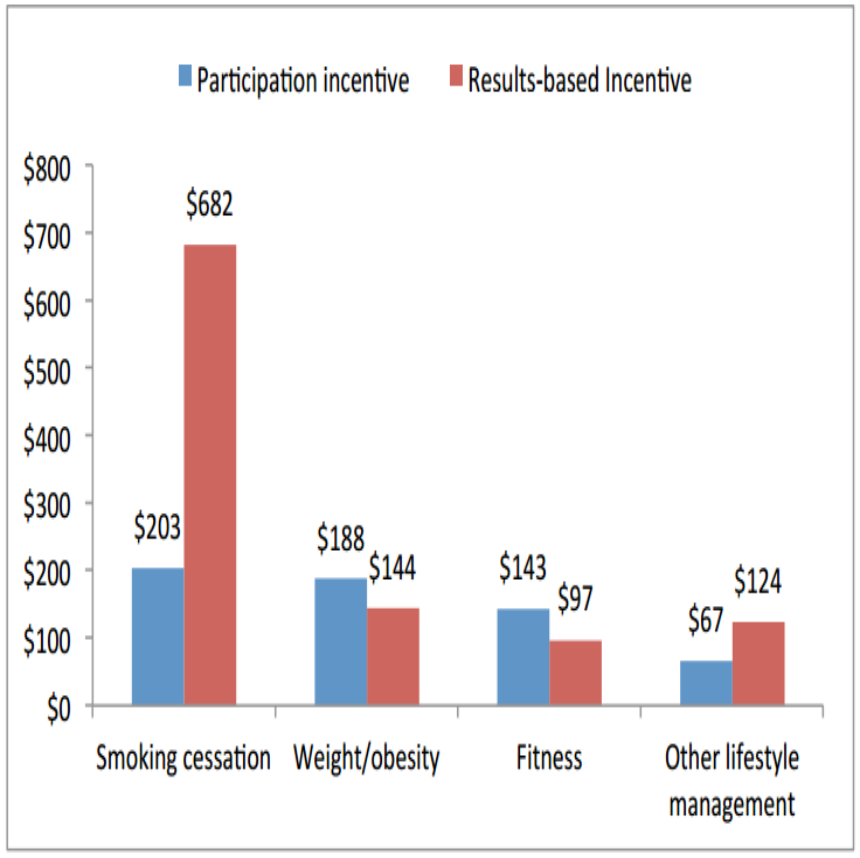


SmokeBeat™

- Offering designed for markets where is there 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

Appendix – Employers #1 health-concern



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.

Kaiser Family Foundation Survey of Employer - Sponsored Health Benefits, May 2015

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)

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

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

- 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

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