EVIDATION HEALTH:
EMPOWERING PATIENTS TO DRIVE HEALTHCARE THROUGH REAL WORLD DATA

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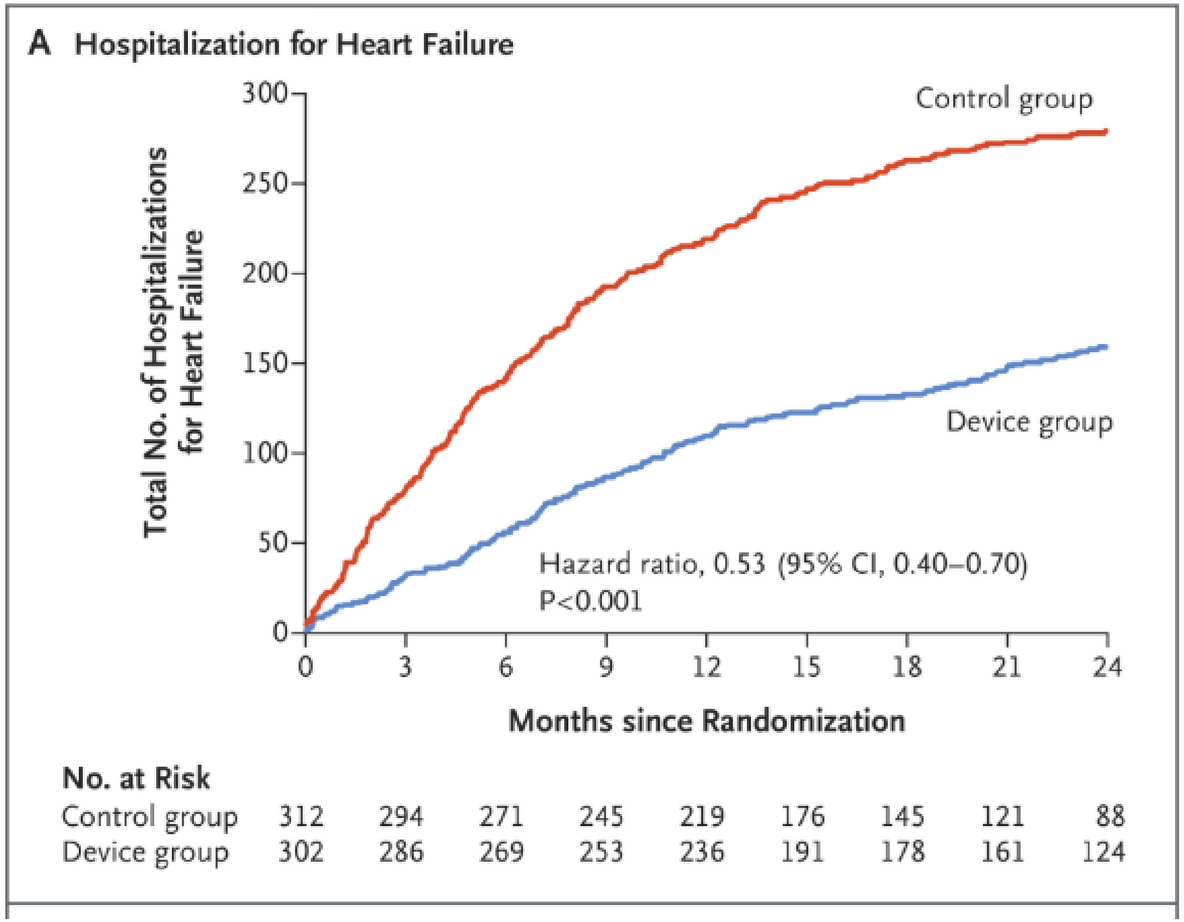
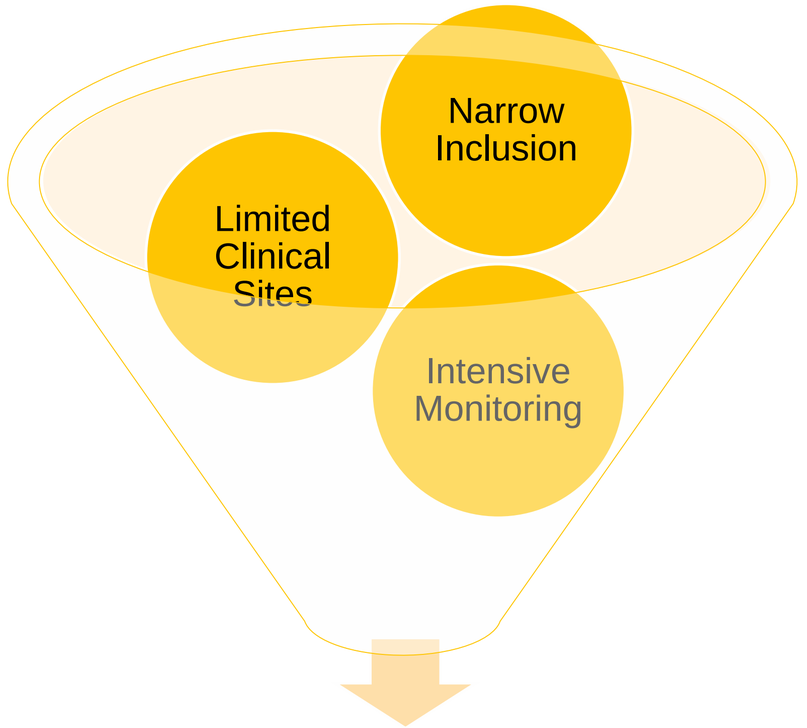
The Gold Standard: *Randomized Clinical Trials for Safety / Efficacy*

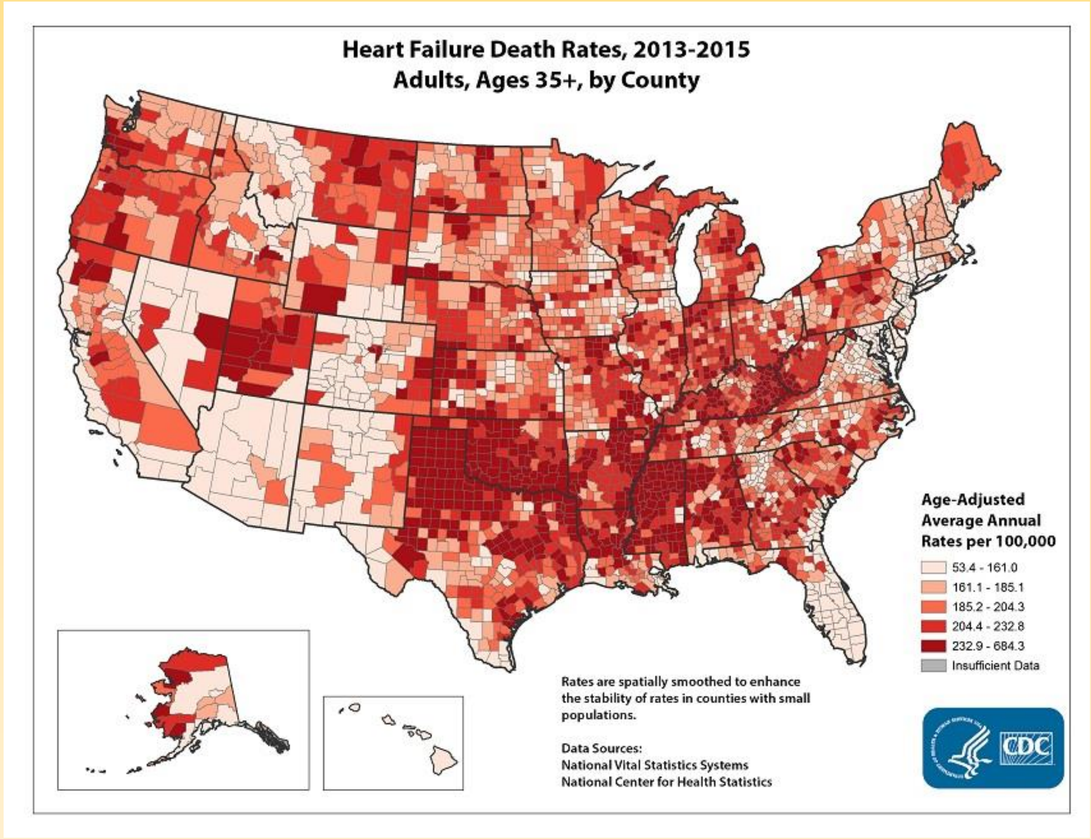




FDA Approval & Treatment Guidelines

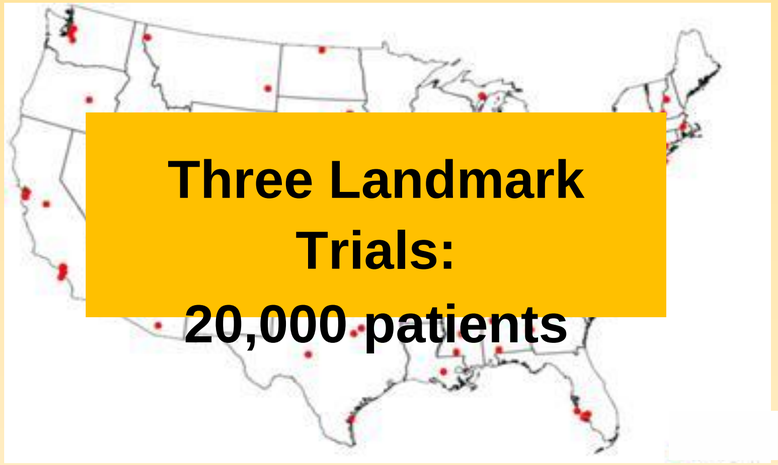
Stone et al, Transcatheter Mitral-Valve Repair in Patients with Heart Failure. NEJM, 2018.

But how does this translate to medical practice in the Real World?



Real World Example:

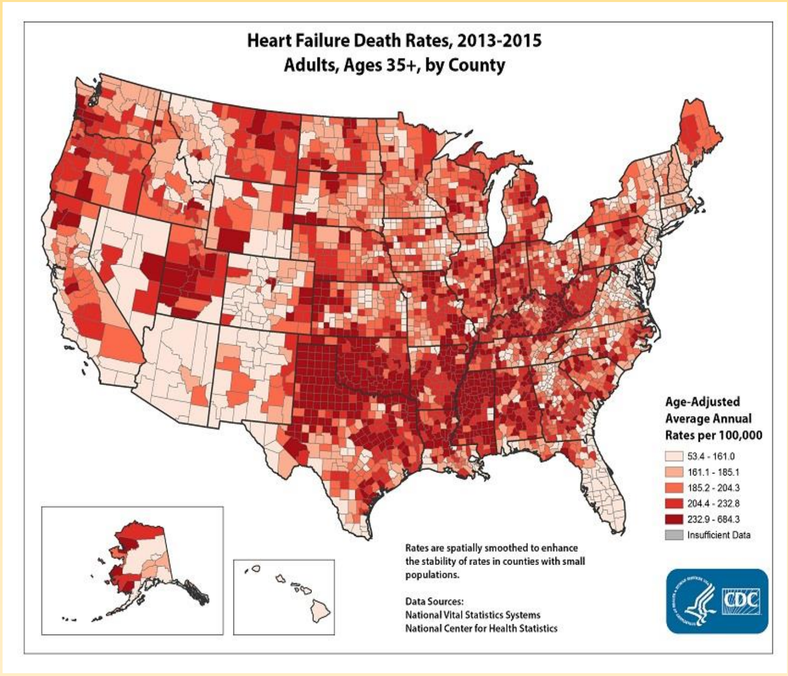
Congestive Heart Failure: 5.7 Million Patients in the US



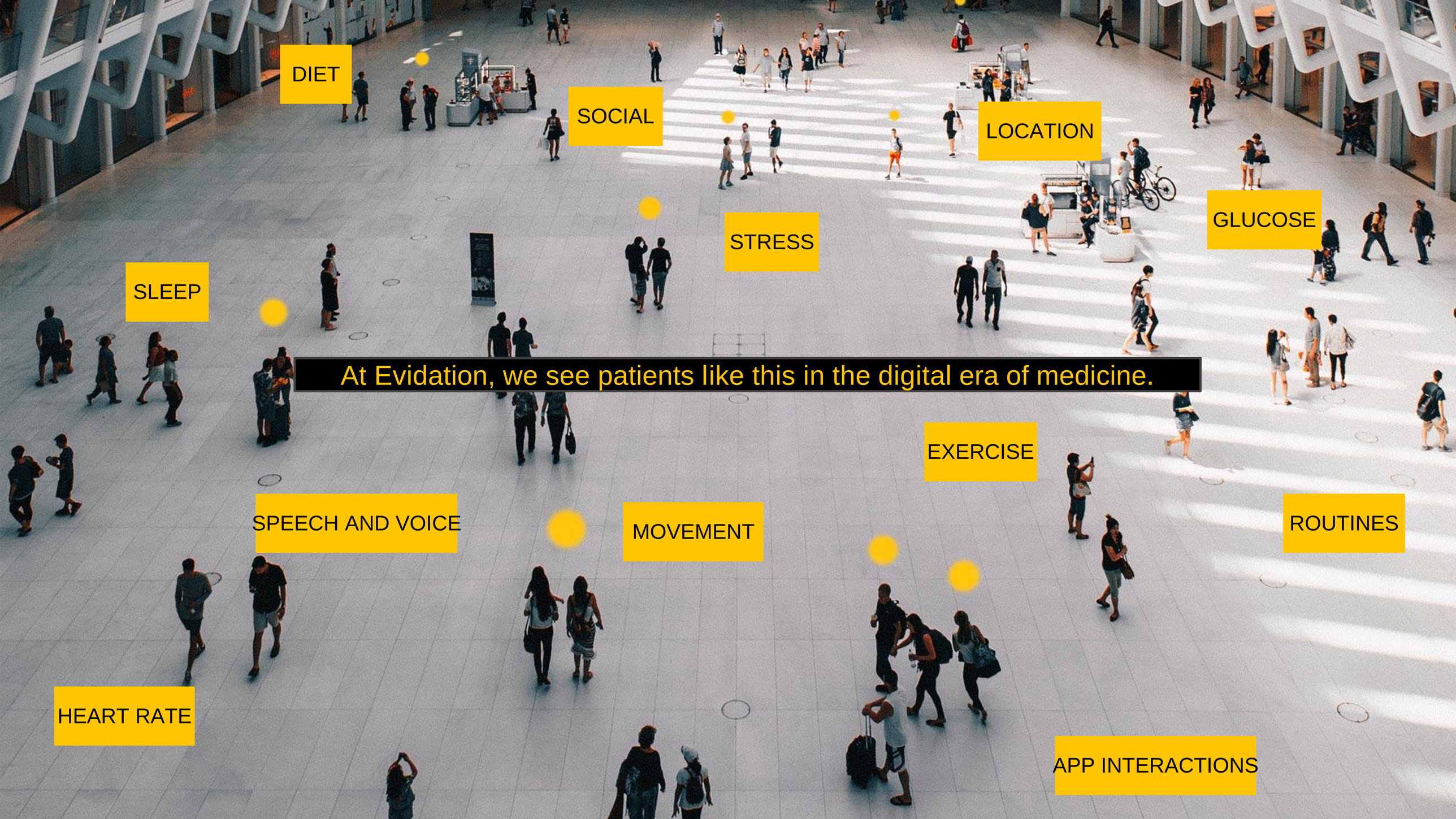
Three Landmark Trials:
20,000 patients

Only 1 in 5 patients

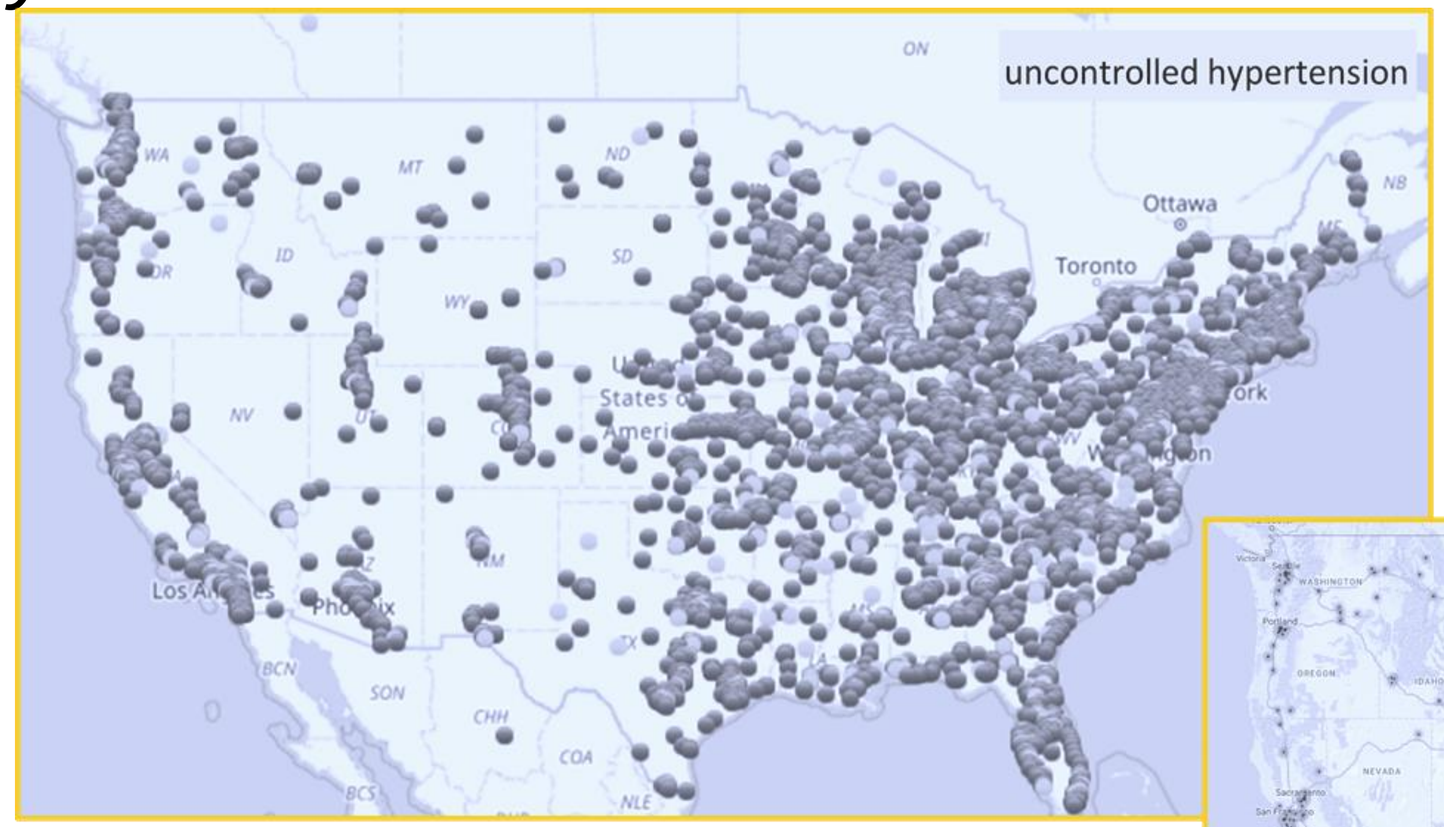
FEMALES



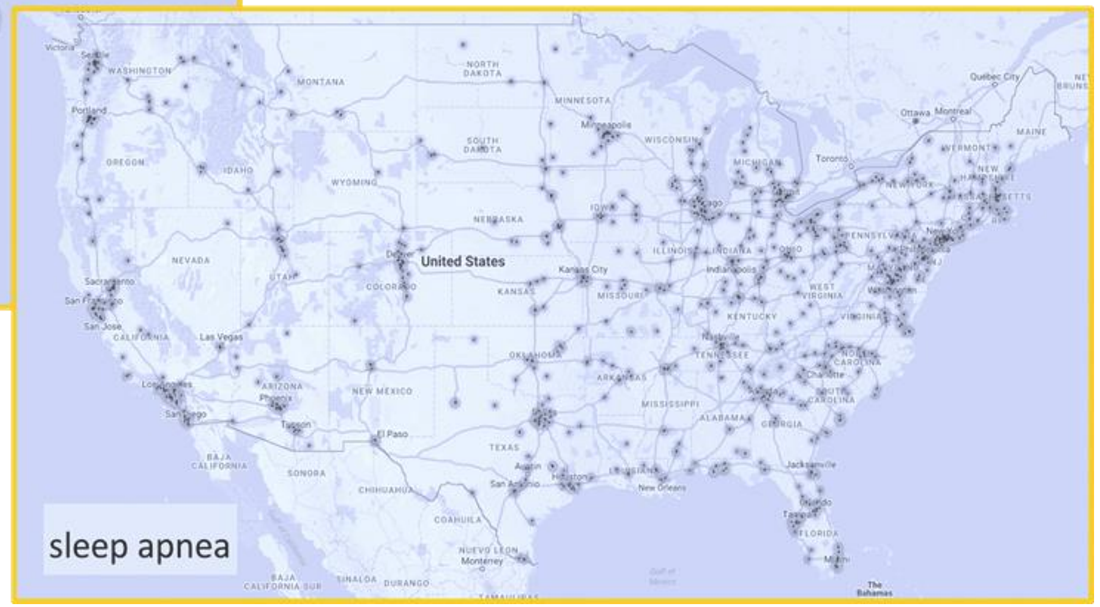
Masoudi et al, Most hospitalized older persons do no meet the enrollment criteria for clinical trials in heart failure. Am Heart J, 2003 Aug;146(2)250-7.


DIET
SOCIAL
LOCATION
GLUCOSE
STRESS
SLEEP
At Evidation, we see patients like this in the digital era of medicine.
EXERCISE
SPEECH AND VOICE
MOVEMENT
ROUTINES
HEART RATE
APP INTERACTIONS

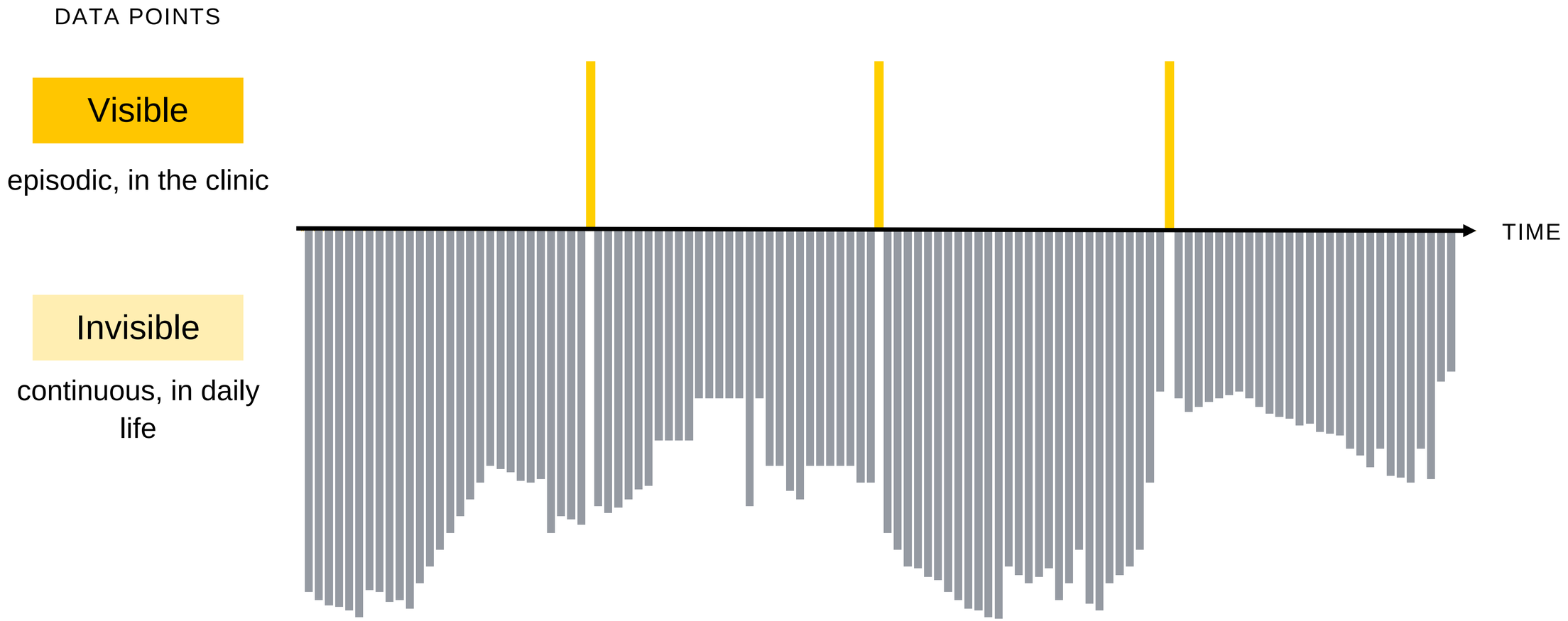
Digital “virtual” studies allow patients to participate—*anywhere, anytime*.



ENROLLMENT FOOTPRINTS IN RECENT PROSPECTIVE STUDIES

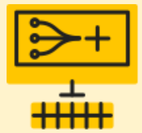


Patient outcomes have been historically measured using limited data from within the system—*not from daily life.*



Harnessing this new data source allows us to ask and answer different questions about human health ***in the real world***…

Can quantifying everyday life better stratify chronic pain patients?



Is a patient's daily movement pattern a better measure of surgical recovery?

How can we measure impact of digital interventions entirely outside clinic walls, *at any scale*?

Today we have >2M connected individuals permissioning their data for use in a whole new approach to measuring outcomes.

REAL-TIME INTERFACE, DATA TRANSFER INTO EVIDATION PLATFORM

BEHAVIOR DATA

100s OF CONSUMER AND CLINICAL-GRADE INTEGRATIONS/APIS

MEDICAL DATA

eCOA/PROs, EMR, CLAIMS, LAB DIAGNOSTICS, PHARMACY DATA

CONTEXTUAL DATA

WEATHER, POLLUTION, CENSUS, LOCATION, ETC.

Real World Clinical Data – *outside the clinic walls.*

The Medication adherence Improvement Support App For Engagement—Blood Pressure (MedISAFE-BP) trial

- First prospective trial to rigorously evaluate an mhealth application's effect on blood pressure and medication adherence in the U.S.

- Table 1 illustrates diversity that is straightforward to obtain in virtual, site-less clinical research
  - 57% female
  - 29% African American or Hispanic
  - 47% without a college degree
  - The above were not a requirement of study design

BWH BRIGHAM AND WOMEN'S HOSPITAL evidation Medisafe

Table 1. Baseline Characteristics by Treatment Group

Characteristic	Intervention (n = 209)	Control (n = 202)	*P* Value
Age, mean (SD), y	51.7 (10.5)	52.4 (10.1)	.51
Female, No. (%)	120 (57.4)	127 (62.9)	.26
Race/ethnicity n (%)			.03
Black	43 (20.6)	60 (29.7)	
White	149 (71.3)	119 (58.9)	
Other	17 (8.1)	23 (11.4)	
BMI, mean (SD)	35.38 (7.9)	35.59 (8.6)	.79
Physical activity, No. (%)			.49
≤2 h/wk	127 (60.8)	116 (57.4)	
>2 h/wk	82 (39.2)	86 (42.6)	
Education, No. (%)			.49
Did not finish high school	3 (1.4)	5 (2.5)	
High school graduate	31 (14.8)	20 (9.9)	
Some college	46 (22.0)	56 (27.7)	
College graduate	73 (34.9)	68 (33.7)	
Vocational degree	19 (9.1)	22 (10.9)	
Graduate degree	37 (17.7)	31 (15.4)	

Morawski et al, Rationale and design of the Medication adherence Improvement Support App For Engagement—Blood Pressure (MedISAFE-BP) Trial. Am Heart J;186:40-47, 2017.
Morawski et al, The accuracy of self-reported blood pressure in the MedISAFE-BP Trial. AHA QCOR Scientific Sessions, Quality Care and Outcomes Research, 2017.

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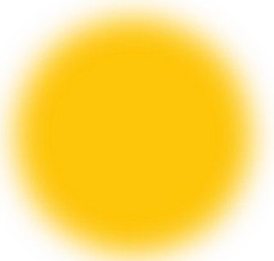

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