

MICHIGAN MEDICINE
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To Whom It May Concern:

Over the last decade the evidence has become clear. To prolong the active and productive life of persons in the western world one has only to identify risk and prevent heart disease and strokes by treating the known risk factors that in-fact are also those that increase cancer risk. This approach is cost-saving to society by simply improving lifestyle with a healthy diet and regular exercise, good dental and general hygiene, regular influenza vaccine (future COVID-19 as well), adequate sleep, and compliance with a few generic drugs when necessary to optimize target endpoints. In fact, in the US the great majority of persons at high risk are not identified, are overweight and don't exercise, do not have proper screening tests by community health care providers despite health insurance, and are so often not compliant with inexpensive medication covered by insurance.

Our University of Michigan Preventive Cardiology clinical and research teams are known locally and nationally for quality of care and novel innovation designed to prevent and improve outcome in persons with heart and vascular disease. We identify those at risk for whom preventive strategies can markedly reduce the development of coronary disease, heart attacks, and strokes. In our unique center we have clinical expertise in each of the coronary and other vascular disease risk factors including lipids (blood fats), diabetes, hypertension, psychology, obesity, the metabolic syndrome, genetics, and a full complement of testing. Our multi-disciplinary group includes physicians, advanced trained nurses, dietitians, social workers, health education coaches, and exercise physiologists. But we are not satisfied with the results in our health system which is one of the best in the world. People are worried when they have symptoms of a heart attack or when a friend their age dies of heart attack or stroke. They often make an urgent appointment with their primary care physician because of non-descript chest pain asking for a stress test. Yet they remain overweight, disregard the importance of prediabetic and mild or moderately high blood pressure, and a family history of heart disease. We have identified a better way.

Two of our most important programs are cardiac rehabilitation (CRehab) and the Metabolic Fitness Program (MetFit) each of which identifies and treats the cardiometabolic risk factors. The remarkable reduction in risk of cardiovascular events by participation and compliance in each has been validated and relates directly to the number of sessions attended, intention to continue the heart healthy practices, and support and encouragement by the family physician. CRehab patients do very well because they recall the heart attack or the bypass or valve surgery, but it's difficult to come to the center so some stop early and at least 50% don't attend. With those at risk who attend the MetFit program, it's hard to attend weekly sessions for 6mo. Despite having graduated with a 5-10% weight loss, achieving optimal blood pressures and improve blood fats, life's stresses and bad habits result in loss of benefit for about 60%. Ideally, each program could be home based using telehealth and novel technology that allows them to participate in group discussions and exercise with video contact (e.g. ZOOM) in groups and participation could be lifelong.

We are very excited about the unique opportunity to work with IndividualLYtics to deliver MetFit and home-based cardiac rehab or remote care with individual science dashboards to add precision and personalization to our efforts. And rather than a set 3mo or 6mo intervention, provide the opportunity to continue the interventions long term to support the successes and improve outcome. There is evidence that tracking weight, blood pressure, sleep pattern, blood sugar, and exercise pattern with tools like FitBit and FDA approved blood pressure and blood glucose monitors will provide patient incentive for additional health improvements, particularly if provided at no cost to them. Simply seeing the results is not adequate. The information needs to become part of the electronic medical record seamlessly and the health care team needs to be alerted when the patient becomes less compliant than agreed upon. The quick periodic office visit to discuss weight, blood pressure, medication compliance has been shown to be inadequate. Telemedicine

with novel monitoring devices will reduce the need to visit physicians, markedly simplify the role of the physician, and reduce the cost of care by ongoing education, coaching and accountability to maintain the improvements and possibly get further improvement with precision and personalization support.


I have had the past pleasure of working with Dr. Steve Schwartz who with Dennis Nash, introduced me to advanced telemedicine. I was pleased to learn about the capabilities of IndividuALLYtics to meet the gap needs that MetFit and CRehab clinically identified. We have made the decision to support initiatives with several grant proposals and patient populations with plans to begin in mid-May or June 2020. The recent COVID-19 pandemic has provided an incredible incentive for health care providers, insurers, and the government to reduce cardiometabolic risk factors throughout our society by homebased programming. The presence of heart and vascular disease and the very risk factors for severe consequences of both influenza and COVID-19 are the same. We have set up a team to coordinate a license agreement for cardiometabolic copyrighted materials to be licensed to IndividuALLYtics to support a joint commercialization effort. The first project is to implement MetFit 2.0 that integrates MetFit v1 with IndividuALLYtics over the course of 1 to 2 years with several cohorts of previous MetFit v1 participants and new Metabolic Syndrome patients that my team helps support and manage. Our teams have developed an integrated protocol and are preparing for first joint patients. IndividuALLYtics and UM Health will be using Chronic Care Management (CCM) and Remote Patient Monitoring (RPM) billing codes mostly with BCBS and Medicare members. We estimate the total revenue will be about \$200 to \$300 per patient per month covered by insurance reimbursement with this revenue shared based on the team and software splits. The level of multiple chronic conditions and health complexities will drive the needed level of patient care each month.

The second project is to implement a Hybrid Cardiac Rehab At-Home project that is using nearly the same protocol as the MetFit 2.0 program. We believe the revenue model will be roughly the same. I have brought this opportunity to UM Health leadership and two partner health systems. Metro Health in Western Michigan and MidMichigan Health for Northern Michigan in Lower Peninsula have expressed interest in collaborating to rollout both MetFit 2.0 and home based cardiac rehab during 2020 for select patients in the hundreds to low thousands range. We are working together to setup documentation and training to support many future health system partnerships to support the deployment. We have started a dialogue with the American Heart Association Innovation Team to help create a platform to share this transformational cardiac health intervention at home models that are extremely patient-centered.

IndividuALLYtics provider group and technology innovation team bring great clinical and technical capabilities to support precise, personalized care that scales and supports existing CPT insurance billing codes. These projects are very fluid and as yet do not represent any firm agreements, which are getting captured in several business agreements that are in process.

We appreciate any support you can bring to these important multiple chronic condition care improvement initiatives. I am available for any questions.

Best regards,


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