

40% of transplants will fail due to medication non-adherence



Decrease likelihood of graft failure through emocha's

Digital Medication Adherence Program

Pharmacist-Led Medication Review

emocha enrolls members into a Digital Medication Adherence program that begins with a CMR to identify, analyze, and correct potential medication issues.

Financial Incentives

Patients receive a small financial incentive to reward high adherence throughout 90 days of video check-ins. emocha continues to monitor refill rates in the following months and re-engages patients in directly observed therapy if adherence begins to drop.

Video Directly Observed Therapy

Patients build adherence habits through daily asynchronous video check-ins. Patients use their emocha app to take medication, report any side effects, and engage with their coach.

Support & Triage To Transplant Team




Coaches monitor dose-timeliness and adherence and provide daily support. Adherence barriers are documented and addressed, while side effects are escalated to an emocha nurse. Critical issues are triaged back to the transplant team.



emocha's program leverages a CDC-endorsed practice called Directly Observed Therapy. emocha uses short asynchronous video check-ins, coupled with daily engagement and follow-up on side effects and adherence challenges. The program holistically addresses non-adherence barriers, while helping patients achieve high rates of adherence.

Clinical Validation

Multiple peer-reviewed studies validate that emocha helps patients achieve up to 98% dose-by-dose adherence

Tuberculosis	Tuberculosis	Hepatitis C	Asthma*	Type 2 Diabetes*
92-95% Adherence \$8K Saved per patient	87-92% Adherence 100% Treatment completion	98% Adherence among drug-using population	92% Adoption 96% Issues handled remotely by nurse	83% Median Adherence
				
Partners: Johns Hopkins, State of Maryland	Partners: Puerto Rico Department of Health	Partners: University of Colorado Anschutz Medical Campus, Gilead-supported	Medicaid population, Health System Pending publication	Medicaid population, Health Plan Pending publication

Initial partners in solid organ transplant



National Institute of Diabetes and Digestive and Kidney Diseases



JOHNS HOPKINS UNIVERSITY



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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

Butler, Janet A.1 4; Roderick, Paul2; Mullee, Mark2; Mason, Juan C.3; Peveler, Robert C.1

Frequency and impact of nonadherence to immunosuppressants after renal transplantation: a systematic review, Transplantation: March 15th, 2004 - Volume 77 - Issue 5 - p 769-776

Digital Medication Adherence Program *for* Transplant Centers

Overview

emocha Health takes non-adherent patients and transforms them into adherent patients. Transplant centers and health plans invest hundreds of thousands of dollars on kidney, liver, and heart transplant patients, yet a significant percentage are non-adherent to their anti-rejection immunosuppressive medications. Non-adherence is a major predictor of rejection, graft loss, and death among solid organ transplant recipients. Given the investment centers make in their transplant patients, it is critical that all transplant patients in turn adhere to their medications. Because emocha can support high adherence post discharge, we enable centers to perform more complex transplants, and also improve patient outcomes leading to higher SRTR rankings. Both of these outcomes increase the number of transplants a center is able to perform in a year, and in turn, increases revenue for the center.

01 Increase revenue by performing more complex transplants

emocha can support transplant patients in adhering to immunosuppressants and other medications. For example, [emocha has helped HCV patients](#) who use drugs achieve a median adherence of 98%; when compared with wireless pillboxes, participants using emocha were more than twice as likely to achieve perfect adherence. When transplant teams know patients will have a highly effective support program post-transplant that achieves high adherence, they will have more confidence performing higher risk transplants such as transplants from HCV+ patients, which will ultimately increase the total number of transplants performed.

Kiser, Jennifer J.; Brooks, Kristina M.; Castillo-Mancill, Jose R.; Morrow, Mary; MaWhinney, Samantha; Rowan, Sarah E.; Blum, Joshua; Wyles, David L.; Huntley, Ryan T.; Salah, Lana M.; Tehrani, Arya; Roon, Laura; Bushman, Lane R.; Anderson, Peter L. (2020, March). Adherence in Active Drug Users with HCV: The INCLUD Trial. Poster session presented at the Conference on Retroviruses and Opportunistic Infections (CROI).

02

Decrease cost of complications through improved clinical outcomes

Nonadherent patients are more likely to have infections, hospitalizations, and rejection episodes. Patients with early declining adherence have rejection rates that are 250% higher than patients with stable adherence rates. While estimates of nonadherence-specific graft failure are subject to many biases, it is reasonable to estimate that nonadherence is the primary driver of 20-35% of medium-term graft failures (e.g. 3-5 years).

03

Improve overall SRTR ranking to attract more candidates

Improving SRTR ranking will ultimately lead to an increased number of transplant candidates on the waitlist: strengthening external marketing & communications, increasing center visibility, and reinforcing a competitive advantage. Waitlist candidates can more rapidly be converted to transplant surgeries by utilizing higher risk organs such as those from HCV+ patients.

Optimize coordination and time management as patient volumes increase

When transplant recipients are discharged, care teams must ensure that patients have clarity on which medications should be taken and when -- as dose timeliness is critical to immunosuppressive adherence. Daily video check-ins through emocha close the loop on care coordination post discharge without taxing care teams, eliminating costly medication training and gaps in care while improving patient satisfaction. emocha Adherence Coaches are able to solve adherence challenges while helping patients form lasting adherence habits.

2020 U.S. organ and tissue transplants: Cost estimates, discussion, and emerging issues. Milliman Research Report. <https://milliman-cdn.azureedge.net/-/media/milliman/pdfs/articles/2020-us-organ-tissue-transplants.ashx>