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With the Mission of Improving Patient Outcomes through the Reduction of Preventable Medical Errors, Zoeticx will Transform the Healthcare Landscape by Heightening Patient Care Quality, Lowering Care Costs and Simplifying Healthcare Administration

**Healthcare
Patient Centric Innovation**

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**Thanh Tran
CEO**

BIO:

Thanh Tran is the Chief Executive Office and co-founder of Zoeticx. Thanh is a seasoned, visionary executive with global IT knowledge and a proven track record with startup and turn-around businesses. Prior to Zoeticx, Thanh served as the Chief Technology Officer of Amdocs (NYSE:DOX), a \$3B Telecom billing giant where his responsibilities included Amdoc's product strategy, R&D

development processes, and budget governance. Prior to Amdocs, Thanh was the Senior Vice President and General Manager at BEA Systems, holding P&L responsibility for the \$100M Aqualogic product group, which provided Service Oriented Architecture solutions. Before BEA, he held GM responsibility for the Development Products Group at Borland Software Corporation.

Throughout his career, he has held senior technical roles that contributed to business growth and leading edge innovation. Thanh brings over 25 years of technical and management experience in world-class Fortune 100 Organizations, has authored numerous patents, and is the recipient of multiple industry awards.

About Zoeticx, Inc

Zoeticx was co-founded by Thanh Tran and Alon Segal, both veteran IT executives with the goal of creating a collaboration platform for the healthcare industry that would eliminate the gap between medical data and quality patient care.

Our Mission:

Zoeticx mission is to continuously improve the quality of patient care, help curtail medical costs and simplify healthcare administration. Our goal is to promote superior patient care by complementing the existing EMR solutions with innovative products designed with a patient-centric approach that promotes superior patient care.

**Interview conducted by:
Lynn Fosse, Senior Editor
CEOCFO Magazine**

CEOCFO: Mr. Tran, Zoeticx is "improving patient outcomes", as it shows on your website. Would you tell us how?

Mr. Tran: Our focus and passion is anchored on patient care quality. Our company tag line 'Improving patient outcomes' is centered around our focus and passion. However, improving patient care quality must be accomplished along with containing care cost and simplifying healthcare administration. So, to sum up, when we put the term 'Improving patient outcomes', it includes three major elements: patient care quality, patient care cost containment along with healthcare administration simplification.

CEOCFO: How do you accomplish the goal?

Mr. Tran: Zoeticx focus on improving patient care quality is through the reduction of preventable medical errors. Industry surveys indicate that 40% of preventable medical errors are due to miscommunication and/or omissions. Let me describe a typical scenario on some types of preventable medical errors: A physician at an ICU (Intensive Care Unit) suspects that one of his / her patient's has a high potassium level and orders a lab test. However, the results are not expected back until 11pm, which is after his shift ends. The incoming doctor has been briefed on this patient's condition, along with the other 10 patients in the unit. When the lab results do arrive in the ICU, other emergencies have occurred which occupy the treating physician. As suspected, the lab results do indicate high potassium levels however; the attending physician is focused on other more pressing cases. Per hospital procedure, the nurse puts the lab results on the patient bed for

the physician to examine later. After completing the other urgent activities, the physician simply forgot about the expected lab result; therefore, there was no follow-up. By early morning, the patient has cardiac arrest due to continued high potassium level.

Examples of similar scenarios contribute to the 40% preventable medical errors leading to patient deaths due to miscommunication and omissions. If you step back and look at this scenario, it requires two critical elements: a targeted alert system and an automated follow-up process. When the lab result is ready, a notification should be sent to the treating doctor. If there is no response by the treating doctor within a specified timeframe, an alert escalation should be sent to another care provider in the unit or to the supervising physician.

Zoetix solution is about ensuring that 'the right medical information gets to the right care provider at the right time for the best patient outcomes'. It accomplishes the above goal with its targeted alert capability with automated follow-through with physician alignment. Our solution complements existing EMR solutions and supports interoperability through our data service platform so all healthcare institutes can take advantage of a universal interface.

CEOFO: Would you explain how your system would prevent something like the scenario that you just described from happening?

Mr. Tran: Let go back to the above scenario. With our solution, the patient is placed at the center. Associated with the patient is the treating team, consisting of the treating physician – as one of its members. As part of the hand-off process between shifts, our system is automatically updated with the current members of the treating team. The lab process is tracked separately and when the lab result is available, a target notification is sent to the active treating physician, on behalf of that particular patient. If multiple timeouts occur from unanswered alerts, the system goes into escalation mode and send an alert to the secondary treating physician and, if necessary, the supervisor.

We refer this failover notification method as targeted alert as compared with the conventional approach where the alert condition is broadcasted to everyone. A general broadcast approach creates an environment where there is an overabundance of notifications, which can lead to “alert fatigue” and confusion regarding follow-up accountability. It is a combination of an automated follow-up process supported by a push notification to the right care provider.

CEOFO: Have the doctors been looking for a way to be more diligent or more on top of things?

Mr. Tran: Yes, the doctors have been looking for a solution where they can focus more of their time with the patient treating their condition and less time at the computer researching the patient's medical information. The arrival of EMR (Electronic Medical Records) solutions have had a disruptive impact on care environment. Although these impacts have been mostly beneficial, they have also added an administrative burden that can reduce the patient / physician engagement time and may also lead to medical errors, especially in the critical care environment.

Let take another example on the patient medical data handling and its visualization. On an average, for each ICU patient, there are 1300 new data points recorded daily. In earlier paper environment, the communication method was based on the “nurse flow sheet”. Intensivists used this time-honored approach as a summary of a patient's condition, helped identified trends and assisted in the correlation between different data points for diagnosis and treatment. The EMR solutions replaced this chart-based format with an electronic format, which made the entire patient record accessible to care providers. However, the challenge with each EMR solution was in the design of their user interface, which is used to pull out the relevant patient data for presentation to the intensivists. Due to the volume and complexity of the data, there is a lengthy training component and learning curve involved to master the new EMR solutions. Even experienced physicians claim that these systems

result in a significant administrative burden. The different EMR solutions all require a different navigation approach in order to retrieve the data which means that if a physician has patients in different hospitals, they would need to be trained on multiple systems.

What we are offering to care providers is an electronic replacement of nurse flow sheet, where patient medical data are presented in a longitudinal way with time-based correlation. A couple of examples of how other industries outside of healthcare deal with similar challenges can be seen in the financial industry with the NYSE and in space industry with NASA. Both have a combination of data volume that is also time sensitive and a need to present the information in an intuitive way so that highly informed, reliable decisions could be made quickly.

Our first product – CareIntelligence provides such a dashboard. It is an intuitive user interface designed for care providers to retrieve relevant medical information, under their control to achieve efficiency in medical treatments.

CEOFO: Is the system in use today or still in development?

Mr. Tran: We have completed the development of two products – CareIntelligence that address the medical data volume and its visualization challenge and CareSynergy, which provides targeted alert and automated follow-through. Both products rely on our cloud based Patient-Clarity server platform, which was designed to provide EMR interoperability and collaboration.

EMR interoperability is critical because it allows our products to integrate with any EMR deployment. This allows healthcare systems with different EMR solutions (e.g. inpatient vs outpatient) to standardize on a single interface for all their caregivers. Additionally, when hospitals with different EMS solutions merge, they are able to minimize the massive up front cost, time and disruption incurred to migrate off one of their solutions. With our solution, they can leave the underlying legacy EMRs in place and simple in-

tegrate to the underlying system and utilize the existing user interface.

Our products are currently in hospital pilots validating the above-described functionalities. Our client applications reside on mobile devices, namely iPad and iPhone giving care providers access to the same medical information anywhere, anytime. Our data service platform is designed to protect patient medical data by not having any data duplication or storage. Our server is architected and built with proven enterprise software and designed for cloud deployment.

CEO CFO: What is the approach that you will be taking when you talk with hospitals? Do you feel that they are going to understand this easily? Are there one or two particular bullet points that will really spark their interest? Do you really need to compare the cost of a mistake?

Mr. Tran: Throughout our development process, we performed extensive market validation with customer feedback. Early prototypes were demonstrated to physicians and hospital management for feedback. Our development approach has always been patient centric and our user interface has been universally well received by care providers. It takes less than 5 minutes to outline the navigation of the product and it is common during a demo for the physician to reach for the tablet and intuitively explore the functionality. They get it immediately.

Our messaging is simple. Let go down the list – targeted alert. Only the right care provider would receive alert notification on a task / medical activity requiring his or her attention. He / she

does not get alert fatigue requiring sorting and prioritization. Automated follow-through reduces care providers dependency of error-prone manual process. The system would ‘reach’ out or push the relevant medical information to care providers, at the right time as well. Physician alignment is about policy enforcement at point-of-care. Any non-compliance to healthcare policy will be flagged at point of care, requiring a remedy or follow-up. Last part is interoperability. It is quite simple as care providers can use the same universal dashboard for any EMR solutions. No additional learning curves or extra time spent due to different user interface navigations.

In term of cost, I would like to quote a COO of a respectable healthcare system in Ohio: ‘If you can build this thing

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along this specification, just by reducing one medical error (leading to death), the system would pay off for itself’. An average settlement of malpractice case leading to death is 1 M USD. 70% of the 20 K annual malpractice cases are settled with payment to the victims. Cost savings would be up to 14 B USD. We have put a set of white papers on our web sites to outline all the cost associated with medical errors, interoperability as well as data / visualization.

CEO CFO: What is the timetable for you?

Mr. Tran: Our vision is to provide solutions for critical care environment that complements existing EMR deployments and help provide superior

patient care. Our current focus is to support our current pilots and provide the industry with product validation and performance improvement metrics. Our next phase will be to extend our connectivity to additional EMR solutions and provide the ability for 3rd party developers’ to extend our solution with add on functionality.

CEO CFO: Is Zoeticx funded for the next steps or will you be looking to increase your funding?

Mr. Tran: We are an early stage company relying on seed “friends and family” funding. We have started the discussions for the next round of funding. The seed funding was aimed at building out the product functionality, pilot engagements and to complete successful market validation. Our next phase will be focused on building a sales and support organization to license directly to healthcare organizations as well as healthcare solution vendors.

CEO CFO: Why should investors and people in the business community pay attention to Zoeticx today?

Mr. Tran: Healthcare IT – from my point of view, is the next big frontier. Its market opportunity is huge. Its use of technology to improve care, increase productivity and lower costs is behind other verticals. Everyone realizes that Healthcare can no longer be ignored given that we are an aging population and it already consuming 20% of our GDP.

Zoeticx is unique in that we are utilizing proven technology to provide low cost solutions that complement a hospitals existing information infrastructure to deliver superior care and save lives.



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