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Secure Real-Time Digital Healthcare Collaboration Platform, Olio is Connecting Health Systems, Physicians, and Post-Acute Providers by Specialty

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Olio

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CEOCFO: ***Mr. Forrest, what is the concept behind Olio?***
Mr. Forrest: The general concept is that we set out and we tell our customers that we are trying to do one thing and that is build teams digitally around the patient. What that means is that as the patient discharges from the hospital, the physicians and the hospital administration, and more specifically, post acute clinical providers, skilled nursing facilities and home health agencies, we are pulling all of those types of clinicians together so that they can work together in a digital space and collaborate like they have never been able to do before.

CEOCFO: ***Do the various people involved want to collaborate?***
Mr. Forrest: The reason that they need to collaborate is because the insurance and many private insurance providers have now decided that the episode of care is how the government is going to spend their money. Before, clinicians and hospitals were paid for a fee per service and now they are being asked to execute in an episode of care. That means that all of these siloed environments have to work together so that the patient gets the best outcome with the lowest cost possible. That is one of the big changes in many of the scopes that Medicare or CMS through Medicare has brought to the healthcare industry. This problem did not quite exist at this level that we are solving for until the last four or five years. Therefore, we are just making it easier for teams to work together that are trying to execute for their patients in a episode of care base model.

CEOCFO: ***How does Olio work?***
Mr. Forrest: Our paying customer is the hospital health system. Right now, traditionally those hospitals have kind of preferred post acute providers and they work with them in a very 1992 way. It is a very archaic, old school way of doing pen and paper policies, organizing meetings, sending off emails and faxes. What we do is we bond those hospital personnel, those stakeholders, with their physician teams to these post acute entities, so that they can collaborate in real time together and we set a topic of discussion. Therefore, if the patient has COPD we are going to bond the primary care physician to that patient and maybe their pulmonologist and the respiratory therapy team together so that they can all work together as the patient leaves the hospital and goes to a lower cost setting, like a home health agency is treating the patient or a skilled nursing facility is treating the patient. It is really just bonding the right providers around the patient so that they can work together for a longer period of time.

CEOCFO: ***Are the various constituents in the group using electronic communication in general? Are they working this way in other areas or is it somewhat of a new concept?***
Mr. Forrest: It is a fairly new concept in general for all users, as is the payment model, as is the shift in healthcare. ObamaCare has lead to many polices that are a new thing and it tends to innovation, whether it how clinicians are paid or

even how they are graded. Therefore, the whole healthcare industry is shifting towards the new way of executing in their daily lives.

Our goal is to build technology that is incredible simple and easy to use and focuses specifically on what the patient needs to be collaborated about, so that technology is seen as a resource and not a burdensome idea. If you poll healthcare executives or even specific physicians or whomever, and ask them to give you their opinion of their electronic medical records, their only exposure to technology in their job, it is one that is very negative. “I do not like this; I am constantly dialing in and punching numbers!” It is a death-by-click type of mentality. Our goal is to show there resource of how technology can be super easy and efficient and kind of bring some of the modern concepts of web applications and mobile applications to the hospital marketplace and maybe change the reception at some level.

CEOCFO: ***How can you make it easy when clearly so many others are unable to so?***
Mr. Forrest: If you think about a traditional EMR product of company, we are not that. We do not claim to be that. There are many different goals of an EMR they are trying to achieve; billing and accumulating massive amounts of data around a particular patient are at the core of an EMR. We are trying to be super simple, whereas this world of complexity for healthcare technology is the impression.

We go hard on trying to build a product that is simple to use, super easy to understand, modern in the way that it surfaces to the user so that the user can understand what we are trying to accomplish and making the product mobile so that it can be accessed really easily and then ultimately notifying the user when they need to use our product. Therefore, it is not something they live in every day, but grabbing and catching critical patient information that can make a difference in that patient’s outcome and servicing that to the user, so that they can make a decision versus just log information.

“Before, clinicians and hospitals were paid for a fee per service and now they are being asked to execute in an episode of care. That means that all of these siloed environments have to work together so that the patient gets the best outcome with the lowest cost possible.”- Ben Forrest

CEOCFO: ***Is the information that you are putting together coming out of electronic medical records that you are pulling from? Where is this information housed? Is it inputted into your system initially?***
Mr. Forrest: What we do is establish with our paying customer, the hospital health system, “What is it that you guys want each sub specialty of patient; what information is important to you?” For example, if a patient with chronic heart failure is discharging from the hospital and going to a skilled nursing facility, we are going to work with the hospital and we are going to create a unique survey for that specific hospital that says how the nursing and therapy teams at the skilled nursing facilities are giving patient progress on how the patient is doing in real time every day. Right now, that is really difficult. If the patient discharges to a skilled nursing facility in the hospital it is really for them to have any semblance of an idea of how that patient is progressing.

We make a customized survey really simple, under six to seven yes or no questions, that they therapy and nursing team can quickly, with our web app or mobile app, give feedback on how that patient is doing. Now we can alert those physicians and the hospital folks that if the patients weight goes up by five pounds, in real time that hospital has that information and can say, “We have enough data in our rolodex of clinical knowledge to know that if a patient gains five pounds in a thirty six hour window there is a problem there. We need to circle around this patient so that they do not have a negative clinical outcome and does not come back to the hospital and ultimately stays on their pathway to getting back towards good health.” Therefore, the information that is input is created by the hospital customer and then subsequently, that data is input by their post acute clinical team and then everyone collaborates on that data as it is input into the system.

CEOCFO: ***Your customer is the hospital or healthcare system. Are the physicians or the post acute care facilities tied in some way that it is somewhat seamless or do you have to get the doctor’s office to agree? How do two, three or four or a greater number of parties all get together?***
Mr. Forrest: Think about the relationship between the hospital and what, realistically, are these downstream channels. When I say hospital I am including the physician teams. We work with the hospital on an implantation strategy. That takes us roughly three months. We go out and we say, “Alright, we are going to invite these post acute providers to use Olio.” That message is usually very well received. They have similar issues. It is hard for them to provide feedback on patients now. They do not like doing fax templates. We show them an easy, automated way to do that. With the hospital leadership and their buy-in, we essentially just create this digital network of folks where the patients are discharged into this digital

preferred post acute network and the physicians and hospital leadership are just an extension of this greater ecosystem that we have created for the hospital.

CEOCFO: ***Then it is pretty seamless!***
Mr. Forrest: Yes, it is relatively easy! I think that one of the competitive advantages that we have is that we purposely do not integrate with electronic medical records, so that we can move quicker, we are more agile, we are more secure and less risk averse and we are able to move and implement much quicker. When you do a lot of these integrations and there is a lot of these tie-ins and connections it slows down the process of even getting to innovation and ultimately better patient outcomes. Therefore, we made a hard decision to do it this way and even on the other side of that we made the decision that we are going to allow any post acute entity to use Olio free of charge.

CEOCFO: ***How do you reach out to medical organizations? How do you get a foot in the door?***
Mr. Forrest: It's hard – it is really hard! I think that success helps you, just like any business. The more organic referrals we can create is the better for us. We are spending a lot of time focusing on account based marketing, really getting strategic and trying to help our customer understand the environment they are playing in and providing information to strategic stakeholders within the hospital that says, "We understand your problem, here is the data that supports that you may have an issue down the road and here is how Olio fits in that picture."

We are really doing this at an account by account based methodology. We are not calling on the whole world. We are very focused. We are excited about inbound leads and where that leads our sales channel, our sales process, is great. However, as far as strategic outbound marketing sales efforts, we are focused on helping our potential customer and consulting with them and working to help them meet their goals. That just does not happen by trying to throw a dart at the board. Therefore, we are very strategic on how we approach our customer.

CEOCFO: ***Are you starting locally or might people have some connections around the country that are useful to get that foot in the door? What is the geography?***
Mr. Forrest: We are based in Indianapolis. The Midwest is, right now as we are bringing our product to market is a big foothold for us. With that being said, we are not against going outside the Midwest and trying to help and solve problems for hospital systems for wherever they may be. Our internal teams are very focused on the Midwest.

CEOCFO: ***How do you know if a healthcare group or medical facility is likely to be interested?***
Mr. Forrest: Yes, there are a couple of key indicators for us. We try our best to take the information that is readily available, quite frankly, but it is transparent to us or to anybody for that matter, what health systems are in value based payment model programs through the government. It is published. It is known. We know whether a hospital is moving towards focusing on episodic care or not. Therefore, we strategically try to target and align with hospital systems that in essence are assuming to risk that they are going to treat patients really, really well for ninety days and get benefits for doing such a good job. We target those accounts, those hospital systems, talk to them about their strategy after the patient discharges from the hospital and ask them questions around their strategy as if there is a better way, a more innovative way, and that is when we create custom demonstrations, show our solutions to that customer and look for buy-ins on that strategy.

CEOCFO: ***Would an organization start with all of their various specialties or might an organization look to start with one of two and move forward? Would you tailor your program in that respect?***
Mr. Forrest: It is kind of all of the above. I wish I could say, "No, it is this way." The reality is that even geographically, hospitals deal with different challenges, different patient populations, rural, urban, what have you. Common themes, for sure, are centered around congestive heart failure patients and patients with COPD; no doubt. We see many geriatric orthopedic collaborations going on in Olio, as well as some stroke defined collaborations going on in Olio. However, we really give that playbook an opportunity to our customer to write whichever story they want. If the hospital sees a particular sub specialty or disease state as something that they need to focus better on or work better to avoid readmissions or long post acute dollar spend, we let them create that dialog and we go to work for them and support them as best we can.

CEOCFO: ***Would you tell us about your recent funding, what you are using the money for and how long you hope it will last?***
Mr. Forrest: I can tell you that I know exactly how long it is going to last, so I think hope is no longer in the dialog! We did a strategic seed round of two and one half million dollars, with the goal really to help us establish that we have reached product market fit, what we are building to satisfy a need in the market; is it the right product, is it something we can start to demonstrate, gain feedback, go through a beta, get user experience as an initial term.

Most healthcare tech products take to $5M to $5M plus to stand up, even to get to a beta scenario. We are pretty excited that we were able to do that with $1.2M! Therefore, we did our initial seed at two point five; we are going to have to scale that in a much bigger way. We will probably look to do that sometime late spring/early summer of 2020. That is when we will go for our next round of funding.

CEOCFO: ***Why has this not been tried before? Had no one thought of it, the technology was not there, the marketplace still was not ready even though it should have been by now?***
Mr. Forrest: Yes, I think it is an evolution of the changes in healthcare. Eleven thousand baby boomers age into Medicare every single day, every day! Think about that. That happens all the way till 2030. We spend more money as a country on healthcare than anyone else on the planet. You have got a big number of people moving into the Medicare age, so the question is how do we get more efficient so that outcomes improve and we spend less dollars? Right now, seventeen, eighteen percent of GDP is spent on healthcare. That is seven or eight points higher than any other country on the planet! Therefore, as you see or discover or understand healthcare policy, you know that at the root of all things are, “We have got to get better outcomes and spend less money,” and if you know you have this aging population moving into the Medicare age this needs to be a central focus of what you are going to do moving forward. The policy is what created the Olio though and vision and the idea to innovate in this space without the policy, without the change to this episodic world of looking at patients and treating them for longer periods of time as a payment model. The reality is that I so not know that Olio would excel, but since we are here, it is a new idea, but it is kind of, as I said earlier, looking for product market fit and I think we have done a really good job doing that.

CEOCFO: ***What, if anything, has changed since your original idea? What have you learned as you have been developing Olio?***
Mr. Forrest: That is a great question! I love it! What we learned is that we had this initial thought when we started to build Olio; it is that we could clinically evaluate what our customers would want to know. By that I mean, what a hospital customer would want to know about a hip fracture patient or a COPD patient. We pivoted pretty quickly to, “Let us not tell them the information they should need to get returned to them by their post acute providers, but better, let us let them create the information that they want returned to them.” That has been a big one for us! Therefore, creating a more variable product and then allowing the hospital to make changes, to make tweaks, to constantly feel like they are being able to hone in on the focus of how they want the information they are asking post acute teams to kick back to them. Early on we said, “Let us not try to be experts on every disease state in healthcare; that could probably be an arduous talk for us on our end at Olio, but more, let us just let the hospitals tell us what they want to know and build the product that way.

CEOCFO: ***Why pay attention to Olio right now?***
Mr. Forrest: For a couple of reasons. I think the healthcare collaboration technology market has been assessed at $3.2B, of which has not been matured even close to this point. Therefore, to your investor audience, greater collaboration in healthcare is an absolute necessary. The companies that unlock that box and do it better than others and have product market fit and show that outcomes are improving are going to win. They are going be hot companies moving forward. It is just a reality. I hope that Olio is one of those companies. That is what we are working hard to do. To our hospital readers, we are trying to get better. We want to continue to innovate, continue to look at ways to make our hospital customers achieve their goals. We think that if they are dealing with some of the scenarios and problems that they read in this article that they should want to reach out to Olio to learn about how to be better or more efficient in healthcare as it relates to patients once they leave the wall of their hospital.