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Arrive Health – Using Real-Time Prescription Benefit (RTPB) Technology to Bring Consumer Choice to the Point of Care, at the Point of Prescribing so Providers can make Informed and Accurate Decisions

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CEOCFO: *Mr. Kiser, what is the vision behind Arrive Health?*
Mr. *Kiser*: Our focus is around consumer choice in the medication arena. We are focused on bringing consumer choice to the point of care, at the point of prescribing and patient experience. That requires building relationships with health plans and PBMs and the sources of pricing for meds and the clinical systems that providers use, bringing the real-time marketplace experience into those tools so that providers can make a more informed, connected and accurate decision for patients the first time.

CEOCFO: *Is it about which medication to choose, the cost of medication, is it how well the medication provider with interact with the patient or is it all of the above?*
Mr. *Kiser*: It is cost and benefits specifically. We integrate with sources of pricing (health plans and PBMs) and generate recommendations at the point of care; it is called Real-Time Prescription Benefit (RTPB). What that provides is a real-time, patient specific, moment in time specific insight into the cost of that medication. Prior to this type of technology existing, if there was any insight into that, it was relatively generic and often ignored and often inaccurate.

What has changed is we are effectively doing a mock adjudication of the claim. In a sub-second transaction we are able to bring back the price of the med that will be faced by that specific patient and insight into prior authorization requirements or any formulary restriction. Importantly we can also surface alternatives that are relevant that could help lower cost or help the patient avoid a prior authorization. If the health plan prefers drug A over drug B, because of the way they have contracted, we bring those alternatives back in workflow so that providers can make the optimal decision, the first time.

The goal is where possible we can help guide doctors to medications that are not only affordable for patients but in many cases do not require a prior authorization. The only thing better than automating the prior authorization is avoiding the prior authorization in the first place; and that is part of what we are able to drive through our network.

CEOCFO: *Do patients and providers appreciate that you are able to do this for them or something they need to get used to or even realize it exists?*
Mr. *Kiser*: We had a similar question when we entered this business. Will the providers care or do they want this information. What surprised us is there were several systems that reported back to us that understanding the cost of medications was the number one requested thing of providers in their networks were asking for. It is because it causes so much friction in the process. There are tens of millions of phone calls that come back into providers' offices just because

they did not have visibility to the plan design or the complexity of that formulary. As a result they wrote drug A and if you wrote drug B then the path is relatively clear for that patient and if you write drug A things get complicated. If you write drug A it is expensive, if you write drug B it is not as expensive. That creates a ton of rework inside of those clinics, so they desire that information.

Would they engage? Yes, we have seen almost 50% of the time we are able to motivate a switch. With some of the integrated health systems that we work with, almost half of the time when we provide an option to a provider, they are accepting that option. It saves the patient time and money and helps them get healthier. Will the use it? Yes, and especially for care teams, it is not particular visible to the patient, it is part of the provider decision-making process. We have built some patient facing tools that we are now putting in the hands of patients that will help them solve affordability problems and that is a place where we are growing rapidly in the future.

CEOCFO: *What were the challenges for you in creating technology that was user-friendly, that works quickly, easily and would help convince providers?*
Mr. *Kiser*: We have built a multi-sided network and network businesses are complicated because there is the chicken or the egg problem, meaning providers won't find value in your tool unless you have the appropriate data. The data sources aren't interested in connecting to your tool until you have the providers. The biggest challenge is to overcome that chicken or the egg problem. You have to get some level of density on the one side of that network and grow it from there and that was the first thing to overcome. We did that by collaborating closely with academic medical centers and provider organizations and that was our starting point. That ended up having secondary benefit of us being close to the user and being close to the user is important because you get feedback and you understand how they use a tool, you understand the problems they are trying to solve in a much more intimate way which helps you build better products.

"Healthcare is personal and to build a successful healthcare technology business, I think it important to ensure that it stays personal." Kyle Kiser

CEOCFO: *What was some of the feedback that caused you to change direction?*
Mr. *Kiser*: This was an important nuance, but not obvious until you talk to people. There are dozens of important things that pharmacists were doing at the point of sale that when you bring that transaction to the point of care, you have to be able to automate. The EMR system of providers speaks a different data language than the claims system of the health plans. That is not a problem at the point of sale because pharmacists know that which number of vials equals which number of milliliters or that this package size is different than that package size, they do all of that translation as people at the point of sale. To do that at the point of care, it has to be automated and in an intelligent way that improves overtime.

We went down the path of building this type of interchange into our tool that allows our system to take that intelligence that the pharmacist was adding to the process and deliver it to the point of care in a sub-second transaction.

CEOCFO: *What is the focus at Arrive Health today?*
Mr. *Kiser*: The vision is consumer choice at the point of care and throughout the patient experience. The two new ways that is evolving is around prior authorization and patient affordability. We have expanded our capabilities to include all of the ways patients need help affording their mediations whether that is cash pay options or copay assistance options or discount card options. Those are all types of things that we are adding to the network. It is adding more value for providers and patients and delivering those directly to patients.

The second is prior authorization. Because we control this insight into plan design in the EMR, we are in a strengthened position to automate prior authorization. It is hard to find a problem in healthcare that is more universally hated, but necessary, and we are looking towards not just automating that process but transforming it into something that looks and feels more like decision support. Today providers often just send all their orders in to the payer and see what happens. Instead, how do we create the right measures in the process for the prescriber and the care team members to understand the requirements upfront and make those informed decisions as they are happening to prevent all of the downstream complexity, waste and frustration that happens today.

CEOCFO: *How are you reaching out to new customers?*
Mr. *Kiser*: It is a combination. In network businesses you have to be selling on all side, all of the time. We have lots of constituency groups connected to our network. We think of them in terms of supply and demand. The supply side is the connectivity that we have that generates pricing, or pharmacy or plan design options. The demand side are the users that are using the platform. Therefore, go to market has to be on both sides. We have to be growing our inventory of connectivity and also growing our reach through the network, all at once.

On the demand side of the network is where we are thinking about growing reach, there is still a variety of strategies. It is our own direct selling; it is channel partnerships, and value-added reseller relationships with the electronic health vendors that the doctors use. We are applying a lot of different strategies there, both direct and indirect.

CEOCFO: *What is the competitive landscape? Are other organizations trying to recreate what you have done or are you so far ahead of the game that they will not get there so easily?*
Mr. *Kiser*: There are those that were a part of the way things were before, that are adapting to try and compete in some of the ways that we are. There are several of those that have now partnered with us. We have partnered with folks like CoverMyMeds, which is a McKesson company, where we are going to be a part of supporting their point of care transparency solutions.

There are not a lot of new and emerging competitors. We have established ourselves as a market leader, but there are legacy players in the space that will continue to see on the field.

CEOCFO: *What is your focus day-to-day as CEO?*
Mr. *Kiser*: I don't know that each day is all entirely consistent. As I focus on the business, I always think of mission, culture and people first. The thing that more often than not helped us excel or ride out complexity or difficult times has been our team's ability to be shoulder-to-shoulder on behalf of something bigger than ourselves. Everyone on this team cares about this mission and what we are trying to accomplish. We have a mantra that is, "Lucy Up". It is our way of saying keep focused on this thing that is bigger than us, and more important than us. The reason it is "Lucy Up" is one of our co-founders, a doctor in Denver, Colorado, a part of what inspired the business was his desire to help his mom. She came to him and said that she had an out of pocket prescription spend that higher than she wanted it to be and she needed help. Like any good son, he helped. That inspired Kevin to start doing this in his clinic and that work in his clinic is what ultimately inspired this business, and his mom's name is Lucy. Therefore, we still spend a great deal of time on that connection because everyone has a Lucy in their life or you may have been the Lucy. Healthcare is personal and to build a successful healthcare technology business, I think it important to ensure that it stays personal. We are going to stay focused on that because it is my belief that we are going to build better product and grow faster as a business if that is our focus. That also helps drive continuity within the team.

CEOCFO: *Final thoughts, what should people understand about Arrive Health that we may not have covered?*
Mr. *Kiser*: The work we do is vitally important. The way we pay for meds is fundamentally changing. There was a world where deductibles were in the hundreds of dollars, and out of pocket cost was $5, $10 or $20. That world is gone and now there is a different role for the consumer in healthcare and medications.

Our goal is to provide technology to ensure that your provider can be the best steward for making those decisions with you and that you have the information you need to be a more informed consumer. If we do that right we are not only going to improve the experience for patients and provider, but we are going to drive down cost overall in the system and that is a hugely important part of this process. It is also important for our country as we think about the cost of healthcare generally and the consequences of that of that growing unchecked.