

C L O S E R L O O K

MEMORANDUM

inTouch from J&J's SymCare is now online – April 2, 2009

SymCare Personalized Health Solutions, a new Johnson & Johnson startup venture, received FDA 510 (k) clearance for its inTouch diabetes management program, designed to enable better diabetes data monitoring and information sharing by patients and their physicians. inTouch diabetes will be marketed by SymCare's dedicated sales and marketing team and will be offered through self-insured employers, disease management companies and insurers to their patients with diabetes. Individuals without access through employers and payors won't be able to access inTouch, at least initially. We saw a live demonstration of the technology in November 2008 at the Diabetes Technology Meeting in Bethesda, MD. One of the unique features of this system is that in addition to enabling better self-management analysis and patient-provider communication, it also provides a rewards system linked to the achievement of management goals. Ideally, better health should be reward enough, but a chronic, often unrelenting disease like diabetes typically has few immediate rewards, and the added incentive will be a big plus for patients. This clearance comes at a very opportune time given the Obama administration's pledge to focus on health information technology. As we understand it, the system comes with hardware, software, and live support. The program is web-based, so participants can access their info from any computer with Internet access. No special cables or software is required. A portable transmission device that attaches to one's blood glucose meter is provided as part of the program upon signup.

- **The inTouch diabetes program enables recording and uploading of a number of important diabetes-related measures as well as patient-provider communication portals.** The program involves an initial health risk assessment, lab uploading by healthcare professionals, personalized education that can be sent to your phone or email, access to health information developed by Johns Hopkins University, coaching from nurses that are available 7 days a week, rewards for improved diabetes self-management designed to help patients maintain behavior change over the long term, and an inTouch—diabetes device with batteries and case.
- **The program works on multiple meters.** These will all be OneTouch to start but we understand ultimately the program will be open platform. If provided for by a healthcare benefits organization, at the time of signup, the customer care team will determine whether the participant has a compatible meter and if not, a new meter will be provided free of charge.
- **Blood glucose data is uploaded automatically and wirelessly using Bluetooth.** The system is initiated once the user performs the fingerstick measurement and removes the strip. The meter engages a Bluetooth device and sends the data to the user's cell phone where they have a chance to add some context (food, exercise, insulin information etc), which is then transmitted to the SymCare Artificial Intelligence center. Based on the user's preselected notifications, tasks, education etc, the reading is analyzed utilizing proprietary algorithms and feedback (and data) is sent to the patients SymCare page and/or the patient's cell phone. Data from lab tests can also be uploaded and accessed by both patient and healthcare provider. SymCare has a long-term strategic plan to integrate with other devices for the management of diabetes and the associated co-morbid conditions, such as hypertension.

- **The live demonstration we saw at the Diabetes Technology Meeting involved the presenter actually doing a blood glucose test and transmitting his data.** He then logged in to the SymCare website which displayed accessible tabs, progress bars, message notifications, and rewards counts. SymCare minimized the number of upfront questions to prevent patients getting tired before starting the program. It aimed to keep it as simple as possible, with the fingerstick as the most complicated part of the whole system. Lab reports (A1c, lipids, LDL) with historical values can be updated with healthcare professional supplied values, which goes beyond diabetes care and attempts to cover a larger part of the spectrum of chronic care. Importantly, the program interfaces with the healthcare team, who also have access to the data. Nurse coaches are available to explain information from the web site or your doctor.
- **On the physician side, members of the healthcare team can also set treatment goals, suggest helpful literature, and read the scope of the patient’s data.** Changes made to goals by the physician are sent as notifications to the patients. At a glance, physicians can look at the entire patient population, their goals, and which patients are achieving goals. It also enables them to send messages to groups of patients or individual patients. Patients determine which of their physician team have access to their data.
- **There is a rewards system that enables the transformation of results into points – e.g. Amazon gift point rewards.** Self reported data have lower point rankings and lab/physician reported data have larger point values to prevent abuse of the system. The rewards system is geared towards incentivizing the best actions for diabetes self-management. Points are awarded to participants who fulfill tasks and goals determined by their doctors and CDEs and ADA recommended guidelines. We tried to find out more about actual awards but couldn’t learn much more beyond “individual award points are scaled based on clinical significance”.
- **Next steps for studies:** With the 510k clearance, SymCare is currently designing randomized clinical trials for initiation this year that will examine healthcare utilization and improvement in health measures – A1C, medication adherence, etc. With its 510k clearance, SymCare will be engaging with thought leaders and industry organizations to promulgate the acceptance of standards. The clinical trials will be US based. Now that SymCare has 510k clearance, they are determining location, with size of the trials to follow. We assume successful data on this front could do much to promote data management, diabetes management by phone and email, etc.
- **During the Diabetes Technology meeting, an informal audience poll was conducted to determine interest levels for the inTouch program:**
 - Are you currently using a diabetes management system of any kind in your practice?
 - Yes, love it – 16%
 - Yes, looking for an alternative – 21%
 - No, but interested – 49%
 - No, not interested – 14%
 - Who does your practice communicate with by email?
 - Suppliers – 4%
 - Medical organizations -12%
 - Patients – 27%
 - Other – 17%

- Don't Use – 40%
- Who in your practice would access a system like this?
 - MD – 29%
 - Nurse, CDE – 33%
 - Wouldn't use – 39%
- The ability to accept or deny invitations from my patients is important for me:
 - Yes – 51%
 - No – 9%
 - Wouldn't use – 40%

-- Kaku Armah and Kelly Close