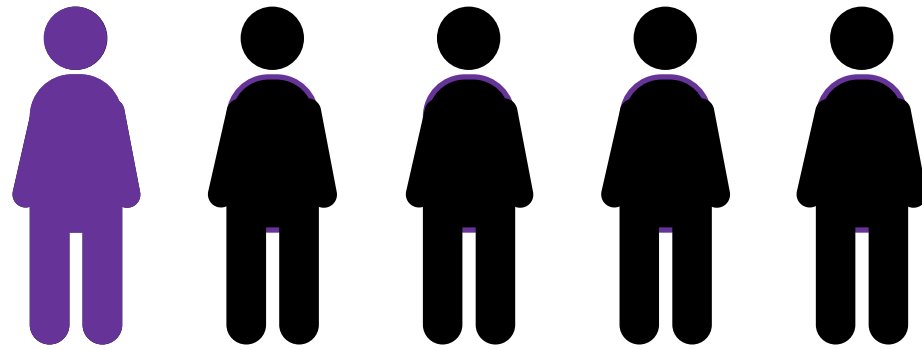




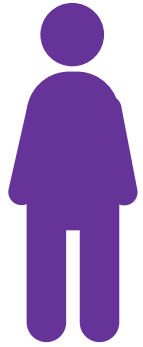
Company Overview



1 out of 5 patients

going into in-patient care...

*will be back
within 30 days*



WHY?

Avoidable Readmissions cost payers *\$25B a year*

78% of patients discharged from the ER by hospital physicians and 42% of the ER staff physicians do not understand their diagnoses at the time of discharge.
Direct communication between the ER physician and the primary care physician is essential to ensure the appropriate use of medications.
(Annals of Emergency Medicine)
(JAMA)

Axial has the solutions are avoidable readmissions caused by 2 key problems

Manage Quality of Care & Care Transition
to Lower Readmission Rates

1 **Axial Provider™**
None of the professionals outside the hospital know
what's happened to their patient in a timely, useful
*Bridges provider hand-offs so that clinical information
flows from patients to their next care settings*

2 **Axial Patient™**
The patients & their families don't understand
their conditions, medications and what they need
*Engages patients early in the hospital stay with the
information and tools needed to raise health literacy
to do to get well*
and take the initial steps in managing aftercare

The Most Widely Cited Reengineered Discharge Study

Project Red, out of Boston U.

shows:

✓ 28% Reduction
in 30-day readmissions

✓ 30% Reduction
in hospitalizations

✓ 32% Reduction
in ED visits

✓ 40% Improvement
in PCP follow up rate

For an overall cost
savings of
\$10,000
per avoided
readmission



**Awarded 1st place
in the HHS/ONC**

Transition of Care contest

on December 14th, 2011

Our software utilizes findings from the two most widely adopted academic studies



- Educate patients throughout stay
- Make follow-up appointments
- Discuss tests (current and pending)
- Organize post-discharge services
- Confirm medication plan
- Reconcile discharge plan with guidelines
- Review plan for potential problems
- Expedite transmission of discharge summary
- Assess understanding with teach back
- Written discharge plan
- Telephone support within 2-3 days



- Complete 8P risk score
- Complete GAP assessment
- Reconcile medications
- Review medication use and side effects
- Assess understanding with teach back
- Action plan for potential problems
- Discharge summary sent
- Documented receipt of discharge summary
- Direct comm with outpatient provider
- Telephone support within 72 hours

What aspects of RED and BOOST can be leveraged by software?

1. Expedite transmission of discharge summary
2. Educate patients throughout stay
3. Confirm medication plan
4. Assess understanding with teach back
5. Make follow-up appointments
6. Provide written discharge plan
7. Organize post-discharge services
8. Assess patient risk

1. Expedite transmission of discharge summary

Unwieldy hospital chart data ...



transformed into clean clinical summaries ...



and pushed real-time to community providers.



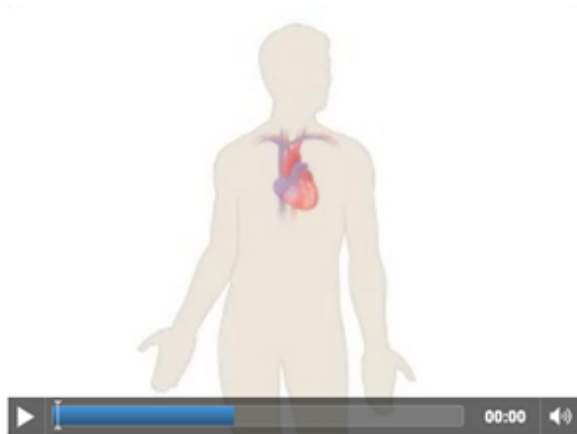
Primary Diagnoses:	Congestive Heart Failure
Secondary Diagnoses:	High blood pressure
Principal Procedure:	Chest x-ray
History of Present Illness:	Briefly, this is a 55-year-old male with a past medical history significant for congestive heart failure complicated by high blood pressure who presents with difficulty breathing and swelling of ankles and feet.
Hospital Course:	The patient was admitted to the emergency room by Dr. Anderson. He has diuresed with IV Lasix. He was placed on Prinivil, aspirin, oxybutynin, docusate, and Klor-Con. Chest x-rays were followed. He did have free flowing fluid in his left chest. Radiology consultation was obtained for thoracentesis. The patient was seen by Dr. Smith. An echocardiogram was done. This revealed an ejection fraction of 60% with diastolic dysfunction and periaortic stenosis with an opening of 1 cm3. An adenosine sestambi was done in March 2000, with a small fixed apical defect, but no ischemia. Cardiac enzymes were negative. Dr. Y recommended a beta-blocker with an ACE inhibitor; therefore, the lisinopril was discontinued. The patient felt much better after the thoracentesis. I do not have the details of this, i.e., the volumes. No fluid was sent for routine studies.
Discharge Medications:	1. Cozaar Losartan Potassium 50 mg daily 2. Atenolol 75 mg daily 3. Clonidine HCl 0.1 mg daily
Disposition:	Stable for discharge home.
Discharge Instructions:	He is instructed to take his medications as prescribed and seek medical attention if symptoms return. He is to follow up with primary care physician within 1 week.
Signed by:	JAMES R. ROBERTSON, MD



2. Educate patients throughout stay

YOUR CONDITION

OK, let's take a look at how the heart and circulatory system works.



3. Confirm medication plan

YOUR CONDITION

Here is an overview of your medications and when you should take them.

You'll receive a printed copy of this when you leave.

Drug		What it does	Dose	How to take it	When to take it
Cozaar Losartan Potassium		Controls blood pressure	50 mg	by mouth	daily, morning
Atenolol		Controls blood pressure	75 mg	by mouth	daily, morning
Clonidine HCL		Controls blood pressure	0.1 mg	by mouth	daily, night
Lipitor Atorvastatin Calcium		Controls cholesterol	20 mg	by mouth	daily, night

Done

YOUR CONDITION



Which of the following is NOT an indication of congestive heart failure:

- Sudden fluid buildup and corresponding weight gain
- Rapid or irregular heartbeat
- Sudden, severe shortness of breath and coughing up pink, foamy mucus
- Unexplained hunger

Next

4. Assess understanding with teach-back

5. Make follow-up appointments

YOUR INFO	WHAT'S AHEAD: YOUR APPOINTMENTS
<p>Your Reminders </p> <p><input checked="" type="checkbox"/> Phone <input type="text" value="(919) 555-1212"/></p> <p><input type="checkbox"/> Email <input type="text"/></p> <p><input type="checkbox"/> Text <input type="text"/></p>	<h3>Great. You are all set.</h3> <p>Let's record that appointment with Dr. H. Patterson so we don't forget it:</p> <p>Appointment Date <input type="text"/></p> <p>Appointment Time <input type="text"/></p> <p> OK</p>

6. Provide written discharge plan

YOUR INFO	DISCHARGE PLAN & SUMMARY	
<p>Name <input type="text" value="EVERETTE ADAMS"/></p> <p>Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth <input type="text" value="Mar 23 2012"/></p> <p>Primary Physician <input type="text" value="Dr. H. Patterson
555 Wake Field Ctr
27659 Raleigh, NC"/></p> <p>Specialists <input type="text" value="Dr. Mark Smith (cardiologist)
Raleigh Internal Med Consultants
304 Blue Ridge Rd
Raleigh, NC 27608"/></p>	<p>Contact Details <input type="text" value="EVERETTE ADAMS
555 Honeycomb Dr
27655 Raleigh, N.C.
Telephone: (919) 555-1212"/> <input type="text" value="DONALD ADAMS (SON)
Telephone: (919) 555-6789
Email: donald@aol.com"/></p> <p>Pharmacy <input type="text" value="EVERETTE ADAMS
Rite Aid
1000 Whitaker Mill Road
Raleigh, NC 27608"/></p> <p>Current Medications <input type="text" value="Cozaar Losartan Potassium
50mg daily in the morning.

Atenolol
75pg daily, morning.

Clonidine HCL
0.1mg daily, night"/></p>	<p>Diagnosis / Cause for Admittance <input type="text" value="CHF - Congestive heart failure
(description)"/></p> <p>Scheduled Appointments <input type="text" value="Pick up your medications:
within two days of discharge

Have scale installed:
December 1, 2011 at 10am

Visit Dr. H. Patterson:
December 6, 2011 at 10am"/></p> <p>Notes <input type="text" value="You will receive a copy of this information
when you are discharged.

Do not drink alcohol or smoke."/></p>

7. Organize post-discharge services

YOUR INFO

MEDICAL EQUIPMENT

Medical Equipment

Social Worker Support

Payment Questions

Summary

What day and time work for you?

Appointment Date

Appointment Time

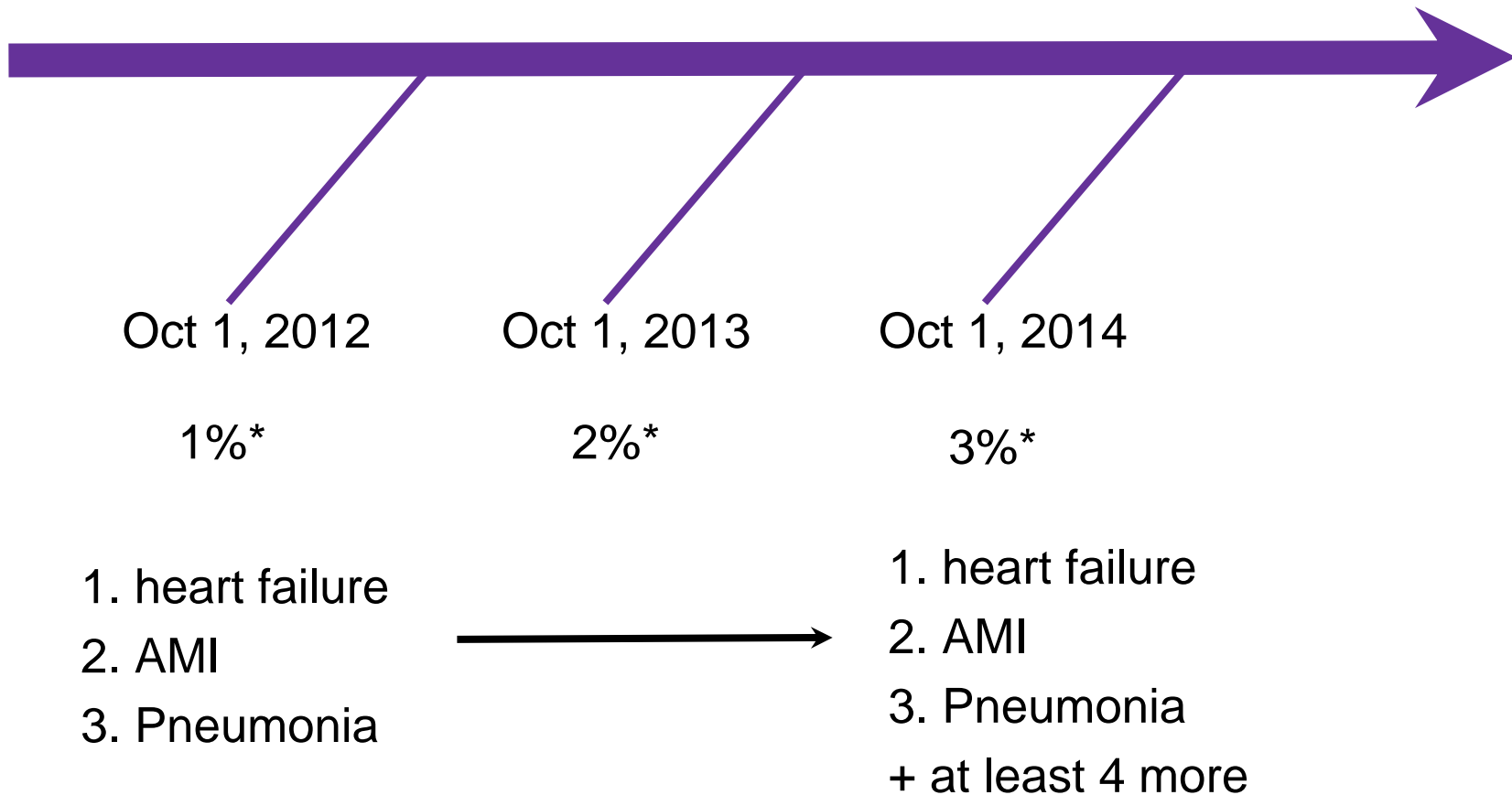


OK

8. Assess patient risk

First Name	Last Name	Age / Gender	Primary Diagnosis	Condition	Medications	PCP Appt	Transportation	Questions
Everette	Adams	55 M	Congestive Heart Failure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
John	Jay	69 M	Pneumonia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abigail	Adams	57 F	Pneumonia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
James	Madison	64 M	AMI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alexander	Hamilton	85 M	CHF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
John	Watson	48 M	AMI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Denard	Atkins	55 M	CHF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

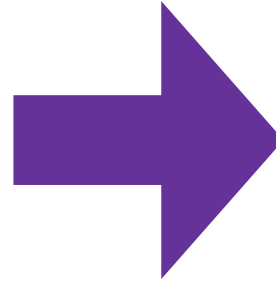
Timeline for Readmissions Penalties



*Greater of excess payments OR x% withheld from bottom quartile

Readmissions penalties are only the beginning

Episode-based care
Population-based risk sharing
Capitation



New workflow
New management approach
New technology

Providers need more than an EHR:

Coordination across institutions (EHRs)
Continuous view of patient risk

Patients need more than a portal:

Education at each acute episode
Post-discharge monitoring
Ongoing disease / behavior management

Design Philosophy

*Applications must be
easy to use*

Less is more

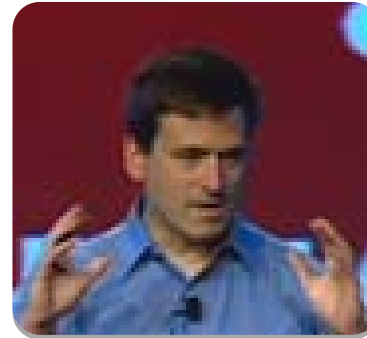
*Our software should help,
not hinder health care providers*

Meet Our World-Class Management Team...



Joanne Rohde
CEO & Founder

Former Red Hat COO
EVP Red Hat Health Care
Former CIO
UBS Investment Banking IT
30 years experience growing companies using disruptive business models.



Matt Mattox
VP Products & Marketing

Former Director of Product Management at Red Hat
Previously with MIT idealab! and CitySearch
MBA from Harvard Business School.



Mark Ragusa
VP Business Development

Leadership at Nortel Networks, Fujitsu & Sumitomo.
Start-up experience Aegis, Videoserver
Leadership in standards bodies, ATM Forum, DAVIC, DSL Forum and the IEEE



John Casey
VP Ops & Finance

Former EVP UBS Investment Bank, VP, Equity Capital Markets, DLJ Securities
MBA – Wharton School
20+ years experience in Corporate Finance and Operations