

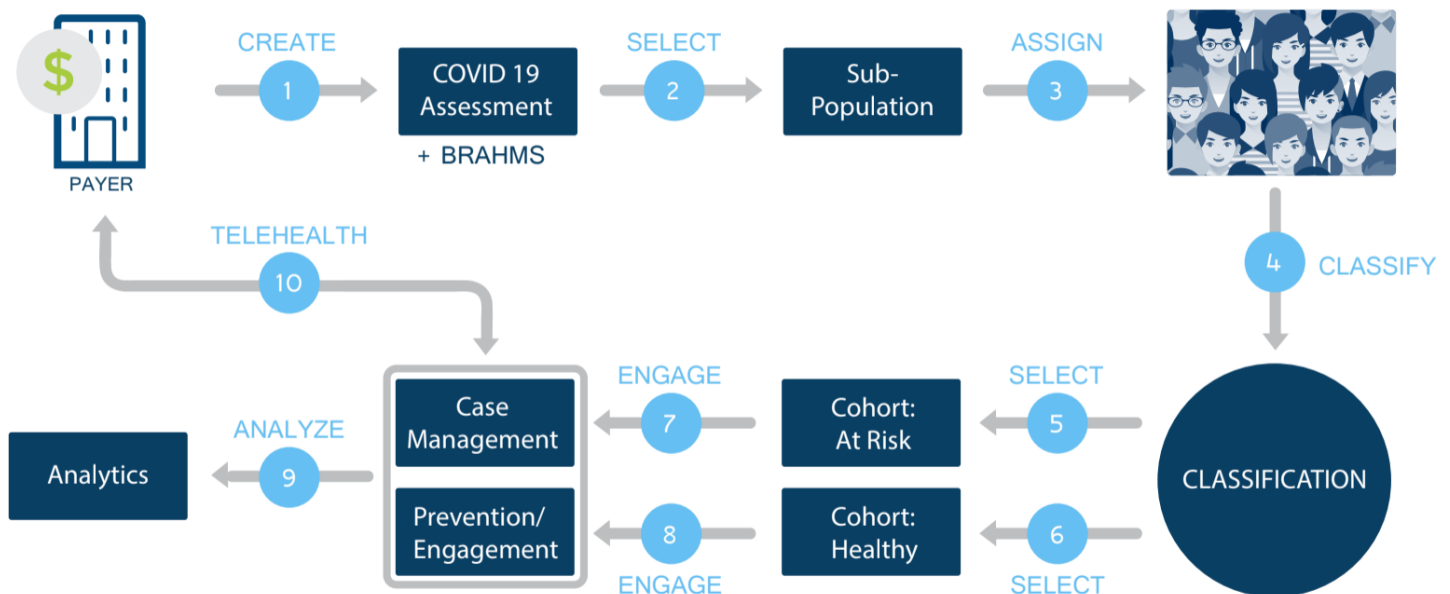
# PREVENTIVE SCREENINGS: COVID-19 AND BEYOND

Engage your population directly with custom screenings, determine and predict the risk level of patients, and manage patient cohorts to provide targeted recommendations and a superior level of care

## Provide Broad Access and Promote Patient Engagement

Fitango Health's custom-built COVID-19 solution will supplement your organization's response to the Coronavirus pandemic with a simple assessment including corresponding recommendations and information regarding the Coronavirus. Reach your patient population quickly and effectively with an interactive campaign to complete the assessment and provide valuable resources.

The COVID-19 custom workflow includes a simple, smart assessment for patients with concerns about COVID-19 that leverages our BRAHMS (Business Rules & Alert Handling Management System) technology to configure assessment rules and logic. The assessment can immediately generate Recommendations and Next Steps based on responses, allowing you to provide a higher level of comfort directly to your population.



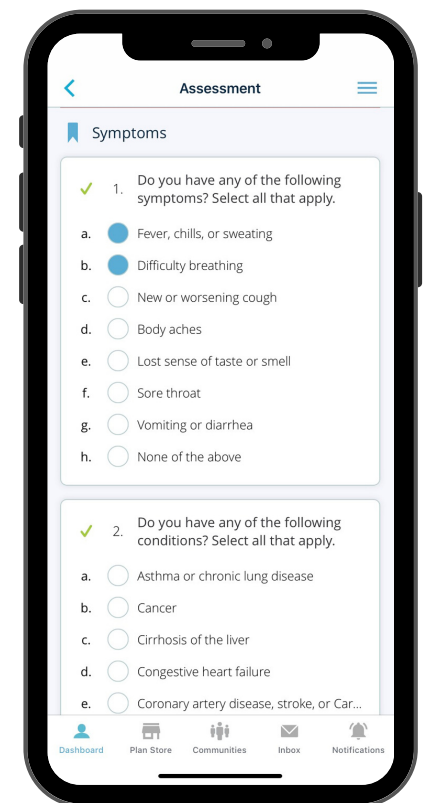
The Fitango Health platform has a complete set of tools to continue engaging members, to identify and coordinate care for at-risk members, and to create personalized plans for healthy members. Our technology allows for the creation of custom Cohorts based on a combination of assessment responses, demographic information, and biometric trackers to generate actionable reports to target high-risk populations and provide preventative care.

Leverage Fitango Health's scheduling and telemedicine tools to provide remote patient monitoring throughout the COVID-19 crisis and beyond. Members can self-report COVID-19 symptoms while engaging in their health and wellness through our Patient Engagement module; our interactive health guides called ActionPlans give patients the ability to change their health outcomes by engaging in their care.

## The End-to-End Screening Process

Enhance your preventive screening efforts, locate, and manage at-risk members, and engage the healthy with preventative ActionPlans.

Apply and expand the COVID-19 workflow to other preventive health campaigns. Create Target Lists, or sub-populations of potentially-at-risk members, and engage them directly with interactive screenings. Target Lists, or sub-populations of potentially-at-risk members, and engage them directly with interactive screenings. Target populations can be sorted into cohorts based on responses to assessments combined with demographic information and biometric trackers to be efficiently managed and tracked. Cohorts can be incorporated into your existing care management workflows, and can target patients with specific parameters.



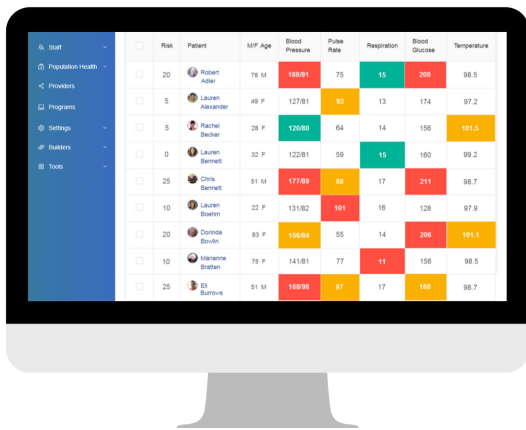
Assign ActionPlans purpose-built for members to manage a condition, as a preventative measure, and to maintain a healthy lifestyle. Run Campaigns that target specific cohorts to implement preventive measures and build out remote patient monitoring capabilities. Collect data at the population-level and run analytic reports to proactively monitor members through care management efforts, reduce readmissions/long-term costs and achieve better outcomes with a value-based approach.

# Population Health Management

## Screening capabilities include:

**BRAHMS (Business Rules & Alert Handling Management System)** - The platform is equipped with an advanced rule-based technology to ensure that members are treated following a screening. The rules engine enables the creation of Cohorts.

**Custom Assessments** - Fitango Health comes equipped with a robust Assessment Builder, allowing your organization to customize assessments for a multitude of use cases. Once completed, you can determine the next step: offering the user preventive education with custom ActionPlans, placing patients into Cohorts for further outreach and care management, generating notifications to Care Teams and to members, and much more.



	Risk	Patient	M/F	Age	Blood Pressure	Pulse Rate	Respiration	Blood Glucose	Temperature
<input type="checkbox"/>	20	Robert Adler	M	78	168/91	75	15	208	98.5
<input type="checkbox"/>	5	Lauren Alexander	F	49	127/81	92	13	174	97.2
<input type="checkbox"/>	5	Rachel Becker	F	28	120/60	64	14	156	101.5
<input type="checkbox"/>	0	Lauren Bennett	F	32	122/81	59	15	160	99.2
<input type="checkbox"/>	25	Chris Bennett	M	81	177/88	88	17	211	98.7
<input type="checkbox"/>	10	Lauren Bowen	F	22	131/82	101	16	128	97.9
<input type="checkbox"/>	20	Dorinda Bouch	F	83	156/84	55	14	206	101.1
<input type="checkbox"/>	10	Marianna Braden	F	79	141/81	77	11	156	98.5
<input type="checkbox"/>	25	BJ Burrows	M	81	168/99	97	17	188	98.7

**Analytics** - Run custom analytic reports on your entire population or on specific cohorts, incorporating elements such as vital sign or biometric trackers, demographics, adherence and engagement data. Assign risk scores to these elements to easier identify patients for outreach and to employ preventive measures.

**Track Vital Signs** - Integrate with wearable devices and incorporate the results when identifying at-risk populations, creating cohorts and reports, and supporting overall workflow and care management efforts.

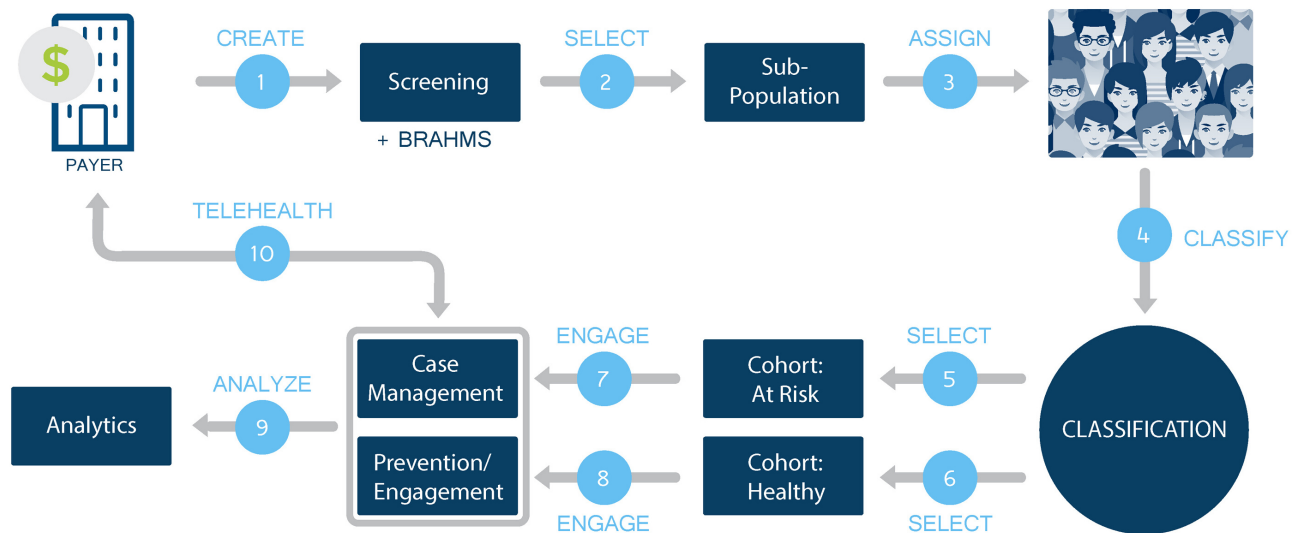
**Dynamic Cohorts** - The platform allows users to segment the entire population into different Cohorts, based on a number of factors: conditions, diagnoses, age, gender, location, socioeconomic status, or a combination of demographic factors. Once Cohorts are created, care managers and staff members can be assigned to monitor a specific cohort, supporting and building on your organization's existing workflows.

**Target Lists** - Outreach sub-populations, or Target Lists, created based on demographic information and send specific assessments to these groups.

**Campaigns** - Send Target Lists screenings that can be scheduled and executed out to specific cohorts, allowing your organization to determine any at-risk patients or populations. Once screening results are in, you can better analyze your population and determine next steps.

## Preventive Screenings in Action

The end-to-end Screening workflow allows for the ability to identify sub-populations for targeted outreach, to divide patients into Cohorts based on assessment responses and demographic information, and to provide resources and care management at the Cohort level. Engage patients with targeted ActionPlans, generate notifications to care teams, and monitor patients remotely. Collect data from screenings and generate analytic reports to assist care managers in tracking health at the population level.



## Use Cases

Apply Fitango Health's comprehensive screening workflow to a multitude of use cases. Screening technology can be used to conduct preventive health campaigns, to monitor mental and behavioral health among your population, to track social determinants of health, and to provide support to the community on issues like domestic abuse and addiction. The configurable nature of the process allows you to build workflows for new use cases in a short amount of time.

### Use Case: Colon Cancer Screening

**Step 1:** Leverage **Assessment Builder** technology to easily create a custom Colon Cancer screening within the Fitango Health platform.

**Step 2:** Create a **Target List**, or sub-population, that will receive the customized Colon Cancer Screening. In this case, your Target List might be males over 50 years of age.

**Step 3:** Assign your **Screening** to the Target List and reach the desired population immediately and efficiently via email or SMS.

**Step 4:** Incorporate **BRAHMS** logic into the assessment to stratify your Target List into Cohorts. Using a combination of assessment responses, demographic information, and biometric trackers, Cohorts will be automatically filled. Cohorts might be: High Colon Cancer Risk, Moderate Colon Cancer Risk, and Healthy.

**Steps 5 & 6:** Assign Care Coordinators, Care Managers and other staff to specific **Cohorts**, supplementing existing care management workflows and allowing your staff to gain insight into the patient population they are managing.

**Steps 7 & 8:** **Engage** the High Colon Cancer Risk Cohort with additional outreach to enroll in a care management program. Send educational materials on Colon Cancer Prevention to the Moderate Colon Cancer Risk Cohort, and provide ActionPlans for healthy living to the Healthy Cohort. All materials can be custom-built within the Fitango Health platform and include interactive features to increase patient engagement.

**Step 9:** **Analyze** data received via the inputs to the screenings, ActionPlans, and any integrated or patient-reported biometric trackers to further customize care. Generate **reports** to monitor risk and continue providing patients with up-to-date resources and preventative measures.


**Step 10:** Schedule appointments directly from the Fitango Health Platform. Leverage **telemedicine** capabilities to interact with patients via telephone or video conference and bolster remote patient monitoring capabilities.

**Next Steps:** Plan and schedule a Campaign to re-engage patients from the Moderate Colon Cancer Risk Cohort six months after the initial outreach. Campaign can include the re-taking of the assessment and reporting on preventive measures taken through the submission of interactive ActionPlans on the Patient Engagement Portal.



## Platform Key Features

- White-label and customizable
- Secure and HIPAA-compliant
- Highly integrated platform
- Includes telemedicine and remote-patient monitoring
- Fast deployment
- Cloud-based
- Web and mobile accessible
- Open architecture with complete API
- Embedded EMR interoperability using InterSystems HealthShare Connect\*

\*HealthShare Connect is a product of  **InterSystems**  
Health | Business | Government