

GuideMed®

Preventing Opioid Misuse through Vigilance

Louis Hairston

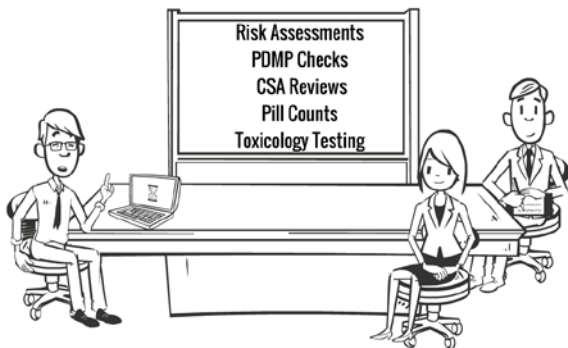
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Program Development

GuideMed starts by determining the client's needs, then uses tools, templates, and protocol guides to help build the client's custom program.

- Define patient eligibility
- Define protocols
- Choose activities & frequency
- Choose tools
- Choose deployment models



Program Execution

Specially trained GuideMed staff then execute the provider's protocols.

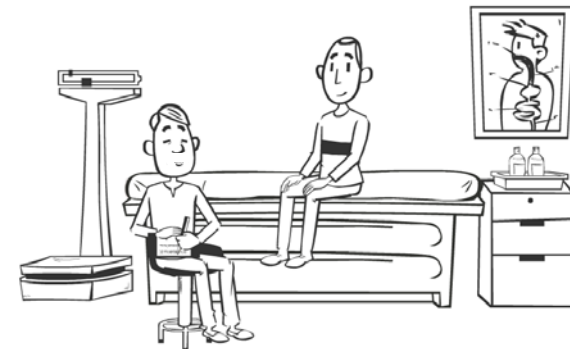
- **Schedule** Patient Monitoring Activity
- Perform **Risk Assessments**
- Review **Treatment Agreements**
- Check the **PDMP** and verify activity
- Gather Results of **Lab** Screening
- Perform **Pill Counts**
- Provide **Patient Education**
- Log between appointment activity
- **Document** results into the EMR
- **Alert** providers
- **Provide** management reports



Program Results

The GuideMed staff gives the provider a complete report of all activity, so the provider knows required monitoring has been done, knows the results, and can focus on providing patient care.

- “Red Flags” alert the physician to any aberrant findings
- Physicians maintain their patient-provider relationship
- Physicians can prescribe confidently



Patient Report (Summary Page Examples)

GuideMed® Report

Patient Name: John Doe
 DOB: 2/21/1990
 Prescriber: Jane Smith, MD
 Network: AIT University Hospital
 Clinic: AIT Family Clinic

Controlled Substance Monitoring

First Name	Last Name	Risk Classification	Network	DOB	Controlled Substance Prescriber
John	Doe	Low	AIT University Hospital	2/21/1990	Jane Smith, MD

Activities

Activity	Last Administered	Next Scheduled	Status
Risk Assessment	12/29/2017	12/29/2018	✓
Controlled Substance Agreement	12/29/2017	12/29/2018	✓
PDMP Check	12/29/2017	3/29/2018	✓
Toxicology Lab Testing	12/29/2017	6/29/2018	✓
Pill Count	3/30/2017	3/30/2018	✓
Patient Education	12/29/2017	6/29/2018	✓

Notes

Date	Note
12/29/2017	Patient was provided the Safe Use of Controlled Substances handout.

GuideMed® Report

The Risk Classification and the accompanying information contained in this report is not medical advice and is based solely on guidelines developed and approved by the patient's health care provider. There may be additional factors that affect the patient's Risk Classification and/or compliance with the treatment program. The patient's healthcare provider should use his or her independent medical judgment when deciding the course of treatment.

The GuideMed® program and patent pending GuideMed software application are proprietary clinical solutions developed and marketed by HealthTrackRx®. This report is an example. Patient and healthcare provider information shown is fictitious.

012-02JAN2018

GuideMed® Report

Patient Name: Jane Doe
 DOB: 12/31/1955
 Prescriber: John Smith, MD
 Network: AIT University Hospital
 Clinic: AIT Family Clinic

Controlled Substance Monitoring

First Name	Last Name	Risk Classification	Network	DOB	Controlled Substance Prescriber
Jane	Doe	Low	AIT University Hospital	12/31/1955	John Smith, MD

Activities

Activity	Last Administered	Next Scheduled	Status
Risk Assessment	1/5/2018	1/5/2019	✓
Controlled Substance Agreement	1/5/2018	1/5/2019	✓
PDMP Check	1/5/2018	4/5/2018	✗
Toxicology Lab Testing	1/5/2018	7/5/2018	✗
Pill Count	4/8/2017	4/8/2018	✓
Patient Education	1/5/2018	7/5/2018	✓

Notes

Date	Note
1/5/2018	Patient was provided the Safe Use of Controlled Substances handout.

GuideMed® Report

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Practice Level Summary Report

Summary report provides a snapshot of activities and results for one practice.

PAIN MEDICINE CLINIC PROVIDER SUMMARY REPORT

Prescriber: **Nettie Walker, MD** GuideMed Patients*: 266
 Report Data Period: 09/01/15 to 10/12/16 Inactive Patients: 22
*Patients prescribed an opioid medication for 3 or more consecutive months

Compliance with Network Protocol

	High Protocol	Moderate Protocol	Low Protocol
Risk Assessment	2x/yr	1x/yr	1x/yr
CSA	2x/yr	1x/yr	1x/yr
Toxicology	8x/yr	4x/yr	2x/yr
PDMP	8x/yr	4x/yr	4x/yr

Risk Assessment

Average Patient GuideMed Risk Assessment Score: 17.3
 Network Average Patient GuideMed Risk Score: 17.1
 Average Patient MED: 67.1
 Network Average Patient MED: 57.3

Prescription Registry (PDMP) Reviews

of PDMP Reviews*: 774
 % of Reviews with Consistent Findings*: 96.4%
 % of Reviews with Inconsistent Findings*: 3.6%
 % of GuideMed Patients with PDMP Reviews: 99.6%

Mental Health Assessment (PHQ-9)

Patients Self-Reporting Mental Health Condition: 36.5%
 Patients Self-Reporting Family History-Mental Illness: 22.2%
 Patients Self-Reporting Family History-Drug/Alcohol Abuse: 15.4%

Pill Counts

of Pill Counts: 157
 % of Pill Counts with Aberrant Results: 12.6%
 Provider Average Days Difference: 5.7
 Network Average Days Difference: 8.4

Data in this example are based on actual GuideMed results. Physician and clinic names have been changed to protect anonymity.
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PAIN MEDICINE CLINIC PROVIDER SUMMARY REPORT

Toxicology

# of Toxicology Tests*	677	% of Tests with Alcohol as only Inconsistency:	4.1%
% of GuideMed Patients with Toxicology Testing	97.4%	% of Patients with 3 or more Inconsistencies:	16.6%
% of Tests with Consistent Results:	51.1%	% of Patients with 2 or more Inconsistent tests:	26.3%
% of Tests with Inconsistent Results:	48.9%		

Inconsistencies by Type

Non-prescribed Drugs Found*

*Illicits highlighted in RED

Results Interpretation

Patient Meds Patient prescribed medications are based on reported medications from GuideMed clinical staff.

Amphetamine A positive amphetamine result may be the result of administration of an amphetamine-containing drug (such as Adderall) or may be a metabolite of methamphetamine.

Hydrocodone A positive hydrocodone result may be the result of administration of a hydrocodone-containing drug (such as Norco, Lortab) or may be a minor metabolite of a codeine-containing drug (such as Tylenol #3, Tylenol #4).

Hydromorphone A positive hydromorphone result may be the result of administration of a hydromorphone-containing drug (such as Dilaudid, Exalgo) or may be a metabolite of a hydrocodone-containing drug (such as Norco, Lortab).

Meprobamate A positive meprobamate result may be the result of administration of meprobamate or may be a metabolite of Carisoprodol (Soma).

Morphine A positive morphine result may be the result of administration of a morphine-containing drug (such as MS Contin, Kadian, Avinza); may be a metabolite of Codeine; may be a result of poppyseed ingestion; may be a metabolite of heroin.

Oxazepam A positive oxazepam result may be the result of administration of oxazepam (Serax) or may be a metabolite of a temazepam-containing drug (such as Restoril).

Oxymorphone A positive oxymorphone result may be the result of administration of oxymorphone (Opana) or may be a metabolite of an oxycodone-containing drug (such as OxyContin, Percocet).

Temazepam A positive temazepam result may be the result of administration of temazepam (Restoril) or may be a metabolite of diazepam (Valium).

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Network Dashboard Report



Network Dashboard Report

	PATIENT DEMOGRAPHICS						RISK ASSESSMENT			TOXICOLOGY TESTING					PDMP		CSA	PILL COUNT	
	GuideMed Patients*	Inactive Patients	Avg. Risk	Avg. PHQ-9	Avg. MED	Avg. Patient Age	High	Moderate	Low	Tests	% Consistent	% Positive Unprescribed/Illicit	% Negative Prescribed	% Alcohol/Metabolite	PDMPs	% Aberrant Results	CSAs Reviewed	Pill Counts	% Aberrant Results
Pain Medicine Clinic	788	80	16.4	3.2	59.2	56.6	16.5%	35.8%	47.7%	1,517	53.7%	13.5%	15.2%	7.3%	1,900	3.3%	800	412	11.2%
John Doe, MD	70	7	11.8	2.5	35.0	64.1	12.9%	32.9%	54.3%	127	62.2%	11.0%	13.4%	3.1%	181	5.0%	67	32	4.6%
Jennifer Smith, DO	32	3	19.5	4.5	43.4	54.0	34.4%	25.0%	40.6%	59	47.5%	16.9%	13.6%	8.5%	73	4.1%	34	19	3.2%
Amy Roy, MD	95	10	18.6	3.7	53.7	57.2	15.8%	34.7%	49.5%	97	49.5%	19.6%	6.2%	7.2%	100	0.0%	89	48	8.9%
Nettie Walker, MD	266	27	17.3	3.0	67.1	53.5	16.2%	42.9%	41.0%	677	51.1%	15.5%	16.1%	8.4%	774	3.6%	300	157	12.6%
Gene Bailey, MD	145	15	17.7	3.7	31.2	55.4	15.9%	33.1%	51.0%	252	53.6%	9.1%	22.6%	6.7%	329	5.5%	143	71	20.8%
Mary Mckenzie, MD	49	5	13.9	3.0	81.2	60.9	12.2%	44.9%	42.9%	107	57.9%	10.3%	15.0%	2.8%	123	0.0%	47	28	3.6%
Austin Johnson, MD	24	0	11.1	2.8	55.1	62.5	0.0%	33.3%	66.7%	54	72.2%	5.6%	5.6%	7.4%	69	1.4%	21	8	2.8%
Terry Bennett, MD	67	7	17.8	3.3	121.6	55.4	31.3%	20.9%	47.8%	71	53.5%	19.7%	12.7%	9.9%	108	0.9%	69	35	9.2%
Alvin Morris, MD	40	8	9.1	2.3	46.0	62.6	5.0%	30.0%	65.0%	73	54.8%	8.2%	6.8%	9.6%	143	1.4%	30	14	6.3%
Internal Medicine Clinic	168	34	21.2	4.7	48.1	60.9	22.6%	35.1%	42.3%	260	50.4%	17.7%	21.5%	6.5%	423	8.0%	190	97	15.1%
Frances Morales, NP	86	20	23.6	5.0	63.4	60.0	36.0%	34.9%	29.1%	138	38.4%	21.7%	28.3%	8.7%	216	10.6%	93	61	18.4%
Jake Chandler, MD	22	2	17.4	5.8	57.0	62.5	9.1%	31.8%	59.1%	26	73.1%	7.7%	11.5%	3.8%	61	6.6%	30	9	2.2%
Johanna Gray, MD	60	12	19.0	3.8	22.8	61.6	8.3%	36.7%	55.0%	96	61.5%	14.6%	14.6%	4.2%	146	4.8%	67	27	11.8%
Family Medicine East	364	103	19.0	5.6	61.1	58.9	9.6%	36.8%	53.6%	549	69.8%	11.5%	10.0%	7.8%	1,276	4.0%	394	169	7.6%
Ellen Greer, NP	103	30	15.3	5.4	48.3	56.9	4.9%	32.0%	63.1%	140	70.0%	10.0%	7.9%	10.7%	353	3.4%	106	38	6.2%
Richard Glover, MD	60	13	20.6	5.5	86.0	59.9	8.3%	40.0%	51.7%	83	63.9%	7.2%	12.0%	10.8%	175	6.3%	58	29	7.6%
Erica Parker, MD	62	20	20.2	5.8	56.2	58.6	17.7%	37.1%	45.2%	90	74.4%	12.2%	11.1%	5.6%	210	3.3%	65	34	12.8%
Jeremy Steele, MD	139	40	20.4	5.8	61.9	60.1	10.1%	38.8%	51.1%	236	69.9%	13.6%	10.2%	5.9%	538	3.9%	165	68	5.8%
Family Medicine West	306	70	14.3	5.2	53.0	60.4	3.9%	36.9%	59.2%	592	55.4%	15.4%	11.0%	7.8%	917	1.9%	305	125	11.3%
Todd Craig, MD	51	12	14.2	4.4	63.6	58.5	5.9%	37.3%	56.9%	54	48.1%	25.9%	11.1%	13.0%	103	3.9%	44	22	16.8%
Mark Riley, MD	227	55	13.3	5.1	53.1	61.5	3.1%	35.2%	61.7%	480	59.2%	12.7%	9.0%	6.9%	751	1.1%	231	87	8.2%
Bethany Sparks, MD	28	3	22.4	7.0	33.0	55.3	7.1%	50.0%	42.9%	58	31.0%	27.6%	27.6%	10.3%	63	7.9%	30	16	20.4%
Network Totals	1,626	287	17.1	4.3	57.3	58.3	13.2%	36.2%	50.6%	2,918	56.8%	13.9%	13.9%	7.4%	4,516	3.6%	1,689	803	10.9%

* Patients prescribed an opioid medication for 3 or more consecutive months.

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* Notional data used for illustrative purposes only.

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This network report offers vital statistics at a quick glance across practices.*

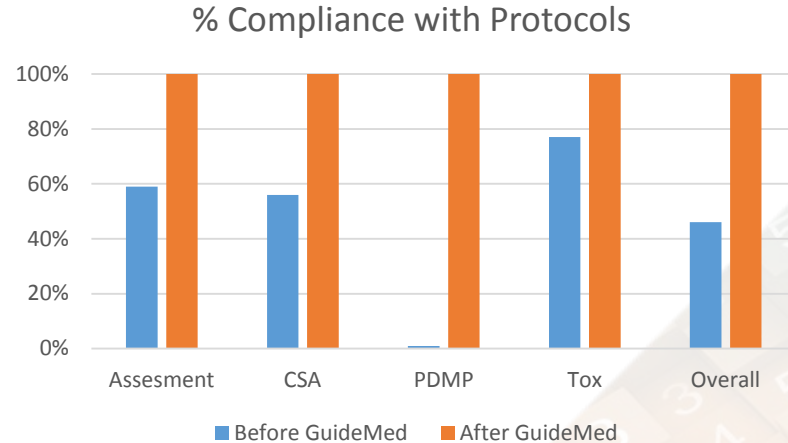
Compliance to Protocols Before & After

The GuideMed® program demonstrates a material increase in compliance to provider's protocols.

Indiana (Pilot):

- 765 Patients
- 13 Providers
- 1 Clinic
- 1 Health System
- January 2015 – April 2015

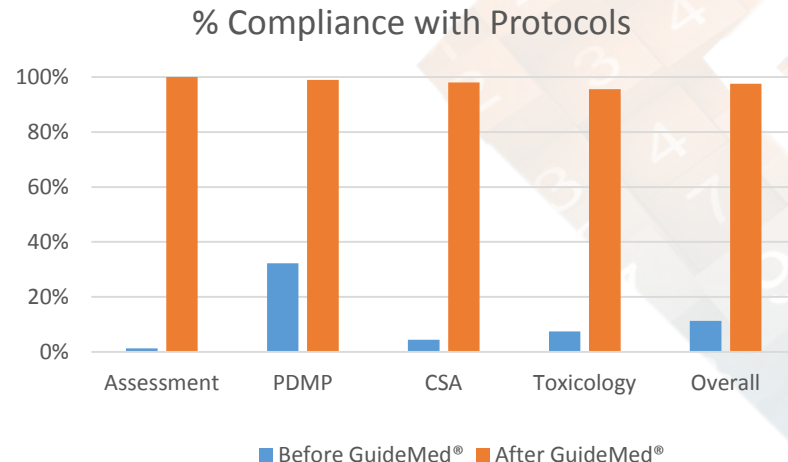
Before: 46%
After: 100%



South Carolina:

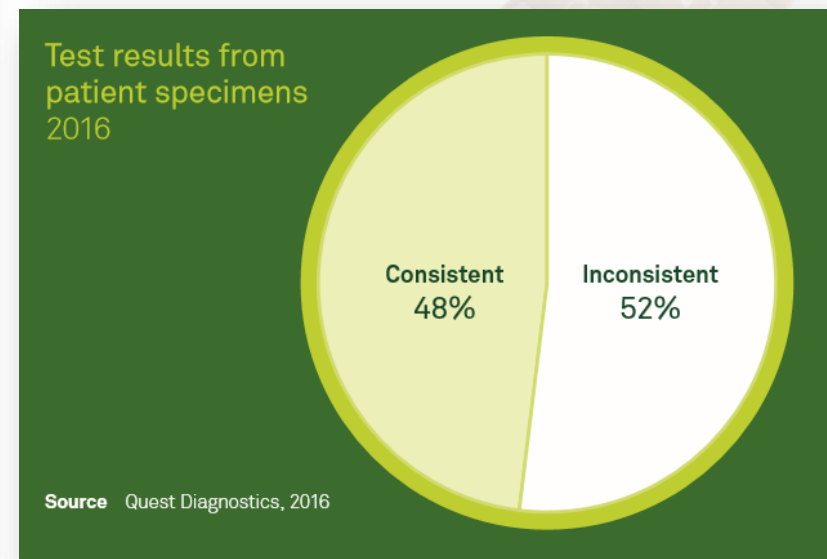
- 2,205 Patients
- 83 Providers
- 16 Clinics
- 3 Health Systems
- March 2017 - Present

Before: 11%
After: 98%





Quest Diagnostics published a study showing the results of 3.4 million de-identified toxicology tests. They found 52% were inconsistent.



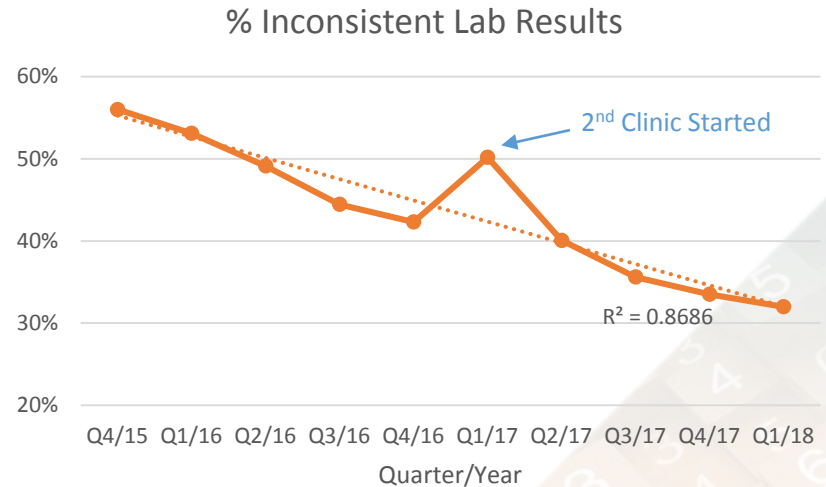
Inconsistent Lab Results Over Time

The GuideMed® program showed a material decrease in inconsistent patient results.

West Virginia:

- 938 Patients
- 52 Providers
- 2 clinics
- 1 Health System
- December 2015 - Present

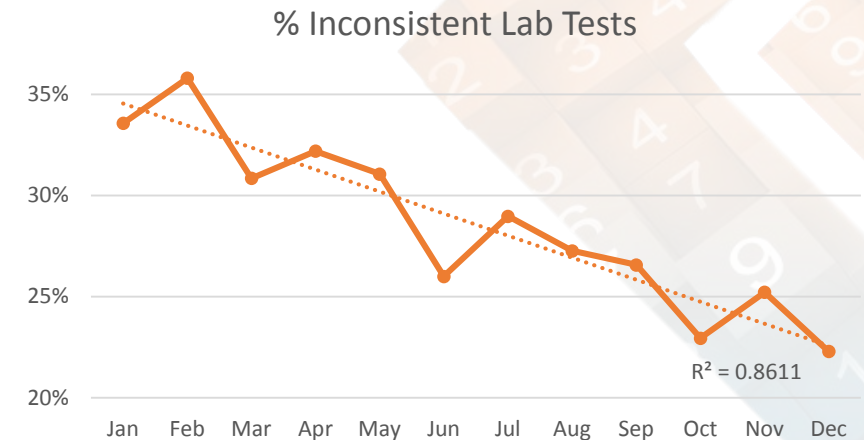
43% decline



Indiana:

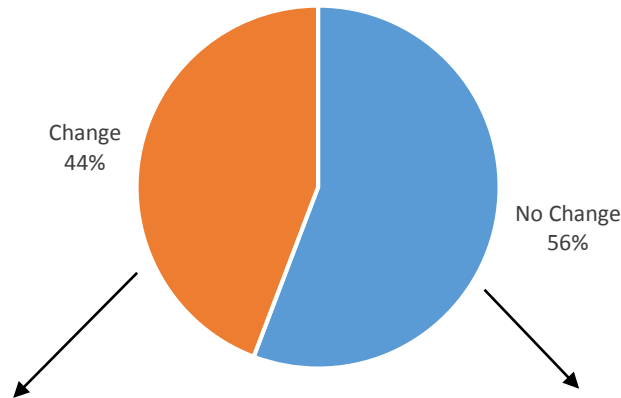
- 3,718 Patients
- 61 Providers
- 17 Clinics
- 1 Health Systems
- Dec 2016 – Dec 2017
- Second year of GuideMed operation

34% decline



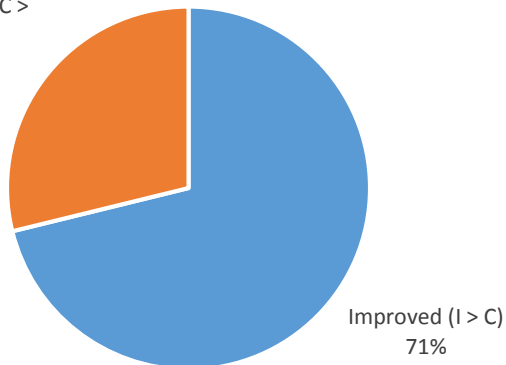
Patients with Multiple Lab Tests Over Time

71% of the patients whose lab tests showed a change over time, showed an improvement in adherence to their provider's prescription.



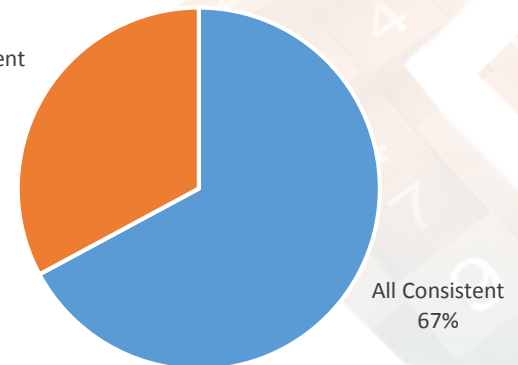
Patients with a Change in Results Over Time

Worsened (C > I)
29%



Patients with No Change in Results Over Time

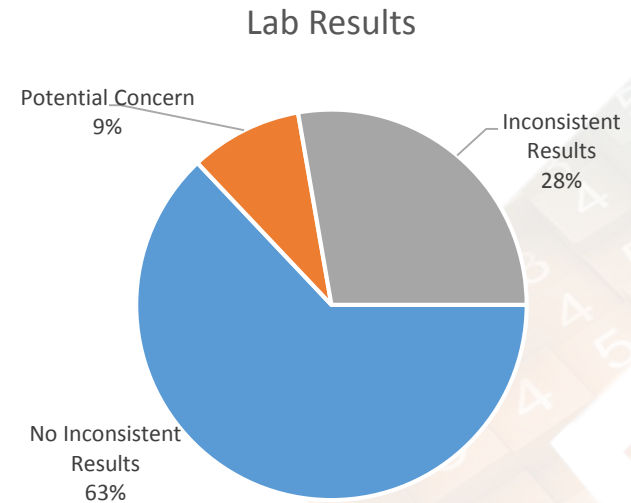
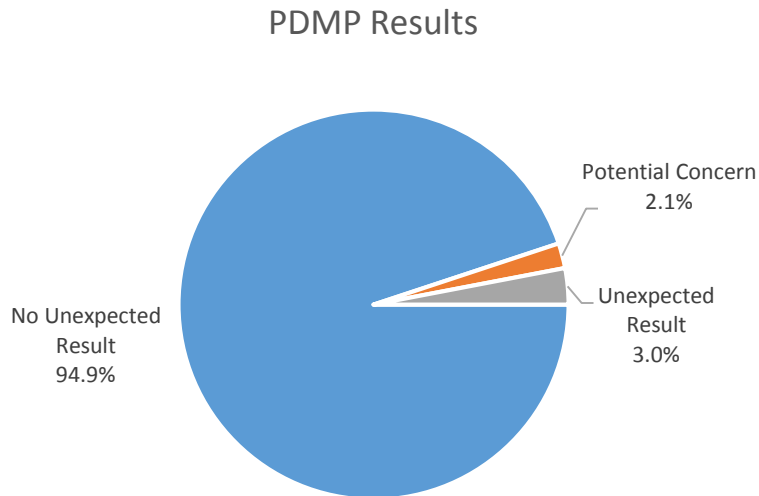
All Inconsistent
33%



West Virginia: 938 Patients, 52 Providers, 2 clinics, 1 Health System, December 2015 - Present

Comparing PDMP and Lab Results¹

Lab testing detects 10x the inconsistencies as PDMP when comparing lab and PDMP results on the exact same patients. This study includes over 10,000 patients.



1. Data combined from five independent studies spanning 10,416 patients, 216 providers, 40 clinics, 7 health systems, with date ranges between January, 2015 and January, 2018.

- Providers are now accountable to follow guidelines when prescribing opioids and other scheduled narcotics
- However, it is very difficult to actually meet the guidelines in practice – no resources, not enough time, no reimbursement for activities, no system support
- We created a solution, called GuideMed®, where we place staff on-site to do the monitoring work for the provider using a proprietary application
- Data shows GuideMed increases compliance to protocols and decreases aberrant results of patient monitoring
- Additionally, GuideMed generates enough margin to pay for itself