

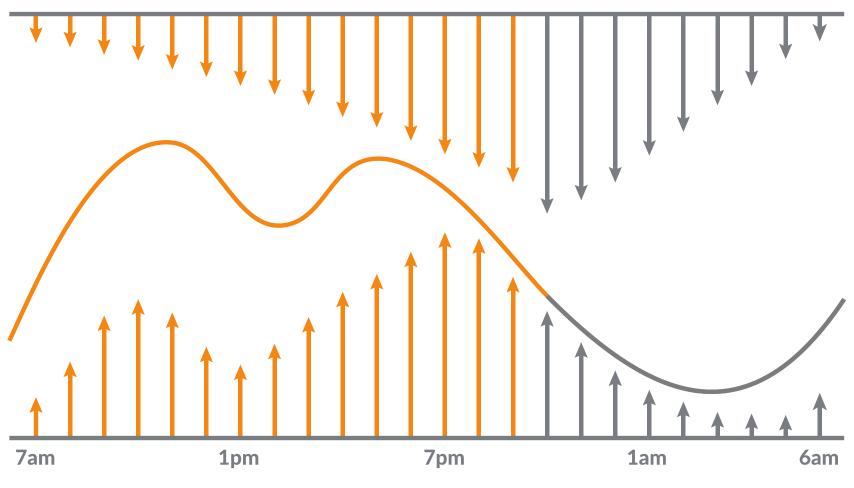


Dominic Munafo M.D., FABSM Chief Medical Officer - BetterNight

- Baylor College of Medicine
- Assistant Clinical Professor (voluntary) Univ of California, San Diego
- Practicing Sleep Medicine for 30+ Years



Sleep Load – Process S



Alerting Signal – Process C



"Insufficient sleep is a public health epidemic."

Centers for Disease Control and Prevention



Highly **Prevalent**, Severely **Under-Diagnosed** and Very **Costly**

Sleep Disorder	U.S. Population Affected	Annual Costs	Sleep Apnea Co-Morbidities
Apnea	18%	\$162 Billion ¹ in total costs \$87 Billion in lost productivity	 46-53% Prevalence of HTN 77% Prevalence of Obesity 5-63% Prevalence of Depression 25% Prevalence of CAD
Insomnia	20%	\$84 Billion in healthcare costs \$411 Billion ² in lost productivity	 83% of DR-HTN have OSA 71% of DM II have OSA 76% of CHF have OSA 44-72% of CVA have OSA 49% of AF have OSA



The **Risks** of Untreated Sleep Apnea

The risk of dying from heart disease

The risk for stroke

More likely to develop hypertension

More likely to suffer a non-fatal CV event

More likely to develop complex arrhythmias

Increased risk for recurrence of AFib after ablation

Increase risk of heart failure

Redline et al. the Sleep Heart Health Study 2010 | Gami et al. J Am Coli Cardol 2103 | Young et al. J Sleep, 2008 | Li et al Europace, 2014 | Sleep and Breathing 2016 Circulation, 2010 | International Journal of cardiology, 2013



Economics of Sleep Apnea

OSA patients have **higher direct medical costs** for up to **10 years** before diagnosis compared with those who are not diagnosed with OSA and the magnitude of difference in these costs is **directly related to the severity of SDB**²



Untreated OSA patients averaged 32% more hospital admissions than treated OSA patients²



Prior to diagnosis, OSA patients utilized medical resources **23-50% more** than control group.¹

1.McKinsey-Harvard 'The Economics of Sleep," 2010

2.Butterfield et al., SLEEP 2011

3.Cai et al. Am J Man Care, 2012



Highly Prevalent, Severely Under-Diagnosed and Very Costly

Untreated OSA patients cost \$1950 - \$3889 per year more than those treated.

Patients with untreated OSA had inpatient costs 82% higher than treated patients.

World J Otorhinolaryngol Head Neck Surg 2015 Sep; 1(1): 17–27.

). 11 21.

Untreated sleep apnea patients cost \$2700 - \$5200 per year more than those treated.

Sleep 2019 Oct 24

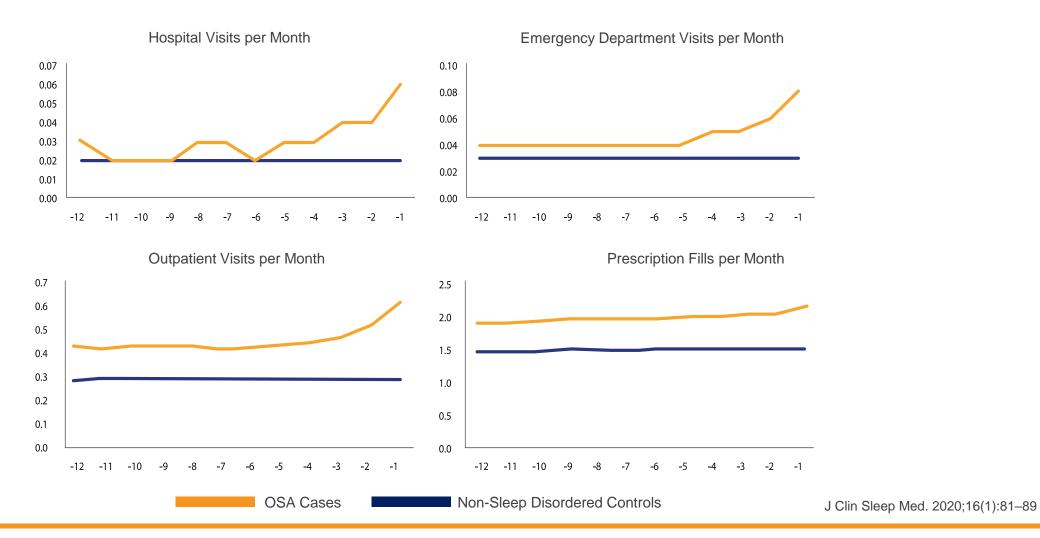
J Occup Environ Med. 2010 May;52(5):473-7

Berger M, et al. Schneider National, Inc., and Definity Health Corp.



Untreated Sleep Apnea Costs

Health care utilization during the year prior to OSA diagnosis

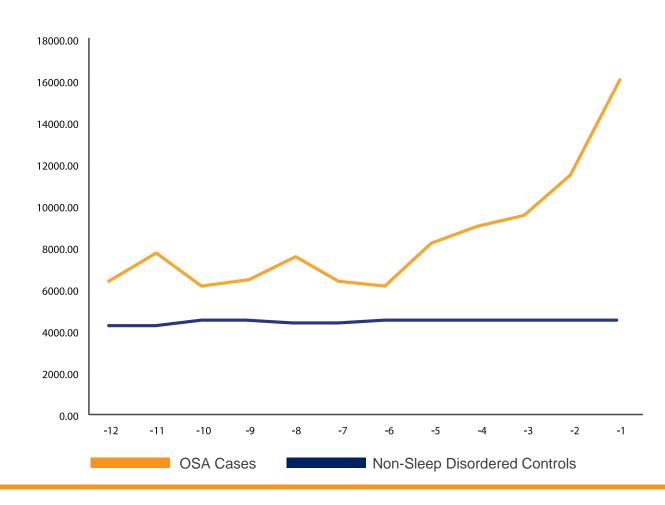


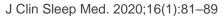


Untreated Sleep Apnea Costs

Total mean monthly costs during year prior to OSA diagnosis



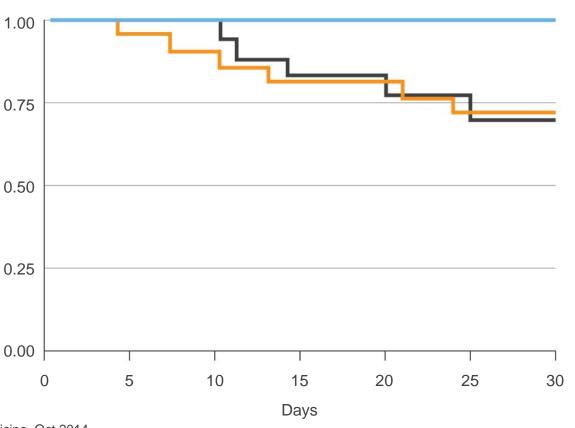


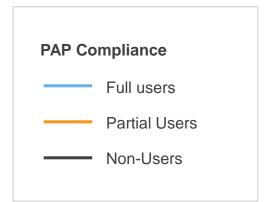




Treatment of OSA Reduces Cardiovascular Disease Readmission







Upenn Schwab, et al Journal of Clinical Sleep Medicine, Oct.2014



CPAP Treatment **Positively Impacts** Diabetes

CPAP **reduces** blood glucose levels

Two nights of **CPAP use improves** insulin sensitivity, sustained at the 3-month interval



CPAP **improves** glucose metabolism

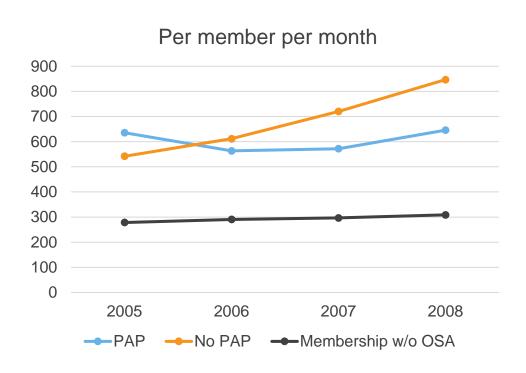
Improvement in patients with HbA1c >7 after use of CPAP therapy **by 6.5%**

Gallegos L et al. Hosp Pract 2014 Babu AR et al. Arch Internn Med 2005



PAP Reduces Total Medical Expense for OSA Patients

- Union Pacific sleep campaign (2007-2008)
- No PAP participants had total medical costs 29% more than PAP participants.
- In 2008 that difference was 31%.



Year	No SDB	PAP	No PAP
2006	\$3,487	\$6,761	\$7,339
2007	\$3,561	\$6,865	\$8,643
2008	\$3,706	\$7,748	\$10,159

Source: Union Pacific Employees Health Plan; Sleep June 2011



Sleep Care Management is **Broken**

Silos of Costly & Fragmented Care Delivered over Multiple Months



85%
Remain Undiagnosed

50%Never receive treatment

33% or less

Adherence at one year

Average time to complete: 4 months | Average cost: \$3,500 - \$8,700



BetterNight Fixes Sleep Care Management

Fully integrated virtual care with no infection risk

Sleep Health Assessment



Sleep Health Report/Education



Telehealth Consult



Home Sleep Test



Test Results/ Recommendation



CPAP Shipped/ Coaching Support



50%
Improvement in Conversion from Diagnosis to Therapy

99%

Patient Satisfaction

67%

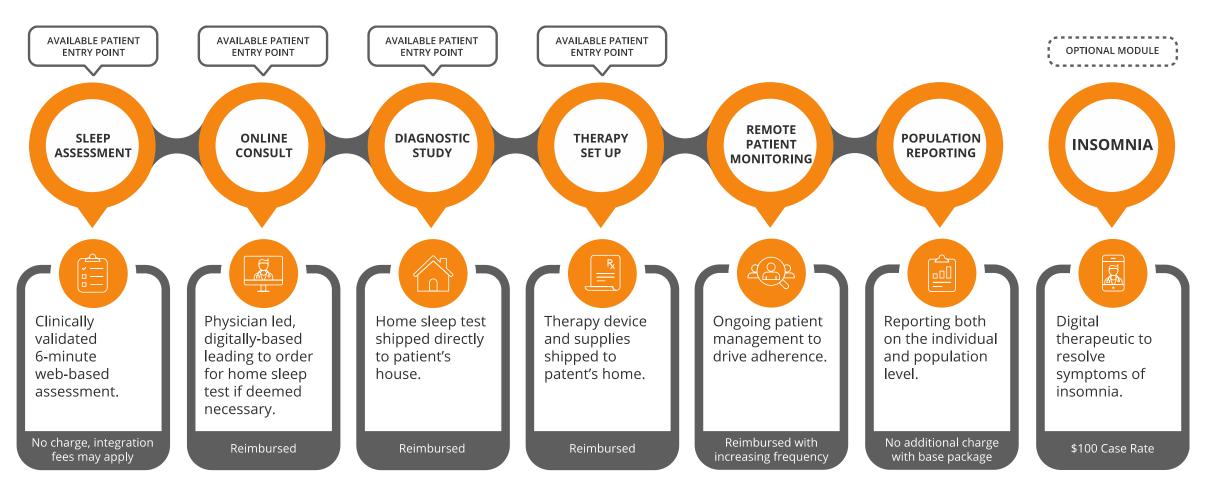
Adherence @ one year

Average time to complete: 2 Weeks | Average cost: \$1,300



The **BetterNight** Platform

A **modular & adaptable platform** allowing customers and patients to choose the services appropriate to their specific needs.













Lynne Milgram, MD, MBA Chief Medical Officer – Sharp Community Medical Group



How the **Broken System** Impacted a Medical Group

- National DME provider logistics only
- No follow-up for patients
- Poor compliance with CPAP
- No opportunity for ROI or patient benefit
- Overuse of limited and expensive resources
- Poor integration of PCPs into apnea care

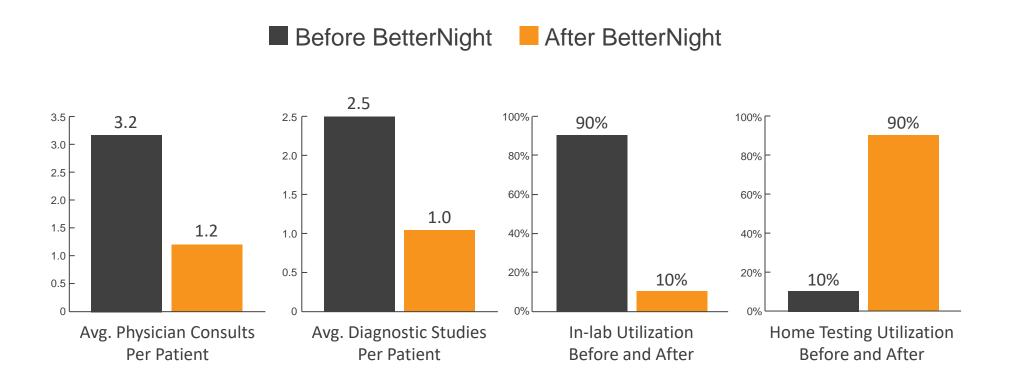


How BetterNight Impacted a Medical Group

- Sleep only DME provider
- Robust follow-up for patients
- Excellent compliance with CPAP
- Positive ROI and patient benefit
- Curtail use of limited and expensive resources
- Full integration of PCPs into apnea care



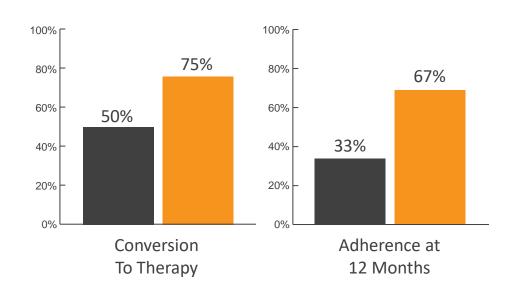
Case Study - Southern CA based Health Plan





Case Study - Southern CA based Health Plan

■ Before BetterNight ■ After BetterNight



3 X
Increase in # of adherent patients at 1 year



BetterNight Care Management



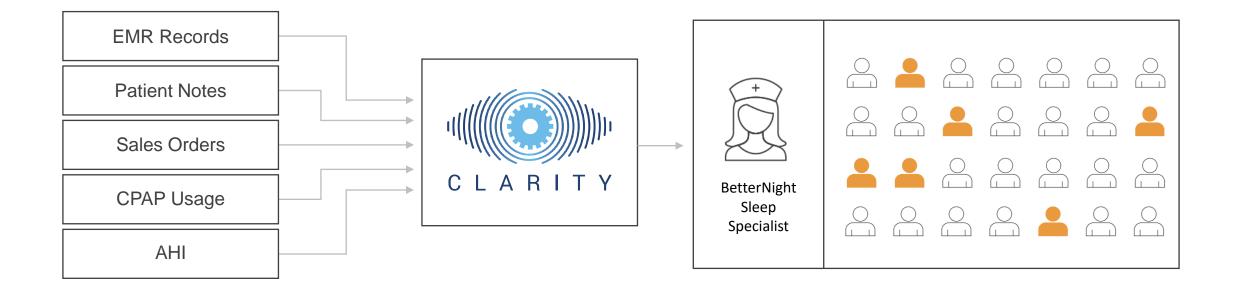
BetterNight's Proprietary Data Analytic Software

Unprecedented Outcomes & Accountability

- Objective reporting on adherence and therapy efficacy in real-time
- Exception-based coaching using proprietary algorithms to drive high compliance and adherence in a costeffective manner
- Ongoing therapy supplies

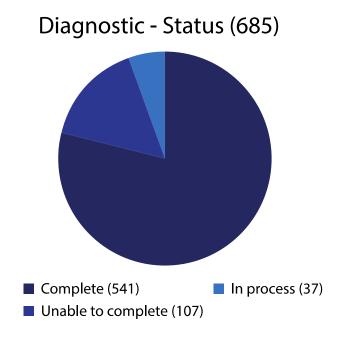


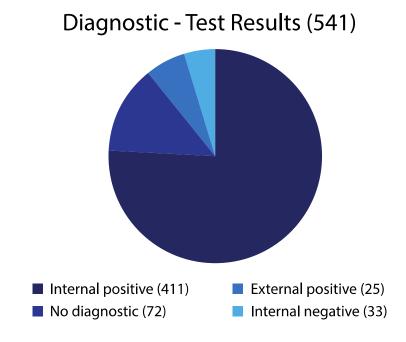
Clarity: Human Care-Coordinated Calls





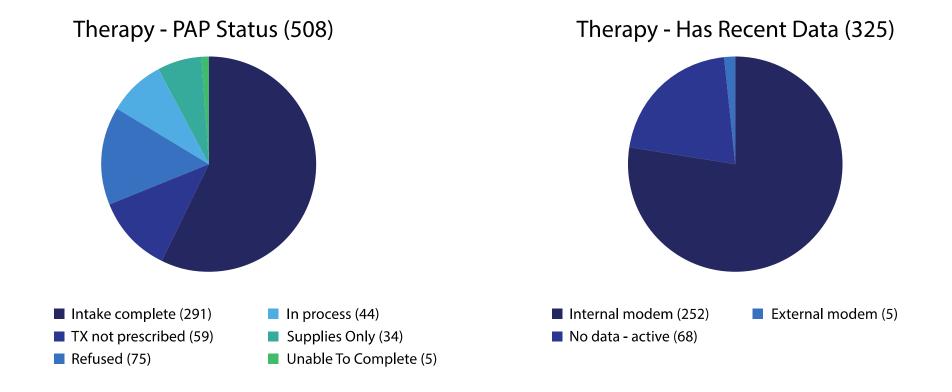
Clarity Population Management Report







Clarity Population Management Report





Clarity Population Management Report

Apnea Severities

Mild (5-15): 21% (109)

Moderate (15-30): 23% (121)

Severe (30+): **40% (206)**

Unknown: 14% (72)

Active Modems (260)

Average Nights Used (%): 75.36% (23 nights)

Median Nights Used (%): 90.00% (27 nights)

Average Hours Used: 4.94 hours

Median Hours Used: 5.35 hours

Average Treated AHI: 2.61 events/hour

Supplies Only: External (8)

Average Nights Used (%): 96.00% (29 nights)

Median Nights Used (%): 100% (30 nights)

Average Hours Used: **6.28 hours**

Median Hours Used: 6.93 hours

Average Treated AHI: 5.37 events/hour

PAP Set Up Complete (291) Medicare Compliance: 77%

Aggregated Patient Satisfaction

(total responses: 1567)

Was your appointment on time: 94.70%

The equipment I received was clean and undamaged: 99.55%

The instructions for my sleep therapy were easy to understand: 99.87%

My technician was competent and showed concern for me: 99.87%



BetterNight Overview



25 Years

Unparalleled experience in sleep management with top sleep experts trained at or affiliated with Baylor, Vanderbilt, Duke, Stanford and Harvard



30,000

Patients treated annually



67%

Long-term adherence vs 33% from standard sleep apnea pathway



Licensed Nationwide



99%

Average patient satisfaction score over the past 5 years



19

Peer reviewed articles authored and published



















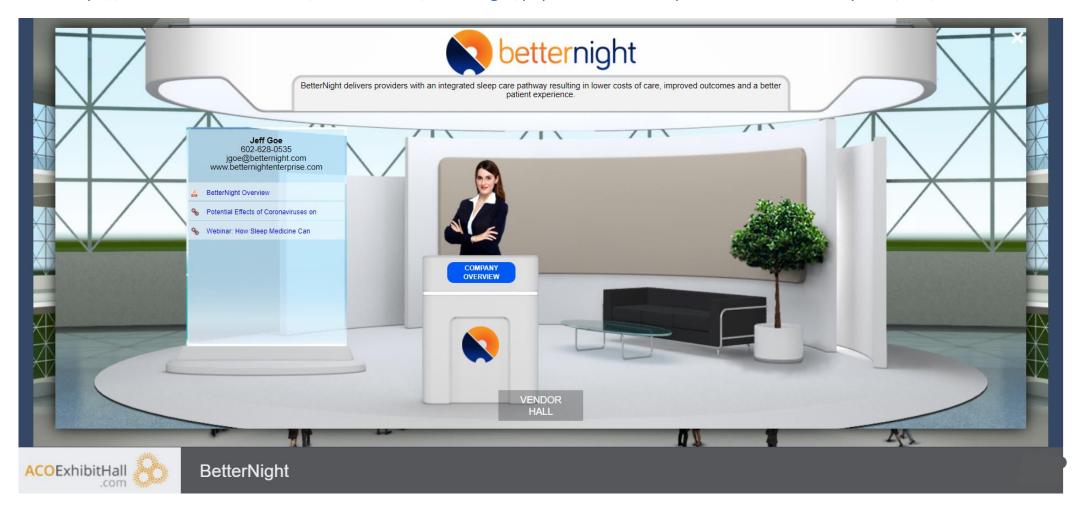




Questions & Discussion

Stop by our ACO Exhibit Hall Virtual Booth

https://www.acoexhibithall.com/vendor-booth/betternight/population-health-i-patient-ervices-ancillary-care/136/







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