

Q1 Please provide your contact information below.

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Q2 Please describe your company or organizations overall goals and mission.

Phreesia is a technology company, but our goal is to improve healthcare—one patient visit at a time. We understand that every patient has unique needs. Our automated platform tailors the intake process to each patient, providing an individualized experience that engages patients in their care and gives providers the capacity to do more of what matters. Phreesia’s intake platform reliably administers a set of SDOH questions to every patient, dynamically screening them for risk factors in a private, unbiased manner that doesn’t require additional staff time. As a result, staff members have more time to engage directly with patients and manage their follow-up care.

Q3 Please indicate which category your organization falls under. **Technology Solutions**

Q4 Innovation Executive Summary. Please describe the innovation, and how it addresses the social determinants of health. Please identify how the innovation addresses the 6 innovation criteria (i.e. ROI, scalability, feasibility, evidence based support for innovation, relevance to the Medicaid population and speed to market).

You can't address social determinants of health without first collecting that data from patients and identifying those at risk. Phreesia offers a dynamic way to collect SDOH information without requiring a staff member's assistance. Our logic triggers the transmission of patient questionnaires that are tailored to each individual and sent at appropriate screening intervals. The questionnaire is dynamic, and follow-up questions can be asked based on patient responses in real time. This ensures that enough information is collected to help drive clinical care without introducing navigation errors or interviewer bias.

ROI: We make sure that every patient who should be screened can get screened automatically, avoiding any manual errors, and saving practice staff valuable time that can be better spent engaging with their patients. In various case studies and analyses with groups, we have seen that we can save 15 minutes per encounter, which, across the 18K Medicaid patients we saw in New York in May 2018, would have saved practices 4.5K hours. Additionally, the data captured during electronic intake is better quality than data collected face to face as patients are more likely to answer honestly. By delivering the appropriate screening to Medicaid patients at scale, we can help practices and the state to better identify patient needs, allocate resources and facilitate the delivery of smarter, more effective care.

Scalability: Phreesia is projected to see 70M patient visits in 2018. In May alone, we engaged 259K Medicaid patients across our network. We are already widely deployed to the market serving tens of thousands of clinicians and tens of millions of patients. We have already been involved in many SDOH initiatives ranging from very small groups to very large health systems. On average, we can take a practice live in as few as three weeks.

Relevance to the Medicaid Population: Our technology is adaptable for individuals across every socioeconomic status. In May, we saw 259K Medicaid patients and delivered 172K behavioral risk assessments. Our SDOH questionnaire has been designed at a 5th grade reading level to ensure that literacy is not a barrier to care.

Feasibility: Phreesia is already working on various SDOH initiatives across many organizations, from small clinics to large health systems, helping them collect the data they need to deliver appropriate care and make better investments in resources.

Evidence-Based Support for Innovation: Research published by the University of California-San Francisco has shown Phreesia to be an effective and innovative tool for collecting patient information and driving provider adherence to screening protocols. The study concluded that our solution was effective in improving provider interventions to a wide variety of primary care patients. It noted that while this study looked specifically at smoking cessation, the findings would be applicable for other health behaviors (Source: Computer-Facilitated 5A's for Smoking Cessation: A Randomized Trial of Technology to Promote Provider Adherence Satterfield, Jason M. et al. American Journal of Preventive Medicine, Volume 55, Issue 1, 35 - 43)

Speed to Market: Phreesia is already widely deployed across tens of thousands of clinicians and millions of patients in the US. Today, we collect, aggregate and report back on data for all of these stakeholders to better manage their practice resources. On average, Phreesia can take a group live in as little as 3 weeks from kick-off to first day with our full solution.

Q5 Was your innovation implemented? If so, please explain when, the number of people impacted, and the results.

Yes (please specify when and the estimated number of people impacted):

Across our network, we did 172K behavioral risk health assessments in May, and at just one practice collected 109K SDOH data points directly from practices.

Q6 Please identify the SDH Domain that your innovation addresses. (Select all that apply.)

- Education,**
- Social and Community Context** ,
- Health and Health Care** ,
- Neighborhood and Environment** ,
- Economic Stability**

Q7 I give the Department of Health the right to share the information submitted in this application publicly (for example: on the DOH website). I understand that there is no monetary reward/reimbursement for my submission or for attending the summit should my innovation be selected.

I consent to have my innovation shared

