Wildest Dreams: Partnerships in Digital Health

Amos Adler, M.Sc.
CEO
MEMOTEXT Corp

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Financial Disclosure

Amos Adler, is the CEO and a shareholder of MEMOTEXT Corporation, which is referenced in the case study discussed during this presentation. This disclosure is provided to ensure transparency regarding potential conflicts of interest.

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NO CPE WILL BE PROVIDED FOR THIS SESSION

Learning Objectives

1.Identify reimbursement landscape for digital patient engagement, digital therapeutics, and clinical decision support.

2.Describe how outcomes achieved through digital patient engagement demonstrate value metrics.

3.Discuss a case study showcasing successful digital health reimbursement and implementation best practices.

4. Outline co-creation methodologies that reduce adoption barriers and enhance stakeholder alignment for digital health products.

Defining Digital Health

- Digital health includes various technologies such as mobile health (mHealth), health information technology (IT), wearable devices, telehealth, and telemedicine, as well as personalized medicine[1].

- Additionally, it plays a critical role in pharmacy practice, supporting disease management and promoting wellness.

What is Digital Health	What is Not Digital Health (but you might think it is)
Mobile Health (mHealth)	Administrative or Operational Health IT tools
Telehealth and Telemedicine	Consumer Apps without Validation
Digital Therapeutics (DTx)	Medical Devices
Wearables and Connected Devices	Health IT without Patient Interaction (Operations)
AI (Engagement, Diagnostics, Clinical Decision Support, etc.)	Wellness and Lifestyle Products without Healthcare Component
Remote Patient Monitoring (RPM)	Software without Regulatory or Clinical Validation
Patient Engagement Platforms	
Electronic Health Records (EHRs)	
Virtual Reality (VR/AR)	

1. Food and Drug Administration. Digital Health. https://www.fda.gov/medical-devices/digital-health. Published n.d. Accessed February 27, 2025.

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Problem: Barriers to Scale in Digital Health

Digital patient engagement is critical for improved outcomes, but scalability and sustainability are elusive.

- Does not meet high priority
- Poor planning/shiny object syndrome
- Poor results/lack of traction/ROI
- Interoperability/integration barriers
- Privacy/regulatory

PILOTITIS: the tendency to launch numerous small-scale pilot projects without committing to or scaling pilots to full scale implementations.

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Core Pillars of Reimbursement

- Proving clinical efficacy i.e. adherence

- Demonstrating value i.e. hospital diversions

- Workflow integration

- Navigating reimbursement landscape and ROI
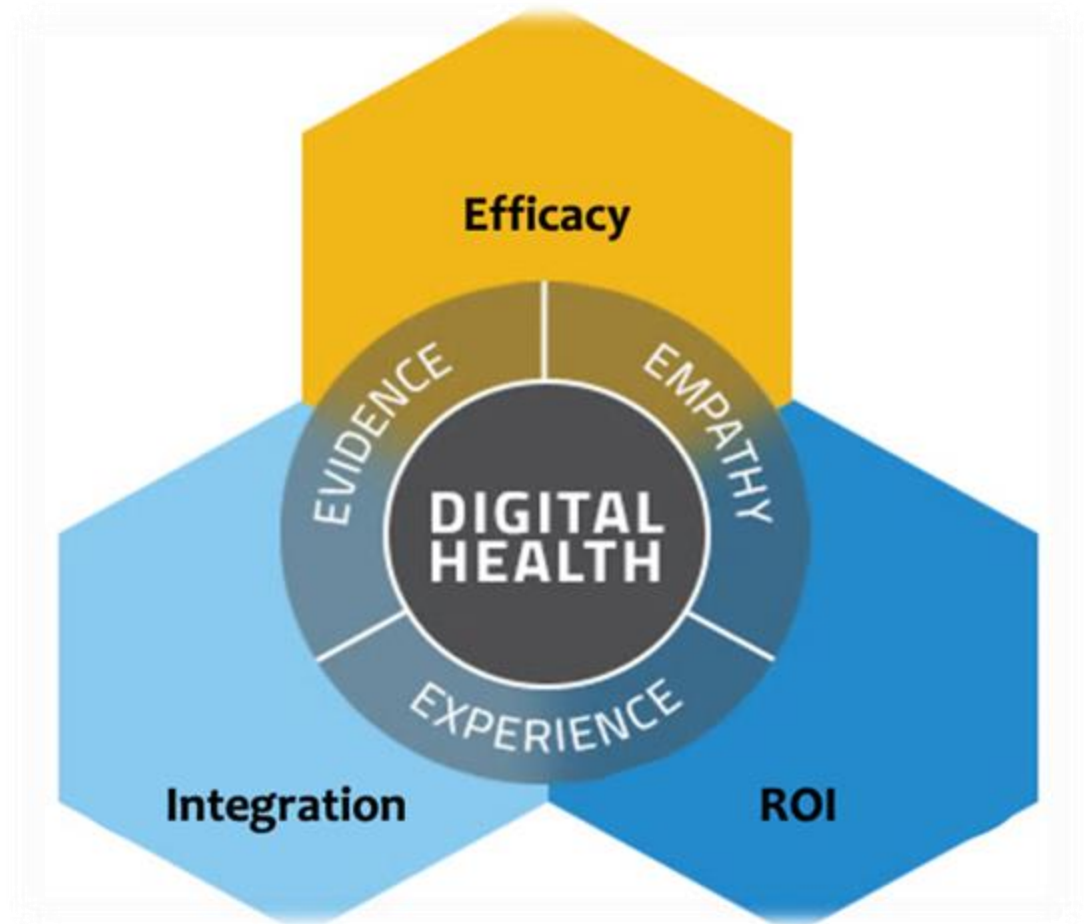
Why does this matter?

- Digital patient engagement is critical for improved outcomes, but scalability depends on sustainable payment pathways.

- PBMs and stakeholders are central to building value-based models.

- PBM landscape and pricing models are shifting, becoming more transparent.

- AI augmenting and scaling engagement.

- Sustainability in digital health enables outcomes at scale.

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Digital Health Reimbursement Models to Consider

1. **Value-Based:** Reimbursement tied to measurable outcomes, such as adherence rates, improved clinical metrics, quality.

2. **Digital Therapeutics (DTx):** Reimbursed as prescription-based interventions, with FDA approval (SaMD) still nascent.

3. **Bundled:** Linked to RPM/RTM: as part of broader care (CPT codes)

4. **Fee for Service (PBM):** Reimbursed as part of benefit with cost shared by PBM, Payer, Medicare (MA)

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Metrics & Quality Ratings

Digital patient engagement improves outcomes

- **Clinical outcomes:** Improved adherence, lifestyle and cardiovascular risk factors, HbA1c, hypertension, mental health [1, 2]

- **Quality Metrics:** Patient satisfaction scores, workflow efficiency
  - Adherence, preventive care, disease management (HEDIS measures, STAR ratings) diabetes, hypertension, and cholesterol
  - Statin Use in Persons with Diabetes (SUPD)
  - **Financial ROI:** Reduced longitudinal costs for payers and additive PBM revenue opportunities

1.Cruz-Cobo C, Bernal-Jiménez MÁ, Vázquez-García R, Santi-Cano MJ. Effectiveness of mHealth Interventions in the Control of Lifestyle and Cardiovascular Risk Factors in Patients After a Coronary Event: Systematic Review and Meta-analysis. *JMIR Mhealth Uhealth*. 2022;10(12):e39593. doi:10.2196/39593.

2.Hamine S, Gerth-Guyette E, et al. *Digital Health Interventions for Chronic Disease Management: A Meta-Analysis*. Journal of Medical Internet Research. 2015;17(2):e40. DOI: 10.2196/jmir.3951.

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Problem Definition & Co-Creation

- **Without a clear strategy and problem definition, organizations risk adopting technology reactively allowing vendors to dictate strategy.**

  1. **Design Thinking**: A human-centered approach to problem-solving through discovery, ideation, prototyping, and iteration. Empathy maps help visualize user behaviors by capturing what they **say, think, do, and feel**.

  2. **CRISP-DM (Cross-Industry Standard Process for Data Mining)**: A flexible, structured process guiding **business requirements, data preparation, modeling, and evaluation**—adaptable for **both agile and waterfall** implementations.

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Problem Definition & Co-Creation

3. Soft Systems Methodology

A structured framework for addressing complex, human-centric problems. MEMOTEXT used SSM with stakeholder co-design for the PerformRx PBM intervention.

Actors
- Pharmacists
- Diabetes Educators
- Case Managers
- Patient Representation

Alignment on
- Clear Detailed Objectives
- Approach
- Commitment
- Key Messaging
- Identification of Barriers
- System Definitions
- Required Reporting
- Ownership and Responsibilities

Who benefits?
Who delivers?
Change required?

CUSTOMERS
ACTORS
TRANSFORMATIONS
WORLDVIEW
OWNERS
ENVIRONMENT

CATWOE

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Case Study

- Eligible participants controller med PDC <.40 in 6 months prior

- N=168 (87.5% retention)

- MEMOTEXT enrollment into Just-in-Time-Adaptive Intervention (JITAI) text messaging case managers, pharmacists and self-enroll (web app).

- Evidence-based, interactive, self-learning reminders, education and motivation personalized to patient needs.

- **Conversion of 40% of low to moderate/optimal >.7 adherence and significant reduction in rescue inhaler utilization.**

- **Measured by PDC**

- Presented at Stanford MedX
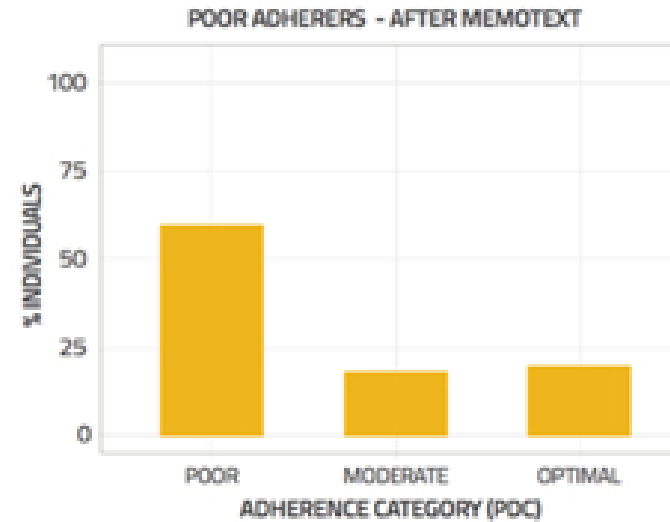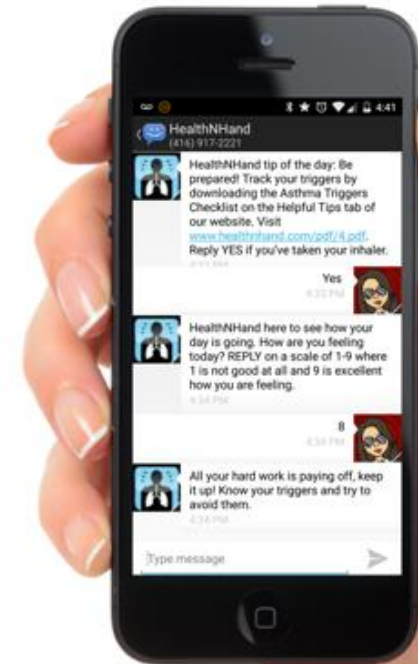
Key Takeaways

1. Significant barriers to scale/adoption in digital health.
2. Aligning outcomes with PBM/Payer priorities creates ROI opportunity.
3. Value-Based alignment and shared risk/reward ties digital health to outcomes.
4. AI/Digital will need to embrace outcomes-based pricing.
5. Alignment on quality and reimbursement unlocks digital health scale.
6. Co-creation (change management) required for adoption.

Thank You

Amos Adler, M.Sc.
CEO, MEMOTEXT Corp. A4i
Amos@memotext.com or text me: 416-520-3301