

Moving Analytics: Providing Virtual Rehabilitation for Patients After a Heart Attack or Heart Surgery



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Interview conducted by:
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CEO CFO: *Dr. Vathsangam, what is the concept behind Moving Analytics?*

Dr. Vathsangam: Moving Analytics provides a virtual rehabilitation service for patients after a heart attack or heart surgery. The problem we are solving is that whenever someone has a heart attack, that he should complete a rehab program once they are discharged. They double their chance of living 5 years, cut their risk of getting readmitted in half and have really positive health outcomes. However, nationally less than one in ten people complete these programs, mainly because of access.

There are very few rehab facilities. They also have two- or three-month long waitlists. You often have to drive an hour to get to your access of rehab or sometimes you have to choose between going to work or going to rehab and many people may choose to go to work. Therefore, when we looked at this, we felt that there was a strong opportunity to reimagine how that experience was done. That has led us to create a virtual cardiac rehab program that can be done complete from home. Our USP is that our program is based on over six randomized clinical trials and validation on over seventy thousand patients, showing that we meet or exceed the same outcomes that you would get in a brick and mortar facility.

CEO CFO: *What type of equipment would someone need at home?*

Dr. Vathsangam: If you join our program, we ship to you a kit. The kit would consist of a cellular enabled blood pressure cuff, a cellular enabled weight scale and a Bluetooth exercise tracker, like a Fitbit or a Garmin or an Apple Watch. All of those can be connected to our Moving virtual rehab app. As you use those devices the data is automatically sent to us and a trained medical professional will coach you based on that data.

CEO CFO: *Are you able to do this without cumbersome items like a treadmill or other exercise machines?*

Dr. Vathsangam: Yes, people can do their rehab without those machines and that is the attractiveness of our program. Depending on the patient's ability and the neighborhood they live in and the time of year, we actually highly recommend that patient's walk outside. We use a lot of over ground walking as a standard exercise. Then we have support exercises such as strength and balance exercises, which can be done with just a chair and two bottles of water in most cases. That is the idea, that it is a relatively low investment on behalf of the patient, but they get all the benefits as well.

CEO CFO: *Are people embracing this idea? Is the medical community onboard? How are the rehab facilities taking the idea they are not needed for this?*

Dr. Vathsangam: Great questions! We have seen two to three times as many patients take up virtual rehab as facility-based rehab. It is purely a matter of convenience, as they are able to get rehab on their own time, where they want it, when they want it. If they go for a vacation, they can certainly do their rehab. They do not have to hold off on it and so on. We are seeing more health plans starting to cover our program as a benefit for their members. As more and more cardiologists and internal medicine doctors find out about this program and they review the evidence, we are seeing more and more of them starting to offer this as an option to some of their patients. Case in point; there was a joint statement from the American College of Cardiology, American Heart Association, American Association of Cardiovascular and Pulmonary Rehab, that basically endorsed virtual rehab as an approach that is equivalent for particularly the low to moderate risk patients who are discharged from heart related issues.

Our vision is that we want to make sure that we provide patients a viable option. Existing rehab infrastructure can only serve 10 to 20 percent of all eligible patients, whereas virtual rehab opens up a new modality that allows you to grow the size of the pie and reach more patients who cannot get access to care otherwise. When we work with rehab facilities we say, "Hey, we are not taking away patients from you. We are actually allowing you to serve more patients or free up your facility for the patients who need it the most, who tend to be the higher risk patients." I think that more facilities are tuning into that message as well.

CEO CFO: *Has something similar to Moving Analytics been tried in the past?*

Dr. Vathsangam: There has been other approaches in other domains, like in orthopedic care or in diabetic or prediabetes weight management and so on. In the cardiac space, I would venture to say that we are one of the first, if not "the" first commercial platform that is available for this service.

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CEO CFO: *How are you reaching out to providers, to payers, to patients, or does it all come through the doctor?*

Dr. Vathsangam: We obviously reach out through our networks; we present our results at different conferences where the leaders of these health plans usually frequent. It boils down to talking about our success at other sites and then working with leaders in health plans to look at their own data to see what their numbers look like and working with them to understand what the financial, but also the member experience implications are if they implement a program like ours.

However, that is only one piece of the puzzle. We found that the single biggest factor that influences whether a patient or an individual joins rehab is through the cardiologist's referral. Therefore, we actually work, both with our health plan partners and by ourselves, to educate cardiologists in different regions where the health plan members are active, about our program and about the benefits of the program and where the value is for a situation like this. We basically work to really bring that message home and present it to them. Then when the cardiologists start referring their patients, that is when we see the final fruits of our labor, in terms of new patients enrolled.

CEO CFO: *How is the program personalized? What type of human interaction does a patient have regarding the exercises in the program?*

Dr. Vathsangam: That is a good question. For cardiovascular care we typically focus on five major pillars. There is exercise, nutrition and diet, medication adherence, mental and psychosocial health and wellbeing, and if they are a smoker, smoking cessation. The trick is that not all of these are important to every patient. When we work with a patient, we do a very comprehensive clinical and behavioral assessment to understand what is their current cardiovascular fitness, what are their current exercise habits, what are their nutrition habits, are they a smoker or not. Then we work with the patient to prioritize goals based on, not all of them, but a subset of those risk factors, to really understand what their

goals in life are and how these risk factors could help them achieve their goals in life. Oftentimes, the patient's goals are very different from clinical goals. For patient goals, those are things like, "I would like to go back to work in my mechanic shop," or "I would like to be fit enough to be able to dance at my daughter's wedding," "I would like to be able to live long enough to see my kids graduate from college." Those are very, very personal and emotional goals.

Each patient is connected to a trained nurse or exercise physiologist who helps the patient navigate that long term goal into a short-term health goal along those five risk factors that I mentioned, and then helps them to address both the barriers, but also to encourage all the strong things that they are already doing in order to achieve those goals and to build on the progress that they have already made towards those goals. That boils down to a combination of counseling sessions that happen. We have up to 14 counseling sessions that the patient has with their coach, and ongoing tech-based counseling, where patients can ask questions that the coach can problem solve with them on the spot with them, as well. It speaks to the strength of virtual approaches in that everything is actually embedded into your lifestyle. You do not go into a separate clinic to get your care and then you leave the clinic and then all of a sudden you are out in the world again. Therefore, we really try to integrate any habitual changes, or new behaviors that you are trying to learn, into your daily lifestyle, which we can do because we are virtual and home-based.

CEOFCO: *Is there more interest because of COVID, with people going out less and congregating less, or does the fact that fewer people may need follow-up exercise a negative for you? Where does COVID fit in?*

Dr. Vathsangam: Both are very interesting points. We have seen a COVID drop in admissions for heart attacks and reschedule surgeries. Those have gone down to a lower volume. However, among the patients who do have their events or procedures, because they are at higher risk of complications from COVID, many more have preferred home-based or virtual based approaches. There was a period during COVID where all face-to-face rehab was shut down because it was considered unsafe for patients to do it or because the staff had to be reallocated towards more pertinent situations.

The facilities that had invested in virtual were able to seamlessly transition their patients into a virtual program and to bring in new patients into a virtual program. That is why rehab participation rates remained untouched as far as that program has gone. In a post COVID world, what we are seeing is actually a move to what I would call "hybrid rehab" approaches, where depending on the patient's needs and their risk levels, they would be triaged into an appropriate program. If they are a lower or moderate risk patient, they may attend maybe one or two center-based sessions or no center-based sessions and shift completely to virtual. For the higher risk patients, because they would have to be monitored for the first few weeks, they would attend center-based rehab and then transition to a virtual approach. I think there has been a much stronger appetite, both on behalf of clinicians and on behalf of patients to go virtual, because they have already seen the benefits of adopting that approach. COVID is almost like a giant national experiment in them getting use to delivering virtual care and I think that has been successful.

CEOFCO: *Moving Analytics recently raised some money. How will that be used?*

Dr. Vathsangam: We are seeing more and more health plans cover our service. Therefore, we are using these new funds that we raised to expand our operational tools to be able to service the higher volume and to engage new patients to join our program. We are also investing more in product enhancement to basically reach more patients. We are investing in a telehealth delivery tool, where inside the app you will be able to get video calls from your coach. We are investing in what I would call outcomes tracking tools, so it basically measures success in a program for health plans, which is important for them to showcase the quality of their program.

We are investing more in also adding physician support tools in our platform that can help streamline our operations and help our coaches maintain quality of care. Finally, it is all about expanding access, so we are investing more in our sales efforts to expand to more health plans and introduce our program to more health plans.

CEOFCO: *What has changed in your approach over time? What have you learned as more people have enrolled in the program?*

Dr. Vathsangam: I would say that what we have learned is that securing reimbursement is a very key step in promoting access to our program. You would want to secure reimbursement based on the value you are providing, which is that you are increasing access to more patients for rehab and for those patients, by having more access, risk of readmission is reduced. Also, the entities that really benefit from those savings are health plans.

I think we have had a shift in our business focusing in terms of selling to providers before selling to health plans and then engage providers as partners to be able to deliver our program, as opposed to relying on providers to deliver the care themselves. I think that has been a major learning that we have had and if I could go back to the beginning, I would have started with that first, before engaging providers.

CEOCFO: *What does the next six months to a year look like for you?*

Dr. Vathsangam: We are looking to triple the number of patients that we serve, if we can, and grow our team. Currently, we have less than 25 employees and we will hopefully double that to 50 employees. All of that is in pursuit of increasing access to care to more patients, but also signing on more health plans, I would say.

CEOCFO: *Do you see expanding programs beyond the required if people want to continue on an ongoing basis at some point?*

Dr. Vathsangam: One hundred percent! I think that, although rehab is for a short period, your cardiovascular health is for life. We see opportunities to transition patients from their post-acute setting to a more lifestyle management setting and I think there is a strong opportunity and providing lifelong coaching for patients, either via text messages or in a light phone call setting.

Right now, we are extending our program out to a year post-discharge, which is already beyond what center-based rehab does. I can see us extending to, say, three, four, five, six years, as long as a completely lifestyle-based approach. I also see us expanding to other co-morbidities as well, not just focusing on cardiovascular, but also focusing on weight management and so on, because it is more of a holistic nature and holistic care of the patient as well.

CEOCFO: *What, if anything, might people miss when they look at Moving Analytics that they really need to understand?*

Dr. Vathsangam: That is a great question! I think the number one thing is that we are a company that really emphasizes empathy guiding expertise. We are experts. We have people with over thirty years each in delivering clinical care and cardiovascular care, but we never start with that.

We start with the needs of our customers and our patients and we use empathy to guide that. Based on what we uncovered, we then bring in the expertise to solve it. That is the first thing that people should know about Moving Analytics. We are very, very customer focused and customer centric and customers are the lifeblood of our company, I would say.

