FlexHealthInfo, LLC
Burlington, CT 06013

Steven Demurjian, 860-614-7918
Steven.Demurjian@flexhealthinfo.com

FlexHealthInfo

The √MyRx Platform | Medication Reconciliation

Industry: Digital Health

Management:
Thomas Agresta, MD, MBI
Professor of Family Medicine & Clinical Informatics, UConn,
Founder, Pres. & CEO

Steven Demurjian, PhD
Professor of Computer Science & Engineering, UConn Storrs
Founder & CSO

Eugene Sanzi, PhD
Software Engineer,
Sonalysts, Inc.
Founder & CTO

Advisors:
John DeStefano, PharmD
Director, Innovation and Health Information Exchange
SMC Partners, LLC

Alberto De la Rosa
Algarin, PhD, Vice Pres. Technology/Principle Software Engineer
Cynnotative, LLC
Others actively being recruited

Number of Employees: 3

Finance:
Funding to date:
UConn BMI program: $100K
UConn Research Internal: $18K
Office of Healthcare Strategy, State of CT: $23K

Financing Sought: $1.4M
For:
Software developers
Operating cost
Leadership Salary / Fringe
Business and Marketing

Accounting/Tax: TBD

IP: ©√MyRx App & ReconcileMyRx

Legal:
Mary Ann Santacroce, LLC

Business Description / Company Background:
FlexHealthInfo LLC helps patients and providers get the right health information to the right person at the right place in the right format at the right time via our √MyRx Platform with medication reconciliation products: a √MyRx App for patients and providers; a ReconcileMyRx server-side algorithm and FHIR (Fast Healthcare Interoperability Resources) API (application programming interface); and a clinician-facing SMART√MyRx FHIR plug-in for electronic health records (EHRs). T. Agresta and S. Demurjian have been collaborating for 12 years with 20 publications and 6 doctoral graduates.

Market Opportunity / Unmet Need:
Medications are the first line treatment for 88% of chronic diseases and 40.7% of seniors (≥65) and 10.9% of the total population are taking ≥ 5 prescriptions. Medication lists must be accurate to maximize therapeutic impact and prevent potentially life-threatening events. Discrepancies between medication lists in EHRs and those maintained by a patient can cause harm. Medication errors account for over 1M ED visits, 3.5M office visits, and 125K hospital admissions are estimated annually between $4B-$21B. Medication reconciliation compares a patient's medication orders to all of the medications that the patient has been taking to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions.

Products / Services – Launched & Pipeline:
Medication reconciliation via the √MyRx Platform aggregates Rxs from various EHRs into a best possible medication history and has a √MyRx mHealth App, a ReconcileMyRx algorithm with a FHIR API, and a clinician-facing SMART√MyRx EHR plug-in. The total market includes insured individuals with employer-based health benefits plans and accountable care organizations (ACOs). In Connecticut, this is 60% of the workforce and we target 20% of those individuals having ≥ 5 Rxs. Neighboring states have similar percentages.

Competitive Advantages / Customer Benefits:
Surescripts Medication History gathers electronic data, but misses patient reported medications and non-electronically prescribed medications; Cureatr is a standalone product for pharmacists and is not interoperable; and CareEverywhere from Epic only has data from that hospital and all affiliated organizations. No commercial EHR effectively reconciles medications/OTCs from multiple EHRs across multiple sites of care and from the patient. Our solutions allow patients and clinicians to partner for the best possible medication history.

Commercial / Technical Milestones:
Achieved: First medication reconciliation publication (Q4 2012); MedRec app undergrad project (Q2 2019); Baseline prototype (Q3 2020); Incorporated as LLC (Q2 2021).
Pending: AHRQ Proposal (Q2 2021); Initial versions of ReconcileMyRx & √MyRx (Q3 2020).

Commercial Model
The √ MyRx Platform will be deployed for medication reconciliation in employer run health benefit plans and ACOs. Initial pricing will be $0.20 per member per month to all employees/retirees (equates to $1 per member per month for those most able to benefit). As an example, an ACO with 200,000 members, approximately 20% or 40,000 have ≥ 5 Rxs, for revenue of approximately $480,000 per year. FlexHealthInfo will get traction by utilizing the extensive networks of its CEO, including contacts with benefits managers throughout the region to major healthcare organizations. We anticipate two new ACOs signing per year.

Financial Forecast:

Year	1	2	3	4	5
Revenue (K)	$960	$2,160	$3,120	$4,080	$5,040
Growth Rate	-	125%	44%	31%	24%
Gross Profit	$160K	$1,160K	$2,120K	$2,880K	$3,460K