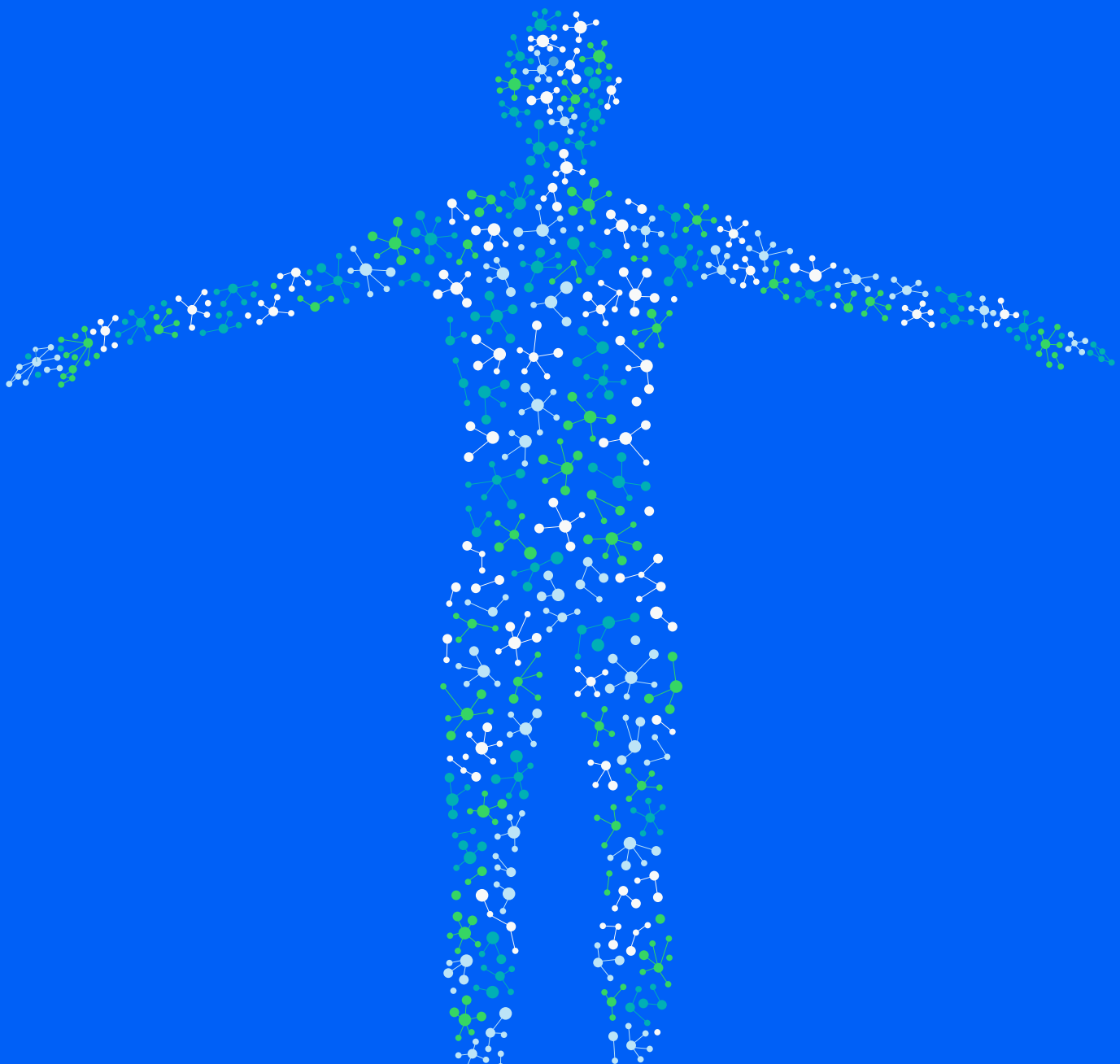
Livongo®

Introducing AI+AI

THE ENGINE POWERING APPLIED HEALTH SIGNALS



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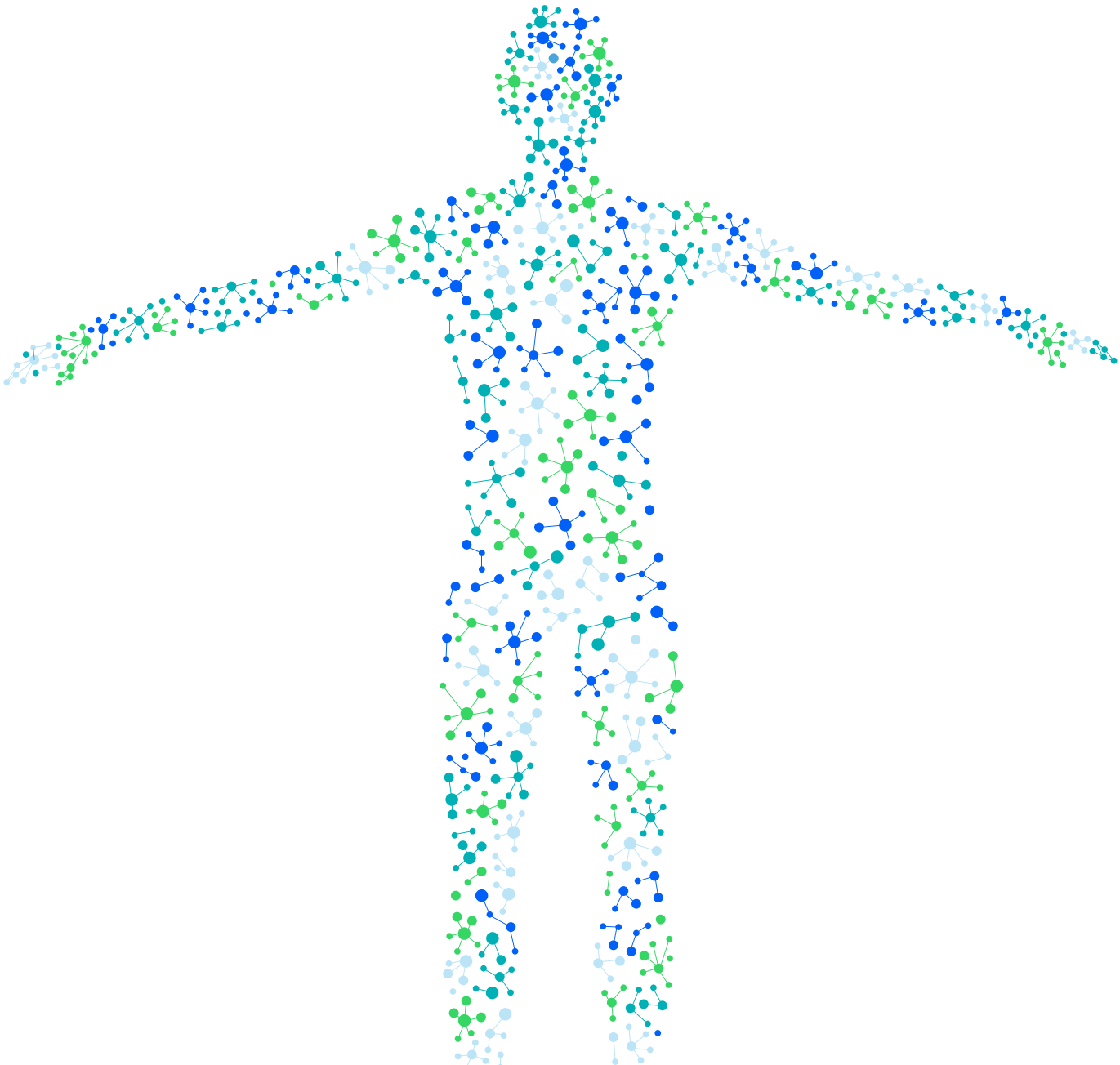


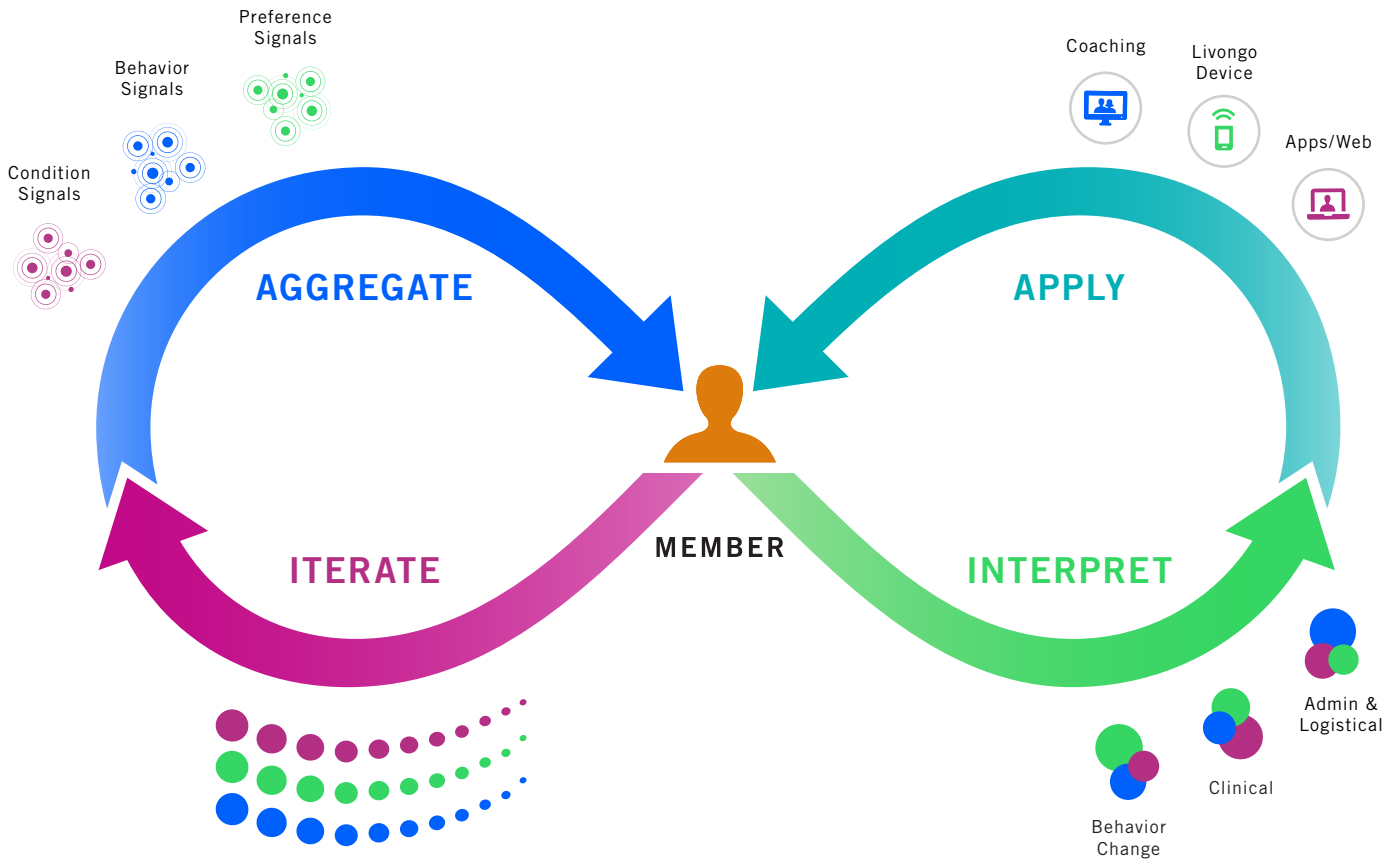
INTRODUCING AI+AI: THE ENGINE POWERING APPLIED HEALTH SIGNALS

At the heart of Livongo's Applied Health Signals solution is a core set of four technologies and capabilities called AI+AI™: **A**ggregate, **I**nterpret, **A**pply, and **I**terate. Only companies who deliver excellence on all four pillars are true Applied Health Signals companies.

Today, Livongo aggregates multiple data sets (including from Livongo devices, apps, and coaches), as well as from partners, and combines them to interpret and extract the drivers of behavior change. We then deliver actionable, personalized,and timely health signals through a broad set of applications to our members. And finally, we observe behavior and iterate in order to create clarity and silence Noisy Healthcare. At the heart of this engine is a team of data scientists, behavior specialists, and clinicians that help empower health for the members the AI+AI engine serves.

WHAT DOES AI+AI MEAN?

AI+AI stands for Aggregate, Interpret, Apply and Iterate. Below we describe the capabilities of each pillar and three scenarios that show how AI+AI works together to enable Applied Health Signals.



AGGREGATE:

Today, Livongo aggregates data and information from a variety of sources (without extra work for the individuals with chronic conditions whom AI+AI serves). Inputs come from Livongo devices, including cellular-enabled blood glucose meters, blood pressure monitoring systems, and digital scales for real-time readings. Other inputs come from human interactions, such as with Livongo coaches, as well as from more traditional data stores, such as medical claims and pharmacy claims. We also aggregate data from a diverse set of partners.

Some of the data that we aggregate today include gender, age, zip code, medical claims, and pharmacy claims. Some of the data sets that are proprietary to Livongo are real-time blood pressure readings, communication preferences (when does someone want to be contacted, and with which modality — text/phone call), and food log data.

It is in that Aggregate capability that we are also parsing the data to determine the most important signals to feed into the AI+AI engine, extracting signals from the data we have aggregated and normalizing the signals to make them usable.

INTERPRET:

To interpret the aggregated data, a set of critical steps occur that are driven by our unique team of data scientists, behavior specialists, and clinicians. They include:

1. **Dimensionalizing the signals** to ascertain which ones are the most meaningful for a specific use (reducing the noise from the signal), and establishing which key models and algorithms should be used for those signals.

2. **Combining individual signals** to create a new class of health signals that have never existed before — these are called Livongo Health Signals. Livongo Health Signals are proprietary combinations of signals aggregated from various input sources combined with Livongo's own signals from our applications, devices, coaches, members, and iteration loops.

3. **Mapping signals** into what we already know about the people we are serving to deliver more impact.

4. **Interpreting the full range of signal-to-application possibilities** through the lens of a set of clinical requirements and protocols to determine the right applications to deliver a specific signal for a specific person.

5. **Building the most relevant healthcare messages and outputs** to be delivered via the applications, taking into consideration condition and cross-condition clinical requirements, as well as mapping the specific messages that will work for the specific individuals.

APPLY:

Apply is the broad set of ways (modalities) that signals get applied to certain individuals for a specific action and/or behavior support. This set of technologies is where we make things actionable and real. We don't limit our thinking of "applications" to the software applications one has on a smartphone to perform various tasks. Instead, applications are the modalities by which a specific health signal gets provided to a specific member or key stakeholder at the right time with the right format and context, to help shape behavior change and deliver an actionable impact.

Examples of just a few of the many modalities we already support today include:

Livongo Devices Applications

- Livongo Blood Glucose Meter: feedback after every blood glucose reading and nudges based off of longitudinal patterns
- Livongo Blood Pressure Cuff
- Livongo Digital Scale

Human Applications

- Live Coaching:can serve up personalized coaching and guidance, suggestions
- Live Calls: enabled voice-based reminders
- Pharmacist Connection: provides warm transfer to your preferred pharmacist to support medication optimization
- Care Team Connection: supports a warm transfer to the appropriate care teams where needed
- Provider Doctor Connection: delivers connections for medication optimization

Enrollment modalities including: email, multimedia, and web, as well as things like "floor clings" in a manufacturing environment

Web, SMS, and text-based modalities for a broad set of signals that can be delivered for multiple uses (supports digital coaching, reminders, etc.)

ITERATE:

Iterate describes the way that Livongo brings signals back into the AI+AI engine from the channels described in Apply. Livongo's Iterate capability is unique in three key ways:

1. **Contextual Iteration:** "Machine learning" has become a sexy buzzword but is often used synonymously with a richer data science capability and set of "tools." In reality, there's a breadth of actual tools within the broad realm of data science. Truly excellent data scientists can evaluate the enormous variety of problems and match the right data science tool or technique to the problem, whether that "tool" is A/B testing, reinforcement learning, Bayesian approaches, neural networks, or other essential tools. "Contextual iteration" is Livongo's ability to identify and use the right type of data science "tool" for the right type of signal we are iterating back into the AI+AI engine.

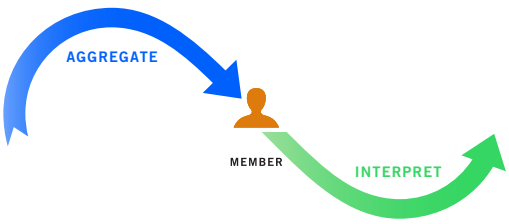
2. **Real-time Iteration:** We are iterating in real-time as members and other parts of the healthcare ecosystem are using the channels described in Apply.

3. **Multifaceted Iteration:** We are iterating based on multiple facets of the experience people have with AI+AI, including the type of message or nudge to which they are responding, the day and time they are responding, and the specific offerings (e.g., free supplies, nutrition support, healthy meals) that are most useful in improving an individual's health.

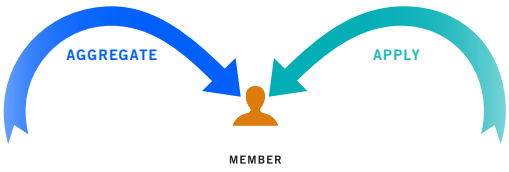
HOW DOES AI+AI DIFFER FROM AI?

Artificial intelligence in its truest form *should actually* contain the four pillars described above: Aggregate, Interpret, Apply, and Iterate. Unfortunately, in their rush to "get one of those AI things," companies are often taking extreme shortcuts, *calling everything AI*, even if it's simply a buzzword to help senior management feel like their company isn't getting left behind in their competitors' dust. And the need for real AI in healthcare is because the existing AI companies do some but not all four of these pillars excellently.

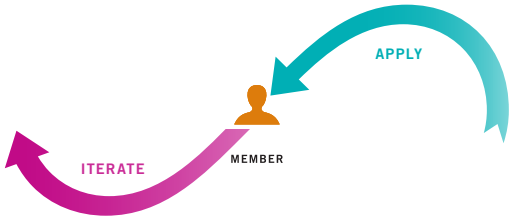
Here are three examples where companies are doing one or two of these AI+AI pillars relatively well, but simply missing the other pillars, and thereby not delivering a full experience that delivers results for people with chronic conditions.



1. **Big data/AI companies** working in healthcare have focused on the Aggregate function and pulling in increasing volumes of data and interpreting those data sets, but they often miss the most valuable real-time, high-quality data and certainly don't have the set of behavior enablement and clinical impact teams in-house to Apply and Iterate signals to deliver behavior change. They also don't have the Apply modalities and Iterate technologies or capabilities that would enable them to support behavior change.



2. **Consumer tech** companies working in healthcare have focused on the Aggregate function and pulling partners into their application ecosystem in the Apply function. But, while they've built a robust platform for healthcare apps to be on their system, they are lacking the integrated team of data scientists, behavior specialists, and clinicians working on interpreting and iterating signals. So they don't deliver deep insights on how to prompt optimal behaviors, or actively iterate algorithms around signals to constantly improve.



3. **Digital condition management** companies are often focused on a single condition or perhaps two related conditions, providing a set of condition-specific applications and iterating the use of those applications, but they are lacking the breadth of data sets to aggregate and support true multi-condition experiences in a unified way. They also lack the in-depth data science capabilities to contextually iterate using the most appropriate data science methods to improve health. This disjointed, condition-siloed approach unfortunately just adds to Noisy Healthcare rather than silencing it.

THE NEW ERA OF AI+AI: REAL-LIFE EXPERIENCES

Perhaps the most exciting thing about introducing AI+AI to the world as the engine for Applied Health Signals is that AI+AI isn't just a theoretical construct for how Livongo might enable a better healthcare system in the future. Livongo already supports AI+AI for our members across a variety of uses cases. Here are just a few experiences that *we're already doing for Livongo members.*

EXPERIENCE #1:
Medication Optimization (in Partnership With a Pharmacist) for Diabetes

Problem Statement: Medication optimization (enabling the use of the right medication at the right dosage, and evaluation of the impact of that medication/dosage) is considered one of the most difficult things to improve in medicine. A member is on a number of different medications and is having a hard time knowing what to take when, maintaining refills, and is seeing a decline in staying on their medications due to that confusion and sense of being overwhelmed. As a result, their blood glucose levels are increasing.

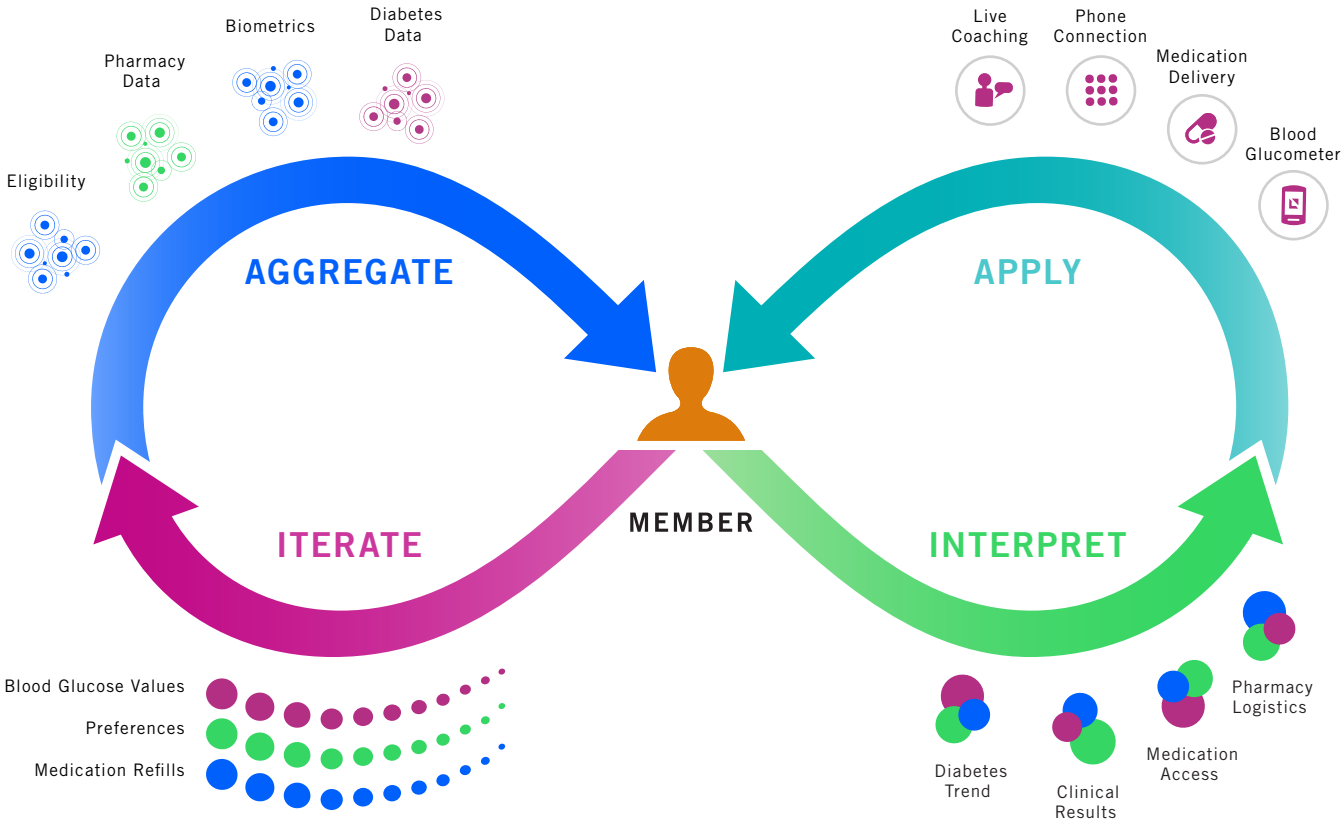
Livongo's AI+AI Solution: Livongo's AI+AI engine uses a data science and behavior change approach that drives actionable and personalized impact in tight partnership with pharmacists from the leading national pharmacy chains.

First we **Aggregate** a variety of data: eligibility, formulary, current medications, pharmacy claims (to understand what conditions a member has), biometric screening data where possible, and their ongoing blood glucose data (from their Livongo blood glucose meter).

Then we **Interpret** that data and ascertain a set of signals that tell us the member is not taking to their medications, and that's why their blood glucose levels are spiking. We know this, because the member's blood glucose values are high, and they are intermittently refilling their prescriptions.

We then use our Livongo live coaching application (**Apply**) to help understand the member's medication barriers. When the member speaks with our coach, we probe about why they aren't taking their medication. If the member identifies a side effect of the medication, we identify an alternate medication that is on their formulary and connect them live with their pharmacist (by phone) to discuss the switch, or directly with their provider. The pharmacist (or provider) formalizes the switch to the new medication and guides them to make sure they are taking their medication optimally. The pharmacist has the new medication delivered to the member's doorstep.

As the member uses their new medication, Livongo observes that their blood glucose is improving and **Iterates** the coaching messages, nudges, and encouragement to help keep the member on the medication.



In doing this, we reduce the complexity of the back and forth for a member with their pharmacist and providers trying to manage their medications and getting the right medication for them to be as healthy as possible.

EXPERIENCE #2:
Medication Affordability for Diabetes and Hypertension

Problem Statement: A member has both diabetes and hypertension and is struggling to pay for their medications to stay healthy.

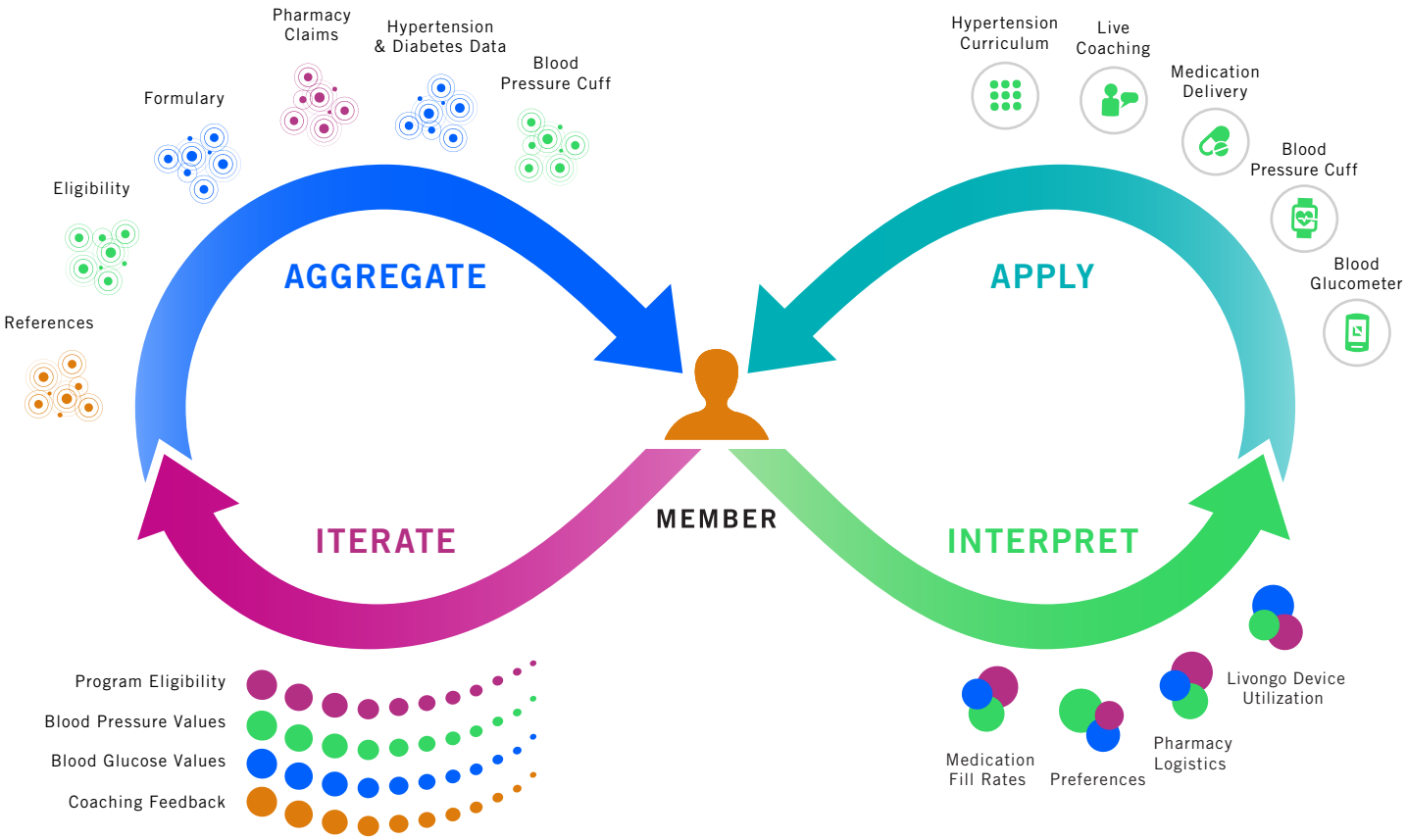
Livongo's AI+AI Solution: In this scenario, Livongo can provide a special AI+AI solution for a member who is working for clients of ours that have put in place a program to completely pay for medications (with $0 co-pay for their employees) if a member performs certain health-related activities, such as measure their blood pressure regularly using the Livongo for Hypertension program.

So in this case, Livongo **Aggregates** the data that tells us which meds are in that $0 co-pay program and the criteria to be eligible for the program. We combine that data with the tracking data about how individuals are performing against those criteria. We mix in all the data we described in the last scenario: pharmacy claims, blood pressure values, blood glucose values, formulary, medications.

We **Interpret** all that data and create clear health signals that tell us that a specific member would use the medications more consistently if they are offered a $0 co-pay plan. And we also ascertain that the member often has a lag between prescription refills, so that signals to us that they may be having trouble getting to the pharmacy to actually pick up their prescriptions.

As part of a live coaching session, a Livongo coach **Applies** these signals by introducing the $0 co-pay opportunity to the member, and offers to help ensure delivery of their hypertension medication refills. The member is excited and uses the Livongo cellular-connected blood pressure cuff to measure their blood pressure consistently over the next month. They are then eligible for their $0 co-pay medication.

Livongo passes this eligibility information, blood pressure signals, and blood glucose values back into the engine, ensuring that the member's next refill is a $0 co-pay, observes that the member's blood pressure is improving, and **Iterates** the next coaching session content to congratulate and encourage the member to keep up their great progress.



In doing this, we reduce the costliness of healthcare for the member while also helping them achieve their health goals.

EXPERIENCE 3:
Smarter Coaching for Weight Management

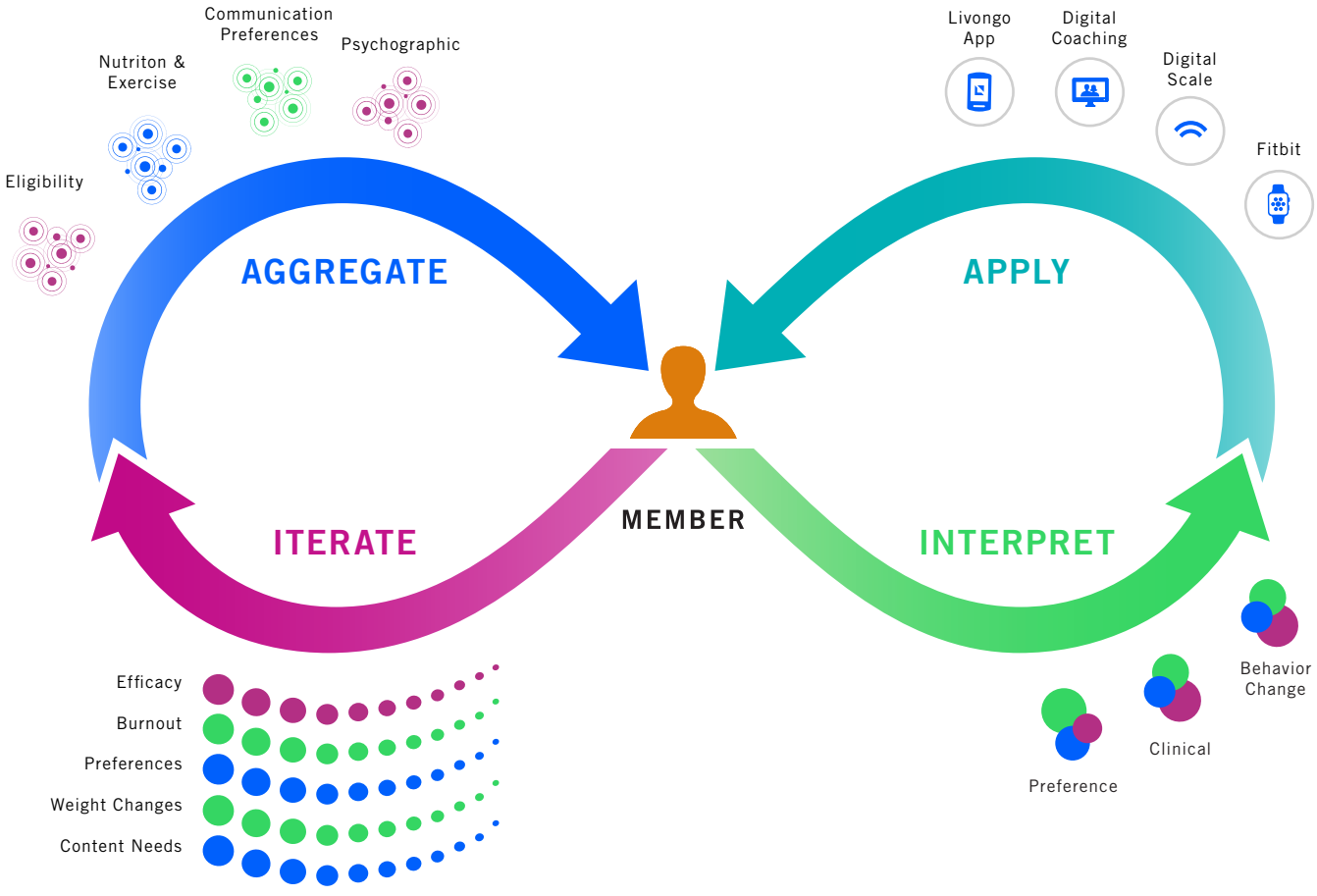
Problem Statement: A member has recently decided to take control of their weight but has been unsuccessfully using a traditional weight-loss program before. The coaches called them during the workday. They were too embarrassed to even talk to the coach, and so avoided the calls and had a bad feeling about the whole experience. They had one call and felt that the coach really didn't know anything about them specifically and wasn't a good "fit" at all so they gave up.

Livongo's AI+AI Solution: For the member experience on Livongo's Weight Management program, we **Aggregate** their eligibility data, nutrition and exercise data, psychographic information, and communication preferences. We have a powerful set of algorithms that allow us (from a few member-provided responses) to understand the profile of the member and how to most appropriately coach them in terms of content, style, and tonality. We also aggregate nutritional data, as well as Fitbit® exercise data.

We then **Interpret** their data and create a weight management curriculum that is most appropriate for them.

As we **Apply** that weight management curriculum, via digital, voice, video, or group-based coaching, we observe the member's interactions and patterns. Members use Livongo applications to track nutritional data, Livongo's digital scale to track their weight, and they interact with their Fitbit, which feeds data iteratively back into Livongo's Aggregate layer.

Then we **Iterate** the coaching content and determine how best to deliver it specifically for them, continually tailoring the program to their needs. We also watch for signs of burnout and encourage them in the tough moments. For example, we may suggest they join a group coaching session to learn from their peers. Such advice is not based on speculation, rather on actual signals we've generated through AI+AI about what they need and what would work best for them (patterned on what we've seen work for others).



In doing all of this, we *reduce the confusion* around the set of options that work for a specific person to have impact on their weight. We help people understand what specifically works for them, and help them achieve their weight management goals!

TWO SPECIAL ASPECTS OF THE AI+AI ENGINE

So we have talked about the AI+AI engine and described three experiences that are already powered by this AI+AI engine. We've also talked about how the AI+AI engine is different from many companies' current approach to using AI in healthcare. Now let's talk about two other areas in which the AI+AI engine is unique.

Getting to the core faster: The AI+AI engine is purpose-built to quickly develop a core knowledge of each member and is designed for multi-condition use. That design element enables rapid scaling of impact for the user as we add new conditions. For example, the specific medical recommendations for applications and signals to enable healthy behavior are obviously different for diabetes, hypertension, and hyperlipidemia, but the signals about which person is receptive to what type of a message over which specific device, the optimal time of day to reach a specific person, and even what type of personality they prefer in a live coaching session, are signals that hold true across conditions. If a person simply never wants to be coached during the workday, that holds true across their conditions. Moreover, if an individual is having medication access issues because they are at an income level below the poverty line, that is true regardless of their conditions. Those signals all can inform the types of applications most appropriate to the individual as we continue to scale to new conditions.

Rapidly scaling the platform: We have intentionally constructed the AI+AI foundation so we can scale to an unlimited number of chronic conditions and applications with an eye to consistent simplification of the healthcare experience for people with multiple chronic conditions. In simple terms, we look at ways to make the Livongo experiences seamless for multi-condition members by unifying devices, coaching, signals, guidance, enrollment, etc. when and where possible.

WHAT IT TAKES TO BE AN APPLIED HEALTH SIGNALS COMPANY

It is our sincere hope that, as this category evolves, a rich and valuable set of Applied Health Signals companies emerge to serve the healthcare ecosystem alongside Livongo. As mentioned above, only companies that deliver excellence on all four pillars of AI+AI are true Applied Health Signals companies. But that begs the question: What is "excellence"? The following are a few criteria that can be evaluated to determine whether a company in this space could be deemed an Applied Health Signals company:

1. **Aggregate:**

   Applied Health Signals companies are distinguished in their ability to aggregate in a few important ways: a) they have real-time and high-quality data and signals from their own devices, apps, web experiences, and live support; b) they have demonstrated they can aggregate and ingest a broad set of data sources from partners with accuracy, scalability, and speed; c) they actively establish partner relationships to aggregate new and innovative data sets; and d) they think and act across a broad spectrum of chronic conditions.

2. **Interpret:**

   True Applied Health Signals companies have a proactive approach to building the expertise needed to effectively interpret health signals. They are: a) cross-functional (including data scientists, clinicians, behavior specialists — often behavioral economists); b) cross-condition in their development and application of clinical recommendations and use of clinical protocols, and c) actively pursue ways to appropriately dimensionalize data to reduce complexity and confusion in healthcare.

3. **Apply:**

   For a company to be an Applied Health Signals company, they must effectively silence the confusion, complexity, and cost of Noisy Healthcare. The only way to do that is by developing a robust set of applications that are interconnected across conditions to unify and simplify the member experience, regardless of the conditions the member has. Moreover, to meet the member where they are, Applied Health Signal companies must develop a set of trusted, integrated partners for certain applications — for example, medication access and delivery, provider scheduling, and transportation logistics.

4. **Iterate:**

   The quintessential Iterate capability of an Applied Health Signals company is contextual iteration — that is, their ability to apply the most valuable and useful data science technique against the signal set and problem in a real-time manner. It's the ability to understand the breadth of possible data science tools, select and utilize the most appropriate one for maximum effectiveness that separates real Applied Health Signal companies from pretenders.

THE ROAD AHEAD: HERE'S WHAT'S COMING FOR AI+AI AT LIVONGO

While we've already established a considerable blueprint in AI+AI, we are accelerating the pace of innovation and development of Applied Health Signals in the coming years. Just a few of the innovations on the horizon for the Applied Health Signals engine include:

1. **Data Aggregation Partnerships and Innovative Data Sets:** Livongo is actively developing an Applied Health Signals marketplace in which we support and offer third-party applications so we can ensure each member has the specific applications most useful for them. As we continue to develop Applied Health Signals partnerships, we will continuously aggregate new data into AI+AI from partner devices (for example, continuous glucose monitoring data) and partner APIs (for example, nutritional data and activity tracker inputs). We will also continue to operationalize easier aggregation of traditional healthcare data sets, including EHR, EMR, PBM data sets, pharmacy claims, eligibility data, and incentive platform data. We are actively working on including new data sets that would change the nature of the types of signals we could support for members, including transportation data, weather data, behavioral health data, and respiratory data.

2. **Open Application Marketplace:** We will continue developing an open marketplace to allow third-party partners like digital medications, outside coaching solutions, and devices (Apple Watch®, home health, smartphone, Siri®, smart speakers, etc.) to be connected to the solution in a highly secure manner and via standard APIs in order to provide the best applications to Livongo members based on their specific needs.

3. **Application Modalities:** We are already supporting a diverse set of applications, from live coaching to devices and apps, and SMS/text. But we are working on new modalities including voice-enabled smart speaker integrations and others.

4. **Speed of the "Flywheel":** Livongo has demonstrated successful outcomes with applying health signals for years in diabetes, diabetes prevention, and now in hypertension. We are now increasing the flywheel of impact as we add new health conditions such as behavioral health, rapidly grow our base of members, and thereby collect increasingly rich data sets and signals from our own applications.

5. **Signals for Additional Members of the Healthcare Ecosystem:** We are already delivering signals to members of the ecosystem beyond people with a chronic condition (providers, pharmacists, caregivers). In the future we will continue actively examining opportunities to support the broader health ecosystem.

JOIN US AND #SilenceNoisyHealthcare

In summary, in this white paper, we have explained the four core pillars of technologies and capabilities at the heart of the Livongo Applied Health Signals solution: AI+AI. We have also highlighted three real-life scenarios that illustrate AI+AI in action. We've talked about how AI+AI is different from how companies are implementing AI in healthcare today. We've explored two critical differentiators for the AI engine. Finally, we have painted a vision for the road ahead.

In closing, part of the purpose of creating this white paper is to open the Applied Health Signals platform to a broad community of prospective partners and share enough of our vision to invite others to be part of this revolution.

As we continue to invest in building a scalable AI+AI solution, we are actively making investments in the community of data scientists and clinicians powering Applied Health Signals. We are also continuing development of a rich set of ecosystem partners in both the Apply layer as well as health data and input partners. We hope you will join us in this important endeavor.

The time has never been better and more important for us to work collectively to silence Noisy Healthcare. The U.S. healthcare system is broken for people with chronic conditions, and simply giving them more stuff (medications, devices, advice) is exacerbating the noise.

Contact us to learn more and help #SilenceNoisyHealthcare.

Appendix

LIVONGO'S PROPRIETARY SIGNALS (AS OF TODAY) INCLUDE:

Behavior Change Signals: These include signals that support behavior change along key dimensions for people with chronic conditions

- Medication adherence (reducing barriers to refills, reminders, barriers to costs)
- Reminders and habit formation
- Lifestyle changes (nutrition, weight management)
- Mental coping support
- Health system usage guidance
- Condition stress/distress and mental coping

Value Enablement

- Cost Evidence
- Outcomes Evidence
- ROI Evidence
- Risk Profiling
- Cost Profiling

Clinical Partner Enablement (Providers, PBMs, Clinical Tech Partners)

- Gaps in Care
- Formulary optimization
- Medication adherence

Logistical Enablement

- Medication delivery needs
- Care transportation needs
- Scheduling needs

Social Enablement

- Medication Access
- Food program (SNAP)

TYPES OF DATA TO BE AGGREGATED

Within the "Aggregate" layer of AI+AI, Livongo will be aggregating a broad and diverse set of health data and ascertaining signals to be used in the AI+AI engine. Below are the primary eight classes of health signals identified.

1. **Condition Data:** The data that is collected from various end points, devices, and applications that pertain to a specific condition — for example, blood glucose values, conditions under which blood glucose was tested (fasting, post-/pre-meal, post-/pre-exercise), blood pressure values, weight, peak flows, PHQ-9 test score values, and variation over time.

2. **Psychosocial Data:** The data and signals that are collected about mental well-being from surveys, intake, and ongoing interactions. For example, where is the individual in their need for emotional, psychological, or social support? Is the person currently (or historically) at risk for mental health or behavioral health conditions, and if so, which ones? What has been successful in the past in supporting the person? Are they sharing their data and with whom?

3. **Preference Data:** The data and signals that illustrate choice preferences — for example, as collected during product setup and throughout the consumer's engagement with the solution. Signals could be collected to answer questions, including "How does an individual like to receive communications, at what times, in what modes, with what tone/style, with which language needs, or barriers (hearing-/vision-impaired)?"

4. **Lifestyle Data:** This is a broad set of data that can be collected from a myriad of devices (smartphones, digital scales, apps, home health sensors, ingested sensors) that inform the AI+AI solution about things such as an individual's commute, sleep and sleep quality, food, beverage, exercise, travel, posture, sitting/standing, and other relevant factors that affect chronic condition health. This also includes consumer purchase and credit card data.

5. **Social Determinant Data:** This is data generated about consumer behavior and induced signals based on social determinant factors (e.g., ZIP code data can provide us with large amounts of information about a person's likely health patterns).

6. **Utilization Data:** This is the data that indicate the individual's usage of both the Applied Health Signals applications (i.e., which devices, apps, provisions, and support they are engaging, and how), as well as their utilization of the broader healthcare system (which providers, labs, medications, results, care, etc. they are receiving).

7. **Behavioral Data:** This is the data that inform what behavioral cues, incentives (carrots/sticks), motivators, and patterns the individual responds best/worst to, in order to increasingly tailor programs, support, and communication with and for them.

8. **Logistical and Administrative Data:** This is the data that can be provided back to third parties to enable things like provider appointment scheduling, coordination for care transport, and medication at-home delivery.

TYPES OF APPLICATIONS

Within the "Apply" layer of AI+AI, Livongo's Applied Health Signals solution will be able to support a broad set of channels to reach members and other ecosystem constituents, both built by Livongo as well as built by third-party partners. We already have numerous partners working on connecting their applications into the Livongo AHS solution. We envision seven core categories of Applications:

1. **Health Devices:** This includes the connected devices (blood glucose meter, blood pressure cuffs, digital scales, bronchodilators, etc.) that harvest health signals and pass them back into the Health Signal Engine. This is the application (for now) that Livongo uses to deliver nudges (e.g., on the Livongo blood glucose meter).

2. **Health Apps:** This includes the variety of apps that can be integrated into the Livongo AHS solution to support members. Health apps could include meal tracking, sleep management, stress management, or other applications relevant to chronic conditions.

3. **SMS/Digital:** This is the set of applications that enable multi-channel message delivering and interactions, including email, chatbot, web, SMS, and social media.

4. **Live Support:** These are the humans who provide personally relevant support and clinical guidance when it's needed and in the way it is most valued by the individual. Some examples of Live Support members include Certified Diabetes Educators, pharmacists, Telemedicine providers, Tele-therapists, and weight-loss coaches. The nature of the support varies depending on the person receiving it: A person with type 1 diabetes, hypertension, and mild depression needs a different type of support than someone on a diabetes prevention program. A Spanish-speaking 14-year-old with exercise-onset asthma needs a different type of support than a 62-year-old with type 2 diabetes and chronic lower-back-pain-induced depression. Support is available based on the preferences and needs of the individual, whether that means digitally through an app, through phone calls, e-mail and electronic reminders, text, and even social messaging solutions.

5. **Supplies, Durables, and Medications:** This is the set of consumable and durable items that deliver clinical value and are often provided free to a person with conditions as a part of the covered service to enable them to live their healthiest life with the least financial and emotional burden. This includes things like unlimited test strips for blood glucose monitoring, maintenance medications bundled into the solution to help support their health, rescue medications for things like asthma attacks, counseling services for depression management, or food delivery services to optimize diet.

6. **Community:** The peer-to-peer support systems that enable community-based education, coaching, and behavior change.

7. **Insights:** This is the set of reports, manipulatable data, and outputs that enable enterprises and other key stakeholders (CMS, population health, partners, providers) to measure, assess, and manage the health of the individuals with chronic conditions that are on the solution. They can see what programs are performing and for which populations. They can help devise and implement new behavioral incentives to generate more results. Signals that would get delivered up via the Insights could include: outcomes reporting/insights, financial reporting/insights, adherence reporting/insights, and gaps in care reporting/insights.