

Innovator Showcase



Dave Kerrigan
Creator,
BenefitPitch



Marcus Capone
CEO & Founder,
Tara Mind



Saju Joseph, MD
Surgeon,
Consultant,
TELA Bio



Linda Craib
Founder & CEO,
Lorestry by Alea
Diagnostics
(AleaDx)

Innovator Showcase



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CEO & Founder,
Tara Mind

TARAMIND

Enabling Safe and Affordable Access
to Life-Changing Mental Health
Therapies



The Problem We Are Addressing

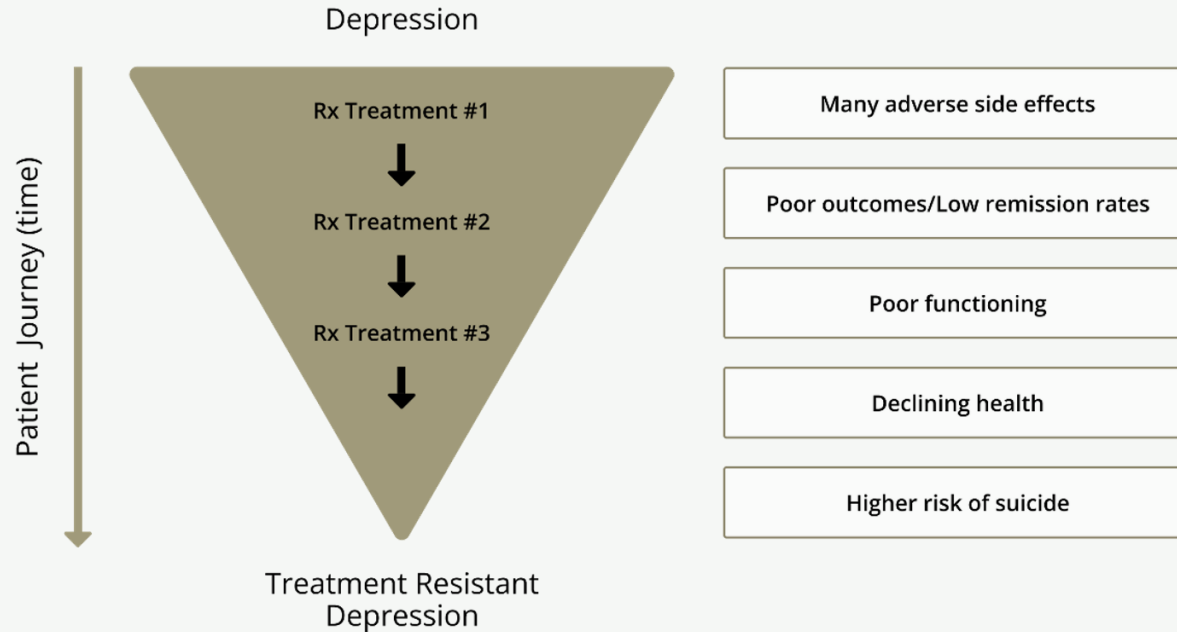
Traditional Therapies Often Fall Short for Treatment-Resistant Mental Health Conditions

- Less than 30% of patients achieve remission from depression with benefit-eligible treatments today
- *TRD is defined as a Major Depressive Disorder (MDD) that has not responded to at least 2 different medication treatments
- ~50% of adults with MDD have Treatment-Resistant Depression

*TRD = Treatment Resistant Depression



Frustrating Journey for Treatment-Resistant Individuals



Workforce Implications of Treatment-Resistant Depression

DOLLARS SPENT ON TRD	29B+ 🇺🇸
AVG ANNUAL COST PER EMPLOYEE	>50K \$
LOST WORKDAYS PER YEAR	36 📅
HIGHER EMPLOYEE TURNOVER RATE	40% 🖐️

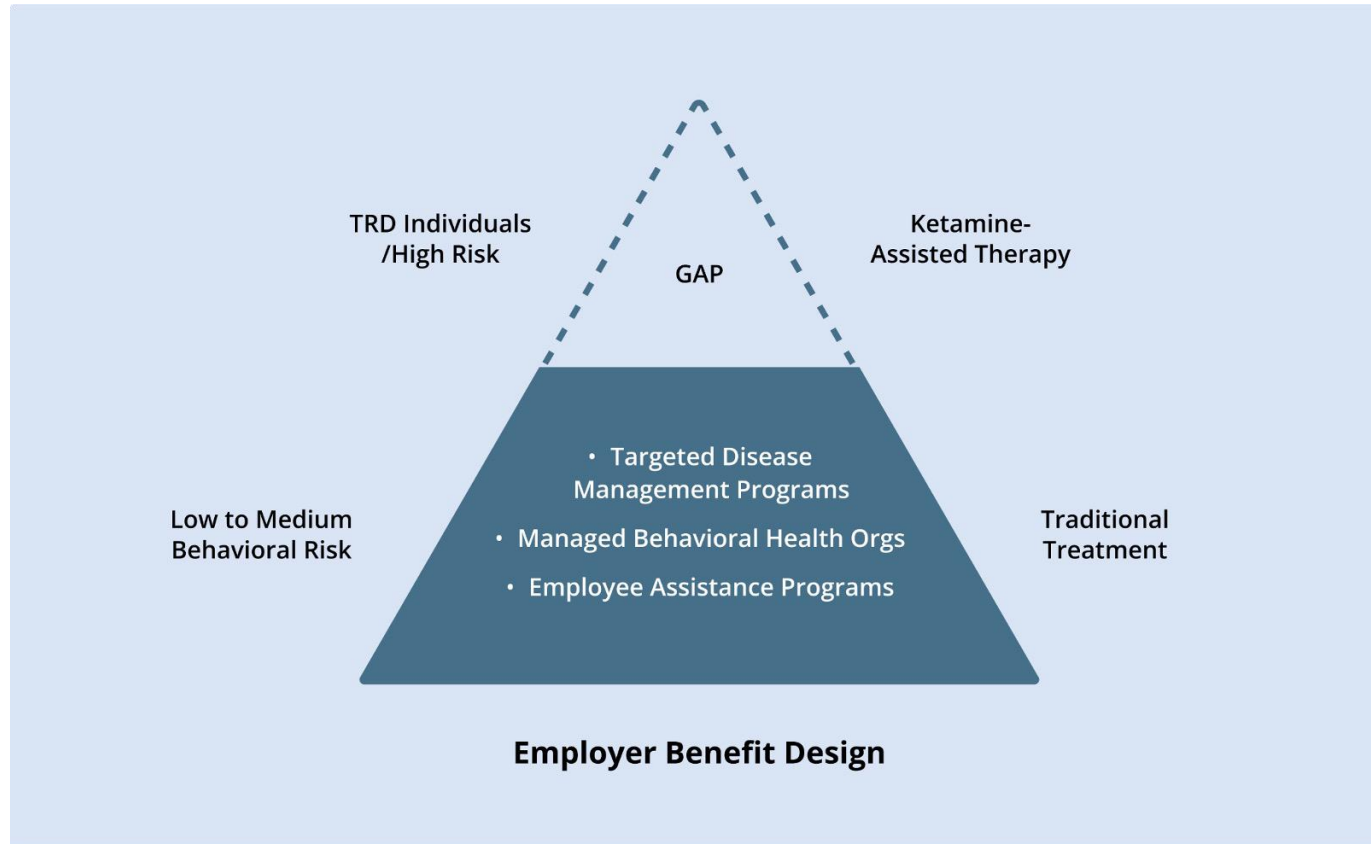
Better Therapies for TRD Exist Today

Ketamine-Assisted Therapy: Safe

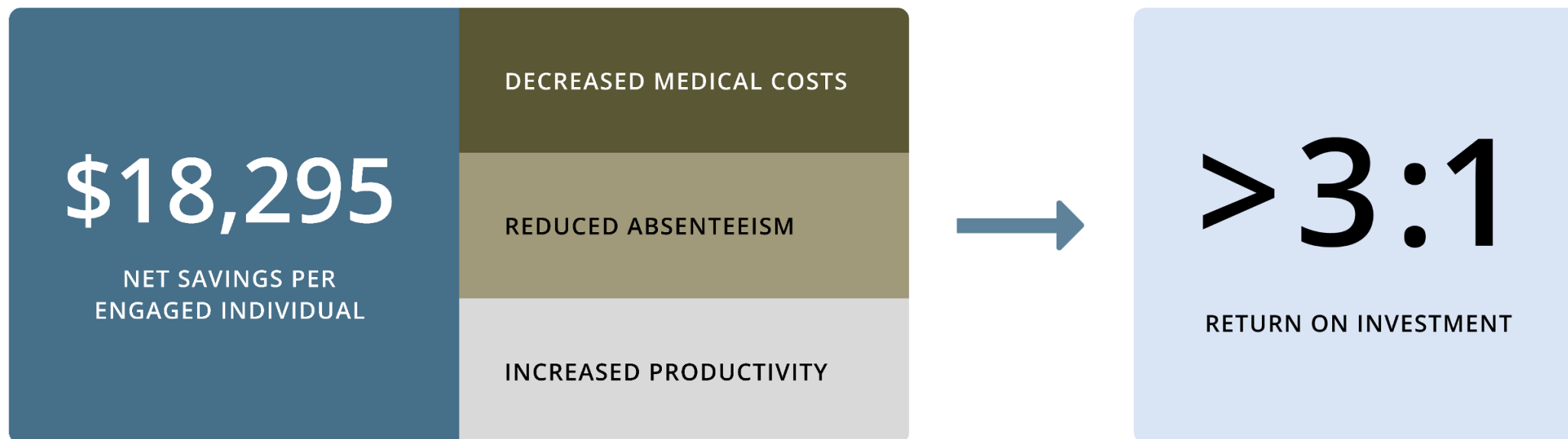
- Ketamine has been FDA approved since 1970
- It has been used by physicians to rapidly treat d
- Ketamine-Assisted Therapy (KAT) is the practice of memories and emotions that emerge during th



Closing the Therapeutic, Benefit Design, and Affordability Gaps for the Most Vulnerable Individuals



Workforce Benefits for Leading Employers



Note: Savings per engaged individual are a composite of decreased medical, reduced absenteeism, and increased productivity (1/3, 1/3, 1/3)

Sources: [Journal of Clinical Psychiatry](#) and [PLOS ONE](#)

“KAT saved my life and our family by extension. We are forever grateful. It’s not easy like you said, but I continue to put in the work”

-Christian D.

Step Forward to Protect the Most Vulnerable Portion of Your Workforce



Leadership/Team



Marcus Capone
CEO & CO-
FOUNDER/DIRECTOR



Grant Verstandig
CO-FOUNDER



Brian Dolan
PRESIDENT



Dr. Richard Nockowitz
CHIEF MEDICAL OFFICER



Naimish Patel
CHIEF REVENUE OFFICER



VADM Raquel Bono, M.D.
DIRECTOR



Dr. Yisroel Brumer
DIRECTOR



Dr. Amy Kruse
DIRECTOR



John Tiernan
DIRECTOR



Dr. John Jack Rowe
DIRECTOR

Scientific Advisory Board



Dr. Rachel Yehuda
ADVISOR

Professor of Psychiatry and Neuroscience of Trauma at the Icahn School of Medicine.

Director of Mental Health at the James J. Peters Veterans Affairs Medical Center.



Dr. Jerry Rosenbaum
ADVISOR

Director of the Center for the Neuroscience of Psychedelics at the Massachusetts General Hospital Research Institute.

Past President and Chairman of the Board of the Anxiety and Depression Association of America.



Dr. Nolan Williams
ADVISOR

Triple board-certified in General Neurology, General Psychiatry, Behavioral Neurology & Neuropsychiatry.

Director of the Stanford Brain Stimulation Lab. Founder of SAINT TMS protocol.

PI on groundbreaking Psychedelic research



Dr. Sandhya Prashad
ADVISOR

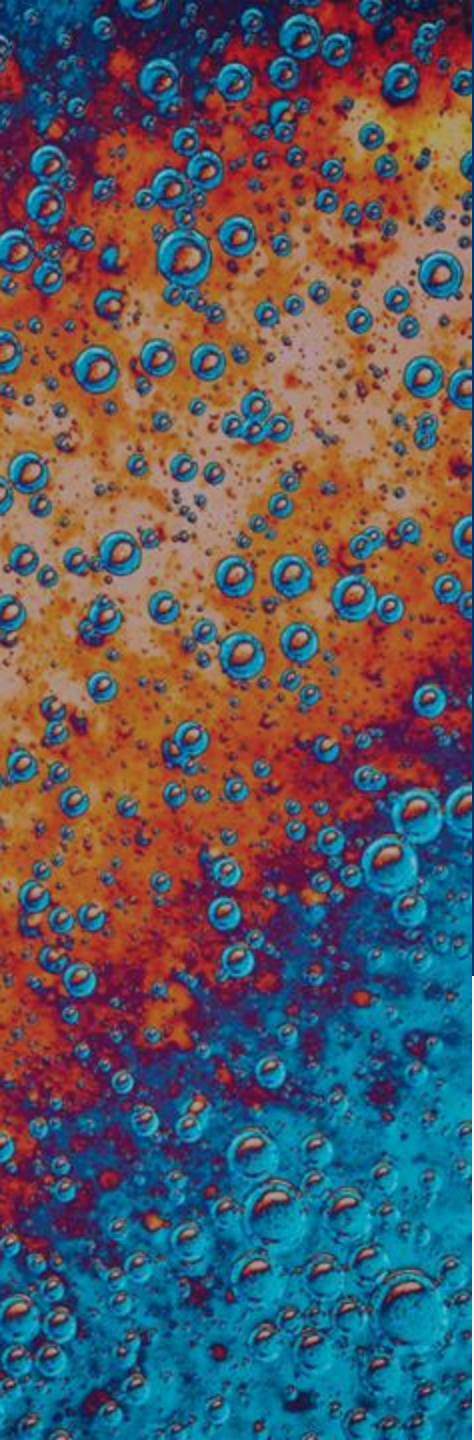
Board-certified Psychiatrist, Founder and current President of the American Society of Ketamine Physicians, Psychotherapists, and Practitioners (ASKP3). Largest network of Integrative Medicine and Ketamine clinics worldwide.



Innovator Showcase



Saju Joseph, MD
Surgeon, Consultant,
TELA Bio



A New Model in
Hernia Surgery:
**Happier Employees,
Faster Return-to-Work,
Lower Cost**



Saju Joseph MD FACS

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Summit Specialty Physicians

Professor and Vice Chair of Surgery

Touro University Nevada

National Alliance Presentation, DC, 11/14/23

Why Should You Care About Hernia Repair?

\$2.5B of Annual Direct Health Care Costs¹

Hernia Surgeries are One of the Most Common Surgeries Among the Workforce

~2 million hernia surgeries per year in the USA²

Lost Work Days are Expensive

Up to 8 weeks of recovery recommended for physically demanding work¹

Second Surgeries are Common and Expensive

Recurrence rates can be over 20% at 2 years³

Revisional inguinal hernia surgery costs 2x primary⁴

Pain After Surgery

Pain common for 3–6 months after surgery

2-10% chronic pain after surgery



1. https://qpp.cms.gov/docs/cost_specifications/2022-12-08-mif-ebcm-fih.pdf
2. <https://bcmj.org/articles/timing-return-work-after-hernia-repair-recommendations-based-literature-review>
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6940424/>
4. Proposed 2024 CMS Rates

True Costs of Hernia Surgery

Direct Costs:

- **Operating Room**
- **Surgeon**
- **Anesthesia**
- **Pathology**
- **Implants**



Indirect Costs:

- **Medications**
 - **Lost Work Time**
 - **Reduced Work Production**
 - **Recurrence**
 - **ER or Urgent Care Visits**
 - **Pain Management**
 - **Repeat Surgery**
- **3-6 months of pain or discomfort¹**
 - **2-10% chronic pain¹**
 - **Opioid use for 4 days after surgery increases the risk of addiction by 30%^{2, 3}**
 - **25% labor intensive employees are on opioids while on the job⁴**
 - **Narcotic abuse costs employers \$16K per patient per year⁵**
 - **20-40% recurrence rate⁶**

1. Andresen K, Rosenberg J. Management of chronic pain after hernia repair. *J Pain Res.* 2018;11:675-681. doi:10.2147/JPR.S127820

2. Hah JM, Bateman BT, Ratliff J, Curtin C, Sun E. Chronic Opioid Use After Surgery: Implications for Perioperative Management in the Face of the Opioid Epidemic. *Anesth Analg.* 2017;125(5):1733-1740. doi:10.1213/ANE.0000000000002458

3. Bicket MC, Lin LA, Waljee J. New Persistent Opioid Use After Surgery: A Risk Factor for Opioid Use Disorder? *Ann Surg.* 2022;275(2):e288-e289. doi:10.1097/SLA.0000000000005297

4. Shaw WS, Roelofs C, Punnett L. Work Environment Factors and Prevention of Opioid-Related Deaths. *Am J Public Health.* 2020;110(8):1235-1241. doi:10.2105/AJPH.2020.305716

5. Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis: (569922009-001). Published online 2009. doi:10.1037/e569922009-001

6. Romain B, Renard Y, Binquet C, et al. Recurrence after elective incisional hernia repair is more frequent than you think: An international prospective cohort from the French Society of Surgery. *Surgery.* 2020;168(1):125-134. doi:10.1016/j.surg.2020.02.016

Our Process at Summit Specialty Physicians



1. Patient Diagnosed with Hernia



2. Employer Provides Patient with Treatment Options, Including Center of Excellence (Summit Specialty Physicians)



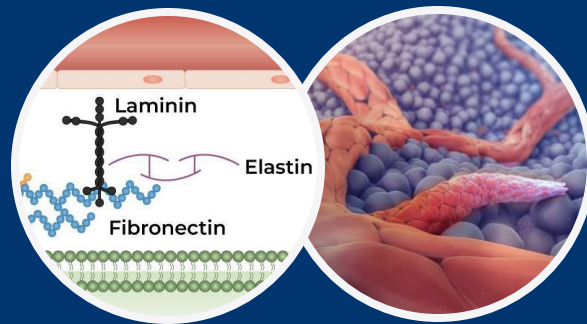
3. Nurse Navigator (concierge)
Assigned by Summit Specialty Physicians



4. Patient Travels for Surgery and Recovery

Innovations We Use to Address Hernia Causes and Improve Outcomes

1. Pre-habilitation



Protein Injections

Increase blood flow and enhance stem cell migration. Nutrition management.

Pre-stimulate healing versus nothing.

2. Natural Reinforcement

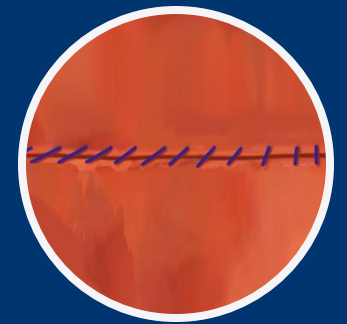


Reinforced Biologic Mesh

The most advanced biologic mesh on the market, resorbable, soft.

Reinforced tissue matrix versus permanent plastic.

3. Surgical Technique



Repair

Utilizing the most advanced surgical techniques, backed by years of research.

Primary closure of the defect.

Center of Excellence Outcomes

	Traditional Model	Summit Center of Excellence Model
2 Year Recurrence Rate	27.7% ¹	0 (0%)
Pain	3 - 6 Months pain ²	Post op pain level 1.25
Opioid prescribed	Standard practice 2 - 10% = Chronic Pain ²	Only 6 (5%) of patients prescribed opioids (mean 2 days)
Return to Heavy Lifting Job (Weeks)	Up to 8 weeks ³	5.10 mean range 1.86 - 7.89

Additional Data

- We define recurrence as **any hernia** in the abdominal cavity based on 2 years of data and 120 patients
- High patient satisfaction
- Seamless patient experience with our nurse navigator

Better Outcomes

1. Romain B, Renard Y, Binquet C, et al. Recurrence after elective incisional hernia repair is more frequent than you think: An international prospective cohort from the French Society of Surgery. *Surgery*. 2020;168(1):125-134. doi:10.1016/j.surg.2020.02.016
2. Andresen K, Rosenberg J. Management of chronic pain after hernia repair. *J Pain Res*. 2018;11:675-681. doi:10.2147/JPR.S127820
3. https://qpp.cms.gov/docs/cost_specifications/2022-12-08-mif-ebcm-fih.pdf

Comparing Hernia Surgery: Traditional vs Center of Excellence*

	Traditional	Center of Excellence
Type of Mesh Reinforcement	Synthetic	Reinforced Biologic
Pre-habilitation Injections	No	Yes
Patient Navigator	No	Yes
Out of Pocket/Deductible	Yes	\$0
Improved Abd Compliance	No	Yes
Total Direct Costs**	In-Network: \$6-12K Out-Network: \$15-30K	\$5,500

**Lower costs.
Better outcomes.
Latest innovations.**

*Inguinal hernia repair

**Indirect Costs NOT included, but would add an additional \$10-30K per patient recurrence and additional cost for extra average recovery time.



Adopt the Center of Excellence Model for Hernia Care

1. Know the Numbers

What are you paying for HERNIA surgery for your employees?
What downtime and recurrence rates are you seeing?
How is your workforce impacted by indirect costs?

2. Encourage Your Employees to Seek the Best Care

3. Visit Us at the TELABIO Booth

4. Contact Me

if you want more information or
help reducing your costs and
improving outcomes

Saju.Joseph@summitmed.com

Lorestry by Alea Diagnostics



Linda Craib, RN, MBA
Founder/CEO

Development Monitoring A Strategic Business Imperative

#NatAllForum

Team



David Kovell
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Bridget@AleaDiagnostics.com

#NatAllForum



Child Development - A Business Imperative

- History, new standards of care, and the “critical period”
- Lorestry – the value-based-care solution
- The business case for monitoring early child development



A Workforce Issue

First recognized by President Kennedy in 1962

*The President's Taskforce on Manpower Conservation
Dept. of Labor, Dept. of Defense, and the HHS*

Early Periodic Screening, Diagnosis, and Treatment
(EPSDT) since 1967 - “well-baby/child visits”



The Call to Action — Development Monitoring, 2022



*CDC/AAP - Evidence-Informed Milestones for Developmental Surveillance Tools, *Journal Pediatrics*, February 2022



Primary Care Framework - Prematurity, 2023



High risk of developmental/learning disabilities.

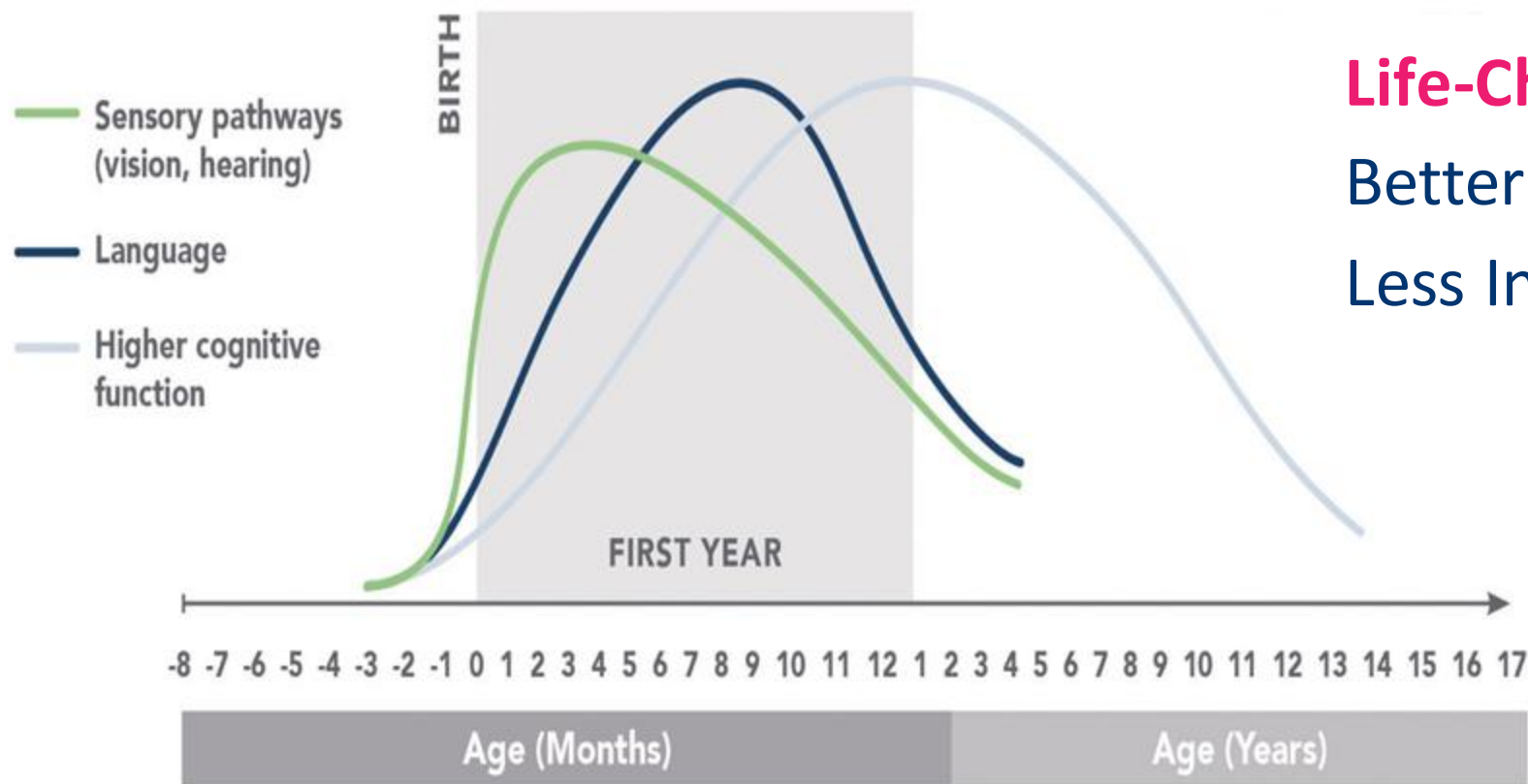
- Prematurity - 10-15%
 - Fertility Benefits - 20-26%*

50% do not receive development care.

*CDC - Sunderam S, Kissin DM, Zhang Y, et al. Assisted Reproductive Technology Surveillance — United States, 2018. MMWR Surveill Summ 2022;71(No. SS-4):1–19. DOI: <http://dx.doi.org/10.15585/mmwr.ss7104a1>



The “Critical Period”

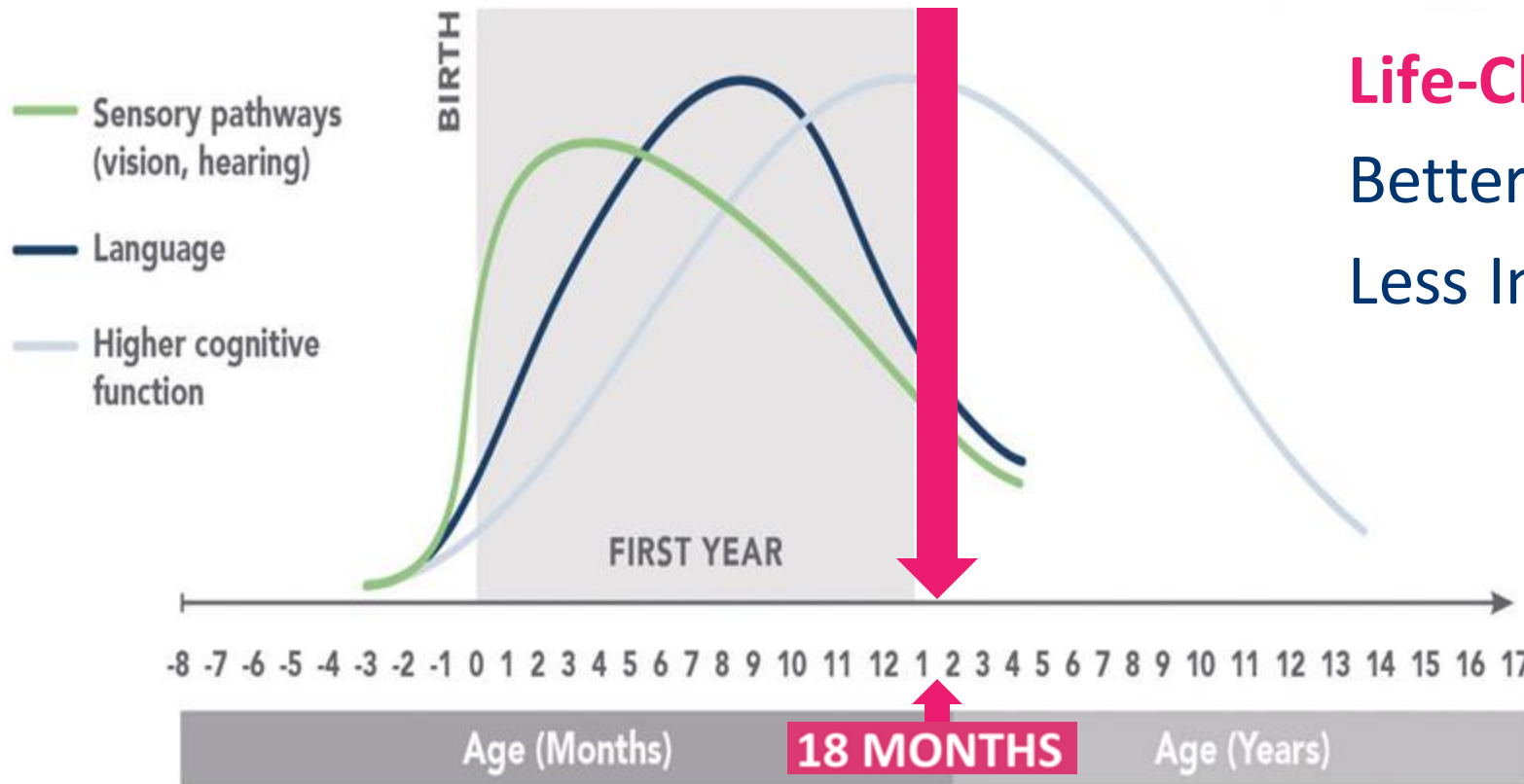


Life-Changing Intervention
Better Outcomes
Less Intensive/Costly Care

Source: Nelson, CA, in *Neurons to Neighborhoods* (2000). Shonkoff, J and Phillips, D. (Eds)



The “Critical Period”



Life-Changing Intervention
Better Outcomes
Less Intensive/Costly Care

Source: Nelson, CA, in *Neurons to Neighborhoods* (2000). Shonkoff, J and Phillips, D. (Eds)



What are We Monitoring For?



Learning Disabilities

Developmental Delays

Developmental Disabilities



What are We Monitoring For?



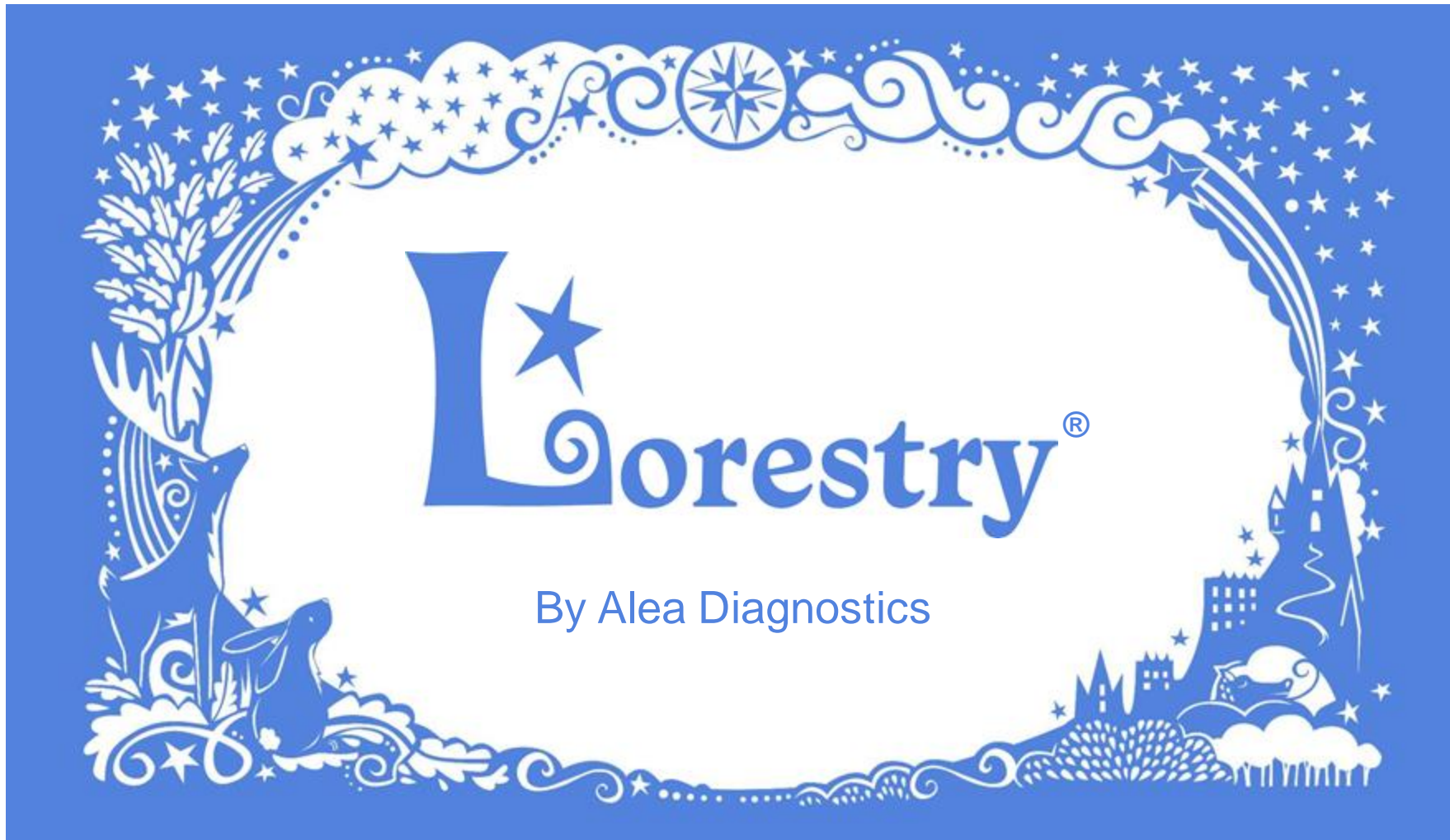
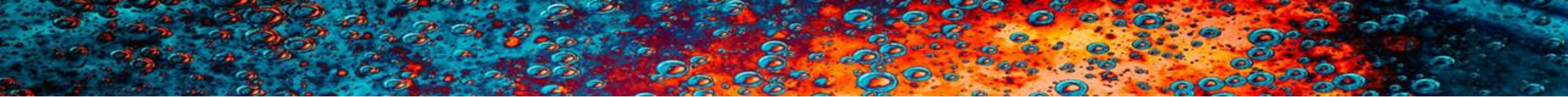
Learning Disabilities

Developmental Delays

Autism 1 in 22* (California)

*March 23, 2023 - <https://www.cdc.gov/media/releases/2023/p0323-autism.html>





Lorestry by Alea Diagnostics

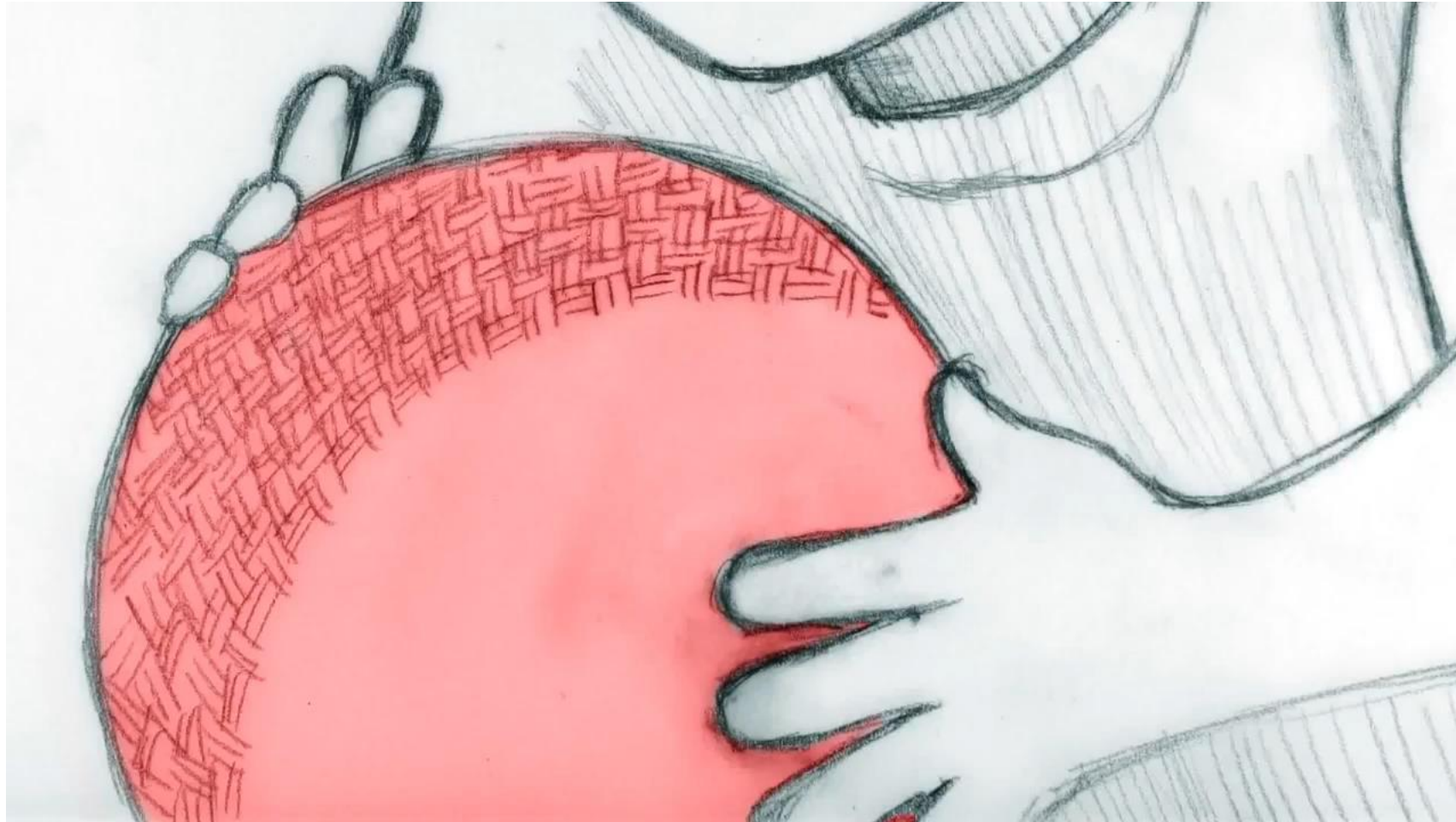
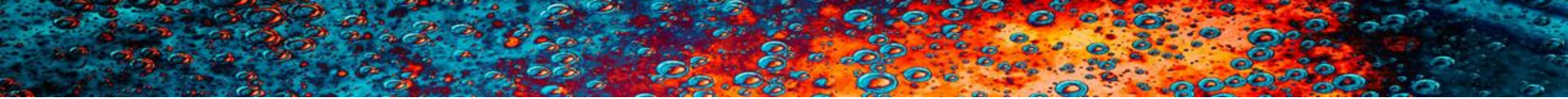


(1 in 500)

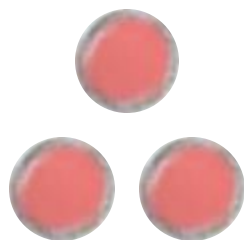


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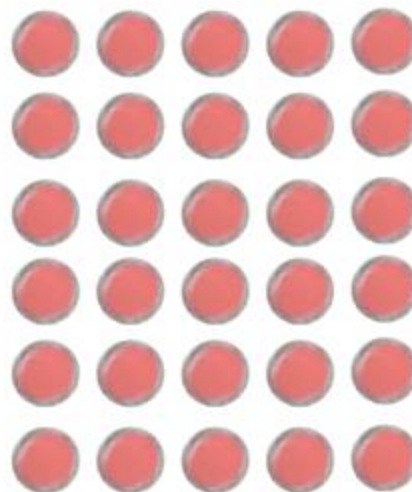




Autism 2010-2023: What has changed?



Every 3 Minutes
Average age Dx is 5



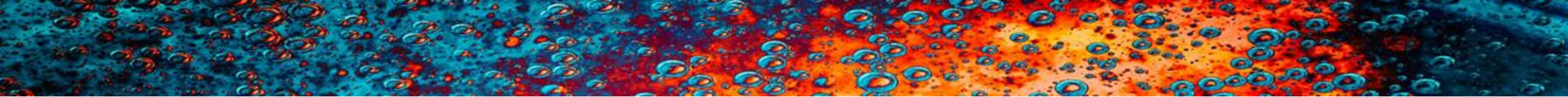
Suicidal ideation 30X more likely
15% v 0.5%*

\$4.4M

Early intervention failure
Lost work productivity for parents & child

*https://www.researchgate.net/publication/351334079_Autism_community_priorities_for_suicide_prevention

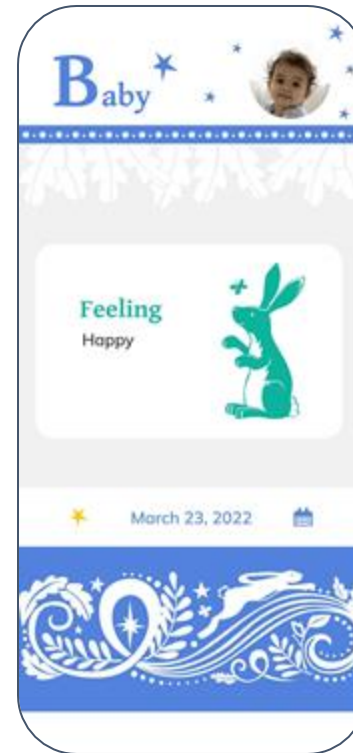
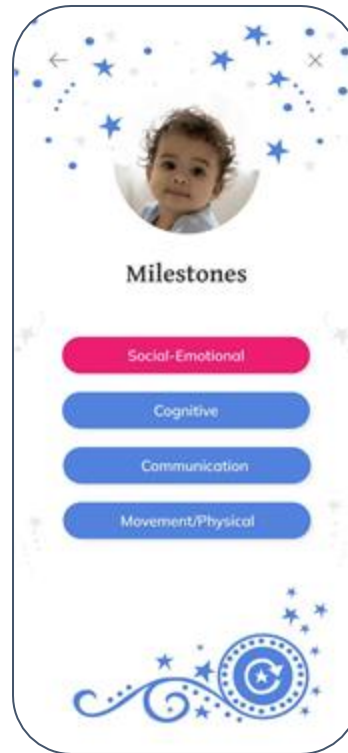
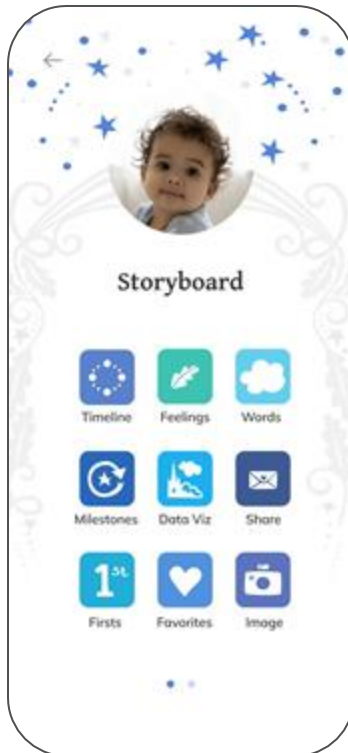
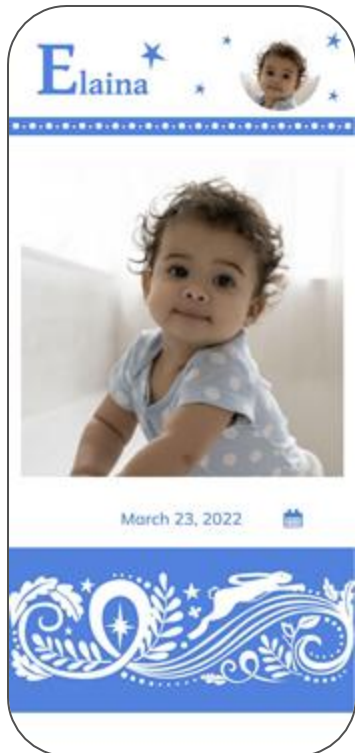




Monitoring For Families & Children



Lorestry



Developmental Domains



Cognitive



Communication/Language



Physical



Social-Emotional

*CDC/AAP - Evidence-Informed Milestones for Developmental Surveillance Tools, Journal Pediatrics, February 2022



Infant Mental Health Monitoring

- Form and sustain positive relationships
- Experience, manage, and express emotions
- Explore and engage with the environment
- **Earliest signals of mental health needs.**



Navigation

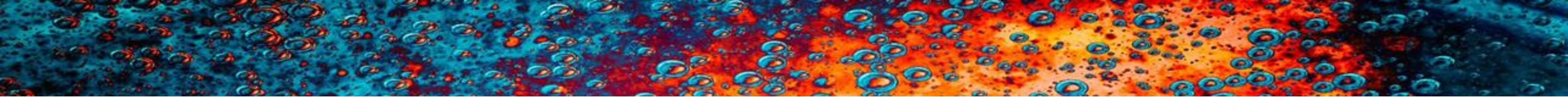
Immediate link to [federally funded](#) evaluation, diagnosis, and treatment.



Education/Health Literacy Resources

88% of adults lack proficiency to make an informed healthcare decision.





Monitoring For Health Purchasers



Support the Most Important Person in an Employee's Life



Ensure Access with Monitoring



- A NEW standard of care
 - Engage parents in care
 - Help parents self-refer
 - Intervene as early as possible



Support Mental Health Parity (Autism example)



“Parents often have to wait an average of **3-years** between their first concerns and their child receiving an ASD diagnosis.”*

U.S. Department of Labor, EBSA, July 2023

*Department of Labor - MHPAEA Comparative Analysis Report to Congress, July 25, 2023 Citation, page 43



Monitor Quality & OUTCOMES (ABA autism example)



\$125,000*

Applied Behavioral Analysis child/year.

- Development progression.
- Achieve comparative analysis.
- Negotiate outcomes-based fees.

*RAND Corporation 2019: ABA median commercial reimbursement rate \$100+/hour *24 hours ABA/week * 52 weeks = \$125K





Mitigate the Workforce to Careforce Shift (Autism example)

\$3 BILLION*

Parent lost income/productivity - children with future autism diagnosis (born in 2023)

*3.8 births (US) * 4.5% = 171K * \$59,476/year * IF **30%** work reduction/loss (Median US salary 2023 \$59,428/year)

The Lifetime Social Costs of Autism: 1990-2029 (Journal in Autism Spectrum Disorders Volume 72, April 2020)





ACT NOW to Reduce Future Costs (Autism example)

\$9.7 BILLION*

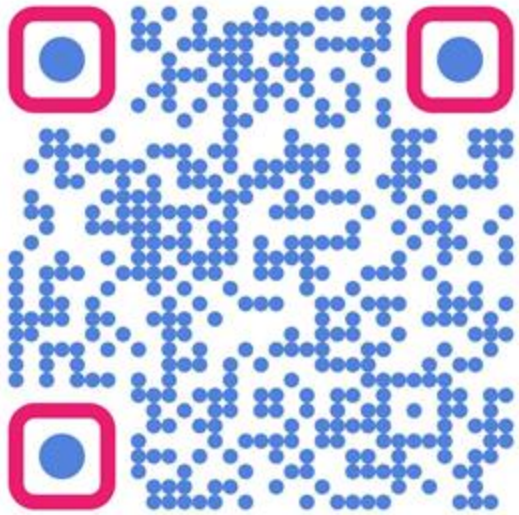
Early intervention **cost-savings** for 2023 birth year cohort (\$19,000/child/yr * 3 years ABA)

*UPenn - Cost Savings Early Intervention/Autism [https://www.jaacap.org/article/S0890-8567\(17\)30313-1/fulltext](https://www.jaacap.org/article/S0890-8567(17)30313-1/fulltext)

Early intervention cost savings of \$19,000/year 171K * 3 years = \$9.7B



Let's change lives for the better.



Linda@AleaDiagnostics.com | Lorestry.com | LorestryForWork.com



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