Contents

VISIT THE COMMERCIAL ENABLEMENT CENTER FOR MORE COLLATERAL!

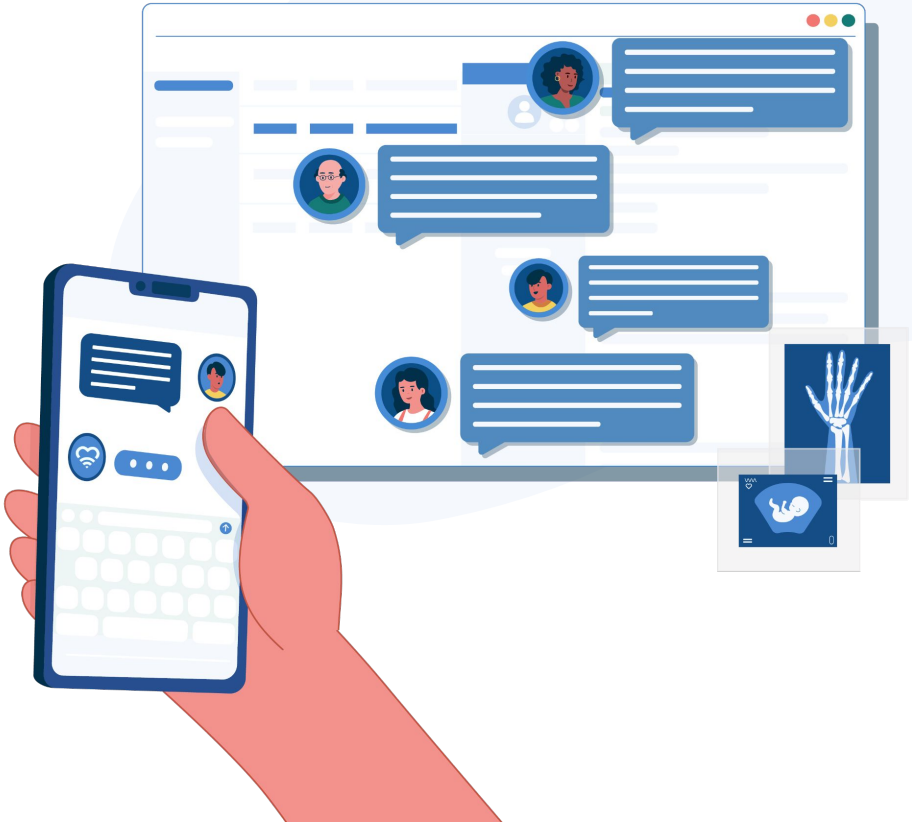
- Clinical Area-Focused Collateral
- Internal Enablement
- Competitive Intelligence
- Product Resources & Demo Library

Additional external decks:

- Memora Icons and Graphics
- PM Introduction Deck
- Implementation Kickoff Deck
- Early Access Testing
- Product Intent Map

MEMORA HEALTH

Enabling care teams to provide intelligent care



Agenda & Introductions

- Item 1
- Item 2
- Item 3
- Item 4
- Item 5
- Item 6

First and Last Name
Title
name@memorahealth.com
📍 City, State

[Client's Name] & Memora's Conversations to Date

Summary of discussions to-date

- Item 1
- Item 2
- Item 3

Key opportunities

- Item 1
- Item 2
- Item 3

Goals for today

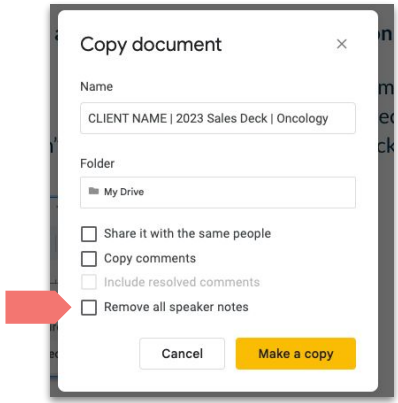
- Item 1
- Item 2
- Item 3

Discovery Sales Deck —
Last Updated: Mar 2024

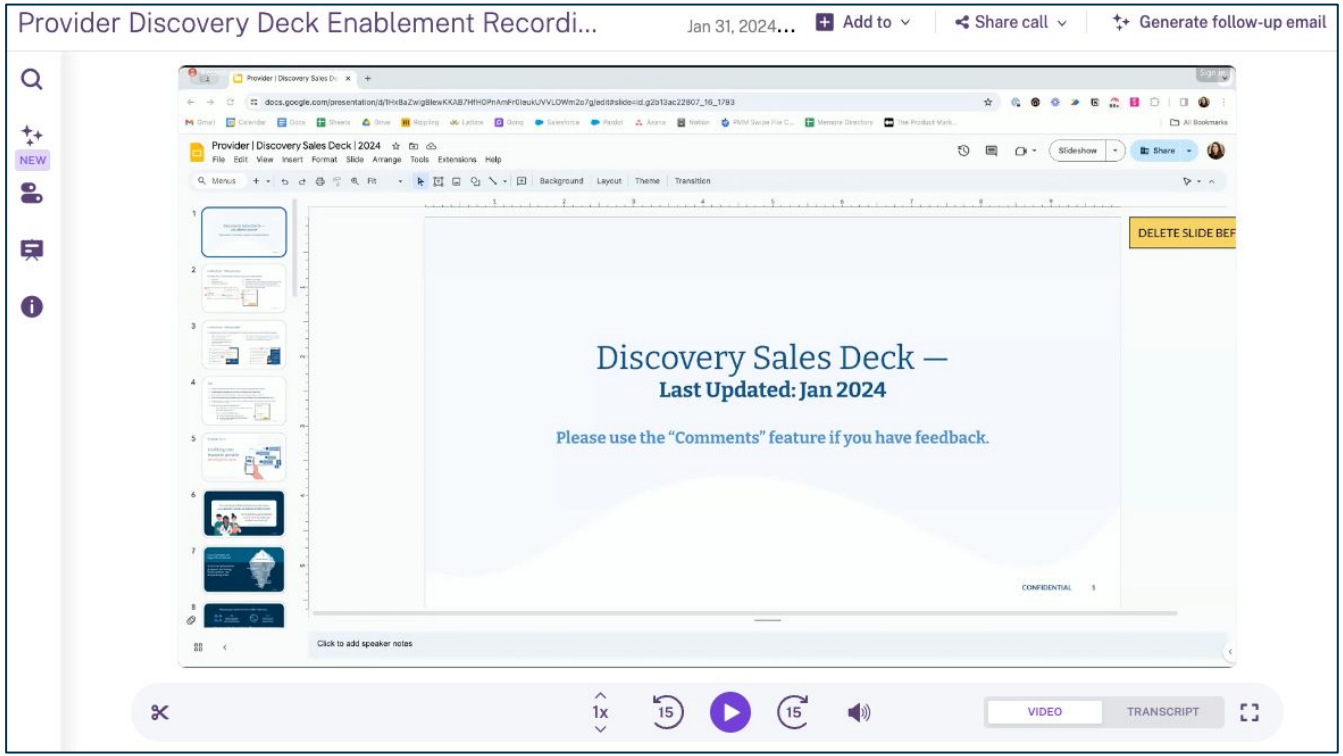
Please use the “Comments” feature if you have feedback.

Tips

- Always return to this version of the deck to ensure you have the latest and greatest content.
- **ALWAYS PRESENT IN PRESENTATION NOTES SO VIEWERS DO NOT SEE NOTES**
- Follow any directions noted in yellow boxes, and remove yellow boxes before presenting!
- **Read the slides/speaker notes to formulate your talk track. Talking points are also documented in this doc.**
- Speaker notes are not meant to be scripts, but to convey key messages on each slide and arm you with relevant research to back up key points.
- If you are sharing a copy of this deck externally…
    - Share in PDF format – there are a ton of animations that could get messy if shared externally
    - If you must share in an editable format…
        - Remove all speaker notes (see tip to right)
        - If sharing in .pptx double-check that formatting and fonts carried over



Click the below for an enablement video of Disco talking points!



Questions to answer in every Discovery Meeting…

1. Why did you take this call? What are you hoping to learn today?
2. Is this an active evaluation/project? If so, can you give us more insight on the items below? If not, is this more exploratory? What is driving your curiosity?
    a. Timeline
    b. Budget
    c. Who is involved in the decision
3. Help us understand your pain points/challenges that are driving the evaluation.
4. What metrics are you hoping to move the needle on? What does success look like (how will you know when the problem is solved)?

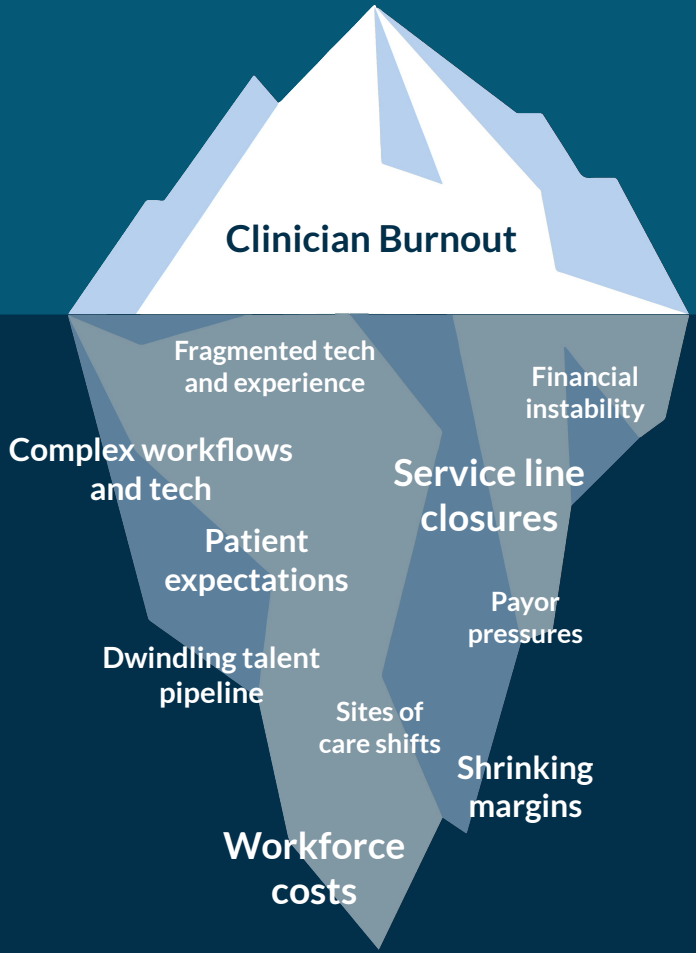
For every hour of direct patient care, care teams spend **nearly 2 hours on administrative work**.

Overburdened and unfulfilled, **nearly half** of healthcare workers are burnt out.

Sources: Annals of Internal Medicine, HHS

Challenges often go deeper than burnout.

Structural and systemic pressures are forcing health systems into an operating crisis.

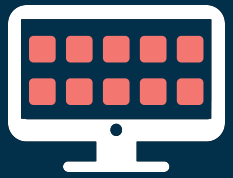


Manual processes are not viable solutions...

4x
the odds of burnout for clinicians with highest volume of EHR inbox tasks

75%
of Americans never answer calls from unknown numbers

...and fragmented technology lack efficiency and engagement.

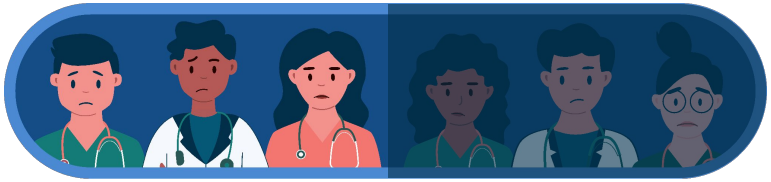


1,000+
applications in the average organization's tech stack

43%
of patients report broken communications negatively impact their health

Sources: JAMIA, Transportation Network Services, Salesforce, Artera

Dissatisfied clinicians are leaving the workforce.



3.2 million

estimated shortage of healthcare workers in the next two years.

Dissatisfied patients are asking for more.

69% of patients

are frustrated they can't engage in text exchanges with their provider.

The time to act is now.

Sources: Mercer, Artera

Unburden clinicians and engage patients with Memora Health

Proactive Engagement

Personalized care journeys, built with in-house clinicians, via **dynamic text messaging**

Conversational AI

Retrieves curated responses to answer patient questions — enabling **top-of-license practice**

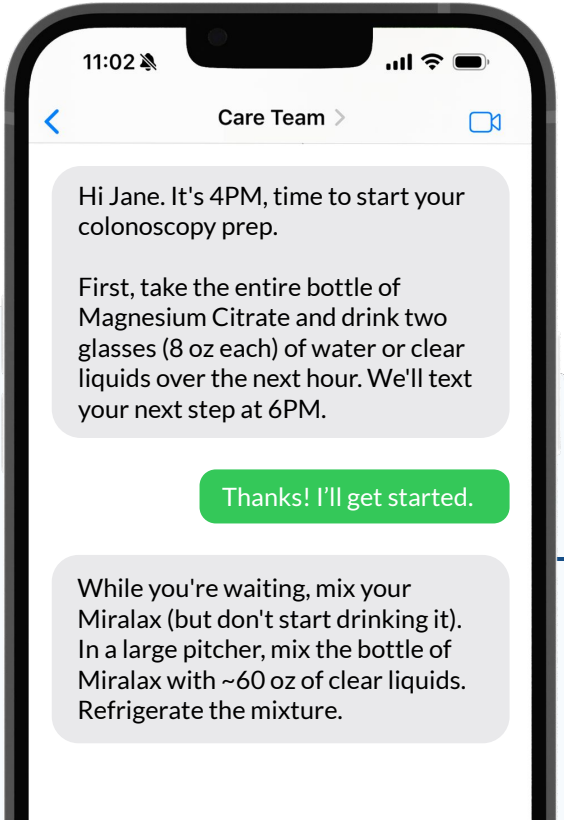
Intelligent Triaging

Unburden care teams with AI-enabled **triage and automation of tasks**

MEMORA HEALTH'S INTELLIGENT CARE ENABLEMENT PLATFORM

- App-less solution for patients
- Integrates into the EHR and other systems
- Actionable insights for the care team

Accessible SMS-based proactive engagement



Automated, 24/7 engagement drives **patient retention**

Evidence-based journeys **built with in-house clinicians**

Standardized programs help **reduce clinical variability**

- Proactive prompts & education
- Nudges for care plan adherence
- Screenings, ePROs, & assessments
- Medication & appt reminders

Always-on conversational AI

Retrieval-based, non-generative AI uses **clinician-curated responses**

Quickly addresses patient concerns while clinicians **practice at top-of-license**

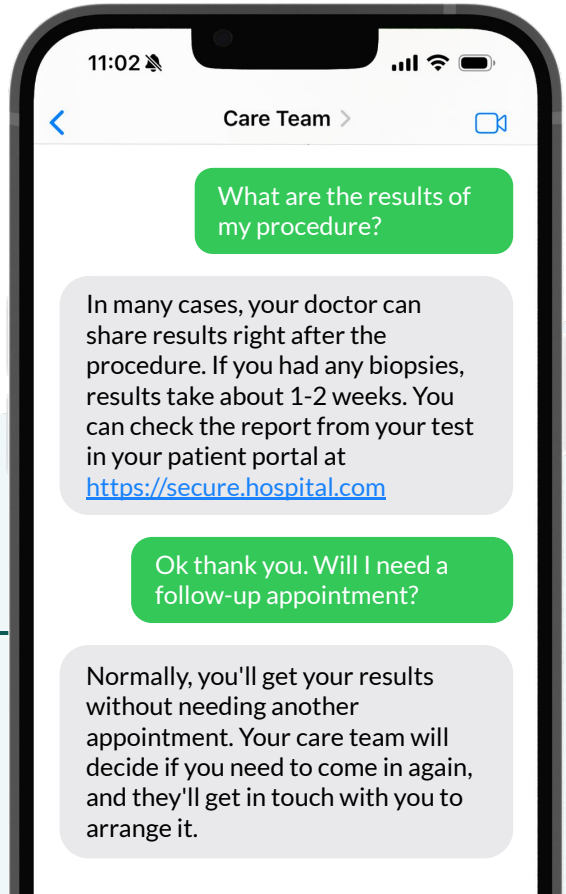
Surface concerns and insights earlier for more **meaningful patient outcomes**

Symptom triaging

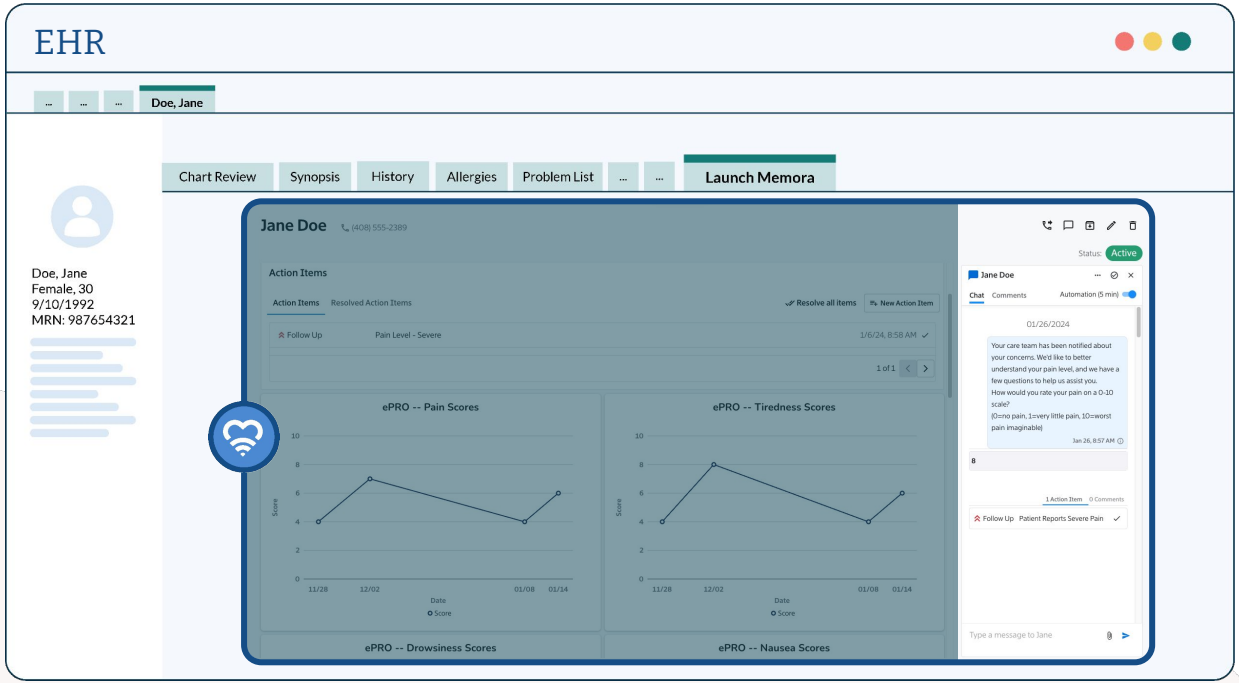
Common FAQs

Reactive education

Appointment management



Actionable, intelligent triaging



Integrates with leading EHRs

Customized notification routing

Organized tasks

Longitudinal patient data

Integrates into existing EHRs and workflows to **enable scale**

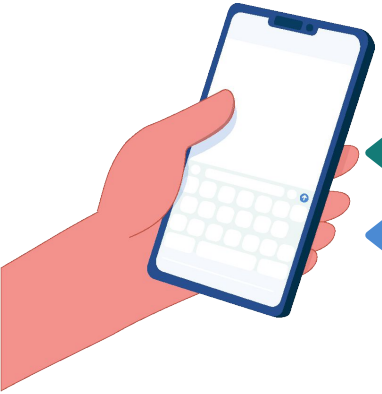
Escalations surfaced with actionable context for **faster resolution**

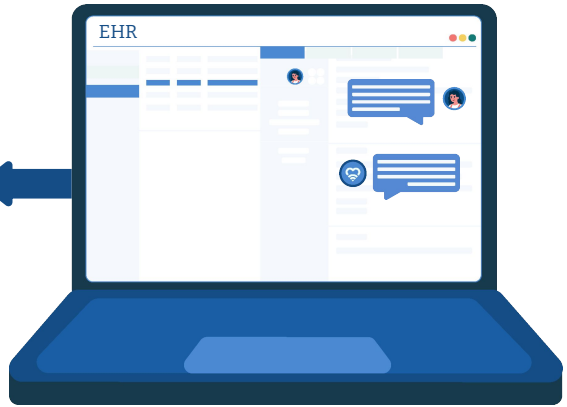
Care teams interact with patients directly in chat for **seamless continuity**

Impact of evidence-based AI

Conversational AI
74% 60-day engagement rate

Intelligent Triaging
Up to 40% fewer EHR inbox messages





Proactive Patient Engagement
80% average patient consent rate

DRIVING IMPACT AT LEADING HEALTHCARE ORGANIZATIONS INCLUDING:

Penn University of Pennsylvania · Intermountain Health · Boston Medical Center · Sutter Health

Source: Internal analyses of Memora Care Program data

Memora is a proven partner for driving meaningful change.

Drive Operational Efficiency

Automate manual workflows to increase patient reach without increasing staff — enabling all care team members to practice at the top of their license.

Enhanced Clinician & Patient Experience

Pair always-on support with data-driven personalization using tech to force multiply the impact of human care teams and make patient interactions more effective.

Support Financial Sustainability

Keep care plans on track to optimize revenue-generating services, reduce financially burdensome episodes, and satisfy regulatory requirements.

60% of symptoms managed by Memora's conversational AI

*Results from a Lung Cancer Support Care Program with Penn Medicine **as published in** ASCO*

67 Net Promoter Score among care teams users

Results from a Orthopedic Care Program with Boston Medical Center

24% increase in patient capacity *(without hiring more staff)*

*Results from a Fertility Care Program with Penn Medicine **as published in** NEJM Catalyst*

In summary…

From overwhelmed and broken…

Adjusting care plans

Reinforcing adherence

Side effect monitoring

Triaging concerns

Blood pressure monitoring

PCP office information

Appointment instructions

Assessing SDOH

Adjusting medications

Worsening edema

Post-discharge assessment

Timing instructions

Symptom triage coordination

Exercise information

Warning signs

Clinician Tasks Today

Stress relief techniques

Goals of care information

Worsening nausea

Weight monitoring

Patient education

Coordinating care

Glucose checks

...to focused and fulfilled

Memora Health's Intelligent Care Enablement Platform

Clinician Focus

Medication Management	Timing instructions	Reinforcing adherence	Side effect monitoring	Triaging concerns	+	Adjusting medications
Coordinating Patient Care	Post-discharge assessment	PCP office information	Appointment instructions	Assessing SDOH	+	Discussing a patient's care with other specialists
Education	Exercise information	Warning signs	Stress relief techniques	Goals of care information	+	Talking with patients about their health
Remote Patient Monitoring	Weight monitoring	Glucose checks	Blood pressure monitoring	Record-keeping of biometric data	+	Modifying care plans based on results
Symptom Support	Worsening edema	Worsening nausea	Patient-reported outcomes	Symptom triage coordination	+	Adjusting care plans based on patient symptoms

"I felt like **I always had someone checking on me**. I also had comfort knowing I could text any questions I have and get a quick answer."

– Patient from Memora Health Maternal Care Program

Next steps with Memora Health

Header

- Sub-bullet point 1
- Sub-bullet point 2

Header

- Sub-bullet point 1
- Sub-bullet point 2

Header

- Sub-bullet point 1
- Sub-bullet point 2

MEMORA HEALTH

Questions?

Care Program-Specific Phone Screens

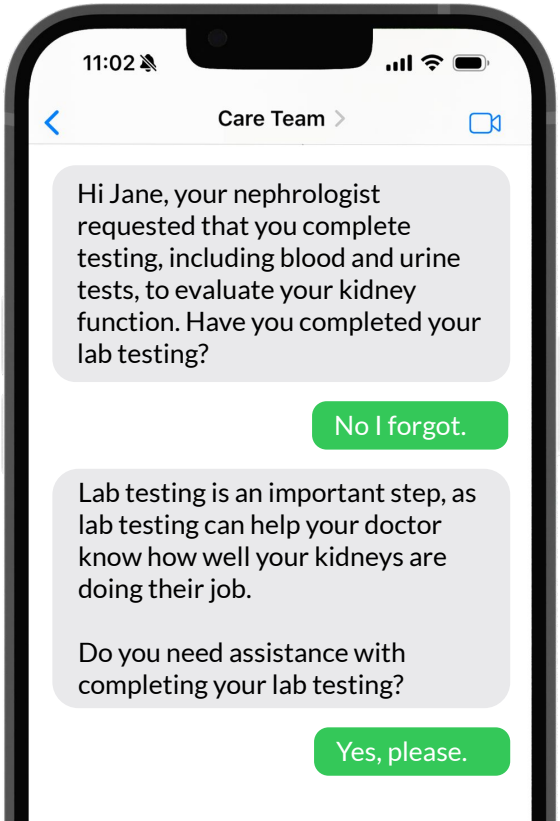
Chronic Kidney Disease Phone Screens

To use...

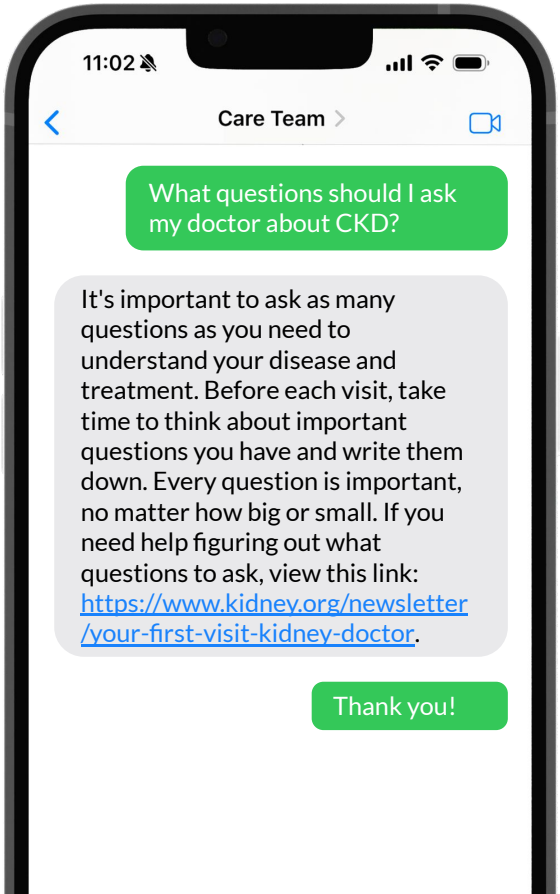
1. Select the phone screen
2. Right-click to “Copy”
3. Go to the destination slide
4. Remove the existing phone screen
5. Right-click to “Paste” and position on slide as needed

NOTE: The content in these phones has been reviewed and approved by Product Design. In order to maintain intent and integrity, please do not edit.

Use for this slide
(Proactive / outbound content)



Use for this slide
(Inbound / conversational AI content)



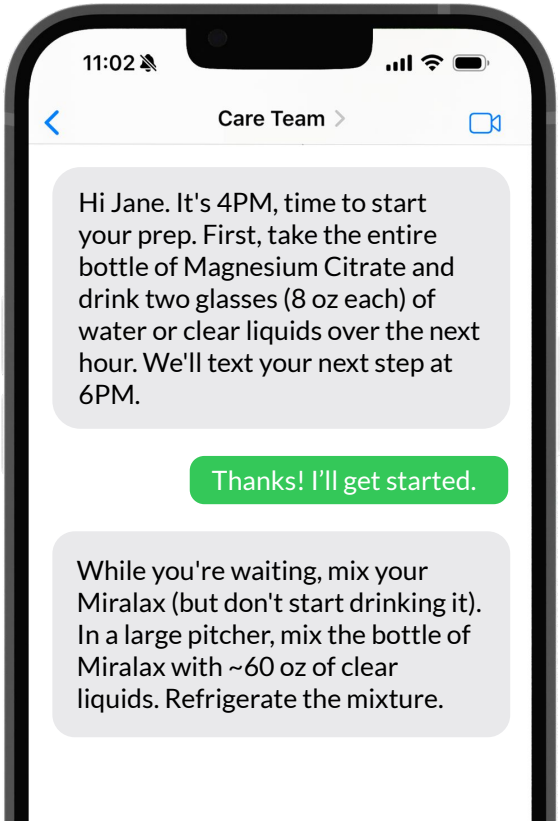
Colonoscopy & Endoscopy Phone Screens

To use...

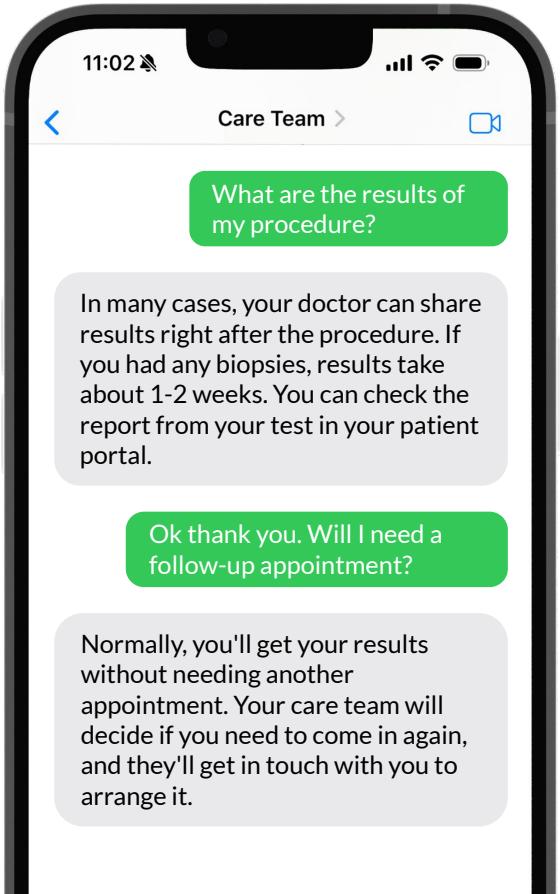
1. Select the phone screen
2. Right-click to “Copy”
3. Go to the destination slide
4. Remove the existing phone screen
5. Right-click to “Paste” and position on slide as needed

NOTE: The content in these phones has been reviewed and approved by Product Design. In order to maintain intent and integrity, please do not edit.

Use for this slide
(Proactive / outbound content)



Use for this slide
(Inbound / conversational AI content)



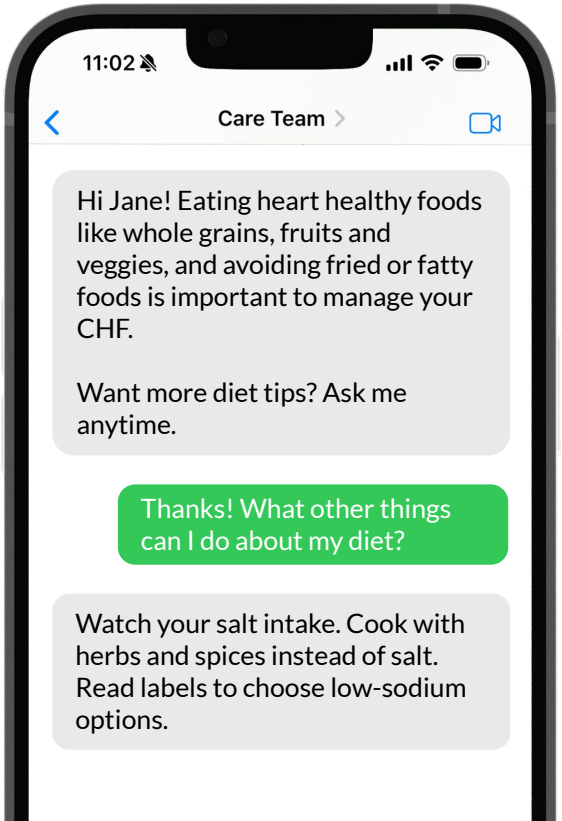
Congestive Heart Failure Phone Screens

To use...

1. Select the phone screen
2. Right-click to “Copy”
3. Go to the destination slide
4. Remove the existing phone screen
5. Right-click to “Paste” and position on slide as needed

NOTE: The content in these phones has been reviewed and approved by Product Design. In order to maintain intent and integrity, please do not edit.

Use for this slide
(Proactive / outbound content)



Use for this slide
(Inbound / conversational AI content)

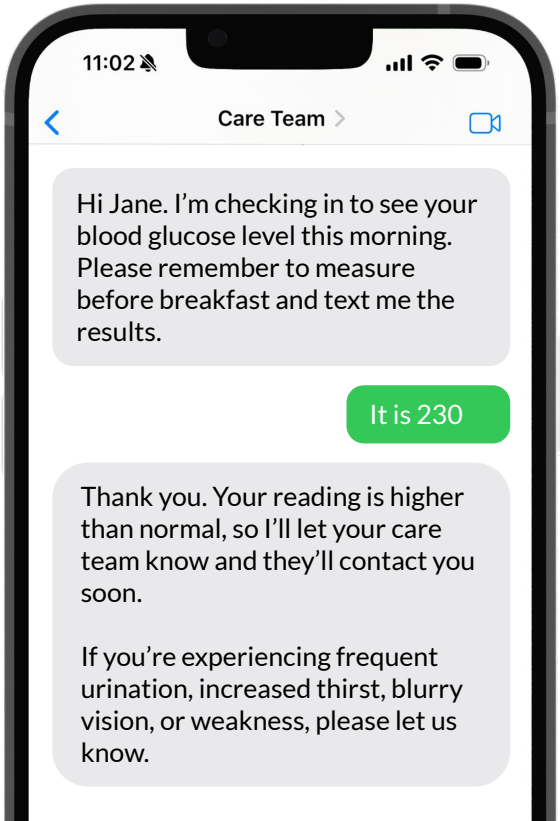
Diabetes Phone Screens

To use…

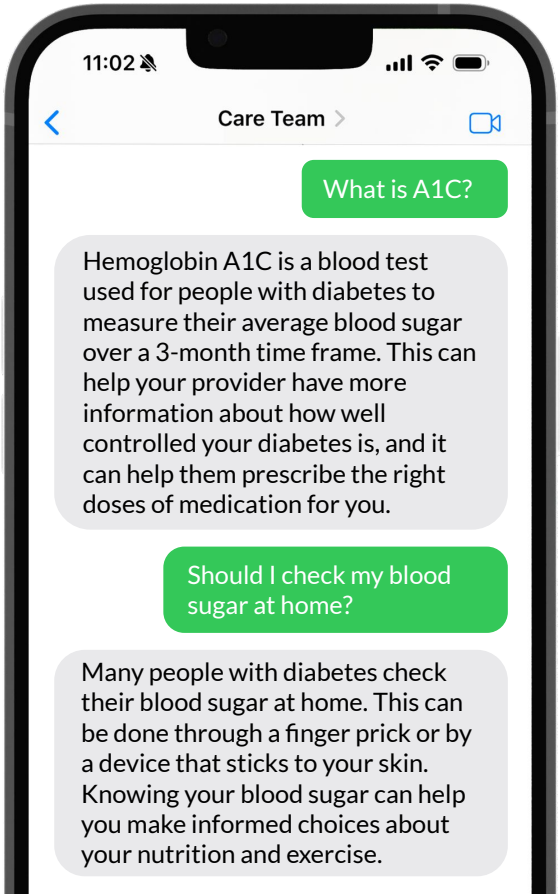
1. Select the phone screen
2. Right-click to “Copy”
3. Go to the destination slide
4. Remove the existing phone screen
5. Right-click to “Paste” and position on slide as needed

NOTE: The content in these phones has been reviewed and approved by Product Design. In order to maintain intent and integrity, please do not edit.

Use for this slide
(Proactive / outbound content)



Use for this slide
(Inbound / conversational AI content)



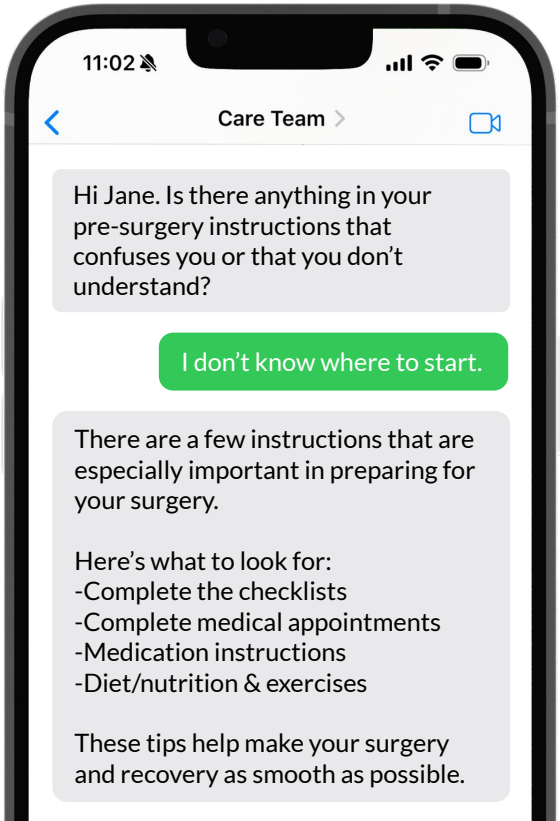
Joint (Knee & Hip) Replacement Phone Screens

To use…

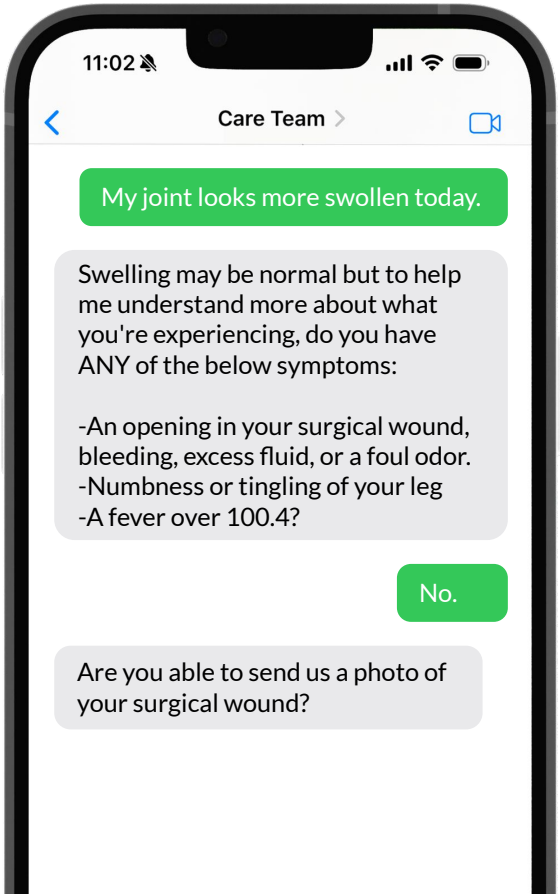
1. Select the phone screen
2. Right-click to “Copy”
3. Go to the destination slide
4. Remove the existing phone screen
5. Right-click to “Paste” and position on slide as needed

NOTE: The content in these phones has been reviewed and approved by Product Design. In order to maintain intent and integrity, please do not edit.

Use for this slide
(Proactive / outbound content)



Use for this slide
(Inbound / conversational AI content)



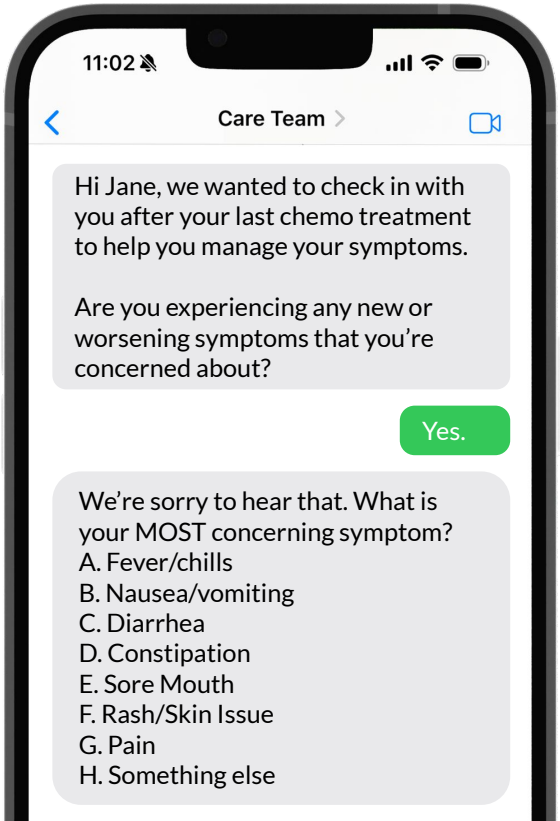
Medical Oncology Phone Screens

To use…

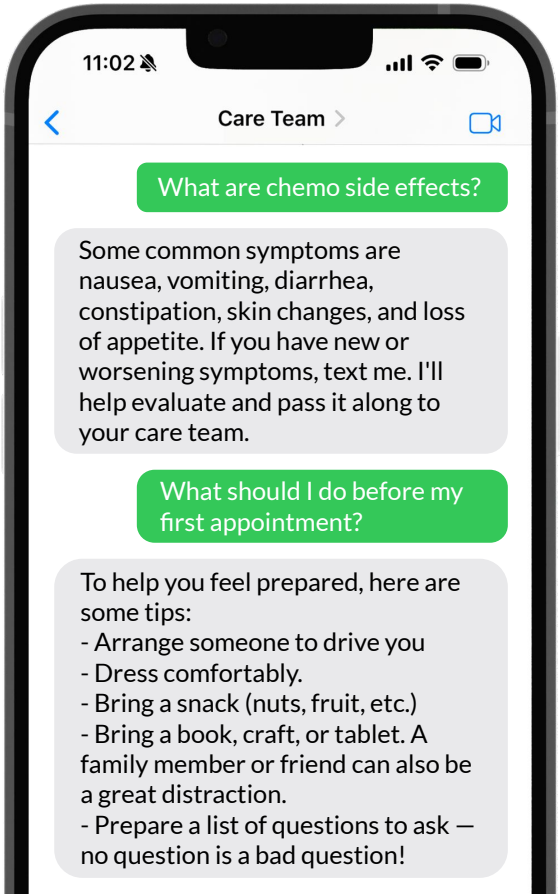
1. Select the phone screen
2. Right-click to “Copy”
3. Go to the destination slide
4. Remove the existing phone screen
5. Right-click to “Paste” and position on slide as needed

NOTE: The content in these phones has been reviewed and approved by Product Design. In order to maintain intent and integrity, please do not edit.

Use for this slide
(Proactive / outbound content)



Use for this slide
(Inbound / conversational AI content)



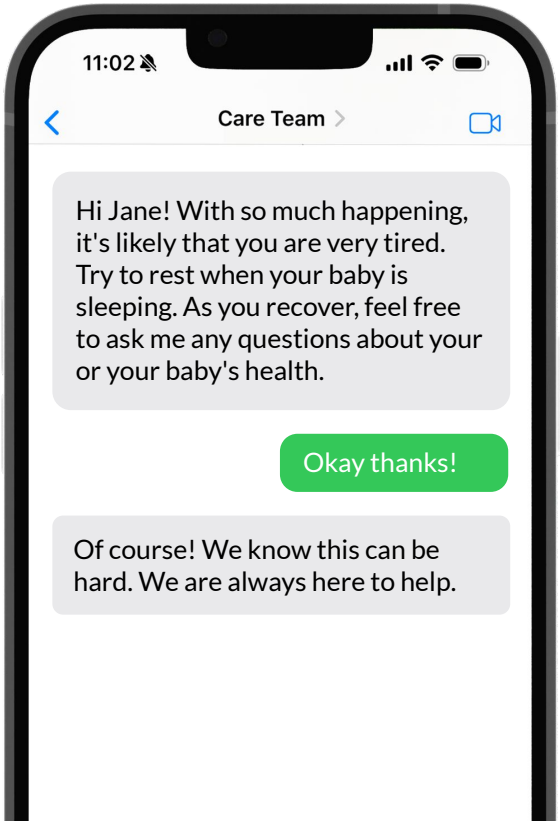
Postpartum Phone Screens

To use...

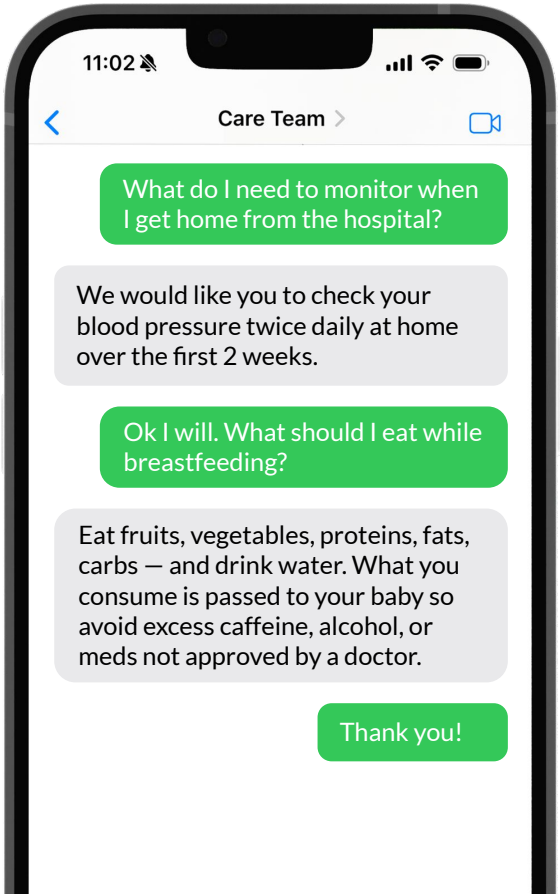
1. Select the phone screen
2. Right-click to “Copy”
3. Go to the destination slide
4. Remove the existing phone screen
5. Right-click to “Paste” and position on slide as needed

NOTE: The content in these phones has been reviewed and approved by Product Design. In order to maintain intent and integrity, please do not edit.

Use for this slide
(Proactive / outbound content)



Use for this slide
(Inbound / conversational AI content)



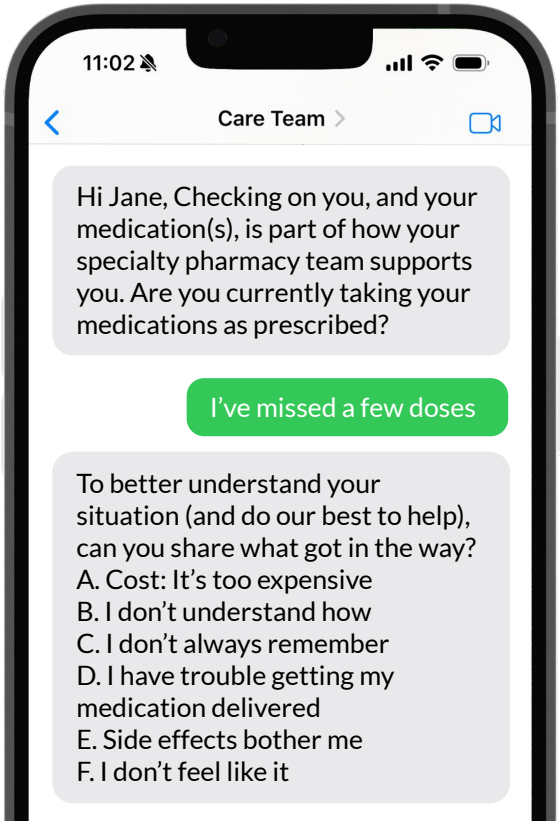
Specialty Rx Phone Screens

To use…

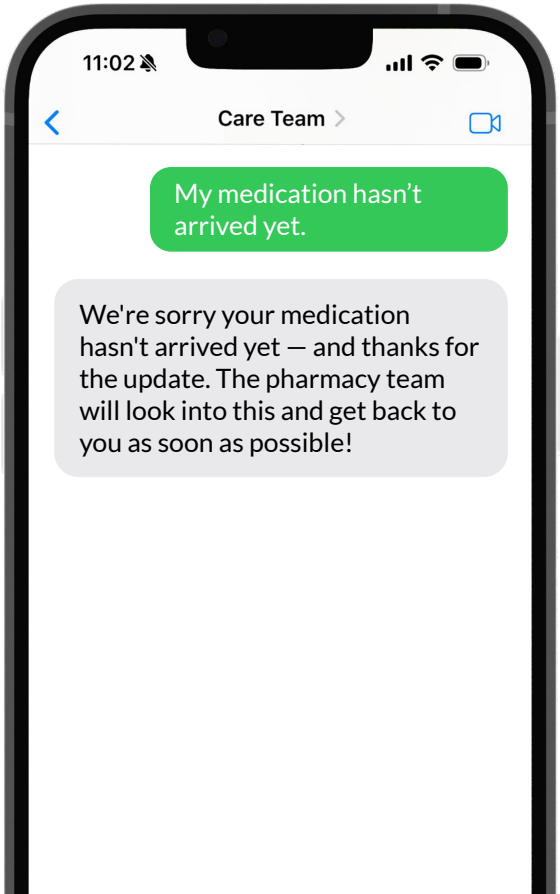
1. Select the phone screen
2. Right-click to “Copy”
3. Go to the destination slide
4. Remove the existing phone screen
5. Right-click to “Paste” and position on slide as needed

NOTE: The content in these phones has been reviewed and approved by Product Design. In order to maintain intent and integrity, please do not edit.

Use for this slide
(Proactive / outbound content)



Use for this slide
(Inbound / conversational AI content)



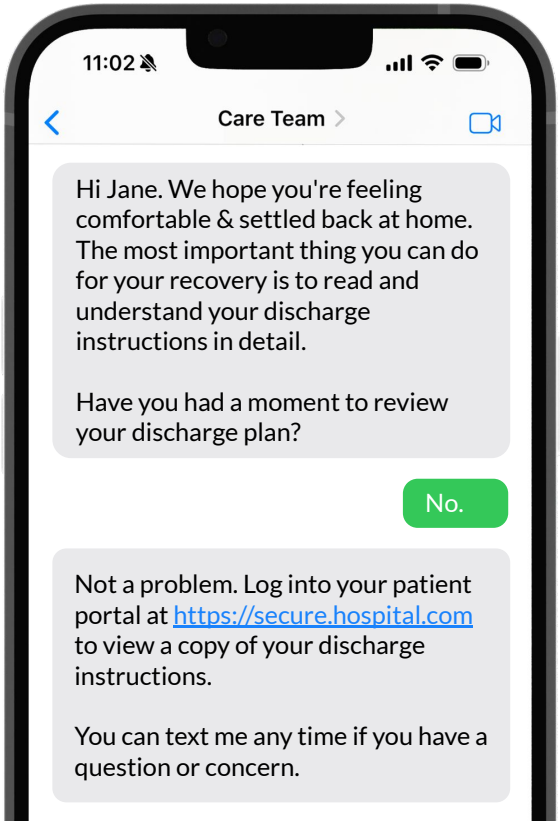
Transitions of Care Phone Screens

To use…

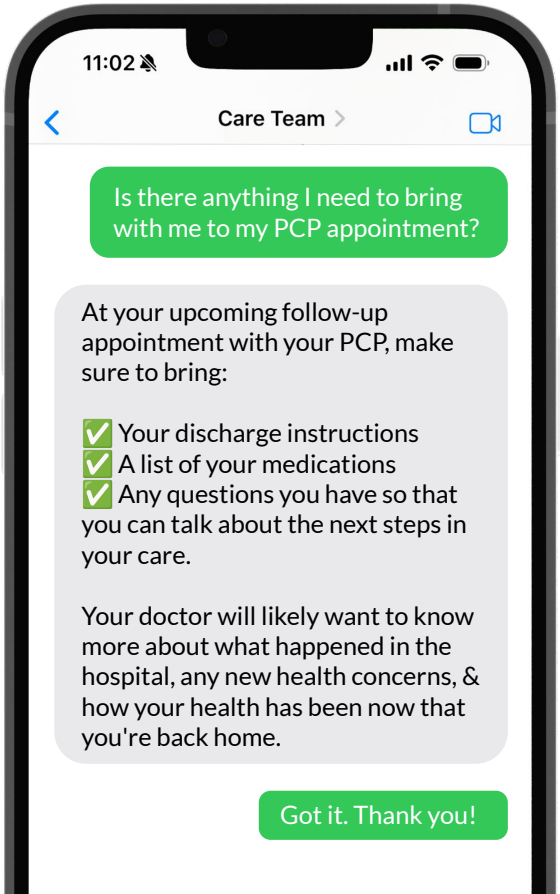
1. Select the phone screen
2. Right-click to “Copy”
3. Go to the destination slide
4. Remove the existing phone screen
5. Right-click to “Paste” and position on slide as needed

NOTE: The content in these phones has been reviewed and approved by Product Design. In order to maintain intent and integrity, please do not edit.

Use for this slide
(Proactive / outbound content)



Use for this slide
(Inbound / conversational AI content)



Care Program Repository & Overview Slides

Our evidence-based care programming

Intelligent care enablement for your enterprise

Prepare for procedures

Improve patient adherence to prep instructions while reducing no-shows and late cancels

Support recovery

Mitigate risks and adverse outcomes associated with post-encounter complications

Scale care management

Automate routine tasks to extend care management's impact and ability to provide high-touch care

Targeted data collection

Increase patient reach and meet regulatory requirements by removing burdensome collection and analyses

Enabling components configured to drive value:

- Appointment Management
- Assessments & Screenings
- Conversational AI
- Education
- Medication Management
- Symptom Support

Key Objectives:

- **Drive Operational Efficiency**
- **Enhanced Clinician & Patient Experience**
- **Support Financial Sustainability**

Use cases supported by Memora Care Programs

In-house clinicians design, build, and configure our platform and programming across service lines **to support procedure prep & recovery, scale care management, and automate targeted data collection.**

Gastroenterology

- Colonoscopy
- Endoscopy

Oncology

- Medical Oncology: Infusion, Oral Therapy
- Surgical Oncology
- Cancer Survivorship

Maternal Care

- Fertility: IUI, IVF
- Prenatal: Routine, High-Risk
- Postpartum
- NICU

Surgical Care

- Orthopedic: TKA, THA
- Bariatric
- Breast
- Urologic
- Vascular
- PROM collection

Chronic Conditions

- Chronic Kidney Disease
- Congestive Heart Failure
- COPD
- Diabetes
- Hypertension

Transitions of Care

- Hospital Inpatient Discharge

Pharmacy

- Specialty Rx

Population Health

- SDOH Data Collection
- Health Equity Support

Bariatric Surgery Care Program

Overview

Supports patients in **preparation for and recovery from Roux-en-Y gastric bypass, sleeve gastrectomy, and revision surgery** while unburdening care teams. Messages are personalized to patient-specific prep and post-op regimens and guidance draws from evidence-based models. Maximum value occurs when enrollment is >4 weeks before the procedure, and the program ends 1 year after the procedure.

Goals

Support Financial Sustainability

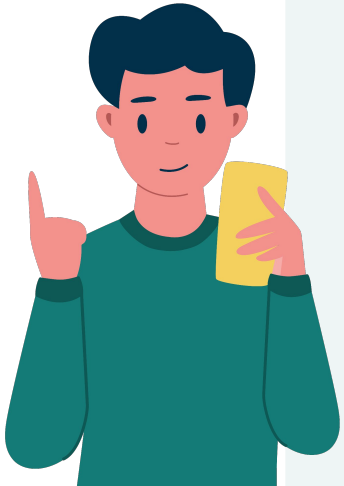
- Optimize pre- & post-procedure care
- Decrease cancellations with improved prep
- Boost adherence to follow-up care

Enhanced Clinician & Patient Experience

- Increase patient and care team satisfaction
- Increase patient retention

Drive Operational Efficiency

- Reduce manual care team outreach
- Reduce inbound patient calls/messages



Key Automated Workflows

- Appointment management promotes pre-op and post-op care adherence
- Education and medication management improves compliance with procedural prep and recovery
- SDOH, pre-op and post-op screenings, and nutritional assessments enable early intervention and support care plan compliance
- Always-on conversational AI immediately responds to patient questions and concerns

Key Program Components

- **Appointment Management:** Reminders to complete prep and attend post-op appointments
- **Education:** Dietary & lifestyle changes, emotional preparedness, surgery & recovery, & more
- **Assessments & Screenings:** SDOH, pre-op & post-op check-ins, nutritional, medication adherence, & more
- **Symptom Support:** Wound image collection, pain, nausea, indigestion, & more
- **NLP-Driven Conversational AI:** Clinician-curated answers to patient FAQs

Colonoscopy Care Program

Overview

Support patients in colonoscopy **preparation and recovery** while unburdening care teams. Messages are personalized to patient-specific prep regimens and guidance draws from evidence-based models. Maximum value occurs when enrollment is >14 days before the procedure, and the program ends 30 days after the procedure.

Goals

Support Financial Sustainability

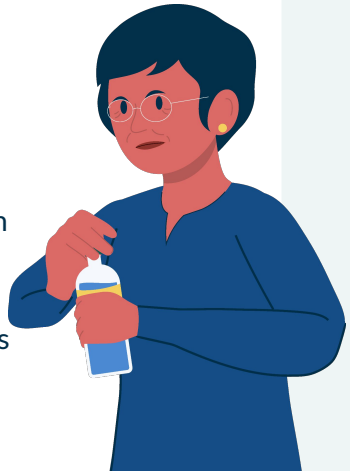
- Reduce no-shows and late cancellations
- Increase in patients arriving prepared for their procedure

Enhanced Clinician & Patient Experience

- Increase patient and care team satisfaction

Drive Operational Efficiency

- Reduce manual care team outreach
- Reduce inbound patient calls and messages



Key Automated Workflows

- Appointment management drives attendance
- Education improves compliance with procedural prep and recovery
- Screening for SDOH barriers, med adherence, and symptoms enables earlier intervention
- Always-on conversational AI immediately responds to patient questions and concerns

Key Program Components

- **Appointment Management:** Surveys, reminders, & inbound support
- **Education:** Nutrition, prep-specific expectations & instructions, recovery symptoms, & more
- **Assessments & Screenings:** Transportation, prep pick-up & completion, symptoms, & NPS
- **Medication Management:** Prompted prep instructions
- **Symptom Support:** Intelligent triaging for common procedure-related symptoms
- **NLP-Driven Conversational AI:** Clinician-curated answers to patient FAQs

Chronic Kidney Disease Care Program

Overview

Support patients in **managing Chronic Kidney Disease** while unburdening and **scaling RN-led care management teams**. Evidence-based, automated messages promote education and care adherence to support care managers in helping patients slow disease progression. Conversational AI answers patient questions and triages support, if needed. Month 1 focuses on intensive education and in months 2+ patients are segmented by risk-level for tailored support.

Goals

Drive Operational Efficiency

- Reduce manual outreach and touchpoints
- Mitigate the burden of data collection
- Reduce inbound patient calls and messages

Enhanced Clinician & Patient Experience

- Increase patient and care team satisfaction

Support Financial Sustainability

- Optimize self-management at home
- Promote preventive care
- Drive care plan adherence

Key Automated Workflows

- Consistent, digestible, education supports optimal compliance with care plans
- Screenings for medication adherence and SDOH barriers and PROs enable earlier intervention
- Remote monitoring of blood pressure and symptoms track longitudinal patient data
- Always-on conversational AI immediately responds to patient questions and concerns

Key Program Components

- **Appointment Management:** Reminders to schedule and attend PCP, Nephrology, & testing appointments
- **Education:** Medication, nutrition, exercise & lifestyle, GFR & albumin monitoring, & ESRD options
- **Assessments & Screenings:** SDOH, medication adherence, hemodialysis support, KDQOL-36, & PROMIS Global Health-10
- **Medication Management:** Track adherence of ACE/ARB medications
- **NLP-Driven Conversational AI:** Clinician-curated answers to patient FAQs

Congestive Heart Failure Care Program

Overview

Support patients in **managing Congestive Heart Failure** while unburdening and **scaling RN-led care management teams**. Evidence-based, automated personalized messages nudge behavior change and promote care adherence. Conversational AI answers patient questions and triages support, if needed. Month 1 of the program focuses on intensive education with monitoring that decreases in frequency over 6 months.

Goals

Drive Operational Efficiency

- Reduce manual outreach and touchpoints
- Mitigate the burden of data collection
- Reduce inbound patient calls and messages

Enhanced Clinician & Patient Experience

- Increase patient and care team satisfaction

Support Financial Sustainability

- Optimize self-management at home
- Promote preventive care
- Drive care plan adherence

Key Automated Workflows

- Consistent, digestible, education supports optimal compliance with care plans
- Screenings for medication adherence and SDOH barriers enable earlier intervention
- Remote monitoring of weight and symptoms track longitudinal patient data
- Always-on conversational AI immediately responds to patient questions and concerns

Key Program Components

- **Appointment Management:** Reminders to schedule and attend PCP and cardiology appointments
- **Education:** Medication, weight monitoring, nutrition, lifestyle, & advanced care planning
- **Assessments & Screenings:** SDOH, medication adherence, functional status support, PROMs, & more
- **Symptom Support:** Intelligent triaging for common CHF symptoms
- **NLP-Driven Conversational AI:** Clinician-curated answers to patient FAQs

Diabetes Care Program

Overview

Support patients in **managing Diabetes** while unburdening and **scaling RN-led care management teams**. Evidence-based, automated personalized messages nudge behavior change and promote care adherence. Conversational AI answers patient questions and triages support, if needed. Month 1 focuses on intensive education and in months 2+ patients are segmented by risk-level for tailored support.

Goals

Drive Operational Efficiency

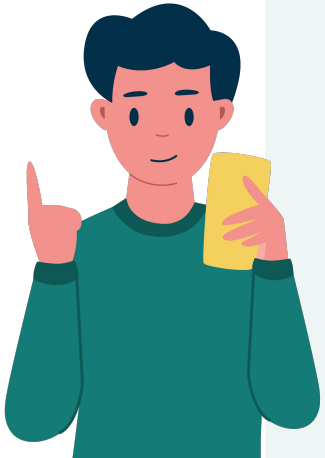
- Reduce manual outreach and touchpoints
- Mitigate the burden of data collection
- Reduce inbound patient calls and messages
- Promote medication adherence

Enhanced Clinician & Patient Experience

- Increase patient and retention
- Boost care team satisfaction and reduce burnout

Support Financial Sustainability

- Optimize self-management at home
- Promote preventive care
- Drive care plan adherence



Key Automated Workflows

- Consistent, digestible, education supports optimal compliance with care plans
- Screenings for medication adherence and SDOH barriers enable earlier intervention
- Remote monitoring of biomarkers and symptoms track longitudinal patient data
- Always-on conversational AI immediately responds to patient questions and concerns

Key Program Components

- **Appointment Management:** Reminders to schedule and attend PCP and testing appointments
- **Education:** Medication, nutrition, exercise & lifestyle, risk factor modification, & preventive care
- **Assessments & Screenings:** SDOH, medication adherence, nutrition & exercise, & preventive
- **Remote Monitoring:** Carb counting, A1C, blood pressure, & symptom triage
- **NLP-Driven Conversational AI:** Clinician-curated answers to patient FAQs

General Care Management Care Program

Overview

Support patients engaged in care management in **managing chronic diseases** while unburdening and **scaling care management teams**. Evidence-based, automated personalized messages nudge behavior change and promote care adherence. Conversational AI answers patient questions and triages support, if needed. Month 1 focuses on intensive education and in months 2+ patients are segmented by risk-level for tailored support.

Goals

Drive Operational Efficiency

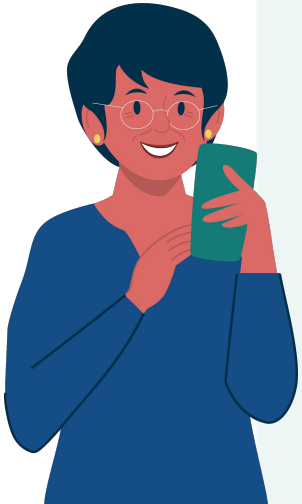
- Reduce manual outreach and touchpoints
- Mitigate the burden of data collection
- Reduce inbound patient calls and messages

Enhanced Clinician & Patient Experience

- Increase patient and care team satisfaction

Support Financial Sustainability

- Optimize self-management at home
- Promote preventive care
- Drive care plan adherence



Key Automated Workflows

- Consistent, digestible, education supports optimal compliance with care plans
- Screenings for medication adherence and SDOH barriers enable earlier intervention
- Appointment management to drive adherence to outpatient appointments and testing
- Always-on conversational AI immediately responds to patient questions and concerns

Key Program Components

- **Appointment Management:** Reminders to schedule and attend outpatient and testing appointments
- **Education:** Medication, nutrition, exercise & lifestyle, risk factor modification, & health maintenance
- **Medication Management:** Adherence monitoring
- **Assessments & Screenings:** PHQ-2 or 9, GAD-7, PROMIS-10 or SF-12, SDOH, Katz Index of ADLs, check-ins, & more
- **NLP-Driven Conversational AI:** Clinician-curated answers to patient FAQs

GLP-1 Medication Care Program

Overview

Support patients in **taking GLP-1 medications** for diabetes or weight loss while unburdening and **scaling provider-led care management teams**. Evidence-based, automated personalized messages educate and screen for adherence. Conversational AI answers patient questions and triages support, if needed. Month 1 focuses on intensive engagement with monitoring decreasing in frequency in months 2+.

Goals

Drive Operational Efficiency

- Reduce manual outreach and touchpoints
- Mitigate the burden of data collection
- Reduce inbound patient calls and messages

Enhanced Clinician & Patient Experience

- Increase patient satisfaction & retention
- Drive care team satisfaction

Support Financial Sustainability

- Promote medication adherence
- Optimize self-management at home

Key Automated Workflows

- Consistent, digestible education supports optimal medication compliance and side effect management
- Appointment management drives adherence
- Medication management enables earlier intervention, identifies root causes to non-adherence, and tracks longitudinal data
- Screenings for diet and exercise adherence and remote monitoring of weight
- Always-on conversational AI immediately responds to patient questions and concerns

Key Program Components

- **Education:** Medication adherence & instructions, lab monitoring, and side effect management
- **Appointment Management:** Outpatient & testing
- **Medication Management:** Longitudinal adherence monitoring, and barrier identification
- **Assessments & Screenings:** Nutrition, exercise, and weight monitoring
- **NLP-Driven Conversational AI:** Clinician-curated answers to patient FAQs

Hip Replacement Care Program

Overview

Streamline **pre- and post-surgical support** with evidence-based guidance. This program proactively provides clear pre-operative preparation, drives adherence to CMS PROM-PM requirements, and facilitates post-surgical care plan compliance — all while alleviating care team burden. The program begins ~2 weeks before surgery and continues through the one year anniversary.

Goals

Support Financial Sustainability

- Reduce complications & associated penalties
- Increase post-surgical follow-up visits
- Meet CMS PROM-PM requirements

Enhanced Clinician & Patient Experience

- Increase patient and care team satisfaction
- Increase patient retention

Drive Operational Efficiency

- Reduce manual care team outreach
- Reduce burden of data collection
- Reduce patient inbound calls/messages

Key Automated Workflows

- Appointment management promotes follow-up care
- Education improves compliance with procedural prep and recovery
- Care plan comprehension screening and PROMs enable early intervention and support compliance
- Always-on conversational AI immediately responds to patient questions and concerns

Key Program Components

- **Appointment Management:** Reminders to schedule and attend post-op appointments
- **Education:** Surgery & recovery prep, return to ADLs, wound care, symptom monitoring, continuity of care
- **Assessments & Screenings:** HOOS Jr, PROMIS GLOBAL-10, care plan comprehension, utilization assessments, & more
- **Symptom Support:** Wound care image collection, intelligent triaging for procedure-related symptoms
- **NLP-Driven Conversational AI:** Clinician-curated answers to patient FAQs

Knee Replacement Care Program

Overview

Streamline **pre- and post-surgical support** with evidence-based guidance. This program proactively provides clear pre-operative preparation, drives adherence to CMS PROM-PM requirements, and facilitates post-surgical care plan compliance — all while alleviating care team burden. The program begins ~2 weeks before surgery and continues through the one year anniversary.

Goals

Support Financial Sustainability

- Reduce complications & associated penalties
- Increase post-surgical follow-up visits
- Meet CMS PROM-PM requirements

Enhanced Clinician & Patient Experience

- Boost patient and care team satisfaction
- Increase patient retention

Drive Operational Efficiency

- Reduce manual care team outreach
- Lessen burden of data collection
- Decrease inbound patient calls/messages

Key Automated Workflows

- Appointment management promotes follow-up care
- Education improves compliance with procedural prep and recovery
- Care plan comprehension screening and PROMs enable early intervention and support compliance
- Always-on conversational AI immediately responds to patient questions and concerns

Key Program Components

- **Appointment Management:** Reminders to schedule and attend post-op appointments
- **Education:** Surgery & recovery prep, return to ADLs, wound care, symptom monitoring, continuity of care
- **Assessments & Screenings:** KOOS Jr, PROMIS GLOBAL-10, care plan comprehension, utilization assessments, & more
- **Symptom Support:** Wound image collection, intelligent triaging for procedure-related symptoms
- **NLP-Driven Conversational AI:** Clinician-curated answers to patient FAQs

Medical Oncology Care Program

Overview

Support patients in **undergoing IV or oral chemotherapy treatment** while unburdening care teams. Automated messages are personalized to patient-specific treatment and guidance draws from evidence-based models. Content focuses on symptom monitoring and PRO collection while conversational AI answers patient questions and triages support, if needed. Enrollment occurs prior to initial treatment (ideally around chemotherapy education) and the program ends 30 days after treatment ends.

Goals

Drive Operational Efficiency

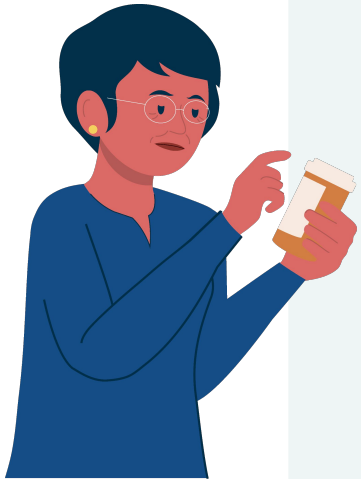
- Reduce manual outreach and touchpoints
- Mitigate the burden of data collection
- Reduce inbound patient calls and messages
- Promote medication adherence

Enhanced Clinician & Patient Experience

- Increase patient satisfaction and retention
- Improve care team satisfaction and burnout

Support Financial Sustainability

- Optimize self-management at home
- Drive care plan adherence



Key Automated Workflows

- Consistent, digestible, education supports optimal compliance with care plans
- Automated PROs tracks longitudinal data and adherence, and SDOH screenings uncover barriers
- Symptom and toxicity monitoring enables earlier intervention to support quality of life
- Always-on conversational AI immediately responds to patient questions and concerns

Key Program Components

- **Education:** Medication adherence, toxicities, side effects, lifestyle, emotional support
- **Assessments & Screenings:** SDOH, PROs, medication adherence, symptom monitoring, & more
- **Symptom Support:** Nausea/vomiting, fatigue, skin issues, mouth discomfort & more
- **NLP-Driven Conversational AI:** Clinician-curated answers to patient FAQs

Specialty Pharmacy Care Program

Overview

Scale support for **patients filling prescriptions through specialty pharmacies** while promoting medication adherence. Evidence-based, automated, personalized messages nudge and monitor adherence and conversational AI answers patient questions and triages support. Month 1 focuses on self-management and data collection, and patients are segmented by risk-level in months 2+ for tailored support.

Goals

Drive Operational Efficiency

- Reduce manual outreach and touchpoints
- Mitigate the burden of data collection
- Reduce inbound patient calls and messages

Enhanced Clinician & Patient Experience

- Increase pharmacy team and patient satisfaction

Support Financial Sustainability

- Drive specialty medication adherence
- Boost patient retention within specialty pharmacy and health system

Key Automated Workflows

- Consistent, digestible, education supports optimal medication compliance
- Screenings for medication adherence to enable earlier intervention, identify root causes to non-adherence, and track longitudinal data
- Proactively assess prescription refill needs and confirm medication shipment receipts
- Always-on conversational AI automates symptom and side effect support & triaging

Key Program Components

- **Education:** Medication adherence, medication interactions, refills, side effects, travel planning
- **Medication Management:** Longitudinal adherence monitoring, barrier identification
- **Assessments & Screenings:** Refill needs, medication shipment tracking, health status check-ins, & more
- **NLP-Driven Conversational AI:** Clinician-curated symptom support and answers to patient FAQs

Transitions of Care Program

Overview

Support patients through **transitions of care from hospital discharge through the remainder of their care journey.** Unburden care managers with automated support that builds patient confidence and enables self-management to help boost care adherence and reduce readmission risk. Conversational AI answers patient questions and triages support, if needed. The program includes 35 days of post-discharge support with crucial touchpoints in the first 72 hours.

Goals

Support Financial Sustainability

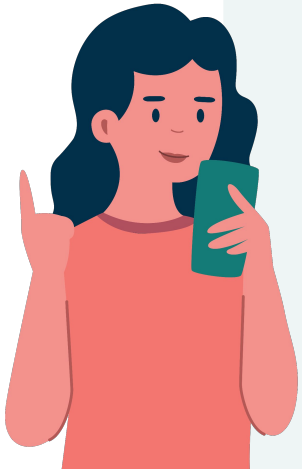
- Reduce readmission rates & associated penalties
- Increase post-discharge PCP visits
- Support reduction in adverse outcomes and total cost of care

Enhanced Clinician & Patient Experience

- Increase patient satisfaction & retention
- Boost care team satisfaction

Drive Operational Efficiency

- Reduce manual outreach & touchpoints
- Mitigate the burden of data collection
- Reduce inbound patient calls & messages



Key Automated Workflows

- Consistent, digestible, intensive education reinforces discharge care plans during vulnerable transitions
- Screenings for medication adherence and SDOH barriers enable earlier intervention
- Appointment management drives engagement with PCPs and follow-up appointments
- Always-on conversational AI immediately responds to patient questions and concerns

Key Program Components

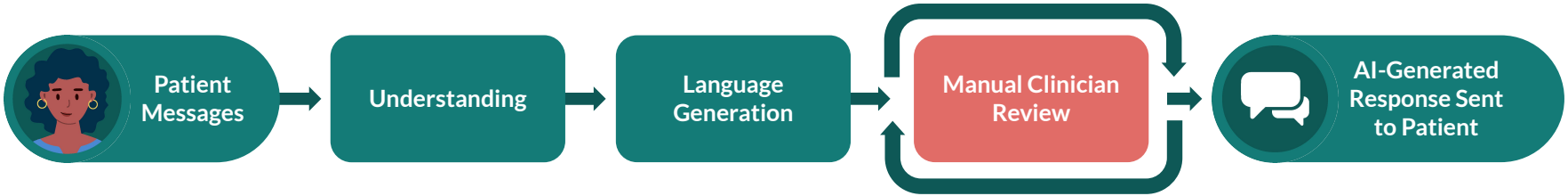
- **Education:** Discharge instructions, diagnosis comprehension, & home management of care
- **Appointment management:** Reminders to schedule and attend PCP and specialist appointments
- **Assessments & Screenings:** SDOH, medication adherence, & readmissions check-ins
- **Symptom Support:** Intelligent triaging for common post-discharge symptoms
- **NLP-Driven Conversational AI:** Clinician-curated answers to patient FAQs

Conversational AI and LLMs

Memora's Retrieval-Based Approach To Conversational AI

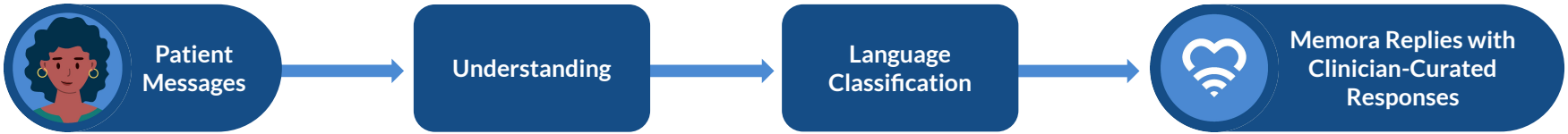
Generative Models in Healthcare

use LLMs to interpret a prompt, and create text **without the scalable oversight of an expert**



Memora's Care Enablement Model

uses a LLM to understand and classify language to **retrieve clinician-curated responses**



Our model is:

- intentionally cautious
- predisposed towards safety
- only operating within trusted, curated paths

Leading Conversational AI Engine

Early Natural Language Processing Models

Early models utilize a discrete keyword match approach to understanding patient messages

This model took keywords in a patient message, matched those to items in our database containing those keywords, and retrieved a proper response

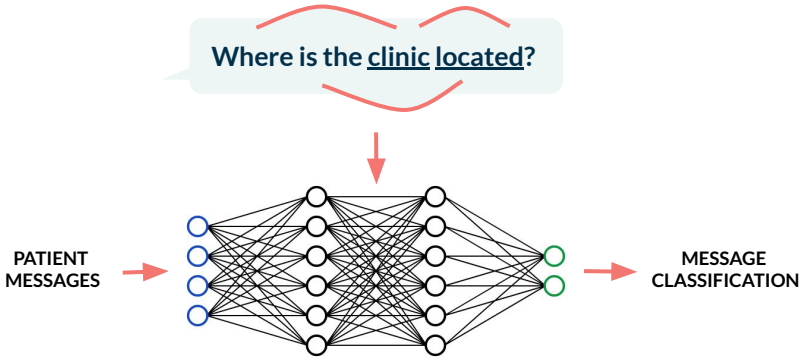
Where is the clinic located?

#	Keywords		
1	clinic	located	
2	emergency	room	located
n	medication	refill	need

Memora's Intelligent Care Enablement Model

Memora utilizes a large language model (LLM)-based system, tuned to understand your patients messages

This model more fully understands patient messages, classifies them, and then like the past model retrieves the proper response



Generative vs. Retrieval Models

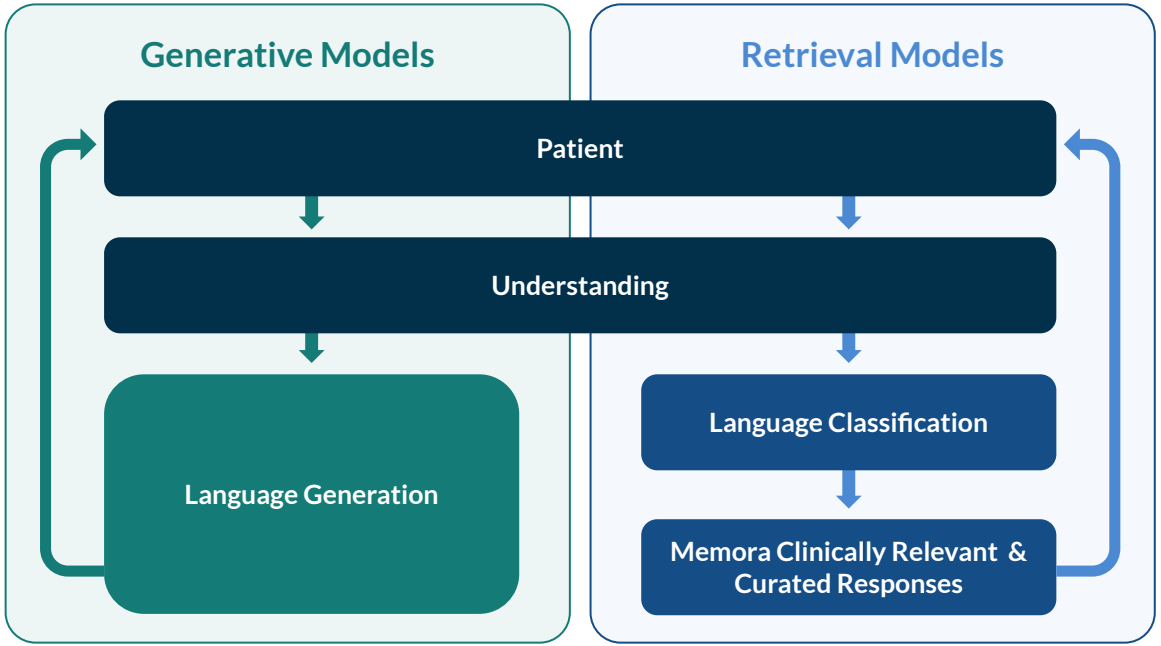
LLMs can power a variety of applications, some of which don't use an LLM's generation capabilities

Generative models

(like ChatGPT) use their understanding of language and semantics to interpret a prompt, and create text ***without the oversight of an expert***

Retrieval models

(like the one being incorporated into Memora's updated core engine) use this understanding of language to classify text, and allows our system to deterministically ***retrieve clinician-curated responses***



Solution Framing

SMS Reduces Friction and Improves Access

75% of Americans never answer calls from unknown numbers

69% are frustrated they can't engage in conversational texts with their providers

60% 60-70% of patients don't engage with online portals

SMS Reduces Friction

98%

Text messages are read

90%

In the first three minutes

Sources: Transportation Network Services, Artera, JMIR, Sender

Proactive Elements of Memora's Care Programs

Patient Outreach

Care Gap Closures

Annual Wellness Campaigns

Appointment Management

Appointment Reminders

Rescheduling Workflows

Telehealth Support

Patient Education

Pre-Visit Instructions

Care Plan Education

Pre/Post Procedure Guidance

Surveys/Data Collection

Validated Surveys

ePRO/RPM Collection

SDOH Screenings

Satisfaction & NPS Surveys

Self Care Management

FAQ Resolution

Care Plan Adherence

Medication Adherence

Reactive Symptom Triage

Robust Automation, 2-way SMS, Conversational NLP, Validated + Customizable Content

How Memora Guides Patients on Their Care Journeys

Onboard & Engage

Hi Bob, I'm following up after your recent visit with Dr. Colbert about your diabetes care management plan. We'll work together to help you best manage your diabetes.

Trained by your care team to help support you by text message, think of me as your virtual health partner – and ask me questions!

Thanks! What foods should I be eating?

Increase reach & patient experience without adding more work

Increase Patient Access

To ensure we have a full picture of your specific needs, do you have a moment for a quick 10-question survey?

Sure

[Q1/10] In the last 3 months, did you worry about affording your diabetes medications or supplies?

Sometimes

Content rich escalation for gaps that may exist

Setting Expectations

Type 2 Diabetes is when cells in your body become resistant to the action of insulin, and excess sugar can build up in your blood. Lifestyle adjustments, self-care measures, and certain medications can help lower your blood sugar and decrease your risk of complications.

Thanks for the info!

AI powered individualized content for each patient

Positive Habit Reinforcement

Good morning, Bob! I'm sending you a reminder to take your blood glucose.

Just checked - it's 145

Great, that's normal! Continue to take your medications as directed. Keep up the good work!

Thank you!

Identify challenges before they become emergent

How We Build Care Programs

Transforming Care Delivery

MEMORA'S IN-HOUSE CLINICIANS MAKE IT EASY

Care Program Configuration

In-house clinicians leverage turnkey, evidence-based content and drive configuration to meet your existing workflows

Change Management

Incorporate best practices for care team training, adoption, and enrollment and monitor efficiency and engagement post-launch

Ongoing Support

Clinical monitoring of conversational AI to continuously improve and build trust in escalation routing, and help ensure responses remain within approved pathways

Our Experts Are Your Partners

Jamie Colbert, MD, MBA
Chief Medical Officer

- MD, Stanford University
- Practicing physician at Brigham and Women's Hospital

Supported by a bench of Clinical Product Managers — **Registered Nurses, Family Nurse Practitioners,** and **Therapists** across specialties with deep experience in direct patient care

Clinical Advisory White Glove Service

A HANDS-ON ENGAGEMENT LIFECYCLE

Implementation
Mitigate change management and drive efficiencies

Design:
Onsite session to observe individual care team and clinic workflows

Configuration:
Align Care Program routing of alerts and escalations to current workflows

Navigation:
Care delivery insights from other customers incorporated to guide success

Program Launch
Enable smooth launch and drive program adoption

Training:
Lead onsite training sessions for frontline care team users ensuring change management is top of mind

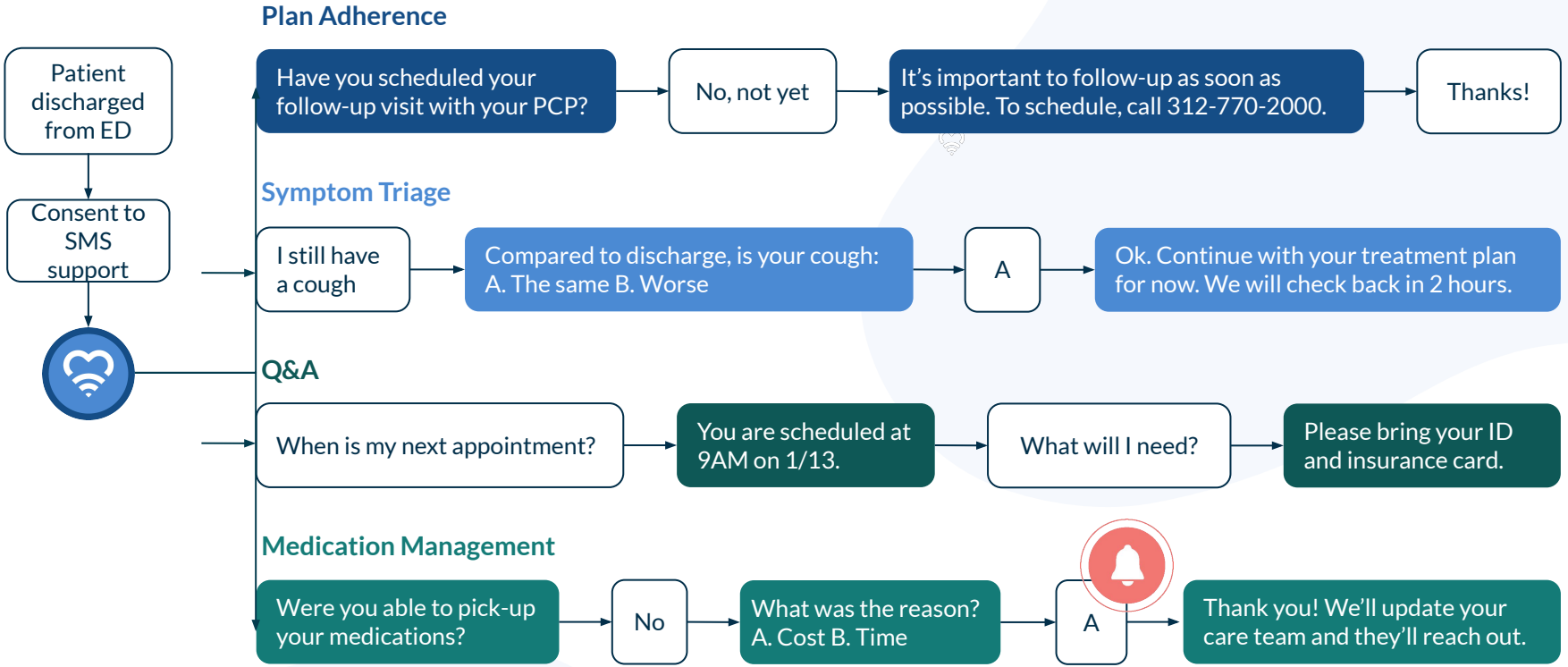
Hands on:
Clinician-to-clinician approach to ensure enrollment flow is optimized and care team efficiency is maximized

Ongoing Success
Monitor for program accuracy and optimization

Optimization:
Regular touch points with Memora clinical leaders and your clinicians to discuss recommendations

Oversight:
Clinical monitoring of conversational AI to continuously improve and build trust in escalation routing, and ensure responses remain within approved pathways

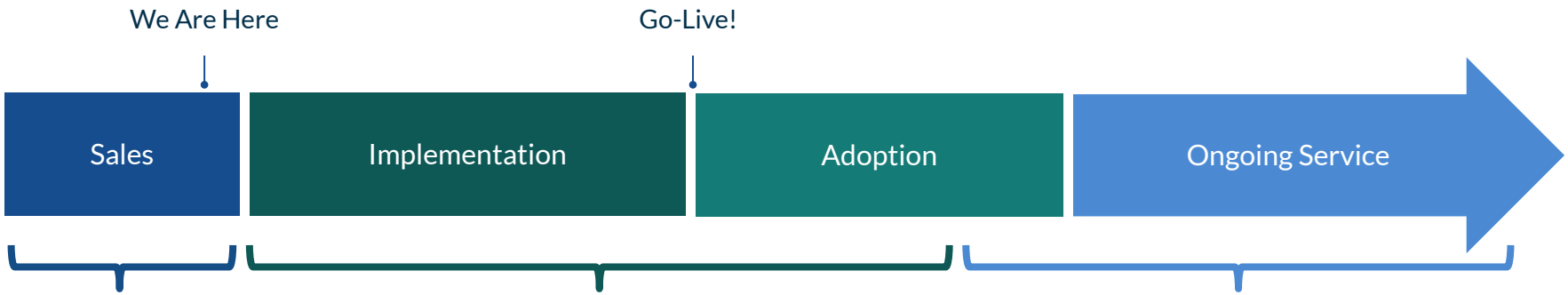
Post-Discharge Journey Optimized With Memora



Memora's automated messages

Memora's automated alerts

Memora Client Delivery Support Journey



Account Executive
Primary point of contact through sales process

Implementation Manager
Manages overall implementation, configures program components, and supports care team users through adoption

Client Success Executive
Ensures ROI & value delivery, aligns with your top priorities, keeps your experience top notch

Clinical Product Manager
Product owner and clinical subject matter expert

Outcomes and Case Studies

Proof That Memora Works

60%

of symptoms managed by Memora's conversational AI

Results from a Lung Cancer Support Care Program with Penn Medicine

67

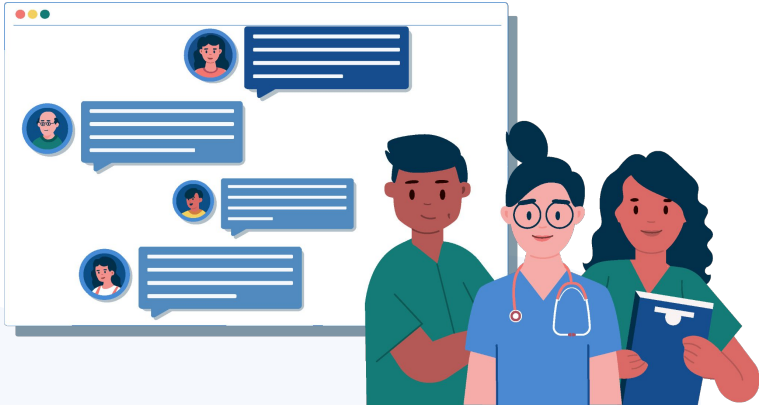
Net Promoter Score from care teams that use Memora

Results from a Orthopedic Care Program with Boston Medical Center

24%

increase in patient capacity (without hiring more staff)

Results from a Fertility Care Program with Penn Medicine



Up to 40% reduction in EHR inbox notifications

Internal analyses of Memora Care Program data

Complex Medical Workup

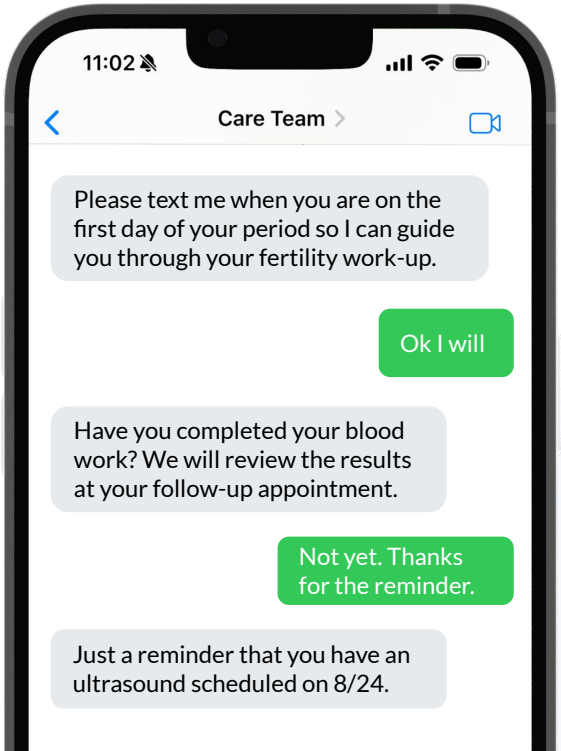
PENN MEDICINE CASE STUDY: MEMORA FERTILITY SUPPORT CARE PROGRAM

Problem

Patients were taking up to 90 days to complete fertility workup due to trouble fully adhering to their complex care plans and missed appointments.

Penn Medicine needed an always-on companion that could provide patients with education, intelligently answer questions, assist care teams in monitoring progress, and help patients schedule appointments throughout their treatment.

Solution



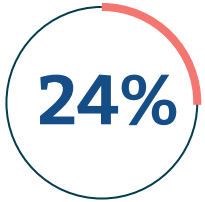
"Text-based messaging is convenient, scalable with AI-augmentation, and appreciated by patients as a comfortable, accessible, and compliant method of communication."

- Penn Medicine's Fertility Care Team

Sources: NEJM Catalyst and Memora Health Fertility Support Care Program

Results: Increased Adherence, Reduced Burden On Care Teams

PENN MEDICINE CASE STUDY: MEMORA FERTILITY SUPPORT CARE PROGRAM



Increase in patient capacity

Reduction in no-show rates

Reduction in time to complete initial fertility workup

3,500+ **Fewer messages** in the care team's EHR inbox

300+ **Fewer hours** spent on follow-up tasks

Sources: NEJM Catalyst and Memora Health Fertility Support Care Program

Outcomes Achieved with Memora

BRIEF CASE STUDIES

Improving Time to Complete Fertility Workup

Patients were taking up to 90 days to complete fertility workup due to trouble fully adhering to their complex care plans and missed appointments.

50%

Reduction in time to complete initial fertility workup

24%

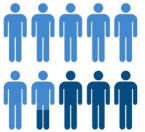
Increase in patient capacity *(without hiring more staff)*

Increasing Efficiency of PROMs Administration

PROs are an increasingly vital metric to assess recovery from orthopedic conditions, but in-visit administration is not frequent or efficient enough.

75%

PROM survey completion rate when **delivered via SMS** *(compared to 59% overall completion rate)*



67

NPS from care team

Supporting Patients on Oral Chemotherapy

Helping patients manage symptoms of oral anticancer agents at home is a major challenge as suboptimal adherence can decrease effectiveness of treatment.

60%

of symptom concerns managed independently by conversational AI

Significant improvement in HRQOL

Sources: Memora Health Fertility Support Care Program, Memora Health Orthopedic Care Program, Memora Health Lung Cancer Support Care Program

SDOH Care Program Outcomes

CASE STUDY

The Problem

Advancing health equity is a key focus for a large not-for-profit health system. But the organization has found it difficult to collect SDOH data, with <5% SDOH survey completion rate using outreach via the EHR.

The Solution

Memora Health's SDOH Care Program was deployed to capture SDOH data from patients using native SMS, allowing the Population Health team to gain insights to help address health equity barriers.

Program Overview

Patients in this program completed a simple, 4-question SDOH Assessment to screens for:

1. Financial Barriers
2. Transportation Barriers
3. Housing insecurity
4. Food Insecurity

Memora's Results

Improved Data Collection

4x increase in **patient SDOH data capture**

Drive Operational Efficiency

250 **hours saved** per month with automated data collection

Advance Health Equity

18% of patients had **1 SDOH barrier,** 8% had 2 or more

Early results from a SDOH Care Program with a large not-for-profit health system

Gastroenterology Care Program Outcomes

COLONOSCOPY CARE PROGRAM

The Problem

For the most accurate results, proper colonoscopy preparation is key. However, patients easily lose instructions, and some patients may be uncomfortable reaching out to their care team for support. Unprepared patients results in last minute cancellations and no-shows, impacting health systems' bottom line.

The Solution

Memora Health's AI-enabled Gastroenterology Care Program delivers evidence-based content via SMS to reduce no-shows and cancellations, improve adherence to procedure prep, and reduce the burden on GI care teams.

Key Care Program Elements

Proactive Education

Appointment Management

Assessments & Screenings

Memora's Results

Drive Operational Efficiency

73% of patient messages **addressed without care team intervention**

Enhanced Clinician & Patient Experience

>80 Patient **Net Promoter Score**

Support Financial Sustainability

97% of patients **completed prep as directed**

Results from a Colonoscopy & Endoscopy Care Program bundle with a large integrated delivery network after only 6 weeks!

Competitive Comparisons

Memora offers enhanced value beyond Epic modules

	Care Companion	Hello World	Memora Health	Memora's added value
Increase Access with Native SMS	Proactive education sent **via MyChart**	Focused on **prompted** scenarios	Robust, **dynamic 2-way** messaging	*Higher-touch engagement, bolstered care plan adherence*
Reduce Manual Touchpoints with AI	Clinicians **manually review & send** Gen AI-drafted responses	Clinicians **manually review & send** Gen AI-drafted responses	**Conversational AI** prompts and responds to patient messages	*Up to 70% of patient messages managed by Memora's AI*
Clinical Content Covers 90% of Medical Spend	**Limited, static**, may incur licensing fees	**Admin-focused,** customers self-serve clinical content	**Turnkey, complex and differentiated** paths	*Scalable, enterprise-wide care enablement*
Accelerate Configuration & Integration	Onus on customer tech & clinical teams, **no support provided**	Onus on customer tech & clinical teams, **no support provided**	**Heavy lift by Memora** tech & clinical teams	*Dedicated, in-house support for speed to value*
Minimize Workflow Changes	**Uniform routing** to InBasket pool	**Uniform routing** to InBasket pool	**Intelligent routing** of patient needs	*Alerts surfaced to the right clinician within existing workflows*
Automate Survey & PRO Collection	**Limited collection** done via MyChart	Limited to **admin data collection**	SMS-based, **EHR informed, response-optimized** care plans	*Dynamic data collection with low activation barrier*

Memora's enhanced value

CARE COMPANION FOCUSES ON DELIVERING EDUCATION — NOT AUTOMATING CLINICAL WORKFLOWS

Deeply integrated with Epic, Memora's platform enables providers by:

- Reduced InBasket messages with AI-driven conversation engine
- Increased patient engagement and accessibility with native 2-way SMS
- Speed to value with configuration support and workflow automation
- Supported patients on complex care journeys across 90% of medical spend

CARE COMPANION

Patients **login to MyChart** to view messages

Static and limited content, may incur licensing fees

Clinicians **manually respond** to patient messages

Limited data collection administered via MyChart

MEMORA HEALTH

Native SMS removes activation barriers

Configurable clinical content with enterprise breadth

Conversational AI automates 2-way messaging

Automates data collection, configurable EHR writeback

Memora's enhanced value

HELLO WORLD IS MESSAGING TOOL, NOT A INTELLIGENT CARE ENABLEMENT PLATFORM

Deeply integrated with Epic, Memora's platform enables providers by:

- Reduced InBasket messages with AI-driven conversation engine
- Increased patient accessibility with AI-backed native 2-way SMS
- Speed to value with configuration support and workflow automation
- Supported patients on complex care journeys across 90% of medical spend

HELLO WORLD

Admin-focused, **clinical content must be provided** by customer

Focused on prompted outreach with **no AI-enablement**

Onus on customer to implement and build messaging scenarios

MEMORA HEALTH

Turnkey, yet configurable, clinical personalized SMS care journeys

Immediate responses from **conversational AI**, and texting directly with clinician, if needed

Built for **speed-to-value** with dedicated Memora clinical and tech support

Memora Offers Enhanced Value Compared to EHRs Alone

	Clinical Breadth	Clinical Workflow	Customization	Implementation
EHRs	Aside from a handful of standard use cases, patient journeys focus primarily on scheduling and billing	Singular focus on front-end patient messaging, less focused on care team automation	Similar journey/guidance offered to all patients, with limited intelligent data collection	Addition and configuration of add-on modules require intensive client resources and 6+ month time frames
Memora	In-house clinical team builds & manages an existing repository of care programs **covering 90% of medical spend**	Dual-focus on offering **NLP-driven interactive patient experiences** and **automating specific care team tasks** in tandem	Out-of-the-box programs with **configurable care protocols** and **tied to unique patient data fields for personalization**	Comparable technical lift to implementation via EHR app marketplace, with **fewer resource needs for maintenance & continual optimization**
Result	Reduce lift on client's clinical resources, and faster deployment of new care programs	Deliver a higher-touch patient experience, while also reducing inbox volumes	Drive higher levels of patient engagement with care journeys that reflect care team goals	Reduce lift on client's IT resources, ensuring a more seamless transition experience and lower cost alternatives

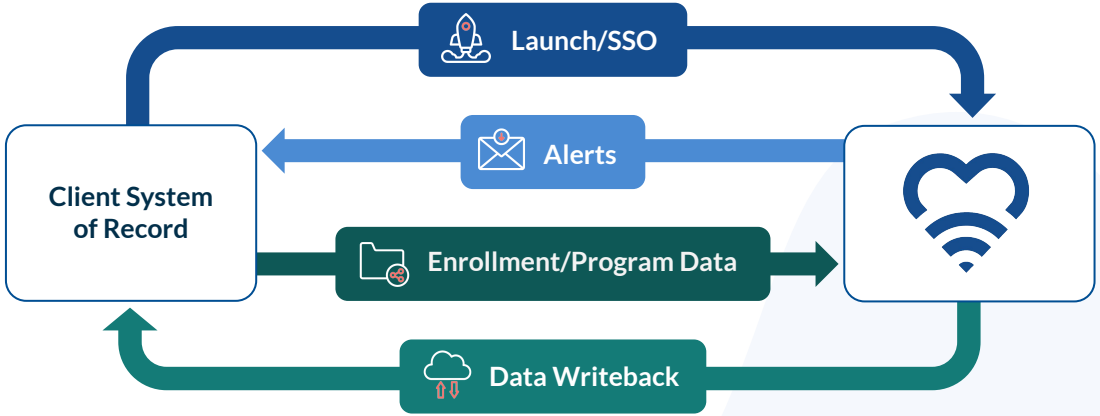
Integrations

Flexible Integration Approach

	Secure File Transfer Protocol (SFTP)	Partial EHR Integration	Full EHR Integration
Primary objective	*Patient engagement*	*+ Workflow automation*	*+ Data insights*
Client IT effort	Low	Medium	High
Client setup and testing	~4 hrs	~10 hrs	~16 hrs
Implementation timing	12 weeks	14 weeks	16 weeks
Alert/Notification delivery	Text/email	Text/email or EHR inbox	EHR inbox
Memora dashboard and two-way texting	Accessed via web URL	Launched via SSO as embedded iFrame directly from EHR inbox message or within Patient Context	Launched via SSO as embedded iFrame directly from EHR inbox message or within Patient Context
Patient enrollment data automated	Automated list enrollment and updates	Order or Order Set Individualized within EHR with prepopulated patient data	Order or Order Set. Individualized within EHR with prepopulated patient data
Embedded into EHR workflow	✗	✓	✓
Memora data automatically pushed back into EHR	✗	✗	✓

Across all integrations, Memora's technology helps your team care for and guide patients to better outcomes

Integration Overview

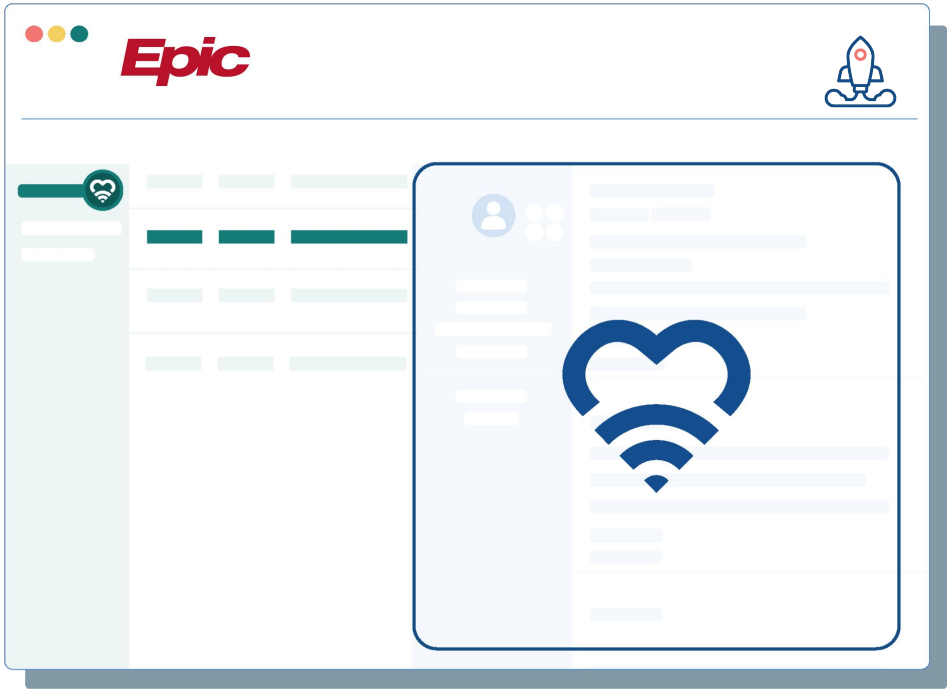


	Workflow Integration: Embedded Launch/SSO	Workflow Integration: Alerts	Data Integration: Inbound (to Memora)	Data Integration: Outbound (to Client)
Description	Embedded workflow/single sign on	Notifications in system of record	Enroll patients with needed data points	Writeback data to system of record
Data Scope	• User credentials • Parameters to inform patient content	• Triggering creation of alerts/messages in system of record (e.g., InBasket)	• Required identifiers (e.g., phone number, UID) • Patient demographic (e.g., Patient First Name, etc.) • Clinical Program Data (e.g., Medications, etc.)	• Patient-reporting outcomes as a discrete data writeback (e.g., weight, PRO response score/values, etc.) • Files (e.g., Images, Chat Hx)
Available Methods	• Launch-OAUTH2 authentication (preferred) • Manual independent browser launch	• SMART on FHIR (preferred) • API notification feed • Messages to email/SMS	• SMART on FHIR (preferred) • HL7v2 Data Feeds • Flat file/.csv via SFTP	• SMART on FHIR (preferred) • HL7v2 Data Feeds • Flat file/.csv via SFTP

Workflow Integration: Embedded Launch/SSO

- Single Sign On (SSO)
- Embedded launch and view of Memora Platform in primary SOR
- Reduce number of tools / log-ons for care team to manage
- Create more seamless extension of your existing workflows

Methods:
OAUTH2 authentication, Manual independent browser launch



Workflow Integration: Alerts

- Triggering creation of alerts/messages in client system of record (e.g., InBasket)
- Link to launch directly back into Memora (patient contextualized)
- Seamless extension of care team existing workflows

Methods:
FHIR, API Feed, External email / SMS alerts

Data Integration: Inbound

Enrollment data (clinical and demographic) is sent from your source of record source system (e.g., EHR) to Memora.

Data will support specific program elements such as:

- Demographics
- Patient Identifiers
- Program Specific Data Points

Methods:
SFTP, API, HTTPS, VPN (all via Mirth), AppOrchard, Xealth

Formats:
FHIR, HL7v2, Flat File/csv or Other/JSON

Data Integration: Outbound

Additional relevant data is written back to your system of record, ensuring the data is available and viewable by your team.

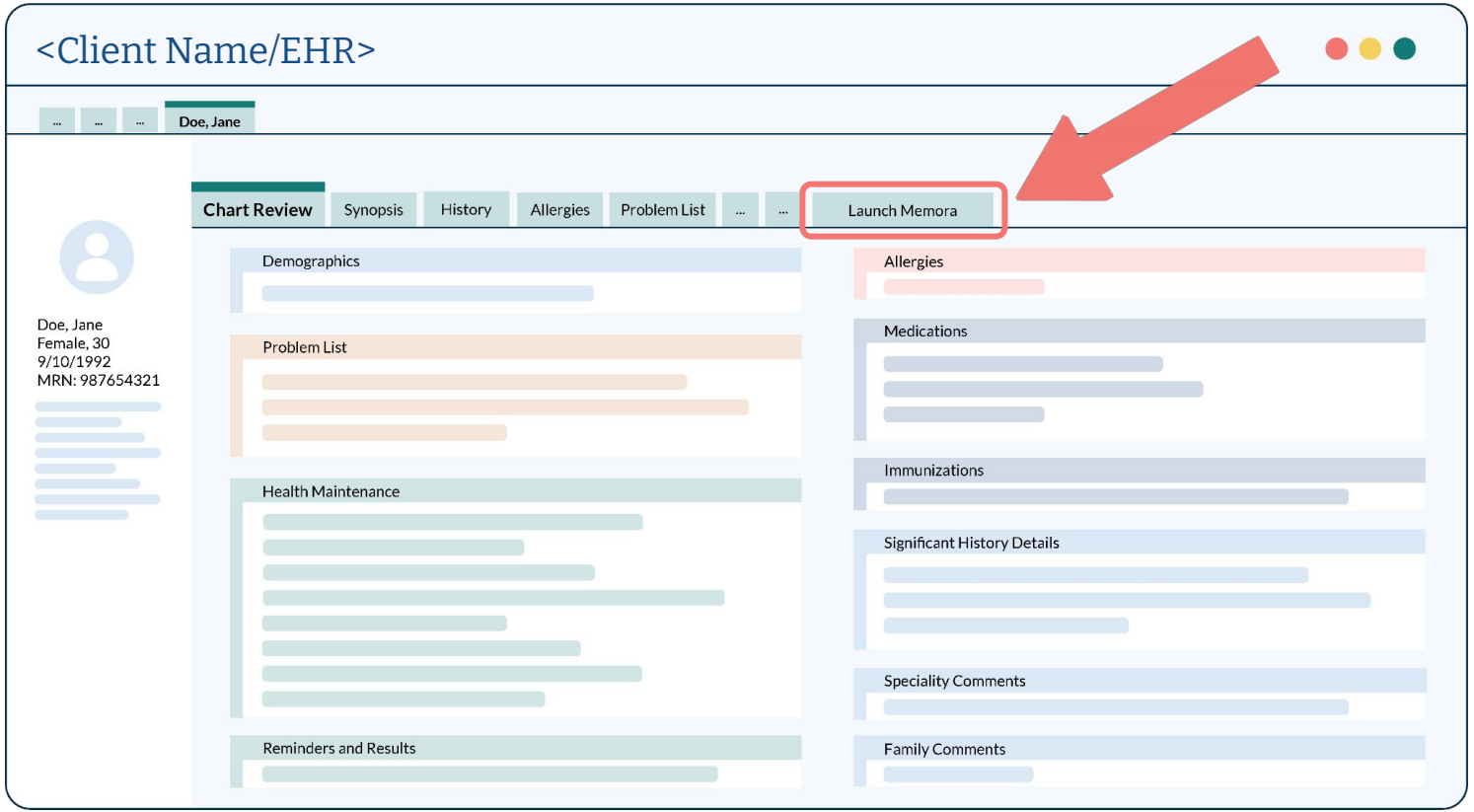
Examples include:

- Uploaded photos
- LiveChat history
- Discrete data points (e.g. Collected PRO and RPM data)

Methods:
SFTP, API, HTTPS, VPN (all via Mirth), AppOrchard, Xealth

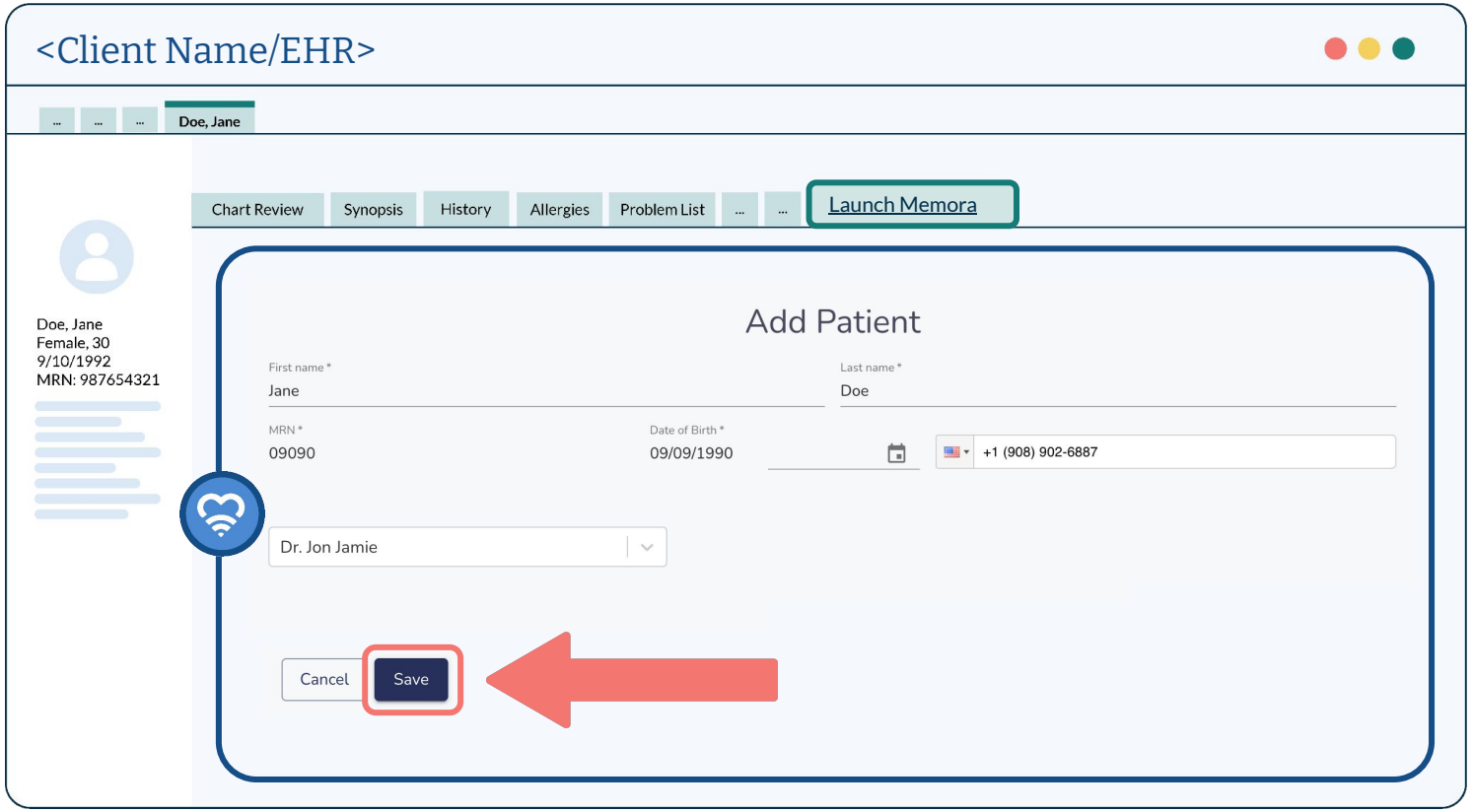
Formats:
FHIR, HL7v2, Flat File/csv or Other/JSON

An Extension of Your Care Team's Existing Workflows



Care team members can launch Memora from an Activity tab in the patient's chart, leveraging single sign-on for better clinician experience.

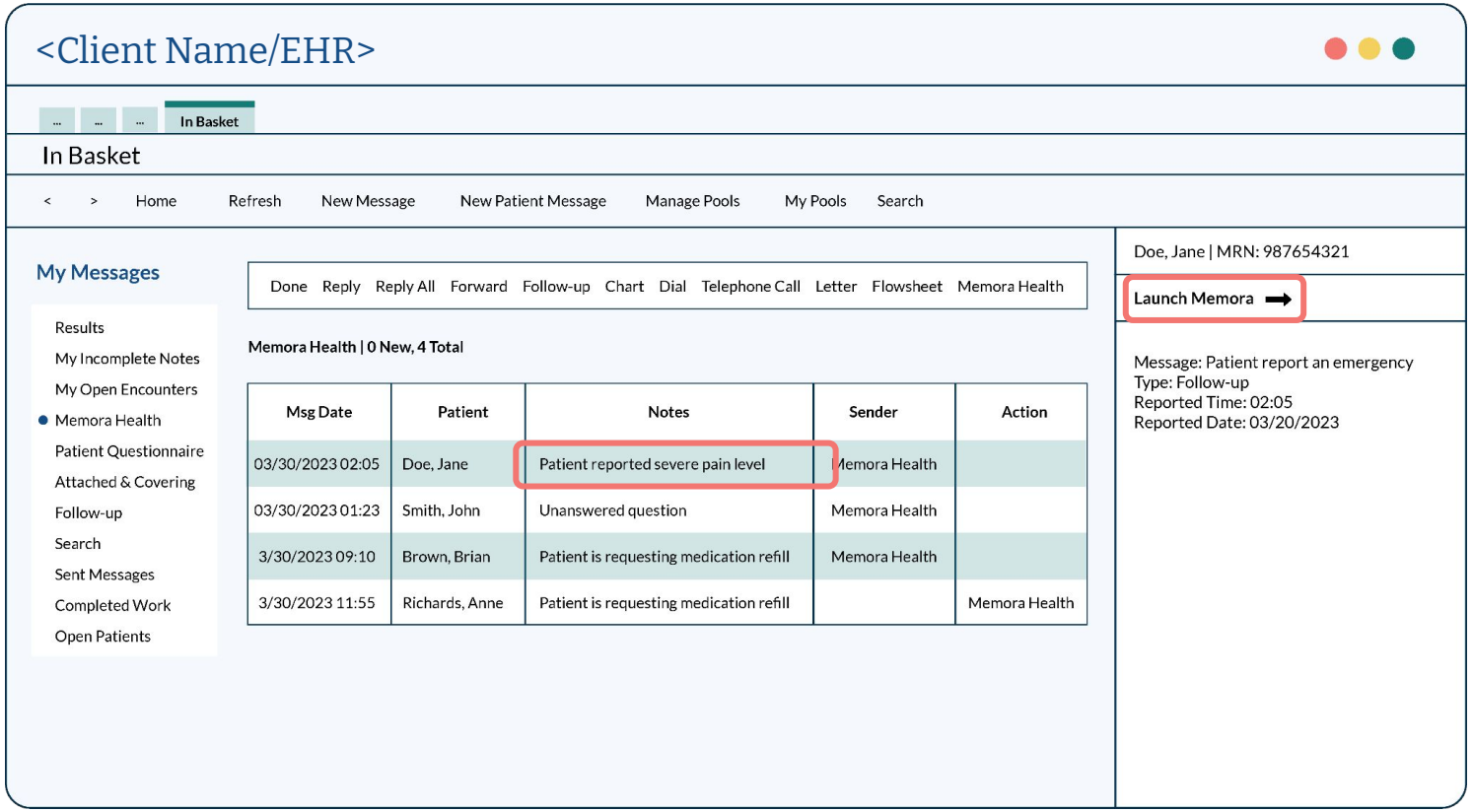
Seamless EHR-Based Enrollment



Pre-populated patient demographic information, including name, phone number, and MRN.

Memora works with your organization to have additional details auto-populate from the EHR for patient enrollment, if necessary.

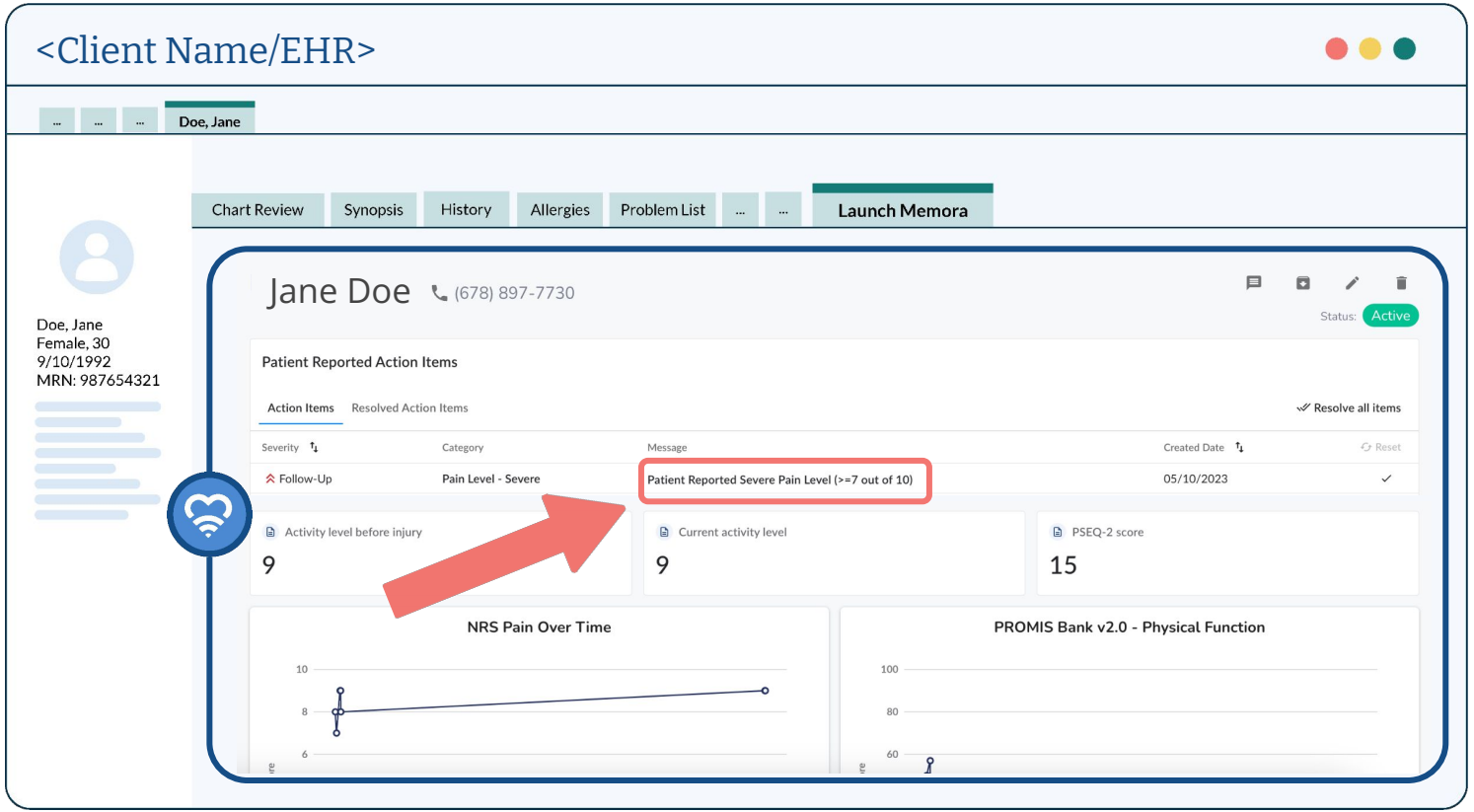
No Additional Inbox For Providers



Clients can add a Memora Heath folder in the EHR inbox for Memora Escalation messages, also known as Alerts.

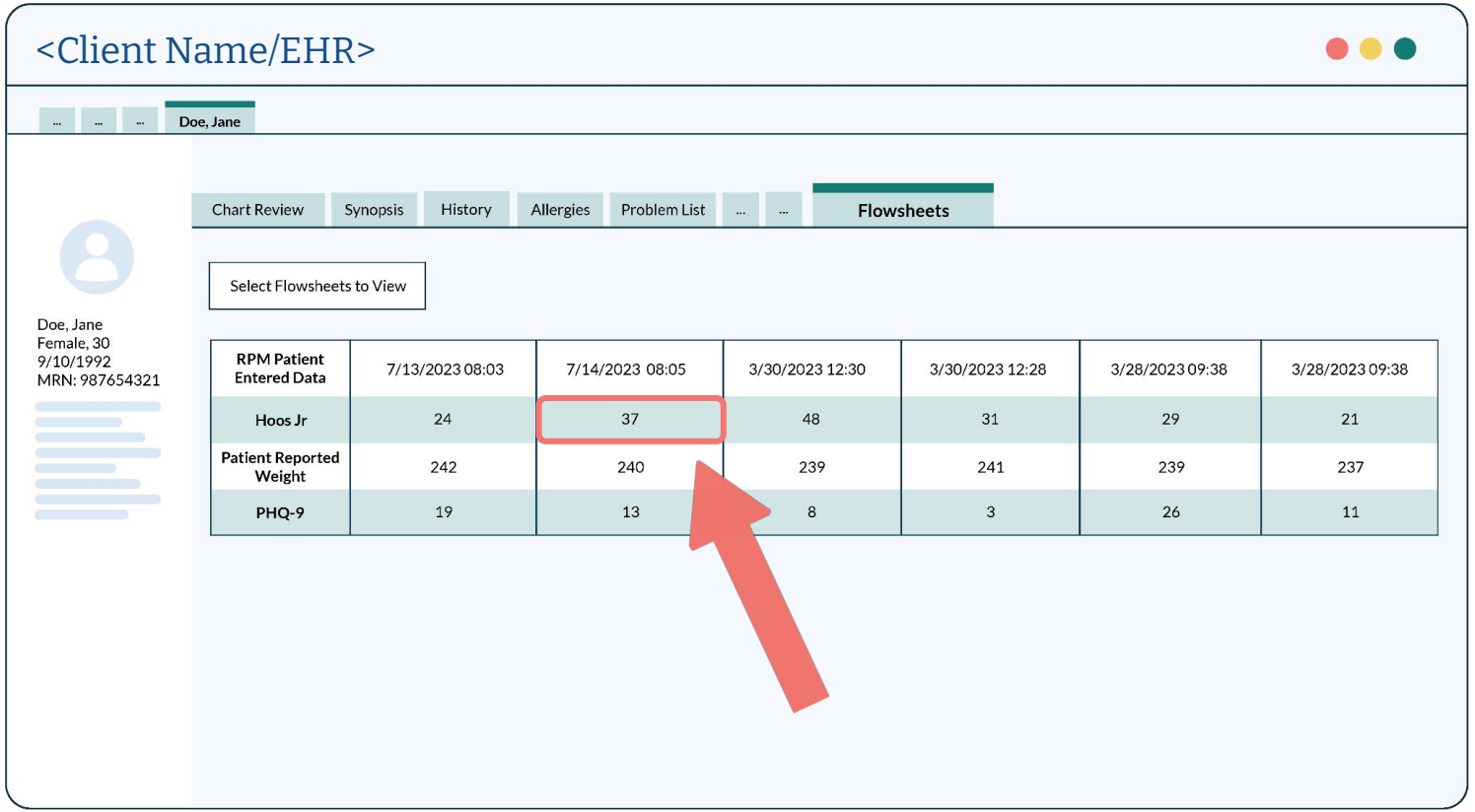
Escalated messages routed directly to EHR inbox.

Dashboard Integration For Care Coordination



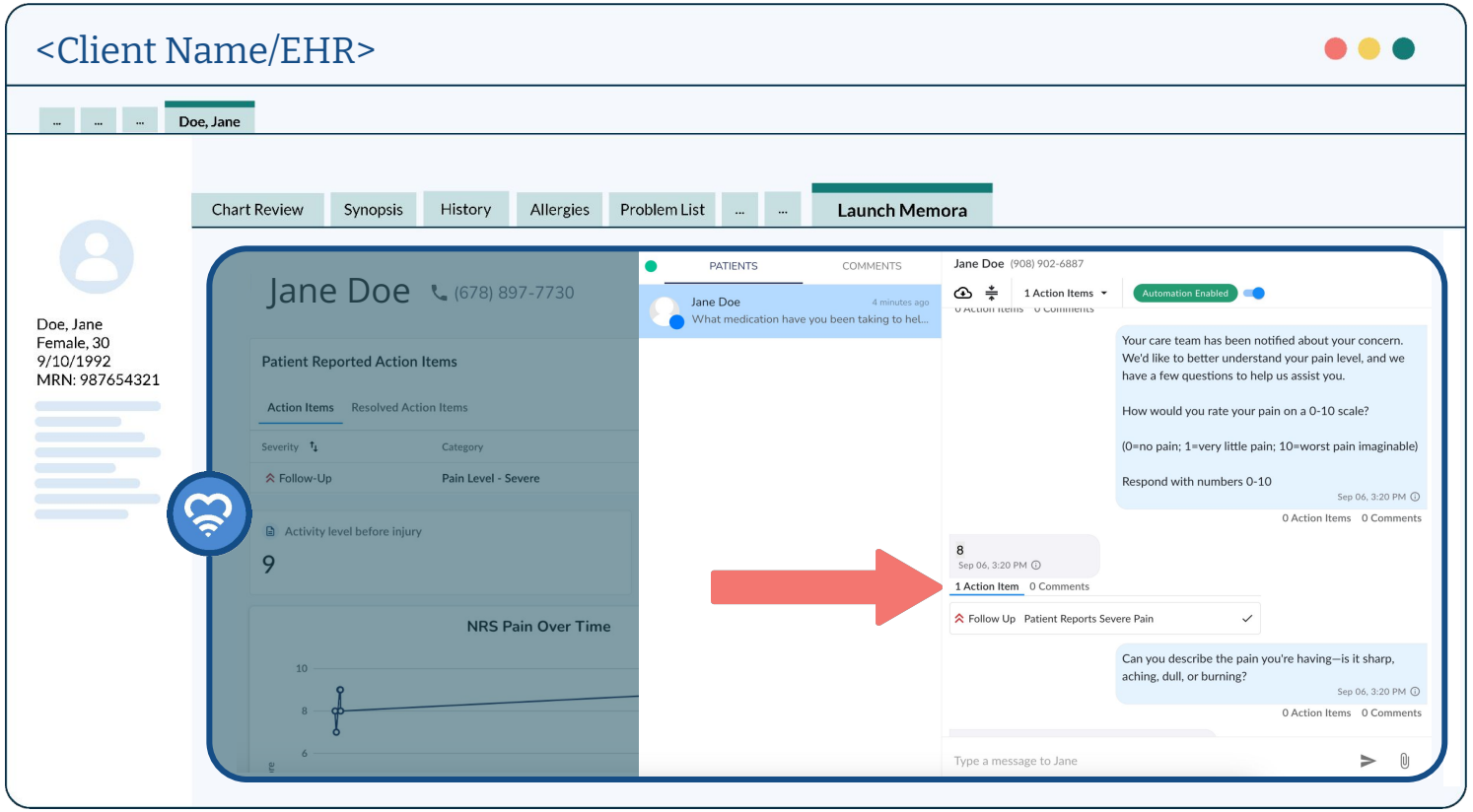
Launch Memora directly into the patient chart with Memora opened to the patient's Patient Page.

Patient Reported Data Available In Your EHR



Write back discrete observation data to a flowsheet row, ensuring the data is available and viewable by your team and for further analysis.

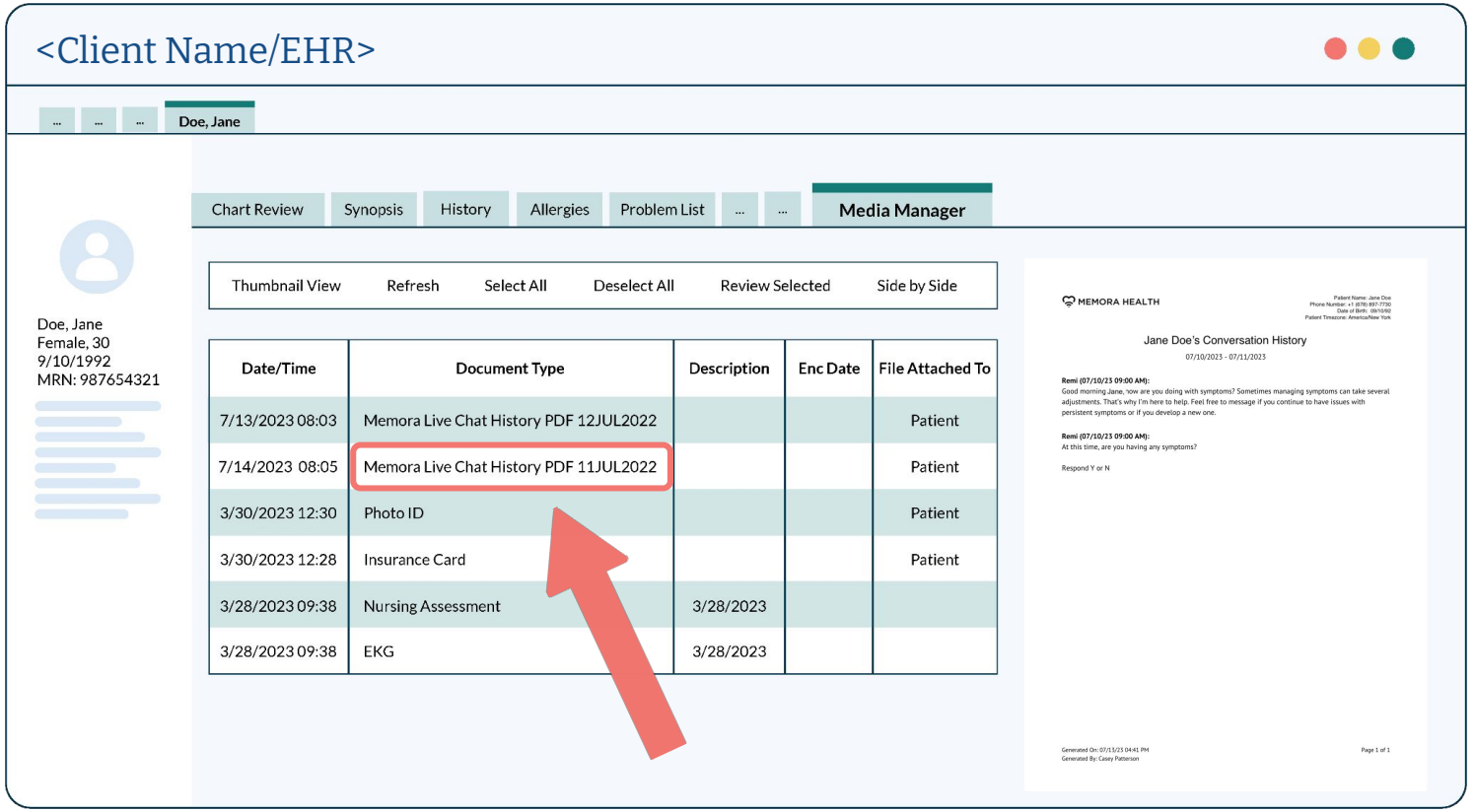
Embedded Live Chat For Patient And Provider Communication



Respond and resolve action items in a timely manner and within existing workflow.

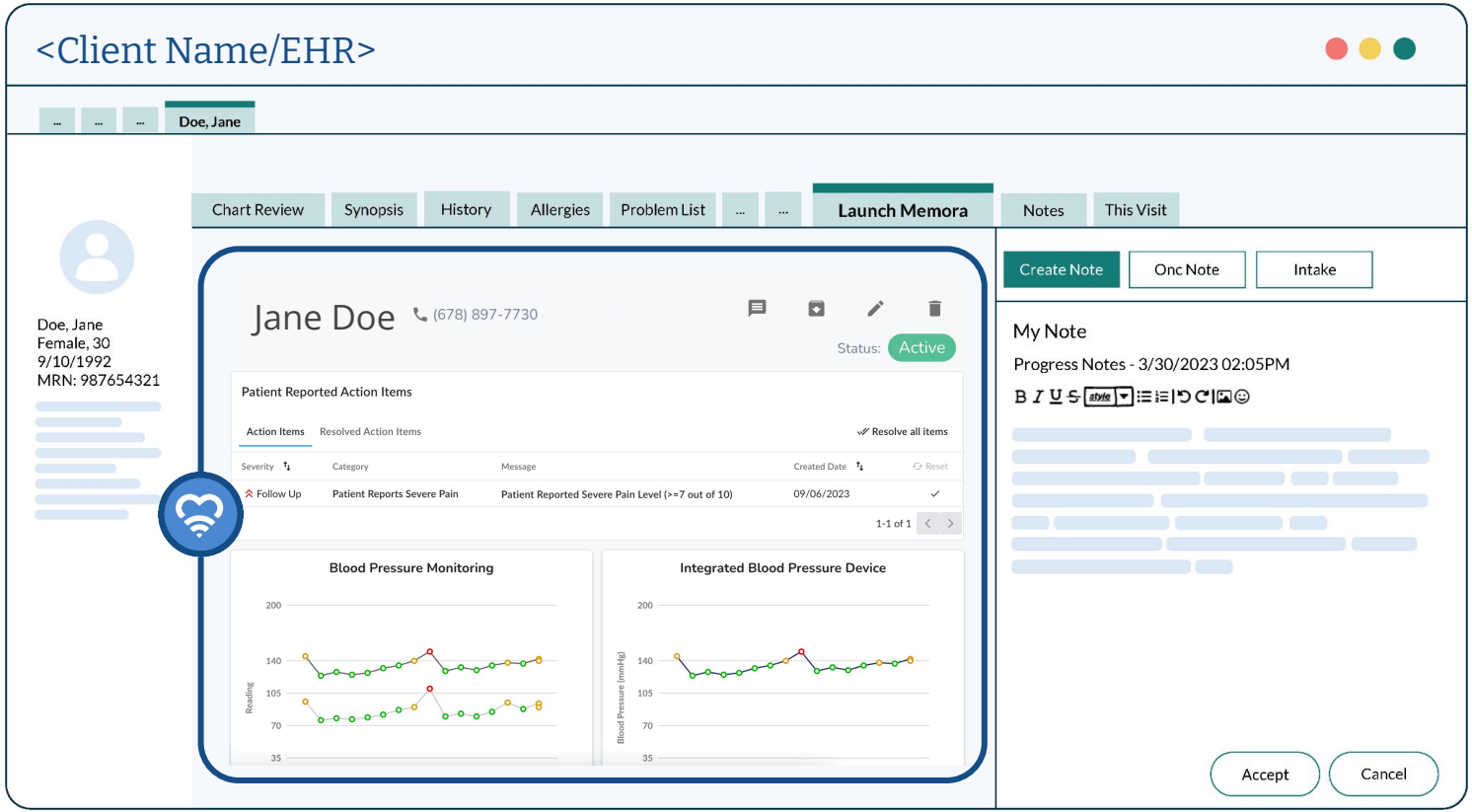
Tag team members in the Live Chat for seamless care coordination.

Patient Data And Interactions Documented In Your EMR



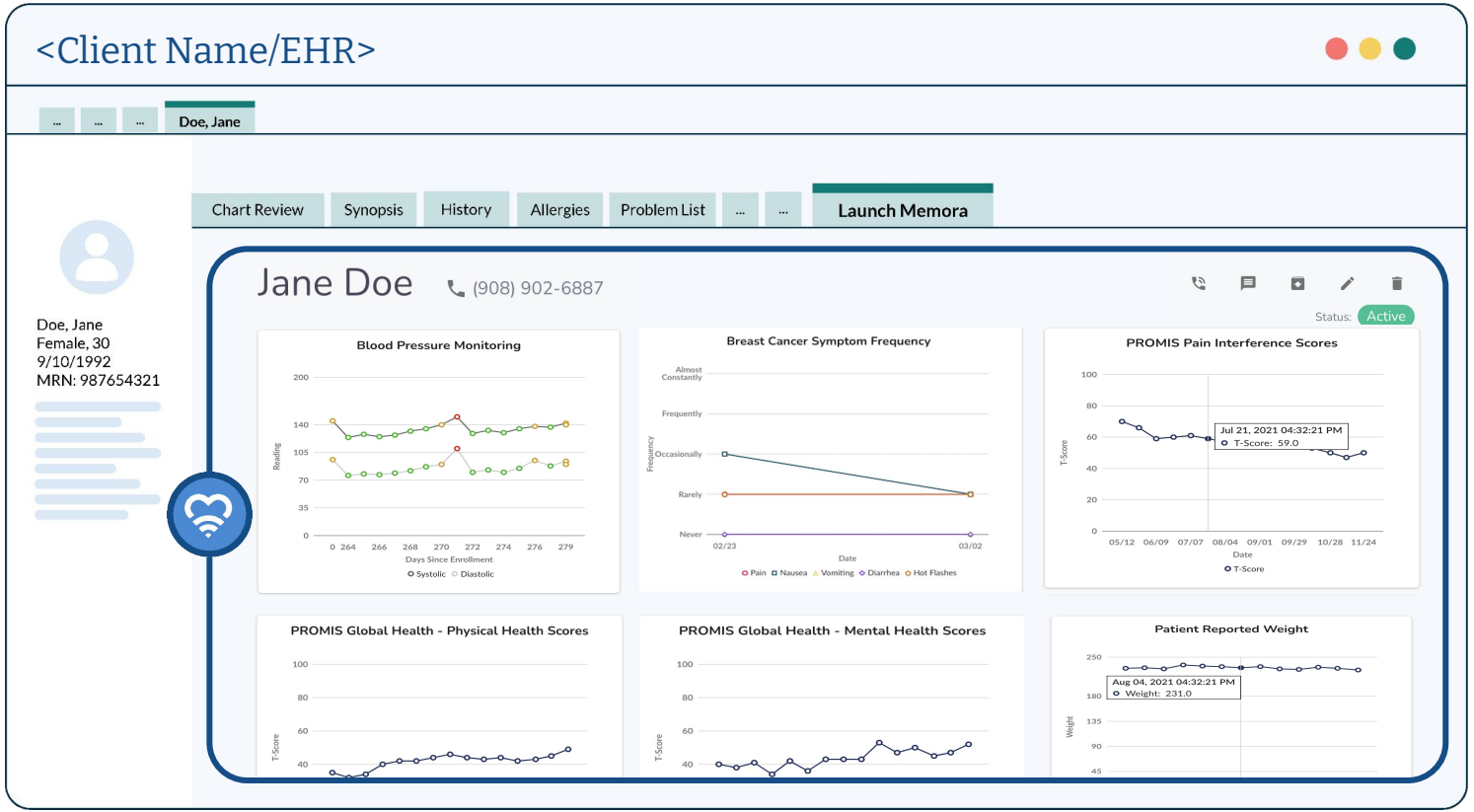
Write back data to your system of record, ensuring the data is available and viewable by your team.

Hovering Separate Window, Sidebar or Tab Within Patient Chart



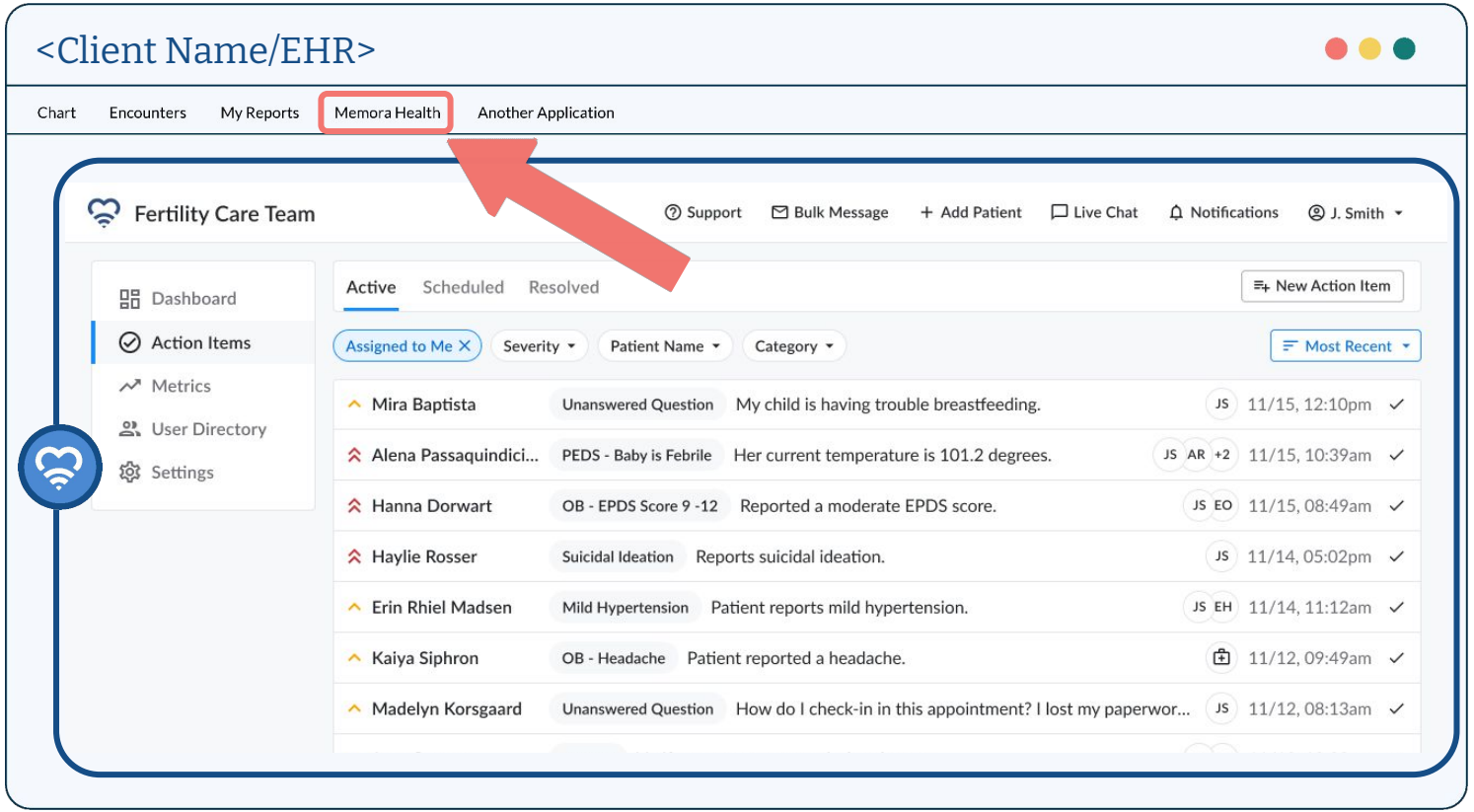
Open the Memora Application in a separate tab to simultaneously use other EMR features

Embedded Patient And Population Data Review



Monitor patients progress with chart visualization of longitudinal patient data & PROs.

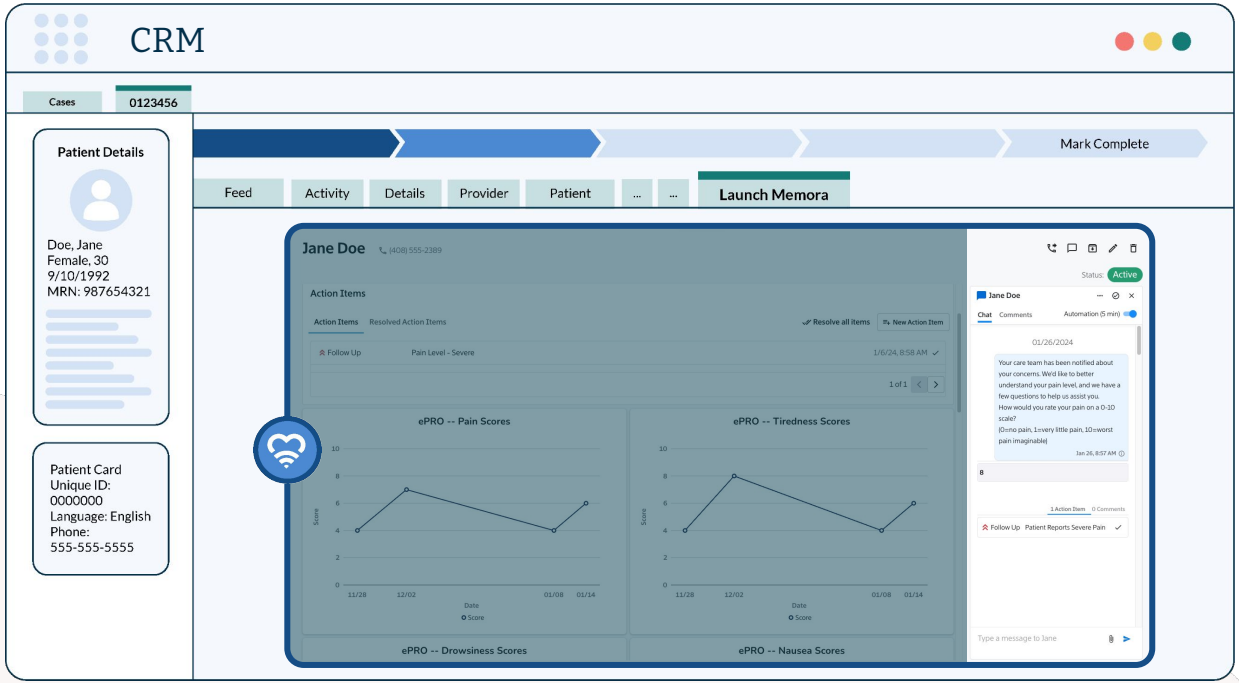
Embedded Action Items and Provider-To-Provider Collaboration



Launch Memora from outside a patient chart.

This allows users to access the full Memora experience with the ability to access all Memora features and manage action items across all patients.

Actionable, intelligent triaging



Integrates with leading CRMs

Customized alert routing

Organized alerts

Longitudinal patient data

Integrates into existing CRMs and workflows to **enable scale**

API, HL7, flat file data sharing for **documentation in your system of record**

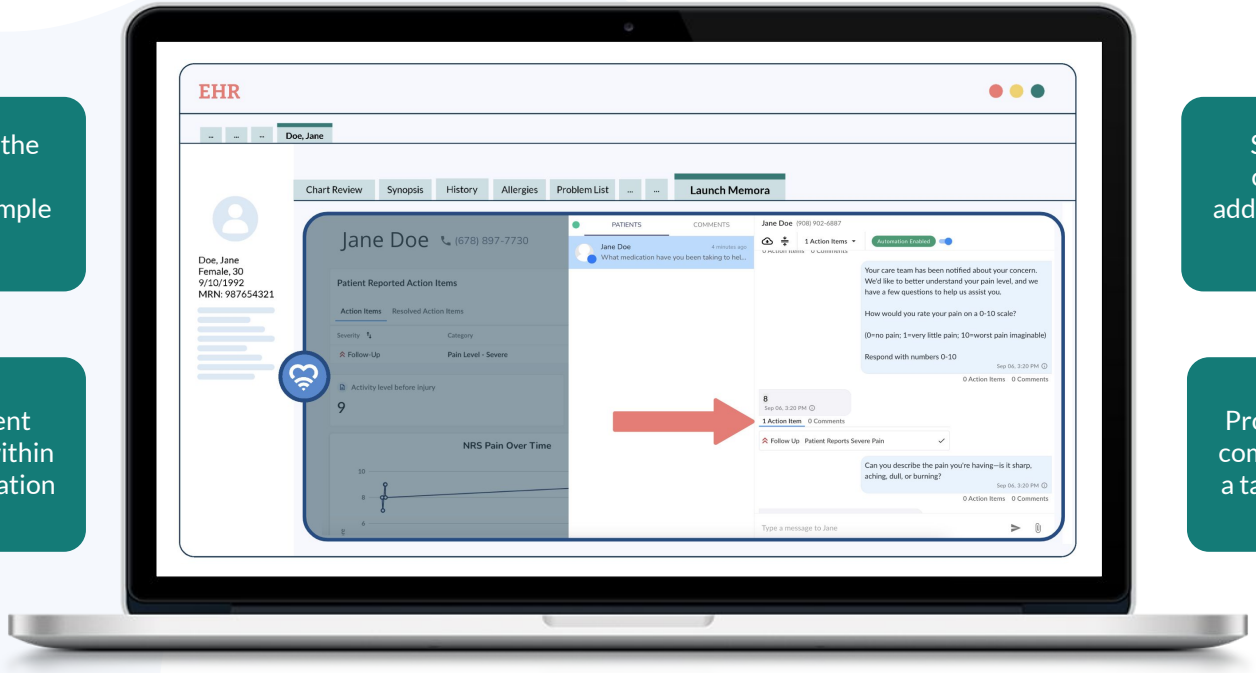
Care teams interact with patients directly in chat for **seamless continuity**

Dashboard Details

Patient Management - Simple And Actionable For Providers

Quickly identify the patients with concerns using simple color-coding

Retain any patient communication within the same conversation



Sort patients by concern type to address specific issues by panel

Provider-to-Provider communication within a tagged conversation

Compliance

Responsible AI Governance at Memora Health

	Principles	Practices	Governance
Designed for Safety & Reliability	Designed to benefit all stakeholders, predisposed toward safety by design, and validated to perform reliably and as intended.	• Safety by design • Reliability testing & AI red teaming • Model consistency evaluation	 AI Governance Framework
Human Accountability & Clinical Oversight	Preserve human authentication, direction, and control, while empowering clinician explainability, feedback, and review.	• NLP integrity oversight & monitoring • Explainability • Client assurance & review	 Responsible AI Development Framework
Promote Equity & Fairness	Allocate information and access fairly, promote equity across stakeholders, and avoid unjust impacts.	• Foundational model transparency • Impact assessments • User guides, training, and education	
Safeguard Privacy & Security	Incorporate privacy, security, and HIPAA compliance principles with enhancements during development.	• Minimization • Limited purpose & HIPAA compliance • Third-party security assurance	 Memora Health AI Governance Committee
Shared AI Responsibility	Governance should span the development and deployment chain, aligning responsibilities with the roles of all actors in the health AI ecosystem.		

Memora Health's Commitment to Compliance

With certifications, consent procedures, and security and privacy policies in place, Memora Health reinforces compliance for your organization.

Platform encryption at rest and in transit

Controlled data access privileges

Independent audit reports

Memora Health is committed to trusted industry standards that help you ensure the security, compliance, and privacy of your sensitive data.

HIPAA and TCPA

Our platform consent functionality is designed to support your compliance. All patients must:

Acknowledge Risk
Patients are informed of the risks of using SMS to communicate health information

Opt-In
Patients must opt-in to send and receive personal health information over SMS

Team Bios

Marketing will periodically review these. Please let us know if something seems amiss or you have an updated tile you'd like us to use instead.

Make Your Personalized Tile

Instructions to make a personalized tile:

1. Copy all elements of the tile (e.g. shape, photo, text box)
2. Paste all elements
3. Edit your name, title, email, and location
4. To add your photo:
    a. Select the existing photo and click ‘Replace image’ in the toolbar.
    b. Select ‘Upload from computer’ and select your image.
    c. If necessary, when the photo is selected, click ‘Crop image’ in the toolbar and crop as needed to better fit the circle.

Executive Leadership

Manav Sevak
Co-Founder, CEO
manav@memorahealth.com
📍 San Francisco, CA

Omar Nagji
Chief Commercial Officer
omar@memorahealth.com
📍 Austin, TX

Divya Bhat
Chief Product Officer
divya@memorahealth.com
📍 San Francisco, CA

Kunaal Naik
Co-Founder, CTO
kunaal@memorahealth.com
📍 San Francisco, CA

Jamie Colbert, MD, MBA
Chief Medical Officer
jamie@memorahealth.com
📍 Boston, MA

Herman Ng
Chief Financial Officer
herman@memorahealth.com
📍 New York, New York

Legal + Commercial Strategy

Nathan Leong
General Counsel
nathan@memorahealth.com
📍 Chicago, IL

Shivani Parikh
Chief of Staff
shivani@memorahealth.com
📍 San Francisco, CA

Vanessa Kuhn, PHD
VP, Commercial Strategy & Policy
vanessa@memorahealth.com
📍 Albuquerque, NM

Sales

Tom Sims
Sr. Director, Enterprise Partnerships
tom@memorahealth.com
📍 Santa Barbara, CA

Zach Anderson
Director, Digital Health Partnerships
zachary@memorahealth.com
📍 Denver, CO

Client Experience + Success

Stacy Roberts
VP, Client Experience
stacy@memorahealth.com
📍 Chicago, IL

Jonathon Workman
Sr. Client Success Executive
jonathon@memorahealth.com
📍 Chicago, IL

Brendan Ter Wee
Director of Client Success
brendan@memorahealth.com
📍 San Mateo, CA

Alyssa Rovner
Sr. Client Success Executive
alyssa@memorahealth.com
📍 Kailua, HI

Client Delivery

Annie Thayer
Manager, Client Delivery
annie@memorahealth.com
📍Washington, DC

Tom Nork
Sr. Implementation Manager
tomnork@memorahealth.com
📍San Francisco, California

Solution Consulting

Marietta Zissimatos
Senior Solution Consultant
marietta@memorahealth.com
📍 New York, NY

Product Design

James Wheaton
UX Design Manager
james@memorahealth.com
📍 New York, NY

Lena Emara
Senior Product Designer
lena@memorahealth.com
📍 Washington, DC

Diane Kim
Senior Product Designer
diane@memorahealth.com
📍 Brooklyn, NY

Abraham Friedman
Product Designer
abraham@memorahealth.com
📍 New York, NY

Clinical

Jean-Luc Neptune, MD, MBA
Senior Medical Director
jeanluc@memorahealth.com
📍 New York, NY

Joe Jurasko
Clinical Program Manager
joejurasko@memorahealth.com
📍 Columbus, OH

Emma Zorensky
Director of Clinical Programs
emma@memorahealth.com
📍 San Francisco, CA

MEMORA HEALTH

CORE BRAND ELEMENTS

Our North Star
Memora enables patients to feel cared for and clinicians to feel superhuman

Our Brand Promise
Meet patients where they are

Our Mission
To provide a solution that makes complex care journeys simple for patients and clinicians

Our Vision
To make care more accessible, actionable, and always-on

One-Liner
Memora Health helps healthcare organizations digitize and automate care journeys, making complex care delivery simple for patients and clinicians to navigate.

Boilerplate
Memora Health, the leading intelligent care enablement platform, helps clinicians focus on top-of-license practice while proactively engaging patients along complex care journeys. Memora partners with leading health systems, health plans, and digital health companies to transform the care delivery process for care teams and patients. Our platform digitizes and automates high-touch clinical workflows, supercharging care teams by intelligently triaging patient-reported concerns and data to appropriate care team members and providing patients with proactive, two-way communication and support. To learn more about Memora's vision to make care more actionable, accessible and always-on, visit memorahealth.com.

Core positioning

An AI-backed ally for patients and care teams

MEMORA HEALTH

OUR NORTH STAR	Memora Health enables patients to feel cared for and clinicians to feel superhuman
OUR BRAND PROMISE	To meet patients where they are
OUR MISSION	To provide a solution that makes complex care journeys simple for patients and clinicians
OUR VISION	To make care more accessible, actionable, and always-on
OUR ONE-LINER	Memora Health helps healthcare organizations digitize and automate care journeys, making complex care delivery simple for patients and clinicians to navigate.
OUR BOILERPLATE	Memora Health, the leading intelligent care enablement platform, helps clinicians focus on top-of-license practice while proactively engaging patients along complex care journeys. Memora partners with leading health systems, health plans, and digital health companies to transform the care delivery process for care teams and patients. Our platform digitizes and automates high-touch clinical workflows, supercharging care teams by intelligently triaging patient-reported concerns and data to appropriate care team members and providing patients with proactive, two-way communication and support. To learn more about Memora's vision to make care more actionable, accessible and always-on, visit memorahealth.com.

Positioning statement
Memora Health for health systems

FOR... *(target customers — segment or persona)*	...progressive health system leaders overseeing Innovation, Strategy, Population Health, or Ambulatory Service Lines
WHO... *(what is their main problem)*	...want to provide high-touch, high-quality care to patients before, after, and in between appointments without contributing to growing provider burnout or shrinking operating margins
THIS OFFERING IS... *(describe the product or solution generally)*	...an intelligent care enablement platform that uses native SMS to deliver evidence-based Care Programs directly to patients as an extension of the care team
THAT PROVIDES... *(primary benefit/solution/capability)*	...automation of routine clinical communication through highly-accessible SMS to increase patient touchpoints and reach without increasing staff, enabling existing care team members to practice at the top of their license
UNLIKE... *(competing offering/real alternative)*	...traditional patient engagement platforms that add more apps, complexity, and inbox messages
OUR SOLUTION OFFERS... *(primary/key points of differentiation)*	...retrieval-based conversational AI to safely and immediately respond to patient questions or concerns with clinician-curated content, and intelligent triaging of patient concerns into the existing workflows of the appropriate care team members

At-a-glance positioning
for physician leaders & executives

PAIN POINTS

Why are clients ready to hear about the value we offer?

- **Administrative burden is leading to burnout.** For every hour of direct patient care, care teams spend almost double that on EHR and desk work — only made worse by the extra 1-2 hours of "pajama time" needed to finish work each night.
- **Challenging infrastructure and operation margins are complicating care delivery.** Efforts to drive efficiency have left care teams navigating fragmented technology. And it's hurting patient outcomes — over 40% of patients have reported that broken communications with their providers negatively impacted their health.

PRIMARY VALUE PROP

What do we stand for? What can clients expect from Memora Health at its core?

- For clinicians who are understaffed and overburdened with administrative tasks, Memora Health drives operational efficiency, improves the clinician and patient experience, and supports systems' financial sustainability.
- Unlike traditional patient engagement platforms that add more apps and inbox messages, Memora's intelligent care enablement platform reduces friction, using native SMS to deliver evidence-based Care Programs — built with in-house clinicians — directly to patients. Paired with retrieval-based conversational AI, Memora immediately responds to patient questions or concerns with clinician-curated content — **reducing care team inbox messages by up to 40%**. When extra support is needed, Memora intelligently triages patient concerns with actionable insights into the existing workflows of the appropriate care team members.

PRIMARY VALUE PILLAR

What do we want to be first/most known for?

Pairing always-on support with data-driven personalization, Memora's AI-backed platform force multiplies the impact of human care teams to make patient and care team interactions more effective.

- Our app-less, native SMS experience **reduces friction, increases access, and supports health equity**.
- Proactive content — crafted with our in-house clinicians using evidence-based models — helps keep patients **adhering to their care plans.**
- By automating many care team touch points, care teams are unburdened and able **to allot their time to the high-value work that brings them joy**.
- When intervention is needed, clinicians join the text message thread in-platform **to resolve concerns asynchronously without hassle.**