



**Health Expert Connect™
Community Platform Supports
Stakeholder Engagement**



Health Expert Connect

HEC is a centralized, compliant community engagement platform augmented by strategic account services. You can:

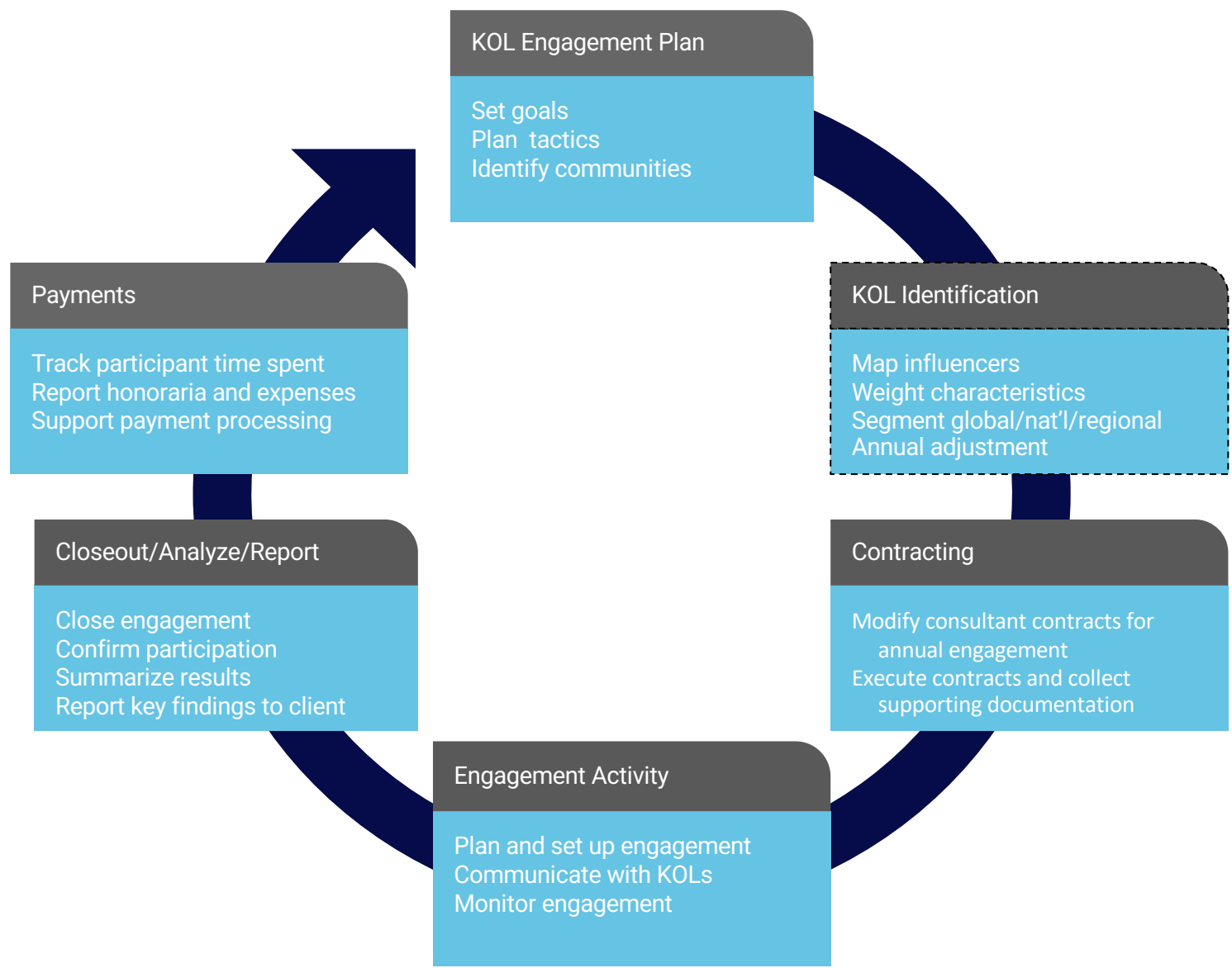
- Identify, map, invite and contract with healthcare thought leaders in your therapeutic area
- Engage with community members via surveys, discussions, and live virtual meetings
- Curate your own resource centers
- Gain insights from your community members as you engage with them
- Segment audiences in many ways: by region, disease category, caregivers, HCPs, advocacy leaders

The screenshot displays the HIVE Horizon Interactive Virtual Exchange platform. At the top, the HIVE logo is accompanied by the text 'HORIZON INTERACTIVE VIRTUAL EXCHANGE'. A navigation bar includes links for HOME, SETUP, ACTIVITIES, MANAGEMENT, and SUPPORT. Below this, four large orange circular buttons represent 'Questionnaires', 'Discussions', 'Events', and 'Resources'. A 'Recent Comments' section shows a comment by Deanna Louie. A prominent red banner announces a 'Symposium at WCI 2023 | NOVEMBER 7, 2023 | 12:00-12:50 PM ET' titled 'Itch in AD, PN, and CSU: Underlying Mechanisms and the Role of Type 2 Inflammation'. Below the banner, an 'OVERVIEW' section describes the chronic skin diseases and the speakers, Brian S. Kim, MD, MTR, FAAD and Sarina Elmariah, MD, PhD, MPH. An 'AGENDA' table lists the topics and speakers. On the right, a 'REGISTER HERE' form with fields for Email, Salutation, First Name, Last Name, Professional Title, and Primary Specialty is visible.

AGENDA	
Welcome, Introductions, Objectives	Sarina Elmariah
Neuroimmune Axis Dysregulation and Type 2 Inflammation: Shared Roles in AD, PN, and CSU	Sarina Elmariah
Disease-Specific Aspects of Itch in AD, PN, and CSU	Brian Kim
Summary and Conclusions	Brian Kim
Panel Discussion and Live Q&A	Sarina Elmariah Brian Kim

A platform for your communities to interact, learn and share their stories

ExtendMed's system codifies your KOL engagement process



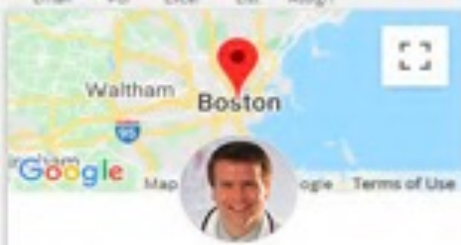
KOL Mapping

Thought-leader profiles

We provide profiles of thought leaders who meet your requirements, examining their publications, trials, presentations, and clinical interests, as well as social media influence.

Add on surveys

Survey your field force and other therapeutic-area HCPs to cross check these thought leaders.



Basic Profile
John Smith
(MD)

Cardiovascular Disease (cardiology)
Interventional Cardiology

TIER 1

Brigham and Women's Hospital

License Number
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NPI
196251XXX

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Address
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02115, United States

Research Expertise

- Next-generation genomic and epigenomic profiling - DNA methylation analysis to study local tumor invasion process; development of molecular classification systems for skull base tumors
- Neural network modeling and imaging - Prediction of recurrence, progression, and hormonal non-remission; analysis of factors that lead to negative outcomes after surgery
- Minimally invasive brain tumor surgery - Development of surgical approaches and technology for brain tumor removal through natural corridors; Gamma Knife, TrueBeam stereotactic radiosurgery

Clinical Focus


- Brain tumors; neuro-oncology; glioblastoma multiforme; pituitary adenomas; Cushing's disease; meningioma

Distinctions (Select)


- 2021 AANS Mizuho Minimally Invasive Brain Tumor Surgery Award
- 2017 Integra Foundation Award for Brain Tumor Research, Congress of Neurological Surgeons
- 2015 Byron Cone Pevehouse Research Award, American Association of Neurological Surgeons
- 2011 Apuzzo Award for Research Creativity and Innovation, USC Department of Neurosurgery
- 2010 Mahaley Brain Tumor Research Award, American Association of Neurological Surgeons

Select Publications


- [Neural network modeling for prediction of recurrence, progression, and hormonal non-remission in patients following resection of functional pituitary adenomas](#). Pituitary. 2021 Aug;24(4):523-529.
- [Role of KCNAB2 expression in modulating hormone secretion in somatotroph pituitary adenoma](#). J Neurosurg. 2020 Feb 28;134(3):787-793.
- [Ultra-high field magnetic resonance imaging for localization of corticotropin-secreting pituitary adenomas](#). Neuroradiology. 2020 Aug;62(8):1051-1054.



7,458
Followers



182
Friends



353
Connections

Our Platform: Health Expert Connect™

A comprehensive, compliant platform for engaging healthcare stakeholders so their insights may guide efficient planning and action.

Benefits:



3x

The number of touch points with key stakeholders



66%

Savings vs alternatives



< 2 mos.

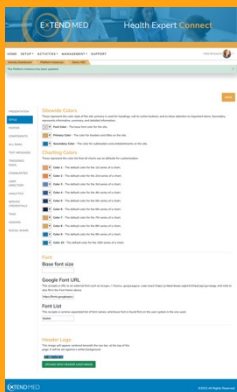
Avg. cycle time for engagement planning and execution



Better data collection and insights
from qualitative and quantitative research

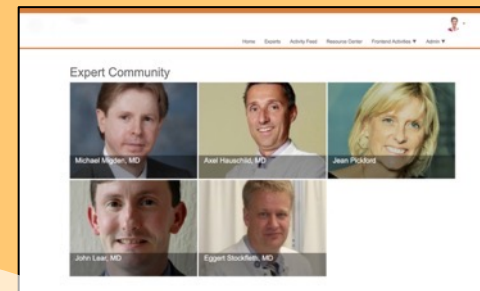


Email, text and calendar integration
ensures participation



Brand the platform and communications

as you engage work groups consistently over the course of months



Set up communities for specific tactics; allow members to meet one another and engage 1:1 via the platform

Post resources

relevant to your target community (e.g., slide decks, study data, videos, guidelines and best practices)

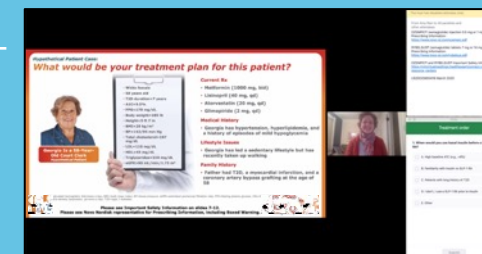


Health Expert Connect™

Our centralized engagement platform manages all your strategic plans

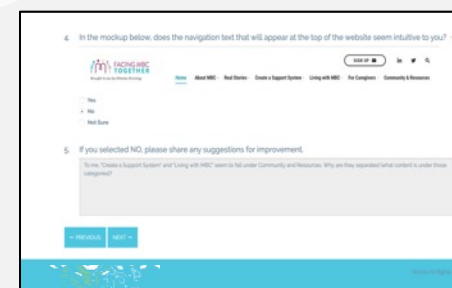
Lead virtual meetings

on webcam video while sharing slides, polls, chat, and breakout rooms – to maximize synchronous engagement



Initiate discussion boards

with a simple question or a video poster session summary you'd like to share. Collect feedback in a style that encourages back-and-forth interaction. Engaged experts are notified when new comments are submitted.



Share surveys

to get timely quantitative and qualitative feedback from key stakeholders—whether patients, HCPs, payers, pharmacists or study site staff

Health Expert Connect™



Tracks contracts and required documentation for your stakeholders



Collects insights from questionnaires, online discussions, focus groups and virtual or onsite engagements



Builds trusted peer relationships between your thought leaders



Analyzes outcomes to develop a descriptive report as the basis for an abstract and publication of findings

ExtendMed's Value



- **Centralized, prebuilt, white-label system** that serves as a one-stop site for your KOL engagement, both synchronous and asynchronous, including contracting, honoraria payments, and aggregate spend reporting
- **A proven methodology for ensuring engagement;** email and SMS text reminders, moderator probing
- **Comprehensive reporting** across engagements, summarization of transcripts and questions, evaluation/demonstrated learning results, and tracking follow-on engagement
- **Engagement pathways,** from pre-reads to surveys to live virtual meetings to follow-on discussion boards

**Our expertise is
partnering with
pharma and biotech
and the agencies
who serve them**

- Our system supports compliance/Sunshine requirements
- We integrate with your existing systems (e.g., Veeva)
- We offer white-glove support
- We leverage online engagement to increase efficiency, decrease costs
- We share best practices for stakeholder engagement
- We iterate based on initial program results



ExtendMed's service

Our program management team offers

- Plan strategic engagement to align with project goals
- Draft and distribute branded communications
- Setup and manage asynchronous and/or synchronous touchpoints
 - Moderator training and production support
 - Comprehensive activity choreography – flow, duration, moderation, summarization
 - Support resources
 - Quality execution of all work
- Analyze and report on findings
- Integrate with existing systems as needed

Business Opportunities: Developing Experts Through Engagement

Congress planning and engagement

Advisory board engagement: Medical Affairs including PIs, community practitioners, patients, caregivers

MSL/nurse educator onboarding and continuing training

KOL education

Speaker training and slide management

Publication planning and real-time manuscript development

Journal clubs

Grant management

Clinical trial site engagement

Patient-centric product development, journey mapping, and message testing

HCP market research/focus

Investigator-initiated research support

Stakeholder expansion (e.g., referrers)

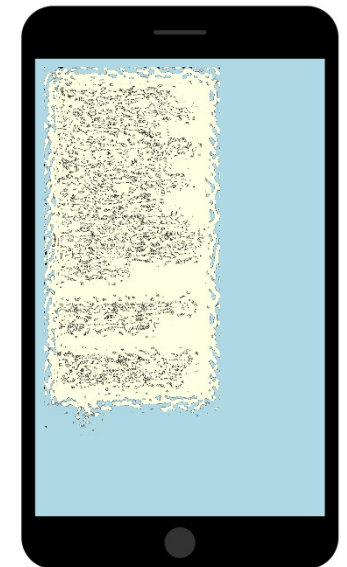
Community pages

Allow stakeholders to learn about one another by reading short bios, sending messages via discussion boards, editing collaboratively.



Communities are always in the know

via personalized dashboards,
reminders, emails, text and
WhatsApp messages plus
calendar integration





HOME SETUP ACTIVITIES MANAGEMENT SUPPORT Amy Ravi USER VIEW EDIT DISCUSSION REPORTING COMMUNICATIONS

Earlier Primary Care Referrals

EXPIRES: 2022-10-31

Note, there are a total of four [4] sections, which can be accessed by using the navigation buttons located above the resources of the discussion board.

According to Doghramji et al., Table 3 on page 107 provides a list of considerations for referral by a PCP to a rheumatologist.

- Do you agree with this list?
- What would you change (modify, add, or remove) on the list?
- Are there specific comorbidities that may be challenging to treat, which should appear on this list?

RESOURCES

[Hyperuricemia and Gout: New Concepts in Diagnosis and Management \(Doghramji Postgraduate Medicine 2012\)](#)

[Management of Gout in the United States: A Claims-based Analysis \(Edwards ACR Open Rheumatology 2020\)](#)

[A Primary Care Perspective on Gout \(Rimler Open Urology Nephrology Journal 2016\)](#)

Table 3. Considerations for Referral to Rheumatologist

A serum uric acid level < 6.0 mg/dL cannot be achieved

Recurrent gout flares persist despite adequate treatment

Management of patients with nephrolithiasis

Refer to a nephrologist if creatinine clearance is < 40 mL/min and patient is hyperuricemic

Joint aspiration is necessary and primary care physician does not feel comfortable performing the procedure


 **Georgetta Gleichner, MD** 2021-10-09 8:56AM CDT

- The list is fine
- I would change the 2nd consideration to any uncontrolled gout because many patients are not adequately treated by PCP
- Patients with kidney and liver dysfunction should have rheumatologist involved with their gout management

 **Robert Foy, MD** 2021-10-10 7:13AM CDT
The list looks good, but I think the referral for kidney stones to rheum is erroneous. Perhaps someone with a hx of confirmed uric acid stones.

Your bigger challenge is what happens to the patient once they see a rheumatologist. Many are not on the same page with regards to aggressive therapy. We need to either a) educate rheums or b) create a referral silo that directs to a network of rheums with an interest in gout who are in tune with Krystexxa.

 **Maynard Senger, MD** 2021-10-13 12:56AM CDT
Exactly why we need to establish our own treatment protocols and not rely on the dinosaurs of the ACR. Center of Excellence anyone?

 **Eric Prohaska, MD, PhD** 2021-10-14 11:43PM CDT
Couldn't express it better!!

 **Elliot Nolan, MD, PhD** 2021-10-15 10:43AM CDT
Agree and sad to say, but "waiting for the ACR to lead" is the ultimate way to not get anywhere fast.

Discussion boards illuminate stakeholder insights and obstacles



Target the entire community or specific members for comment



Guide discussion on various planned topics (e.g., best practices)



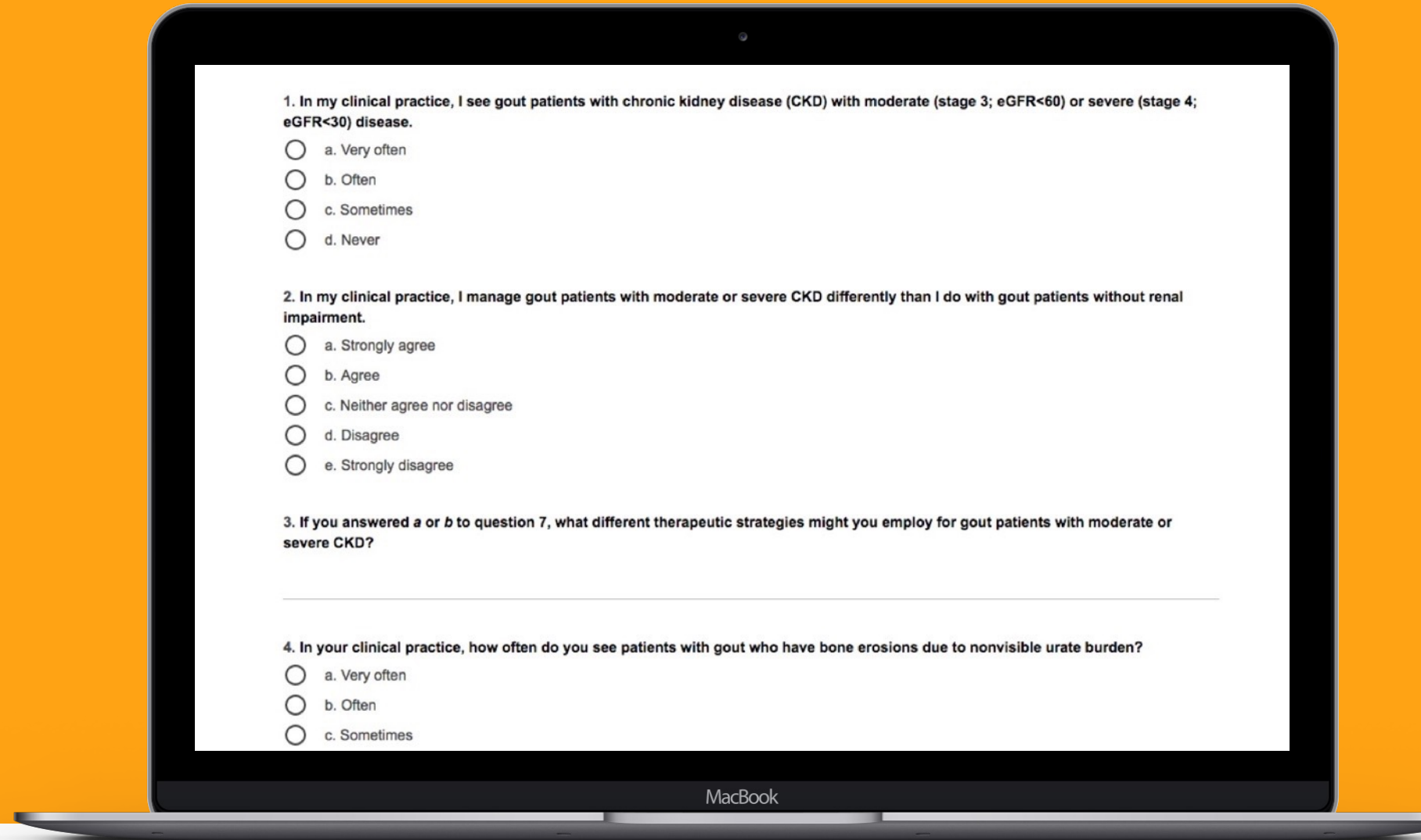
Facilitate deeper discussion between experts



Cultivate relationships more consistently with stakeholders

Questionnaires support quantitative analysis

May be administered to
any audience



1. In my clinical practice, I see gout patients with chronic kidney disease (CKD) with moderate (stage 3; eGFR<60) or severe (stage 4; eGFR<30) disease.

- ☐ a. Very often
- ☐ b. Often
- ☐ c. Sometimes
- ☐ d. Never

2. In my clinical practice, I manage gout patients with moderate or severe CKD differently than I do with gout patients without renal impairment.

- ☐ a. Strongly agree
- ☐ b. Agree
- ☐ c. Neither agree nor disagree
- ☐ d. Disagree
- ☐ e. Strongly disagree

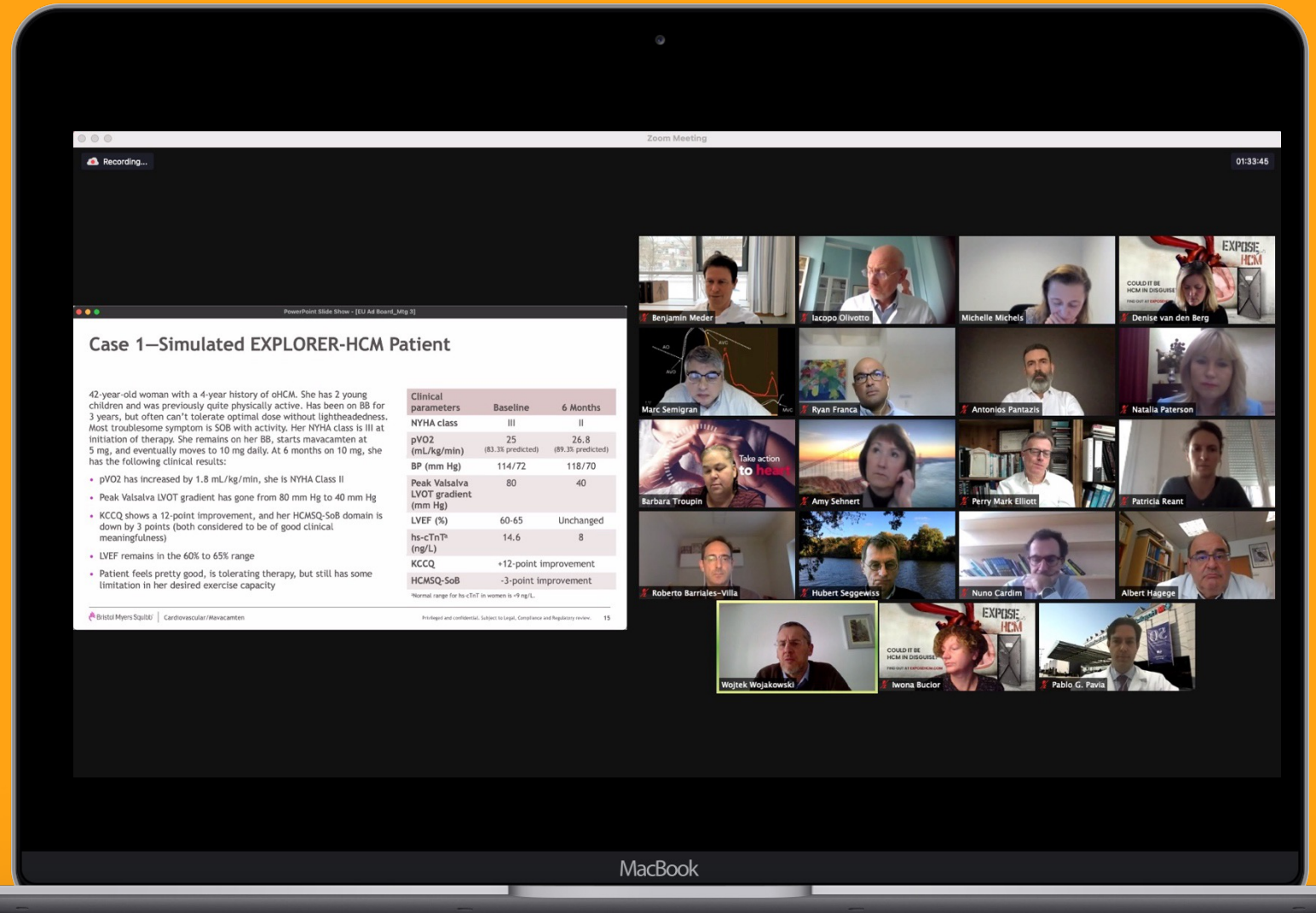
3. If you answered **a** or **b** to question 7, what different therapeutic strategies might you employ for gout patients with moderate or severe CKD?

4. In your clinical practice, how often do you see patients with gout who have bone erosions due to nonvisible urate burden?

- ☐ a. Very often
- ☐ b. Often
- ☐ c. Sometimes

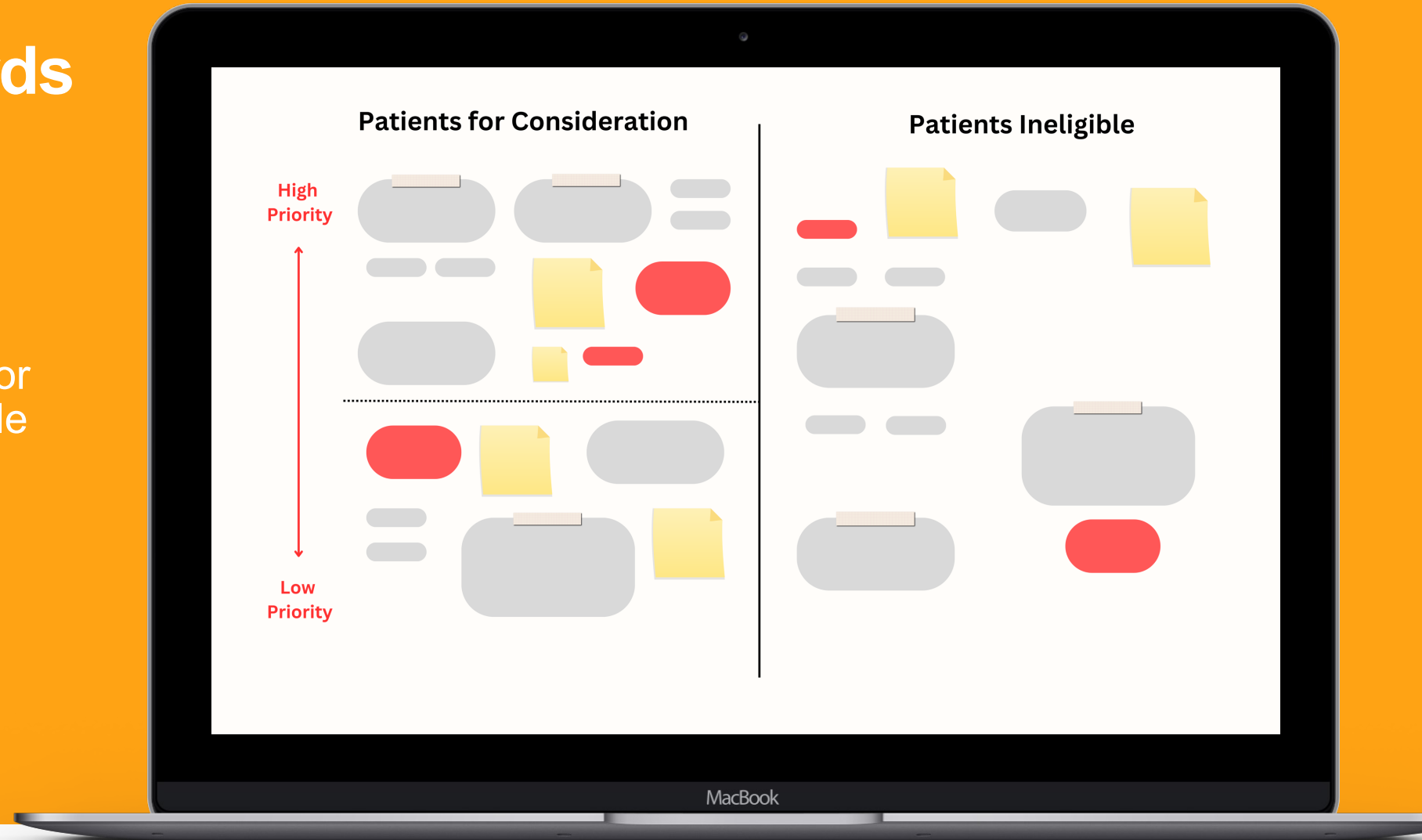
Integrated virtual meetings offer synchronous engagement

ExtendMed will choreograph and support your planned events with the right balance of audience interactivity and content sharing.



Utilize whiteboards to enhance engagement

Role play, collaborate to solve a business problem, or draft a tactical plan—provide visuals to support the discussion and consensus.



Advisor Profile: Kallie Lowe, RN

Passion: 23.73
Opinion: 56.45
Expertise: 23.79



Word count: 206

This is the total number of words written across all comments.

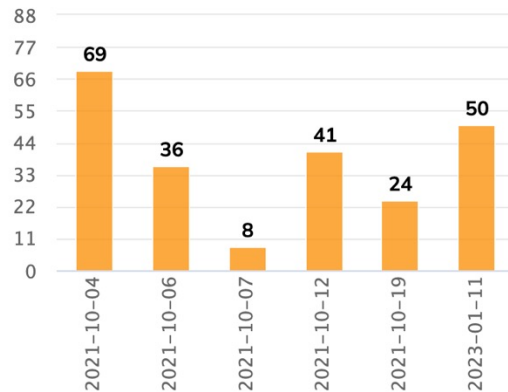
Engagement Average: 2.0

The Engagement Average measures the average number of replies this user receives when starting a thread.

Contribution index: 55.56

The Contribution Index measures the percentage of this user's written comments that are replies to someone else.

Words Per Day



Notable Quotes

Misinformation leads to bad patient outcomes. It's important that everyone who takes care of the patient is well educated on the product and safety profile.

It's very interesting that your colleague shared a positive experience about their patient and patient's family role when it comes to further educating to bring better patient outcomes. Sharing information between colleagues is very critical in getting better patient outcomes.

Our system creates stakeholder profiles

User profiles may be used to help identify speakers, principal investigators and steering committee members

Insights: Sample question

What are your impressions of the data for product and immunomodulators to increase response rate?

Most Expertise

In my limited experience so far, I have had a few patients who were very excited initially to learn about product as an option for their severe gout. However, upon learning the details of drug administration (infusions every 2 weeks for 6 months) they were a bit less enthused. The last straw has been the fact that only 42% of patients achieve a complete response to product.

–Sample Name 1, MD

Most Opinionated

I find this to be very exciting news and look forward to the completion of the the trials. One of my biggest concerns is getting a patient on therapy and then losing effectiveness because of antibody formation. It would be nice to know if we can predict such patients, though I appreciate we do not have that kind of information at this time.

–Sample Name 2, DO

Most Passionate

This is exciting news. One of the hardest pills to swallow about product is that loss of efficacy, antibody formation, and SUA spike that can happen. Being able to safely mitigate that risk will be a wonderful addition to the regimen.

–Sample Name 3, MD