



## Episode 24 – Digestive Health Part 1: Vivante Health’s digital solution for gut health

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BILL SNYDER: So there is a study done by the CDC that showed that digestive-related symptoms were the number one reason people show up in the emergency room.

SPEAKER: Welcome to the Cure for the Common Co., a podcast series looking at innovations in the world of employee health and wellbeing. Steve Blumenfield and other experts from Willis Towers Watson's Health and Benefits Practice are talking to entrepreneurs and industry leaders who break ground to meet the needs of today's workforce, and deliver benefit solutions that can separate employers from the pack.

STEVE BLUMENFIELD: Hey, Bill.

BILL SNYDER: Hey, Steve.

STEVE BLUMENFIELD: Hi everyone and welcome to the Cure for the Common Co. podcast. This is Steve Blumenfield, Head of Strategy and Innovation for Willis Towers Watson's Health and Benefits North America. Today I'm incredibly pumped to be talking about digestive health, an area we've covered before in the pod, but it's seeing an increasing amount of innovation. There's just been tremendous investment in this space.

And one company particularly I wanted to bring to you, Vivante Health, has a suite of offerings and that includes a novel device, the GIMate, which we'll hear about today, that predicts a flare up, which is something I really haven't seen in many spaces, actually creating a technology that the user can use in their own home to anticipate when they'll have a problem. This space of digestive health is only now really being fully understood in terms of its scope by employers and by the market. I'm excited to be joined today by Bill Snyder, CEO of Vivante Health.

BILL SNYDER: Hey, Steve. Thanks so much for having me today.

STEVE BLUMENFIELD: Excellent, thanks for being here. And I'm also very pleased to welcome my incredibly knowledgeable colleague Christina Prosser, a deep expert in this space from our Health Management practice. Christina, thanks for being here.

CHRISTINA PROSSER: Hi, Steve, thanks so much for having me.

STEVE BLUMENFIELD: Excellent, let's get into it. So Bill, tell our listeners a little bit about yourself and why you joined Vivante.

BILL SNYDER: Yeah, absolutely. So real briefly about myself, probably the most important aspect of my life is I'm a lucky husband and very lucky father of two great kids, live in Chicago, Illinois. And my background, I studied economics at Vanderbilt University and did my graduate work at Northwestern. But my whole life --

STEVE BLUMENFIELD: I got to say, right off the bat you're already making the rest of us look bad. Now I've got to go back and rerecord all the pods and thank my -- keep going. Keep going.

BILL SNYDER: On the professional side I've always, always been in health care. So I spent over a decade working on the health plan side at Humana in various leadership roles. And then I went to Virta Health out in San Francisco, worked with Sami Inkinen and an incredible team there in the diabetes reversal space. So it's really fortunate to have just great experiences throughout my career, which is culminated in the meaningful work we're doing at Vivante, which we founded with the aim of helping people who suffer from chronic digestive conditions.

STEVE BLUMENFIELD: Excellent. So Christina, just for perspective here, this is a condition that's bigger than people think. Could you frame it up for us?

CHRISTINA PROSSER: Yeah, I'd be happy to, Steve. Thank you. And when we look at digestive health we know that there's close to or exceeding 70 million people that are affected by digestive disease. And that's research that's provided by the National Institute on Health.

And part of this is the stigma with digestive disease. And so it's difficult to get an accurate diagnosis, mentally very taxing. And if we look at additional research we know that 74% of Americans have digestive trouble and they don't know where to go for help. And that's why solutions like Vivante Health are important for our employers.

STEVE BLUMENFIELD: Christina, just to expand that a bit. When you say "digestive health," I mean, I think naturally I go right to, "oh, my stomach hurts," right? But there's a lot of conditions -- some of which actually are pretty beyond the typical. Could you give us a sense of what some of those conditions are?

CHRISTINA PROSSER: Yeah. It can be gastroesophageal reflux disease, it can be IBS, so somebody who's struggling with celiac disease, to gastritis and ulcers, to even the Crohn's disease side, could be signs and symptoms impacting lower and upper GI, gastrointestinal tract. So the list goes on. I would say there's over 700 ICD-10 codes that impact digestive health disorders.

STEVE BLUMENFIELD: Wow, OK. So it's a little hard to kind of grasp those neatly as you can with others. And we've seen these costs show up in pharmacy. We've seen specialty medications increasingly in this space, which is one of the reasons we're so interested in it.

And of course, there's the visits to the emergency room and the doctor's office. Alright, so now we have our footing a little more firmly into what this is. Bill, give us an overview, if you would, of the solution.

BILL SNYDER: Yeah, absolutely. So at Vivante we're focused on working with those individuals who are both diagnosed with these conditions and who are suffering day in day out from their symptoms. And so we've built a digital platform that really looks at each individual member's condition, their symptoms, their goals, and their objectives and then we created clinical pathways to help improve those conditions and symptoms. And we're capturing novel information through two specific areas. One is a microbiome analysis and the other is the GIMate, which is a breathalyzer that monitors hydrogen activity as an indication of abnormal digestion.

STEVE BLUMENFIELD: Wow. Could you just tell us a little bit more about each of those. I hear "microbiome" and I was just I was just watching Ant-Man. So just maybe distinguish the difference between really small people and microbiome.

BILL SNYDER: Yeah, absolutely. Well, I think, as Christina alluded to first and foremost, when you think about these conditions, they are very painful. And they can cause daily torment in the individuals who suffer

from them. And so for us, what we want to do is understand the difference of each condition and the difference of each individual at every level.

And so with the microbiome, that gives us a picture of the bacteria in an individual's gut. And the microbiome by itself provides a static picture. But what we're able to do at Vivante is start with that picture and then gain more information about the individual's ongoing symptoms, their nutrition, their lifestyle, and how that ultimately impacts their digestive health and how it relates back to the microbiome analysis that we begin with.

CHRISTINA PROSSER: What if someone doesn't have a diagnosis or they don't have a physician, right? They just refuse to go see a doctor because these doctors just are not listening to them. So it's been years since they've actually had a diagnosis and they still don't have it so they've given up. What is that first step in the process for helping that person?

BILL SNYDER: And that's a big problem within digestive health, right? So even outside of those that have a diagnosis you see so many people suffering in silence. And they may be kind of meandering through the health care ecosystem and in many cases almost finding a diagnosis by elimination -- lots of upfront doctor visits and just trying to do their own research online and figure out what's causing these issues, what's causing these symptoms. We see a lot of that in our patient population. So you don't need a diagnosis to work with us at Vivante, we're also working with those individuals without a diagnosis.

And from that standpoint, there's a lot of those patients that we work with that we're able to reduce their symptoms by working with them on nutrition or by making lifestyle changes in those early weeks that we're working with them. For those that we feel like really do need to see a primary care physician or a specialist we do two things. We provide a direct letter to the member explaining, hey, you've been identified as potential for elevated risk for a certain condition. We just had this come up a couple of weeks ago where we were working with a member and through our intake form what we realized was they were at heightened risk for Barrett's esophagus, which ultimately could lead to esophageal cancer if it's not treated accurately. And so our message to the member followed up with a care team discussion is we really think that should get in and see a specialist.

We also provide that member with something to share with that doctor to say here are the reasons that we see that this person could be at elevated risk for this condition and why you should be focused on this specific condition. And what we found is it's really helpful for the member to empower them to have that discussion. And then I'm also happy to talk about the feedback we've gotten from the GI practices and from the health plans because they've seen this is a great opportunity to further build that relationship between the patient and their care team.

STEVE BLUMENFIELD: When we were exploring the space we set out to start an interest group, and Christina volunteered because of heightened interest, passion around the space to lead this. I was blown away at how many people discovered this and put their hands up, it was just a massive set of people that wanted to learn more. We'd get emails all the time -- I've got a family member or I myself or whatever. So Christina what have you learned about people who are suffering? Let's start first with those who are suffering in silence.

CHRISTINA PROSSER: I would say the first thing is, Steve, they feel like they're alone and they don't realize the breadth and the depth of the resources that are available or how many people are actually struggling with the pain that they're trying to overcome. Or they felt like they were normal and that was always normal. And so we find that people who are struggling with a prediagnosis are frequently going to the ER trying to seek help. They are told that maybe it's more on the mental side that they're depressed and so they feel lost and they just don't know where to turn. And then if you move on to somebody, Steve, who has been diagnosed there are many elements that impact the wellbeing of that member from having to have ongoing procedures, you're now introduced to new medications. So it could be a biologic like a Humira or Remicade, or it could be something like a steroid.

And so you don't always know what's the right treatment path, you don't always know what's going to work. There might be portions of step therapy that are going to have to apply to the member. Treatment has to

stop working in order for a new pharmaceutical agent to be introduced and that might require a colonoscopy, right? So there's many facets of the wellbeing for a member that is impacted and again, on the emotional side because you feel like you're the only one that's having to undergo this. And I think, even on the financial side, there are elements around the high ER utilization, those who are having hospital admits, having to have specialty surgery, having to now have Remicade infused every eight weeks.

BILL SNYDER: So that's exactly right and that's what we see in our patient population. We see so many people that we work with that say that I have felt so alone and I felt like I haven't had a voice and haven't had the information to help reduce my symptoms and improve my condition. And Christina, you brought up the point that a lot of times people are being told maybe that this is in your head, which is completely inaccurate and it only leads to them feeling worse.

And so we see that in our patient population. And we see the impact that having that care team that surrounds them and that interaction, that day-to-day activity really can help in terms of getting them to feel better, getting that symptom reduction. But that's exactly what we see across our patient population.

CHRISTINA PROSSER: Yeah. And I think, another big thing is just the absenteeism -- the impact of being away from work or just not even being able to get out of bed. I know from the National Institute on Health, Steve, that absenteeism for gut trouble is around 35 days per year. That's huge.

STEVE BLUMENFIELD: Wow, it's huge.

CHRISTINA PROSSER: -- when you think of -- Yeah, it's huge.

STEVE BLUMENFIELD: It's bigger than most companies' policies for most employees will allow. And that's just, yeah, wow.

BILL SNYDER: And I think, the other thing that Christina mentioned, which is absolutely true and what we see in the patient populations is overutilization and underutilization. And so oftentimes people in these cohorts are showing up in the emergency room at a much higher rate. So there is a study done by the CDC that showed that digestive-related symptoms were the number one reason people show up in the emergency room.

STEVE BLUMENFIELD: Number one reason?

BILL SNYDER: I'll tell you, it's pretty mind blowing when you see the spending associated with some of these. And then on the flip side, there is individuals who are waiting until the progression of the condition has gone too far along to get into the right care at the right time. So it's a really difficult problem that these individuals are suffering from every single day and that we're really trying to help.

STEVE BLUMENFIELD: So I get the sense of the challenge to the member who is experiencing this. And trying to combine that with what I understand about the solution, it feels like you're trying to provide almost a clinic, I don't know if that's the right term, but kind of a when-you-need-it because it's such a here-and-now, responding to what's happening in your environment at the moment, get the resources to you when you need them, and ideally even have a way to predict when it's going to be bad and then intervene and maybe ultimately over time get control over it. Is that an accurate way of looking at what you're trying to do?

BILL SNYDER: It absolutely is. And when you think about the gold standard today of somebody who shows up and says, hey, I have these symptoms of bloating and cramping and it bothers me every single day and I oftentimes have to run to the bathroom and it's really taking over my life, in addition to some tests what they might get is a journal or some pieces of paper and a pen and says, hey, write down everything that you eat and write down when you have flare ups or your symptoms and come back and see me in 3 months. And that's kind of the gold standard. And the reality is obviously that's really difficult for people to engage with on a day-to-day basis. And so the importance of providing an on-demand solution where we're capturing all that information in real time and then providing the support to the member when they need it is really key in terms of helping people with these conditions.

STEVE BLUMENFIELD: Very cool.

CHRISTINA PROSSER: In five years if you have a cover story in your favorite business periodical what would be the headline?

BILL SNYDER: That's a good question, Christina. I think the headline would be "Vivante Health improves digestive health for millions who no longer are suffering in silence."

STEVE BLUMENFIELD: "No longer suffering in silence," excellent. Let's go another level of detail down into the process, how that works. So we've heard about some clinical folks, heard about some tools there, tell us how this just gets started. Like, how do people get identified? Are they starting with an app?

Are they starting with an intake phone call? When do they meet with somebody? Do they talk with somebody? Do they have to initiate that? Give us a little bit more of the specificity for the individual.

BILL SNYDER: When we work with employers the first thing that we want to do is build a communication program. And so we do this in a bespoke way. So depending on how they like to communicate to their members today we'll tailor everything according to their needs. And then we're messaging out that Vivante Health is available to their members at no cost. So the employers that we're working with are paying for this so that there's no upfront dollar cost for the members to engage.

Once they hear about the money health it's a very easy enrollment process, and they can do that through the web or through our app on iOS or Android. The connectivity process begins with a very quick online intake form where we're asking basic questions. And these are the same questions that you would typically get going into a top-tier GI clinic here in the U.S. So again, building that profile of the member, understanding their condition, understanding their symptoms, understanding their needs.

So it takes about seven minutes for each member to complete this intake. And then from there, they're connected to a registered dietitian and a health coach. That same registered dietitian and health coach will stay with them throughout the entirety of the program. So they've got a care team right at their fingertips who's going to work with them on improving their digestive health every single day. So really simple intake process that allows us to personalize the care once we understand the baseline of the member profile.

STEVE BLUMENFIELD: OK, so the user gets a simple intake, some basic questions, they're introduced to a care team. And every day is it is it texting in the platform? Is it doing research?

Is it getting things teed up for the person to respond to? Or are you using an elimination diet, a FODMAP diet? Let's go a little deeper.

BILL SNYDER: Yeah, great question. So we set up a 12-week program that's based on nutrition, lifestyle, medication adherence and overall care. And so what we're looking at doing for each type of condition is, again, using those clinical pathways rooted in evidence-based medicine. We're looking at medications. So if members are on medication today, they're receiving automatic reminders to ensure that they're staying adherent to those medications, which we've shown outcomes at scale that show greater adherence in the cohorts that we work in terms of taking those medications.

The registered dietitians and the health coaches are monitoring their care through the platform, and they're available to talk to the member at any point. And that can be through phone calls, through in-app chat, and even through video conference if the member chooses. And so they always have access to that care team.

They also have access to 24/7 care support. So if their registered dietitian or the health coach that they typically work with isn't available at that specific time, we want to make sure that they always have someone that they could call, there's always someone that they could text with. And so we provide 24/7 support for each member.

STEVE BLUMENFIELD: So, Bill, you talk about this kit that you sent home for the microbiome, you talk about the GIMate. Is this something the consumer is using on their own? How does that work?

BILL SNYDER: Yeah, good question, Steve. So for the microbiome analysis, that's a kit that's sent right to the user's home. And it's a collection kit for an at-home fecal sample. It's prepackaged so it's sent right back to our partner lab. And then the results of that microbiome are surfaced in our technology to the member.

So they can understand the bacteria in their gut and then they can also have a discussion with our care team in terms of what that bacteria is telling them about their health and about their condition. For the GIMate, that's a handheld breathalyzer that also can be sent to the home. And then the user can use that breathalyzer on an ongoing basis to understand elevated hydrogen levels after meals and start to identify causes for indigestion or other symptoms related to digestive conditions.

CHRISTINA PROSSER: Bill, you had talked about the clinical rigor or the clinical pathway. Can you talk about -- give us an example of somebody engaging, just had their microbiome kit and now you have the results available. And so what is my pathway, my clinical pathway? And how do you determine that?

BILL SNYDER: Yeah, good question, Christina. So at Vivante we definitely focus on clinical rigor. And so with these digestive conditions there are clinical protocols that have been established for all these conditions. The problem is they haven't been digitized before. So individuals are having to come into a brick-and-mortar clinic or oftentimes they aren't getting the feedback day in and day out.

And so for us, our technology provides these clinical pathways. And as an example, for an individual who suffers from GERD, we're going to be looking at the foods that they're eating, any medication that they may be taking so we can make sure that we're improving adherence, and then ensuring little lifestyle changes that they're making are done the right way so that we can reduce those symptoms. It can be as simple as elevating on pillows before you go to bed so that you're sleeping at an incline that ultimately reduce symptoms and cause the individual to feel better. So core for us is a clinical, rigorous underpinning that's built on evidence-based medicine. And then we adjust that real time based upon the patient's feedback and their interaction with our telehealth enabled care team.

STEVE BLUMENFIELD: So what's the GIMate piece of this and those readings? How does that play into this?

BILL SNYDER: The GIMate is brand new for us, which is really exciting. And it's built on established clinical evidence. So the predicate device is called a Micro H2 which is used in clinics across the globe to diagnose things like lactose intolerance, fructose intolerance and SIBO.

And so we've miniaturized those components. And so the idea is we're going to be able to gain ongoing hydrogen feedback from our members and correlate that to both symptoms and nutrition to ultimately look at what foods are causing triggers and flare ups for these individuals. And start to identify them more specifically so they can remove them from their everyday diet and improve their overall digestive health.

STEVE BLUMENFIELD: So that sounds like its diagnostic but also part of the treatment plan. Is it envisioned and being done both of those ways?

BILL SNYDER: Yes, Steve. So it is envisioned and being done both of those ways, both ultimately as a diagnostic tool but also as an ongoing care management supplement. So the idea is we can create a patient feedback loop.

And when you think about individuals who suffer from type 2 diabetes, for example, they're able to monitor things like their A1C levels every single day and get that feedback loop. That doesn't exist in digestive health, and so patients are unfortunately reliant on their own symptoms and kind of their own view of how they're feeling. That's really difficult to track over time. And so what we've done at Vivante is built the platform where we're already tracking that for our members today and now we're adding one more

component to create that patient feedback loop, and start to monitor how elevation of hydrogen levels may correlate with their condition and symptom over time.

CHRISTINA PROSSER: So, Bill, I assume that not every participant or member will require the GIMate, right? So could you help walk us through what is that entry point into your program? And then how do I get access? Or what would qualify me as having access to the GIMate?

BILL SNYDER: The GIMate right now as we're rolling it out is going to be available only to those that are symptomatic with, currently, bloating and cramping. And the reason for that is it's the first subset where we can really monitor hydrogen levels associated with those symptoms and see if we can reduce trigger foods to actually show symptom alleviation. We're going to continue to build on the process. So we'll have further indication of use for the GIMate as we progress the science.

CHRISTINA PROSSER: Great. And then I access that all through -- the processes -- through an assessment, through the app. Can you talk about the entry point in?

BILL SNYDER: Absolutely, yes. So for Vivante, really the starting point for us is the technology. And so we are immediately working with members to understand the total picture of their condition, their symptoms, their risk. We're going to ask them things about their objectives, their goals, and ask them things like if they're taking any type of medication today because we want to understand each individual. And as you mentioned before, there's so many different conditions that make up the world of digestive health.

So from there we're working with them on a day-to-day basis doing things like nutrition logging, symptom logging, and connecting them with a remote care team that monitors their ongoing symptom engagement and then providing these kind of novel approaches to gaining even more information. So we see members improve their health just through our platform and working with our registered dietitians and health coaches. As they progress through the platform if they need some of these other types of solutions that we're providing in the GIMate or the microbiome, they'll be able to get them a little bit later in the program once they've started working with us and engaging with the platform.

STEVE BLUMENFIELD: So, Bill, what about the employer experience here? This is still a space that's relatively new. So what are you seeing? Are you seeing interest? And what's it like as an employer trying to tackle this condition?

BILL SNYDER: We are definitely seeing more and more interest in this space. And I think we're seeing it because employers they care about their people. And we definitely have seen that across the board. And so when they hear and learn about the percentage of people that are impacted by these conditions, and once they really start to understand what that day-to-day pain and torment is like for these members, they've been extremely interested in looking at solutions. So I think that the employers are really starting to shine a light on this space and understand that it's a significant need for employee populations.

STEVE BLUMENFIELD: So where you've implemented this, what does the employer get? How do they understand what's happening to their people? And is there reporting? What's the measurement like?

BILL SNYDER: Yeah, absolutely. So, for our employers one of the big things that we focus on is outcomes. And so what we commit to them is we'll share three levels of outcomes with them throughout the process.

The first is patient-reported outcomes. So those members telling them, hey, this is what I think of the solution, this is how I'm feeling, this is the improvement that I'm seeing. The second is we are going to also look at symptom outcomes. And so those are validated surveys where we're looking at symptom reduction scores across all the different conditions that make up digestive health.

And then the third is financial outcome reporting. So we guarantee that we're going to be lowering the health care costs for the members and for them as an employer. That's something that we commit to right up front. We do go at risk for outcomes and then continue to provide the information along the way to make sure that we're hitting everything that we promised.

STEVE BLUMENFIELD: Just for those first two to be clear, I'm sure that you'll agree and for everyone listening those are HIPAA compliant, you're not identifying any individual data. So that's a pretty big statement saying you're going at risk. Could you just tell us what that looks like?

BILL SNYDER: Yeah, absolutely. So today we just rolled this out and it's at the population level. But we guarantee a minimum of 1-to-1 ROI in terms of the costs associated with these conditions for the populations that we work with.

And so we've been able to show our results at scale through some of our case studies. And essentially we're only charging for those who are utilizing our solution. And we know that we can reduce the overall cost for the member and the sponsor. So we'll put these at risk for that financial return for any employer that we work with.

CHRISTINA PROSSER: And so, Bill, what are some of those metrics that you are reporting out on?

BILL SNYDER: So the first piece is going to be the patient reported outcomes. Those metrics include, hey, I really like the solution, I feel better and more informed about my condition. The second are going to be more symptom related. So I have improved my digestive health symptoms over the course of the program, I feel healthier, or I have decreased anxiety or stress, thanks to Vivante Health. And then the third is just a population level of all costs, both medical and pharmacy, that we compare to a like cohort within that employer population ensuring that the costs for those who are enrolled in Vivante solution are lower than those who have not.

STEVE BLUMENFIELD: OK, so there's pre-post assessment and this is claims based?

BILL SNYDER: That's exactly right, Steve. So we do a pre-post analysis. And if the group is large enough we'll actually do a match case as well so that we can look at user cohorts and non-user cohorts and then compare the costs. We need the initial 12 months and then the 12 months while they're actually involved in the solution, and then looking at the total spend and making that available to the employer to show the impact that we can have.

STEVE BLUMENFIELD: Excellent, that's great.

CHRISTINA PROSSER: And so recently you've actually produced some results or a white paper showing some savings. Do you want to talk a little bit about that?

BILL SNYDER: Yeah, absolutely. Thanks, Christina. So we recently did a case study, we worked with a client that was over 30,000 members. They were across 23 different states.

And we did a 4-to-1 match-case scenario, pre-post analysis to look at the impact that Vivante was able to have on the costs associated with the members that we worked with. And essentially what we saw was a greater than 3 times ROI on hard cost alone over the period of 12 months. And those were primarily driven by reduction in medical spend. So lower emergency room visits and lower duplicative doctor visits.

So we talked about the fact that oftentimes people are seeing a number of clinicians when they have certain symptoms associated with digestive health prior to getting a diagnosis. And so we're able to limit some of that over utilization on the front end. We saw slightly higher medication costs because we saw better adherence rates to medication for those working with the Vivante than the cohorts that were not.

So we're really excited. And this is an area that we're committed to ongoing studies and ongoing clinical research. And so we have more studies coming out and some more clinical publications that will be upcoming as well that are really exciting in terms of what we're being able to achieve.

CHRISTINA PROSSER: So, Bill, I would say, when we're looking at digestive health and the management of these conditions, when I put my arms around the care team that should be supporting a member, that team should be someone who can address the medicine, right? So the medications to a pharmacist, the nutrition

standpoint, a dietitian, a social worker to help with stress and resiliency. So could you help drill down a little bit into your care model and that remote-care team. You've talked about the dietitian and you've talked about the coach, but are there other elements of your program that will help address stress resiliency, medication adherence, et cetera?

**BILL SNYDER:** Yeah, Christina, that's a really good question. So from our care team we have at the very top is our chief medical officer who's a Hopkins-trained gastroenterologist who oversees all of our care. For the interactions with the members on a day-to-day basis they are working with the registered dietitian that you mentioned and the health coaches. We also have a PharmD who reviews the overall care from a medication adherence perspective for our members.

We're not currently changing medication, we're not prescribing medication or deprescribing medication. But completely agree with you, for us it's about looking at the holistic picture of each individual. And that's why we look at those different components, both a registered dietitian, the health coach that focuses on things like behavior change and helps assess anxiety and stress associated with our members. And then we also look to triage our members when appropriate to other types of care.

So again, bringing them back to a GI doctor within their network if necessary. Or if we uncover a need that needs a more acute attention in terms of mental health, getting them connected to a therapist as well. So we do have that opportunity to link them back to their network, which is, I think, one of the reasons we've had so much success working with health plans early on.

**CHRISTINA PROSSER:** That's helpful and it makes sense to me. And I do have a question around the conditions that you guys are treating. So can you just give us maybe a small list or an overview of what you're treating today? It doesn't necessarily have to be a road map, but what you're doing today.

**BILL SNYDER:** There's so many different conditions that fall under the digestive health umbrella. And so for us we're working with individuals with specific conditions, things like Crohn's or diverticulitis or GERD, but we're also working with individuals who have just symptoms. So we're not getting the solution to those that are just diagnosed.

Our focus is primarily right now on digestive health, the related conditions and symptoms. There's been asks and requests for us to expand into other condition sets because there's such a high correlation to other comorbidities. But for us right now we're definitely focused on those digestive health conditions and symptoms that we treat today. In the future we may look to extend into other conditions. But we've certainly got our hands full, and there's enough work for us to do today just focused on digestive health.

**STEVE BLUMENFIELD:** So, Bill, what's been your experience with health plans? We certainly see that, increasingly, solutions are being covered by the health plan as well as being covered by the employer paying directly but that took some years to get, in fact, we've been seeing by PBM and other entities at some point. So what's been your experience?

**BILL SNYDER:** For us, we have definitely seen the health plans move pretty quickly in terms of covering our solution. And, I think, that's just based on interest in the digestive health space. They see it's a major issue in terms of scope. They see tremendous cost associated with these conditions.

And so they're looking for a solution to improve that. So it's been great. We've been working with a number of plans and been moving pretty quickly with them.

**CHRISTINA PROSSER:** So when I think of the space, it's really focused in on nutrition and a microbiome analysis as well as having some type of coaching involved, whether it's on the cognitive behavioral health side or on the mental health side. And so in talking with you, Bill, the Vivante Health solution seems to be falling into those two categories where you have the nutrition, the microbiome analysis, as well as the coaching element to help members.

BILL SNYDER: Yeah, Christina, I think, that's exactly right. We're digitizing evidence-based care protocols and utilizing all the tools that are available to help improve the care of our members. And we're just really excited to be helping members every single day.

STEVE BLUMENFIELD: So dealing with employers is different from dealing with consumers. And obviously you work with both at Vivante in this kind of model. Have you learned anything surprising in working with employer clients?

BILL SNYDER: So, Steve, I don't know if it's surprising but we've definitely learned a lot from working with employers. And there's kind of three things that they come to mind right off the bat. The first is that individuals who are in the human resources, benefits, total rewards space it's very apparent that they care a lot about the people that they serve. So the individuals at the company and their families. That's, I'd say, the first thing is the level of care is obvious.

The second is that those same people are highly knowledgeable about their organization and about the market. And so for anybody listening to the podcast that's thinking about starting a company that is working with employers some of the things that you really need to be successful is proof. You need to be able to show that you can really help improve care for their members and to show outcomes. And then the last is that there's a significant amount of demands on these people, that they are stretched very thin and that it's a vast amount of work that they do in terms of trying to find the right solution. So, I think, those are the things that we think about when we're working with employers is just recognizing all three of those aspects when we work with organizations.

STEVE BLUMENFIELD: Well, that's great. I'm listening to you, the empathy you have for the HR and benefits person combined with your early comments about thanking your family and your wife first and I'm realizing I can never let my wife listen to this podcast. She's -- I'm going to pale in that comparison. So thanks a lot, Bill.

All right, Bill, so let's take this to a different level for a second here. I'm almost a little bit nervous about the possible answer here. But if your company was an animal, what animal would it be?

BILL SNYDER: OK, Steve, if we were an animal, Vivante Health would be a dolphin.

STEVE BLUMENFIELD: A dolphin, OK.

BILL SNYDER: A dolphin. Because dolphins are highly intelligent, they're very communicative, and they protect and care for each other and even for other species. And at Vivante we use technology in our personal interactions with people to learn more about them, so to become more intelligent about the members we serve, we're in constant communication with our members. And our goal is to protect them from the conditions and the associated symptoms that they suffer from.

STEVE BLUMENFIELD: Well, this has been an enlightening conversation. Bill Snyder, it's been fantastic having you. Thank you.

BILL SNYDER: Thank you, Steve. And thank you, Christina. I really appreciate being on today.

STEVE BLUMENFIELD: And Christina, thank you so much for being here. It's always wonderful to be with you, in fact, it's so wonderful, it almost is like you have a halo over your head. Oh, you do have a halo over your head. If you work with Christina, you'd know that on video she sits in front of this round mirror that looks exactly like a halo.

So I know you're going to be mad at you for saying this Christina. But it's great to see you. And thanks so much for being here.

CHRISTINA PROSSER: Thank you, Steve. Thank you, both.

STEVE BLUMENFIELD: And to you, all of our listeners of Cure for the Common Co. podcast, thanks so much. We really appreciate you listening. Please rate the show and please tell your friends to subscribe. Thanks and have a great day.

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