

CASE STUDY:

RevUp Drives Results

CHALLENGE: Under our current reactive disease-care model, \$1.8 of the \$2.7 trillion of healthcare costs are spent on preventable chronic diseases¹.

In contrast, there are over 40,000 mobile health apps in the iTunes store, ranging from calorie counters to medication reminders. Sales of digital and wearable technologies such as the Fitbit, Withings scale, and Jawbone Up, among others, are expected to top 64 million devices by 2016².

Despite broad availability of personalized information from these devices and apps, these technologies have not resulted in sustainable health outcomes or lower healthcare costs.

SOLUTION: In order to prevent chronic disease and reverse cost trends, we need to focus on the metrics that matter and pair data produced from wearables and apps with personalized feedback from a care team of health coaches, including fitness professionals, nurse practitioners, and nutritionists. This creates a powerful feedback loop that improves individual awareness for one's activities, while the relationship developed with the digital coach fosters personal accountability.

MD Revolution's digital health platform, RevUp, focuses on the real drivers of chronic disease—visceral fat, metabolism, and VO₂—and is proven to reduce healthcare costs and deliver real, measurable improvements in health and wellbeing.

RESULTS: After 90 days, 125 high risk* employees with 2 devices and personalized coaching achieved statistically significant improvements.

CLINICAL OUTCOMES & IMPROVEMENT



4% VISCERAL FAT LOST:
 Reduces blood pressure, cholesterol and improves insulin sensitivity³



1.4% BODY FAT LOST:
 Better metric than weight loss⁴



10% VO₂ IMPROVEMENT:
 VO₂ = cardiorespiratory fitness⁵



1.6% WEIGHT REDUCTION

REVERSAL OF DISEASES AFTER 180 DAYS OF REVUP



REDUCTION OF EMPLOYEES WITH HYPERTENSIVE BLOOD PRESSURE



REDUCTION OF EMPLOYEES WITH UNCONTROLLED DIABETES

POST-STUDY FOLLOW UP

71% OF PARTICIPANTS REMAINED ACTIVE ON THE PLATFORM SIX MONTHS AFTER INCENTIVES HAD BEEN DISCONTINUED.

1. Chronic Care: Making the Case for Ongoing Care. Robert Wood Johnson Foundation 2010.
 2. Market research by Berg Insight and International Data Corporation
 3. "Abdominal fat and what to do about it", Harvard Medical School Family Health Guide; February 2007.
 4. Science Magazine, The Health Risk of Obesity – Better Metrics Imperative, 2013.
 5. "Long-Term Effects of Changes in Cardiovascular Fitness and Body Mass Index on All-Cause and Cardiovascular Disease in Men"; Circulation, 124:2483-2490, 2011.

* 2 or more chronic conditions including morbidly obese, diabetic, hypertensive