



PREPARED FOR:

The State of Connecticut

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March 12, 2025

Reporting Sections

Report provides an updated analysis on data collected from:
July 1, 2023 – Jan 31, 2025.

SECTION 1

- Awareness
- Enrollment
- Onboarding
- Demographics
- Engagement
- Appointments

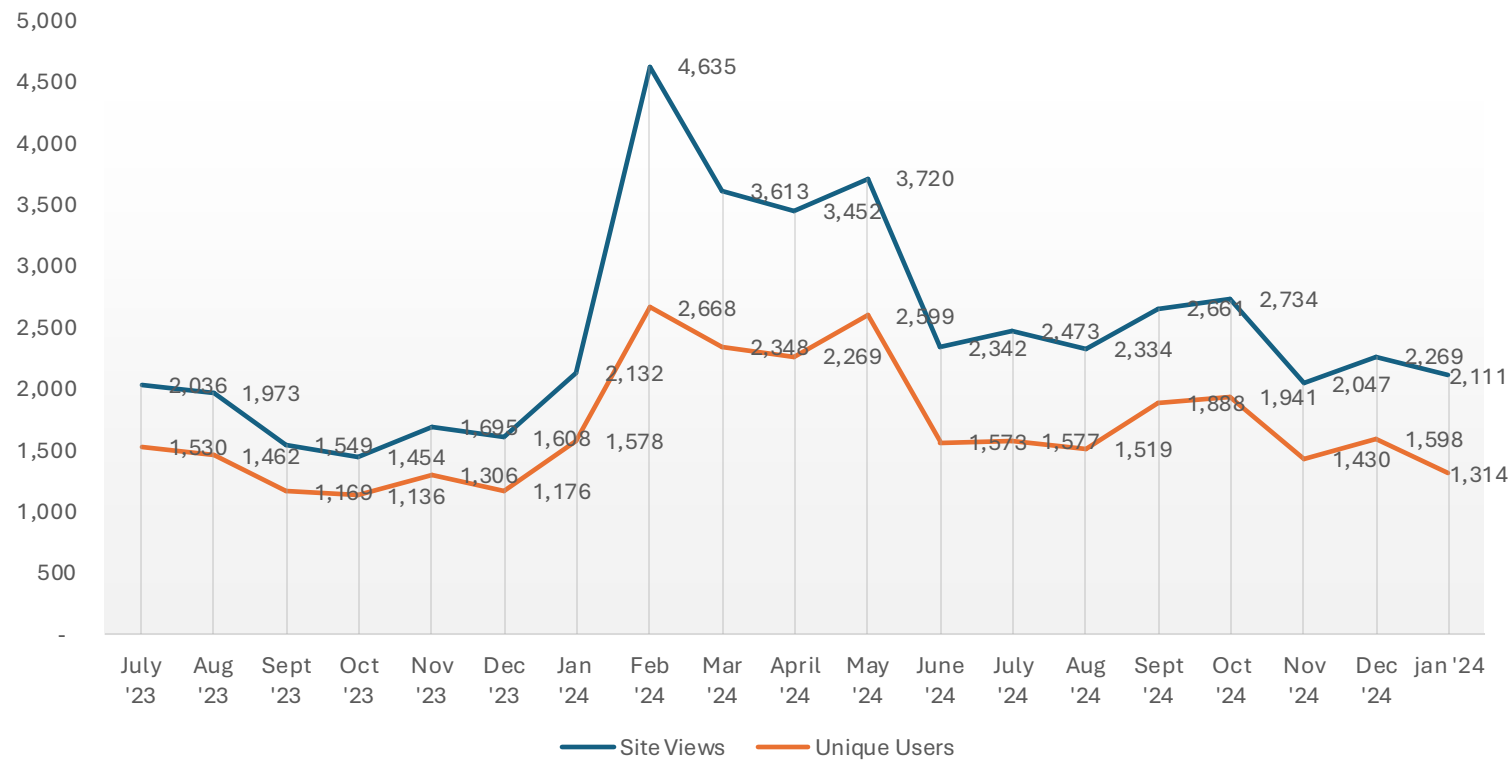
SECTION 2

- Clinical Outcomes
 - Weight & BMI
 - Blood Pressure & Heart Rate
 - Clinical Biomarkers

Section 1

Awareness

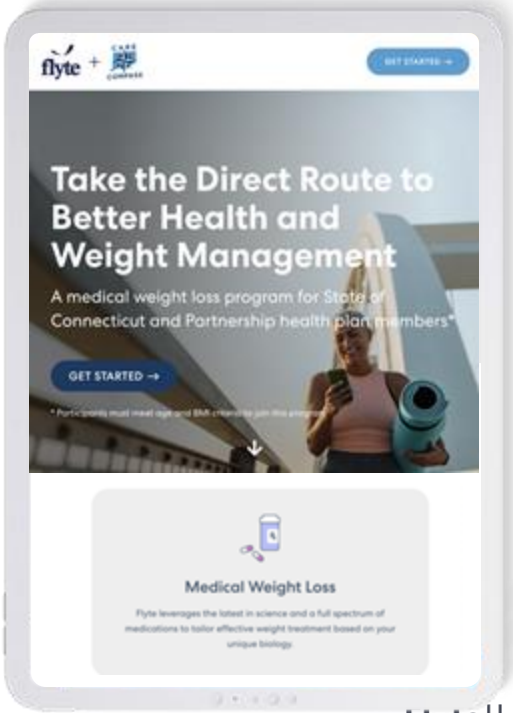
36.2% Patient Application Conversion



Totals	46,838 Unique Views	32,081 Unique Users	11,613 Applications
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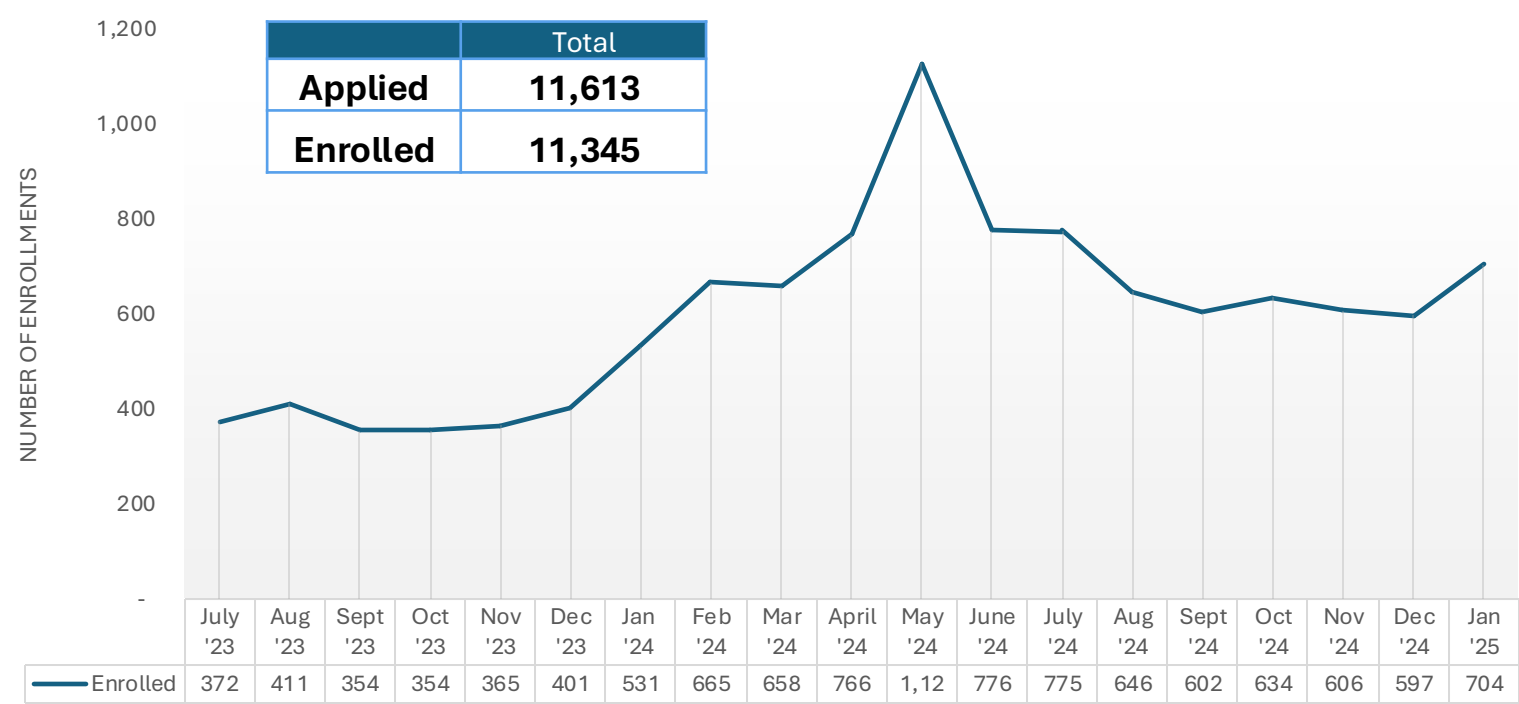
Highlights:

- High Application Volume** – 11,613 applications were submitted, reinforcing strong interest in the program.
- Strong Awareness Performance** – FlyteHealth achieved a 36.2% Patient Application Conversion Rate, showing effective engagement with visitors.
- Significant Traffic Growth** – The site saw 46,838 total views and 32,081 unique users, with a notable traffic spike in early 2024.



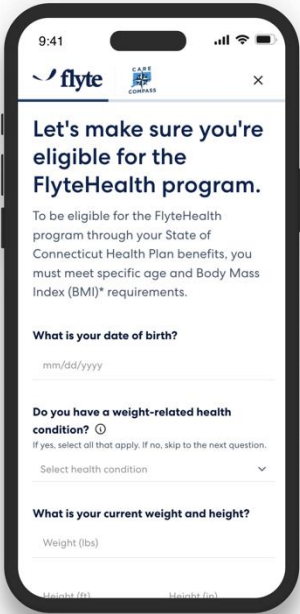
Enrollment

97.7% Patient Enrollment Conversion



Highlights:

- Exceptional Conversion Rate** – With a 97.7% patient enrollment conversion, nearly all applicants who applied (11,613) successfully enrolled (11,345), demonstrating a highly efficient eligibility and onboarding process.
- Sustained Enrollment Growth** – Enrollment numbers have shown steady growth over time, peaking in May 2024 with 1,127 enrollments, likely reflecting successful marketing efforts, increased awareness, or seasonal trends in patient interest.



* As of 1/31/25

Eligibility Under Review 4

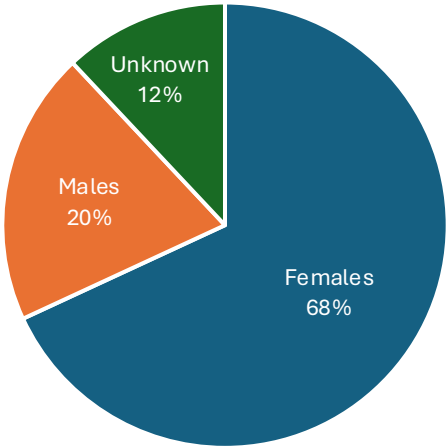
Ineligible 94

Opted Out 91



Applicant Demographics

47 Average Age

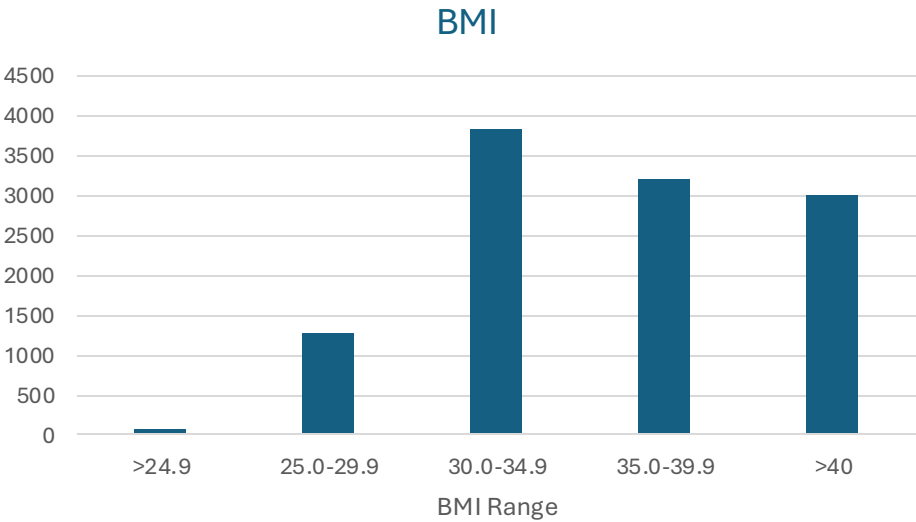
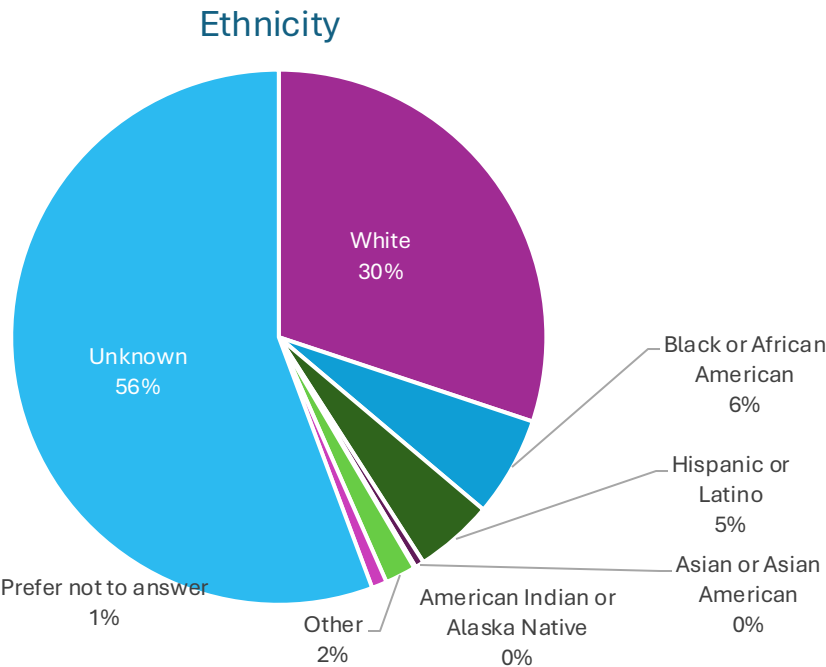
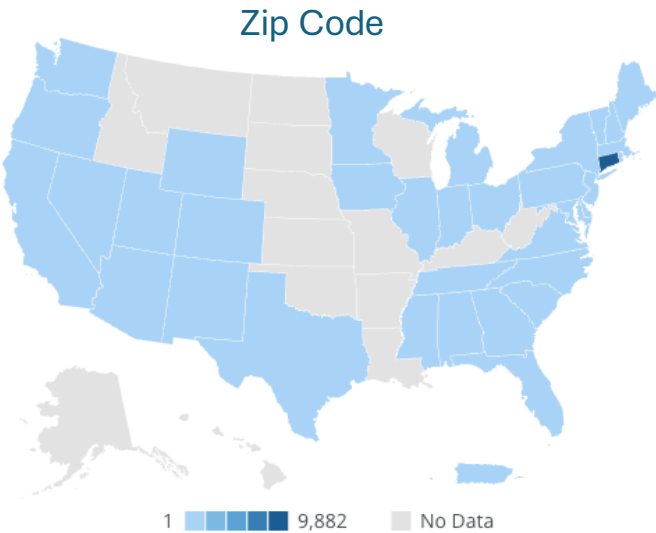
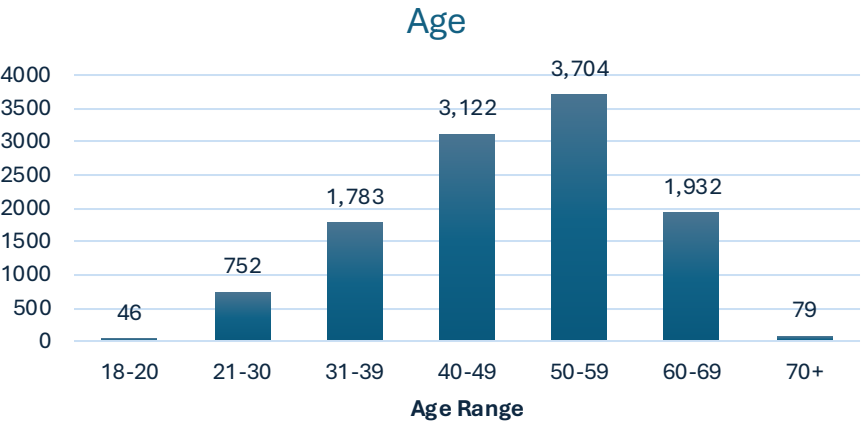


Average Self-Reported Baseline Weight 223.5 lbs

Average Self-Reported Baseline BMI 36.3

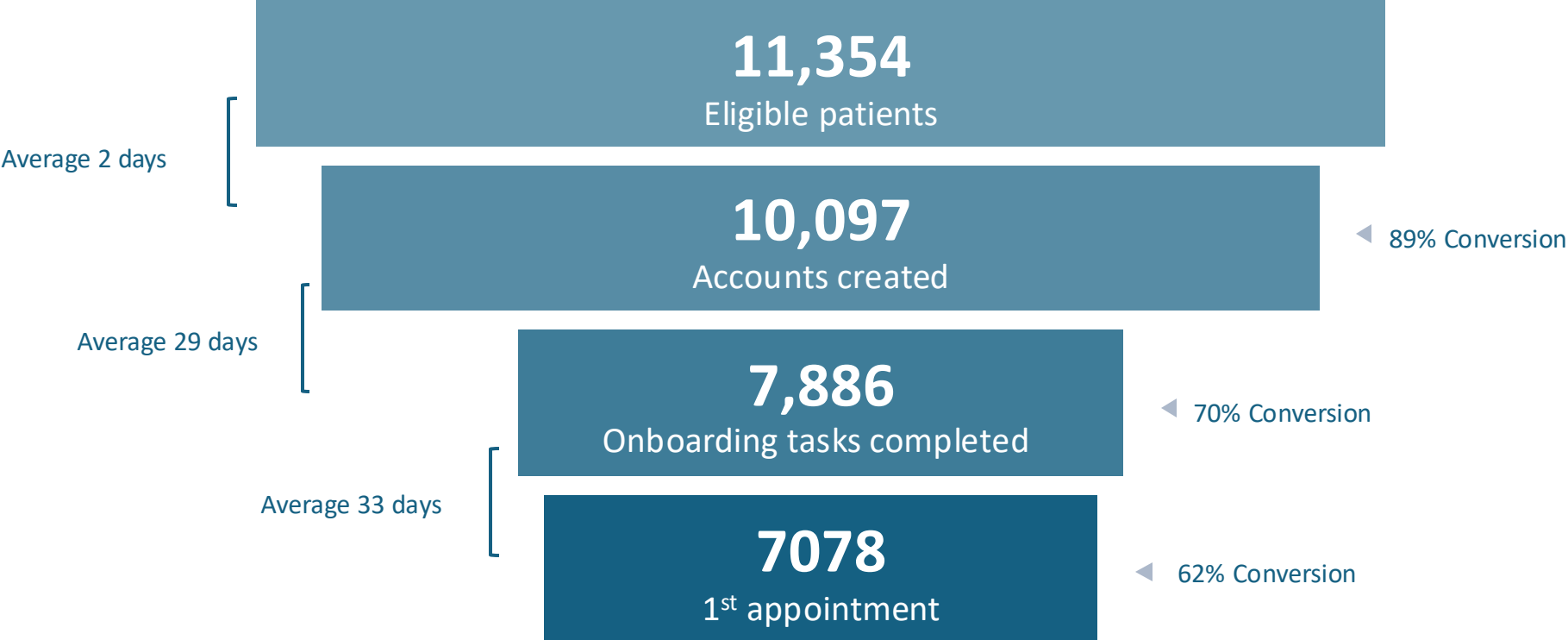
**As of 1/31/2025 based on available self-reported, demographic data*
*** Note: Sex at birth or Gender is not required at the time of application*

Applicant Demographics



*As of 1/31/2025 based on available self-reported, demographic data

Path to First Appointment



*As of 1/31/25

App Activity

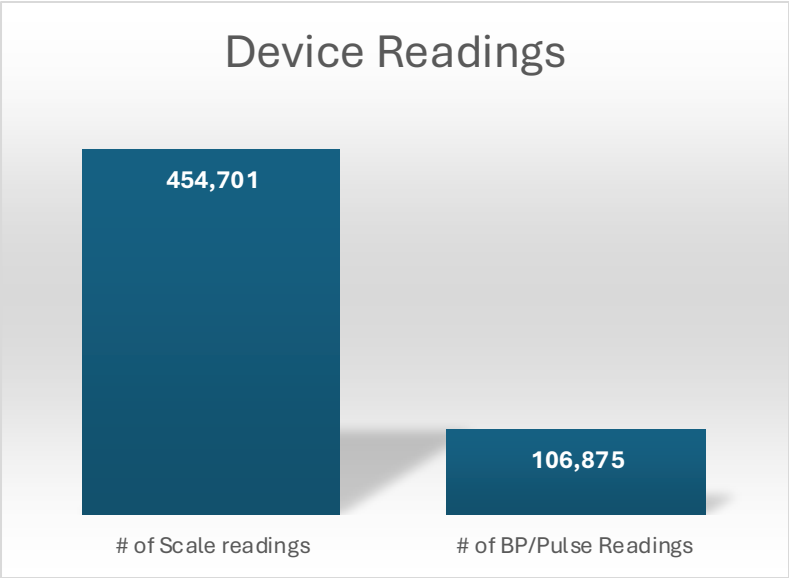
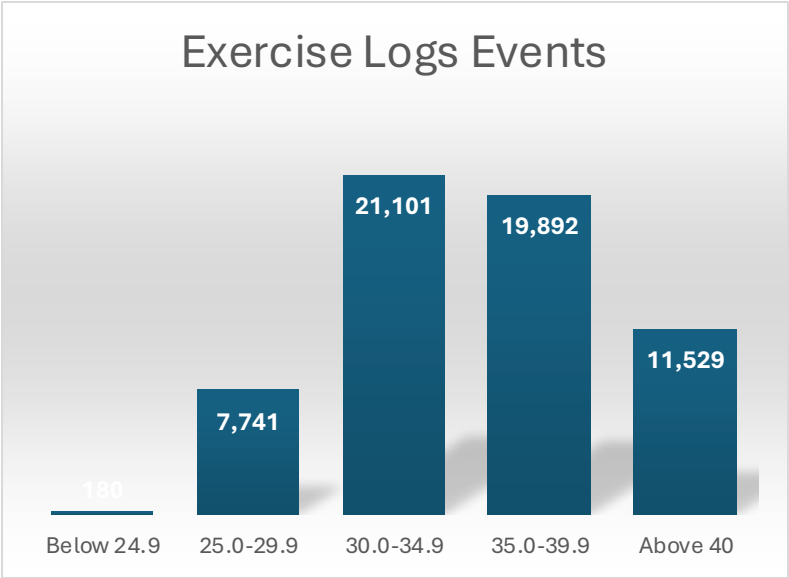
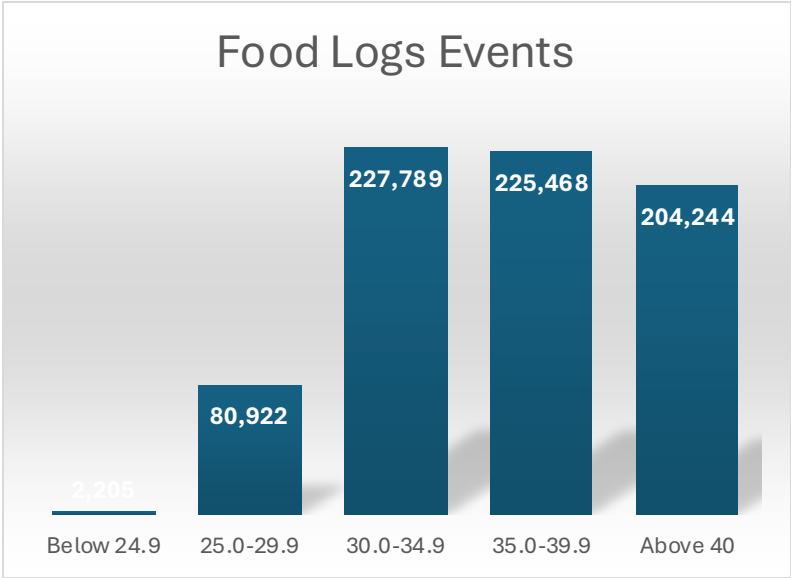
Notable Highlights:

- **High Engagement** – Over 740K food log events and 60K physical activity events
- **Device Usage** – 454K scale readings and 107K BP readings show active tracking of health metrics.
- **Most Active BMI Groups** – Users with a BMI of 30-39.9 logged the most food and exercise entries, reflecting high engagement in weight management efforts.

	Total
Food Log Events	740,628

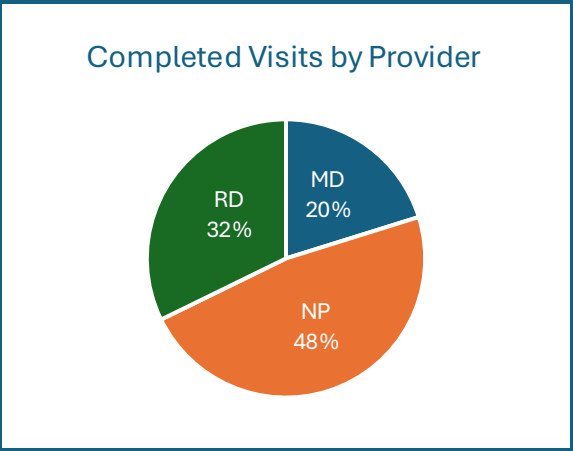
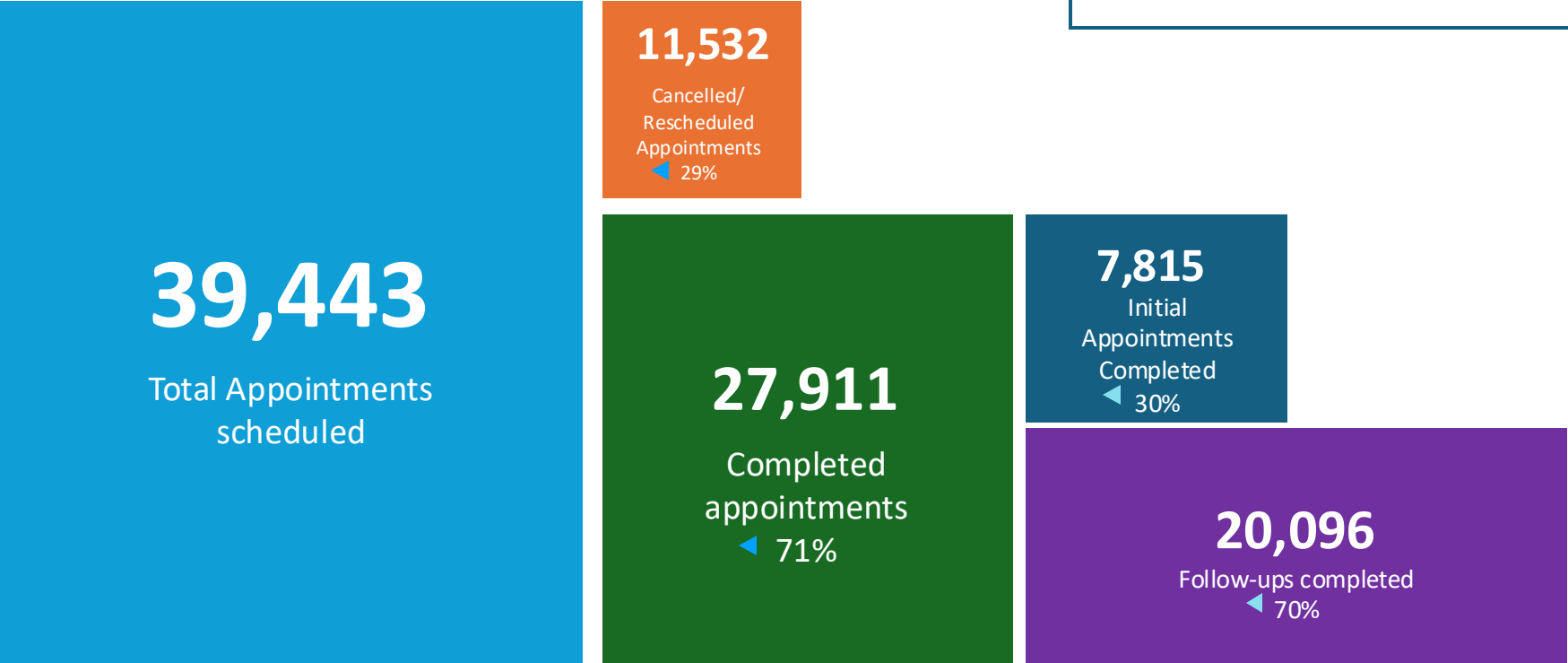
	Total
Physical Activity Events	60,443

	Total
Scale Reading	454,701
BP Readings	106,875



*As of 1/31/25

Appointments



*As of 1/31/25

Assigned SoCT FlyteHealth Medical Team

Medical Doctor

10

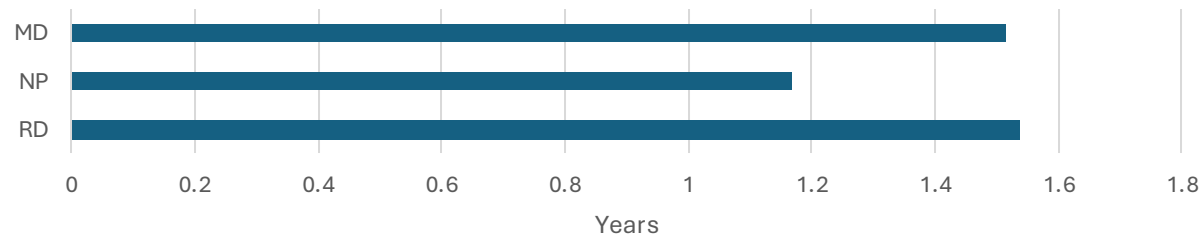
Nurse Practitioner

10

Registered Dietitian

9

Average length of Employment (Years)



*As of 1/31/25

Patient Care Experiences

Common Presentation Themes

- **Inappropriate Prescriptions**

Examples: Compounded Semaglutide/Tirzepatide (despite FDA warning), inappropriate medication dose adjustments/titration (e.g. forced titration schedules without assessing for tolerability and side effects)

- **Safety Concerns**

Examples: Prescribing GLP-1s for individuals with alcohol dependence and/or heavy alcohol consumption, history of pancreatitis, compounded Semaglutide/Tirzepatide with added ingredients and impurities

- **Unaddressed Needs**

Examples: Lack of counseling provided by prescribers regarding medication use/administration, common side effects, lifestyle (dietary, physical activity, behavioral) modification.

- **Missed Diagnoses**

Examples: Medication-induced weight gain due to obesogenic agents (e.g. hypertension, depression, diabetes), obstructive sleep apnea, hypothyroidism, hypertension, anxiety/depression, vitamin deficiencies

*As of 1/31/25

FlyteHealth Engagement

NPS*



App Engagement

56.5%

Ave WAU/MAU
(Stickiness)

4m 56s

Average daily time
on app

Testimonials

"Absolutely adore my provider. She was professional kind and understanding. Compassionate and knowledgeable. Great visit with a lot of questions and answers and guidelines. Will recommend highly to anyone. Looking forward to follow up with her. Thank you!"

"We had a very in depth conversation. I felt like she really wanted to understand me and my issues. Definitely not rushed. I was satisfied with the outcome of the discussion and the proposed treatment plan."

"She really heard me and was very compassionate. Gave me a plan that I am tackling. I am starting to feel better because of it."

*Over the last 12 months
**As of 1/32/25

Section 2

Section 2

Clinical Outcomes

- This report will provide an analysis of clinical data collected from July 1, 2023 – January 31, 2025, to account for rolling enrollment
- *Of note, labs are not required at 3, 6, 9 months as part of the Flyte program.*

SECTION 2

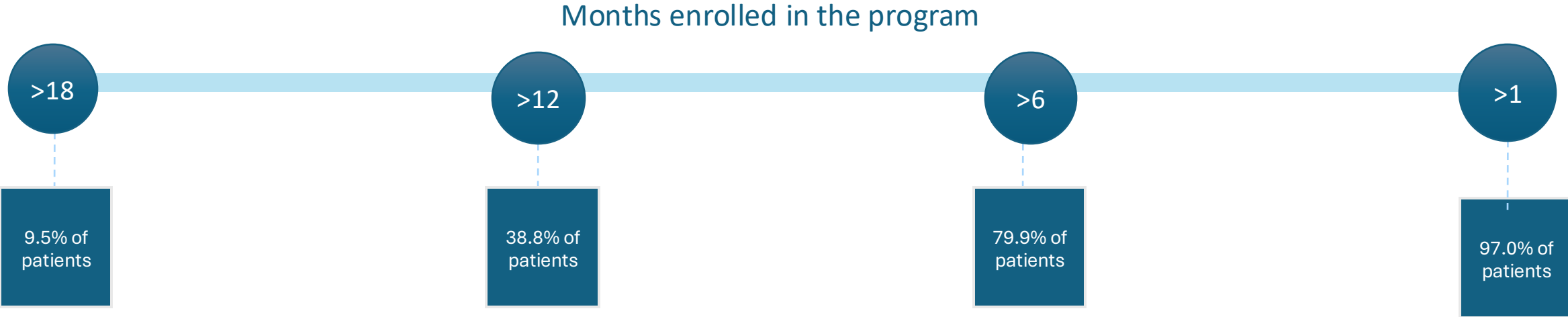
Clinical Outcomes

- Weight
- BMI
- Blood Pressure
- Heart Rate
- Clinical Biomarkers
 - HbA1c
 - Glucose
 - LDL
 - Triglycerides

Patients Enrolled in the Flyte Medical Program

From July 1, 2023 – Jan 31, 2025, 7,078 engaged patients were scheduled with a Flyte provider

While 38.8% of patients have been in the program at least 12 months,
Only 9.5% of patients have been in the program at least 18 months or more.



*As of 1/31/25

Weight & BMI

Average BMI

At enrollment, for patients with appointments

37.15

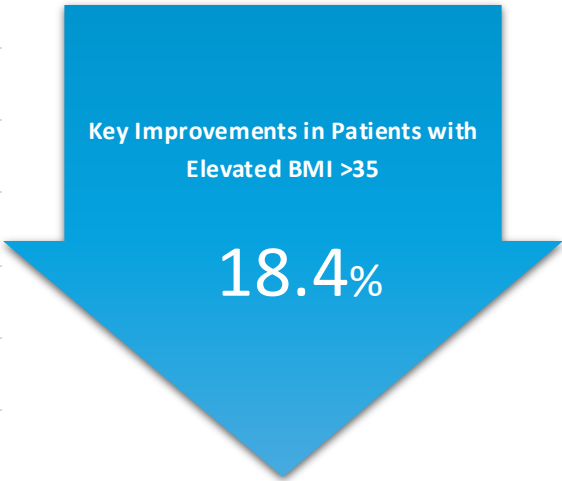
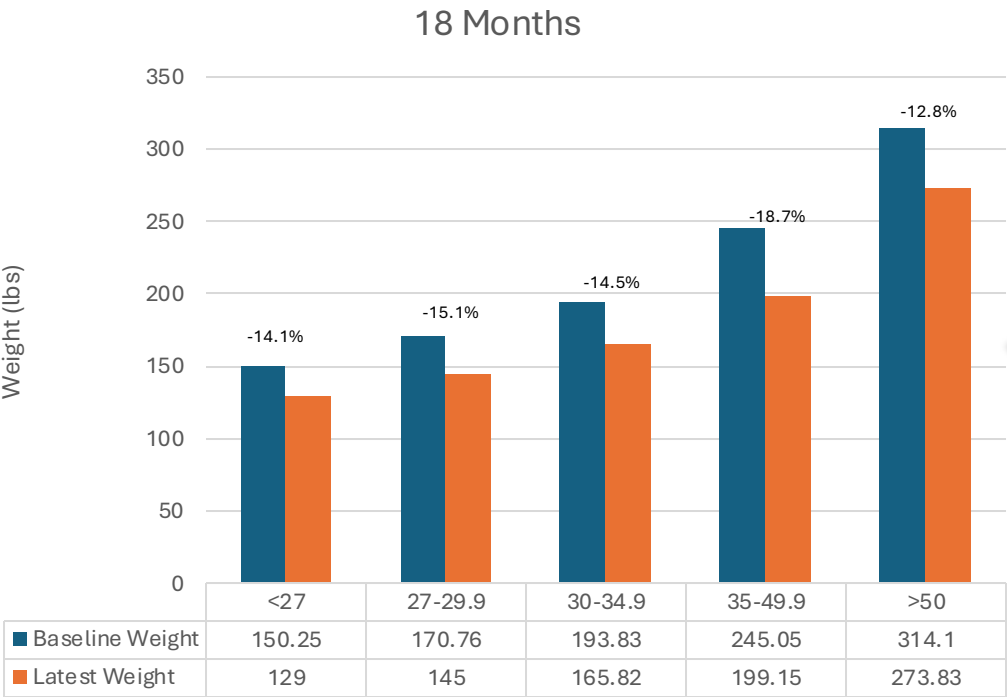
% of Patients with BMI 30 - 34.9 32.9%

% of Patients with BMI ≥ 35 55.7%

n= 7869 PATIENTS

Change in Weight by BMI

For patients who have been enrolled ≥ 18 months and have data available



BMI Classification

Normal BMI: 18.5-24.9

Overweight: 25-29.9

Class I Obesity: 30-34.9

Class II Obesity: 35-39.9

Class III Obesity: ≥ 40

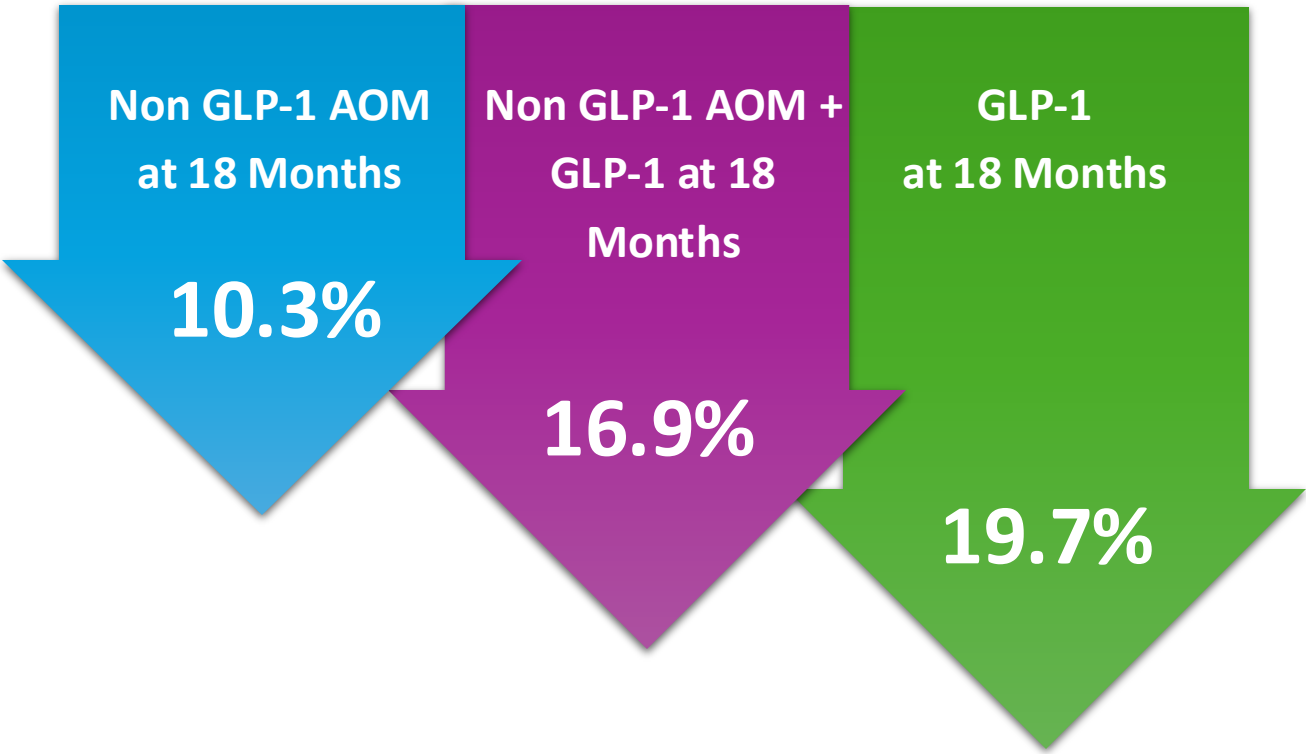
n=337 PATIENTS

*As of 1/31/25

Weight Loss & Medication

Patients on a GLP-1 vs Non GLP-1 AOMs

For patients who have been enrolled ≥ 18 months, weight data is available, and were *prescribed* a medication by a Flyte Provider



n=332 PATIENTS

*A large subset of patients in this cohort were already on a GLP-1 and had experienced weight loss prior to Flyte program enrollment.

*As of 1/31/2025

Blood Pressure

Average Blood Pressure

At enrollment, for patients with appointments

131.82Systolic

83.19Diastolic

n=5476 PATIENTS

% of Patients with **Systolic BP ≥ 120** 71.9%

% of Patients with **Systolic BP ≥ 130** 49.8%

% of Patients with **Systolic BP ≥ 140** 28.7%

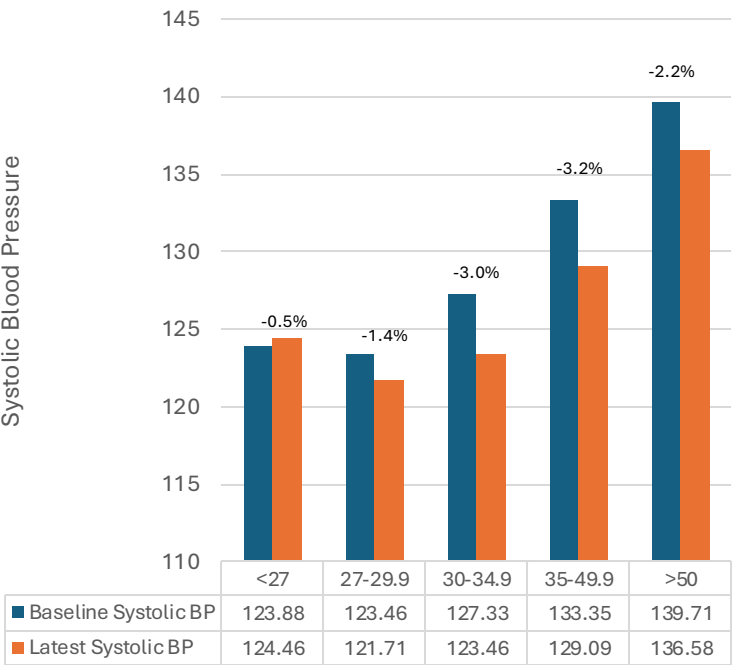
% of Patients with **Diastolic BP ≥ 80** 61.14%

% of Patients with **Diastolic BP ≥ 90** 26.8%

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

Change in Blood Pressure by BMI

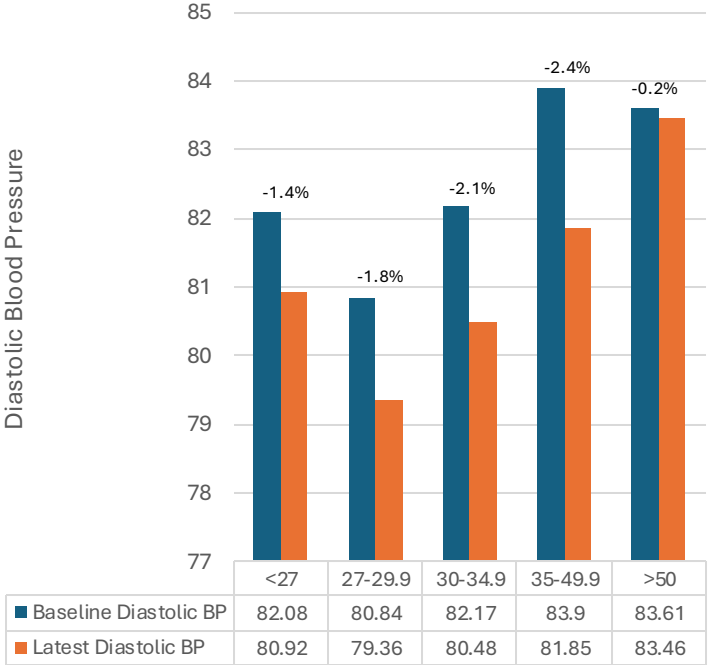
For patients who have been enrolled ≥ 12 months and have data available



% of Patients with Elevated **Systolic BP ≥ 140** 28.7%

Key Improvements in Patients with Elevated Systolic BP

10.1%



% of Patients with Elevated **Diastolic BP ≥ 90** 26.8%

Key Improvements in Patients with Elevated Diastolic BP

9.9%

n=1462 PATIENTS

*As of 1/31/25

HbA1c

Average HbA1c

At enrollment, for all patients with appointments

5.52%

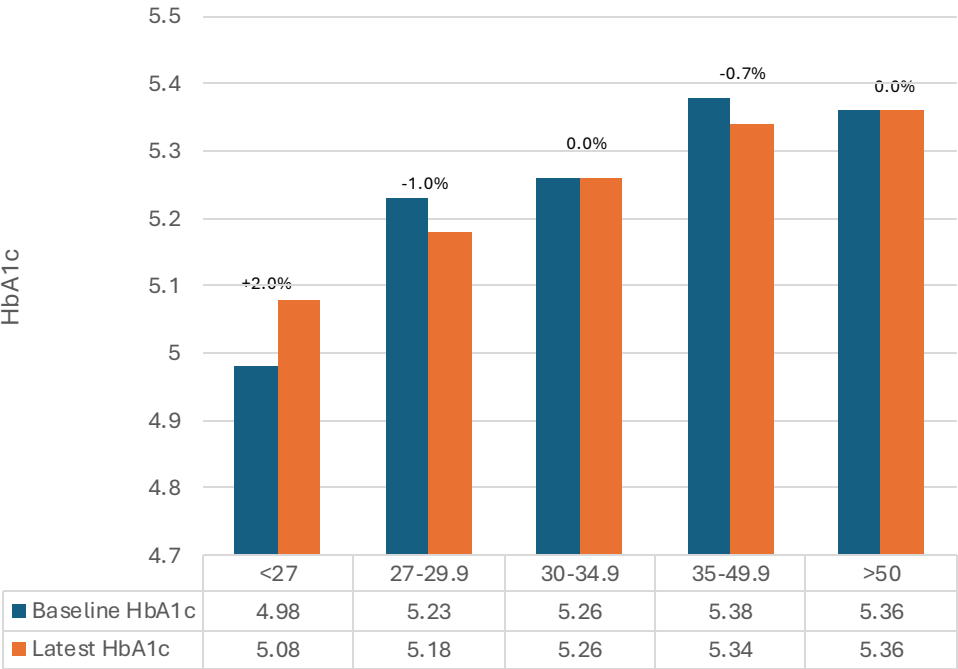
HbA1c Reference Range

- Normal: < 5.6%
- Pre-diabetes: 5.7-6.4%
- Diabetes: > 6.5%

n=5796 PATIENTS

Change in HbA1c by BMI

*For patients who have been enrolled ≥ 12 months and have labs available



n=496 PATIENTS

% of Patients with Elevated HbA1c > 5.7% 17.1%

Key Improvements in Patients with Elevated HbA1c >5.7%

5.1%

n=84 PATIENTS

• A subset of patients in this cohort were already on a GLP-1 and other AOMs and had experienced HbA1c reduction prior to Flyte program enrollment.

*As of 1/31/25

Glucose

Average Glucose

At enrollment, for patients with appointments

93.9 mg/dL

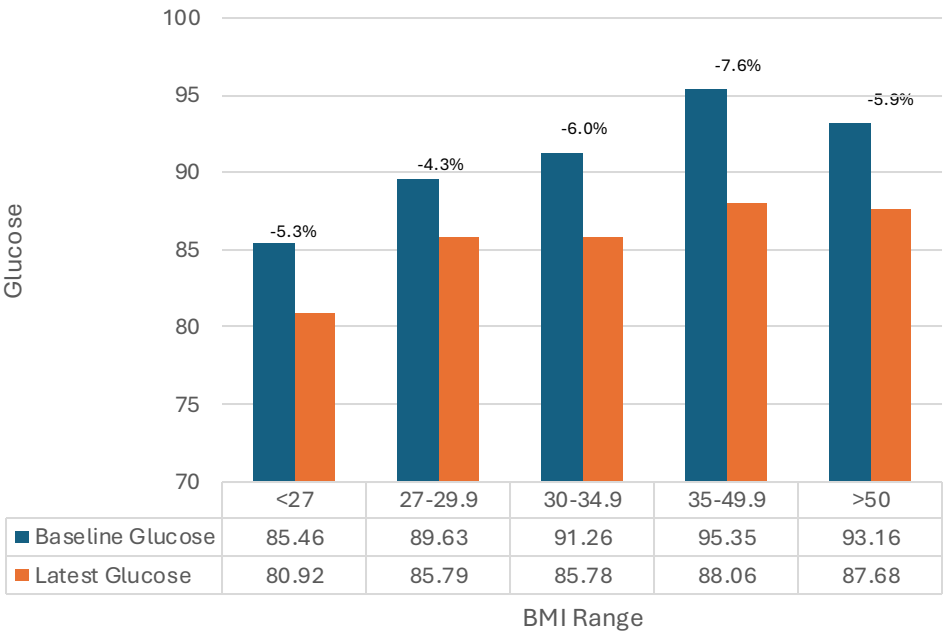
Glucose Reference Range

- Normal: < 100
- Pre-diabetes: 101-125
- Diabetes: > 126

n=5955 PATIENTS

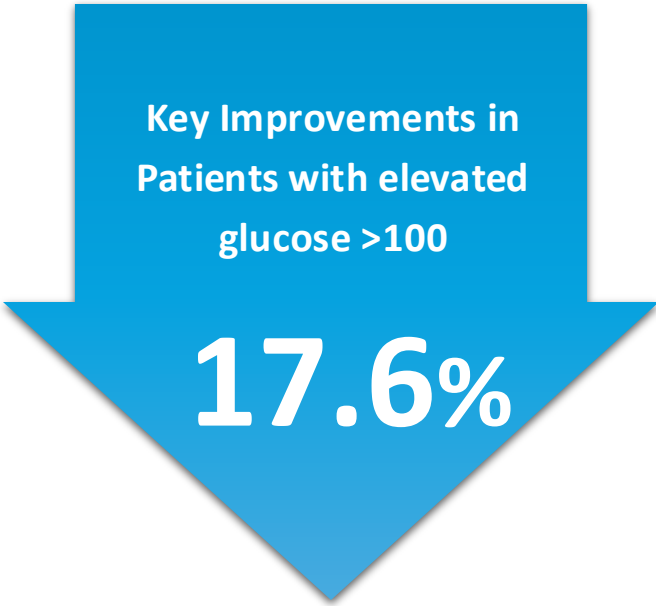
Change in Glucose by BMI

*For patients who have been enrolled ≥ 12 months and have labs available



n=508 PATIENTS

% of Patients with Elevated Glucose > 100 21.8%



n=111 PATIENTS

• A subset of patients in this cohort were already on a GLP-1 and other AOMs and had experienced HbA1c reduction prior to Flyte program enrollment.

*As of 1/31/25

LDL Cholesterol

Average LDL

At enrollment, for patients with appointments

114.2 mg/dL

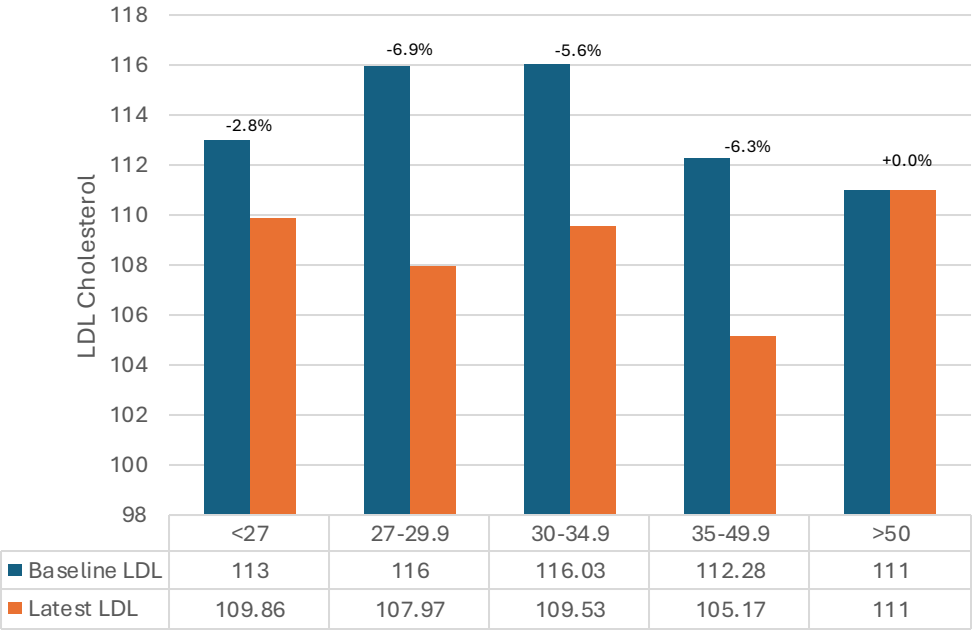
LDL Cholesterol Reference Range

- Optimal: <100
- Above Optimal: 100-129
- Mildly Elevated: 130-159
- Moderately Elevated: 160-189
- Very Elevated: ≥ 190

n=5864 PATIENTS

Change in LDL “Bad” Cholesterol by BMI

*For patients who have been enrolled ≥ 12 months and have labs available



n=496 PATIENTS

% of Patients with Elevated LDL Cholesterol > 130 29.0%

Key Improvements in Patients with elevated LDL Cholesterol >130

13.5%

n=144 PATIENTS

*As of 1/31/25

Triglycerides

Average Triglycerides

At enrollment, for patients with appointments

120.95 mg/dL

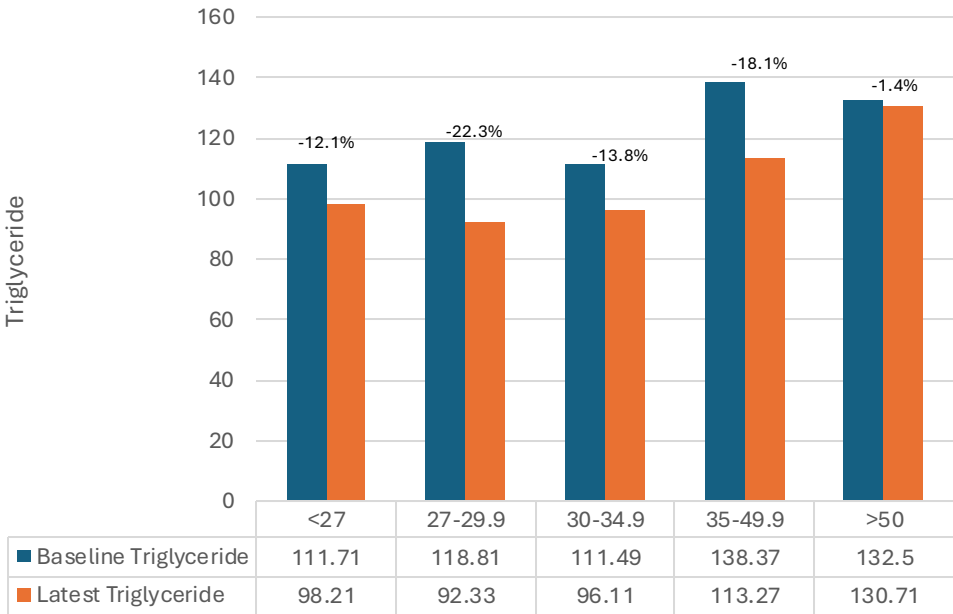
Triglycerides Reference Range

- Normal: < 150
- Elevated: > 150

n=5963 PATIENTS

Change in Triglycerides by BMI

*For patients who have been enrolled ≥ 12 months and have labs available



n=497 PATIENTS

% of Patients with Elevated Triglycerides > 150 27.8%

Key Improvements in Patients with Elevated Triglycerides >150

23.6%

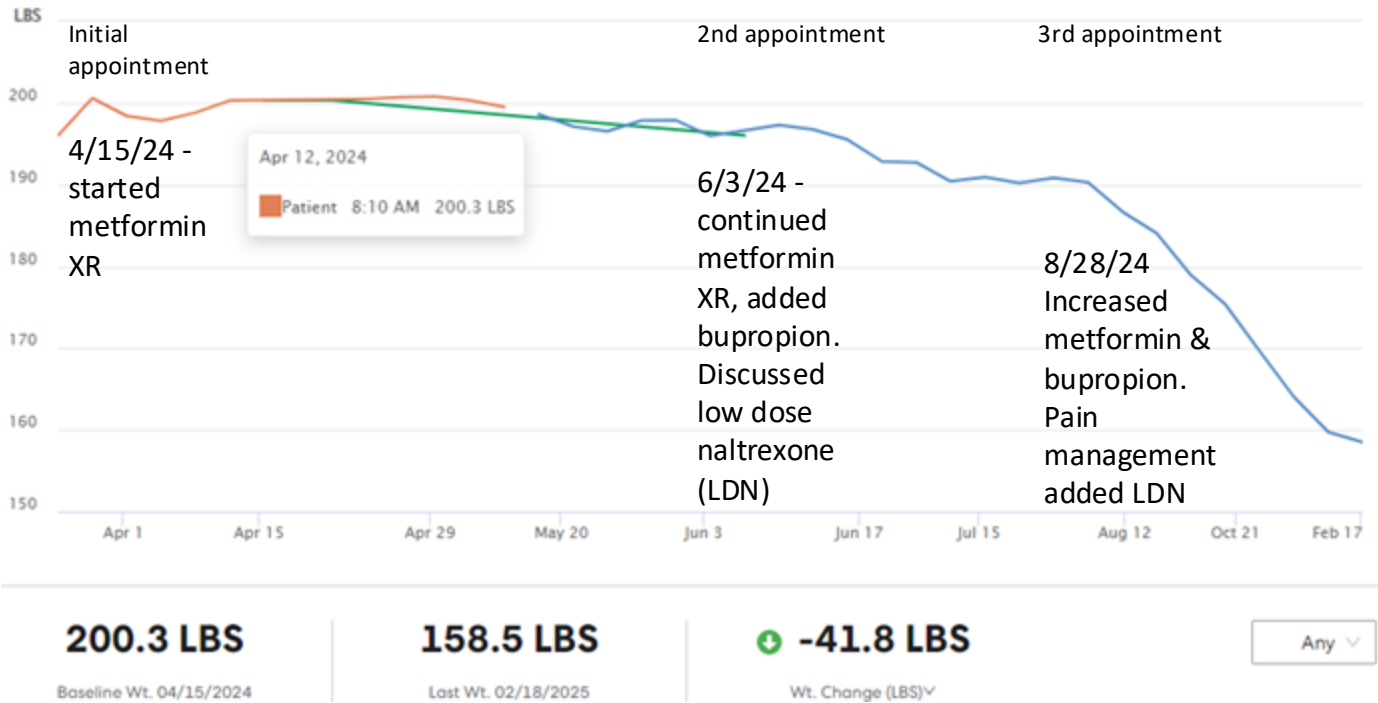
n=138 PATIENTS

*As of 1/31/25

Discussion and Questions

Patient Spotlight

56F with class II obesity, insulin resistance, hypertension, mixed hyperlipidemia, glaucoma, insomnia, chronic back pain related to hx spinal fracture.



First Appointment 4/15/24

- Weight at enrollment: 200.3 lbs (BMI 31.4)
- Lifetime highest weight: 225 lbs (BMI 35.2)
- Most recent weight: 158.5 lbs (BMI 24.8)
- **Total weight loss from highest: 66.5 lbs (29.6%)**
- **Total weight loss with Flyte: 41.8 lbs (20.9%)**
- **Quality of life improved! Improved mobility, energy and mood. Pain control also improved significantly.**

Testimonial

“I felt like I was doing everything right but not seeing any results until I joined Flyte.”

*As of 2/28/2025

Key Take Aways

Strong Program Engagement & Growth

- High awareness and application rates indicate strong interest.
- 97.7% enrollment conversion reflects an efficient onboarding process.
- Significant traffic growth in early 2024

Effective Weight Management Outcomes

- Patients with BMI >35 saw 18.4% weight reduction at 18+ months.
- Weight loss was highest among GLP-1 users (up to 19.7%), while non-GLP-1 AOM users still achieved up to 10.3% loss.
- Most active BMI group (30-39.9) logged the most food and exercise events, reinforcing engagement in weight management.

Improved Clinical Biomarkers

- HbA1c reduced by 5.1% in patients with elevated levels (>5.7%).
- Glucose improved by 17.6% in patients with elevated glucose (>100 mg/dL).
- Blood pressure improvements: 10.1% reduction in systolic and 9.9% in diastolic BP
- LDL cholesterol improved by 13.5% and triglycerides by 23.6%, indicating better lipid management.

Consistently High Patient Engagement & Satisfaction

- Over 740K food log events and 60K physical activity logs highlight strong app usage.
- 77 NPS score and testimonials indicate high patient satisfaction with providers.
- Patients appreciate comprehensive, compassionate care and thorough provider engagement.

Recommendations

To maximize cost savings and health impact, FlyteHealth should prioritize engagement with employees experiencing:

- ✓ Chronic illnesses and metabolic/weight-related conditions (Diabetes, heart disease, hypertension, sleep apnea, fatty liver, osteoarthritis, post-bariatric surgery weight regain)
- ✓ Mental health challenges (PTSD, burnout, depression)
- ✓ High ER/hospital use for preventable conditions
- ✓ Workplace injuries & musculoskeletal disorders
- ✓ High rates of prescription medication use

By focusing on these conditions & health events, FlyteHealth can generate the highest financial return for Connecticut's investment, improving both employee health outcomes and cost efficiency.

*As of 1/31/25

Thank you