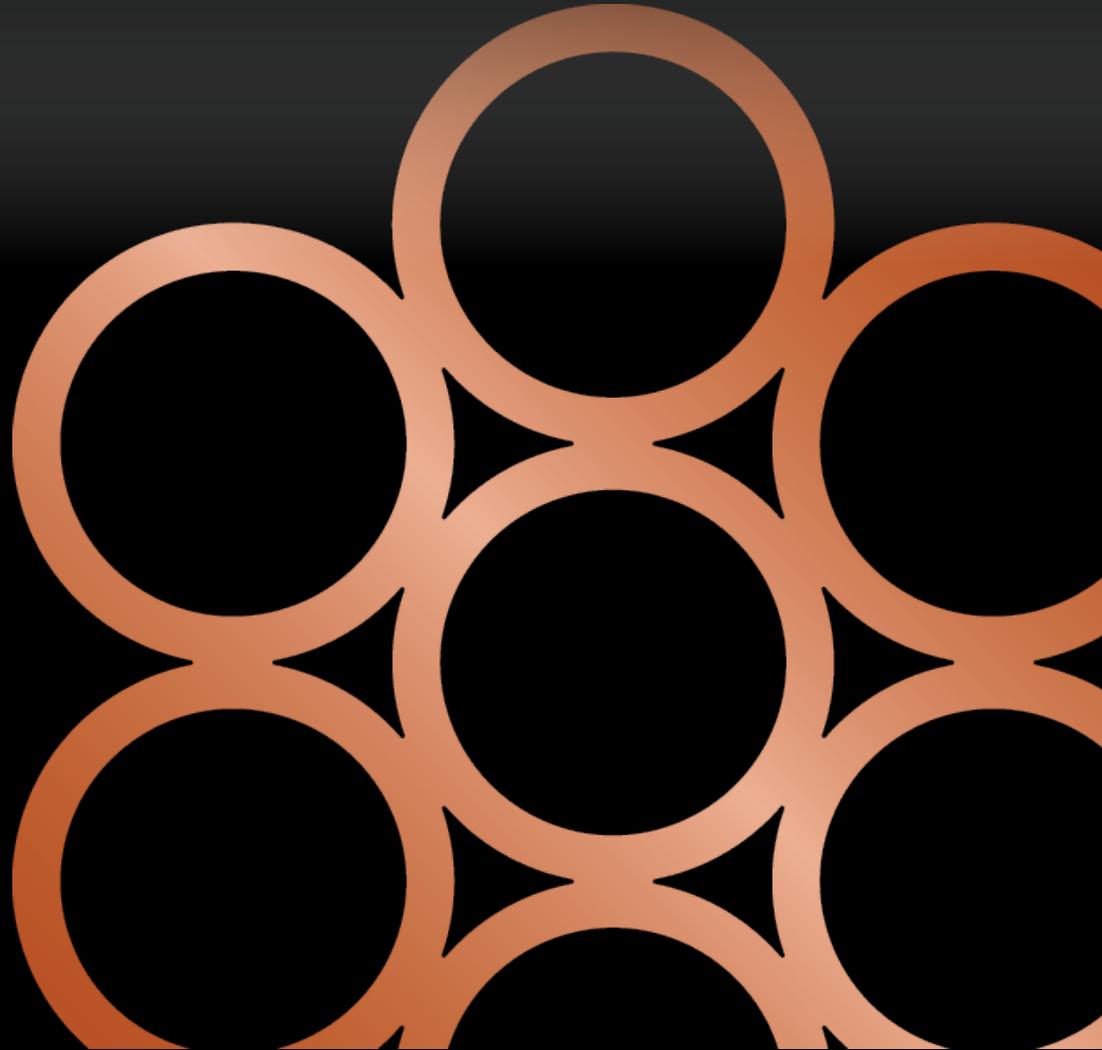




2025

Impact Report

Rewiring the status quo in
health + care



LETTER FROM THE PARTNERS

Reimagining Healthcare Through the Power of the Consumer



At 7wire Ventures, our founding belief remains constant: **healthcare works best when it works for people**. For too long, the system has been built around institutions, rather than the individuals whose lives depend on it. Consumers have been left to navigate a maze of fragmented care, opaque pricing, and misaligned incentives that reward activity over outcomes. The result is a system that spends more, delivers less, and leaves too many feeling powerless.

The issue is not simply inefficiency—it’s structural. Healthcare has been designed to treat illness, not to sustain health. The question is not whether the system is broken, but how to fix it in a way that is realistic, scalable, and patient-centered. A full overhaul may sound appealing, but the system is too vast and essential to be rebuilt from scratch. Real progress begins by re-centering it around the one stakeholder with the most at stake: the consumer.

Our **Informed Connected Health Consumer** thesis reflects that conviction. Empowerment—not replacement—is the most practical and powerful lever for change. When individuals have the tools, data, and support to make informed decisions, they use healthcare more effectively, stay healthier longer, and hold the system to a higher standard. This shift doesn’t dismantle healthcare; it reshapes it from the inside out.

In today’s environment, that change is both urgent and achievable. Cost pressures, workforce strain, and a shifting regulatory environment have made affordability, access, and innovation shared priorities across the public and private sectors. Amid economic uncertainty, one truth remains clear: sustainable impact comes from empowering consumers.

As we look ahead, we remain confident that consumer-centered innovation will define the next decade of healthcare transformation.

With appreciation,
7wire Ventures Team

Driving Healthcare Transformation Through Partnership

Delivering on this vision takes more than capital—it takes **partnership**.

Our Strategic Limited Partner (SLP) network—known as the **Connected Consumer Health Coalition**—brings together health systems, payers, and pharmaceutical leaders who share a commitment to transforming care delivery and advancing how impact is measured across the healthcare investment landscape. Together, we identify opportunities, conduct rigorous diligence, and collaborate with industry leaders to stay aligned with emerging standards and best practices.

By actively participating in this broader ecosystem, we at 7wire continually refine how we define, measure, and scale meaningful change. These collaborations ensure our approach evolves alongside the industry—strengthening accountability, expanding shared learning, and reinforcing our belief that partnership is the most powerful driver of impact at scale.

SELECT CONNECTED CONSUMER HEALTH COALITION MEMBERS

AllinaHealth

Arkansas
BlueCross BlueShield

astellas

Atlantic
Health System



BON SECOURS
MERCY HEALTH

Cigna

Corewell Health

Endeavor Health

Florida Blue

GUIDEWELL

Horizon

HOUSTON
Methodist



MEMORIAL
HERMANN

RUSH

SANFORD
HEALTH

TuftsMedicine

KEY OUTCOMES

HEALTH SYSTEMS

20M+

Consumers Treated

PAYERS

68M+

Members Covered

PHARMA

100M+

Supported Globally

Our Informed Connected Health Consumer Thesis

We support companies that break down the barriers consumers face in navigating healthcare—making it easier for people to find, understand, and engage with care.

At 7wire Ventures, we view the U.S. healthcare system through the lens of the **Informed Connected Health Consumer**. For too long, healthcare has been something done to people — not done with them. Patients are treated as passive recipients, navigating a maze of disconnected providers, opaque costs, and complex benefits. True transformation requires reimagining healthcare as a consumer experience — one where individuals are active stewards of their health, empowered by information, technology, and choice.

Our **Hassle Map** is the framework that illuminates the pain points standing in the way of that transformation. It captures the real-world frictions consumers face at every step of their health journey — from finding the right doctor to managing rising co-pays, deciphering confusing cost and benefit data, coordinating across fragmented providers, and accessing care that too often treats illness instead of preventing it.

But the landscape is shifting. **Rising consumer expectations, maturing technologies, and aligned incentives** across employers, health plans, and providers are converging to make seamless, continuous, coordinated care not only possible — but expected. This evolution is ushering in a new era of health delivery that extends far beyond episodic visits and reactive interventions.

Models that make care **informed and connected** redefine value for all stakeholders. They empower individuals to manage their health proactively, enable providers to deliver higher-quality, more efficient care, and help payers and employers reduce avoidable spend. In this world, patients become consumers — not defined by their conditions, but by their capacity to make choices, engage meaningfully, and lead healthier lives.

The **Hassle Map** that follows illustrates where these pain points persist and where innovation is most needed — guiding our investment strategy to unlock solutions that make care simpler, smarter, and more human.

Hassle Map

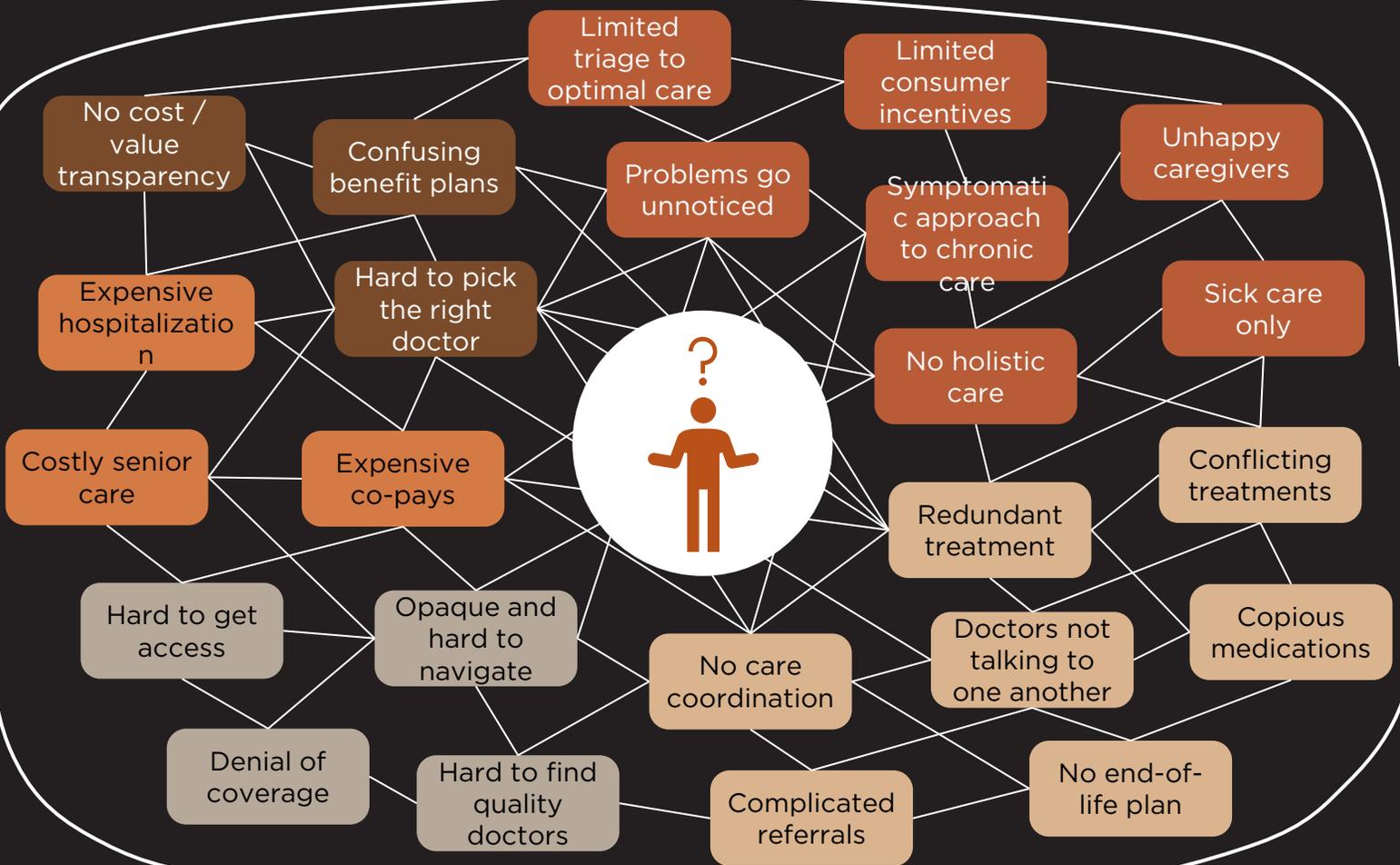
Transparency

Quality

Cost

Access

Coordination



Areas Where Our Portfolio is Driving Impact

At 7wire Ventures, every investment begins with impact. We assess opportunities through three interconnected lenses that reflect both our mission and our conviction about where innovation can create the greatest value: **Chronic Care Ecosystems, Serving Vulnerable Populations, and Driving Better Consumer Health Outcomes.**

These lenses guide how we evaluate new companies, measure progress, and allocate capital — ensuring that each investment advances our vision of an informed, connected, and equitable healthcare system. Together, they represent the areas where innovation can meaningfully improve lives at scale while building sustainable, system-wide change.



CHRONIC CARE ECOSYSTEMS

We invest in always-on care ecosystems that shift chronic disease management from reactive, crisis-driven treatment to proactive, technology-enabled models that improve outcomes and reduce costs.

SERVING VULNERABLE POPULATIONS

We invest in solutions that address systemic inequities and expand access for vulnerable populations—including rural communities, women, children, BIPOC and LGBTQIA+ individuals—improving outcomes and building a more equitable, resilient healthcare system.



DRIVING BETTER CONSUMER HEALTH OUTCOMES

We invest in technology-enabled solutions that make care proactive, accessible, and seamless—meeting people where they are to improve outcomes, reduce costs, and empower consumers to achieve lasting health.

Responsible Diligence & Impact Process

Building on this framework, our diligence process applies these impact lenses at every stage of investment evaluation. Our diligence approach is designed not only to assess a company's business fundamentals and potential for outsized returns, but also to rigorously evaluate its capacity to drive **measurable, positive change across the healthcare ecosystem**. This dual perspective ensures that our capital is aligned with strong returns and meaningful outcomes.

PHASE

WORKSTREAM & ANALYSES

1	Initial Screening	<ul style="list-style-type: none"> Assess strategic fit with consumer-centered health innovation. Confirm alignment with one or more 7wire impact lenses
2	Workplan Development	<ul style="list-style-type: none"> Refine diligence priorities to assess both business sustainability and consumer impact, incorporating evaluation of evidence quality and health value in line with leading industry standards¹. Define key performance indicators (KPIs), examples including: <ul style="list-style-type: none"> Chronic Care Ecosystems: reduction in readmissions or improved adherence. Serving Vulnerable Populations: increased access for underserved groups. Consumer Health Outcomes: improvement in preventive care engagement.
3	Company Presentation	<ul style="list-style-type: none"> Present business model, risks, and impact pathways to investment committee (IC). Refine KPIs and impact pathway based on IC feedback.
4	Deep Diligence & Risk Assessment	<ul style="list-style-type: none"> Conduct detailed assessment of financial, operational, and impact performance drivers. Validate baseline data and confirm feasibility of achieving KPIs.
5	Final Investment Decision	<ul style="list-style-type: none"> Deliver final investment memo with updated thesis, risks, and validated impact case. Establish post-investment reporting framework and cadence.
6	Ongoing Portfolio Monitoring	<ul style="list-style-type: none"> Track financial and impact KPIs, report regularly, and share lessons learned. Engage with portfolio companies to strengthen capacity for sustained impact and returns.

¹ See page 33 for additional detail on our methodologies.



Delivering Impact Through Our Portfolio

20
Active 7wire
Portfolio Companies

29M+
Members
Served Collectively

Our 20 portfolio companies reflect the breadth and depth of our investment thesis—partnering with companies that deliver measurable impact across chronic care ecosystems, vulnerable populations, and consumer better health.

Together, our companies serve more than 29 million members, working alongside thousands of employers, leading health systems, health plans, and life sciences partners. By leveraging technology, data, and innovative care models, these companies are breaking down barriers to access, improving outcomes, and driving large-scale, sustainable change in healthcare.

Our Portfolio

9am
Health

brightline^{☀️}

CIRRUS MD

Cylinder

FOLX

GROUNDGAME.
HEALTH

✧ Homethrive

JASPER

♥️ MedArrive

DD Medisafe

nocd

OM1

Override
Overcome chronic pain

∞ PayZen

Parsley Health

✧ summer health

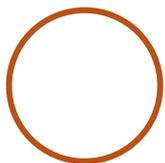
TAILOR
CARE

♥️ transcarent

WellTheory

zerigohealth

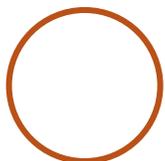
Partnering For Large Scale Impact



2,500+
EMPLOYERS



89
PHARMA



71
HEALTH SYSTEMS



104
HEALTH PLANS



The Chronic Disease Crisis

PORTFOLIO IMPACT

80%

of members with
meaningful symptom
improvement⁵

85%

medication and program
adherence⁶

Today, **six in ten American adults live with at least one chronic disease**, and four in ten manage two or more¹. These conditions account for 90% of U.S. healthcare spending², and their prevalence is rising across nearly every demographic. Among younger adults, rates have climbed from 52.5% to 59.5% between 2013 and 2023, with multiple conditions increasing from 21.8% to 27.1%³. As a result, more working-age Americans are entering adulthood with conditions that require consistent, long-term management—yet too often go unmanaged due to cost, limited access, or fragmented systems.

When lost productivity is added to direct medical expenses, **the annual economic impact reaches over \$3.7 trillion**⁴—nearly one-fifth of the U.S. economy. Chronic disease is not only a healthcare challenge but also an economic and societal one, affecting productivity, straining household finances, and deepening disparities in education, employment, and opportunity. Despite this scale, the system has historically approached chronic conditions reactively—treating symptoms rather than addressing root causes through sustained, proactive care.

We focus on consumers with chronic conditions because of the **transformative potential to help them improve their quality of life and outcomes through always-on care ecosystems**. Conditions such as diabetes, heart disease, hypertension, cancer, and respiratory illnesses demand continuous management and coordination—yet the prevailing care model remains episodic and crisis-driven.

¹ CDC

² CDC

³ CDC

⁴ Milken Institute

⁵ Includes 4 companies

⁶ Includes 3 companies



Serving Vulnerable Populations

At 7wire, we invest in solutions that improve outcomes for vulnerable populations—those most affected by geographic barriers, gaps in access to care, and underinvestment. Addressing these needs is central to our mission of building a more equitable, resilient healthcare system.

Nearly half of Americans rely on government-funded coverage, and more than 27 million remain uninsured¹. For many, access to care is limited not only by insurance status but also by where they live and how they are treated within the system. Women and BIPOC populations face disproportionate health risks: maternal mortality rates for Black women are more than three times those of white women², and chronic illness rates are higher across Black, Hispanic, and Native American communities³. LGBTQIA+ individuals—particularly youth—experience high levels of discrimination, limited culturally competent care, and significant mental health challenges, with 39% of LGBTQIA+ youth considering suicide in the past year⁴.

Mental health conditions can also compound vulnerability, creating barriers to employment, housing, and consistent care. Stigma, workforce shortages, and inadequate coverage further widen disparities, particularly for low-income and minority populations.

Children face distinct vulnerabilities that can shape their entire life trajectory. Gaps in coverage, preventive care, and behavioral health support increase long-term risks for disparities in health, education, and opportunity. While Medicaid and CHIP provide critical coverage for millions, access to specialized pediatric and mental health services remains inconsistent.

By investing in companies that address these inequities, **we work to expand access, improve outcomes, and create lasting impact**—demonstrating that solutions designed for the most vulnerable can strengthen healthcare for all.

PORTFOLIO IMPACT

56%

of members showed improvement in mental health⁵

82%

of caregivers across our portfolio report improvement in well-being, including reduced stress⁶

¹ Commonwealth Fund

² CDC

³ NIH

⁴ EdSurge

⁵ Includes 3 companies

⁶ Includes 2 companies



Driving Better Consumer Health Outcomes

PORTFOLIO IMPACT

80

average net promoter score³

43%

reduction in ER utilization⁴

Despite far greater spending than other high-income nations, U.S. healthcare is still dominated by fragmented, reactive models that deliver episodic interventions instead of ongoing health management—resulting in worse outcomes, higher rates of preventable illness, and shorter life expectancy. At 7wire, we focus on driving better consumer health outcomes by **building a system that keeps people well through continuous access to the information, services, and support they need**, rather than only intervening once illness occurs.

Affordability is a major barrier to better outcomes. **More than 100 million Americans carry medical debt¹**, and cost concerns drive nearly 40% of adults to delay or skip care each year². These delays often lead to more advanced disease at diagnosis, higher complication rates, and greater long-term costs for both patients and the healthcare system.

Our investments address these challenges by making care proactive, accessible, and seamless. Technology-enabled solutions—from telehealth to integrated digital platforms—bring high-quality care into the home, expand reach in underserved areas, and connect people to primary care, mental health, and specialty services through simple, intuitive tools. Remote monitoring and real-time data sharing enable early intervention, preventing complications, improving outcomes, and lowering costs.

By meeting people where they are and coordinating care across the entire health journey, **these solutions remove barriers, improve convenience, and empower individuals to take charge of their health.**

¹ Cornell

² KFF

³ Includes 4 companies

⁴ Includes 3 companies



*We recognize that impact starts with representation, so we are proud that **77% of the ~4,200 employees** across our companies identify as women, ensuring leadership benches that better mirror the consumers we serve.*

Delivering Impact Where Needs are Greatest Today

We set out to demonstrate that consumer-first, technology-enabled care can meaningfully address healthcare's most stubborn challenges—and the results speak for themselves.

Our portfolio is delivering impact at scale, proving that models designed for equity can also be powerful engines of sustainable growth.

Together, these numbers reflect more than reach—they represent real people whose lives are being improved through greater access, better care, and stronger support systems. Our portfolio companies are addressing the needs of those too often overlooked, including women, Medicaid and Medicare members, proving that equity-driven innovation can create meaningful change at scale.

PORTFOLIO
COMPANY
COVERAGE

16M+

Female Members Served

5M+

Medicaid Members
Served

335k+

aged 65+ Members Served

PORTFOLIO

Case Studies

The following pages include case studies from across our portfolio, illustrating how each of these companies are delivering meaningful, measurable change for the communities they serve.

Company	Page Number
9am Health	14
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MedArrive	22
Medisafe	23
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9am Health

PROBLEM BEING ADDRESSED

Fragmented, inaccessible, and costly care for people managing weight loss, diabetes, health health, and related chronic conditions in the U.S.

WHO IS BEING SERVED

Adults with type 2 diabetes, prediabetes, obesity, and related cardiometabolic risks.

COMPANY'S CONTRIBUTION

Integrated digital-first care platform delivering affordable, continuous management for weight loss, diabetes and cardiometabolic conditions with virtual clinicians, labs, medications, and coaching.

KEY OUTCOMES

25k+

patients served since inception

Extensive patient reach & sustained engagement

70%

of Diabetes Prevention participants achieved significant clinical outcomes

Strong efficacy in preventive care with $\geq 5\%$ weight loss or $\geq 0.2\%$ A1c reduction

17.6%

12-month average weight reduction¹

Significant and sustained weight improvement across patients.

2.8%

12-month average A1c reduction²

Meaningful glucose control through continuous digital care.

OUTCOME WITHOUT THIS SOLUTION

Continued fragmentation of chronic care, rising costs, poor outcomes for underserved populations, and escalating burden on employers and health systems.

[9am Website PR Newswire](#)

¹ with GLP-1s 2. for A1c > 9%

CASE STUDIES



PROBLEM BEING ADDRESSED

Critical gaps in accessible, specialized behavioral and mental healthcare for children, teens, and their families across the U.S.

WHO IS BEING SERVED

Children and teens (0–18) and their families seeking timely, integrated mental health support.

COMPANY'S CONTRIBUTION

A comprehensive, pediatric-focused behavioral health platform providing diagnosis, therapy, psychiatry, coaching, medication support, and learning resources through digital and in-person delivery.

KEY OUTCOMES

68%

of children had fewer emotional and behavioral symptoms

Clinically meaningful improvement in children's overall symptoms (PSC-17 total)

71%

Improvement in anxiety symptoms

Anxiety symptoms decrease on validated scales

65%

reduction in caregivers feeling overwhelmed

Caregiver stress and burden decline, supporting the family at home

19k+

members served

Expands access to care for thousands of children and families

OUTCOME WITHOUT THIS SOLUTION

Continued delays in pediatric mental health treatment, escalating child and adolescent crises, overburdened parents and schools, and growing strain on employers and healthcare systems.

JMIR

CIRRUS MD

PROBLEM BEING ADDRESSED

Lack of timely, continuous access to high-quality care, including primary care, urgent care, chronic care, and behavioral health, due to scheduling delays, fragmented information, and limited care continuity.

WHO IS BEING SERVED

Patients across the U.S.—including employees and their families, health plan members, and Veterans—who need fast, affordable, and continuous virtual care.

COMPANY'S CONTRIBUTION

A scalable, chat-first virtual care platform and solution —"Physician-first Care & Guidance"—that connects patients to live doctors instantly, powered by an AI-enabled clinical intelligence engine that connects previously fragmented silos in healthcare including plan sponsor benefit resources, HIEs, and cost and quality information to lower the cost of care.

KEY OUTCOMES

12.7M

lives served across all channels

Significant scalability of virtual care model

<30s

provider response time

Demonstrates exceptional responsiveness and improved patient care timeliness

94.2%

patient satisfaction rating

Along with 4.78 provider rating, demonstrates consistently high quality and positive patient experience

6.8M+

Veterans served through VA Health Chat

Demonstrates direct impact on a vulnerable population via national rollout across all VISNs

OUTCOME WITHOUT THIS SOLUTION

Persistent access bottlenecks, escalating healthcare costs, fragmented care journeys, and missed opportunities to engage patients and guide them toward appropriate in-network resources.

Cylinder

PROBLEM BEING ADDRESSED

Widespread under-diagnosed, fragmented, and stigmatized digestive and GI health issues, leaving millions without coordinated, accessible care.

WHO IS BEING SERVED

Individuals nationwide suffering from GI symptoms—from occasional discomfort to chronic digestive diseases—and employers/health plans seeking to reduce costs and improve workforce health.

COMPANY'S CONTRIBUTION

A virtual, clinician-led digestive health platform delivering individualized care plans, real-time access to GI specialists, dietitians, CBT tools (IThrive), symptom tracking, and dynamic coaching—powered by technology and human expertise.

KEY OUTCOMES

85%

of patients with improved symptoms¹

Meaningful clinical improvement for patients

83%

of users felt more in control of their health¹

Even larger improvements among women (86%) and African American users (92%)

65%+

reduction in ER costs

System-wide value through reduced acute care utilization and significant healthcare cost savings

32%

% reduction in moderate to severe symptoms

Dramatic reduction in severe symptoms, underscoring life-changing results

OUTCOME WITHOUT THIS SOLUTION

Chronic GI issues remain unaddressed—leading to ongoing suffering, higher healthcare costs, reduced productivity, and inequities in care, especially among marginalized and vulnerable populations.

CASE STUDIES

FOLX

PROBLEM BEING ADDRESSED

Lack of affirming, accessible, and competent healthcare for the LGBTQIA+ community, resulting in care avoidance, misdiagnosis, and significant emotional burden.

WHO IS BEING SERVED

LGBTQIA+ individuals across the U.S., especially those seeking culturally competent primary, gender-affirming, mental health, reproductive, or holistic care—plus employers wanting equitable healthcare benefits.

COMPANY'S CONTRIBUTION

A nationwide, LGBTQIA+-centered digital healthcare and community platform combining expert virtual primary and gender-affirming care, mental health services, peer support, care navigation, educational content, and vetted referrals.

KEY OUTCOMES

95%

of members did not have an LGBTQIA+ competent provider prior to FOLX

Filling a critical care gap by matching LGBTQIA+ individuals with culturally-competent providers

99%

of members are satisfied with progress

Showcases an exceptionally positive member experience and drives real engagement

59%

reduction in suicide ideation

Effective mitigation of acute mental-health risks through affirming, expert care

39%

improvement in quality-of-life score

Demonstrates meaningful, lasting enhancements to members' overall well-being

OUTCOME WITHOUT THIS SOLUTION

Intensified healthcare disparities and mistrust, escalating physical and mental health crises in LGBTQIA+ populations, continued avoidance of care, and missed opportunities for early intervention.

CASE STUDIES



PROBLEM BEING ADDRESSED

Persistent social and care gaps driven by non-clinical barriers—like food insecurity, housing instability, transportation, and benefits navigation—undermine health outcomes and equity.

WHO IS BEING SERVED

Health plan members—especially those who are underserved, high-risk, or hard-to-reach—plus payers, providers, employers, and community-based organizations seeking to remove barriers that prevent people from getting care.

COMPANY'S CONTRIBUTION

A scalable, hyper-local, Right Touch engagement model powered by trusted human-to-human connection and the HITRUST-certified Implify® platform—integrating stakeholder systems, enabling gap closure, coordinating community services, managing payments, and documenting impact.

KEY OUTCOMES

\$43M

returned to communities

Demonstrates a deep commitment to driving equity by channeling resources back into local supports

27%

reduction in inpatient admissions

Easing of hospital capacity pressures through proactive, community-based care

18%

reduction in preventable ER visits

Indicates an effective prevention strategies that keep patients healthier and out of the ER

5:1

ROI on social care investments

Highly efficient model that multiplies social impact for every dollar invested

OUTCOME WITHOUT THIS SOLUTION

If barriers to care are not addressed—worsens health inequities, escalates preventable healthcare utilization, and undermines quality metrics and trust, particularly among underserved populations.

* Homethrive

PROBLEM BEING ADDRESSED

Unpaid family caregivers face overwhelming responsibility across life stages—juggling roles from childcare to eldercare, navigating complex systems, and managing emotional stress—without coordinated support.

WHO IS BEING SERVED

Unpaid caregivers across the U.S.—including working parents, those caring for aging relatives, children with special needs, loss survivors—and the employers and health plans aiming to support them.

COMPANY'S CONTRIBUTION

An always-on, empathetic caregiving platform that blends 24/7 digital tools (checklists, resources, predictive guidance) with live support from credentialed Care Guides for personalized care coordination.

KEY OUTCOMES

28k+

individuals served since inception

Wide reach through direct support and Care Circle networks

80%

reduction in voluntary employee turnover

Substantial caregiver workforce impact, retention improvements, and employer cost savings

20%

fall rate reduction for high-risk seniors

Prevention of serious injury and cost containment in their fall prevention pilot

69

day increase in time at home for rising-acuity seniors

Meaningful reduction in long-term care facility costs and increased time with loved ones.

OUTCOME WITHOUT THIS SOLUTION

Family caregivers remain unsupported leading to poor mental well-being, increased turnover, and lost productivity for employers and increased cost of care and poor health outcomes for health plans.

JASPER

PROBLEM BEING ADDRESSED

Most cancer patients and their caregivers lack continuous, personalized support beyond clinical care—leading to emotional strain, fragmented navigation, and lower treatment adherence.

WHO IS BEING SERVED

Individuals affected by cancer (patients and loved ones), health plans, providers, and value-based organizations looking to improve outcomes, equity, and care satisfaction.

COMPANY'S CONTRIBUTION

An end-to-end cancer care experience, guiding patients from diagnosis through survivorship. The platform delivers virtual clinical care and comprehensive services, including care navigation and support for social determinants of health, while driving value-based care transformation at the practice level.

KEY OUTCOMES

20k+

patients and caregivers served since inception

Meaningful reach among those impacted by cancer

70%

of users report reduced stress and anxiety

Significant emotional and psychological benefits

78%

report improved consistency with medication routines

Consistent medication routines are a key driver of better symptom control and treatment outcomes

66%

of Medicare members report reduced care navigation burden

Clear benefits associated with reducing strain from navigating the cancer journey

OUTCOME WITHOUT THIS SOLUTION

Without Jasper's supportive infrastructure, patients and caregivers face unmanaged stress, poor adherence, gaps in care coordination, unnecessary ER use, and diminished quality of life—while health plans and systems miss chances to improve outcomes and lower costs.

CASE STUDIES



PROBLEM BEING ADDRESSED

Home-based care programs are hampered by logistical complexity—fragmented scheduling, inefficient routing, and lack of real-time visibility—among health systems and payers.

WHO IS BEING SERVED

Health systems, payers, and care-at-home providers aiming to scale home-based care across geography and service lines, while shifting the burden of logistics to technology.

COMPANY'S CONTRIBUTION

A configurable, AI-powered, cloud-based “ClinOps orchestration” platform—featuring smart scheduling, real-time routing, command-center oversight, mobile field-team tools, and automated patient reminders—designed to scale home-based care smoothly.

KEY OUTCOMES

UP TO **50%**
reduction seen in
home visit times

*Increases in operational
efficiency and provider
availability*

43%
more daily
visit capacity

*Ability to significantly
enhance patient reach
and provider
productivity*

95%
reduction in
scheduling
time

*Marked improvements in
administrative speed and
reduced logistics burden*

30%
reduction in
provider-driving
hours

*Demonstrates reduction of
provider-driving hours and
focus shift towards direct
patient care*

OUTCOME WITHOUT THIS SOLUTION

Home-based care remains costly, fragmented, and inefficient—limiting program scale, frustrating providers, delaying patient access, and keeping the shift-care-into-home movement stalled.

Medisafe

PROBLEM BEING ADDRESSED

Medication nonadherence leads to poor outcomes, wasted spending, and system inefficiency—fueled by complex regimens, forgetfulness, and fragmented support.

WHO IS BEING SERVED

Patients managing multiple or complex medications—particularly those with chronic conditions—as well as healthcare stakeholders (pharma, payers, providers) seeking better engagement, outcomes, and data-driven support.

COMPANY'S CONTRIBUTION

A secure digital medication support platform that uses AI and smart reminders to give people personalized help staying on track with their treatments.

KEY OUTCOMES

14M+

registered users globally

Extensive reach and adoption of digital medication management tools

20%

lift in medication persistence

Significant improvement in patient adherence and clinical outcomes

36k

drug-to-drug interactions identified per year

Crucial clinical safety impact by reducing medication errors and potential adverse effects

3.5M+

annual notifications to caregivers/families

Substantial support provided to vulnerable patients relying on family or caregiver assistance

OUTCOME WITHOUT THIS SOLUTION

Medication regimens remain poorly followed—leading to preventable disease progression, hospitalizations, and persistent system inefficiencies.

CASE STUDIES



PROBLEM BEING ADDRESSED

People with obsessive-compulsive disorder (OCD) and related conditions face barriers like limited specialist access, high cost, and fragmented or inconsistent therapy delivery.

WHO IS BEING SERVED

Individuals of all ages nationwide with OCD and related conditions—plus caregivers, clinicians, and payers seeking accessible, evidence-based treatment.

COMPANY'S CONTRIBUTION

An accessible, tech-enabled OCD treatment model powered by an AI platform, NOTO, combining virtual ERP therapy, licensed therapist matching, in-app messaging, support groups, symptom tools, and a 24/7 peer community.

KEY OUTCOMES

900K+

sessions conducted in the NOCD network annually

Demonstrates wide-reaching engagement, delivering evidence-based OCD support at scale

53%

participants showed reduction in symptoms

Over half of users achieved measurable symptom relief, underscoring clinical effectiveness

50%

faster time to impact than standard of care

Cuts time to therapeutic benefit in half, accelerating recovery compared to traditional care

1M

people with OCD registered in community

Fosters a thriving peer support network of hundreds of thousands affected by OCD

OUTCOME WITHOUT THIS SOLUTION

Individuals with OCD and related conditions remain underserved—facing delayed, inadequate treatment, greater symptom burden, and poorer outcomes. It has historically taken 14-17 years on average between the onset of OCD symptoms and receiving a correct diagnosis.



PROBLEM BEING ADDRESSED

Healthcare decision-makers lack timely, accurate real-world evidence to personalize care, measure outcomes, and support clinical research—especially across chronic and specialty conditions.

WHO IS BEING SERVED

Pharmaceutical developers, healthcare providers, payers, researchers, and regulators—any stakeholder needing evidence to inform drug development, clinical decisions, value-based care, or policy.

COMPANY'S CONTRIBUTION

A cloud-based real-world evidence ecosystem combining a massive linked dataset (350M+ lives), AI-powered phenotyping (PhenOM), medical event and outcomes prediction, and registry infrastructure to generate and operationalize actionable insights at scale.

KEY OUTCOMES

350M

patients' real-world data represented

Extensive and inclusive patient representation in healthcare analytics

1B+

patient-years training of patented foundation AI model

Uncovers gaps in care and enables prediction of future medical events, risks and responses to treatment for precision decision-making

600k+

patients in regulatory submission for new label expansion

Largest AI-processed data set accepted for regulatory study demonstrates how technology and real-world data will transform research

2

Independent randomized controlled trials

Demonstrated improved decision quality and patient outcomes through predictive modeling for knee surgery

OUTCOME WITHOUT THIS SOLUTION

The healthcare system would continue relying on fragmented, outdated evidence—slowing drug development, hampering value-based care, widening disparities, and missing opportunities for true personalized medicine.

CASE STUDIES



PROBLEM BEING ADDRESSED

One in four individuals experiences chronic pain, yet too often they are left behind by fragmented, one-size-fits-all care and limited access to specialized, coordinated treatment.

WHO IS BEING SERVED

Individuals with chronic pain nationwide—especially those who’ve tried traditional treatments without relief—plus payers, health systems, and providers seeking better, integrated outcomes.

COMPANY’S CONTRIBUTION

A virtual interdisciplinary pain clinic—blending pain medicine, physical therapy, psychology, and coaching—delivered through a neuroscience-based, personalized care plan via app and live support.

KEY OUTCOMES

80%

report improved pain management

Demonstrates strong clinical effectiveness compared to traditional care models

69%

female members served

Immense need for this solution amongst women who are more prone to suffer from chronic pain

95%

Patient satisfaction rate

Exceptional patient trust and care quality

70%

weekly active user rate

Highlights consistent and sustained patient engagement

OUTCOME WITHOUT THIS SOLUTION

Chronic pain remains inadequately treated, with patients continuing to endure ineffective treatments, higher costs, poor quality of life, and limited alternatives.

Parsley Health

PROBLEM BEING ADDRESSED

Traditional healthcare often overlooks root causes and ignores holistic wellness—especially for women—leaving symptoms unmanaged and care fragmented.

WHO IS BEING SERVED

Individuals nationwide seeking proactive, personalized healthcare—particularly those burdened by unresolved symptoms and chronic issues—as well as employers and payers looking for meaningful outcomes.

COMPANY'S CONTRIBUTION

A year-long, membership-centered care model offering 5 clinician visits, 5 health coach visits, advanced diagnostics (100+ biomarker labs), symptom tracking, RN support, and partner perks—all delivered virtually.

KEY OUTCOMES

85%

of members improve/ resolve symptoms in Y1

Substantial clinical effectiveness in managing chronic conditions

32%

less medical spend by Y2 for high-cost chronic patients

Demonstrates Parsley's ability to deliver cost savings while improving outcomes

5

doctor visits and health coach sessions per year

Sustained and comprehensive support model per patient to drive proactive care

71%

of patients report better mental wellbeing

Positive impact on both physical and emotional health, with clear benefits for mental health populations

OUTCOME WITHOUT THIS SOLUTION

Patients remain stuck in care cycles—treated symptomatically, disconnected between providers, and underserved—leading to continued poor outcomes, wasted resources, and burnout.



PROBLEM BEING ADDRESSED

Patients delay or avoid essential healthcare because high out-of-pocket costs and poor financing options make care unaffordable—while providers struggle to collect balances and manage financial risk.

WHO IS BEING SERVED

Patients facing high medical bills—especially uninsured or underinsured individuals—and providers (hospitals, health systems, physician groups) seeking faster collections, higher revenue, and improved patient satisfaction.

COMPANY'S CONTRIBUTION

An AI-driven, non-recourse patient financing platform with seamless EMR integration offering interest-free pre and post-care payment plans and the ability to assume responsibility for a system's existing AR tied up in patient plans—all implemented in just weeks.

KEY OUTCOMES

230k

payment plans originated

Showcases the broad reach and transformative impact of PayZen's payment programs

45k

plans for patients with FICO < 600

Highlights PayZen's commitment to easing the financial burden of credit-challenged patients

90%

of plans repaid

Underscores strong repayment performance, validating both business success and patient access

78%

of patients accepted one of PayZen's offers

Positions PayZen as a trusted, patient-first organization — reflected in an NPS of 71 and strong satisfaction

OUTCOME WITHOUT THIS SOLUTION

Patients remain financially strained, delaying care or falling into debt; providers face rising bad debt, slower revenue cycles, and staff burden—perpetuating inequity and financial instability in healthcare.



PROBLEM BEING ADDRESSED

Parents often face delayed, expensive, or inaccessible pediatric care—especially outside clinic hours—leaving child health concerns unresolved or escalated unnecessarily.

WHO IS BEING SERVED

Families nationwide—especially parents of infants and children—who need fast, dependable guidance from pediatric experts, along with Medicaid plans, employers, and pediatric practices looking to enhance care access and satisfaction.

COMPANY'S CONTRIBUTION

A text-based, always-on pediatric care platform combining urgent medical support, milestone tracking, lactation, nutrition, sleep, and behavioral consultations.

KEY OUTCOMES

2.8 MIN

average provider response time
Rapid clinical support, enhancing care timelines and patient satisfaction (4.58 average patient satisfaction score)

75k

issues resolved asynchronously
Creates a proactive care models that relieve hospital burden by addressing needs upstream

67%

of cases avoided ER or urgent care visits
Prevention-first strategies that keep patients healthier and out of emergency settings

52%

of families served in underserved ZIP codes
Strong engagement among families most in need of pediatric behavioral care

OUTCOME WITHOUT THIS SOLUTION

Families continue facing delays, unnecessary urgent care visits, heightened stress, and fragmented pediatric guidance—while providers and payers miss out on closing care gaps and improving satisfaction.

CASE STUDIES



PROBLEM BEING ADDRESSED

Musculoskeletal (MSK) care is expensive, confusing, and fragmented—resulting in poor outcomes and frustrated patients.

WHO IS BEING SERVED

Patients suffering from joint, back, and muscle pain nationwide—alongside payers, value-based providers, and primary care networks seeking better MSK outcomes and aligned incentives.

COMPANY'S CONTRIBUTION

A data-driven, clinician-led MSK care navigation platform that combines predictive intake, shared decision-making with Clinical Navigators, trusted specialist matching, and ongoing support. Now enriched with virtual physical therapy via its acquisition of RecoveryOne.

KEY OUTCOMES

2.7M

lives eligible for services

Broad organizational reach into employer, payer, and provider networks

70%+

patient adherence to care plans

Strong engagement with clinical pathways and treatment efficacy

90%+

of patients report improved pain/ function

Meaningful clinical impact across diverse populations

75%+

reduction in prior authorization denials

Improved access to appropriate care and equitable MSK treatment

OUTCOME WITHOUT THIS SOLUTION

MSK patients remain trapped in ineffective, fragmented systems—experiencing unnecessary referrals, delayed relief, higher costs, and poor care alignment.



PROBLEM BEING ADDRESSED

Healthcare navigation is chaotic, costly, and disjointed—leaving individuals burdened by complexity, misinformation, and inefficient care decisions.

WHO IS BEING SERVED

Employees, self-insured plan members, and their families—plus employers, health plans, and consultants—seeking seamless, value-based access to care, benefits, and navigation.

COMPANY'S CONTRIBUTION

A vertically integrated, AI-powered platform—WayFinding—combining benefits navigation, on-demand virtual care, in-person services, pharmacy transparency, and specialized care (e.g., oncology, behavioral, surgery), now amplified by Accolade's virtual primary care and health advocacy.

KEY OUTCOMES

20M+

covered lives in partnerships

Expansive reach and institutional adoption across 2,000+ enterprise clients

80+

net promoter score

Exceptionally high member satisfaction and engagement

\$18+

PMPM in savings for Transcarent's pharmacy care program

Demonstrated ROI through lower drug spend through formulary optimization and transparent pricing

35%

reduction in hospital admissions and surgeries

Reductions in unnecessary, costly medical interventions and enhanced patient safety

OUTCOME WITHOUT THIS SOLUTION

Healthcare remains fragmented—resulting in wasted costs, delayed care, low engagement, and diminished trust from both employers and members.

WellTheory

PROBLEM BEING ADDRESSED

Millions of people with autoimmune and inflammatory conditions face fragmented, costly, and symptom-focused care—often cycling between specialists, medications, and misinformation without lasting relief or coordinated support.

WHO IS BEING SERVED

Adults living with autoimmune or chronic inflammatory conditions—alongside employers, health plans, and consultants—seeking scalable, lifestyle-based care that complements traditional medicine and supports long-term remission.

COMPANY'S CONTRIBUTION

A virtual, whole-person care platform for autoimmune health—combining personalized coaching, nutrition and lifestyle guidance, advanced diagnostics, and AI-powered engagement. Its integrative model empowers members to manage inflammation, reduce dependency on specialty drugs, and achieve sustainable well-being.

KEY OUTCOMES

81%

of members reported improved digestive symptoms
Demonstrates meaningful clinical improvement and member well-being

64%

reduction in emergency room visits

Delivers measurable cost savings through proactive, continuous care

\$5.2K

average annual savings per autoimmune patient

Reduces dependence on specialty medications and lowers overall spend

61%

of members reported improvements in depression

Highlights the holistic impact of integrated lifestyle and mental health support

OUTCOME WITHOUT THIS SOLUTION

Autoimmune patients remain underserved—experiencing rising specialty costs, delayed diagnosis, limited support, and low quality of life, while employers and health plans face mounting chronic-care spend and member disengagement.



PROBLEM BEING ADDRESSED

Consumers with chronic skin conditions—such as psoriasis, eczema, or vitiligo—face inconvenient, costly, and fragmented care, often needing frequent clinic visits or relying on burdensome topical or costly pharmaceutical regimens.

WHO IS BEING SERVED

Individuals nationwide living with chronic dermatological conditions—plus health plans, employers, and clinicians seeking scalable, consumer-friendly alternatives to expensive, advanced drug therapies.

COMPANY'S CONTRIBUTION

A complete chronic dermatology home ecosystem combining technology (FDA-approved, prescription-grade narrowband UVB device, a smart app with personalized dosing and remote monitoring) and virtual services (Rx's with licensed providers, and dedicated RN Care Guides for care coordination).

KEY OUTCOMES

225k+

treatments completed since platform inception

Demonstrates growing adoption of innovative solution

80%

of members achieve positive outcomes <12 weeks

Strong clinical effectiveness and patient outcomes

75%

patient adherence due to real-time data, consumer monitoring and communication

Market-leading treatment adherence and patient engagement

<5 DAYS

from enrollment to treatment initiation

Rapid patient onboarding and timely access to effective care

OUTCOME WITHOUT THIS SOLUTION

Millions of consumers remain stuck navigating impractical care options—facing ongoing chronic skin complications that dramatically reduce productivity at work and quality of life. Health plan and employer stakeholders without a viable solution to improve access to care challenges nor reduce growing chronic dermatology specialty pharmacy spend.

Our Impact Frameworks & Methodology

FRAMEWORKS WE USE

At 7wire Ventures, we ground our impact measurement in industry-recognized standards to ensure rigor, transparency, and comparability across our portfolio.

We use the [IRIS+ System](#), developed and managed by the [Global Impact Investing Network \(GIIN\)](#), which provides the leading framework for defining, measuring, and managing impact. IRIS+ incorporates the [Five Dimensions of Impact](#), developed by the [Impact Management Project \(IMP\)](#), to assess what impact is occurring, who is benefiting, how much change is happening, our contribution to that change, and the associated risk.

In addition, we leverage the [Duke-Margolis Capital Impact Council's Health Value Framework](#), which assesses the Health Value Return on Investment (HV-ROI) of healthcare innovations. This framework outlines four levels of evidence quality—from early indicators of health value to independently validated results—allowing investors to better evaluate health outcomes.

DATA COLLECTION & VALIDATION

To compile and verify the data in this report, we followed a standardized and collaborative process:

- **Data Request:** We reached out to each portfolio company to collect IRIS+-aligned metrics, including evidence related to health and financial outcomes.
- **Consolidation:** Responses were compiled and standardized in an internal Excel tracker for cross-portfolio comparison.
- **Verification:** We shared the case study data back with each company for review and final sign-off prior to inclusion in this report.

This process ensures that every data point included has been validated by our portfolio companies and aligns with recognized impact measurement standards.

LOOKING FORWARD

7wire Ventures currently manages **\$726 million in assets¹**. As we evaluate new investment opportunities, we apply this same disciplined, evidence-based approach to assess both financial performance and impact outcomes.

¹ AUM reflects 7wire Ventures funds, associated side vehicles, and special purpose vehicles.



Thank You

We are grateful for your partnership as we continue investing in solutions that improve chronic care management, advance health equity, and empower consumers toward better health. Together with our 20 portfolio companies, we've reached over 29 million lives—and we're only beginning to scale our impact.

Please feel free to reach out to investor@7wireventures.com if you'd like to discuss further.