



Early screening.
Early intervention.
Better outcomes.



Health screening problem

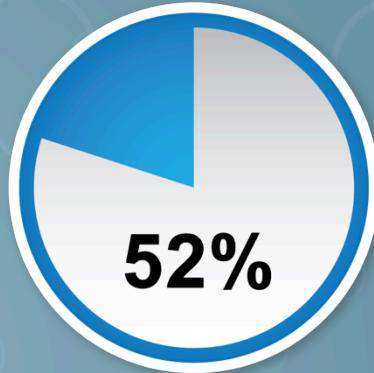


- Is my baby ok?
- How do I keep track?

Google Trends



1 of 6 children have developmental problems



52% pediatricians don't have time to do a full screen



Pediatricians are time-constrained



PEDS RESPONSE FORM

Child's Name: Roger Parent's Name: Melinda
Child's Birthday: May 13, 2014 Child's Age: 2 Today's Date
Please list any concerns about your child's learning, development, and behavior

I'm worried about how my child talks and relates to me. He says things that don't have anything to do with what's going on.

Do you have any concerns about how your child uses his/her hands and fingers to do things?

Circle one: No Yes A little COMMENTS: He repeats lots of things, like "Wheel of Fortune".

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS: I can't tell if he doesn't understand, or doesn't hear well.

Do you have any concerns about how your child uses his/her arms and legs?

Circle one: No Yes A little COMMENTS: He does a lot of things over and over, like flicking light switches

Do you have any concerns about how your child uses his/her arms and legs?

Circle one: No Yes A little COMMENTS: He's very coordinated, and very fast!

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS: Still lots of tantrums, but the head banging is almost gone.

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS: He doesn't seem interested in watching or playing with other kids.

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS: He's very independent.

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS: He's too young for any of that.

Please list any other concerns:

We spend lots of time playing with Roger and talking to him. This seems to be helping him to be more engaged.

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PEDS SCORE FORM

Child's Name: Billy Morris Birthday: 4/17/04

Find appropriate column for the child's age. Place a checkmark in the appropriate box to show each concern on the PEDS Response form. See Brief Scoring Guide for details on categorizing concerns. Shaded boxes are predictive concerns. Unshaded boxes are non-predictive concerns.

Child's Age	9-11 mos.	4-6 mos.	6-11 mos.	12-14 mos.	15-17 mos.	18-25 mos.	2 yrs.	3 yrs.	4-6 yrs.	6-7 yrs.	7-8 yrs.
Global/Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressive Language and Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine-Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social-emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Count the number of checks in the small shaded boxes and place the total in the large shaded box below.

If the number shown in the large unshaded box is 2 or more, follow Path A on PEDS Interpretation Form. If the number shown is exactly 1, follow Path B. If the number shown is 0, count the number of small unshaded boxes and place the total in the large unshaded box below.

If the number shown in the large unshaded box is 1 or less, follow Path C if the number is 0, otherwise follow Path D if relevant. Otherwise, follow Path E.

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PEDS INTERPRETATION FORM

Child's Name: Roger J. Birthday: 8/8 Specific Decisions

0-3 mos. diarrhea, no fever, suggested formula change

4-5 mos. intermittent diarrhea, switched to soy

6-11 mos. extensive crying at bedtime gave me info re: "Feverbiting"

12-18 mos. head-banging, gave me info re: Schmidt's Patient Education

18-23 mos. still head-banging, pacing tx, frequent tantrums but head-banging decreased, cont. beh tx

2 yrs. Path A: hearing, lead, vision screened and OK, referred to EI

3 yrs. MCHAT and developmental assessment

4-6 yrs. —

6-7 yrs. —

Path A: Two or more predictive concerns?

Yes → Refer for audiological and speech-language testing. Use professional judgment to determine if referrals are also needed for social work, nutritional, occupational, physical therapy, mental health services, etc.

No → Refer for intellectual and educational evaluation. Use professional judgment to decide if speech-language, audiological, or other evaluations are also needed.

Path B: One predictive concern?

Yes → Health care provider consider second-stage developmental screen.

No → Administer second-stage developmental developmental screen.

If screen is passed, counsel in areas of concern and watch vigilantly.

If screen is failed, refer for testing in areas of difficulty.

Path C: Nonpredictive concerns?

Yes → Counsel in areas of difficulty and follow-up as several weeks.

If unsuccessful, screen for emotional behavioral problems and refer as indicated. Otherwise, refer for parent training, behavioral intervention, etc.

Path D: Parental difficulties communicating?

Yes → Foreign language a barrier? If yes → Use foreign language versions, send PEDS home in preparation for a second visit; seek a translator, or refer for screening elsewhere.

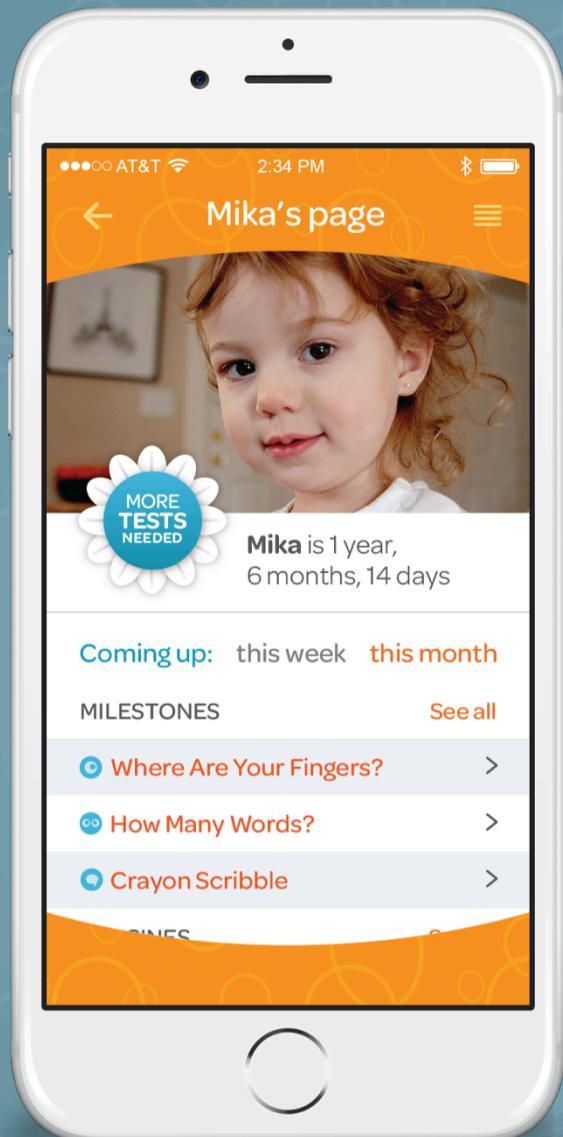
No → Use a second screen that directly elicits children's skills or refer for screening elsewhere.

Path E: No concerns?

Yes → Refer concerns at next checkpoint.

No → Use PEDS between checkpoints (e.g. sick- or neuro-visits).

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Promise is granted in photcopy this score form for training purposes.



Introducing

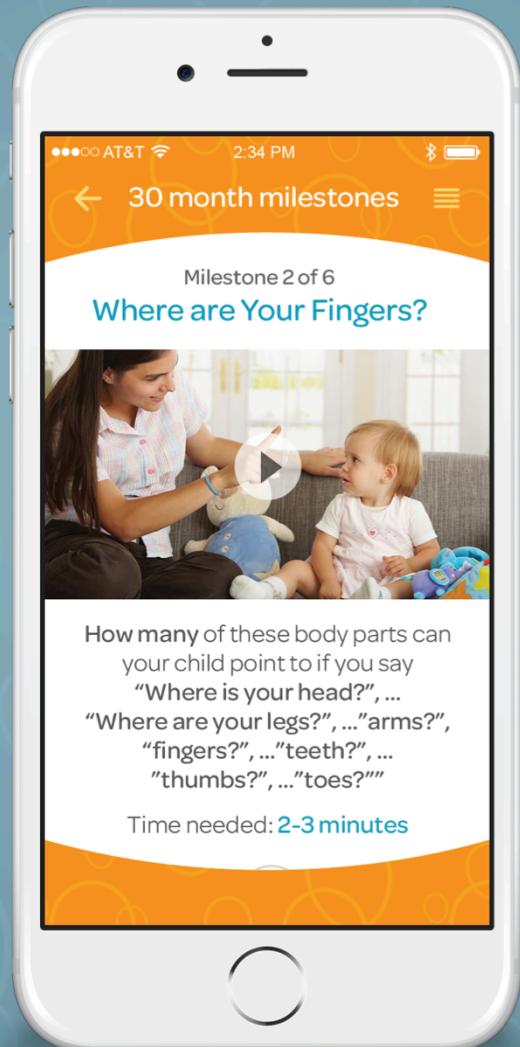
baby noggin®

from Qidza

Qidza®

3 screening tools...

Developmental
milestones

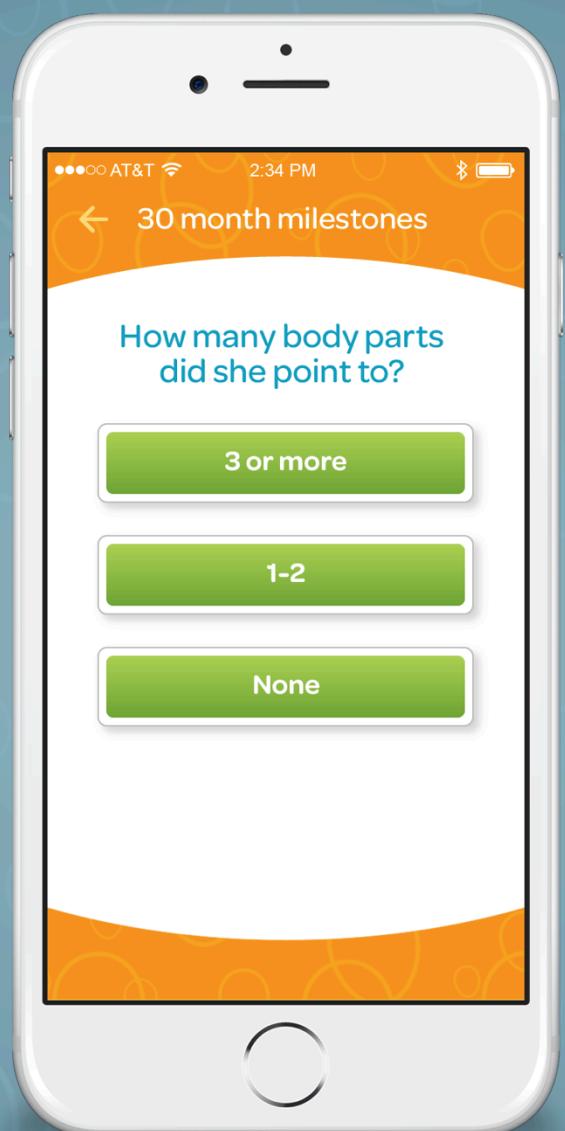


Autism



Post-partum
Depression





Parents: 5/5 app reviews



Continuous
tracking



Peace
of mind



Better
outcomes

“Fun, adorable, and innovative!”

-Jennifer, Mom of 3

Pediatricians' feedbacks



Integrates
to EMR



Increase
revenue



Better
outcomes



Patient
satisfaction

“Great way for parents to track milestones & share with pediatricians”

-Dr. Saul Hymes, Stony Brook Children's Hospital

Target U.S. Market

\$186B
pediatric health

\$21B
healthcare
spending
for babies
under 2.5

\$5B
developmental
screening

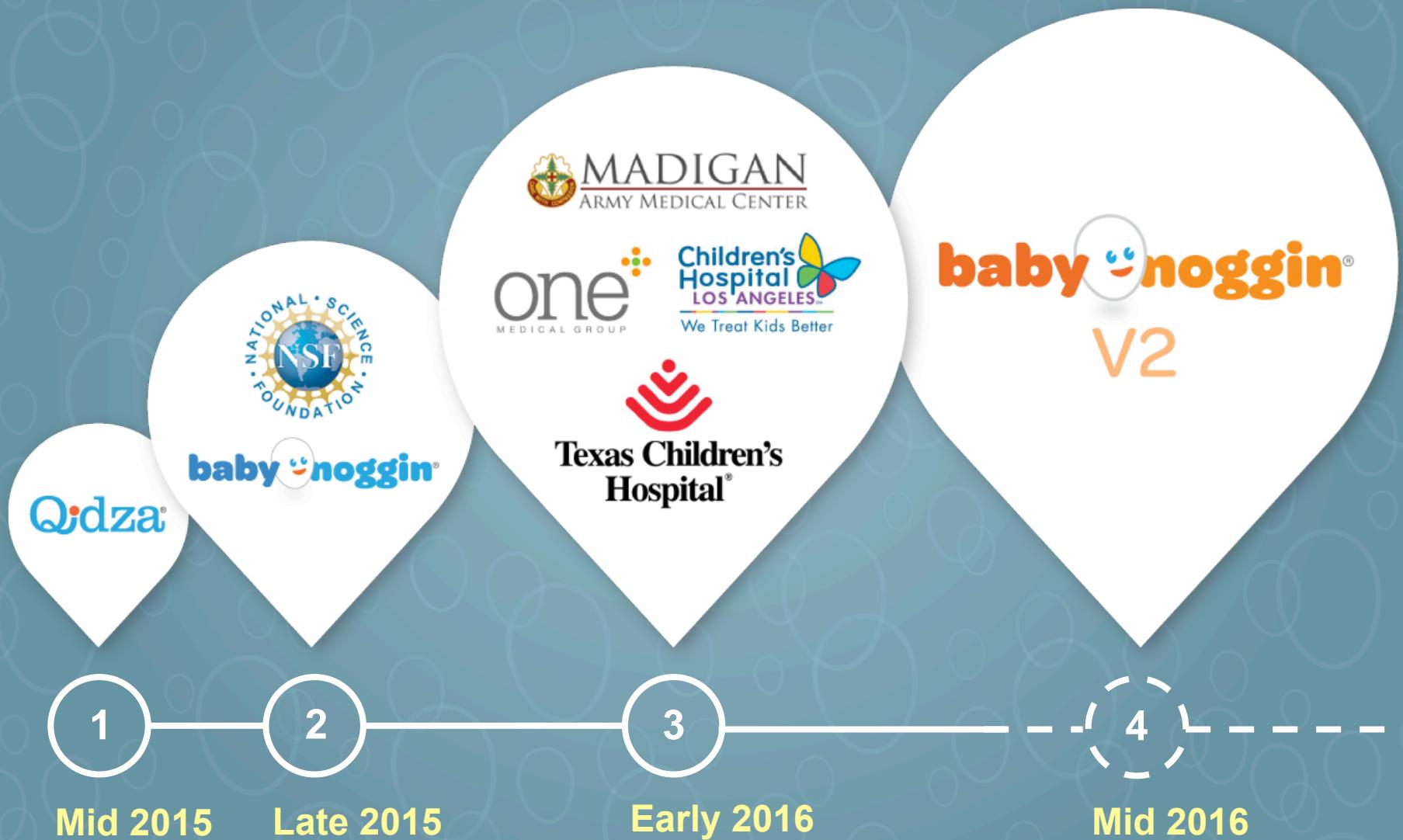


Revenue model

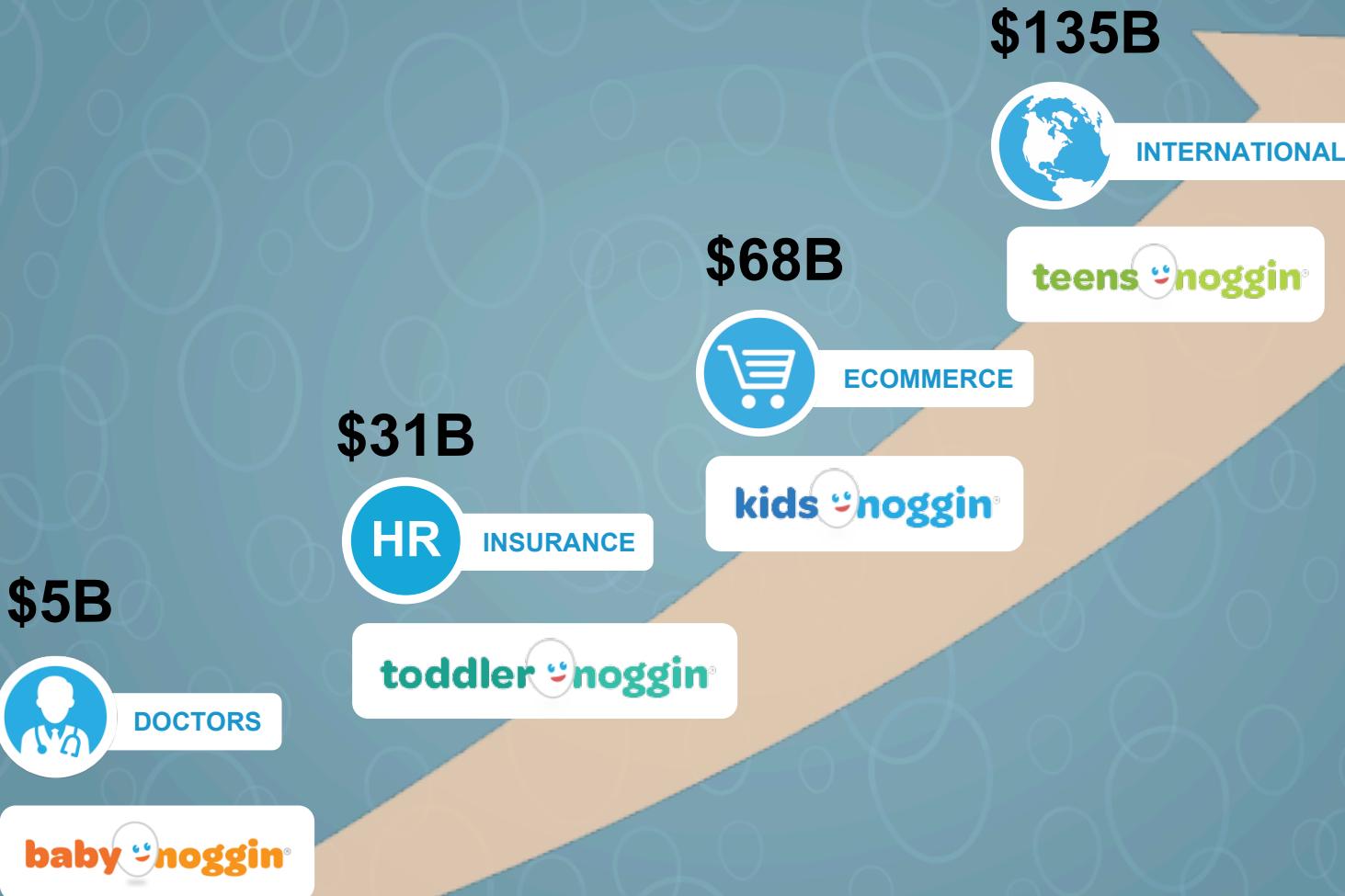


Pays subscription fee

Ideation to revenue within 8 months



Opportunities to expand



Team of experts

CEO



Jin Lee, Ph.D



UNIVERSITY OF
OXFORD



Humana

VP Product



Jonathan Tuttle



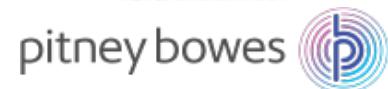
VP Engineering



Avishaan Sethi



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Ph.D, MBA



Legal

Neil Wolff



Sales

Peter Mullen



Why Qidza?

Expert team in healthcare, baby, & tech

- 3 exits in digital- 2 in babyspace; Developmental psychologist; NASA app developer

Secret sauce

- Exclusive content licensing
- Real-time at home behavioral data

Growing traction

- Within months of launching: 4 contracts with hospitals



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