To: Tracy Masson[tmasson@theranos.com]; Christian Holmes[cholmes@theranos.com]; Kimberly

Alfonso[kalfonso@theranos.com]; Sunny Balwani[sbalwani@theranos.com]; Jhaveri, Nimesh[nimesh.jhaveri@walgreens.com];

Kozlowski, Casey[casey.kozlowski@walgreens.com]; Nicholas Menchel[nmenchel@theranos.com]; Joe Ahdoot[JAhdoot@theranos.com]; Samoila, Ashley[ashley.shovlin@walgreens.com]; Sesto, Matthew[matt.sesto@walgreens.com];

Leiter, Nicole[nicole.leiter@walgreens.com]; Miller, David[dave.miller@walgreens.com]; Raju, Mahesh[mahesh.raju@walgreens.com]

Cc: Max Fosque[mfosque@theranos.com]; Rvan Karpel[rkarpel@theranos.com]: Montaque.

Beth[beth.montague@walgreens.com]: Mike Lewis

From: Haworth, Patty

Sent: Tue 6/3/2014 3:35:59 PM Importance: Normal

Subject: 5/28 Walgreens-Theranos Partnership Meeting Minutes & Action Items

Received: Tue 6/3/2014 3:35:33 PM Partnership Meeting Minutes 05-28-2014.docx

ΑII,

Please see attached for 5/28 Walgreens-Theranos Partnership Meeting Minutes & Action Items. Let me know if you have any addition or corrections. Also, please report status on any of the action items that are assigned to you.

ID	Action Item	Owner	Target Due Date	Status/Comments
1	Send Diagnostic Testing data modeling data to Dave Miller	Christian Holmes	6/2/14	
2	Discuss Diagnostic Testing Data Model	Christian Holmes/	6/6/14	
		Dave Miller		
3	Reschedule strategy meeting with Glen Pietrandoni re: Hep C & Venipuncture	Casey Kozlowski	6/6/14	
4	Include Kim Alfonso, Tracy Masson, and Joe Ahdoot from Theranos in the Change Management stakeholder interview process	Mike Lewis	6/19/14	
5	Schedule meeting with Matt, Nicole, Nimesh, Suzanne, Heidi to discuss HCC/Theranos issues.	Patty Haworth	6/6/14	Canceled per request on 6/2 from Nimesh Jhaveri

6	Follow up on patient survey to be delivered in store.	Joe Ahdoot	6/6/14	
7	Follow up on how to automate the Promotional Money (PM) process.	Casey Kozlowski	6/6/14	
8	Tim Theriault and Nim plan to visit Sunny in Palo Alto to discuss developing seamless patient experience, including scheduling of spaces and scheduling of clinicians	Nimesh Jhaveri/ Sunny Balwani	6/30/14	
9	Send proposed signage solution to Christian Holmes	Nimesh Jhaveri	6/6/14	
10	Discuss tech compensation issues with Mark Englizian	Nimesh Jhaveri/	6/6/14	
		Casey Kozlowski		
11	Record an introduction for classroom training	Nimesh Jhaveri/	6/25/14	
		Sunny Balwani		
12	Update t-minus schedule.	Patty Haworth	6/6/14	
13	Gather lessons learned from Jose, Yesenia and team for oversight training	Joe Ahdoot	6/6/14	
14	Schedule meeting with Nicole, Mahesh, Beth for Walgreens to operationalize standalone training class	Patty Haworth	6/6/14	
15	Joe Ahdoot to develop check in training standalone class	Joe Ahdoot	6/6/14	
16	Schedule meeting to discuss oversight with Casey, Mahesh, Lindsay, Lisa Tomic, Beth, Ysenia.	Patty Haworth	6/6/14	
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18	Make all lines to be available for check in process before July	Mahesh Raju	6/30/14	
19	Conduct meeting to discuss getting BAFT team in place using resources from district.	Nicole Leiter	5/30/14	Complete
20	Schedule kickoff to Store Managers and CLs with Nimesh, Brad, Sunny and Elizabeth	Patty Haworth	6/6/14	

	Elizabeth		
Be we	ell,		
Patty			
Patty	Haworth, MBA, PMP		
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## Partnership Meeting Minutes

May 28 | 1PM-5PM | Walgreens District Office - 5330 E. Washington St., Ste. D-105, Phoenix, AZ 85034

Meeling called by

Type of meeting

Theranos/WAG Leadership

Mid-wave Partnership

Debrief

Attendees: Tracy Masson, Christian Holmes, Kimberly Alfonso, Sunny Balwani, Nimesh Jhaveri, Casey Kozlowski, Nick Menchel, Joe Ahdoot, Ashley Samoila, Matt Sesto, Nicole Leiter, Patty Haworth Dial in: Dave Miller, Mahesh Raju

Unable to attend: Max Fosque, Ryan Karpel

řopic	Presenter	Time allotted
☐ Kick-off/Introductions/Working Lunch	Sunny/Nimesh	1-1:10pm
☐ Partnership vision and execution to-date	Sunny/Nimesh	1:10-1:40am
☐ Current issues: Operations & Training	Tracy/Mahesh	1:40am-2:40pn
□ 2014 next wave(s) planning, AZ & CA	Sunny/Nimesh	2:40-3:10pm
□ 2015 roll-out	Sunny/Nimesh	3:10-3:40pm
☐ Scalability of current model	Tracy/Casey	3:40-4:10pm
☐ Strategy discussion: Hep C & Venipuncture	Sunny	4:10-TBD

Sunny Balwani opened the meeting. How do we make sure that the next 10,000 patients have a perfect customer experience?

Nimesh reminded us of how far we have come since January. We are at 21 stores now. A pilot should not be perfect. It should be so that we can learn everything we need to scale. The learnings that are coming out of the first 21 stores are pretty good. We may not like them, but we are learning.

We have completed the following accomplishments since January:

- 1) Stood up 18 new stores
- 2) Conducted first Executive Steering Committee meeting including Sunny Balwani
- 3) Conducted first Operating Committee meeting

Greg Wasson is supportive of our mission. Teams need to become tighter. If we think 20 stores are tough, wait until we get to 2500 stores. What is our path to 10,000 perfect patient experiences? How can we align on plans for 2015 roll-out? Working to get Healthcare Clinic partnership up and rolling.

Nicole Leiter stated that challenges are what we expect in a pilot. The challenge is how to react quickly to address the gaps. How do we enable the field to execute and deliver the patient experience? Per Nimesh, 40 is in the bag, we need to think about scale.

Per Sunny, Walgreens looks like a different company outside than when you are on the inside. Every store has its own personality. We each need to focus on what we are good at.

Per Nimesh, if we add 1 technician to every store it is a \$100 million drag on the EBIT.

Dave Miller joined to discuss 2015 market planning. Per Matt Sesto, store #1272 became a high volume store immediately due to high volume of Medicare patients. These types of anecdotes from operates at this early stage will be useful as we build out the modeling. Kristyn Rice reports dotted line to Matt Sesto for the Arizona Market. We currently have a logic based model using 24 hour stores, Healthcare Clinic stores, etc. We want to move to a model that has mathematical validity to combine with our logical & strategic thinking going forward. Some of the data we want to share is doctor based and some is patient based. We sent some data requests to Sunny and received some input from Christian on what would drive their business. Need address/city/state/zip info from Theranos patient database. Walgreens assigns geocodes to patient data, in order to de-identify the data to protect PHI. Sunny would like to use data over the next 3-4 months to ensure a variety of data.

MP&R using IMS and other competitive intelligence techniques will look into where LabCorp and Quest are sourcing their patients from. Theranos has started to collect data on patient sourcing, but it is not a scientific method. Dave would like to discuss during next meeting to understand business drivers and strategic markets. Theranos is interested in Tri-state area (NY/NJ/CT), California, and Arizona areas. Dave Miller has a good vision of how this collaborative process will work with Theranos' new business and Walgreens' knowledge of the stores and data to guide the strategy together.

Walgreens has data on Medicare population and density. Also, have access to data from Walgreens stores, hospitals and provider practices that can be broken out, etc. Demographic data will be incorporated into analysis. Bathroom analysis would be included in market deep dive facilities review, not in a national database. We need to explore IMS agreement to understand what data is available from our competitors.

Per Nimesh, the timing is right, because this is when we are selecting the Well Experience stores for 2015, 16, and 17.

Dave would like to have additional patient data and provider data. Per Sunny, we can talk about how to deidentify data offline. We can do market planning in parallel.

Per Matt Sesto, Tucson is not all that attractive, unless we can get a contract that will increase our access.

Per Sunny, high deductible patients are being billed. Early in the year, patients have not yet met their deductible, but as the year goes along, this becomes richer.

Dave Miller will be the single point of contact for market planning from Walgreens. Nimesh would like to complete market planning by end of August. We should have a realistic number of what we can do in a certain market in a certain timeframe. Christian Holmes will be the single point of contact from Theranos.

Per Sunny, need to understand what is being driven by payors. He would like to see overlap of pharmacy data to understand correlations and trends. Model is driven by aspects of the market and not by the locations themselves.

Per Nimesh, we should have a view on what does Theranos and Healthcare Clinic look like as a bundled suite of services together. Health Systems have asked for 4 things: HCC, Theranos, Health Systems Pharmacy, and Well Experience

Christian Holmes will send data to Dave Miller. Dave will need 1-2 weeks to respond before next meeting. Christian and Dave to meet next week (looks like it will be Friday, due to scheduling conflicts).

Sunny Balwani is looking for limited liability for data. Dave Miller will work with Casey and Nimesh to discuss.

- Store Selection criteria to be provided by Theranos
- WAG Market Planning folks to assess and select stores
- Plan is to follow Well Experience rollout in as many cases as possible.
- Goal: 500 stores in FY15

Casey to reschedule strategy meeting with Glen Pietrandoni re: Hep C & Venipuncture.

Sunny Balwani is looking for limited liability for data. Dave Miller will work with Casey and Nimesh to discuss plan for data sharing between Theranos/Walgreens.

Partnership Engagement/Motivation:

- Lack of engagement during training classes, leading to failure or overall concern on attitude when interfacing
  with patients.
- Techs in store apathetic about providing Theranos services.
- Tech telling Theranos employee that they are going to next training but are hoping to "avoid that one too" if possible.
- Techs don't seem to move at same speed for Theranos patient as they do for pharmacy patient.

Per Theranos, employees are: 30% engaged/30% neutral/30% apathetic.

We have not yet launched a change management program. We have recently engaged Change Management. We would like Theranos to react to that. Change Management is the missing link. Mike Lewis will include Kim Alfonso, Tracy Masson, and Joe Ahdoot from Theranos in the Change Management stakeholder interview process on 6/19. Change Management 101 session is scheduled on 6/2.

Per Nimesh, we have a big miss on activating Nurse Practitioners into this initiative. Per Matt, we need to have a top to top meeting to address clinical issues. After that point, we can have sales team address nurse practitioners. Patty will schedule meeting with Matt, Nicole, Nimesh, Suzanne, Heidi to discuss HCC/Theranos issues.

Matt Sesto senses team is disengaged due to multiple changes to training and evaluation process. Per Tracy, most of the certified techs on the list of #1272 would not be open right now, since the same mistakes are being made over and over again. We have to figure out how we get the live training done here. Some people walk in cold. Tracy saw someone that went into the PSC last week that hadn't done a stick in 5 weeks.

Per Nick, How do techs currently receive feedback? Once or twice a month informal feedback on customer service skills (management coaching card) and twice a year they receive formal feedback on competencies, including customer service skills. It would be helpful to see what action Walgreens takes using feedback process on pharmacy side.

Per Casey, it would be great if we could take customer satisfaction survey to determine feedback to judge performance. Per Sunny, receiving CSAT approximately 20% of the time. Theranos is very interested in incenting 5 star performances for first 10,000 – 20,000 sticks.

Per Matt, consider modifying the management coaching card to incorporate Theranos goals.

Per Casey, provide feedback to employees that is benchmarked and measured.

Per Nimesh, need to look at the following components:

- 1) Are there any gaps in our people preparedness?
- 2) Are there any gaps in execution?
- 3) Are there any gaps in outcomes?
- 4) Are there any gaps in x?

Per Nicole, we have not brought in field leadership, so they can understand how to drive field execution. Per Nimesh, how do we measure patient delight?

Per Sunny, people expect a quick check-in process at Walgreens. If the intake process can be fixed to less than 5 minute process, that will solve 70% of the problem. Theranos wants the app to be made easier. They want the app to look the way technicians want it. Customers will forgive a lot of things, if they know we are paying attention to them.

Per Tracy, there were 2 instances recently where customers waited 15-25 minutes, due to flow issues where pharmacy was prioritized over lab orders. Need to institute change management messaging to address this issue.

Kim Alfonso expressed concerns about lab services prioritization during flu season. Per Nimesh, a flu shot is worth 1.4 times a prescription. If we can do something like that with lab services, that would be beneficial for messaging.

Per Sunny, Theranos plans to overinvest in the Phoenix market to make sure everything goes well. This won't happen in future markets.

Per Matt, we get a ton of feedback from Healthcare Clinics, because they fill them out before they leave. Per Sunny, they have an iPad app that they built for this service. If Theranos provides paper or iPad app, how would it be executed? Theranos to follow up on patient survey to be delivered in store.

Per Casey, if the survey is tied to the Promotional Money (PM), then participation will be greatly increased. Casey to follow up on how to automate the PM process.

Per Nicole, need to work with labor and engineering team re: store #1272. We should always put the patient experience first.

Per Sunny, if Walgreens does the check in and Theranos does the perform, can we measure to see if there are any efficiencies? The riskiest hour is 6-7 am. If the doctors walk away unhappy, they are unhappy forever. Each doctor means hundreds of patients per month.

Per Casey, consider having 2 techs for the 6am-7am time slot.

Per Tracy, store #5222 is having phlebotomist do check in and Walgreens do perform. However, the store thinks that the phlebotomist is responsible for 100% of the process, even though this is contrary to the message that Mahesh sent to the stores.

Per Nimesh, need to send store managers for check in training.

Per Nicole, consider doing check in only training for half day.

Per Nimesh, Tim Theriault and Nim plan to visit Sunny in Palo Alto to discuss developing seamless patient experience, including scheduling of spaces and scheduling of clinicians.

Per Nicole, the Theranos app can be added to each Walgreens check in via KVM switch, but would need separate scanner. Walgreens uses Fujitsu 4121C scanner. There are concerns with connectivity to Walgreens LAN.

Per Nicole, there are too many moving parts.

Per Tracy, need to drive oversight with a dedicated local team, not from Deerfield. Propose 2 FTEs.

Per Nimesh, he is aligned and discussed BAFT team concept - Benefits Attainment Field Team.

Per Sunny, can we offer a store incentive program?

Per Matt, this can be added to existing store incentives program.

## **Operations Needs**

- Store Champions
  - Drive enthusiasm
  - Ensure training is completed
  - · Assess tech performance
  - Ensure staffing is appropriate
- Better communication/change management
  - Engage entire store and neighboring stores prior to launch
  - · Drive enthusiasm
  - · Educate store on Theranos goals and offering
  - Squelch the detractors
- Local tactical team
  - Assess store facilities prior to set up
  - Work with local management to get team ready
  - Work schedule for training
  - · Ensure training aligns with required staffing
- Training Emphasis
  - Need to own oversight training currently straining Theranos team
  - Lead two day training no local executive leadership oversight in the classes.
- Operations Issues: Build Out/Signage
  - Lack of knowledge throughout store that Theranos provides lab services within, i.e. front store cashier or call center telling patient coming in door that we don't do blood work there.
  - Patient confusion on where to check-in at pharmacy, standing in line behind pharmacy patients.
  - Patient confusion in stores with HCC, checking in at clinic and waiting unnecessarily; many reports of patients waiting >45 minutes and leaving once they realized the error.

Per Nimesh, Walgreens has already developed a signage solution. Nimesh to send proposed signage solution to Christian Holmes. Christian Holmes will be point for a quick turnaround.

Per Nimesh, we are missing on sustained engagement. Per Nicole, we have not brought the store managers in. Nimesh stated that we can leverage the Well Experience change management template.

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oe Ahdoot mentioned that he is not getting the store oversight training forms faxed to him in a timely manner. Per Nicole, there is no one currently identified in the store to own this process. Nimesh suggested that this is something that the BAFT team can do.

The phlebotomists can be the pin cushion for this training. We are limited by the available number of fingers in the store. Per Casey, if the employees volunteer, we can use them. Not sure how many sticks they can tolerate.

Per Sunny, need to determine if employees are comfortable with blood.

Per Joe, if we could separate it out and have check in only vs. full service.

Per Casey, may not be that simple. All full-timers need to be finger stick certified.

Per Nicole, need to operationalize people that are "all in".

Nimesh discussed additive approach for compensation. Nimesh and Casey plan to discuss compensation issues with Mark Englizian.

- Theranos
- Health Guide
- SPTC
- PHTC
- Cashier

Nicole recommends that District Manager of Market Pharmacy Director kick off the training meeting to set the tone. Nimesh and Sunny to record an introduction. This will be addressed with Change Management.

Offer complimentary visits at the beginning of the store's launch. It is a volume supplementation for the first month. There will be 2 weeks for oversight training. The criteria 2 successful consecutive oversight visits. Patty to update t-minus schedule.

Per Tracy, we need to go back to Walgreens to do the oversight training. There are 10 Walgreens trainers plus Yesenia. Walgreens needs to own the schedule. Need to begin oversight training as soon as classroom training is complete. The first training session for Wave 3 is 5/29-5/30. The BAFT team needs to own the sustained training. Need to track supply usage for oversight training. Joe Ahdoot to gather lessons learned from Jose, Yesenia and team for oversight training. Patty to schedule meeting to discuss oversight with Casey, Mahesh, Lindsay, Lisa Tomic, Beth, Ysenia.

Per Nimesh, Walgreens leadership will be given talking points re: Theranos and other key initiatives at Walgreens, so we can by synchronized.

Joe Ahdoot to develop check in training standalone class. Patty to schedule meeting with Nicole, Mahesh, Beth for Walgreens to operationalize standalone training class. Set goal to reduce check in time to 5 minutes or less during the month of June. This will be coordinated with scoreboard.

Beth Montague to send communication that phlebotomists will assist with perform process. Joe Ahdoot to review communication before it is sent to the stores.

Mahesh Raju to make all lines to be available for check in process before July.

Nicole to conduct meeting to discuss getting BAFT team in place using resources from district.

Patty Haworth to schedule kickoff to Store Managers and CLs with Nimesh, Brad, Sunny and Elizabeth.

Walgreens/Theranos Partnership meeting cadence is monthly. The next 3 dates are: July 1, August 6, and September 3.

People Prep	Execution	Customer Feedback	Scorecard
Change management strategy	Allow phlebotomist to assist in the morning	Immediate survey with patient at time of service	Promotional Money for 5 star rating
Review current training	Industrial Engineering's measurement of process		Incentive for the store
In house of NPs	Need to address check in (one queue)		
Oversight training?	Allow all techs and management to be trained on check in		
Link performance to training	Staffing – how do we address?		
	Need multiple workstations for check in		

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