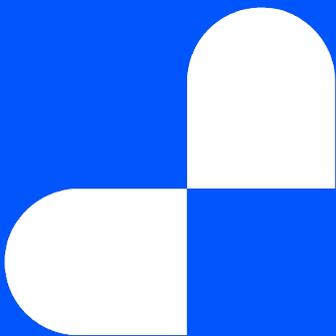


OMPLY HOME-PILOT INTERIM REPORT



Omply home-pilot Finland Autumn 2025 INTERIM REPORT 1

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First in the World

The first phase of Omply's household pilot was carried out in Finland in autumn 2025 across a total of 53 households. Participants were encouraged to involve people from their close circle, acquaintances, relatives, and friends, to gather broader user experiences, which increased the actual number of people testing the service to an estimated 200 individuals.

Participants were selected through an open call on LinkedIn and Facebook, and interest was so high that places had to be allocated by lottery.

Households were divided into four groups based on background information, and each group received a different examination package: flu package, diabetes package, asthma package, and family package. Participants downloaded the Omply app from the Google Play Store to their own smartphones, and they received by mail a package containing the selected medical devices for their use case, along with clear instructions.

In the vast majority of households, devices were connected to the app without difficulty, and remote consultations started smoothly without external technical support.

Remote consultations in the pilot were conducted by partner clinics Solo Health (<https://solohealth.fi/>) and Lähilääkärit (<https://www.lahilaakarit.fi/>). Doctors carried out consultations from their own offices, while participants stayed at home using Omply on their own phones. During the sessions, the doctor guided households through real-time examinations - such as listening to heart and lung sounds with a digital

stethoscope, examining ears using a digital otoscope, and performing basic measurements.

In the early stages of the pilot, some interoperability issues between devices and the app were encountered, but most were resolved quickly as the pilot progressed.



Picture 1. Omply packages ready to be shipped to pilot households

Addressing different patient profiles

The structure of the pilot was intentionally designed so that participating households did not represent a single patient profile. Instead, the goal was to evaluate how well Omply's remote diagnostics model functions across a wide range of real-life health scenarios. To support this, four different examination packages were used in the pilot.

Each package was designed to address a specific clinical need and to highlight different perspectives on the suitability of remote diagnostics in a household environment. The clinical evaluation covered both acute and chronic symptoms, users of different ages, and a variety of health concerns. Below is a description of each package, its clinical purpose, and the experiences gathered from the pilot.

The flu package focused on acute respiratory infections and their differential diagnosis. The package included a digital stethoscope, ear thermometer, and pulse oximeter, along with instructions for assessing common respiratory symptoms. The remote doctor was able to listen to the patient's heart and lung sounds in real time, assess breathing abnormalities, and interpret oxygen saturation and body temperature to determine whether findings indicated a viral infection, bacterial inflammation, or, for example, an asthma flare-up. In many cases, the doctor could distinguish whether abnormal breathing sounds were caused by mucus, inflammation, or airway constriction.

During the pilot, the flu package clearly demonstrated that digital auscultation at home works reliably. Doctors were able to differentiate normal from abnormal breath sounds and determine the need for antibiotics or further examinations. Based on practical findings, most diagnoses related to respiratory infections could be made fully remotely, without the need for an in-person visit. Overall, the flu package served as a key test of whether real-time remote auscultation works in a household setting - the answer was clearly yes.

The asthma package was designed to assess how well Omply supports the evaluation of chronic respiratory conditions, especially asthma. It included a pulse oximeter and a digital stethoscope, enabling doctors to assess oxygen levels and listen to lung sounds, including wheezing, crackles, or other abnormalities, and to differentiate between infection-related symptoms and asthma-related symptoms.

The pilot revealed situations in which participants experienced shortness of breath, coughing, or chest tightness. Using the provided tools, doctors could assess the clinical situation, give treatment instructions, evaluate the need for asthma medication, and refer patients for further care when necessary. In many cases, the asthma package showed that respiratory symptom assessment can be performed reliably at home and that digital auscultation provides sufficiently high-quality data for clinical decision-making.

A key finding from the asthma package was the ability to distinguish between asthma exacerbations and infection-related symptoms - something highly valuable in remote care.

The diabetes package focused on chronic disease monitoring, symptom evaluation, and basic home measurements. It included a blood pressure monitor and a digital stethoscope. Although diabetes does not typically require real-time technical measurements like acute respiratory conditions do, the purpose was to test how well Omply supports long-term disease monitoring, guidance, and assessment of overall wellbeing.

Households using the diabetes package contacted doctors for issues such as

changes in wellbeing, fatigue, dizziness, or nonspecific symptoms that might relate to fluctuating blood sugar levels or blood pressure. Doctors could evaluate the situation holistically, guide patients on further measurements, and provide recommendations on self-care or additional examinations.

The diabetes package pilot demonstrated that Omply can be used effectively for long-term disease monitoring when initial assessment, treatment guidance, or decisions on next steps are needed. This supports the concept that Omply is suitable both for acute cases and for ongoing follow-up as part of a broader care pathway.

The family package proved particularly valuable from a pilot perspective. It enabled remote diagnostics for both adults and children within the same household. The package included an ear thermometer, a digital stethoscope, and a digital otoscope.

Most ear examinations performed in the pilot were conducted using the family package. Parents took images of the child's ear canal and eardrum or used the otoscope in real time under the doctor's guidance. The doctor could assess acute otitis media, confirm the absence of infection, or identify other ear-related problems through live video. Several cases of ear infections were detected during the pilot, but there were also instances where suspicion of infection was ruled out - reducing unnecessary clinic visits.

The family package also supported assessments of fever, respiratory symptoms, skin issues, and similar concerns in both children and adults. It clearly demonstrated that Omply is suited

for a wide variety of situations - and that families can successfully perform examinations at home without special training.



Pic 2. Maija, 82, recorded a video diary about the progress of the pilot and her experiences.

The four different examination packages used in the pilot demonstrated that Omply's remote diagnostics model works broadly and is suitable for a wide range of clinical use cases. The flu package highlighted the strengths of diagnosing acute infections, the asthma package demonstrated the accuracy of assessing respiratory symptoms, the diabetes package showed the feasibility of

monitoring chronic conditions, and the family package proved wide-ranging applicability, including examinations with children. Together, these packages confirmed that Omply is not limited to a single disease group or a single type of measurement, but functions as a reliable remote diagnostics platform across diverse patient groups and clinical scenarios.

Based on the interim results of the pilot, it is fully justified to state that all four packages fulfill their clinical purpose, function correctly from a technical standpoint, and provide doctors with sufficient information to support decision-making - in many cases as well as, or even better than, in a traditional clinic environment.

Why do people in Finland still suffer and die unnecessarily?

User experiences were strong and concrete. One participant in his 50s measured his blood pressure several times a week and learned through Omply's remote consultation that he had previously undiagnosed hypertension. Another participant, a 38-year-old, was immediately referred for further care due to abnormal heart sounds detected during the pilot.

International research supports the significance of these findings. Cardiovascular diseases remain the leading cause of death worldwide, accounting for an estimated 19–20 million deaths in 2022–2023 (World Health Organization, Cardiovascular Diseases). Hypertension is estimated to affect more

than 1.4 billion adults globally, and around 600 million of them are unaware of their condition (World Health Organization, Hypertension). This makes hypertension one of the most significant undiagnosed health risks globally.

In addition, studies show that home blood pressure monitoring predicts cardiovascular events and target-organ damage more accurately than measurements taken only during clinic visits. It also improves treatment balance and patient adherence, especially when combined with telemedicine solutions (PubMed: Home Blood Pressure Monitoring Is Better Predictor of Cardiovascular Events).

The pilot also included remote assessment of children's ear infections using a digital otoscope. In many families, parents conducted the otoscopic examination under the doctor's guidance, allowing the condition of the ear canal and eardrum to be assessed reliably in real time. This demonstrates that remote diagnostics also work with children and that digital otoscopy is a valuable tool in evaluating pediatric infections.



Pic 3. Doctors reported that the images obtained from the ear were high-quality and enabled reliable diagnostics.

Research evidence supports the findings observed in the pilot. Remote diagnoses made using a digital otoscope have been shown to be highly accurate (ScienceDirect: Evaluating the Efficacy of Digital Oscopes). Another study demonstrated that the use of a digital otoscope increased the proportion of correct ear diagnoses compared with traditional otoscopy (PMC: Smartphone-Enabled versus Conventional Otoscopy). Earlier research on parent-performed otoscopy also shows that most home-recorded videos are of sufficient quality for assessing acute otitis media (PubMed: Smartphone Otoscopy Performed by Parents).

Feedback from the doctors participating in the pilot was positive. The group included both experienced and younger physicians, and in their view the quality of the examinations exceeded expectations. Heart sound clarity, the image quality of the digital otoscope, and the real-time

speed and accuracy of basic measurements received particular praise. This aligns with international studies showing that digital stethoscopes and other remote examination devices can provide reliable physical assessment over a telemedicine connection when technology and processes are properly implemented (JSciMed Central: The Role of Digital Stethoscopes in Connected Care).

Key findings from the pilot to date

The most important finding at this interim stage of the pilot is that clinically demanding remote diagnostics can be performed in ordinary households using only a smartphone and the medical devices delivered to the home.

The pilot demonstrated for the first time in real-life conditions that the technology works reliably at home and provides examination quality comparable to a traditional in-person visit.

In addition, the pilot produced health findings that had a direct impact on participants' treatment and long-term risk management.

The pilot has also already generated valuable insights into development needs that will strengthen the next phases. Streamlining communication will improve the overall flow. Technical and usability refinements will continue to ensure an even more polished user experience in upcoming stages. The organisation of doctor consultations can be further optimised in terms of resources and scheduling. Targeted training for doctors is also being planned to ensure that they

have a clear understanding of all functionalities from the very beginning of the next pilot phases.

The pilot has been a central part of the service development and has provided practical hands-on experience for everyone involved.

The results show that Omply has realistic potential to bring true diagnostic-level remote examinations into everyday household life and to establish a new standard of care - a solution that supports both acute diagnostics and early detection and preventive care, especially for long-term conditions such as hypertension and diabetes.

The future of healthcare is already here

On behalf of the entire pilot team, we would like to extend our warm thanks to all the households who took part in the first phase of the pilot and made it possible to test the service at everyday scale.

Each participating household did something much bigger than simply monitoring their own health and attending a doctor's consultation. They took part in testing a new model of care which, in the coming years, will influence the development of the healthcare system both in Finland and internationally.

The first phase of the pilot provided, for the first time in the world, strong evidence that clinically demanding remote diagnostics can be carried out in ordinary homes, using ordinary people's own phones, without special training.

This result is not only important from a technological perspective. It is significant

because it shows that healthcare can move toward a model in which diagnostic consultations are no longer tied to the doctor's office, but can be brought directly into people's daily lives.

Such a shift has a direct impact on access to care, early diagnosis, and the allocation of healthcare resources - the very challenges that are straining healthcare systems in Finland and around the world.

The households that took part in the pilot play an important role in this transformation. Their contribution provides valuable insights for the research community and decision-makers on how healthcare services can be structured in the future and offers the first concrete example that diagnostic remote care truly works in practice. This information is valuable both for Finnish healthcare and for international stakeholders who are seeking sustainable and cost-effective models for growing care needs, prevention, follow-up, and doctor shortages.

It is therefore fair to say that the participants' contribution goes far beyond the success of the pilot itself. They are helping to build a new way of delivering healthcare, one whose impact may in the future reach far beyond their own households, all the way to the structural level of healthcare systems.

Omply Health Oy, 2025

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