Calling all beginners and experts

Start Here! Go Big! How to Set Up a Remote Patient Monitoring program and Drive RPM to the Future - Care Anywhere

accenture

For all healthcare organizations, now is the time to actively explore paths forward on two fronts: first, charting the course forward in personalizing the care experience, innovating how consumers access care, and reimagining approaches for robust primary care and value-based care. Second, actively assessing and exploring future investments and non-traditional partnership opportunities in a healthcare delivery ecosystem that is becoming both more integrated and pluralistic.

Healthcare Next Intelligence, July 26, 2022

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Start Here! Go Big!

How to Set Up a Remote Patient Monitoring program

and

Drive RPM to the Future - Care Anywhere

Let's begin:

- Setting up a remote patient monitoring system
- Managing disruption
- Steps to success

RPM drives a future care model – Care Anywhere.

- Align with the expectations described by NCQA
- Extending RPM to Care Anywhere – Value-based care driven by supply-side consideration

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RPM and CARE ANYWHERE CAPABILITIES ACROSS THE JOURNEY

Care Anywhere extends the delivery of care beyond traditional physical settings to locations and approaches that suit people. Productization of services or a product mindset encourages consideration of settings such as homes, offices, hotels, dormitories, and flexible care settings. Care Anywhere provides convenient, cost-efficient care in a competitive health ecosystem.

MARKET FORCES

Growth of consumer liquid expectations

Consumer expectations have become truly liquid across industries – comparisons evolve between brand experience (e.g., receiving primary care vs best-in-class tech support)[1]

+

Innovative care models anchored on flexibility

COVID-19 has driven differentiated & flexible care models, anchoring on true patient centricity and strong digital foundation (e.g., virtual visit expansion, RPM, novel partnerships)[2]

+

Productization of healthcare via unbundling of care services

Traditional care services are seeing an unbundling into disparate product offerings (e.g., primary care), reframing operating models with a product mindset[3]

A blended care system relies on CARE ANYWHERE – componentized delivery of care anchored to optimizing cost & choice – to link care delivery services across its core enablers.

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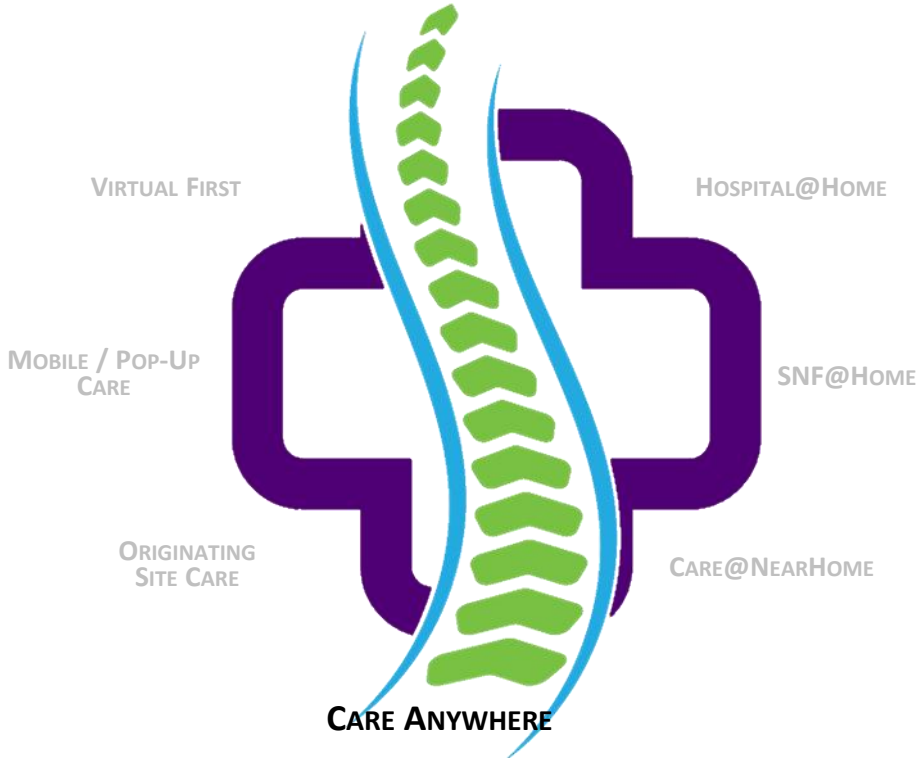
CARE ANYWHERE – ORCHESTRATING TOMORROW'S CARE

Redefining how and where care is provided driving improved cost effectiveness and use of tomorrow's health professional workforce and facilities.



It is…

- **Intentional** – Delivering productized delivery of a service
- **Location agnostic** – Driving care to the optimal setting, ensuring appropriate site of care and reflecting preference
- **Tiered** – Reimagining care delivered to the home (i.e., wherever the patient is), to spaces (i.e., both fixed and pliable) that are proximal to the patient; rethinking the professional workforce, facilities (e.g., specialty/emergent care), and intensive care capabilities
- **Focused on care "delivery" rather than care "routing"**

It isn't…

- **Monitoring focused** – Rather, it is care delivery-centric, enabling the delivery of care in the most effective location
- **One-sided** – Care Anywhere is about matching provider capabilities expressed as a product to patient preferences
- **Fixed** – Care Anywhere is about creating and leveraging flexibility for providers & patients and in the spaces where care is delivered to provide the most appropriate location for care
- **Cost neutral** – Economically, the goal is to reduce overall cost, increase revenue, and more effectively use the clinical workforce

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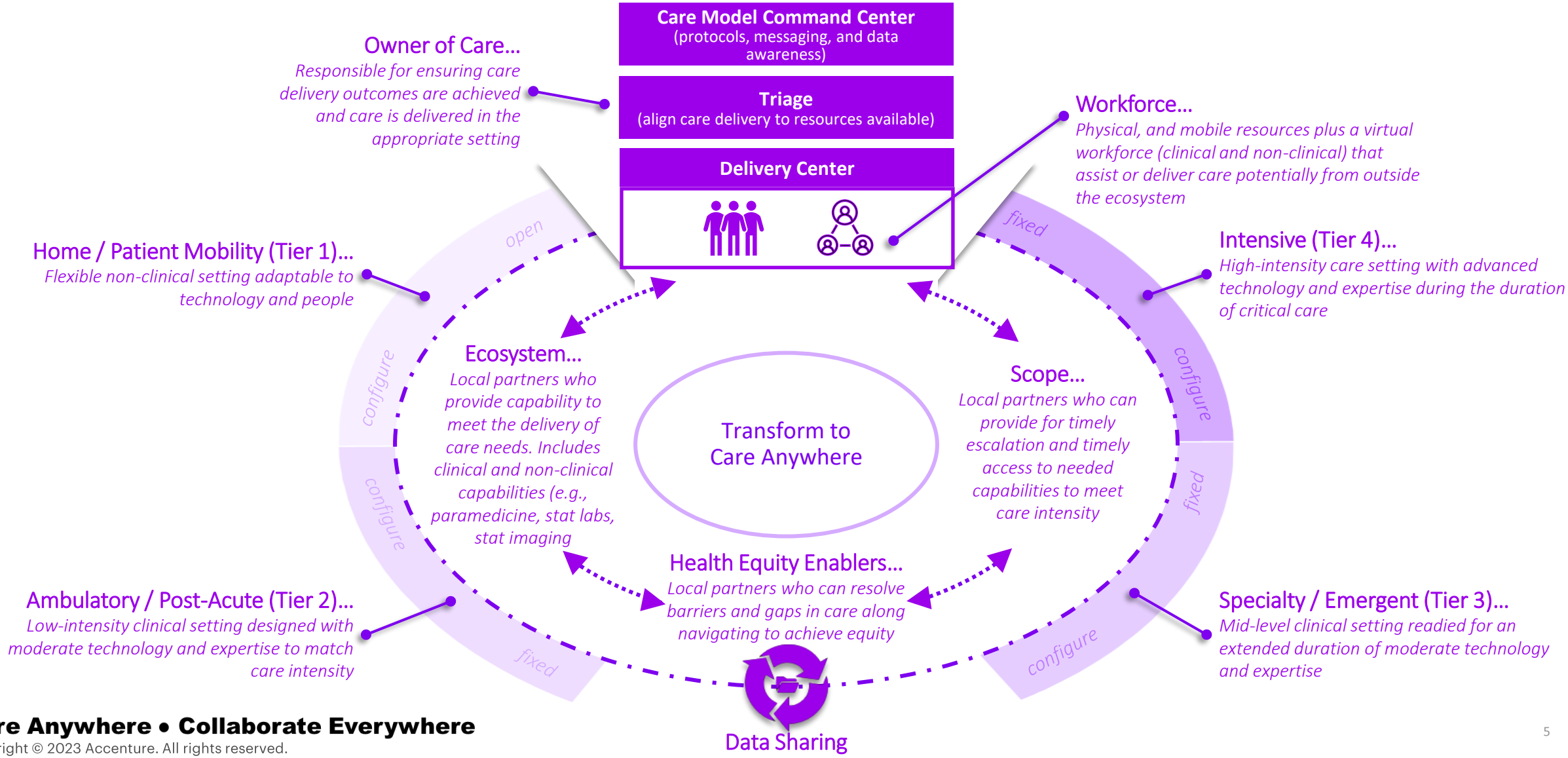
CARE ANYWHERE CARE MODEL

Care Anywhere is uniquely designed to orchestrate the delivery of care in the most effective setting leveraging the capabilities across the care model.



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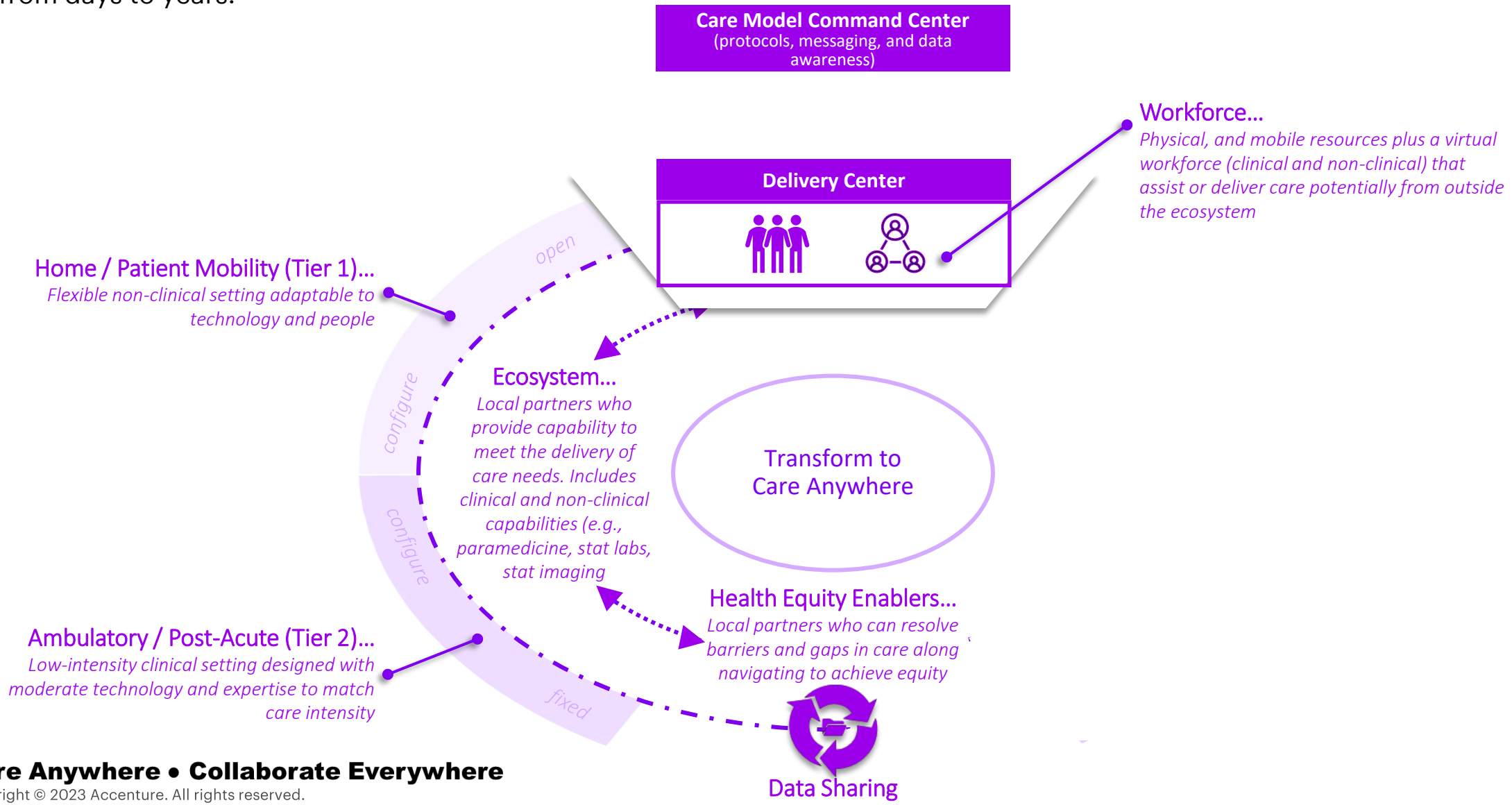
RPM CARE MODEL

Proactively manage a post-surgical or chronic condition or post-procedure to ensure patient compliance and ongoing health status. Supported with appropriate condition specific devices. The duration of the engagement will depend on the condition but may range from days to years.



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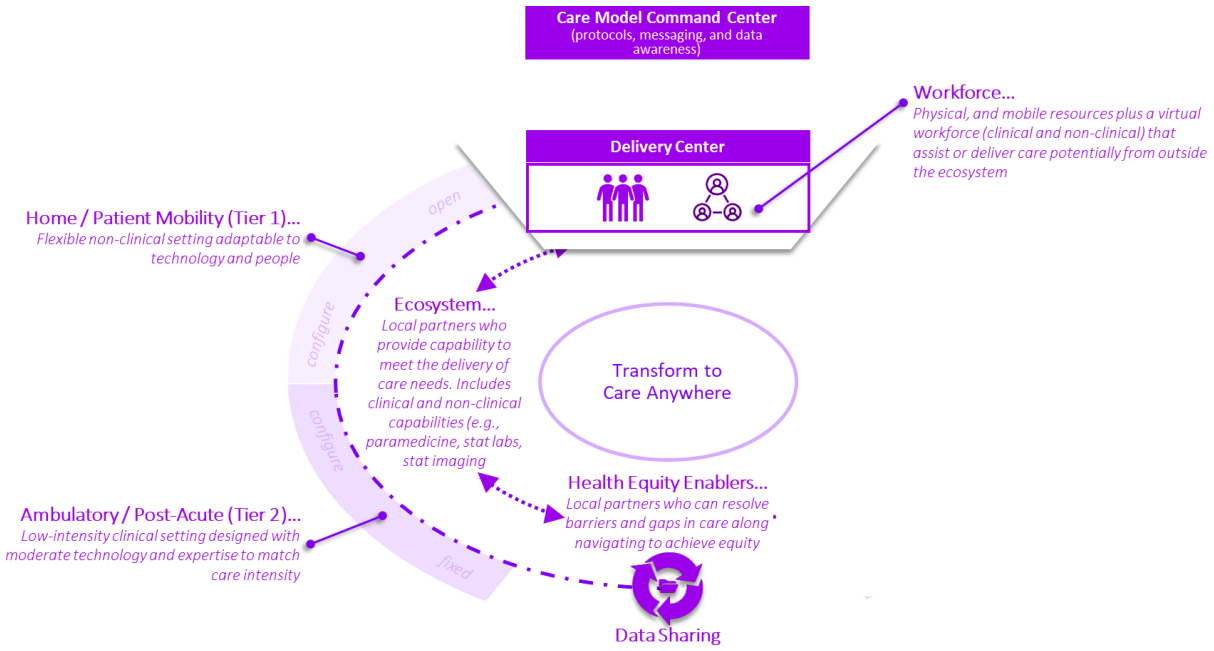
RPM @ SCALE

Workshop Activity

The Opportunity

Remote Patient Monitoring may provide alternative, economically favorable locations to keep services open, maintain access, increase compliance, resolve inequity, and address supply shortages



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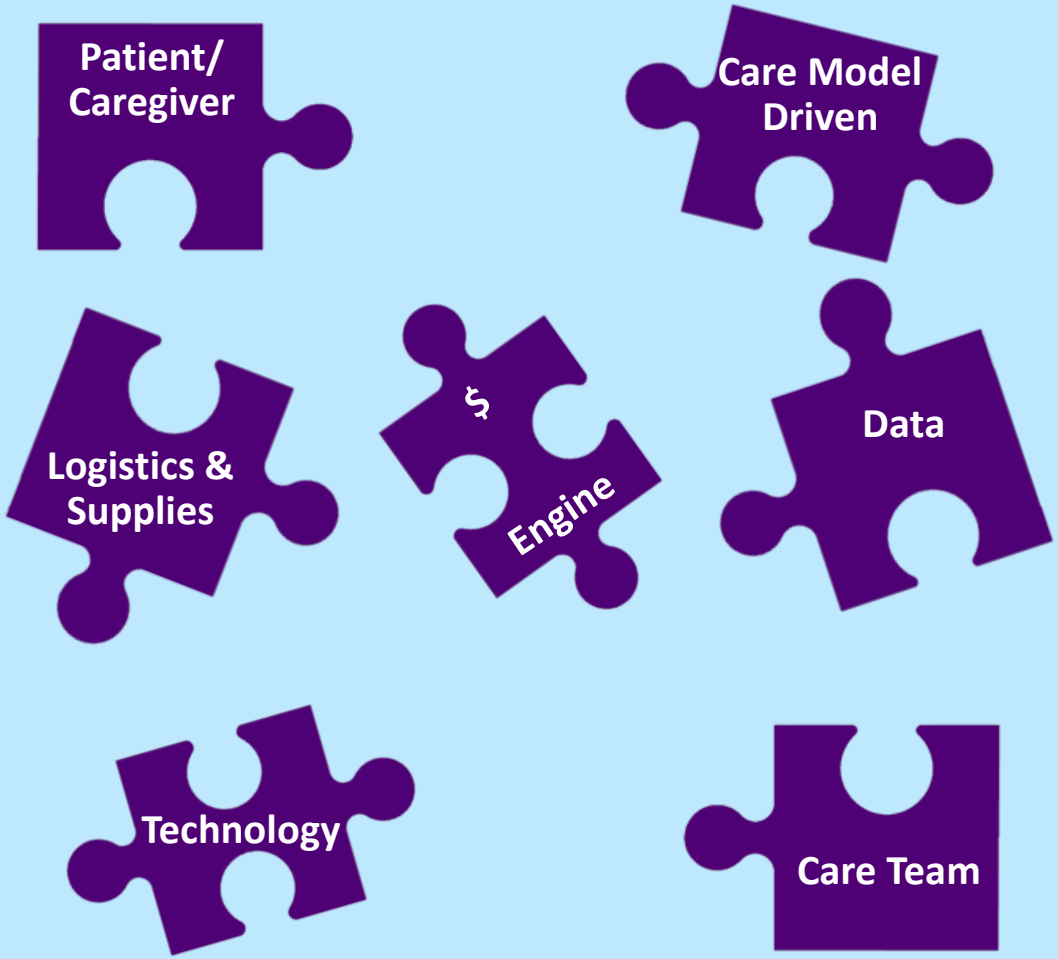
What we learned from 2 days on RPM?...



The Opportunity - Foundation

8:10am
RPM: A Rural Health System's Journey
Shari K. Rajoo M.D., M.S.

8:50am
Ways Payers Can Use Remote Care to Improve Population Health
Tamara Perry, MA-IOC

10:00am
Remote Patient Monitoring: Bridging Outpatient and Inpatient Care to Reduce Healthcare Utilization
Mayumi Oda, CRNP

10:40am
Reimbursement for Remote Patient Monitoring: Building a Cost Effective RPM Program that Dramatically Improves Patient Outcomes
Meryl Holt

11:20am
Use of Remote Patient Monitoring to Advance Health Equity and Improve Maternal Health Outcomes
Florence Kariuki, RN, MHA, FHELA

12:00pm
How Remote Patient Monitoring of Chronic Conditions Can Help Your Organization
Carla Beckerle, DNP, APRN-BC

1:30pm
Interoperability: Leveraging Technology to Advance Coordinated Care
Hallie Bleau

3:45pm – 4:30pm
Panel: AI in Remote Patient Monitoring
Khang Nguyen, MD.
Jay Pandit, MD
Shekar Ramanathan

3:45pm
How Remote Patient Monitoring Can Help Advance Health Equity
Michael B. Marchant

4:30pm
Member Centric Outreach to Improve Outcomes for Blood Pressure Monitoring
Jamie Galbreath, PhD, MPH, CHES

8:15am
RPM+: Elevating Care Beyond Boundaries
Lauren Majors, IBCLC

9:00am
Digital Health Tools and Value Based Care
Anthony Roggio, MD

10:15am
Improving Patient Engagement through Digital Health
Brenda Garza, M.S.

11:00am
Virtual Monitoring for the Inpatient Setting
Brian Wayling

11:45am
Optimizing Clinical Operations Post-Acute Utilizing Remote Patient Monitoring
Michelle Elsener MBA, BSN, RN-BC, CPHQ

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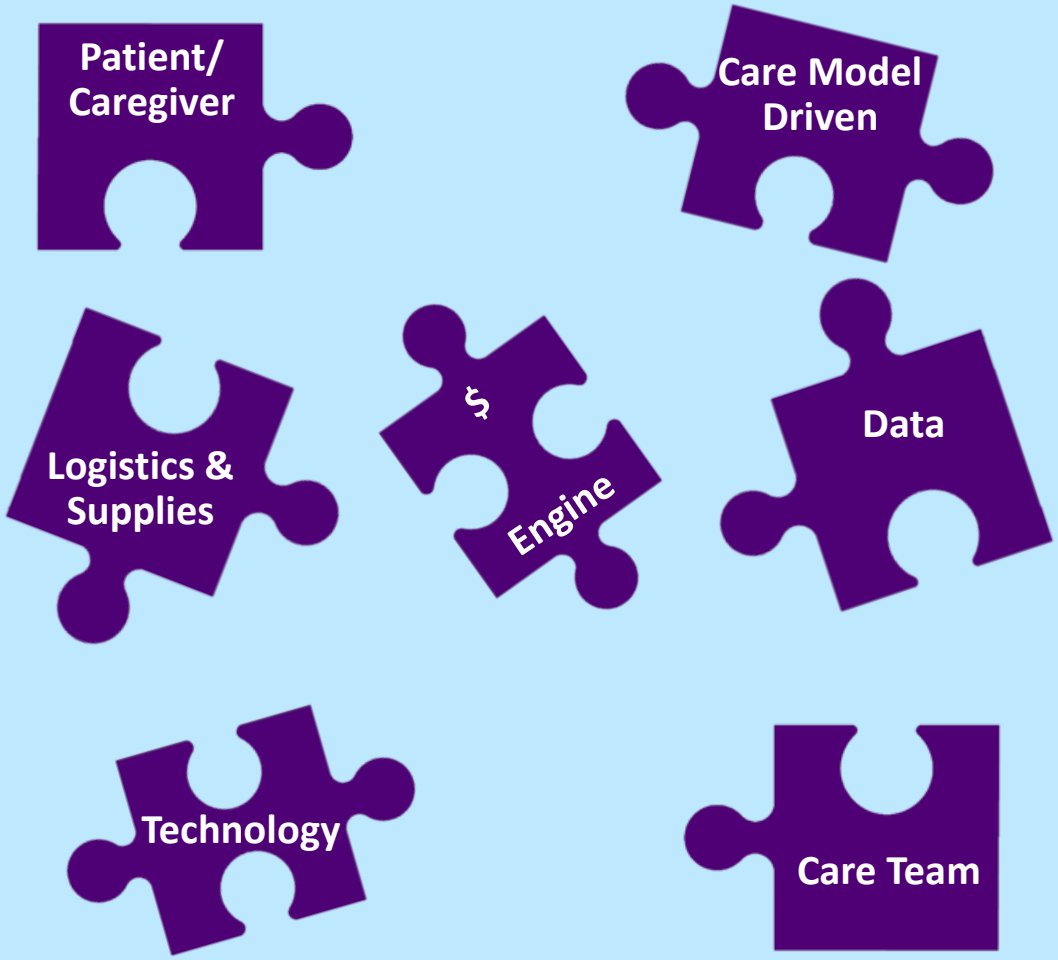


RPM @ SCALE

Getting Started

REMOTE PATIENT MONITORING REIMBURSEMENT SUMMARY

Prof / Tech	Process	Resource	CMS Reimb.	CMS CPT code / description
One-time Technical	Follow up home care technical and home care services set up	• Technical resource • QHP*	$19	CPT 99453: Initial set-up of technology and patient education
Technical	Specific condition remote monitoring devices Medication reminders Health care reminders	• Technical resource (i.e. device malfunction)	$64/46	CPT 99454: Device supply with daily recordings, programmed alerts transmission, monthly
Professional	Escalation support Collect and Interpret health status tracking (blood pressure, blood glucose, pulse rate)	• Physician • QHP* • Other Clinical Staff	$52 (20 min) $58 (30 min)	CPT 99457: Collection, interpretation of physiologic data, **20 minutes** or more per month requiring interactive communication with patient by physician, QHP, and other clinical staff CPT 99091: Same as 99457 but for **30 minutes**

*QHP definition: an individual who by education, training, licensure/regulation and facility privileging (when applicable) performs a professional service within his / her scope of practice and independently reports a professional service

Potential Adjunct Billing:

Chronic Care Management: $47 / patient / month

Transition Care Management: Local Physician Fee Schedule

ILLUSTRATIVE REVENUE CALCULATIONS					
	Per patient				Annual / 20,000 patients
Prof / Tech Reimbursements	1st month	Ongoing monthly	6 months / patient	Annual / patient	
One-time technical	$19				
Monthly technical	$64	$64			
Monthly professional	$58	$52			
Patient Total	$141	$116	$715	$1417	$28.2M

REMOTE PATIENT MONITORING OVERVIEW

CONDITIONS INCLUDE:
heart failure, COPD, diabetes, pain management, hypertension, atrial fibrillation, diabetes-associated foot disease, weight loss/gain, sleep apnea, asthma, high blood pressure, stroke, men's and women's health, medication management, post-procedure monitoring, etc.

PEOPLE

- Care Manager
- RN
- Physician
- Home Health Aides
- PT / OT / SP Therapists
- Technology Support and Installation

PROCESS

- Follow up home care technical and home care services set up
- Nudging and messaging
- Healthcare reminders
- Escalation support
- Collect and Interpret health status tracking
- Specific condition remote monitoring devices
- Medication reminders

TECHNOLOGY

- Care Management / Remote Monitoring Platform
- Video Capabilities
- Audio capabilities
- Knowledge system
- Telecommunication bandwidth
- Peripheral devices

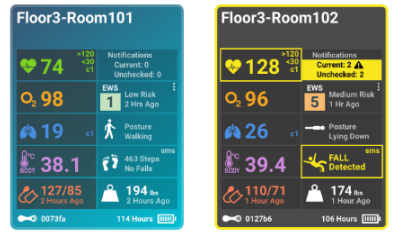
REMOTE PATIENT MONITORING
HIGH-LEVEL TECHNOLOGY VIEW

PATIENT

REMOTE MONITORING SERVICE

HEALTHCARE PROVIDER

Data Collection/Care Management



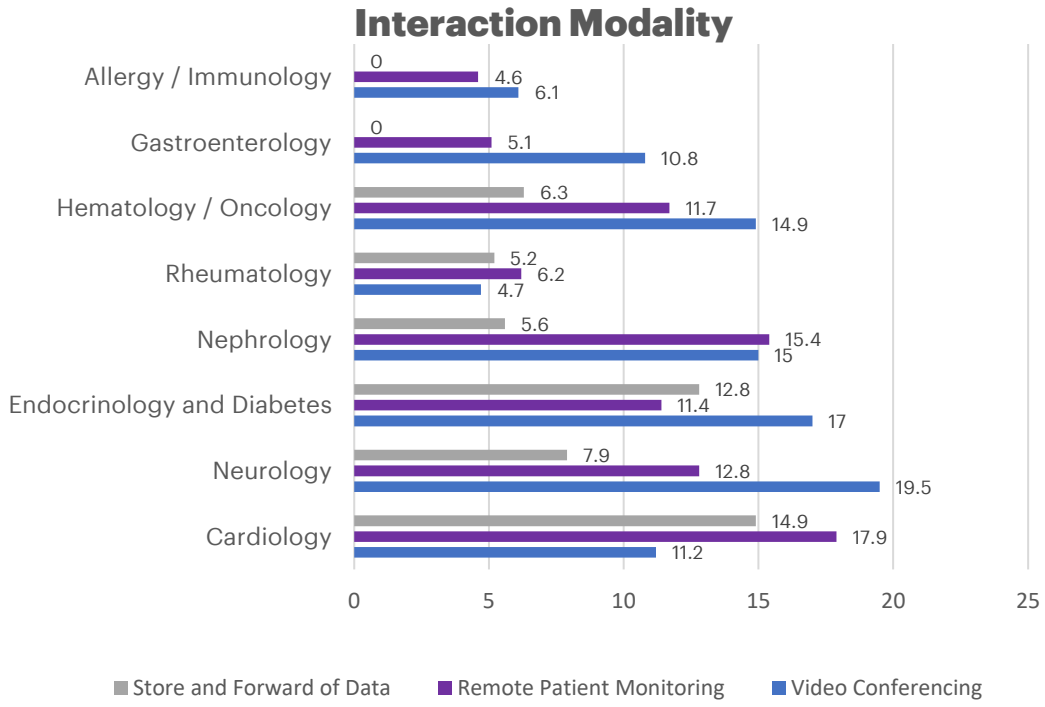
Interaction

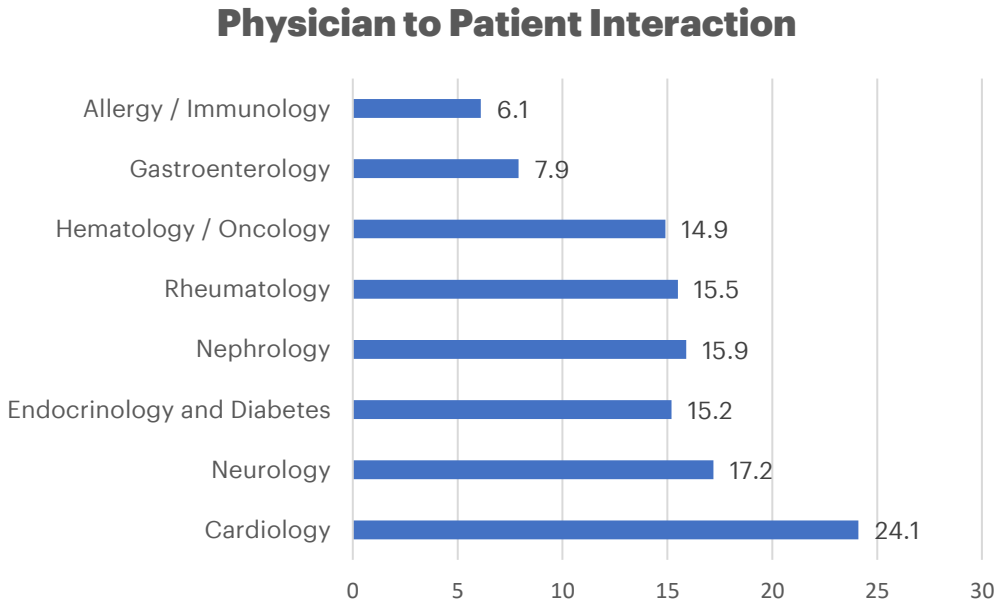
skype
FaceTime
Google Hangouts
WebRTC

SimpleVisit
zoom
skype
FaceTime
Google Hangouts
Vidyo
Polycom
WebRTC
VSee
Skype for Business
Cisco webex
Highfive
amazon Chime

zoom
Vidyo
Cisco Spark
VSee
Polycom
Skype for Business
Cisco webex
Highfive
amazon Chime

REMOTE PATIENT MONITORING
INTERNAL MEDICINE PHYSICIAN ADOPTION RATES





Summary:

- 15.4% of physicians worked in practices that used telemedicine for physician to patient interactions
- Adoption significantly higher in large (> 25 physicians), multi-specialty, and hospital-owned practices
- Video conferencing has the widest overall adoption
- Remote patient monitoring used most often by internal medicine specialties practices

All information from 'The Use of Telemedicine by Physicians: Still the Exception Rather Than The Rule', by Carol K. Kane and Kurt Gillis

REMOTE PATIENT MONITORING
CARE ROLES AND RESPONSIBILITIES IN AND OUT OF SCOPE

CPT 99453 (Setup & Pre-Care)

Equipment Delivered and Installed. Technical Orientation Provided

CPT 99454, CPT 99457, CPT 99091

No Code (Post-Care & Disconnect)

Equipment Removed from Care Setting

Program Orientation

Activity	Resp
Support for the initial connection and setup	T
First time connection to the patient. Test communication approach (video, audio). Resolve before continuing	T, NC
Reinforce education on using the technology.	T, NC
If issues with understanding orientation then escalate to HCP in Escalated Care Process	C, NC
Patient demonstrates they can use any devices and peripheral equipment. Ensure receipt of data.	NC
Reinforce the program and timing Provide phone number for questions or contact person	T, NC
Wrap up the orientation	NC
Notify HCP/HP on completion of orientation and confirmation that patient is participating	NC

Routine Care Process

Activity	Resp
Support for ongoing connection	T
Continual review of patient panel; follow checklist to validate and workflow to review data	C, NC, PHRN
If notified or observed that patient not following protocol (e.g., not entering medication, not using peripheral) then place notification to HCP/HP and go to Escalated Care Process	C, NC, PHRN
• Call to the patient (up to CPT code limit) to review progress; • Review data (medication, tracking data); • Use pre-defined assessment with patient about their condition • Follow script defined for assessment • Reinforce education	C, NC, PHRN
• Close out call with confirming schedule for next call • Confirm text reminders selected and receipt	C, NC, PHRN
During call, If any anomalies place notification to HCP/HP and to Escalated Care Process	C, NC, PHRN
• System will prepare reporting and/or dashboard for HCP/HP • Review and confirm submission	C, NC, PHRN

Escalated Care Process

Activity	Resp
Support for ongoing connection	T
Difficulty with understanding • if urgent: i.e. not taking meds as prescribed resulting in chest pain, dizziness or shortness of breath (SOB) – a call or fax letter to HCP/HP • If non-urgent – then routine escalation to HCP/HP • HCP determines whether patient should continue	C, NC, PHRN
Not following protocol and reinforcement not working • if urgent (not meds, complaining about pain) – a call or fax letter to HCP/HP • not urgent – then routine escalation to HCP/HP	C, NC, PHRN
Review with HS or HP to determine continue participation in program	C, NC, PHRN
Member is hospitalized, stop the intervention, on discharge from hospital reinitiate the program with the member	C, NC, PHRN

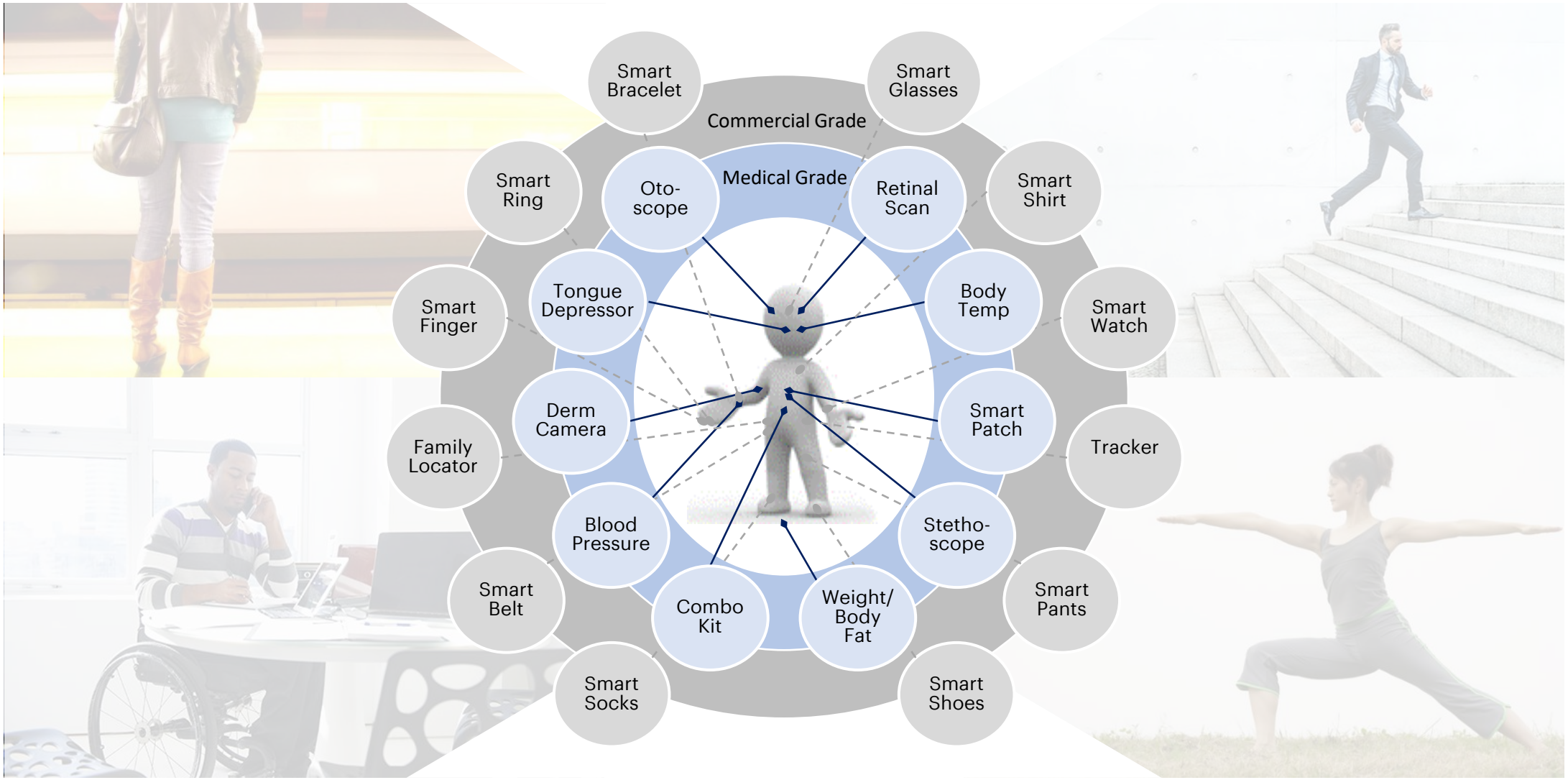
Discharge Process

Activity	Resp
Support for the disconnection	T
• Set expectation about close of the program and equipment • Reinforce need for continual care • Reminder of next HCP appointment • Final assessment	C, NC, PHRN
Report to the HCP/HP on close out of program	C, NC, PHRN
Letter to the member with contact information if the member decides to reengage.	C, NC, PHRN

Legend:

- T – Technician
- NC – Non-Clinical
- C – Clinical
- PHRN – Physician/Registered Nurse
- HCP/HP – Clinical Sponsor from Health System or Health Plan

REMOTE PATIENT MONITORING
SENSORS FOR MONITORING



REMOTE PATIENT MONITORING ACCENTURE PROCESS CAPABILITIES

PROCESS	PEOPLE			TECHNOLOGY	
	Resource	Provider Resource	Vendor Resource	Tool / Platform	Vendor Capabilities
Follow up home care technical and home care services set up	Technical Resource	Low	High	• Access to client Care Management Platform	Cross Condition
	QHP*	Medium	Medium		
Specific condition remote monitoring devices	Technical Resource	Low	High	• Video and Audio Capabilities	Care Model Determined
Medication Reminders				• Reminder App	Care Model Determined
Health care reminders				• GenAI Chat bot	New
Escalation support	Physician	Low	Low	• Care Management Platform	Cross Condition
Collect and Interpret health status tracking (blood pressure, blood glucose, pulse rate)	QHP*	Medium	Medium	• Audio Capabilities • Chat Bot	• High • New
	Other Clinical Staff	Low	High		

*QHP definition: an individual who by education, training, licensure/regulation and facility privileging (when applicable) performs a professional service within his / her scope of practice and independently reports a professional service

REMOTE PATIENT MONITORING
ROUGH ORDER OF MAGNITUDE COSTS

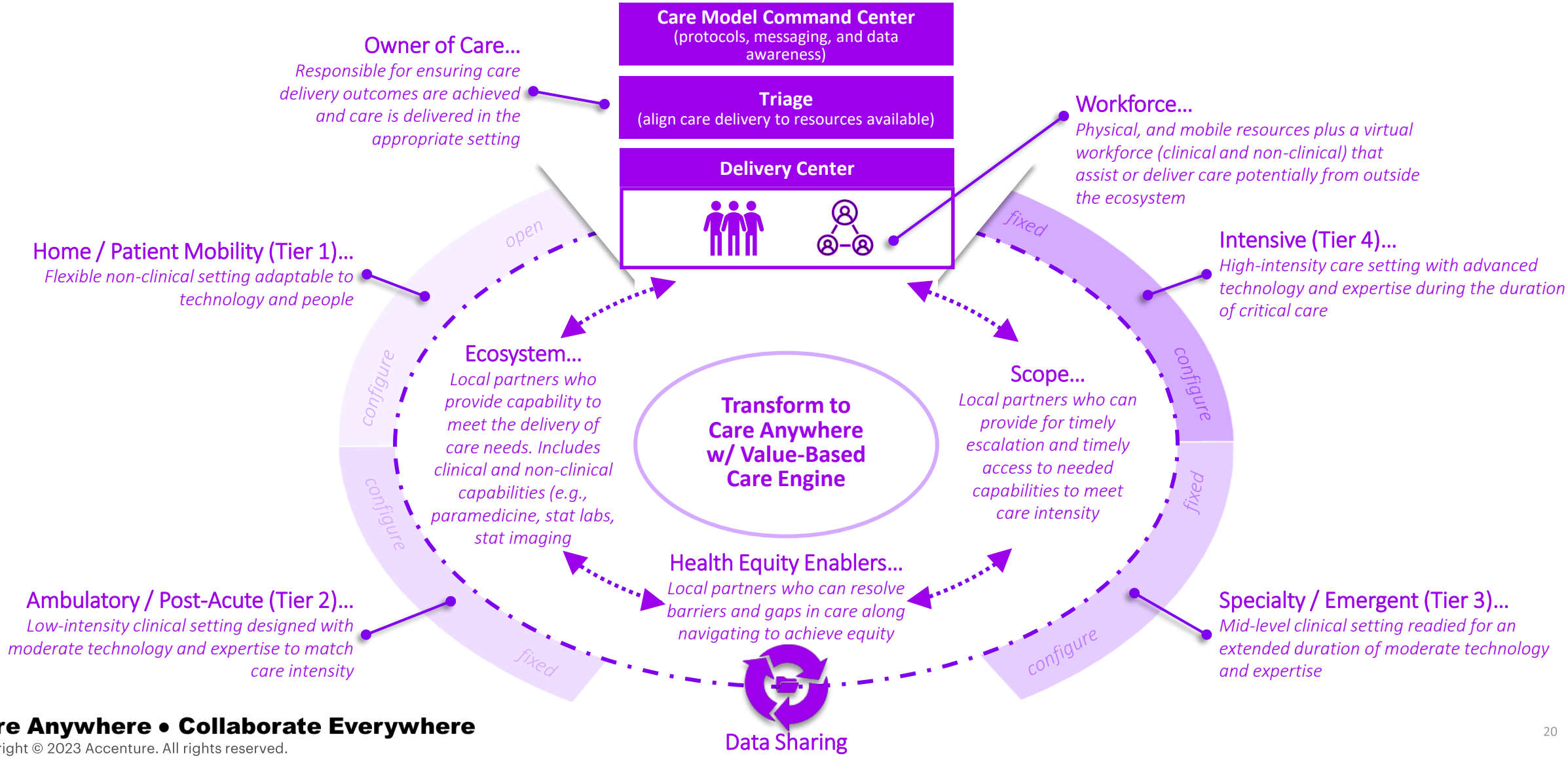
#	Capability	ROM	Explanation
1	Care management and Remote patient monitoring core technology platform. Tracks all patients, assigns patients to care manager for monitoring, presents patient demographics, care details, remote monitored data, and alerts based on provider configured rules. Can support a variety of interactions with the patient and/or family to support communication, monitoring, and management.	$500,000 to $1,000,000	Varies greatly based on the types of conditions to be monitored, types of interaction with patient/family, and the sophistication of the rules engine for escalation. Several vendor options with new vendors entering the market place. Cloud deployments are typical.
2	HCP and care management seat charges for core platform (assumes 100 care managers and HCP)	$2,000 to $4,000 / month (based on a range $20-40 per seat/month charge)	Establishes a recurring fee for use of the platform.
3	Integration with existing systems, especially EMRs such as Epic and Cerner	$100,000 - $250,000	Typically these platforms have established integration with Epic and Cerner. There may unique systems requiring additional integration or new integrations to EMRs not previously developed. The costs for integration are typical and present no unique challenges over other integrations for other platforms
4	Integration with remote devices to be used by a patient at home	$100,000-$250,000	Many new devices on the market present unique opportunities to perform medical grade quality monitoring of patients. Maintaining integration with selected devices will depend on the breadth of conditions monitored and the creation of displays to reflect that data in the core platform
5	Remote devices	$100 per month for supplies or $300 for unit purchase	Vary significantly on type and functionality of the device. Companies like Medtronic support delivery of a device to a home, pickup, and refurbishing for next patient. Other instances include throw away devices, such as heart/body temperature patches, or patient owned like Tyto for full family use.

CARE ANYWHERE

The Value Case

CARE ANYWHERE CARE MODEL – Leveraging Value-Based Care

Care Anywhere is uniquely designed to orchestrate the delivery of care in the most effective setting leveraging the capabilities across the care model.



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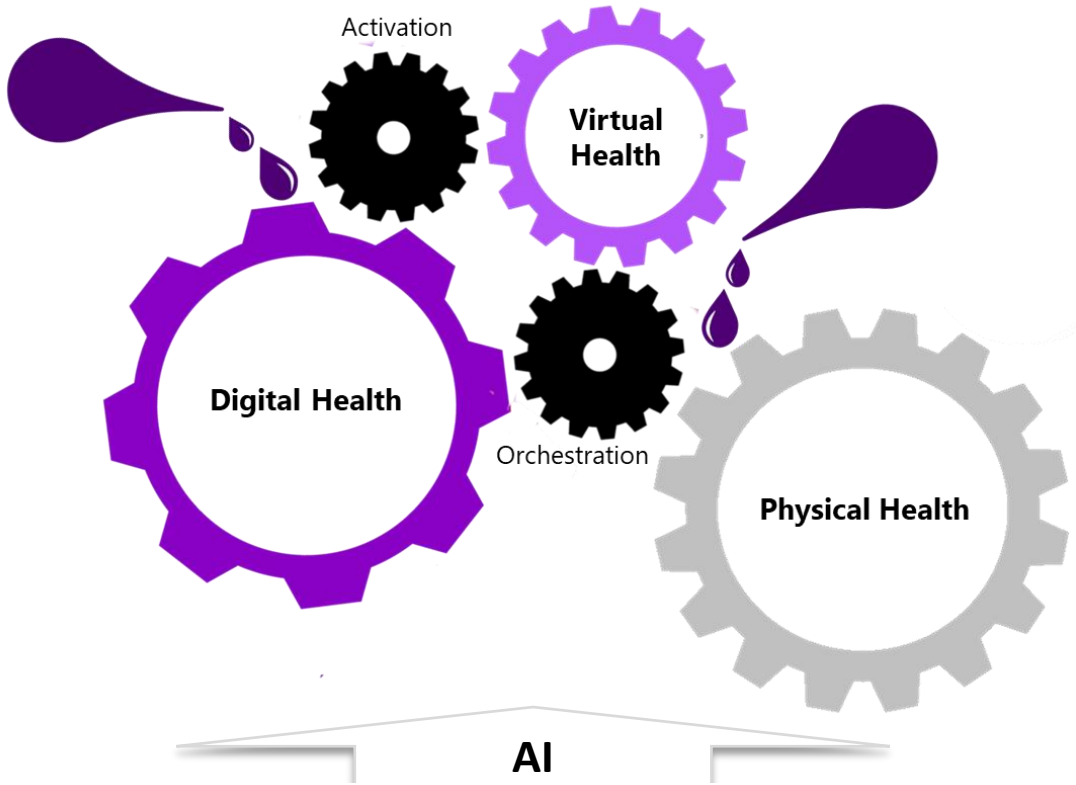
Answer VBC Foundational Questions on Journey to Future

For example - "In 2030, every interaction … – physical and virtual – will be seamless and markedly different than any other health care experience."

Realize success in Value-Based Care requires both demand and supply-side optimization through Care Anywhere.

- How to identify patients with the highest risk
- Addressing patients who need care
- Encouraging annual wellness visits
- Keeping open communication with provider-relation reps
- Being open-minded to succeed at VBC



- Member Enrollment
- Intelligent Benefits
- Mailroom
- Risk Score Accuracy
- HEDIS Clinical Review
- UM Intake
- UM Clinical Review
- Fraud, Waste, and Abuse
- Provider Data Management, Credentialing, Appeals Intake
- Member Appeals

"Personalization can…

- Inform and educate
- Connect to appropriate care
- Guide to relevant resources
- Build trusted relationships
- Encourage action
- Onboard to an experience
- Improve quality of life and holistic wellness
- Support better health outcomes"

Orchestration will …

- Guide to the right place, right time
- Lead to liquid expectations
- Create a distinct foundation
- Leverage AI (Gen AI)
- Hide complexity

Activation will …

- Communicate to be understood
- Match channel to preference
- Create proactive engagement
- Transpose information to action
- Reduce barriers

Content/Knowledge can…

- Trigger action
- Enrich interactions
- Inform and educate
- Refine clinical workflow
- Reflect and transcribe

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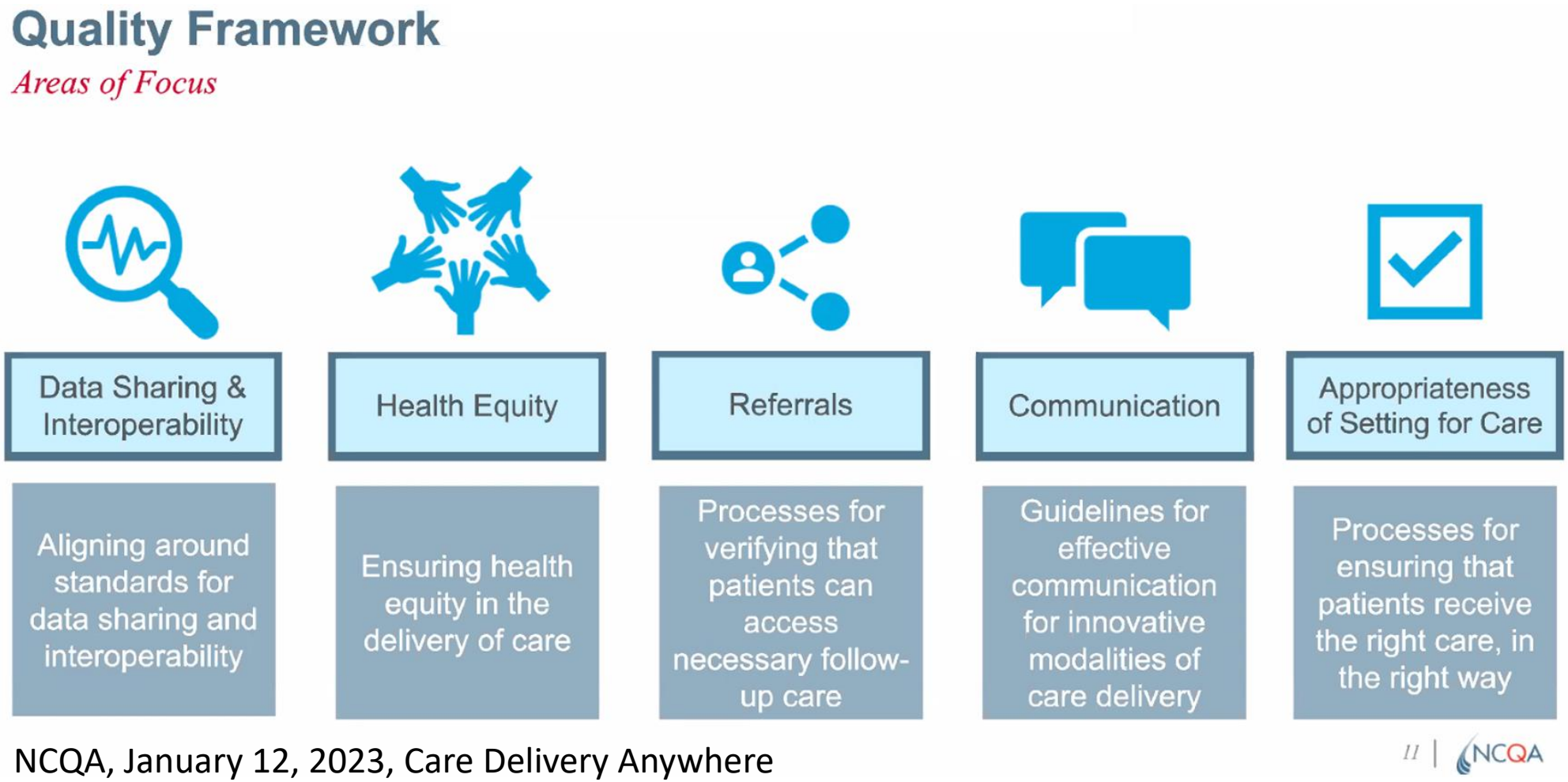
CARE DELIVERY ANYWHERE



NCQA, January 12, 2023, Care Delivery Anywhere

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Improve Access and Experience

Levers improving the patient and provider experience thru improved access to services, reducing costs through proximity, and reducing barriers to participation

Easier for patients to secure and providers to offer a service with less travel and unproductive time

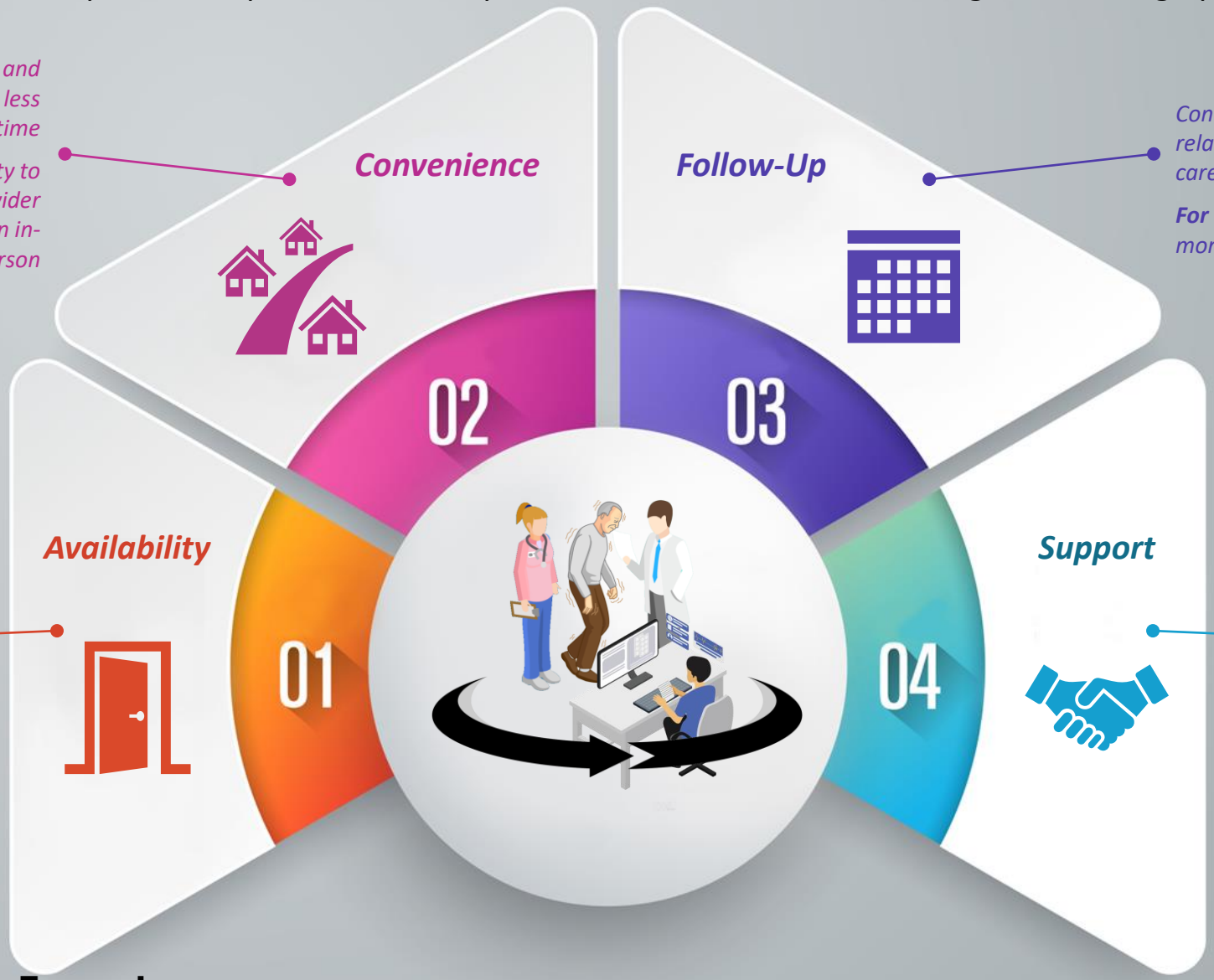
***For example,** closer proximity to family, caregivers. Ability of provider to deliver virtually rather than in-person*

Convenience

Follow-Up

Continuity in the provider and patient relationship. Increased adherence to care plans

***For example,** remote patient monitoring, digital therapies*



Patient has access to an important health service / Provider can offer needed service

***For example,** rural and underserved access to limited health services*

Availability

Support

Access to family and familiar support system creates improved outcomes for patients and providers

***For example,** navigation, family/caregiver roles in care plans*

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Improve Economic Opportunities

Levers effecting costs: Inflation, Workforce (enabled thru Virtual Health), Facility (reduced hard footprint)

Underserved Population

Services are available to patients who previously had no access to the service

For example, *leveraging rural clinics or FQHCs*

Virtual First

Initiate broader regional reach leading to downstream revenues and expanded virtual to enhance "stickiness"

For example, *group physician visits, virtual first throughout the journey*

High Margin

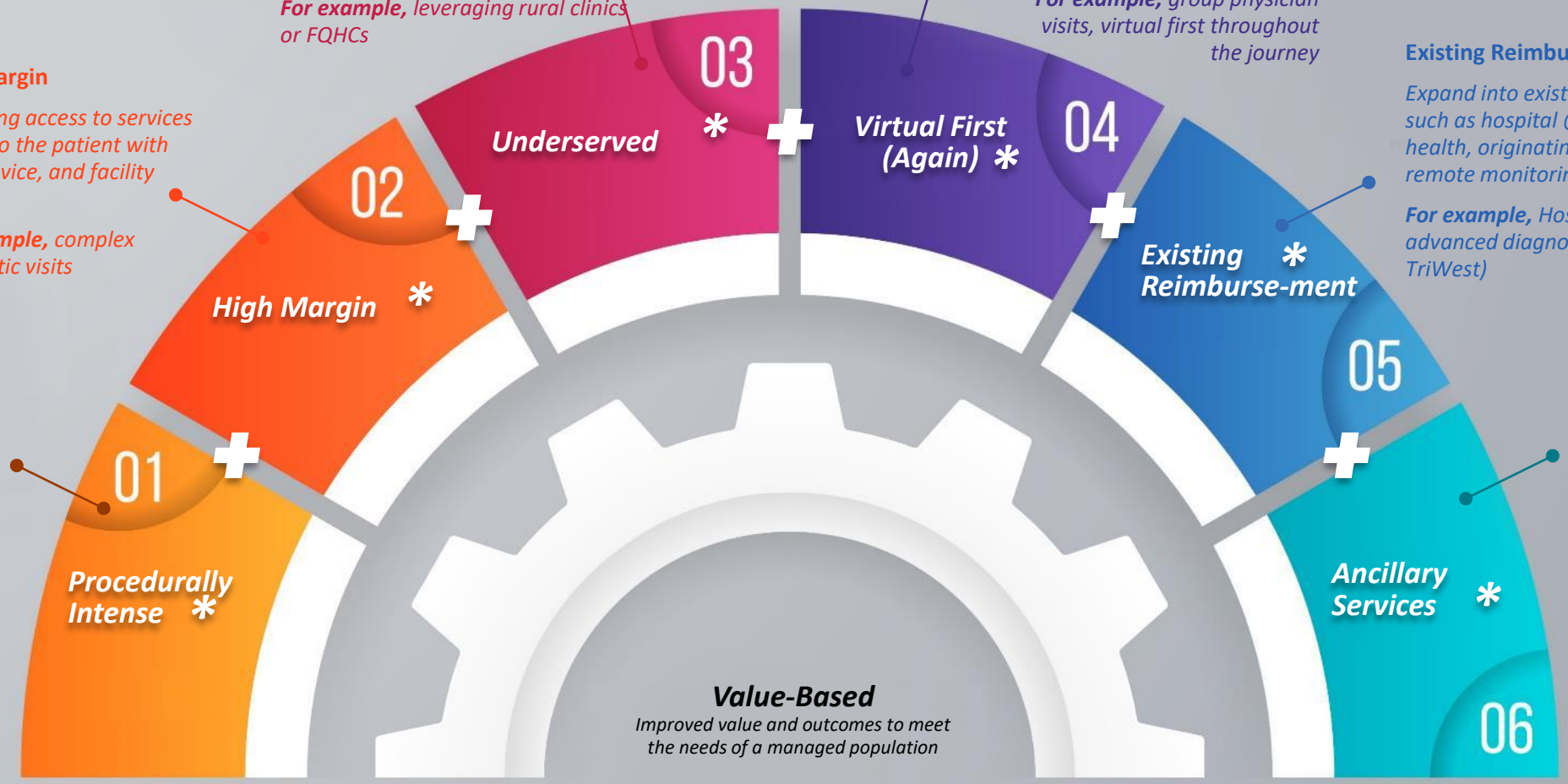
Increasing access to services nearer to the patient with staff, device, and facility support

For example, *complex diagnostic visits*

Existing Reimbursement

Expand into existing reimbursement, such as hospital @ home, home health, originating site use, and remote monitoring.

For example, *Hospital@Home, advanced diagnostic visits (e.g., TriWest)*



Procedurally Intense

Services with significant upside to offset distributing care remotely (e.g., mobile, "pop-up" care centers, or visiting clinics)

For example, *an outpatient surgical procedure*

Ancillary Services

Realizing fees earlier, reduce leakage, and create continuity of care

For example, *mobile labs, images, etc.*

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CARE ANYWHERE IS FOCUSED ON HEALTH EQUITY

PRIMARY HEALTH EQUITY FOCUS

- Get healthcare to people that need it most
- Urban care
- Rural care
- People of color
- People that can't afford care
- The elderly
- People who need mental health and behavioral resources
- Digital divide

Previous research indicates…

Health equity is an inclusive, just distribution of resources and opportunities needed to achieve peace of mind and improved health outcomes[1]

- Forming unlikely partnerships to design innovative solutions for undeserved and vulnerable people
- Investing in initiatives that proactively address the needs of vulnerable populations and support community wellness
- Ensuring marginalized individuals have the agency and support needed to lead healthful lives

Which means…

Equal access to care/all have access to care regardless of race, gender, etc. — 41%

"Health equity is being able to ensure equal access to and delivery of healthcare in a manner that treats everyone as equals.

All have opportunity to be healthy/fair and just opportunity to be healthy — 27%

"The opportunity for all persons to be healthy through access to care and resources by addressing the social determinants of health.

Reduce causes of health disparities/remove barriers — 14%

"Understanding disparities within healthcare and working with experts to make sure decisions & processes are put in place to mitigate these disparities as much as possibly to ensure equity for everyone who is in need of health care.

Quality health care for all/equal quality of care — 13%

"Providing the same level of health care services to any individual devoid of socioeconomic status.

Equal health outcomes/providing resources to achieve equal health outcomes — 10%

"Healthcare needs of all patients are appropriately addressed in order to achieve the desired health outcomes for all

Recognize impact of race, gender, age, etc. on heath outcomes — 9%

"Addressing SDOH matters for the patient population.

2

HIMSS accenture

1. Accenture, Ankor Shah, 2022
2. HIMSS, Accenture, Ankor Shah, 2022

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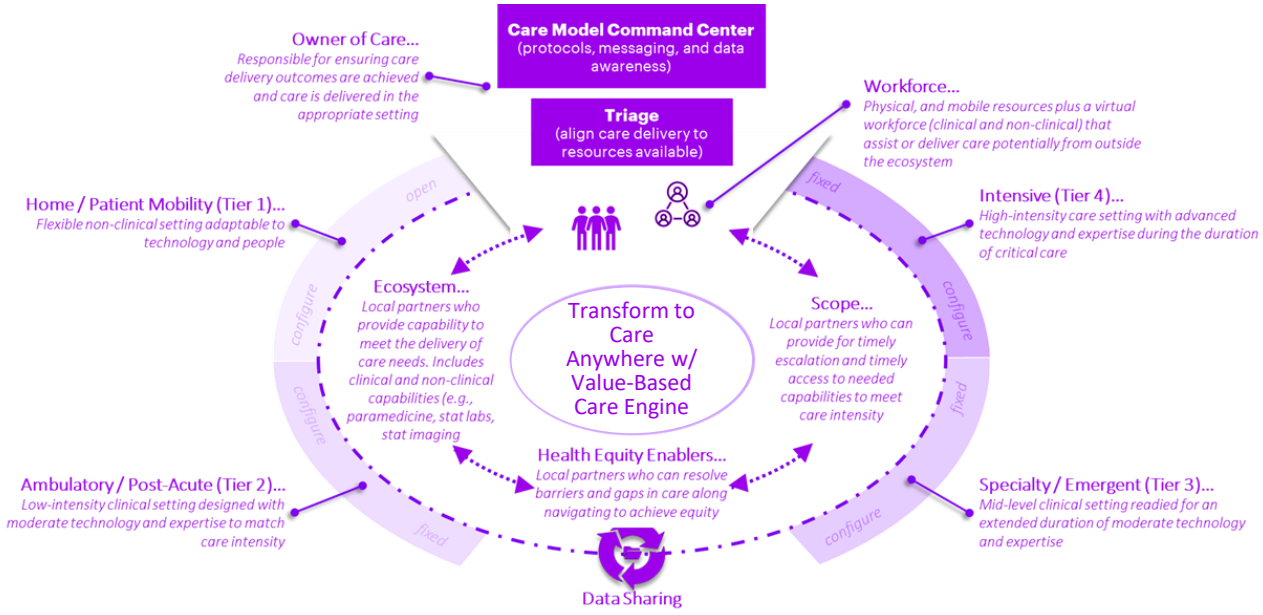
CARE ANYWHERE

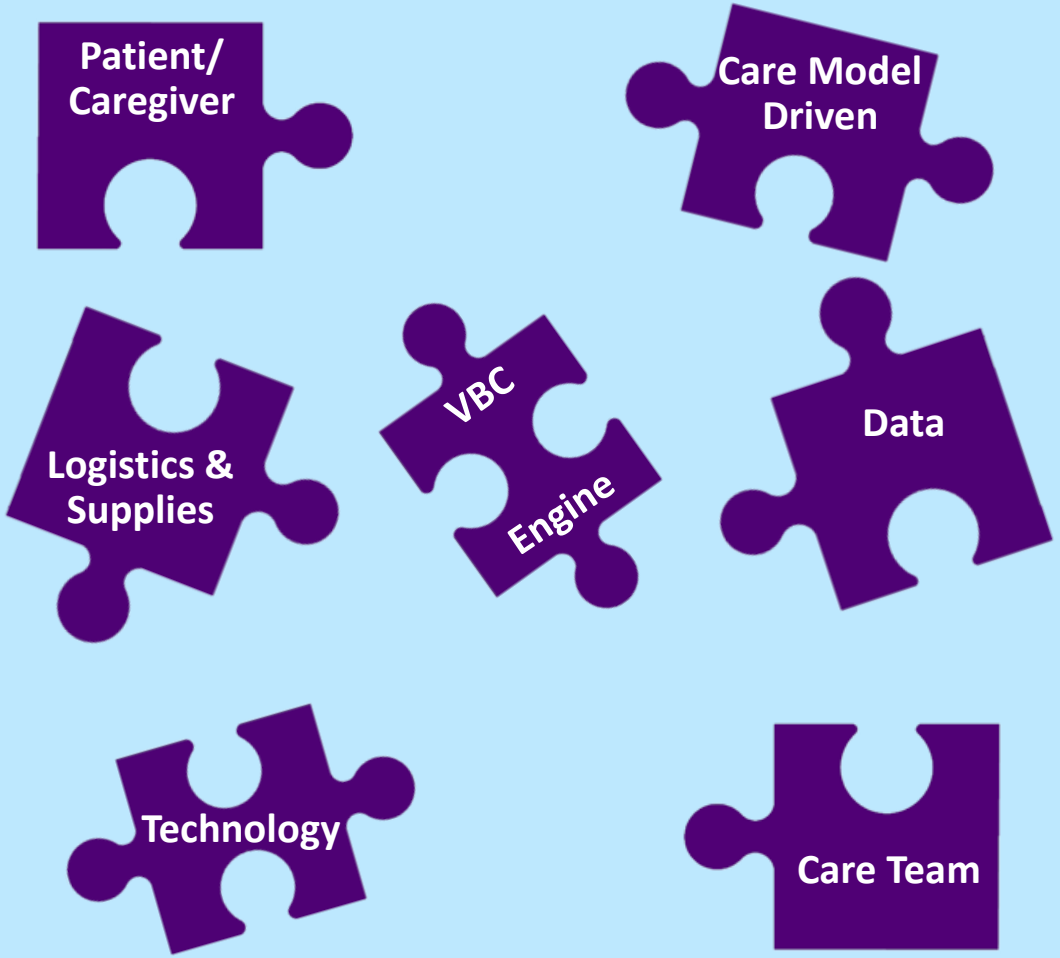
Workshop Activity

The Opportunity

The Care Anywhere model may provide alternative, economically favorable locations to keep services open, maintain access, increase compliance, resolve inequity, and address supply shortages



What we learned from 2 days on Value-Based Care?...



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The Opportunity - Foundation

8:10am
RPM: A Rural Health System's Journey
Shari K. Rajoo M.D., M.S.

8:50am
Ways Payers Can Use Remote Care to Improve Population Health
Tamara Perry, MA-IOC

10:00am
Remote Patient Monitoring: Bridging Outpatient and Inpatient Care to Reduce Healthcare Utilization
Mayumi Oda, CRNP

10:40am
Reimbursement for Remote Patient Monitoring: Building a Cost Effective RPM Program that Dramatically Improves Patient Outcomes
Meryl Holt

11:20am
Use of Remote Patient Monitoring to Advance Health Equity and Improve Maternal Health Outcomes
Florence Kariuki, RN, MHA, FHELA

12:00pm
How Remote Patient Monitoring of Chronic Conditions Can Help Your Organization
Carla Beckerle, DNP, APRN-BC

1:30pm
Interoperability: Leveraging Technology to Advance Coordinated Care
Hallie Bleau

3:45pm – 4:30pm
Panel: AI in Remote Patient Monitoring
Khang Nguyen, MD.
Jay Pandit, MD
Shekar Ramanathan

3:45pm
How Remote Patient Monitoring Can Help Advance Health Equity
Michael B. Marchant

4:30pm
Member Centric Outreach to Improve Outcomes for Blood Pressure Monitoring
Jamie Galbreath, PhD, MPH, CHES

8:15am
RPM+: Elevating Care Beyond Boundaries
Lauren Majors, IBCLC

9:00am
Digital Health Tools and Value Based Care
Anthony Roggio, MD

10:15am
Improving Patient Engagement through Digital Health
Brenda Garza, M.S.

11:00am
Virtual Monitoring for the Inpatient Setting
Brian Wayling

11:45am
Optimizing Clinical Operations Post-Acute Utilizing Remote Patient Monitoring
Michelle Elsener MBA, BSN, RN-BC, CPHQ

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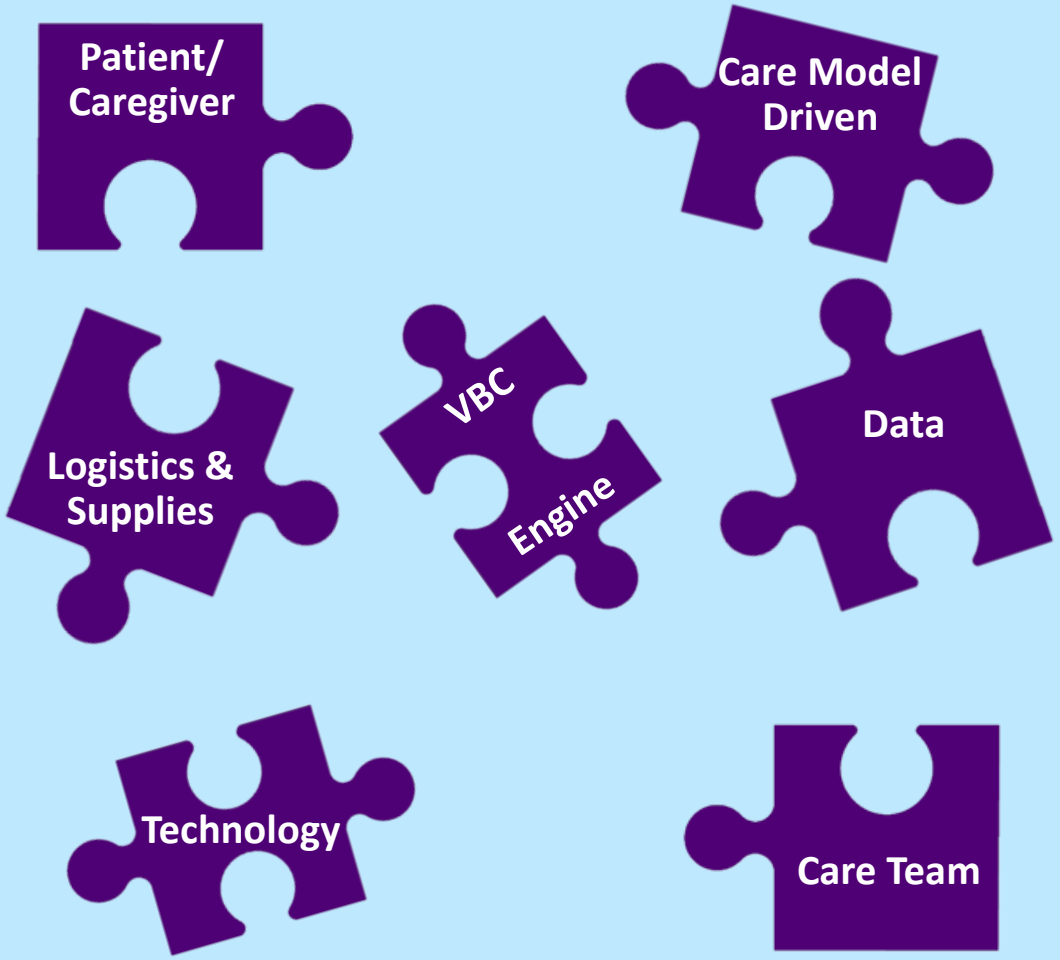
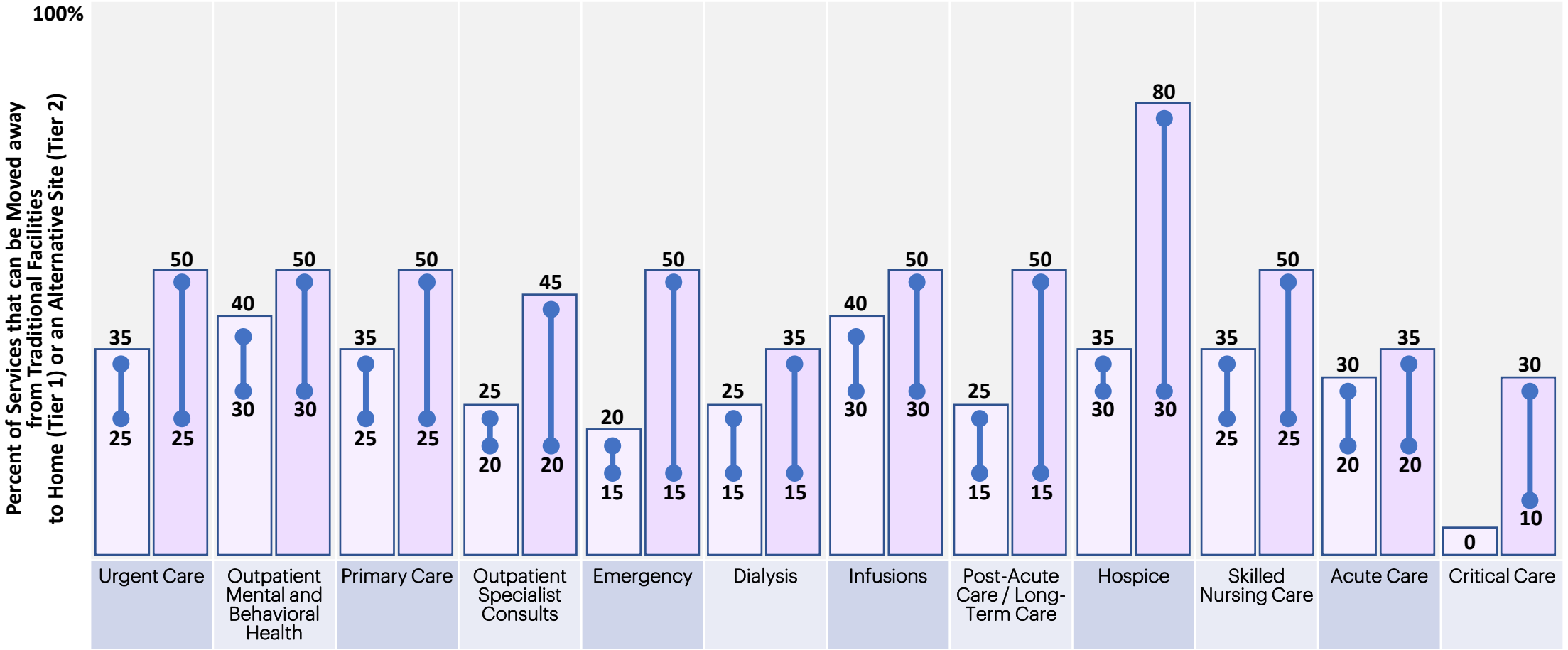
What we learned from 2 days on RPM?...



Care Anywhere: Orchestrating the Reinvention of Care Delivery

Shifting “place” is a key aspect of Care Anywhere. Increasing opportunities exist to shift to more convenient places.



Sources:

- “From facility to home: How healthcare could shift by 2025, February 1, 2022, Bestsennyy, Chmielewski, Koffel, and Shah, McKinsey & Company
- Accenture study.

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CONSUMER JOURNEY

Use Case: Rheumatology

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STEP 1 - APPROPRIATENESS

MEET MARIA

Maria is a 67-year-old retired teacher who lives with her partner in a Dallas suburb. She has moderate to severe **rheumatoid arthritis causing pain in her lower extremities**. She is experiencing an acute flare up and requires a treatment that will relieve her joint pain and inflammation.

Step 1 Discussion:

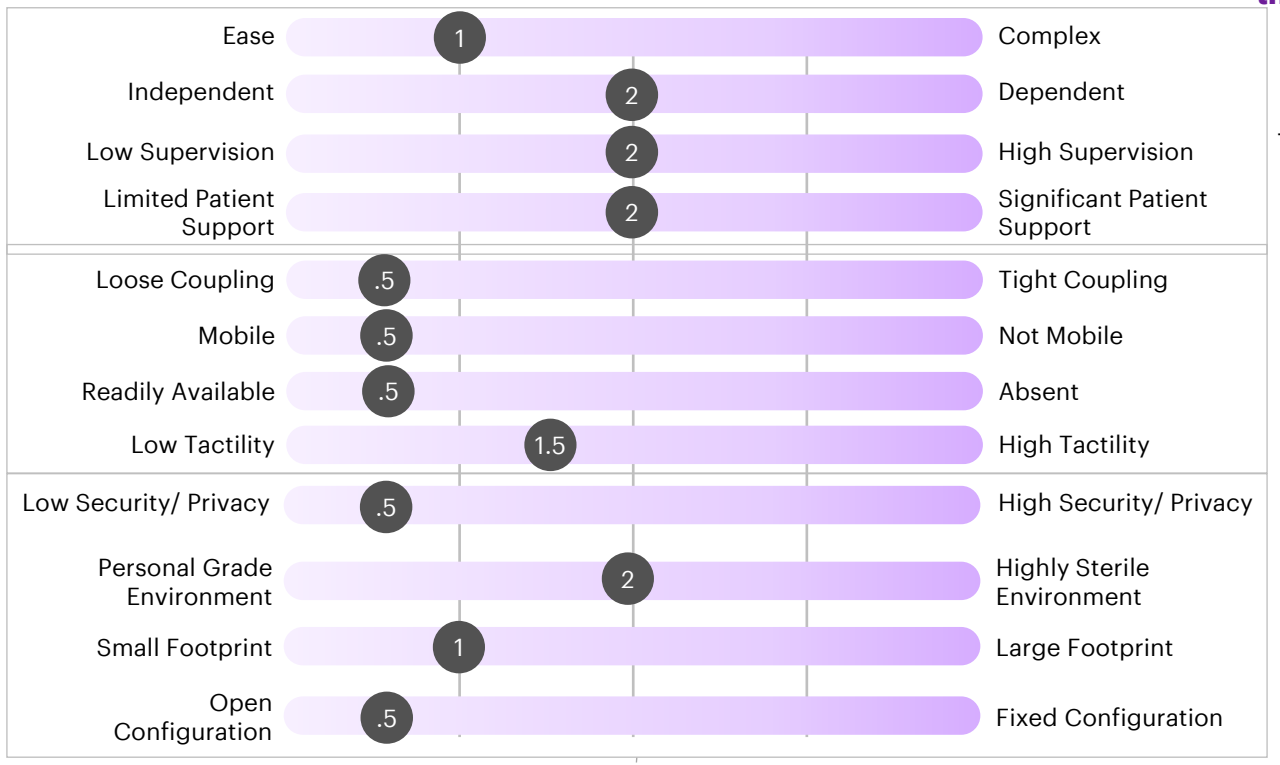
a) **Care Intensity:** Maria's acute flare up is causing her severe pain and stiffness in her joints, inhibiting her ability to walk. Her doctor recommends a corticoid steroid injection. Treatment delivery is ranges from low to moderate complexity and requires moderate supervision. A review of an image is required to ensure proper placement of the injection.

b) **Resource Characteristics**: Corticoid steroid injections have moderate to high mobility and moderate tactility.

c) **Modality Characteristics:** Corticoid steroid injections for arthritis pain and inflammation relief require low privacy and can be delivered in a clinical setting or personal environment.

1a) To find the range of appropriate delivery locations, identify degree of clinical requirements across 3 key categories

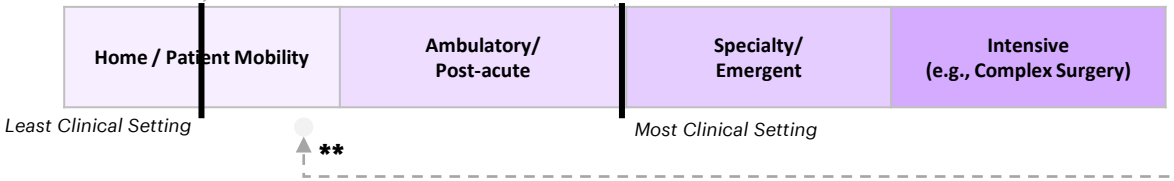
1b) To find the most likely appropriate location, add weight across each of the three categories



x 4.5
x 6
\+ x 4.5
x 4
x 2.5
\+ x 6
x 6
x 2.5
x 6
\+ x 6
x 2
x 6

*= (64.5 / 288) %

1c) Based on the weighting, the clinical use case will fall within a spectrum of the four potential care modalities



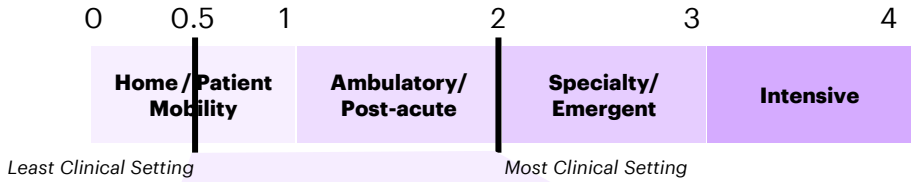
Weighted appropriateness of care delivery settings

*(Total / Max) % Total is the sum of the selected value for a category x the weight Max is highest weight x 4 x number of non-zero weighted categories

**Likely Appropriate = Least Clinical Setting + ((Most Clinical Setting-Least Clinical Setting) * (Total / Max) %)

"CARE ANYWHERE" PARADIGM

STEP 2 – PREFERENCE



Step 2 Discussion:

a) **Identify various players:** The relevant players for Maria's case include herself, her rheumatologist provider's practice, and her Medicare insurance.

b) **Identify categories:** Identifying Maria's optimal treatment requires consideration of her cost share, her historical treatment adherence, her personal support network, and her geographical and technological access to care. Necessary considerations also include her insurance benefit, reimbursement, and incentives. Additional categories include her provider's care delivery capabilities, costs, professional network, and community resources.

c) **Importance:** As a 67-year-old retiree, Maria values options with low-cost share. Her insurance, Medicare, values low cost, low complexity interventions, unless medically necessary; and her provider values options that optimize resource time and costs

2a) Identify various preference considerations for each of the key players based on the findings in Step 1

2b) Calculate each key player's considerations indicating their overall preference and will inform the choice in Step 3.

Where:

Starting Location + Preference within the identified range

Rheumatology Provider: $= \frac{6}{12}$ 0.5 + (50% * 1.5) = 1.25

Medicare: $= \frac{15}{20}$ 0.5 + (80% * 1.5) = 1.7

Maria: $= \frac{7}{12}$ 0.5 + (50% * 1.5) = 1.25

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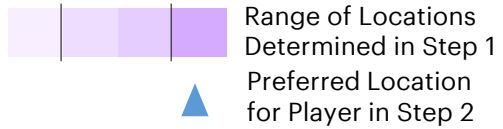
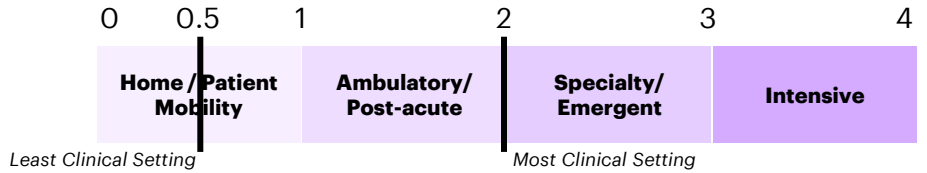
STEP 3 - CHOICE





Step 3 Discussion:

a) Patient Considerations:

i. Maria's home is distant from her rheumatologist provider's practice, and given her acute pain and join stiffness, she prefers not to drive long distances
ii. Maria's provider's practice is owned by a hospital, and she is consequently charged a high facility fee for her in-person visits. Her cost share is lower for home visits.
iii. Maria has access to a tablet and laptop for virtual care visits.

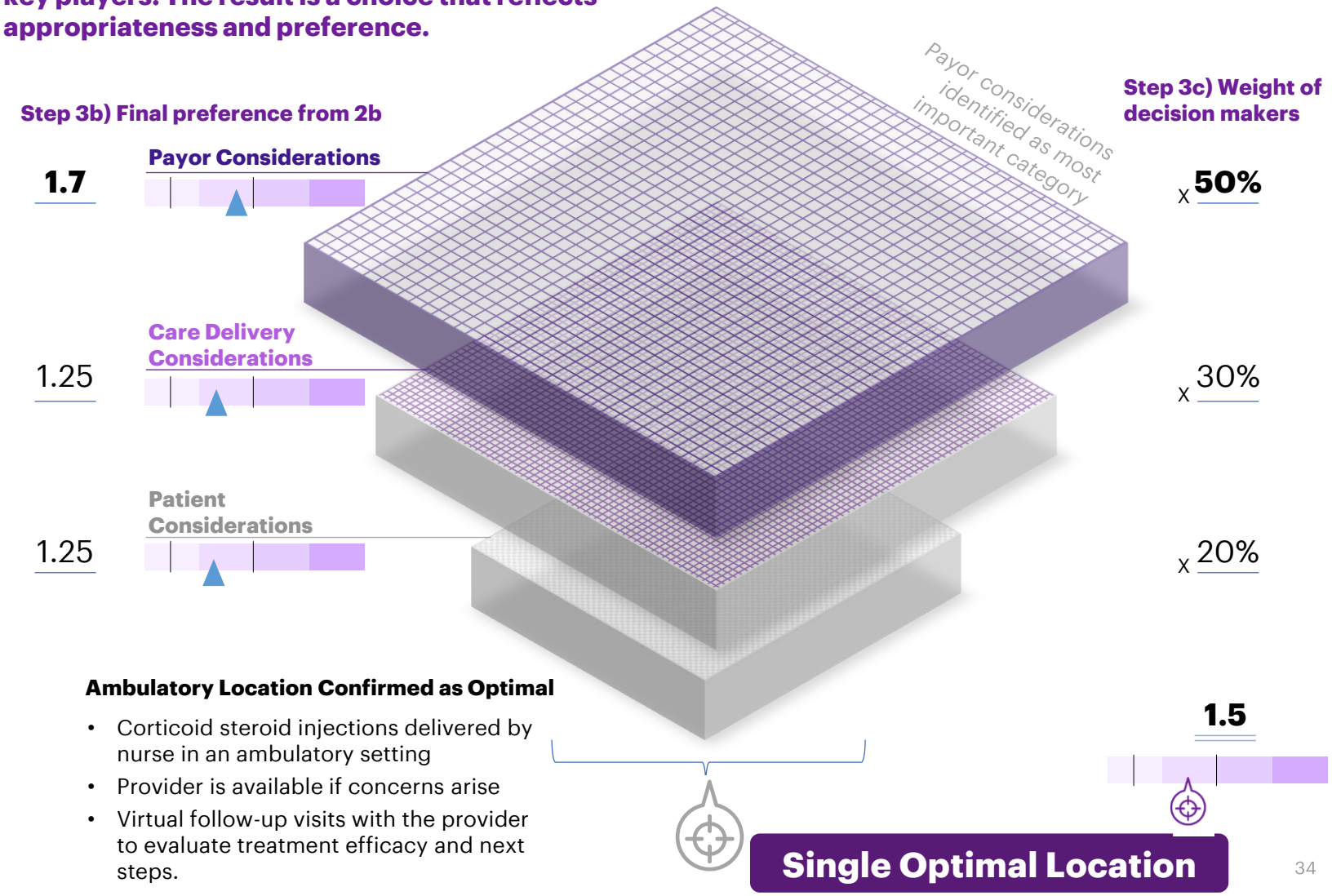
b) Care Delivery Considerations:

i. Maria's rheumatologist's practice has robust virtual health capabilities.
ii. Maria's rheumatologist's practice has a network of mobile nurses and EMTs for home visits, as well as a brick-and-mortar practice for in person visits.
iii. It is less costly and resource intensive for the practice to have their nurses deliver corticoid steroids, rather than their providers.

c) Payor Considerations:

i. Maria's covered benefits include corticoid steroid injections, nurse home visits, and virtual health visits.
ii. It is less costly for the payor to reimburse virtual health compared to in-person visits.

3a) Based on the individual preferences of key players in Step 2, **Step 3 aligns the preferences among those key players. The result is a choice that reflects appropriateness and preference.**



Ambulatory Location Confirmed as Optimal

- Corticoid steroid injections delivered by nurse in an ambulatory setting
- Provider is available if concerns arise
- Virtual follow-up visits with the provider to evaluate treatment efficacy and next steps.

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CONSUMER JOURNEY

General Approach

"CARE ANYWHERE" PARADIGM

Care anywhere- Overview

CARE ANYWHERE IS..

The curation of care model building blocks to **"fit" the preferences and constraints** of care delivery, in order to improve access, experience, outcomes, and optimize cost

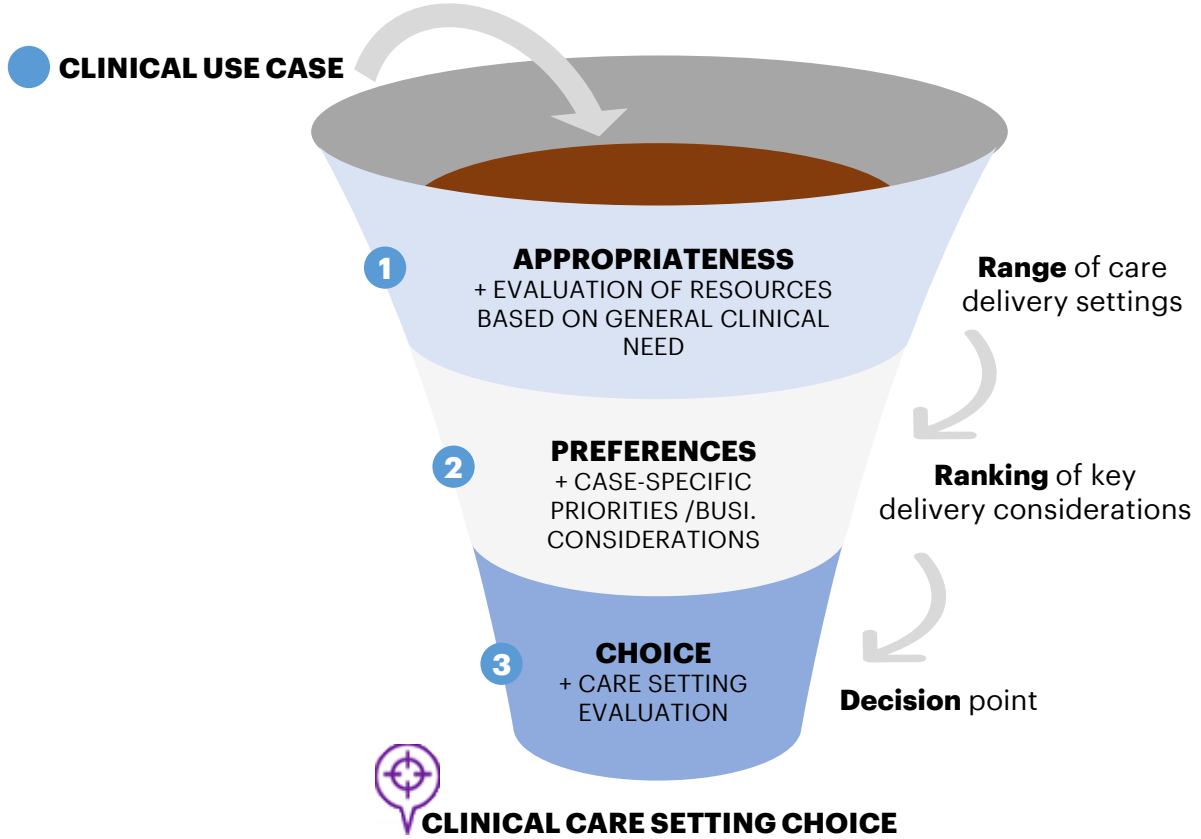
& ORCHESTRATES ACROSS…

PLACE and **PEOPLE's** proximity, capabilities to ensure the outcome

TECHNOLOGY as equipment, facilities, and devices available to people

PROCESS to appropriately couple and direct people and technology

THE THREE STEP PROCESS:



Home / Patient Mobility	Ambulatory/ Post-acute	Specialty/ Emergent	Intensive (e.g., Complex Surgery)
Flexible non-clinical setting adaptable to technology and people	Low-intensity clinical setting designed with moderate tech and expertise to match care intensity	Mid-level clinical setting readied for an extended duration of moderate tech and expertise	High-intensity care setting with advanced tech and expertise the duration of critical care

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"CARE ANYWHERE" PARADIGM

STEP 1 - APPROPRIATENESS

STEP 1:

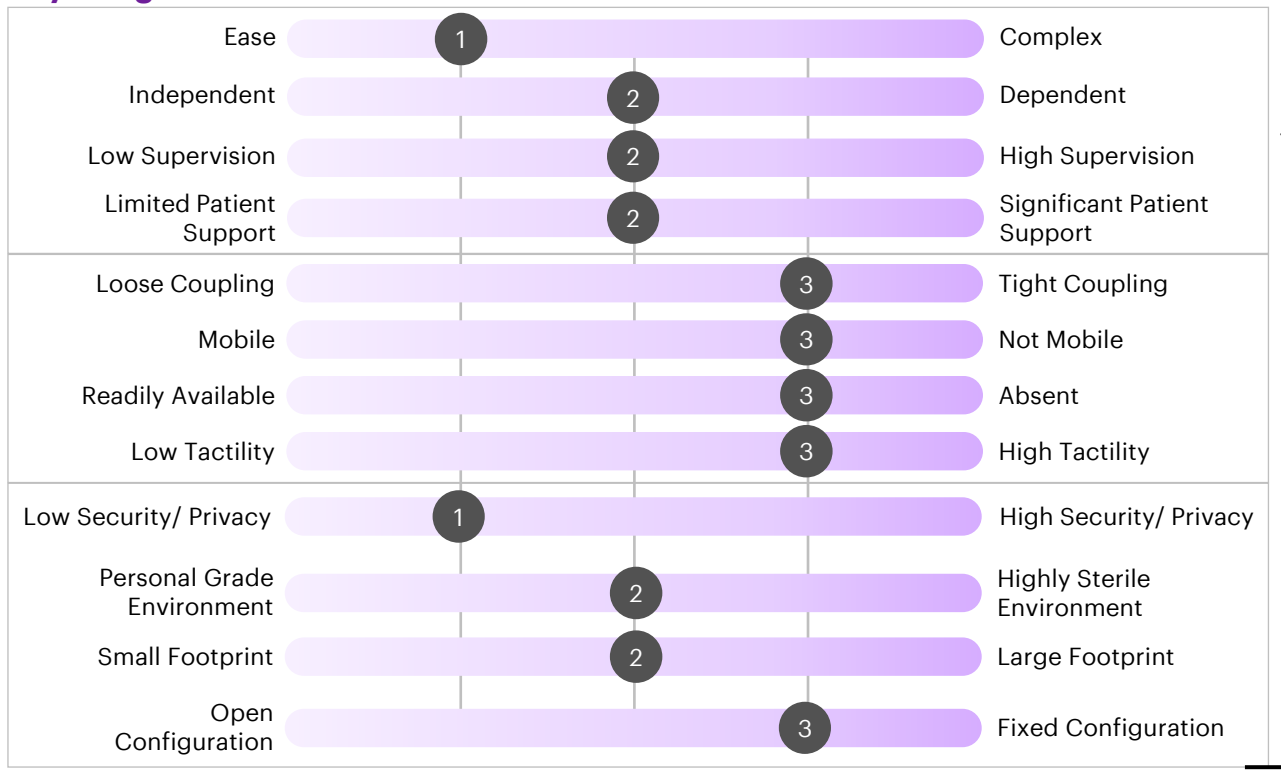
The first step to identify which modalities to deliver care across requires analyzing clinical need across three categories:

a) **Care intensity:** What is the clinical intensity of the service required?

b) **Resource Characteristics:** Does the clinical team need to be altogether in a room (e.g., surgery) vs symptom monitoring?

c) **Modality Characteristics:** How much security & privacy is needed for care (e.g., gynecology appt vs triage)?

1a) ILLUSTRATIVE: To find the range of appropriate delivery locations, identify degree of clinical requirements across 3 key categories

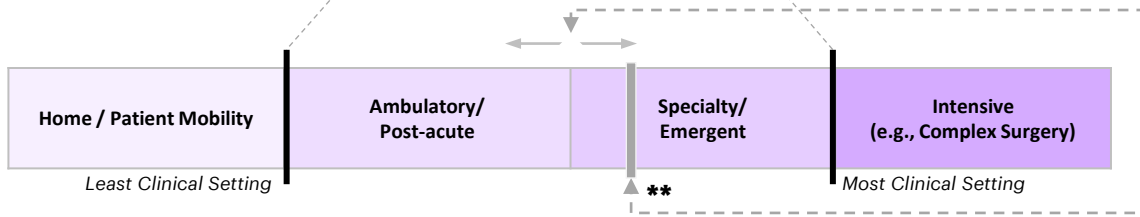


1b) To find the most likely appropriate location, add weight across each of the three categories (example)

	X ____	X 6
	X ____	X 6
+	X ____	+ X 6
	X ____	X 6
	X ____	X 6
	X ____	X 6
+	X ____	+ X 6
	X ____	X 6
	X ____	X 6
	X ____	X 6
+	X ____	+ X 6
	X ____	X 6
	X ____	X 6
	= (Total/Max) %	

*= (162/288)%

1c) Based on the weighting, the clinical use case will fall within a spectrum of the four potential care modalities



Weighted appropriateness of care delivery settings

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*(Total / Max) % Total is the sum of the selected value for a category x the weight Max is highest weight x 4 x number of non-zero weighted categories

**Likely Appropriate = Least Clinical Setting + ((Most Clinical Setting-Least Clinical Setting) * (Total / Max) %)

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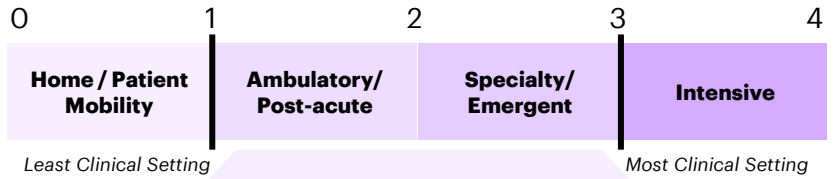
STEP 2 - PREFERENCE



STEP 2:

The second step will identify various players to consider when deciding on modalities of care

a) **Identify various players** (e.g., providers, employer-sponsored health plans, Medicare)
b) **Identify categories** within each player to consider within each player
c) **Select the level of importance** across each slider to then tally up at the category level to determine the most important group

2a) ILLUSTRATIVE: Identify various preference considerations for each of the key players based on the findings in Step 1

2b) Calculate each key player's considerations indicating their overall preference and will inform the choice in Step 3.

Where:
Starting Location + Preference within the identified range

$= \frac{8}{16}$ 1 + (50% * 2) = 2

$= \frac{16}{20}$ 1 + (80% * 2) = 2.6

$= \frac{8}{16}$ 1 + (50% * 2) = 2

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STEP 3 - CHOICE

Range of Locations Determined in Step 1

Preferred Location for Player in Step 2

0	1	2	3	4
Home / Patient Mobility	Ambulatory/ Post-acute	Specialty/ Emergent	Intensive	

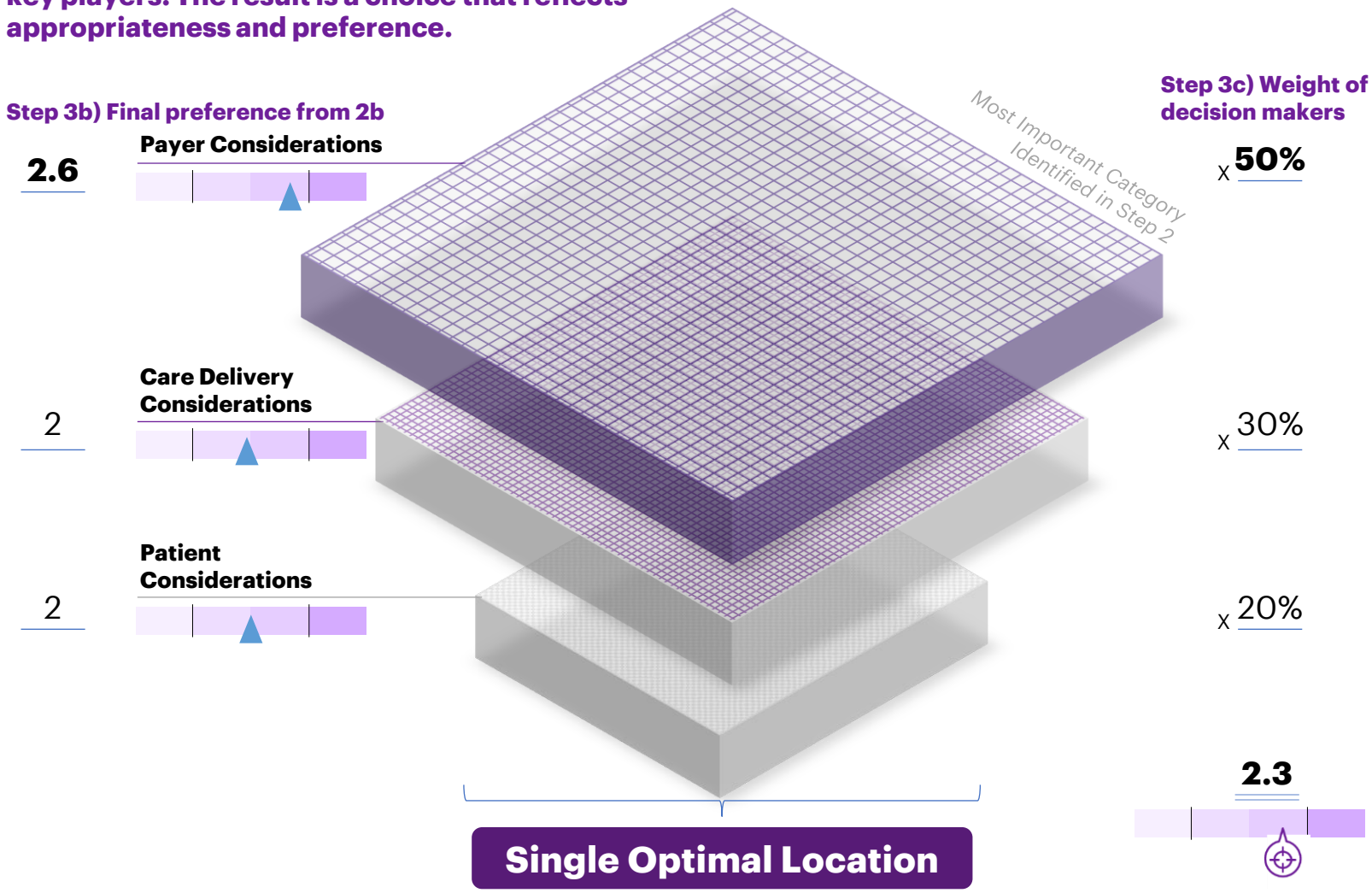
3a) Based on the individual preferences of key players in Step 2, **Step 3 aligns the preferences among those key players. The result is a choice that reflects appropriateness and preference.**

STEP 3:

Using the established hierarchy of players (step 2), a series of filters will be applied to the range of locations accordingly.

Pictured example:

a) Since the payer was determined to have the greatest sum in step 2, its considerations will be used as the first filter to **narrow the location options**.
b) The following filter will use the provider considerations to narrow down the number of locations a **level further**.
c) Patient considerations will be applied to make the **final clinical care setting decision**.
d) A **single optimal location** for clinical care is determined.



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CARE ANYWHERE

Case Studies

High-Level Analysis: Example - Closures

Cost pressures, staffing shortages, and inconsistent volumes are driving service closures and limiting access

The Problem

Hospitals are closing services & locations at an unprecedented clip due to financial pressures

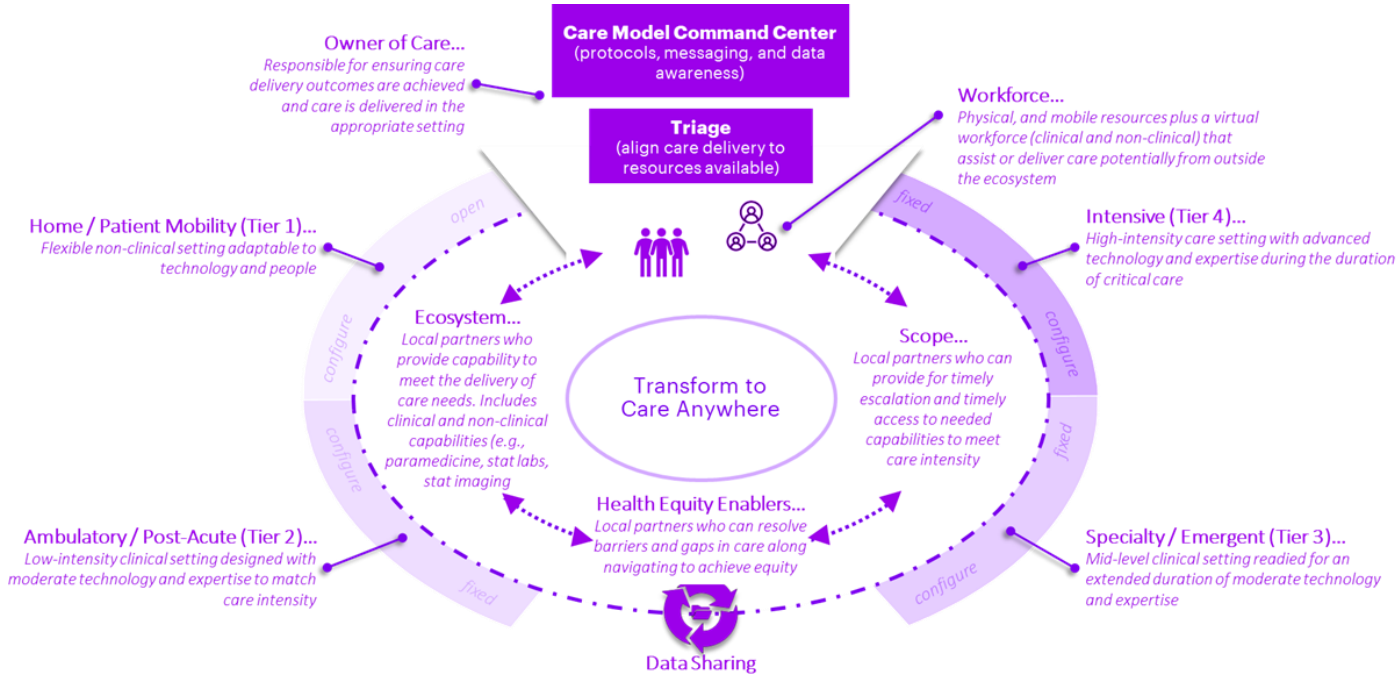
136	$7B	70%
Rural hospital **closures** between 2010 and 2021	Medicare & Medicaid **underpayments** to rural hospitals in 2020	...of **HPSAs*** **are located in rural** or partially rural areas

Health services with low margins are often the first to be cut. Low margins can be attributed to several factors, including:

- **High capital expenditures**, which limit the ceiling of cost reduction efforts
- **Poor staff availability**, which caps volume potential
- **Non-optimal staff usage**, where a mismatch exists between labor compensation and productivity
- **Irregular patient volumes and spare capacity**, which limit revenue and prevent facility cost coverage
- **Unfavorable payor mix**, which can limit reimbursement potential

The Opportunity

The Care Anywhere model may provide alternative, economically favorable locations to keep services open and maintain access



Note (*): Health Professional Shortage Area
Source: American Hospital Association – Rural Hospital Closures Threaten Access

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Lower Margin Services | First Movers

Several lower margin services have already shifted into Tier 1 and Tier 2 settings

Primary Care

Traditionally delivered in…

- Outpatient or ambulatory brick-and-mortar settings

Now being delivered in…

- Retail locations (e.g., CVS, Walmart)[1]
- Virtual and online settings[2]

Emergency Services

Traditionally delivered in…

- Both inpatient and outpatient settings

Now being delivered in…

- Urgent care and retail settings[3]
- Virtual settings (e.g., triage)[4]
- Free standing ER facilities[5]

Dialysis

Traditionally delivered in…

- Inpatient settings or a dialysis outpatient unit

Now being delivered in…

- Homes[6]
- Retail locations (e.g., DaVita)[6]
- Skilled Nursing Facilities[7]

Sleep Studies

Traditionally delivered in…

- Outpatient settings

Now being delivered in…

- Homes[8]
- Hotels[9]
- Virtual and online settings[10]

Sources: [1]RAND [2]CVS Health [3]Concentra [4]NYP ER Telemedicine [5]HCA Healthcare [6]DaVita Treatments [7]DaVita SNF [8]Stanford Sleep Study [9]Vanderbilt Sleep Study [10]Project Baseline Study

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SKILLED NURSING FACILITY

For example, SNF can be targeted at several appropriate locations of care.

PRODUCT MINDSET

Tier 1: Home / Patient Mobility

Patient Criteria:

- Ability to pay for Home Health
- In a safe and appropriate house
- No weapons
- Family and/or caregiver support

Hospital to SNF:

- Lower acuity
- Discharged to home from SNF within 7 days
- Low ADL score on admission to SNF
- **Fits target diagnosis:**
  - CHF Exacerbation
  - COPD Exacerbation
  - Cerebral infarction
  - Fracture
  - Surgical aftercare
  - Cellulitis
  - Pneumonia
  - UTI
  - Pyelonephritis
  - Gastroenteritis & Colitis
  - Dehydration
  - Rhabdomyolysis
  - COVID-19
  - Multiple Sclerosis Flare
  - Clostridium Difficile
  - Acute Gout Flare

Rapid Discharge:

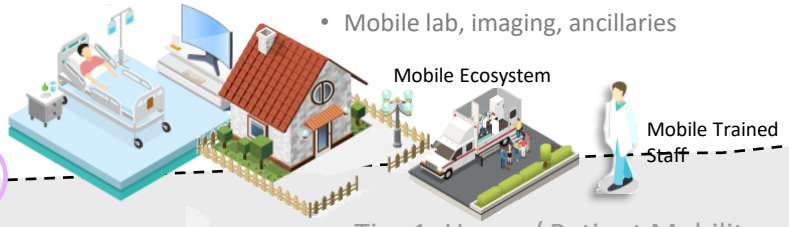
- Higher acuity but stable
- Stayed in SNF for more than 30 days
- Low ADL score after 20 days
- Congestive heart failure
- Cerebral infarction
- Fracture
- Surgical aftercare
- Cellulitis
- Orthopedic
- Upper limb fracture
- Wound
- Diabetes

Ability to Perform:

- Meets intermediate (observation/inpatient) level of care or higher
- No synchronous telemetry
- Typical SNF level care and interactions with roles supported by virtual clinicians

Resource Requirements:

- Audio and video through broadband
- Other infrastructure set up
- Virtual clinical support plus trained staff mobile to the home
- Mobile lab, imaging, ancillaries



Tier 2: Ambulatory/Post-Acute Site (space, staff, technology)

Patient Criteria: (like Tier 1 except)

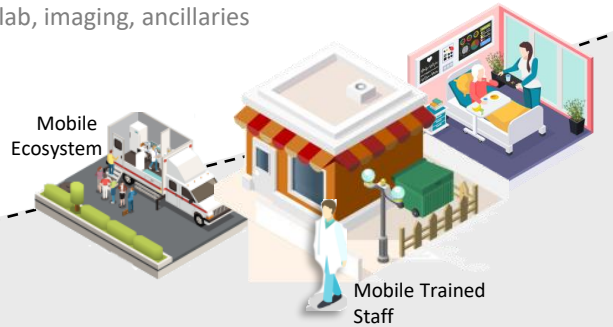
- Unsafe or inappropriate house
- No consistent family member or caregiver support
- Weapons in the home
- Moderate acuity including addition diagnosis:
  - New strokes
  - New joint replacements
  - High rehabilitation potential

Ability to Perform:

- Meets Level I or II intermediate (observation/inpatient) or Level III extensive
- Synchronous telemetry or no telemetry
- Manage complex medications and wound management
- Typical SNF level care and interactions with roles supported by virtual clinicians

Resource Requirements:

- Audio and video through broadband along with telemetry
- Other infrastructure set up
- Virtual clinical support plus trained staff mobile to the home
- Mobile lab, imaging, ancillaries



Tier 3/4: Intensive

Patient Criteria:

- Patient condition is critical and may be complex from comorbidities

Ability to Perform:

- Level IV intensive care which might include ventilator management
- Adhoc or planned lab, imaging, and other ancillary services are onsite

Resources Required:

- In-person access to staff and ancillary services

TIER 2 Examples for Alternatives to SNF@Home or Traditional

PRODUCT MINDSET

Skilled Nursing Facility

A care delivery model aimed at delivering a SNF-level of care near a patient's home, without sacrificing the quality of care delivered in a facility setting. Skilled care is supplemented with wrap-around services catering to holistic patient needs

Location Criteria

1. **Adaptable Infrastructure**
   Facility can be outfitted* for care
2. **Commonplace**
   Facility should be common to most communities
3. **Mission-Aligned**
   Ownership should be aligned to the healthcare mission
4. **Strategically Beneficial**
   Represents an attractive business opportunity for all parties
5. **Accessible**
   Facility / location is easily accessed by community members
6. **Secure & Safe**
   Facility is secure and in a safe location
7. **Excess Capacity**
   Facility has excess capacity that is available for extended periods

(*) Includes technological and physical requirements to deliver care

Relevant Examples

CAHs, Nursing Homes & Assisted Living Facilities
Critical Access Hospitals and residential nursing facilities fit all location criteria and are the 'status quo' option

Hotels
Hotels operating below capacity allow for private care to be delivered comfortably and conveniently

Schools & Universities
Schools & universities have extra capacity – in both classrooms and residence halls – during off periods

Unused Retail Space
Shopping malls and seasonal retailers have been left with excess space with the shift to digital retail

Unused Homes
Airbnbs, rental properties, and second homes are comfortable environments to outfit for care

Places of Worship
Churches, synagogues, mosques, and the like are all mission-oriented and operate below capacity

SPECIALTY DIAGNOSTIC/FOLLOW-UP

A recent review by clinicians supporting care to the veteran population identified the following expectations across typical specialties. Each will be impacted by a specific patient.

PRODUCT MINDSET

Diagnostic Opportunities:

- **Audiology***
- Behavioral Health Prescribing
- Behavioral Health Psychotherapy
- **Cardiology***
- Dialysis
- **Dermatology***
- Endocrinology
- Gastroenterology
- General Surgery
- Hematology and Oncology
- Infectious Diseases
- Nephrology
- Neurological Surgery
- Neurology
- Neuropsychology
- Nutrition/Dietetics
- Orthopedic Surgery
- **Otolaryngology***
- Pain Management
- Physical Medicine and Rehabilitation
- Physical Therapy/ Occupational Therapy
- Plastic Surgery
- Podiatry
- **Primary Care***
- Rheumatology
- Sleep Medicine
- Speech Therapy
- Urology

Informational Pre-/Post-Care Opportunities:

- All specialties

Diagnostic Opportunities:

- Allergy and Immunology
- Audiology
- Cardiology
- **Dentistry***
- Dermatology
- Obstetrics and Gynecology
- **Ophthalmology***
- **Optometry***
- Otolaryngology
- Primary Care
- Pulmonary Diseases
- **Radiology***
- Thoracic and Cardiovascular Surgery

*Capability may require movement of resources, such as mobile ancillaries, labs, images as well as people. Relies on the ecosystem of partners as well as workforce strategies

Diagnostic Opportunities:

- Acupuncture
- Chiropractic
- Dentistry
- Ophthalmology
- Optometry
- Radiation Oncology (see Hematology and Oncology)
- Radiology

Emergent Care:

- Patient condition is emergent and complex from comorbidities

Tier 1: Home / Patient Mobility

Tier 2: Alternative Site of Care (space, staff, technology)

Tier 2: In-Person Ambulatory

Virtual Clinician

Tier 3 or 4: Specialty Consult In-Person

NEUROPSYCHOLOGY DIAGNOSTIC/FOLLOW-UP

For example, in Neuropsychology care can be targeted based on patient capability and desired level of care.

PRODUCT MINDSET

Tier 1: Home / Patient Mobility

Patient Criteria:

- Patient condition, mental state, and living situation are appropriate
- Patient is complying with medications and requires periodic support
- Patient can consent to care at home

Ability to Perform:

- Treatment is self-administered but watched by remote clinician
- Store, forward, documentation of diaries
- Verbal reinforcement of treatment and compliance
- Planned lab, imaging, ancillary services
- Patient, caregiver, or trained staff support the following:
  - Ready assessments including WAIS-IV Digit Span, WAIS-IV Similarities, HVLT-R, Semantic Fluency, Letter Fluency
  - Stimulus materials including MoCA, TOPF, Streep Test, Oral SDMT, WAIS-IV Vocabulary, BNT-2, Trial Making Test

Resource Requirements:

- Audio and video through broadband
- Trained staff mobile to the home
- Mobile lab, imaging, ancillaries

Tier 2: Alternative Site of Care (space, staff, technology)

Patient Criteria:

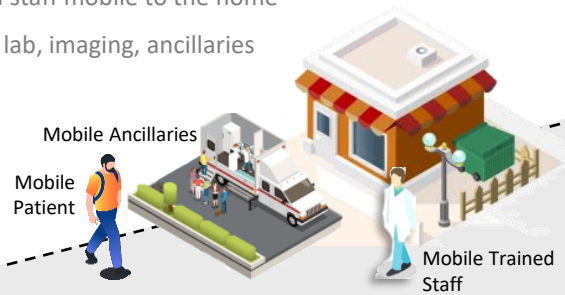
- Patient would benefit from additional education, reinforcement, or review of medications
- Patient's living condition or mental state are not appropriate for staff to provide care at home

Ability to Perform:

- Staff administer treatment and a remote clinician
- Staff support document or image review
- Staff training on treatment and compliance
- Planned lab, imaging, ancillary services
- Trained staff support the following:
  - Use of examination methods requiring assistance required including WAIS-IV Block Design, WMS-IV Visual Reproduction, WAIS-IV Matrix Reasoning, Rey Complex Figure Test and Recognition Trial (RCFT)

Resource Requirements:

- Audio and video through broadband
- Trained staff mobile to the home
- Mobile lab, imaging, ancillaries



Tier 2: In-Person Ambulatory

Patient Criteria:

- Patient condition or progress has changed and would benefit from detailed review

Ability to Perform:

- Provider and ancillary staff can perform a full range of neuropsychology tests, diagnosis and treatment
- Adhoc or planned lab, imaging, and other ancillary services are onsite or near

Technology Required:

- In-person access to staff and ancillary services

Tier 3 or 4: Specialty Consult In-Person

Patient Criteria:

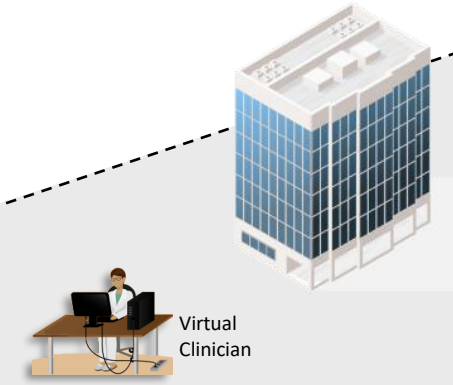
- Patient condition is emergent and complex from comorbidities

Ability to Perform:

- Provider and ancillary staff can perform a full range of neuropsychology tests, diagnosis and treatment
- Adhoc or planned lab, imaging, and other ancillary services are onsite

Technology Required:

- In-person access to staff and ancillary services



DEVICE ORIENTED DIAGNOSTIC/FOLLOW-UP

Vendors, such as Sensoria Health, focus on technologies that enhance Tier 1 and 2 flexibility, but tie to Tier 2 in-person approaches

PRODUCT MINDSET

Tier 1: Home / Patient Mobility

Patient Criteria:

- Patient condition requires near continuous monitoring post procedure or as part of ongoing management
- Patient or care giver demonstrate ability to manipulate and manage sensor technology
- Patient can consent to care at home

Ability to Perform:

- Monitor movement and or health status based on device capability
- Perform diagnostic or follow up examination. May require trained staff or care giver support for examination
- Examination or treatment watched by remote clinician
- Store, forward, documentation of diaries
- Verbal reinforcement of treatment and compliance
- Planned lab, imaging, ancillary services
- Patient, caregiver, or trained staff support the following:

Resource Requirements:

- Audio and video through broadband
- Trained staff mobile to the home
- Mobile lab, imaging, ancillaries

Tier 2: Alternative Site of Care (space, staff, technology)

Patient Criteria:

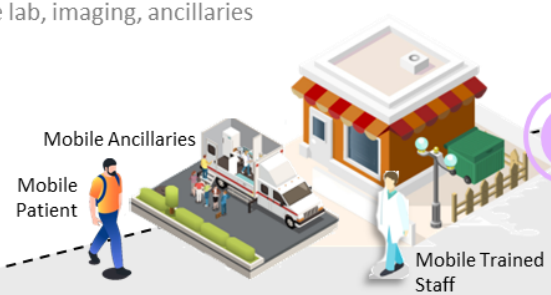
- Patient would benefit from additional education, reinforcement, or review of medications
- Patient or caregiver living situation or home capability not conducive to the examination requirements

Ability to Perform:

- Staff administer treatment and a remote clinician
- Staff support document or image review
- Staff training on treatment and compliance
- Planned lab, imaging, ancillary services
- Trained staff support the following:
  - Patient sensor with trained staff manipulation
  - Clinician sensor system with trained staff

Resource Requirements:

- Audio and video through broadband
- Trained staff mobile to the home
- Mobile lab, imaging, ancillaries



Tier 2: In-Person Ambulatory

Patient Criteria:

- Patient condition or progress has changed and would benefit from detailed review

Ability to Perform:

- Provider and ancillary staff can perform a full range of tests, diagnosis and treatment with patient or clinician system
- Adhoc or planned lab, imaging, and other ancillary services are onsite or near

Technology Required:

- Full range of technology support
- In-person access to staff and ancillary services

Tier 3 or 4: Specialty Consult In-Person

Patient Criteria:

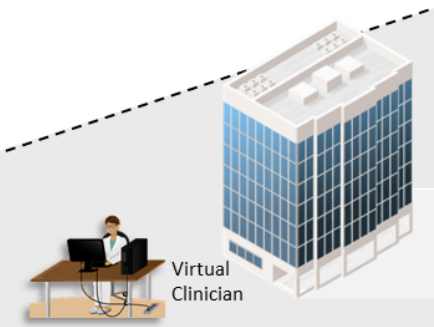
- Patient condition is emergent and complex from comorbidities

Ability to Perform:

- Provider and ancillary staff can perform a full range of tests, diagnosis and treatment with clinician system
- Adhoc or planned lab, imaging, and other ancillary services are onsite

Technology Required:

- Full range of specialized technology support
- In-person access to staff and ancillary services



PERSONALIZED CARE & CARE PLATFORMS

Care Anywhere orchestrates the personalization and supply of care delivery focusing on mobility, virtualization, and the care model to address labor shortage, drive outcomes and cost reduction

PRODUCT MINDSET

Blood Glucose

Smart Bandage

Smart Socks

Smart Knee Brace

Sensoria Mat
Wheelchair Wellness Coach

Examples provided by Sensoria Health

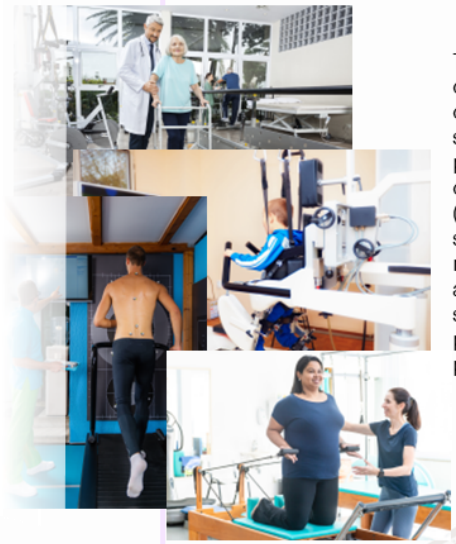
Blood Pressure

Pulse Oxygen

Sensoria Baby

Diabetic Ulcer
Smart Boot

- Monitors **Activity** and **Adherence** in near real-time.
- **Full 9 axis IMU:** Accelerometer, Gyroscope, Magnetometer
- Built in **Bluetooth** Smart 4.2 and **Battery Charger**
- **Easy** to use. **No ON/OFF button**. Tuns on automatically when snapped to the boot.
- **Easy** patient provisioning via **QR code** scanning.



Traditional, place-centric care centers with care systems and physical facilities configured (technology, space, staffing) to meet the needs of a broad, specialized patient population

Tier 1: Home / Patient Mobility

Tier 2: Alternative Site of Care
(space, staff, technology)

Tier 2: In-Person Ambulatory

Tier 3 or 4: Specialty Consult
In-Person

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Thank You