Leveraging RPM to Care Anywhere:

Aligning to NCQA's Call to Action

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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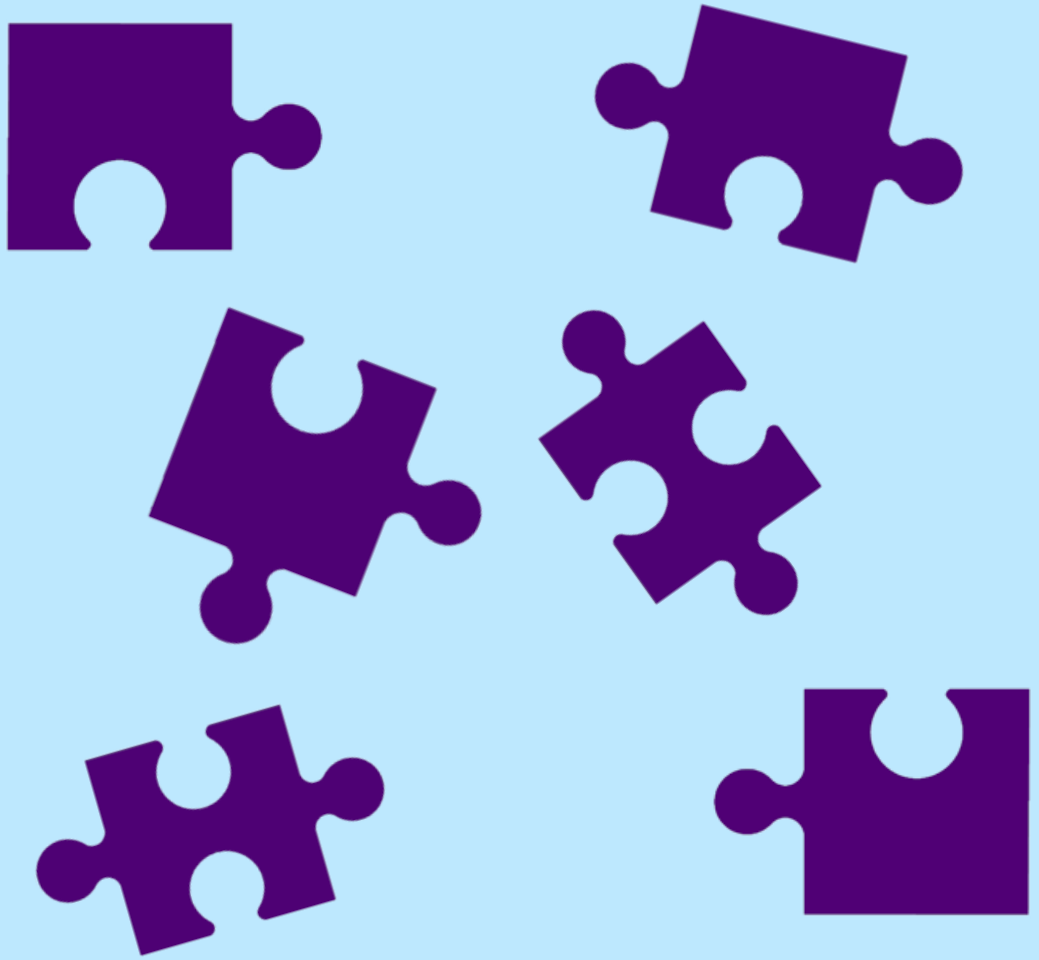
CARE ANYWHERE – LEVERAGING RPM

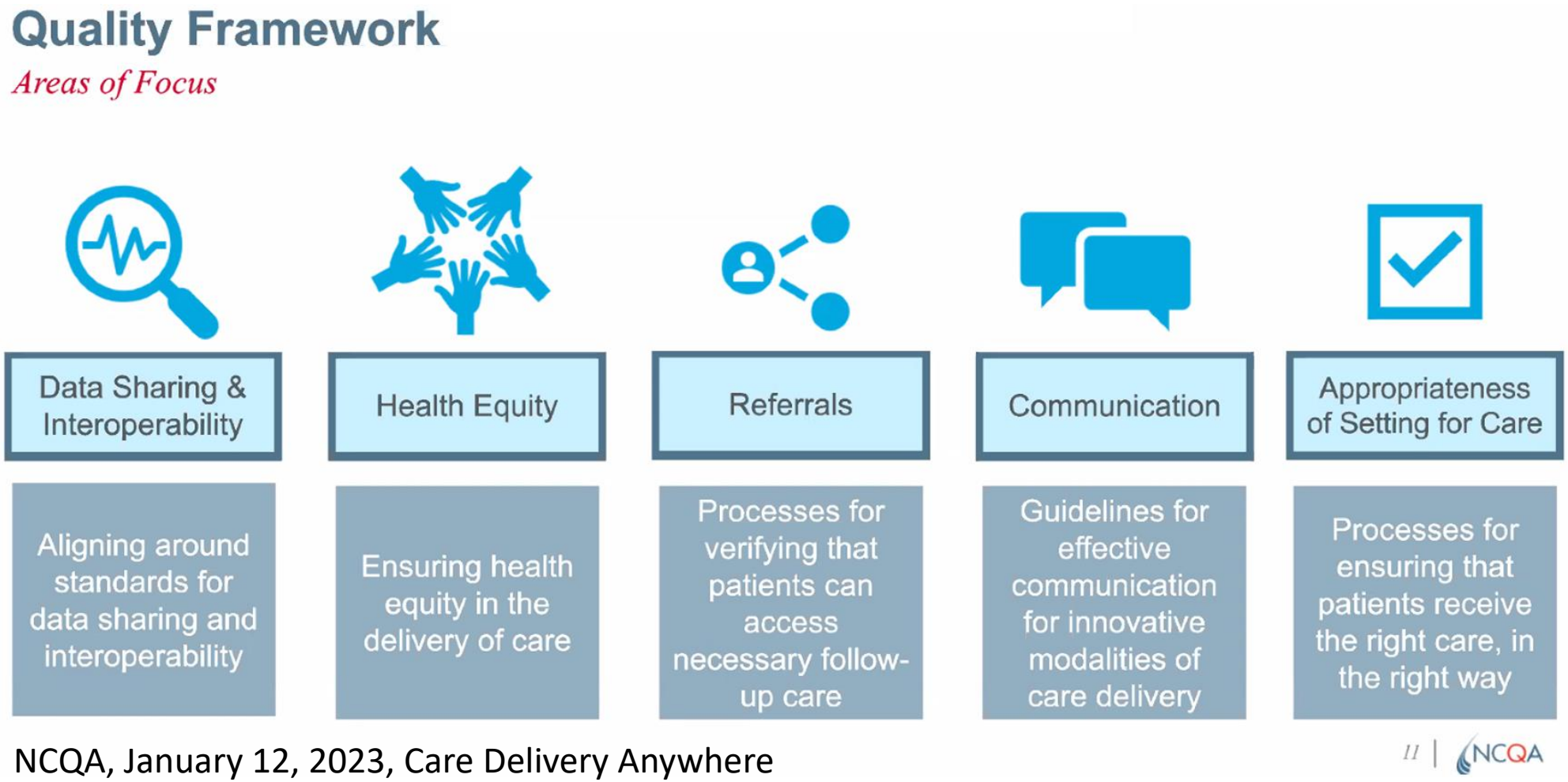
Now that we understand RPM, in this workshop let's expand into a broader Care Anywhere strategy and align to NCQA's (National Committee for Quality Assurance) Care Delivery Anywhere framework and expectation.

- Establish the intent and alignment of NCQA's perspective to a Care Anywhere strategy.
- Identify the foundations created by RPM and Hospital@Home and the resolutions to clinician burnout that will promote readiness for Care Anywhere.
- Define the Care Anywhere process that orchestrates the demand and supply of future care delivery.
- Provide examples, value propositions, and research highlighting additional service areas in addition to RPM that will drive a new Care Anywhere strategy

What we learned from 2 days on RPM?…



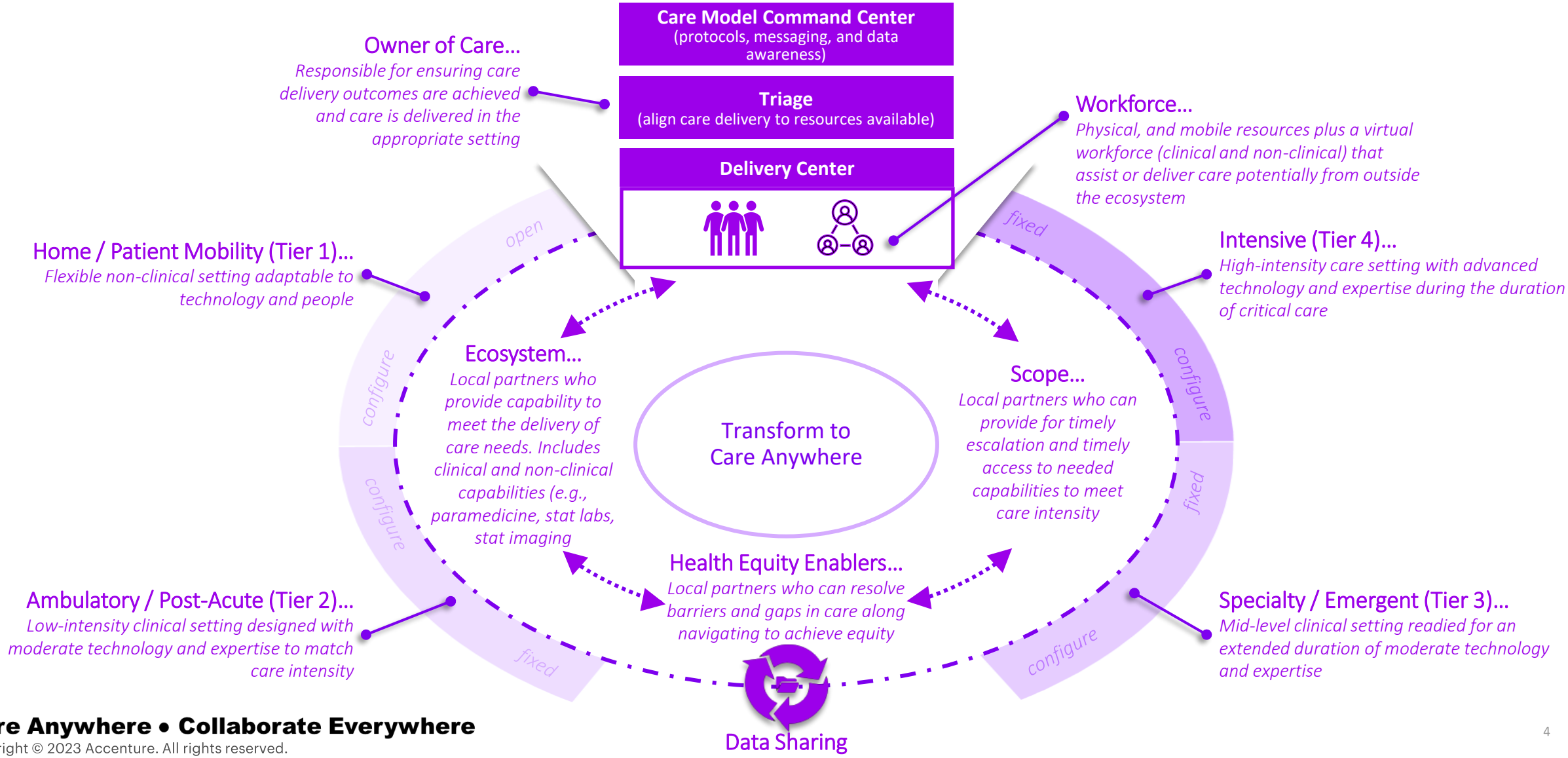
CARE DELIVERY ANYWHERE



NCQA, January 12, 2023, Care Delivery Anywhere

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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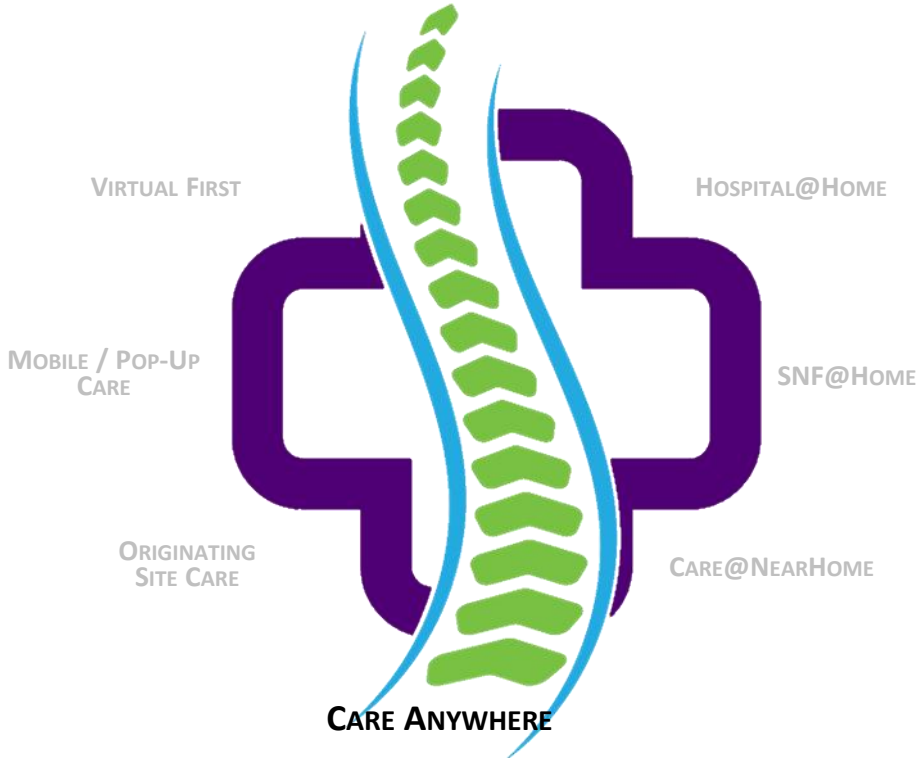
CARE ANYWHERE – ORCHESTRATING TOMORROW'S CARE

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 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.

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

Example

Lower Margin Service Closures & Care Anywhere

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

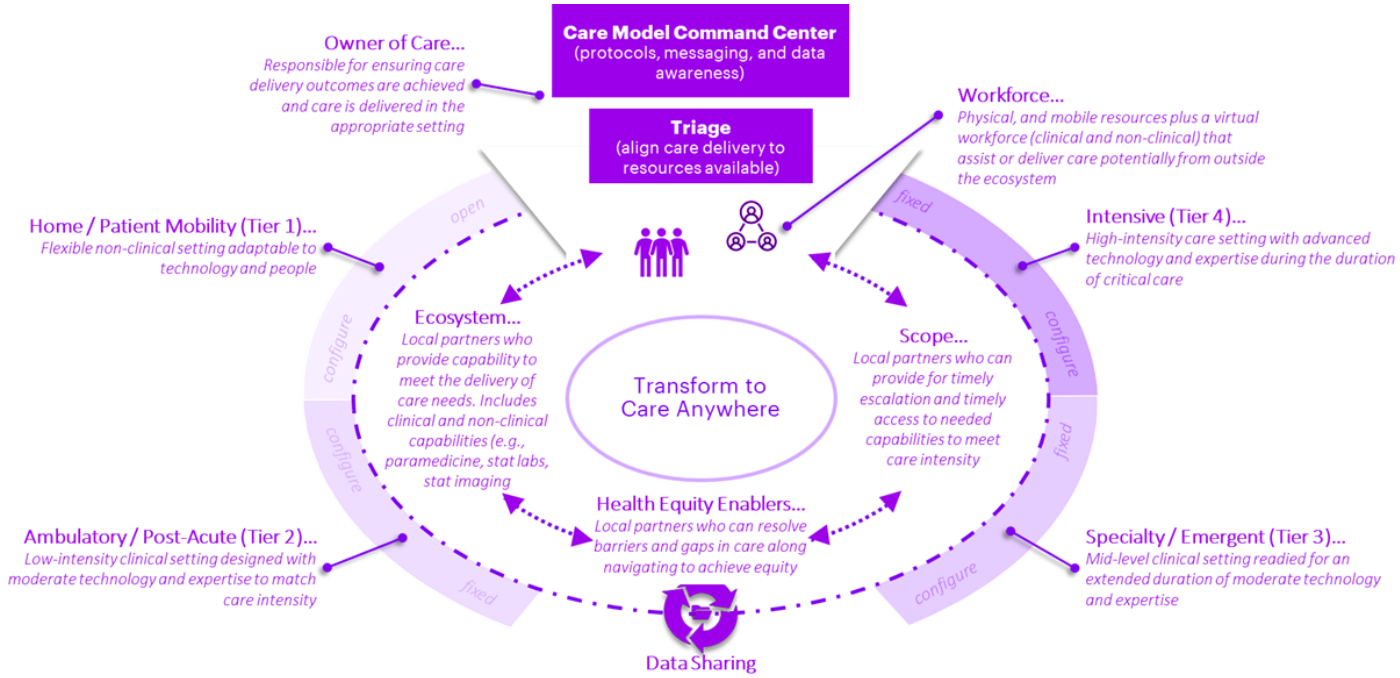
136	$7B	70%
Rural hospital **closures** between 2010 and 2021	Medicare & Medicaid **underpayments** to rural hospitals in 2020	...of **HPSAs*** **are located in rural** or partially rural areas

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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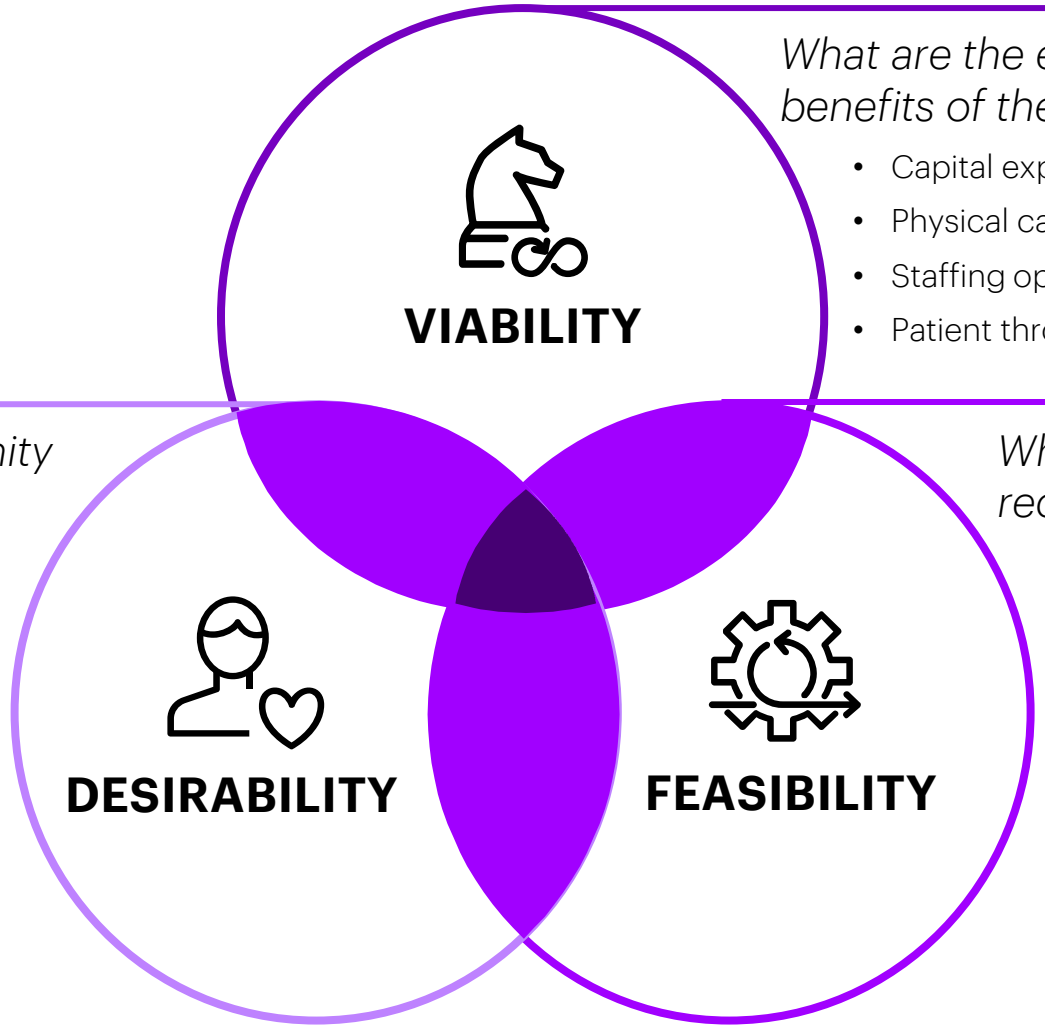
Evaluating Alternatives to Closing Lower Margin Services

If a service is low margin in its current setting, consider its desirability, viability, and feasibility a Tier 2 care setting to avoid service closure



What are the economic and business benefits of the opportunity?

- Capital expenditure reduction
- Physical capacity optimization
- Staffing optimization
- Patient throughput optimization

What problem(s) is the opportunity solving for stakeholders?

- Access for patients
- Margin for administrators
- 'Top of license' time for clinicians
- Capacity utilization for community partners

What are the operational capabilities required for the opportunity?

- Physical space requirements
- Regulatory constraints (e.g., Joint Commission, state licensing)
- Technology requirements
- Care intensity

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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Lower Margin Services | Opportunities

L&D, Clinical Trials, Oncology Care, and Substance Abuse care may better serve rural communities in Tier 2

Labor & Delivery	Desirability	L — H	L&D closures in rural settings have dramatically reduced access to birthing services[1]. Alternatively, health systems can offer L&D care in the Tier 2 setting – similar to birth centers[2] – for low-risk pregnancies to maintain access. Business viability is strong as payment is irrespective of service delivery location[3]; feasibility is contingent upon pregnancy risk and ability to provide anesthesia services.
	Viability	L — H	
	Feasibility	L — H	
Oncology Care & Infusion Services	Desirability	L — H	While infusion services are often delivered in the home and retail settings[4], complications from chemotherapy can land patients in the emergency room or in observation units for relatively low intensity care. Leveraging retail settings, or remote patient monitoring in the home, to address common chemo complications like nausea and vomiting, pain, or fever can decompress EDs, drive patient satisfaction, and lower costs[5].
	Viability	L — H	
	Feasibility	L — H	
Clinical Trials *Phases 2-4*	Desirability	L — H	Rural residents typically travel further to access clinical trials; extending Phase 2, 3, and 4 trials into retail settings supports rural access, is economically favorable for providers as payment is not contingent upon location and is feasible for therapies with strong safety indications.[6,7]
	Viability	L — H	
	Feasibility	L — H	
Outpatient & Partial Hospitalization Programs for Substance Abuse	Desirability	L — H	Rural communities have higher rates of substance abuse and limited access to mental health services.[8] Shifting outpatient substance abuse care and partial hospitalization programs to retail settings enables access and would be supported by both private pay opportunities and grant funding, like the SAMHSA block grants.[9]
	Viability	L — H	
	Feasibility	L — H	

Note: Desirability, Viability, and Feasibility are ranked on a qualitative, subjective scale.
Sources: [1]Commonwealth Fund [2]UHC Obstetrics Policy [3]NYT Birth Center [4]ASHP Site of Care Infusion [5]JADPRO [6]Hopkins Payment Policy [7]ACS Clinical Trials [8]AAC [9]HHS

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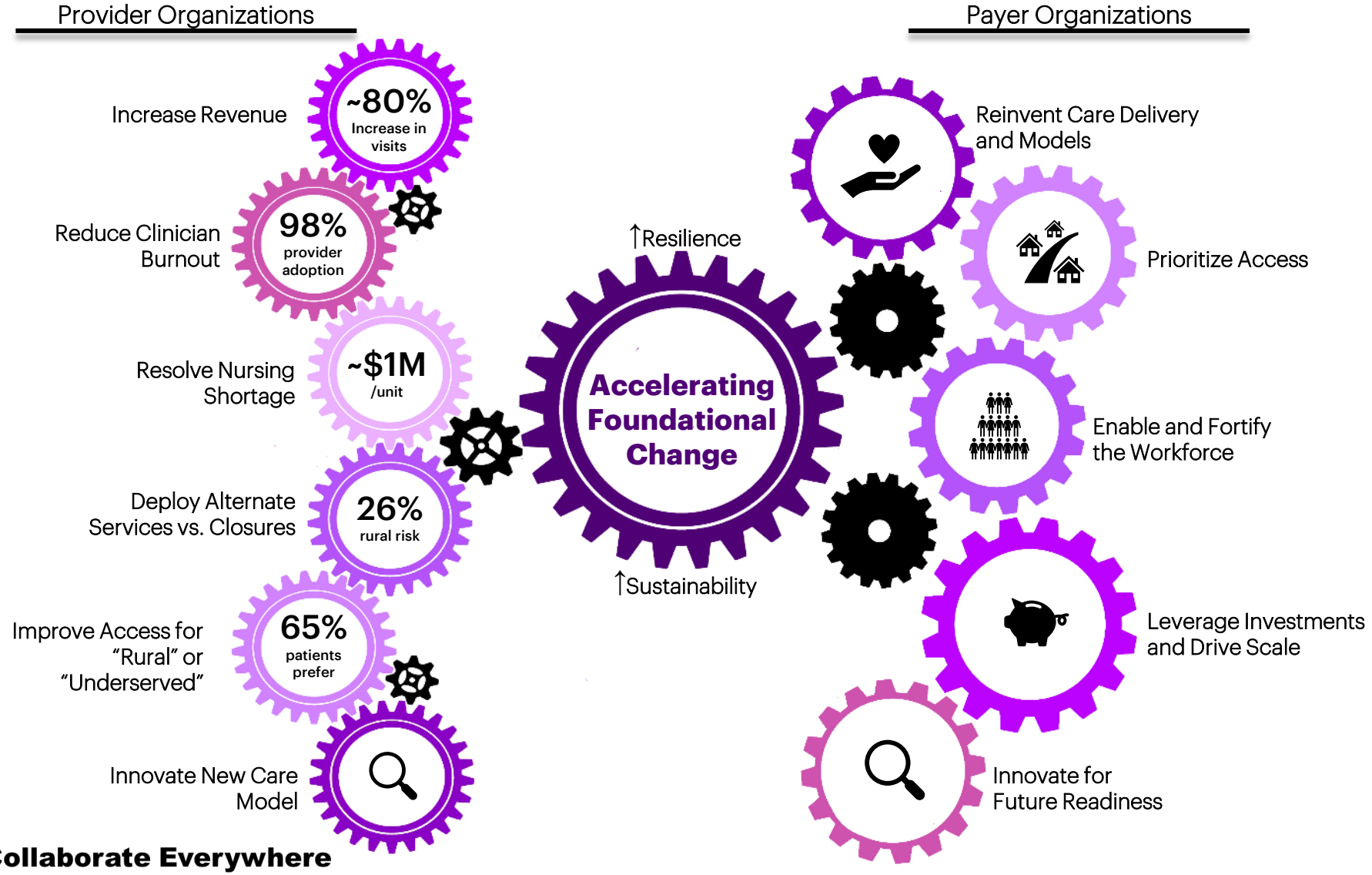
The Value Case

Accelerating Foundational Change: Today's Challenges

"Near term the focus will be on workforce transformation with emphasis on reinventing care delivery. Long term the opportunity exists to incorporate next-generation solutions..."



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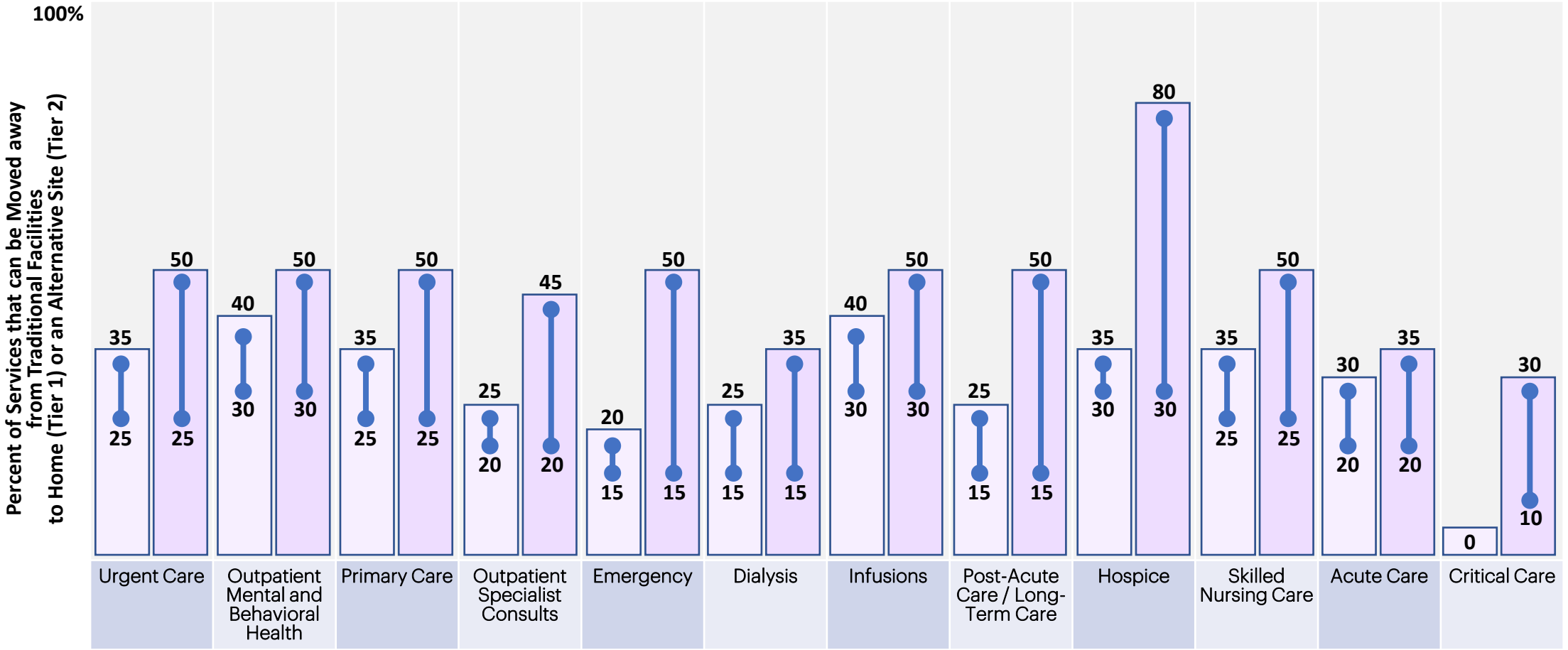
Care Anywhere: Orchestrating the Reinvention of Care Delivery

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.

Care Anywhere: Providers Orchestrate Reinvention of Care Delivery

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

Increase Revenue
(e.g., expand virtual primary care, RPM, Hospital@Home, Other@Home)

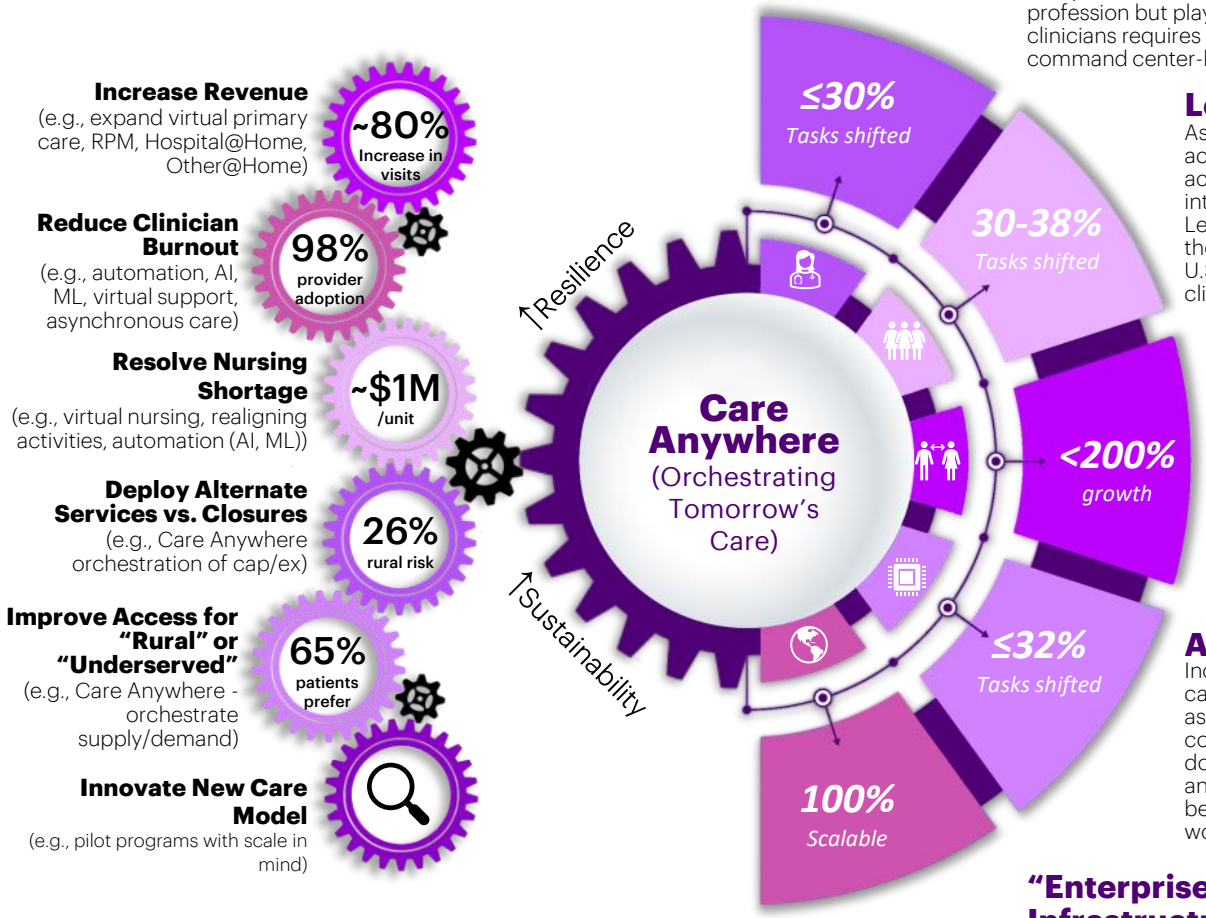
Reduce Clinician Burnout
(e.g., automation, AI, ML, virtual support, asynchronous care)

Resolve Nursing Shortage
(e.g., virtual nursing, realigning activities, automation (AI, ML))

Deploy Alternate Services vs. Closures
(e.g., Care Anywhere orchestration of cap/ex)

Improve Access for "Rural" or "Underserved"
(e.g., Care Anywhere - orchestrate supply/demand)

Innovate New Care Model
(e.g., pilot programs with scale in mind)



Virtualize "Local" Clinical Professionals

Increasingly organizations are accelerating the use of remote clinicians (e.g., physicians, nurses, etc.) The position attracts many clinicians, especially nurses, who want to continue the profession but play a different role in the care team. Virtualizing clinicians requires additional consideration of coordination and command center-like access to data insights.

Leverage Support Staff

Assigning time-consuming and scripted activities to others drives cost savings and shifts activities that in the past resulted in increased interruptions, delays, and poor patient relations. Leverages local clinicians coordinating through the global scale of Care 24/7 PLUS along with U.S. licensed and trained clinicians and non-clinicians.

Health Equity and Care Ecosystem

"Place" is often a significant aspect of reinventing the care model, especially when enhancing health equity. Whether providing care at home or another location providing better access to a consumer/patient, reinvention will use a broad ecosystem to ensure supplies, people, and capabilities are available to produce the desired health outcome.

Automation, AI, ML

Increasingly automation focuses on enabling care activities, especially clinician activities, by assisting in decision-making, alerting to conflicts and best actions, and taking on documentation aligned to providing care. AI and machine learning can further enhance the benefit, especially in situations where people would be prone to error.

"Enterprise" Infrastructure

Scale is foundational to the ability to meet the challenges to reinventing care. The enterprise extends well beyond the traditional definition needing to extend across the geography and technology from the consumer/patient to members of the care team.

ORCHESTRATES

	"Place" Alternatives for:		Description
20-30% Less *services* ***>30%*** *Virtualization of tasks*	Tier 4	Intensive (e.g., Complex Surgery)	• Virtualizing workforce • Data capture on source devices • Delivery, preparation, and review collaboration
15-40% Less *services* ***>30%*** *Virtualization of tasks*	Tier 3	Specialty / Emergent	• Like Tier 4 • Shift in services from Tier 4 • Retention of service vs. closing of low margin services
10-30% More *services* ***>30%*** *Tasks virtual*	Tier 2	Ambulatory/ Post-acute/ Community	• Leverage open configuration • Alternative to closing low margin services • Increase in originating site utilization • Scalable technology
15-40% More *services* ***>30%*** *Virtualization of tasks*	Tier 1	Home / Patient Mobility	• Increase into primary shortage areas • Movement to home (McKinsey) • Movement to more telehealth (Accenture)

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"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

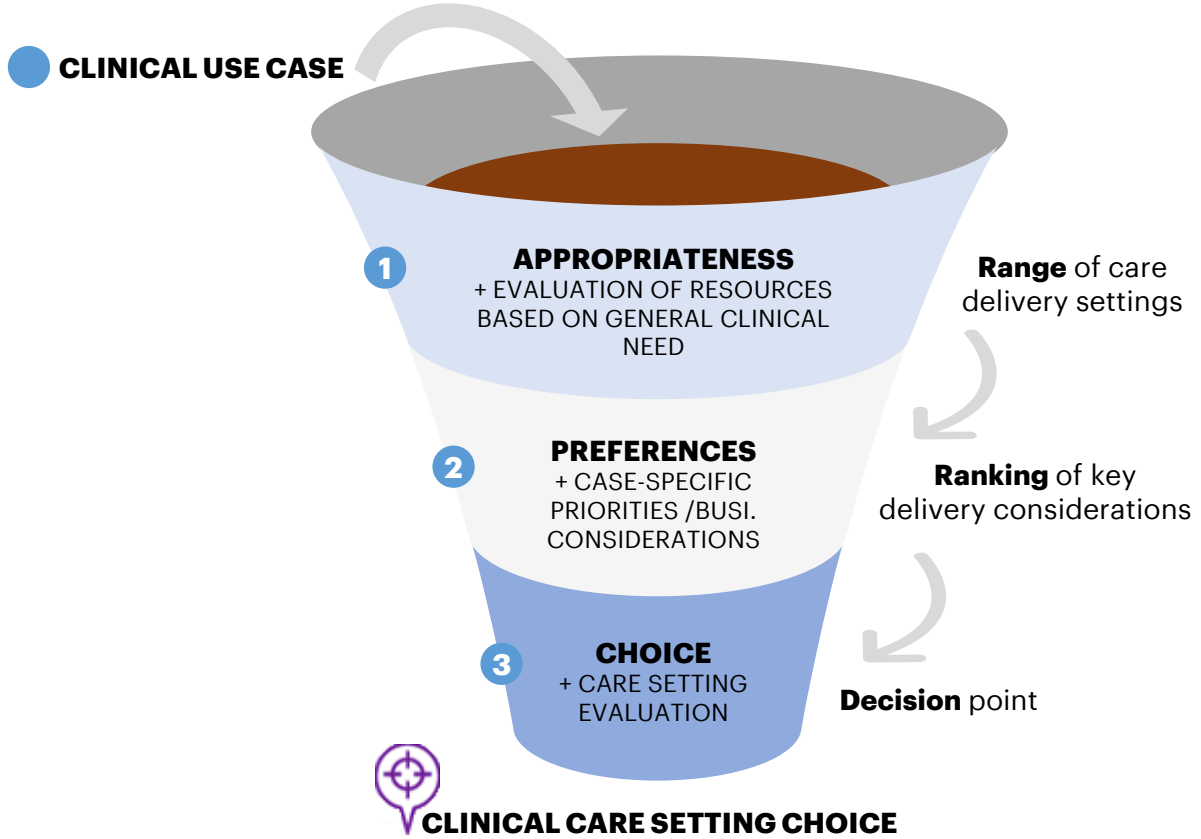
& ORCHESTRATES ACROSS…

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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FOUNDATION TO THE CARE ANYWHERE JOURNEY

Initiating the Care Anywhere journey begins with the foundational questions of What, Who, How and an appraisal of existing utilization.

What Opportunities

Identify opportunities to unbundle care and deliver outside of the traditional setting, by…

- Reviewing existing adopted protocols for areas of care that can be unbundled e.g., Pre & Post procedure activities
- Reviewing which patients would benefit from unbundling of care
- Identifying the value in unbundling opportunities

Identify patient populations that would benefit, services to offer, and ecosystem partners

Assess Utilization

Assess the current utilization of assets by…

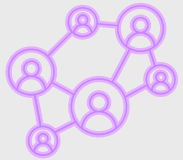
- Determining under-utilized and over-utilized assets
- Who is utilizing assets currently
- Determining how best to resolve issues of utilization
- Define measures of success

Identify who is utilizing assets

Who Are Partners

Build Ecosystem of Partners by …

- Assessing the gaps and capabilities within the current ecosystem, ensuring capabilities and ability to escalate effectively
- Based on the assessment, identifying and evaluating ecosystem partners that revolve gaps



Identify ecosystem gaps and partners to revolve them

How to Deliver

Ready to deliver Care Anywhere by…

- Establishing best practices and standards to implement and monitor across the ecosystem
- Branding and messaging, so patients understand who is responsible for their care and the role of the ecosystem partners
- Identifying the data and technology required to provide efficient care across the ecosystem

Provide clear messaging to the Patient

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CONSUMER JOURNEY

General Approach

"CARE ANYWHERE" PARADIGM

STEP 1 - APPROPRIATENESS

STEP 1:

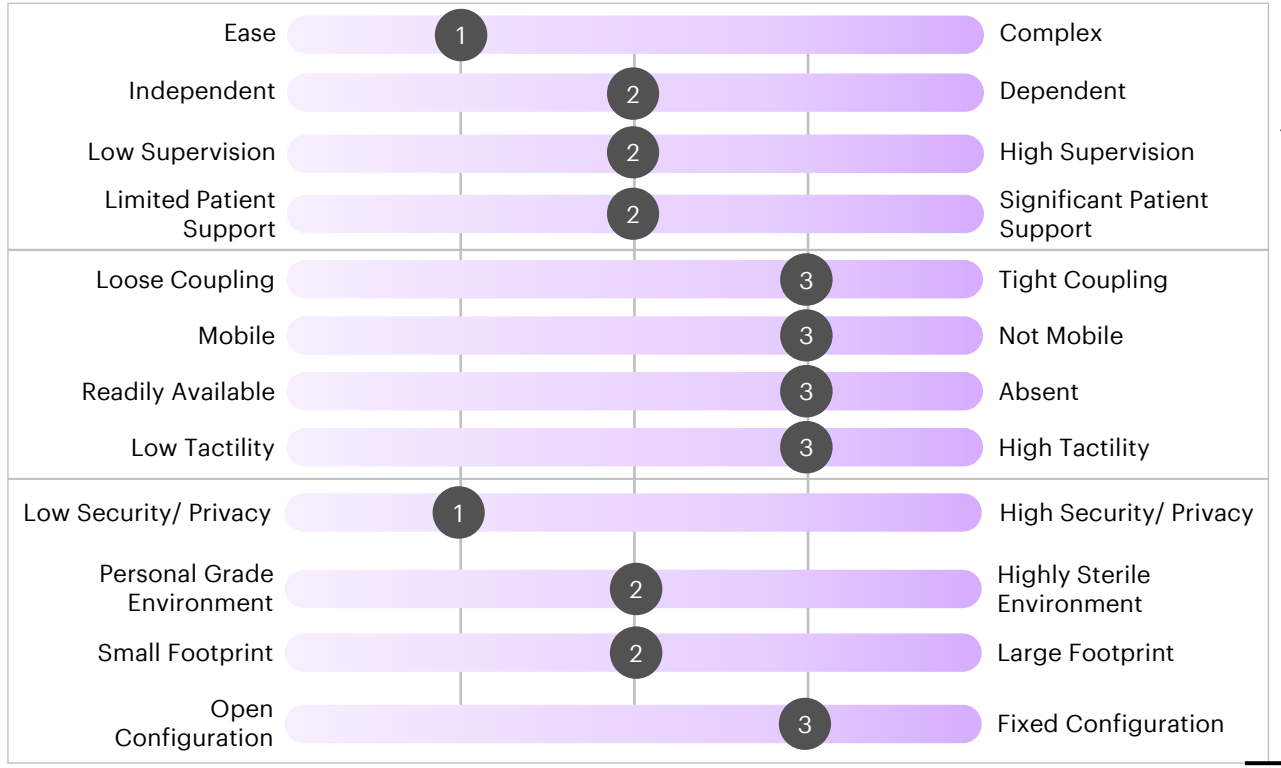
The first step to identify which modalities to deliver care across requires analyzing clinical need across three categories:

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



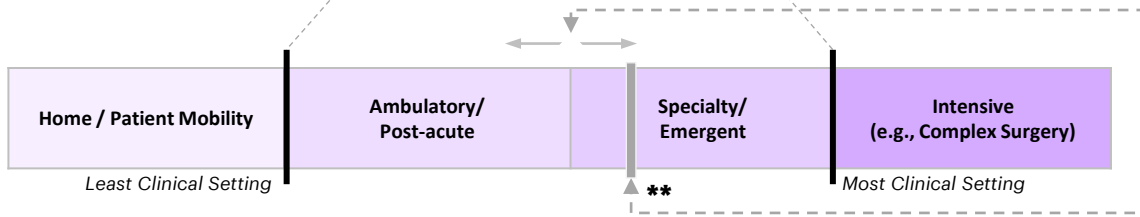
1b) To find the most likely appropriate location, add weight across each of the three categories (example)

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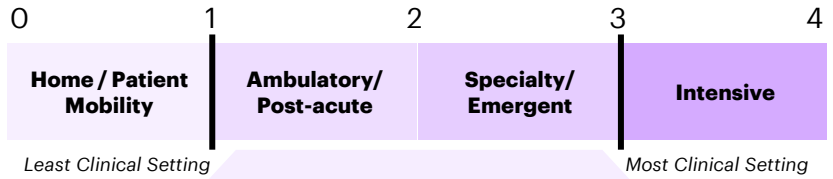
*(Total / Max) % Total is the sum of the selected value for a category x the weight Max is highest weight x 4 x number of non-zero weighted categories

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

"CARE ANYWHERE" PARADIGM

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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"CARE ANYWHERE" PARADIGM

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	

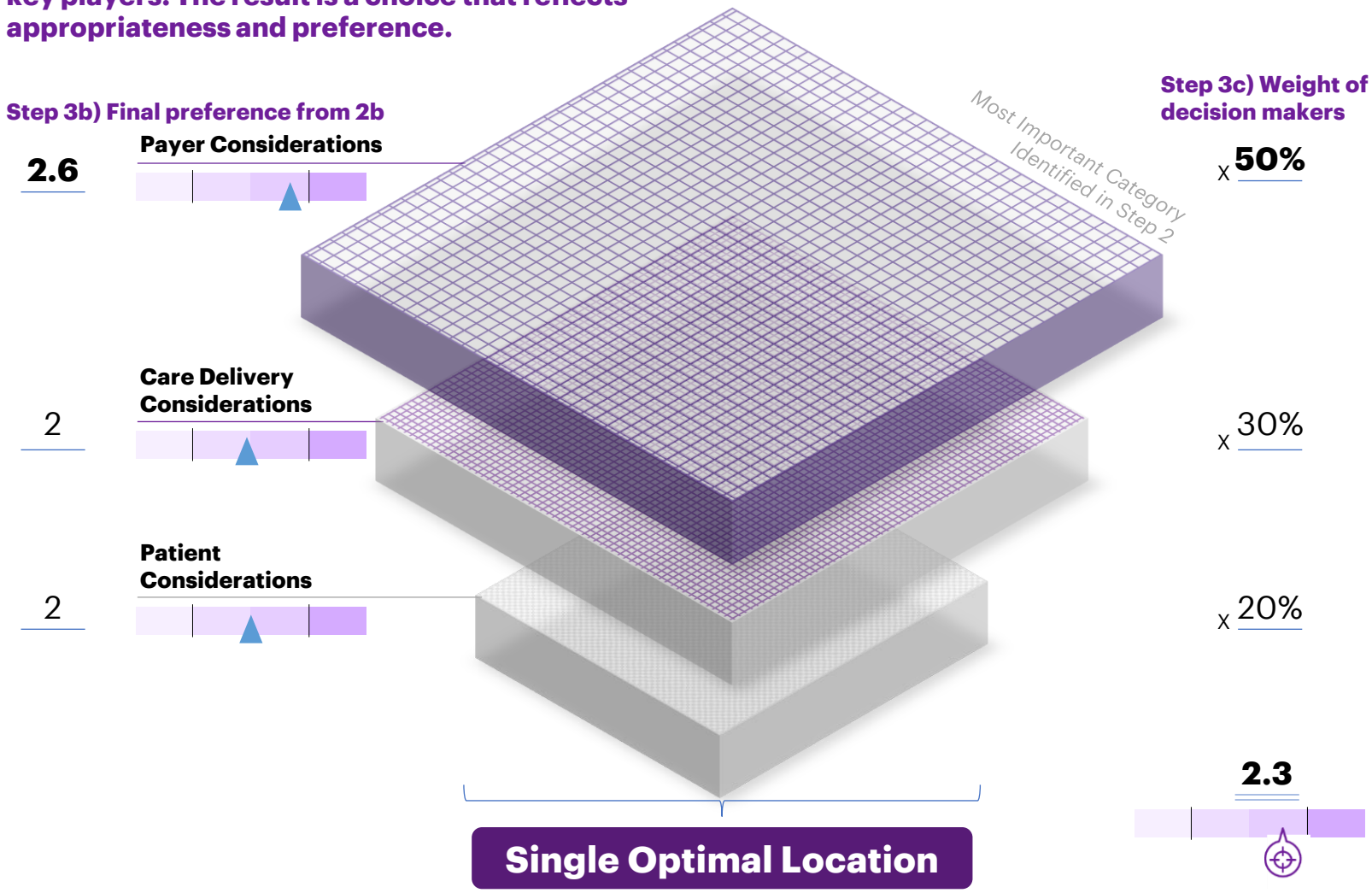
3a) Based on the individual preferences of key players in Step 2, **Step 3 aligns the preferences among those key players. The result is a choice that reflects appropriateness and preference.**

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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CONSUMER JOURNEY

Use Case: Rheumatology

"CARE ANYWHERE" PARADIGM

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.

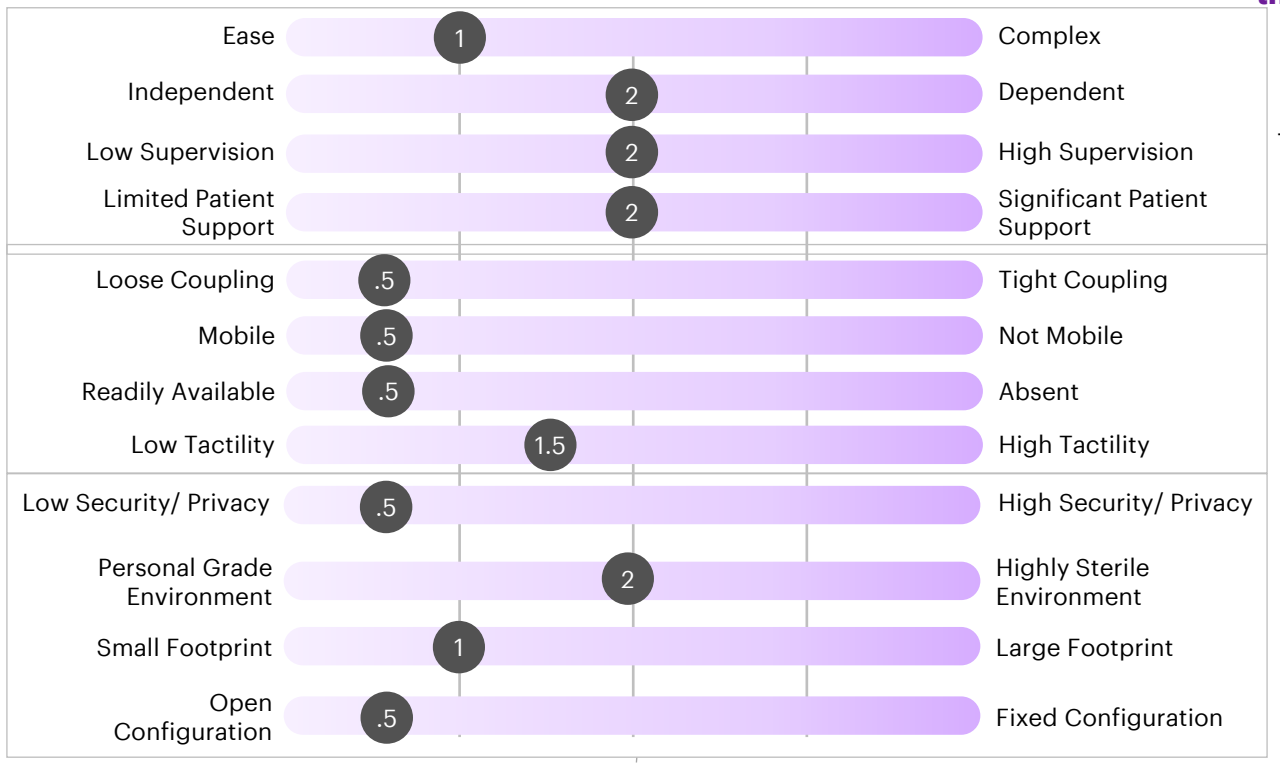
Step 1 Discussion:

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

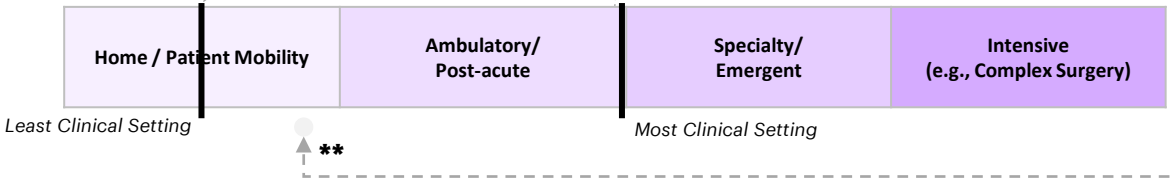


1b) To find the most likely appropriate location, add weight across each of the three categories

	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



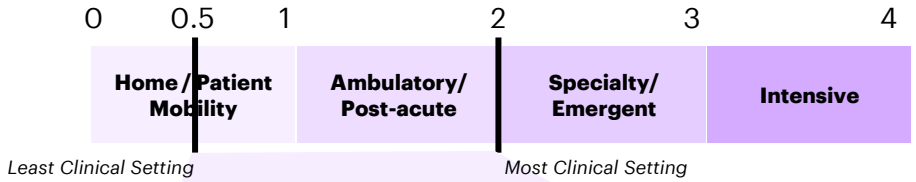
Weighted appropriateness of care delivery settings

*(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

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

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

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

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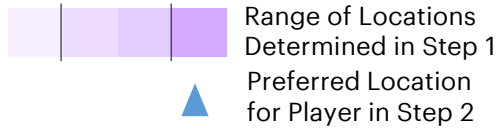
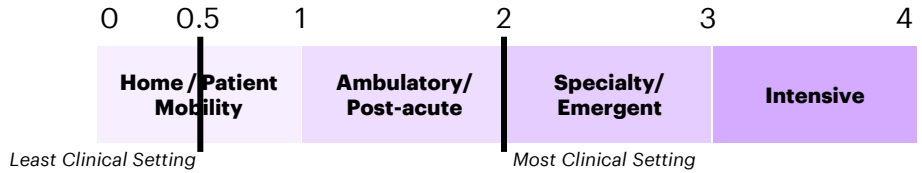
"CARE ANYWHERE" PARADIGM

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.

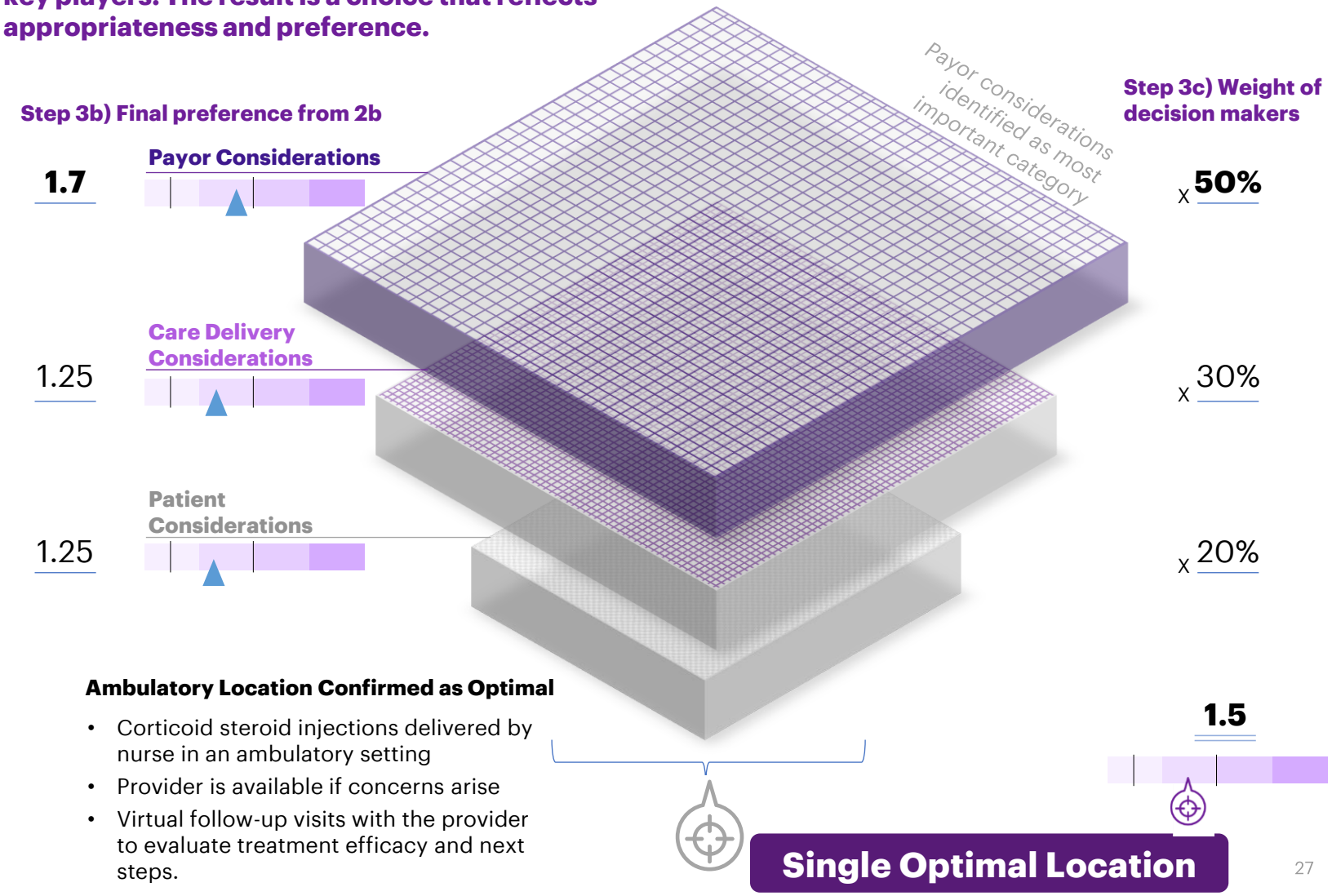
b) Care Delivery Considerations:

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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CARE ANYWHERE

Examples

SKILLED NURSING FACILITY

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

PRODUCT MINDSET

Patient Criteria:

- Ability to pay for Home Health
- In a safe and appropriate house

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

- No weapons
- Family and/or caregiver support

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 1: Home / Patient Mobility

Patient Criteria: (like Tier 1 except)

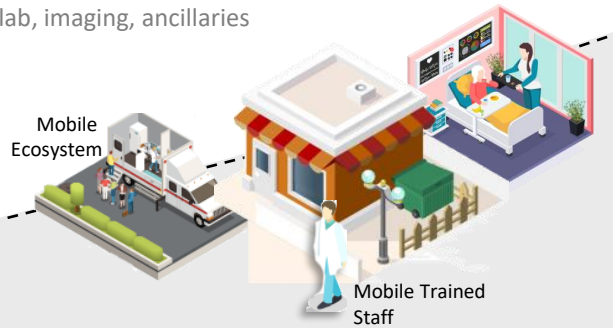
- Unsafe or inappropriate house
- No consistent family member or caregiver support
- Weapons in the home
- Moderate acuity including addition diagnosis:
  - New strokes
  - New joint replacements
  - High rehabilitation potential

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

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 3/4: Intensive

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:

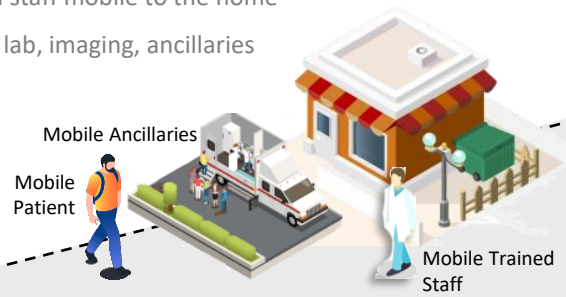
- Patient would benefit from additional education, reinforcement, or review of medications
- Patient's living condition or mental state are not appropriate for staff to provide care at home

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:

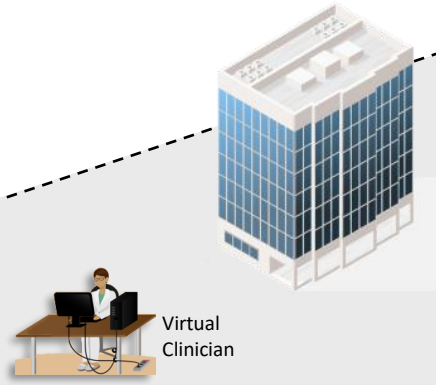
- Patient condition is emergent and complex from comorbidities

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:

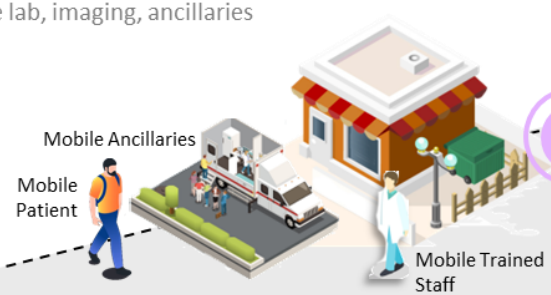
- Patient would benefit from additional education, reinforcement, or review of medications
- Patient or caregiver living situation or home capability not conducive to the examination requirements

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:

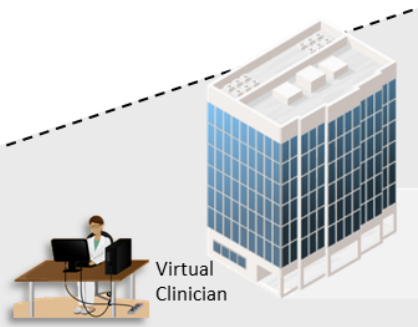
- Patient condition is emergent and complex from comorbidities

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


Blood Glucose


Smart Bandage


Smart Socks


Smart Knee Brace


Sensoria Mat
Wheelchair Wellness Coach

Examples provided by Sensoria Health

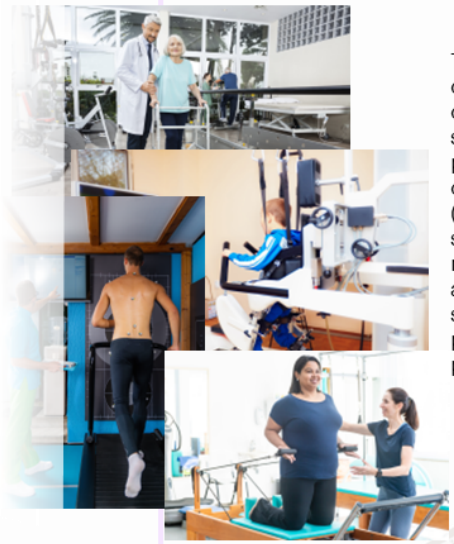

Blood Pressure


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

PRODUCT MINDSET

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