PATIENT-PROVIDER TECHNOLOGY SOLUTIONS THAT IMPROVE BUNDLED PAYMENT OUTCOMES AND CUSTOMER SATISFACTION

Kim Bond Evans, CEO, Seremedi
About Seremedi

• Digital health company headquartered in Houston, Texas

• Resident @ JLABS@TMC

• Seasoned leadership team
  • Microsoft; IBM; Symantec;
  • Bell Labs; SAP & 2^ND MD

• Medical Team: Baylor College of Medicine,
  University of Texas, Stanford & Indiana University

• Strategic partners:
Extended Care Coordination Supporting VBC Models

Human Touch + Digital Health Enables New Standards of Care

**CareScriptions®**
Ready-to-deploy patient care application

**Proxima MD®**
Enables hospital development teams to quickly and easily build custom clinical apps in weeks vs. months

- Remote care management
- Telehealth with data collaboration
- Early detection of complications
- Care coordination and population Health
- Health metric, symptom tracking
- Patient data “at home” analytics

**Proxima MD®**
Cloud Management Platform Built on Azure

HIPAA Compliant Platform
Analytics

Integrates with EHR systems
Providers Embracing Digital Care to...

- Enable Value-Based Care
- Provide virtual care
- Optimize for Value-Based Reimbursement
- Reduce complications and readmissions
- Increase patient satisfaction
Value Care Models Ramping Up

What share of your organization's patients are/will be in one or more of your value-based and fee-for-service programs, currently and in three years?

- Health Leaders Council May 2017
Value Care Revenue Expected to Double

- Health Leaders Council May 2017
Organizational Readiness to Implement

**FIGURE 10: Implementing New Software Capabilities**

With respect to delivering value-based care, please assess the status of your organization's ability in creating new workflows and care models to align with the implementation of new software capabilities.

![Bar chart showing the distribution of readiness levels for implementing new software capabilities.](chart)

- Very strong: 11%
- Strong: 39%
- Neutral: 31%
- Weak: 13%
- Very weak: 5%

*Base = 216*

- Health Leaders Council May 2017
Is your healthcare organization positioned to be a casualty or beneficiary of healthcare transformation?
Examples of healthcare organizations that are positioning themselves to be a beneficiary!
Case Study #1 MD Anderson Cancer Center

**Care Team Goals**

- Eliminate blind spots on health status of surgical oncology patient
- Early detection of complications avoiding delays in cancer therapy
- Enable patients to daily self report
- Enable patient to communicate data effortlessly
- Reduce length of stay optimizing patient flow
- Connect care team and patient during entire episode of care
- Increase patient satisfaction
MDACC Case Study – Eliminate blind Spots/Improve outcomes

Patient released from hospital feeling connected and cared for with CareScriptions’ automated guided care informing them of what to do and why.
Patient released from hospital feeling connected and cared for with CareScriptions’ automated guided care informing them of what to do and why

Patient has quick & easy access to care team contact info

Standard procedure pathway Personalized for patients

Patient experienced severe pain while traveling home with son. Pulls over on side of road turning vehicle into an ER space. They snap and upload pictures of impacted area to care team. Patient calls designated nurse.

MDACC Case Study – Eliminate blind Spots/Improve outcomes
Patient released from hospital feeling connected and cared for with CareScriptions’ automated guided care informing them of what to do and why.

Patient experienced severe pain while traveling home with son. Pulled over on side of road turning vehicle into an ER space. They snap and upload pictures of impacted area to care team. Patient calls designated nurse.

Nurse consults with patient and requests an ad-hoc video call.

Standard procedure pathway personalized for patients.

Secure & HIPAA clinician-patient compliant video calls.

Patient has quick & easy access to care team contact info.
MDACC Case Study – Eliminate blind Spots/Improve outcomes

Patient released from hospital feeling connected and cared for with CareScriptions’ automated guided care informing them of what to do and why.


2. Patient has quick & easy access to care team contact info.

3. Nurse consults with patient and request an ad-hoc video call.

4. Nurse triages patient using CareScriptions. She detects surgical drain has dis-lodged; request patient avoid emergency room and come into the clinic for a corrective procedure.

Patient experienced severe pain while traveling home with son. Pulls over on side of road turning vehicle into an ER space. They snap and upload pictures of impacted area to care team. Patient calls designated nurse.
Patient released from hospital feeling connected and cared for with CareScriptions’ automated guided care informing them of what to do and why.

Patient experienced severe pain while traveling home with son. Pulls over on side of road turning vehicle into an ER space. They snap and upload pictures of impacted area to care team. Patient calls designated nurse.

Patient has quick & easy access to care team contact info.

Nurse triages patient using CareScriptions. She detects surgical drain has dislodged; request patient avoid emergency room and come into the clinic for a corrective procedure.

Standard procedure pathway Personalized for patients.

Secure & HIPAA clinician-patient complaint video calls.

Cost saving procedure occurred in clinic in a timely manner delighting patient; Costly preventable ER visit avoided.

Nurse consults with patient and request an ad-hoc video call.

MDACC Case Study – Eliminate blind Spots/Improve outcomes
MDACC Case Study - Outcome

• Improve clinical outcomes and reduce costs
  • 20% reduction in length of stay
  • Early identification of adverse conditions
  • Better connected patients

• Operationalize value-based, remote care
  • 50% of follow-ups done remotely
  • 38% improvement in resource efficiency
  • Care team members function at the top of their license

• Patient resumed chemo on schedule vs. going to hospice

• Increase patient satisfaction
Case Study #2 Texas Children's Hospital/Houston Methodist & Baylor

Care Team Goals

• Improve patient and transplant coordinator experience
• Reduce complexity and anxiety for panicky transplant patients and their families
• Enable patients to daily self report effortlessly
• Improve patient self-sufficiency
• Reduce preventable readmissions
• Increase patient satisfaction
Patient released from hospital. Mom feels her son is connected and cared for with CareScriptions’ automated guided care informing them of what to do and why.
Patient released from hospital. Mom feels her son is connected and cared for with CareScriptions’ automated guided care informing them of what to do and why.

1. Images for easier management
2. Patient has quick & easy access to care team contact info

Pediatric patient experienced erratic breathing, mom panics and wants to go to ER. She calls the designated nurse instead.

CareScriptions enabled an emergency room visit to happen in child’s bedroom.

Food Instructions at a glance
Details about medications
Patient released from hospital. Mom feels her son is connected and cared for with CareScriptions’ automated guided care informing them of what to do and why.

Pediatric patient experienced erratic breathing, mom panics and wants to go to ER. She calls the designated nurse instead.

CareScriptions enabled an emergency room visit to happen in child’s bedroom.

Nurse consults with patient and request an ad-hoc video call.

1. Images for easier management
2. Patient has quick & easy access to care team contact info
3. Secure & HIPAA clinician-patient compliant video calls

Food Instructions at a glance
Details about medications

TCH/Houston Methodist/Baylor Case Study – Better Experience at a Lower Cost
Patient released from hospital. Mom feels her son is connected and cared for with CareScriptions’ automated guided care informing them of what to do and why.

Pediatric patient experienced erratic breathing, mom panics and wants to go to ER. She calls the designated nurse instead.

CareScriptions enabled an emergency room visit to happen in child’s bedroom.

Nurse consults with patient and request an ad-hoc video call.

Patient has quick & easy access to care team contact info.

Nurse triages patient using CareScriptions. Patients vitals are in range, no critical symptoms detected. Nurse sees patient recently had a panic attack and walks patient through breathing exercises. Patient’s relaxes, goes to sleep in his own bed.
TCH/Houston Methodist/Baylor Case Study – Better Experience at a Lower Cost

Patient released from hospital. Mom feels her son is connected and cared for with CareScriptions’ automated guided care informing them of what to do and why.

1. Images for easier management

2. Pediatric patient experienced erratic breathing, mom panics and wants to go to ER. She calls the designated nurse instead.

3. Nurse consults with patient and requests an ad-hoc video call

4. Patient has quick & easy access to care team contact info

5. Nurse triages patient using CareScriptions. Patients vitals are in range, no critical symptoms detected. Nurse sees patient recently had a panic attack and walks patient through breathing exercises. Patient relaxes, goes to sleep in his own bed.

CareScriptions enabled an emergency room visit to happen in child’s bedroom.

Costly preventable ER/ICU visit avoided.
TCH/Houston Methodist/Baylor Case Study - Outcome

• Reduce unplanned visits, readmissions and cost
  • 30% reduction in readmissions
  • Improved ER and ICU avoidance through real-time information sharing & access to care teams
  • Return on investment 24.43% to 30.64%

• Patient continues recovery from home increasing satisfaction
Misinformation and Inadequate Information Causing Medical Errors Are No. 3 Cause Of Death U.S. rank behind heart disease and cancer

- Johns Hopkins May 3, 2016
Case Study - Texas Children’s & Digital Decision Support

- Sudden death is common in patients with hypoplastic left heart syndrome

- Medical Informatics, a digital health company headquartered in the Texas Medical Center
  - Developed Alarm Manager an FDA approved device with a continuous monitoring algorithm that sees around corners

- Alarm Manager provides an institutional view of all alarms across all units in the hospital
  - provides a view of data for quick and easy targeting and ongoing analysis of impact.
  - continuously monitors for automatically recognize precursors to deterioration in real-time, providing an early warning to care staff

- With Alarm Manager, twenty cardiorespiratory deterioration events were identified in 13 of the 25 infants. Detecting impending events, 1 to 2 hours in advance of overt extremis (receiver operating characteristic area = 0.91, 95% confidence interval = 0.88-0.94)

- Providing the clinical team with life saving intelligence to avert a life threatening Crises
Digital Care Reduces Chaos, Inefficiency & Cost

Path to Success
- Follow-up
- Post-op Care
- Remote monitoring
- Discharge
- Arrival
- Pre-op meds
- Testing
- Consultations
- Pre-habilitation
- Smoking cessation
- Nutrition, weight loss

Diagnosed
Be a Beneficiary Not a Casualty of Healthcare Transformation

✓ Improve quality and outcomes

✓ Enhance patient and care team experience

✓ Lower costs

✓ Improve profitability