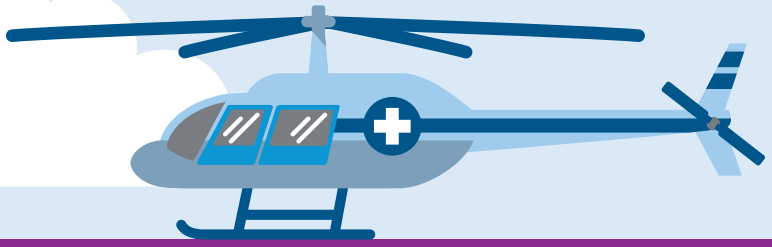
Telehealth, RPM and the Hospital at Home Model

Organizations across the care continuum are adopting the Hospital at Home Model to provide high quality, safe, hospital-level care to patients in the comfort of their own home.



HOSPITAL AT HOME

Factors Driving Hospital at Home Adoption

$11.7K

average cost per hospital stay in the US, making hospitalization one of the most expensive types of healthcare utilization

1 in 31

number of hospital patients who have at least one healthcare associated infection on any given day

$3 of every $4

spent on healthcare is for chronic disease

- √ Shift to consumer centric healthcare and focus on patient experience
- √ CMS launch of the Acute Care at Home Model
- √ Transition from volume under fee-for-service (FFS) to outcomes under value-based care
- √ Enormous strides in technology innovation allowing for easier and safer in-home care

Proven Outcomes with Hospital at Home

- Reduced Readmission
- Decreased Length of Stay
- Reduced Cost of Care
- Improved Patient Satisfaction and Experience
- Diminished Hospital Acquired Infections
- Increased Revenue from RPM/CCM Reimbursement

Examples of Hospital at Home Models with RPM

1 Model 1: Emergency Department Diversion

Goal: Divert from the emergency department to provide care at home

1a. The patient qualifies for admission for one of the targeted illnesses and is identified in the ED or inpatient hospital bed

2 Model 2: Early Discharge

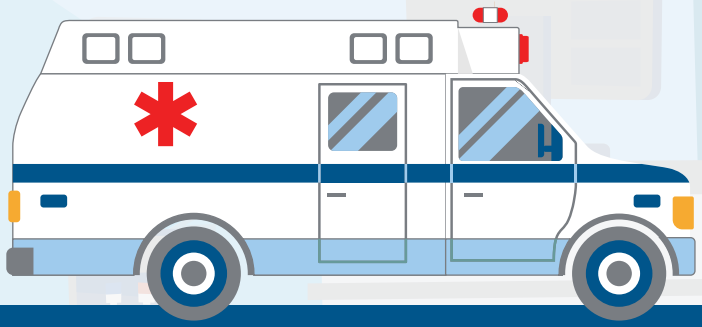
Goal: Reduce length of stay (LOS) in the hospital

1b. Patient is already being treated in the acute care setting for condition and qualifies for early discharge to home

2. The patient receives an in-person physician evaluation to assess program eligibility
3. If eligible, the patient is provided with the RPM technology in the hospital or the technology is sent directly to the patient's home via mail or in-person delivery from the hospital to home staff
4. The patient is transported home for care
5. At home, the patient receives nursing care once daily either in person or remotely, and two in-person visits daily via RNs or mobile integrated health paramedics
6. Every day the patient engages with telehealth and RPM tools to stay in communication with their providers and monitor their symptoms

   A minimum of two sets of in-person vital signs are required daily and remote monitoring should be consistent with existing hospital policies and standards of care. Remote monitoring can be continuous or intermittent, and the intensity should be appropriate to each patient's management needs.
7. The patient is treated until stable for discharge as determined by pre-set discharge criteria

Common Targeted Illnesses for Hospital at Home Programs



- √ Acute pneumonia
- √ Cellulitis
- √ COVID-19
- √ UTI
- √ Dehydration
- √ Heart failure
- √ COPD
- √ Sepsis
- √ Post-Surgical
- √ High or Rising Risk

HRS Health Recovery Solutions

About Health Recovery Solutions (HRS): Ranked #1 by KLAS for Remote Patient Monitoring in 2020 and 2021, HRS empowers the nation's largest providers and payors to deliver advanced telehealth and remote patient monitoring solutions improving patient satisfaction, reducing readmission, and optimizing clinician workflow.

To learn more, visit us at healthrecoverysolutions.com