Lessons in Digital Mastery to Gain Clinical Efficiency and Expand Care at Home

Presented by:

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> VISION to VIRTUAL Putting patients first



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Session Agenda

Welcome & Speaker Intros



Strategies for Implementing Digital Enhancements



Identifying Key Conditions and Staffing Needs for Effective Home Care 5

Scaling Up Post-Digital Transformation



Elevating Care with Digital and Al Innovations





Technology Trends in Connected Care @ Home Head of Product HRS



Technology Trends in Connected Care @ Home

Technology Trends which are Driving Digital Transformation, Digital Health, Insights, Clinical Decisioning and Healthy Outcomes





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Technology Trends in Connected Care @ Home

Technology Trends which are Driving Digital Transformation, Digital Health, Insights, Clinical Decisioning and Healthy Outcomes





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Identifying Key Conditions and Staffing Needs for Effective Home Care Medical Director Lee Health



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Three Key Areas of focus for Lee Health RPM

How and Why to structure your team carefully!



Clinical Structure

✓ Build new Department

✓ Staffing with clinicians

Referrals

If you build it, they won't come!

 Developed BPAs to identify and refer patients Clinical Outcomes

 Improved clinical care with 50% reduction in 30-day readmissions



Lee Virtual Health Clinical Team Structure



• Removed from Home Health and created independent clinically lead & staffed department

- Had 2,400 active patients in 18 months and current Avg. Daily Census (ADC)=~700
- Avg. 20 patient outreaches per day/per RN



Active RPM Care Pathways



VIRTUAL

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Referral Optimization Program

If you build it, they won't come:

- Referral volumes were low and not stable
- Instituted Risk Based RPM Referral for CHF
 - •Resulted in 50% inc. Referrals (46->115 per/month, total n=742)
 - •Click rate 51% (>30% considered very successful)
 - •Overall program conversion rate: 43.8% (6,730/2,947)

✓ Due to massive success, we rolled out BPA's in Sepsis, COPD, and now OB





Clinical Outcomes with Current Model



Readmissions

44% reduction in all cause readmissions
(18.8%->10.4%, n=1,702)
65% reduction in CHF readmissions (20%->7%, n=519)
35% reduction in Sepsis Survivor 30-day readmission (40%->26%, n=33)

Adherence & Efficiency System Collaborations

Overall adherence w/daily vitals
71% (n=1,702)
BP: 73%
O2:71%
Survey:63%
Weight:71
Avg. age 72 (n=1,702)
Response time by clinicians to RN escalations (~18min) •Referrals to complex services:

-Rapid Divresis clinic: 19
-CHF transition clinic: 36
-Pharmacist e-consult: 40
Oral divretic protocols for
CHF (treat in place) n=356
Mobile urgent care referrals (n=46)



Elevating Care with Digital and Al Innovations HRS Head of Product



Passive Monitoring: Vitls

Thin. Unobtrusive. Wireless. Flexible.

The newest addition to our portfolio of proven monitoring technology can improve detection of deterioration, shorten hospital stays for higher acuity patients, decrease treatment costs, and increase patient satisfaction scores by enabling care providers to continuously monitor important vital signs like body temperature, and heart rate.

- ✓ Scheduled, passive data collection
- ✓ Configurable reading frequency
- ✓ 5 inches small, lightweight, and comfortable
- ✓ Waterproof
- ✓ Easily sync data via the cloud to your EHR system or any connected device
- ✓ Disposable with a 7-day wear time
- ✓ Ages 2 to 100





FDA Cleared Parameters: Core temp, Heart rate

Additional Parameters: SPO2, Respiratory rate, 9-axis accelerometer



Patient Readmission Risk Scoring

Machine learning model to predict patient hospital readmission based on internal and external patient data

Clinical Note Sentiment Tracker - This combs all clinical notes written concerning a specific patient and provides a sentiment score around the patient based on what was written and can then be used in overall stratification

Anomaly Tracker - This will establish patient-specific anomaly tracking because of a patient's prior reading rather than pegging anomalies to a static measurement



HRS – AI Initiative in Collaboration with Amazon

HRS AI Collaborative Initiative with Amazon Web Services (AWS)

Introducing JAIN – Jayne, our Generative AI Nursing Assistant, Enabling Care Teams to Deliver More Effective Care, at Scale

Feature Overview:

- JAIN will serve as a care-team facing chatbot, which will support on demand data collection, summary, and analysis to aid in decision-making processes
- The feature aims to streamline information retrieval, enhance data comprehension, and ultimately contribute to more informed clinical decisions

Functionality Overview:

- The feature will allow for collection of HRS patient data and via the implementation of algorithms, will provide the capability to summarize and analyze biometrics and other data points
- Response time for any queries will be delivered within 2-seconds, and for complex analytical requests, within 5 seconds
- Delivery is supported by Natural Language Processing (NLP) and Large Language Models (LLM) using both pre-trained medical language models, user generated input, and real-world data; including contextual understanding for queries
- Data Protection, Security & Privacy and adherence to HIPAA standards established to be within compliance for evolving AI legislation







HRS – AI Initiative in Collaboration with Amazon



Example Use Cases*:

• User driven queries, to support on-demand patient information queries – Patient Centric Queries

"Summarize the last 4 notes written on Patient John Doe" "How has this patient's blood pressure changed since they began using Lisinopril medication?" "Has John Doe met 16-day Bluetooth readings in this month?" "What is the shipping status of this John Doe's kit?"

Provider Centric Queries

"Give me a list of patients and the follow up information I documented, based on the most recent notes where indicated that I needed to follow up"

Population Centric Queries

"Give me a list of patients with at least 12 but less than 16 Bluetooth readings in this month. Include their stored phone number and their total Bluetooth readings" "What is the average change in systolic blood pressure for Hypertension patients after 7 days, 14 days, 30 days in the program?"



Strategies for Implementing Digital Enhancements Medical Director Lee Health



Technology Enabled Enhancements: Future State



auto-baselining brings

•RN: Patient 1:65->1:110

•RN/AP staffing through predictable BPA referrals

Sepsis Readmission via Passive "continuous" monitoring technology:
Current: 26%->7-10%

•Early interventions mean better outcomes

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Looking Ahead: Scaling up post-digital transformation



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Enterprise Support Across the Full Continuum of Care



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Questions?



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