

An enterprise-wide solution
to seamlessly integrate
evidence-based digital
medicine tools

Rx.Health

Provider Organizations are Unprepared for Value Based Care



Value based care has arrived



76% of hospitals face readmissions penalties



50% of unprepared for bundles and MACRA

<http://khn.org/>

Poor healthcare apps could cost hospitals \$100 million a year, Accenture says

While 66 of the 100 largest hospitals in the United States offer consumers mobile health apps, only 2 percent of patients are using them, new report finds.

By [Bill Siwicki](#) | January 06, 2016 | 07:37 PM

SHARE 644



The Healthcare Ecosystem is Digitally Evolving

There is an unprecedented technological expansion in healthcare
Legacy systems continue an insular development cycle that fails to integrate with new technologies
This runs parallel to a colossal market shift from fee-for-service care towards payments based on value

Focus on "Illness"

- 1990s



Telecommunication
Telematic
Telemedicine

Focus on "Healthiness"

2000s



e-health
Internet
Digital information
From prevention to rehabilitation
Health informatics

Patients as Partners

2010s



Mobile devices
EHRs
Early Digital Health
Aim for "adherence"

Personalized Medicine

2018-



Smart devices/IoT
Predictive analytics
Big data
Artificial Intelligence
Machine Learning
Aim for "compliance"

Old Payment Framework

Volume-Based

Fee-for-service arrangements reward volume – focus on treating illnesses and injuries as they occur. The response is to fill beds and appointment slots and increase the number of tests and procedures performed.

Fee-for-service reimbursement

High quality not rewarded

No shared financial risk

Acute inpatient hospital focus

IT investment incentives not seen by health providers

Stand-alone care systems can thrive

Regulation impedes provider-provider collaboration

New Payment Framework

Value-Based

Value-based care rewards the value of services provided – focus on preventing illnesses and injuries or catching them earlier when they are less expensive to treat. The response is to continuously and consistently monitor patients health and work with them to improve it.

Payment rewards population value: quality and efficiency

Quality of care directly impacts reimbursement amounts

Partnerships with shared risk, requiring enterprise-wide solutions

Increased patient severity

IT utilization essential for population health management

Scale increases in importance

Realigned incentives, encouraging coordination

Patients live in a digital world but providers lack resource to prescribe right digital tool in fragmented digital health ecosystem

86% patients want digital tool, while **<2%** of providers recommend them

An average hospital loses **\$100M annually** due to inability to recommend right app or digital therapeutics at the right time

Over **350,000** Health apps and digital therapeutics exist in silo and not integrated with EHR or workflow

PATIENTS SEEK GREATER CONTROL OVER THEIR HEALTHCARE DECISIONS, AND CMS INCENTIVIZES CARE OUTSIDE 4 WALLS OF HOSPITALS. BUT CCM, CPT AND TCM CODES ARE UNDERUTILIZED



¹ <https://healthitanalytics.com/news/iot-machine-learning-integration-boosts-medicaid-patient-care>

² McKinsey&Company, The Internet of Things: Mapping The Value Beyond The Hype, June 2015

We need a Platform to Filter Through the Noise

Curate the best evidence based tools

Rx.Health sorts through the 300,000 mHealth mobile applications, numerous wearable devices, telehealth providers, secure messaging, and more to deliver evidence based digital toolkits

Prescribe digital solutions within clinical workflows

Integration with EHRs, CRMs, Care management solutions allows digital assets to be prescribed as easily as a lab or radiological test

Weave complimentary tools into care pathways

Combine digital technologies into long term care pathways that deliver the right solution when a patient needs it and how they need it



Bulk Prescription™ with proprietary clinical rules allow enterprise-wide digital transformation (From 6% adoption to 92% adoption)

Traditional
HL7

1990s

Ubiquitous
But Inefficient

Data Warehouse
Stored Procedures

2000s

Automate data export through
stored procedures
Capability and access vary by
individual site

Reports
Reporting Workbench

2005s

One click upload of reports
through Secure FTP
Low technical skills required

API
FHIR

2016-

Most advanced and efficient
Not widely available yet



Prescribe Anything, Unify Everything With One Platform

10

Rx.Health's carefully curated Digital Toolkits combine multiple digital therapeutics, devices, and solutions under one umbrella

Knowing that every health system is at a different stage, each toolkit is modular to easily plug-and-play with current vendors



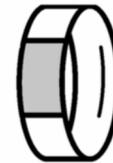
Telehealth



Secure Messaging



Screening & Surveys



Wearables



Appointment
Scheduling



Health Records



Mobile Apps



Shared Decision /
Health Education



Predictive Analytics



High Risk Population
Management



Chat Bots



Guided by
Clinical Rules

Born out of Mount Sinai Delivering value nationally

We at Rx.Health differentiate ourselves through our deep clinical expertise and unrivalled proving ground within Mount Sinai Health System

We understand the workflows for Providers, Payers and Pharma and keep simplicity at our core

Our partnerships with the **American College of Cardiology** and the **American Gastroenterological Association** provides unique channels to create national networks

Recently signed 5 year contract with major pharmaceutical company based on novel data generated for real world evidence

Traction in last 1 year



**Mount
Sinai**



**AMERICAN
COLLEGE of
CARDIOLOGY**



**Crohn's and
Colitis Canada
Crohn et
Colite Canada**

Proven Success Stories With Health System Transformation Network

Multiple validated use-cases developed and delivered through Rx.Health's platform

Heart Failure Readmission Reduction

Quality improvement trial monitoring
CHF patients 30 days post discharge.
Patients prescribed app + devices

40%

Readmission
Rate reduction

73%

Active Patients

Chronic Disease Management

NIH sponsored, 2-year pragmatic
randomized trial collecting electronic
patient reported outcomes in IBD Patients

3x

Quality of Life
Improvement

75%

Active Patients
After 2 Years

Provider Acceptance

Within 8 weeks, more than 2000 digital
app prescriptions by providers

96%

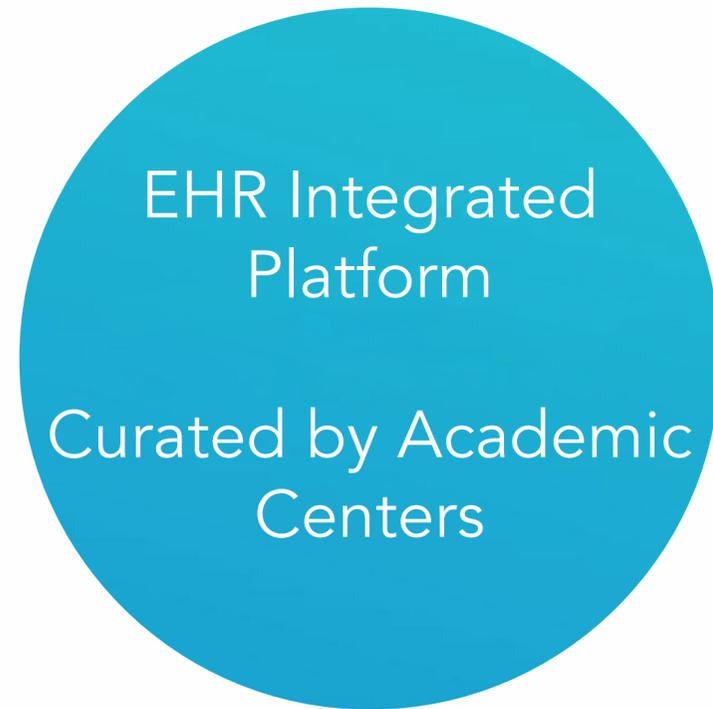
System
Usability Score

92%

Activated
Patients

Exponential ROI for Providers and Payviders

Single platform for multiple transformation use-cases



Use-cases

- Transitions of Care and Readmission Reduction
- Perioperative care and Next Gen Appt reminder
- Patient Reported Outcomes
- Behavioral health apps
- Providing Portal access to populations at scale
- Efficiency in high cost surgeries
- Remote Monitoring of 5 high cost diseases
- Employee Engagement and Wellness
- Assess Social Determinants

ROI through

Leveraging investments made (PHR)
Improving peri-op throughput
Remote monitoring and CCM Codes
Patient experience survey and
Real time service recovery
Reducing readmission penalties
MACRA-Increased score- QI activities
CIN and Pop Health (Top 5 diseases)
At-risk contracts and ACO

Details: Our Validation and Success Stories To Date

Mount Sinai Health System First Health System where Doctors Prescribe Apps!!

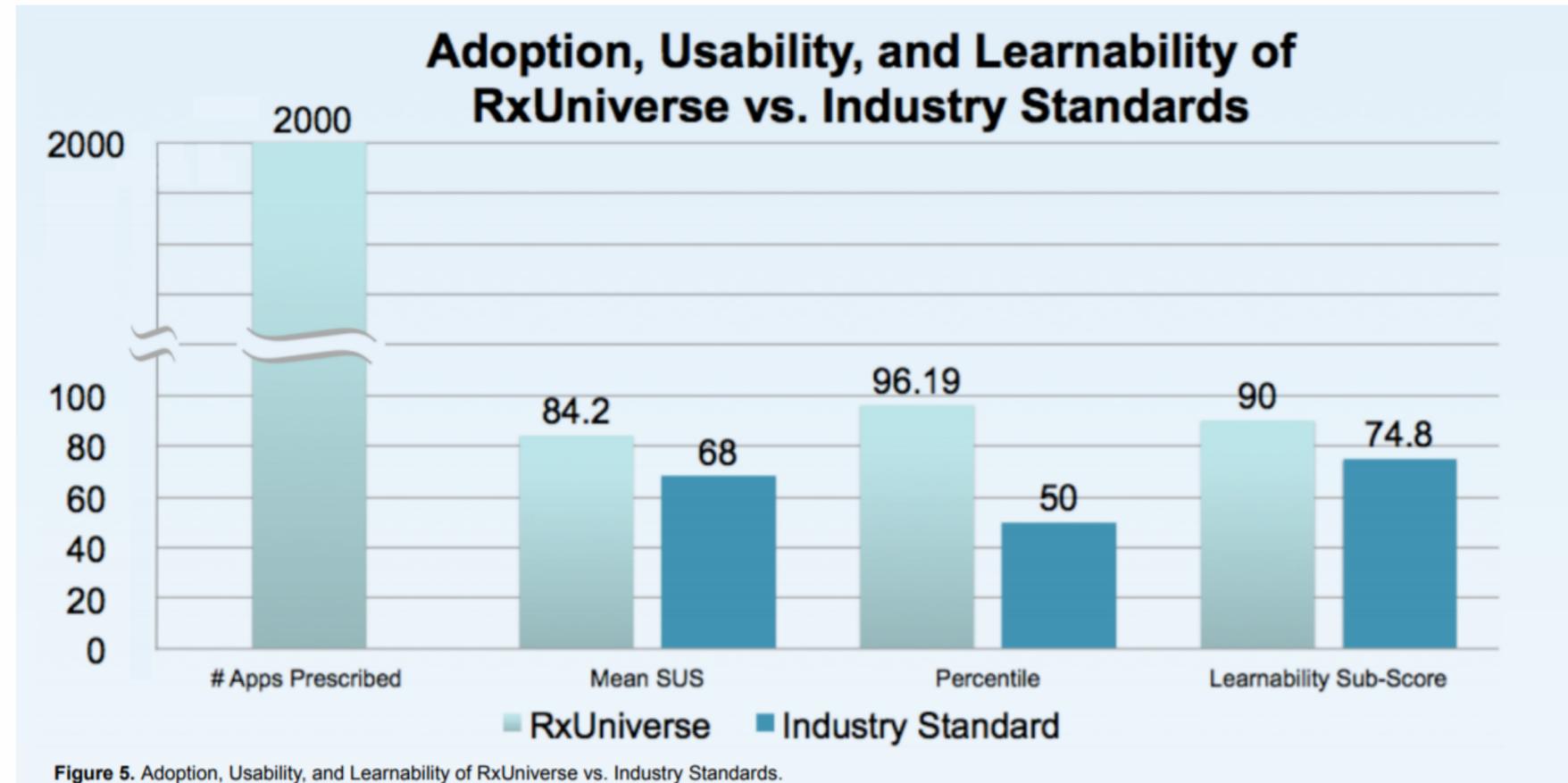
The screenshot shows the NPR Marketplace website interface. At the top, there are navigation links for "Listen" and "Shows", the "MARKETPLACE" logo, social media icons for Facebook, Twitter, Instagram, and YouTube, a "DONATE" button, and a search icon. Below the navigation is a "Featured Now" section with tabs for "Workplace Culture", "This is Uncomfortable", "How We Survive", and "Brains and Losses". The main content area features a dark blue podcast player with a play button, a progress bar, and a "LISTEN NOW" button. To the right of the player is a large image of a hand holding a smartphone displaying the "Inform Health" app interface. The app screen shows a "Home" screen with four main categories: "Drugs", "Videos", "Conditions", and "Images", each with a play button and a brief description. Below the player and image, there is a green "LISTEN NOW" button and three circular icons for back, forward, and download.

NPR Marketplace

Patient Engagement and Provider Validation



Usability and Learnability Ranked in the 94th Percentile



Patient engagement:

93% patient engagement during in-person prescription

Provider Validation:

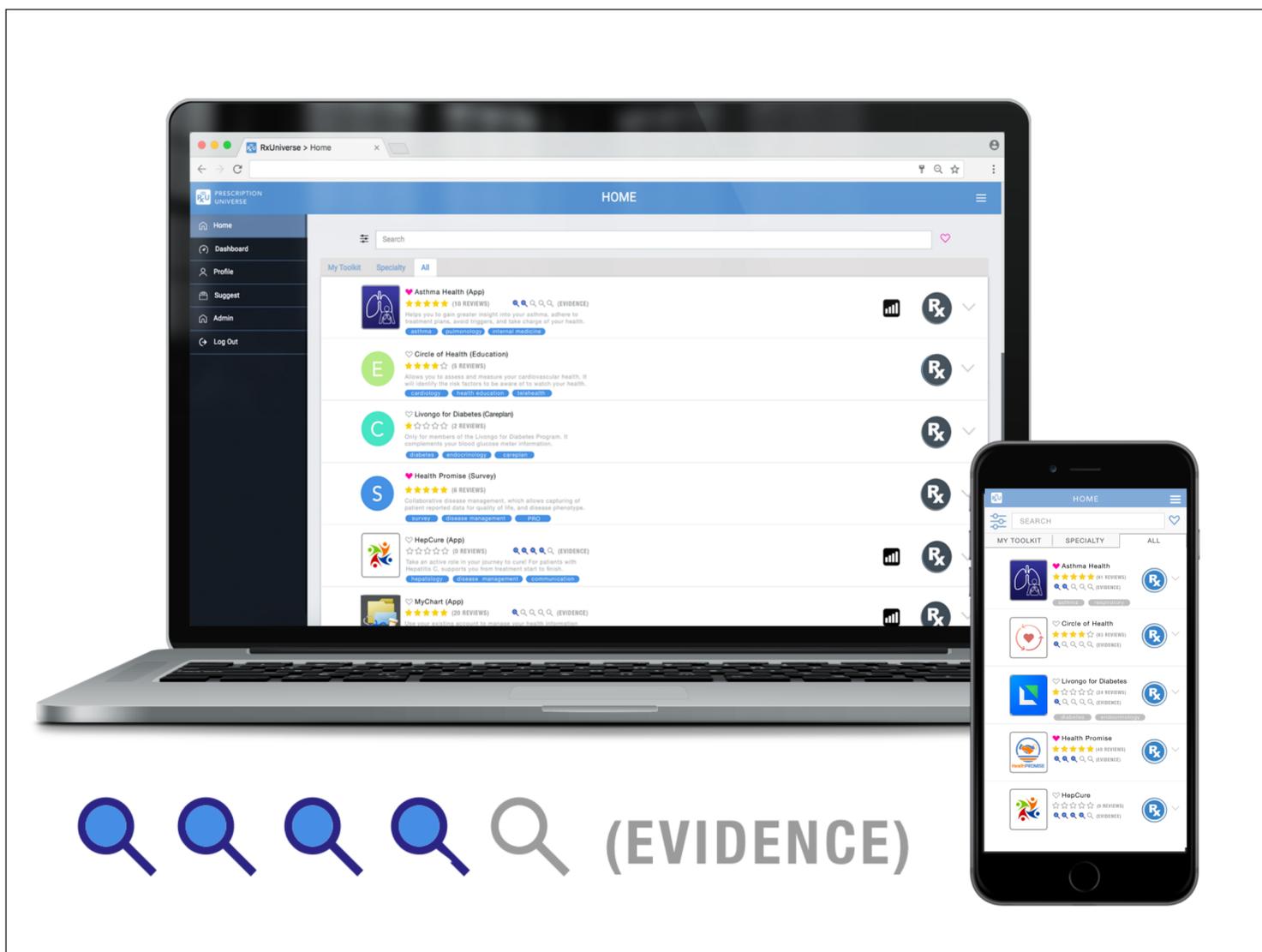
94th percentile rank in System Usability Scale for provider Usability and Learnability

Makhni, Sonya, et al. Usability and Learnability of RxUniverse, an Enterprise-Wide App Prescribing Platform Used in an Academic Tertiary Care Hospital . AMIA Annual Symposium 2017, 9 Nov. 2017, knowledge.amia.org/65881-amia-1.3897810/t003-1.3901461/f003-1.3901462/2731341-1.3901685/2731341-1.3901686?qr=1.

PRESCRIBING EVIDENCE-BASED DIGITAL TOOLKITS



Apps and Digital Tools sorted by evidence and packaged as digital medicine toolkits



Health Education Content, Videos, Webinars



Survey and Feedback



Tracking Apps, Websites



Wearables



Telemedicine



Appointment Scheduling



Social Patient Engagement



Clinical Trials

Modular Plug n Play Approach to Digital Platform Architecture

Integration Layer

EMR

- Epic
- athenahealth
- Allscripts

HEALTH EDUCATION/
WEARABLES

- healthwise
- iHealth

- CDS Hooks
- HL7
- FHIR API
- SFTP/FTP

Engagement Layer

- Email/SMS
- Digital Health Assistants
- IVR
- FAQ and Screening Bot
- Email and Alexa Bot
- Next Gen Appt Reminders

Platform Layer

- Digital Disparities Module
- Patient Reported Outcomes
- Health Education
- Patient Webinars
- Telemedicine
- Wearables

Infrastructure Layer

Microsoft Azure

- Virtual Computers
- Azure Blob Storage
- VPN Gateway
- Containers
- Azure Cosmos DB
- DNS
- App services
- SQL Server
- Application Gateway

Compute Storage Networking

Analytics Layer

- Dashboards
- Tableau Server
- Alerts
- Daily/Weekly Reports
- Cloud Resources Monitoring

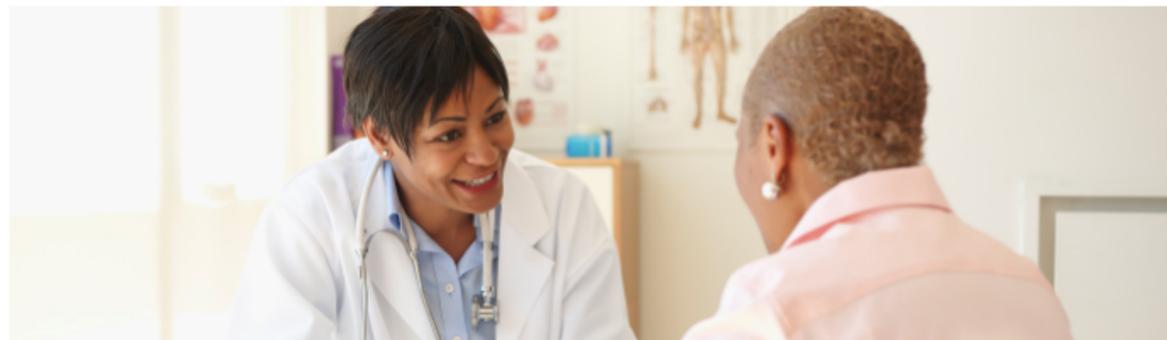
Programming Layer

- CLINICAL Rules Engine
- IFTTT
- Recommendation Engine

Integration with 100,000+ Content and Video Library



Make Better Health Decisions



Conditions

Topics

Videos

Tools



Diabetes and Exercise



Urinary Tract Infection: Here's Help



PTSD: Signs and Symptoms

[En español](#)

Home



[En español](#)

CT Scan of the Body

CT Scan of the Chest

CT Scan of the Neck

CT Scan of the Spine

CT Scan of the Head and Face

Computed Tomography (CT) Scan

areas better. For some types of CT scans, you drink the dye. The dye makes structures and organs easier to see on the CT pictures.

A CT scan can be used to study all parts of your body, such as the chest, belly, pelvis, or an arm or leg. It can take pictures of body organs, such as the liver, [pancreas](#), [intestines](#), [kidneys](#), [bladder](#), [adrenal glands](#), lungs, and heart. It also can study blood vessels, bones, and the spinal cord.

[Fluoroscopy](#) CT is a special test that is not widely available. It uses a steady beam of X-rays to look at movement within the body. It allows the doctor to see your organs move or to guide a [biopsy](#) needle or other instrument into the right place inside your body.



[Test Overview](#)

[Why It Is Done](#)

[How To Prepare](#)

[How It Is Done](#)

[How It Feels](#)

[Risks](#)

[Results](#)

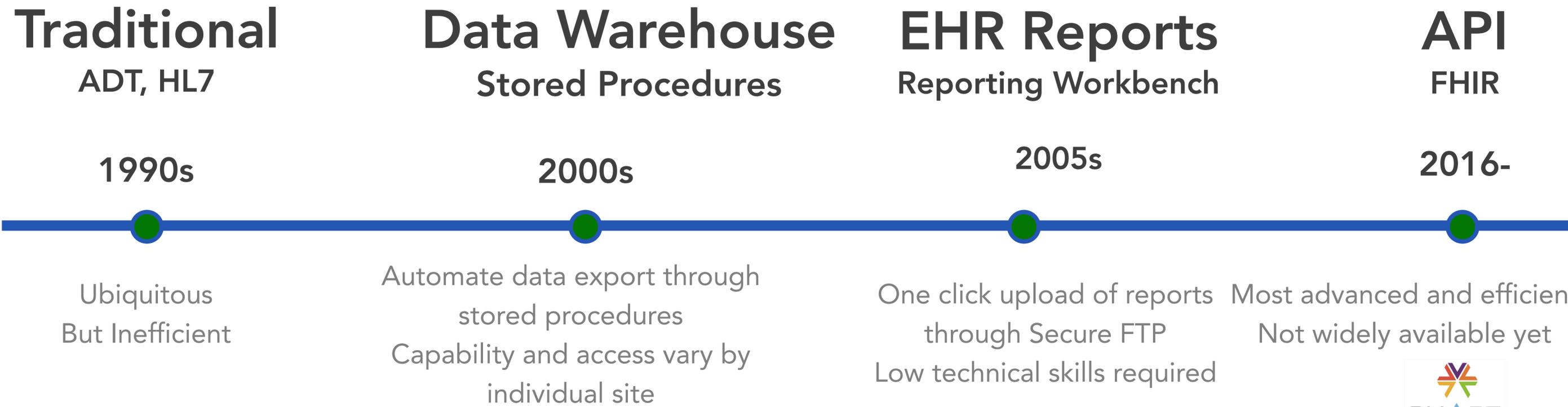
[What Affects the Test](#)

[What To Think About](#)

[References](#)

[Credits](#)

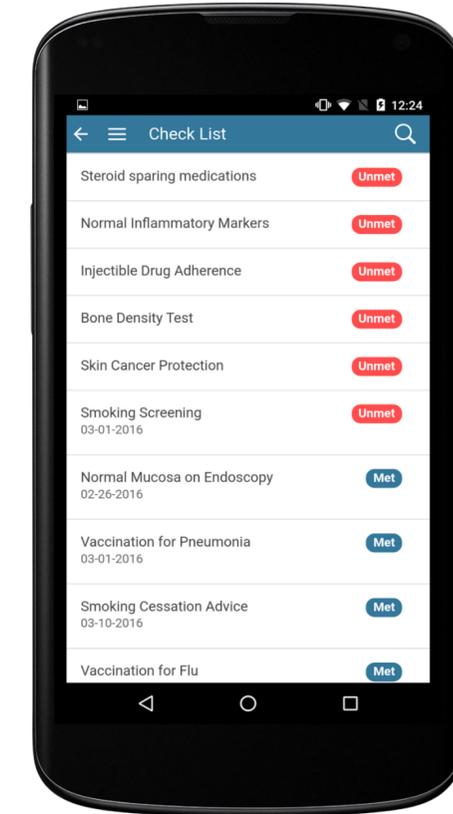
Integration with EHRs and Care Management Systems Allowed Bulk Prescribing for Pop Health and Replicate Success Stories with other Health Systems



Validated Use-Case- Apps (MIPS)

Long Term Patient Engagement and QI

In a pragmatic randomized trial at Mount Sinai Medical Center (MSMC), patients using Health-PROMISE could update their e-PRO information and receive a disease summary.



320

Patients Enrolled

In the study, 162 were randomized to the intervention group. 158 were randomized to the control group.

3x

Quality of Care Improvement

Leads to positive health outcomes as well as improvement in QoL

75%

Active Patients

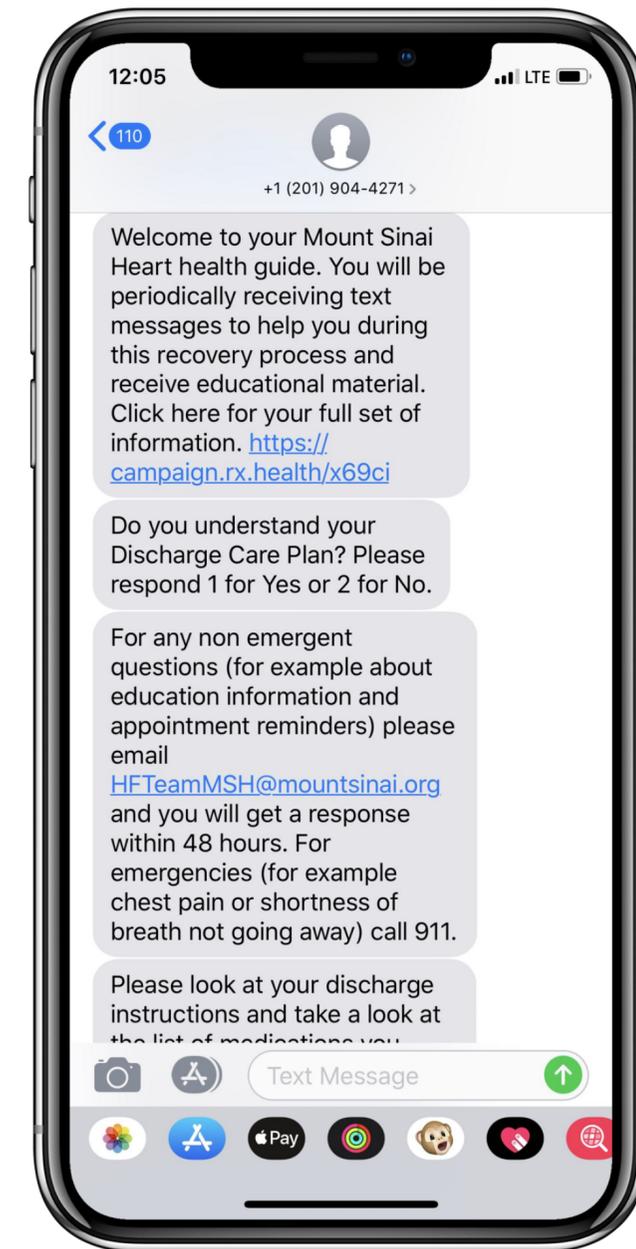
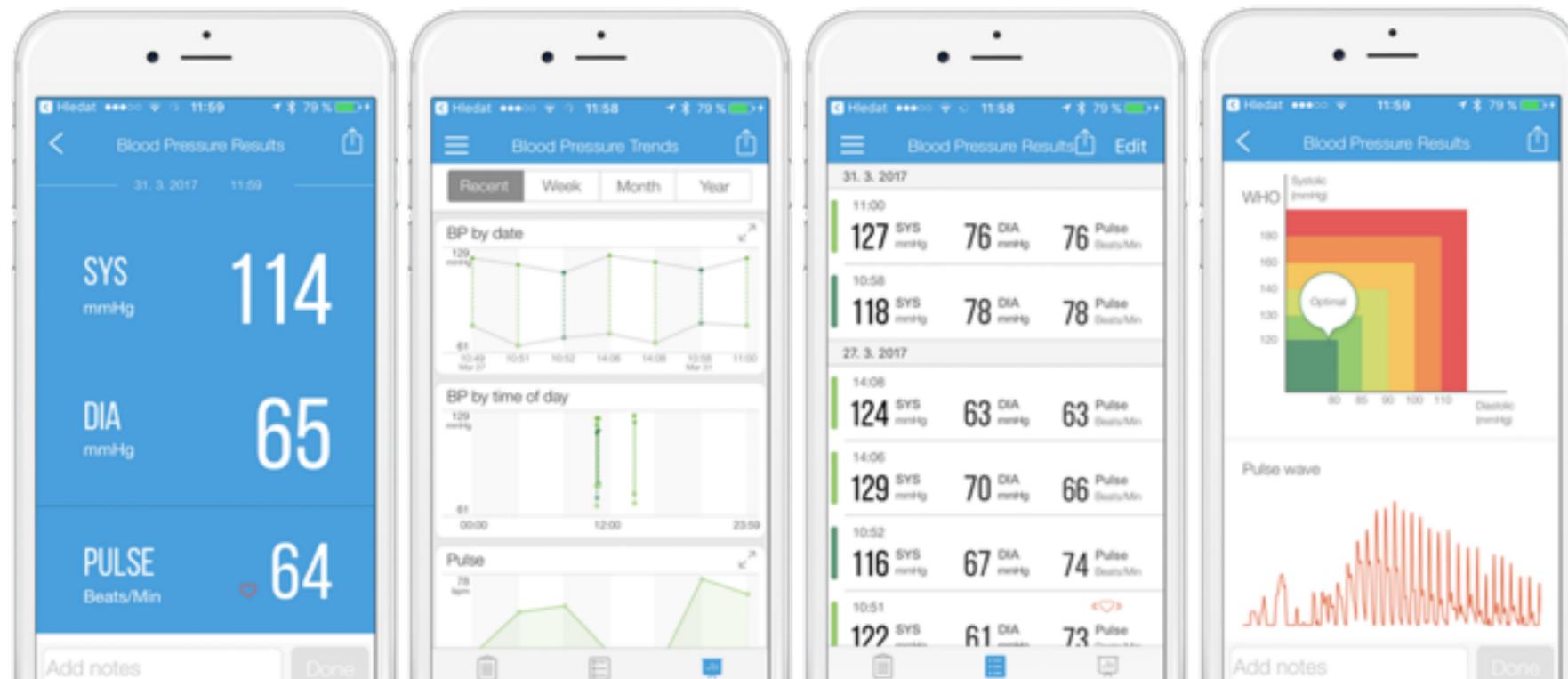
Who continue to frequently log into HealthPROMISE app and update their e-PROs.

Mount Sinai Success Story: Heart Failure

Results:

10% Heart failure-specific readmission within 30 days

Reference: 20 - 25% Hospital readmission within 30 days



SBH Health: Bulk Prescription of Care Plans For DSRIP Asthma Pop Health Initiative



14%

Engagement Rate In 12 Hours

Within 12 hours of the initial message being sent, 14% of patients replied with more replying over the next 48 hours

2.6%

Opt-out rate

Only 2.6% of patients opted out of the Asthma Care Plan, showing that digital engagement can be high when done in the right way

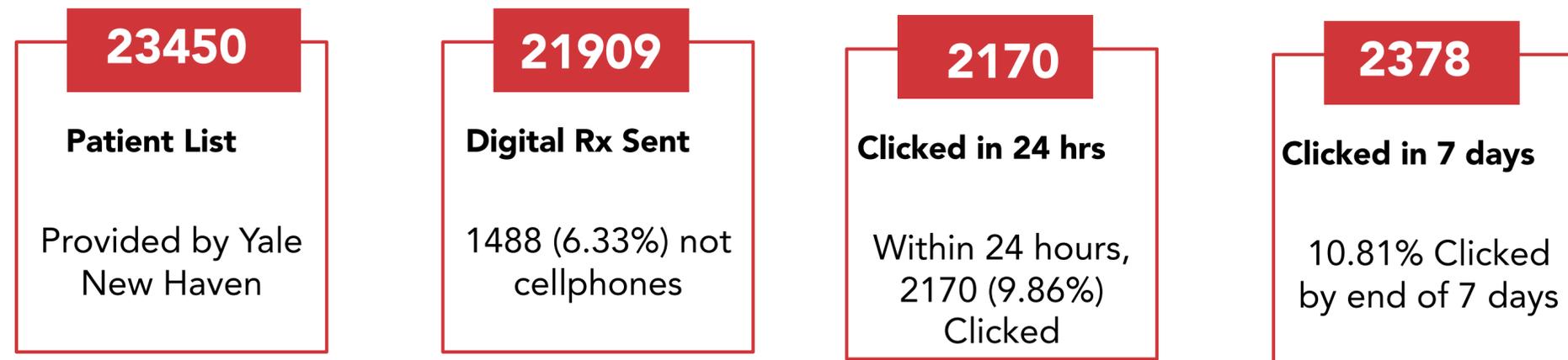
100%

ACT Completion Rate

Every patient that started the ACT survey, completed the ACT survey showing that a 5 question survey isn't burdensome for patients

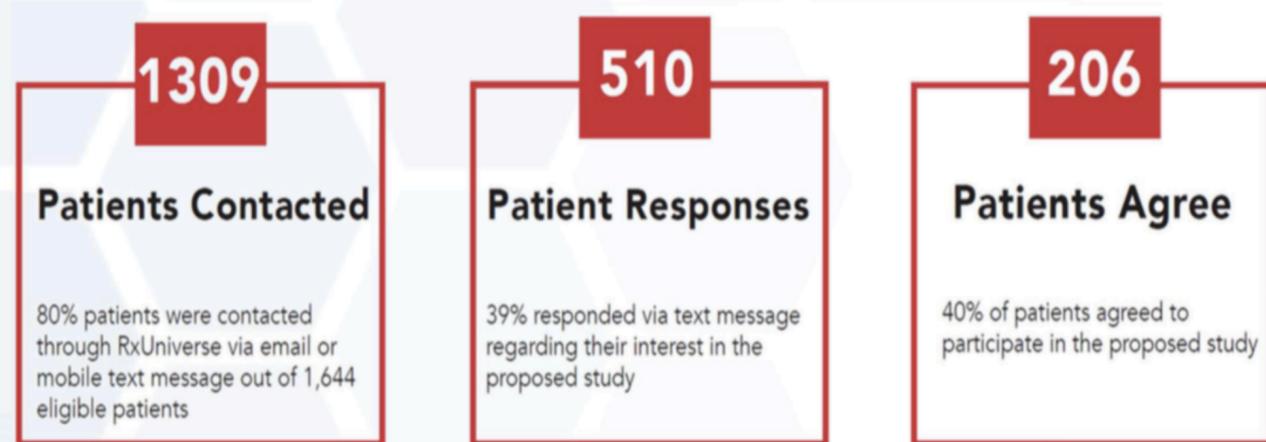
Yale Experience: Enterprise wide PHR Onboarding with bulk prescription

A recurring report of patients offered activation code but who had not yet registered was uploaded to RxUniverse

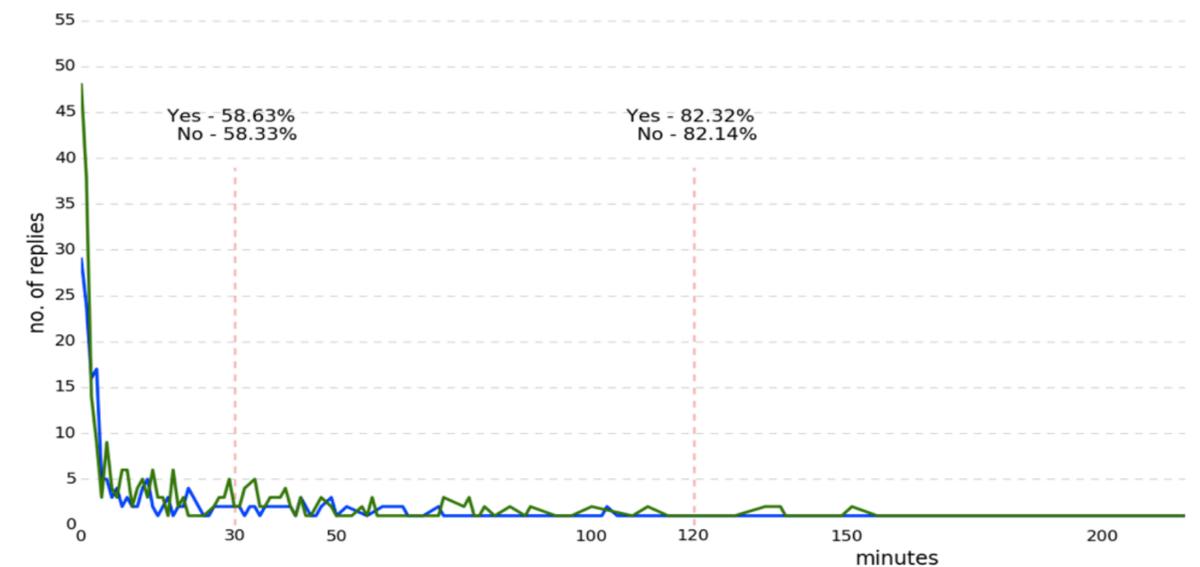


Real Time Clinical Trial Recruitment and Engagement

Mount Sinai Crohn's and Colitis Registry (MSCCR) is a registry of Inflammatory Bowel Disease patients. RxUniverse's bulk prescribe feature was used to contact eligible patients for an additional clinical trial. This feature is a way of contacting and recruiting large groups of patients with a single click!



Timeline of Response



Validated Use-Case

Real Time Patient Experience Survey and Service Recovery

Patient Satisfaction Survey

Please select the number of stars on a scale of 1-5, with 1 being the worst, and 5 being the best, please rate the following:

④ How well your doctor communicated your medical plan with you.



⑤ How well your nurse communicated your medical plan with you.



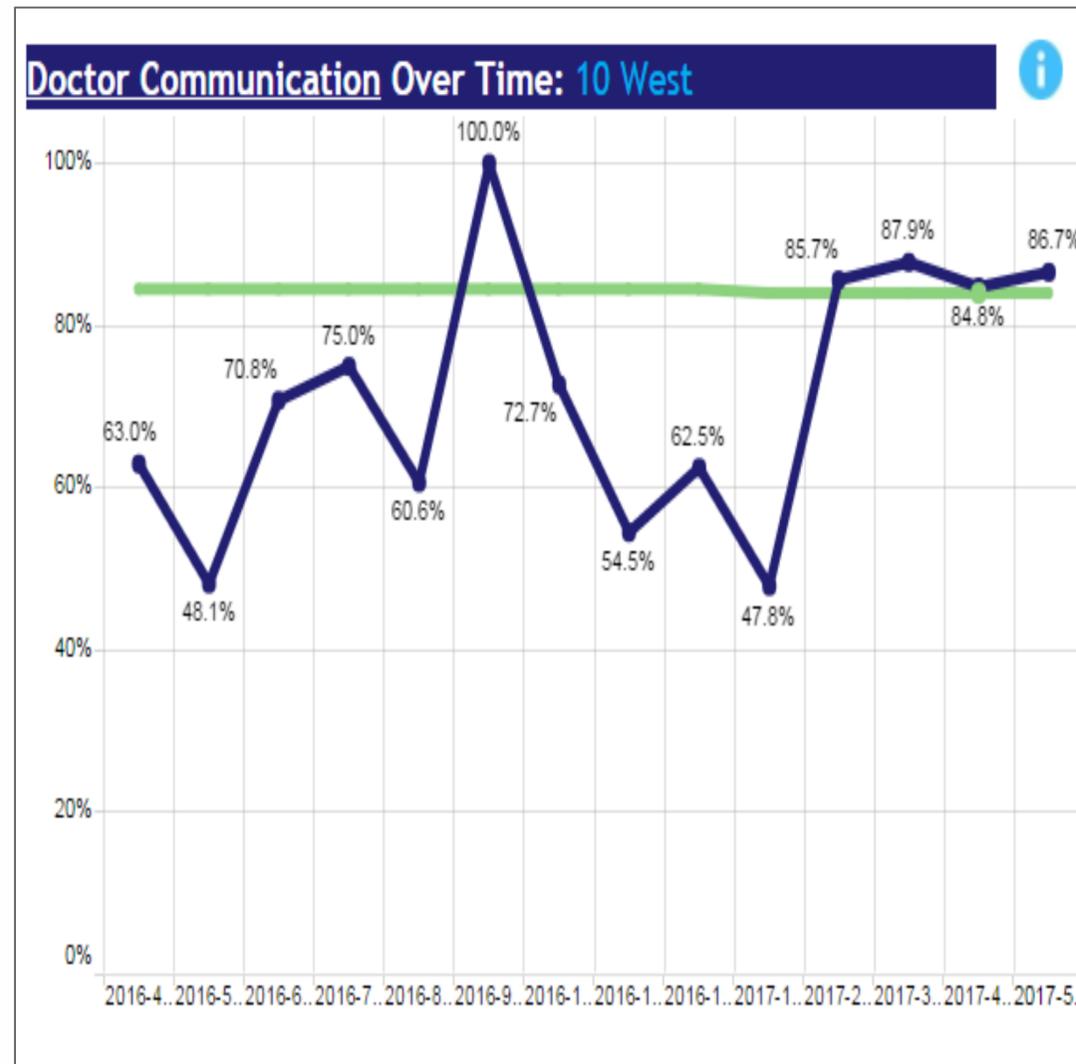
⑥ How well the staff explained the purpose and side effects of new medications.



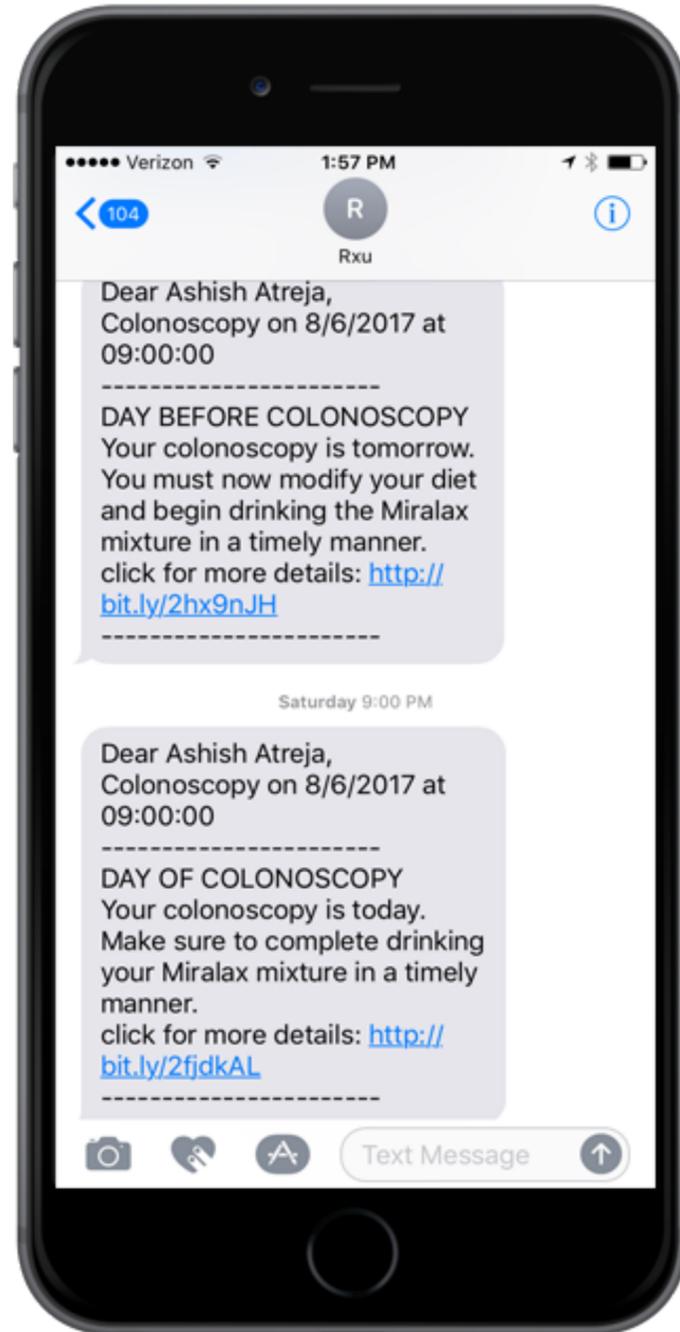
⑦ How well the staff is preparing you for leaving the hospital (discharge).



⑧ How would you rate your experience in the hospital thus far?



ROI by decreasing no-shows and better pre-rehab through digital care plans for Procedures and Surgeries



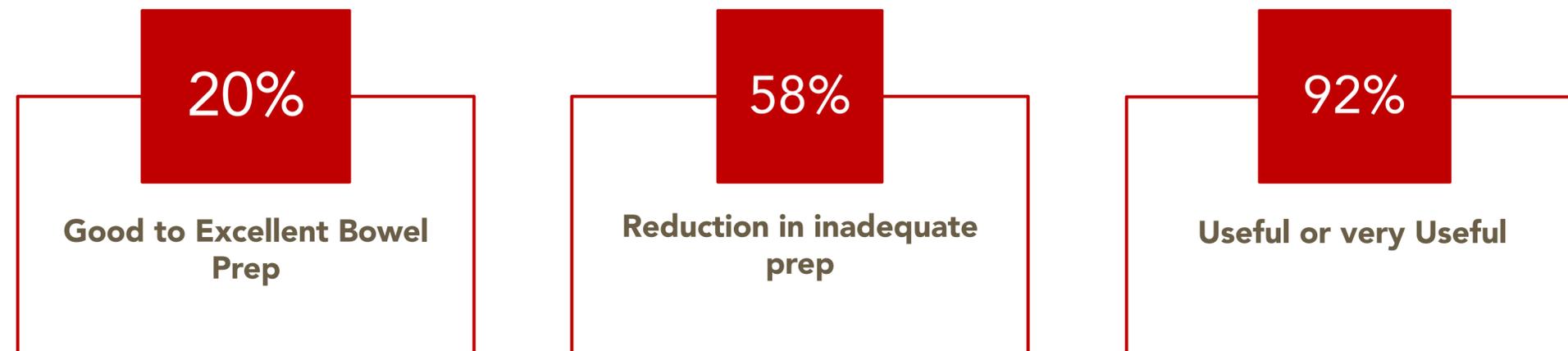
Colonoscopy and Surgeries: Major source of revenue leaks

Percentage of patients with missed or delayed appointment (~6%, 15%)

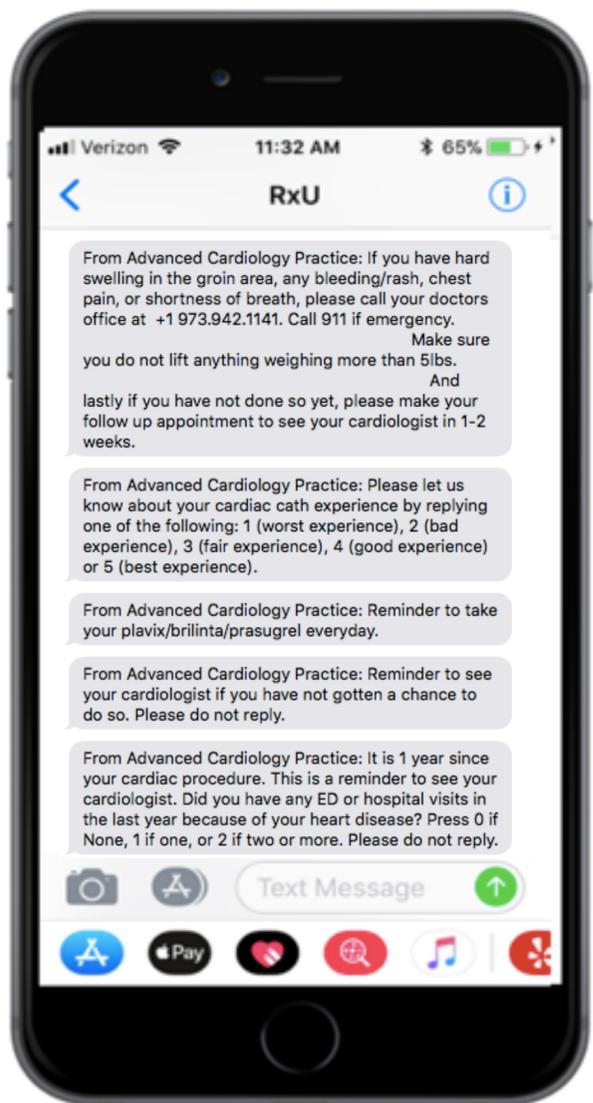
Percentage of patients with poor preparation (15-25%)

Percentage of patients with ER after procedures (2-8%)

Patients not coming back at recommended intervals (30-70%)



Automate HF, EP and Cardiac Cath Procedure Navigation as part of ACC Digital Medicine Toolkit



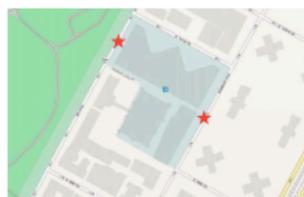
Prescribe Digital Pathway

VI YOUR PROCEDURE STEP-BY-STEP

1 Day Before Your Procedure
A nurse will call you after 1 pm to give you a time to arrive at The Mount Sinai Hospital. She will tell you what medications to continue or discontinue and what you can eat the morning of your procedure. She will answer any questions you may have.



2 Day of Your Procedure
The street address and directions to The Mount Sinai Hospital are listed on pages 27-28 of this guide. You may enter at 1468 Madison Avenue, or 1190 Fifth Avenue. When you enter the building, ask the receptionist to direct you to the Guggenheim Pavilion 5 West, Fifth Floor, Room 182.



3 Registration (About 45 minutes)
(Guggenheim Pavilion 5 West, Fifth Floor, Room 182) You will be asked for your name, address, phone number, etc., and your insurance information. You will need to provide some form of identification. Any insurance copayment will be required at this time. You will also need to provide a list of medications you take.



4 Ambulatory Area (2-4 hours)
If someone accompanied you to the hospital, he or she will now have to go to the family waiting area. You will be escorted to the Ambulatory Area, where you will put on a hospital gown and slippers. Blood chemistry screening and an electrocardiogram (EKG) will be performed. You will be asked to give your informed consent for the procedure(s).



An intravenous (IV) line will be inserted in your arm.

12



Shared Decision / Health Education



Appointment Scheduling chat bots

Automated Remote Monitoring and Registry

STATISTICS Rx HISTORY Rx Rules Prescriptions

| Name | Phone/Email | Time | Patient | Cancel |
|------------------------------|-------------|-----------------------|---------|--------|
| Mount Sinai St Luke's Parent | 3157275052 | Sep 25, 2018 11:52 AM | | Cancel |
| Mount Sinai St Luke's Parent | 8136902279 | Sep 19, 2018 4:42 PM | | Cancel |
| Mount Sinai St Luke's Parent | 9292885118 | Sep 8, 2018 12:40 PM | | Cancel |
| Mount Sinai St Luke's Parent | 3157275052 | Aug 30, 2018 1:29 PM | | Cancel |
| Mount Sinai St Luke's Parent | 9178287075 | Aug 30, 2018 1:21 PM | | Cancel |
| Mount Sinai St Luke's Parent | 4129131312 | May 25, 2018 3:54 PM | | Cancel |
| Mount Sinai St Luke's Parent | 3476241090 | May 25, 2018 3:53 PM | | Cancel |



Adherence to antiplatelet agents, lifestyle modifications



Remote monitoring and capturing billable codes

Mount Sinai Success Story: Joint Replacement Pathway

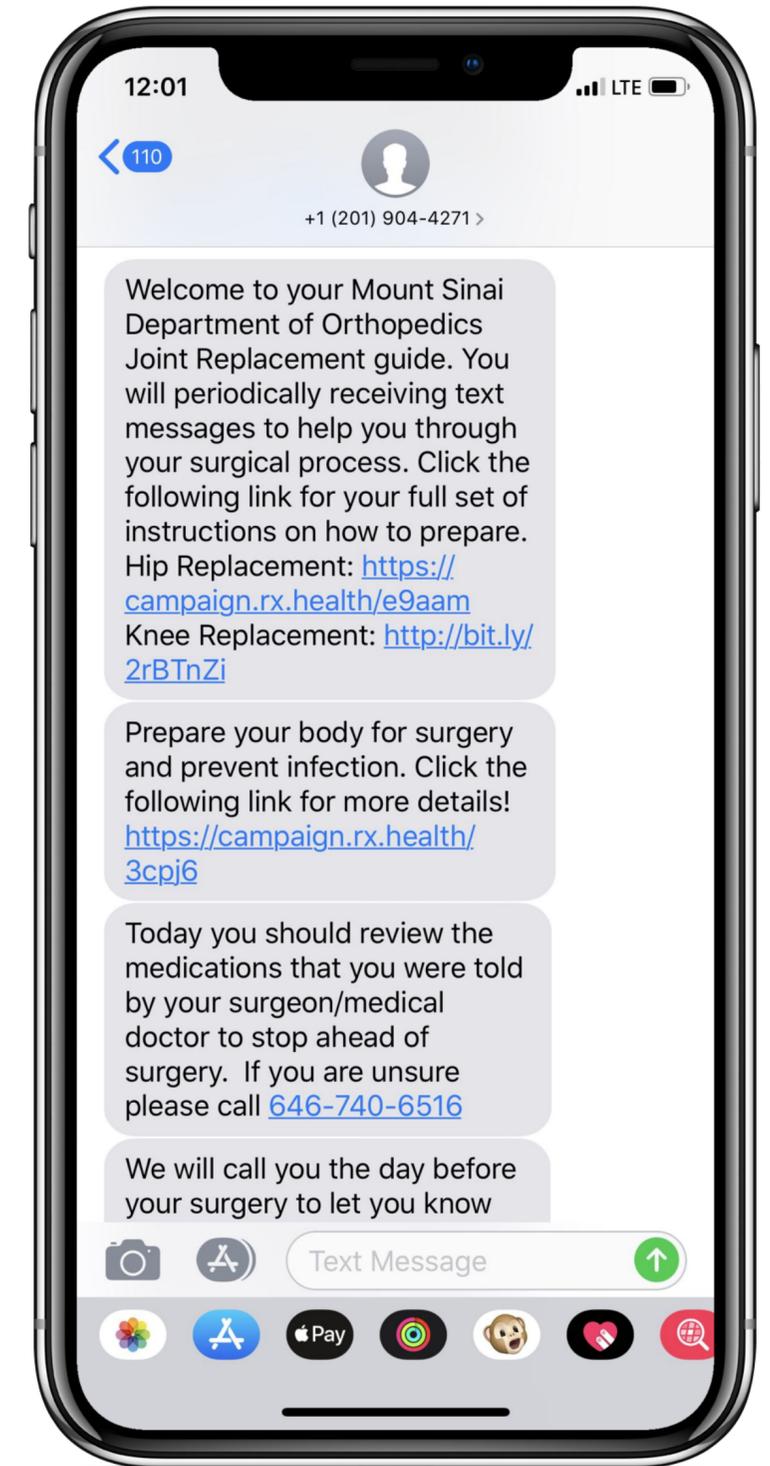
Opportunity:

- Bundled payments for Joint replacement surgery

Success Metrics:

- Enhanced Prep quality
- Decreased readmissions
- Improved patient experience/satisfaction

Rules-based SMS pathway for patients before and after surgery



Digital Navigation Program for Medicare Bundle Patients

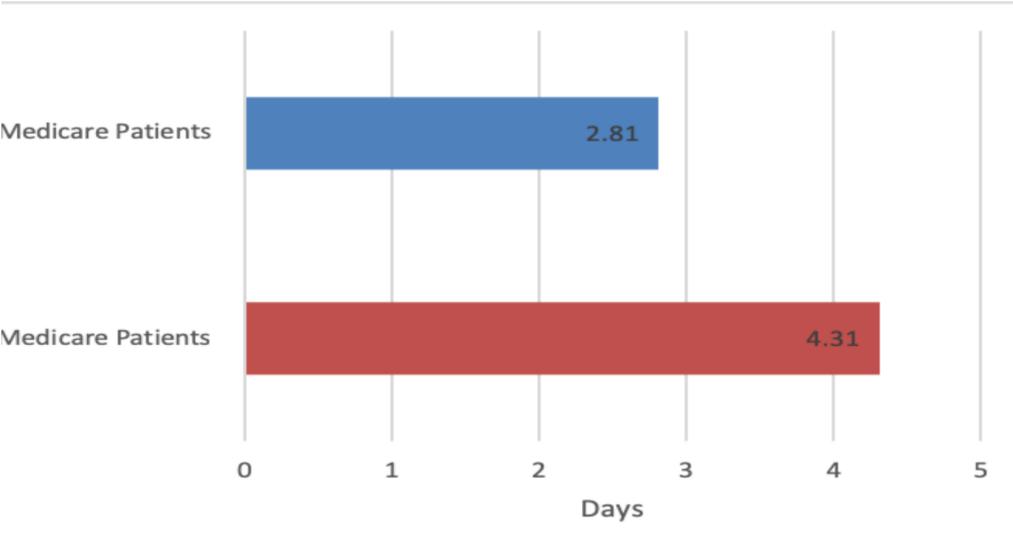
Overview

- 139 Medicare Bundles patients undergoing total joint replacement surgery were prescribed a Digital Navigation Program with educational material to help them prepare for surgery, hospitalization and recovery

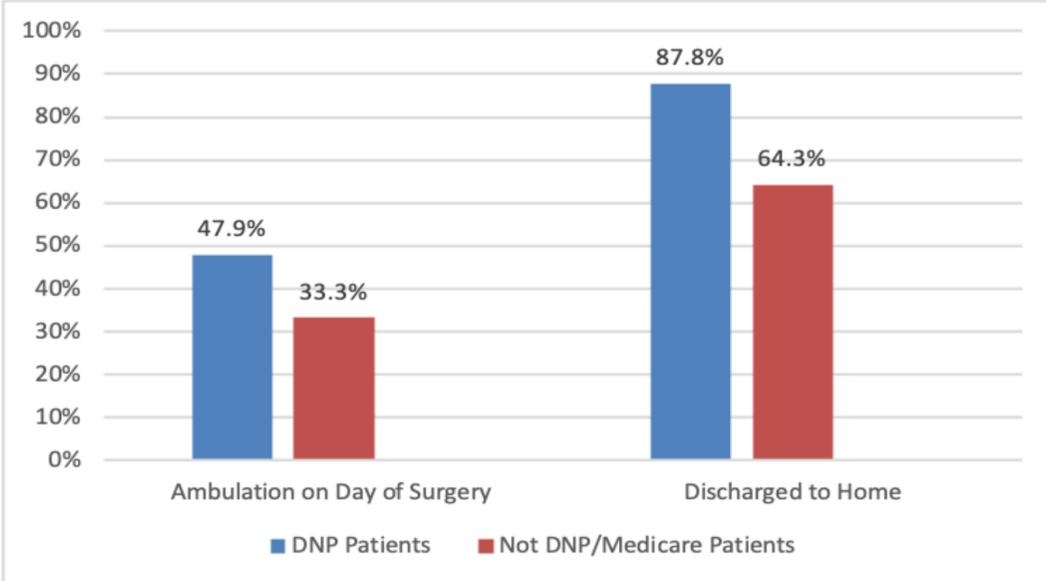
Patient Outcomes

- DNP patients had significantly shorter length of stay than their peers: 2.81 vs. 4.31 day
- DNP patients had a lower readmission rate than their peers: 1.9% vs. 2.9%
- DNP patients had a higher rate of discharge more likely to ambulate on the day of surgery :

Length of Stay

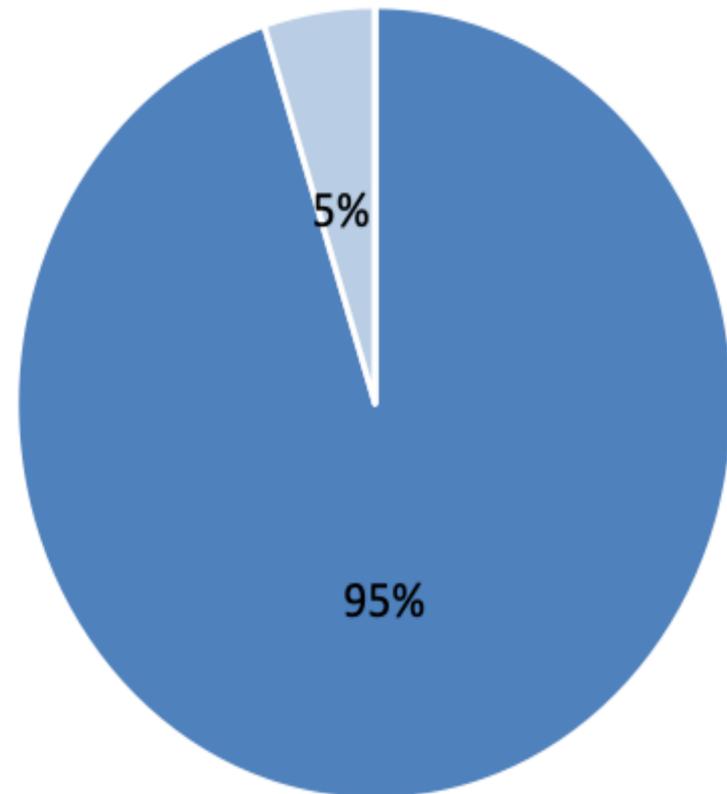


Discharge & Ambulation Rates



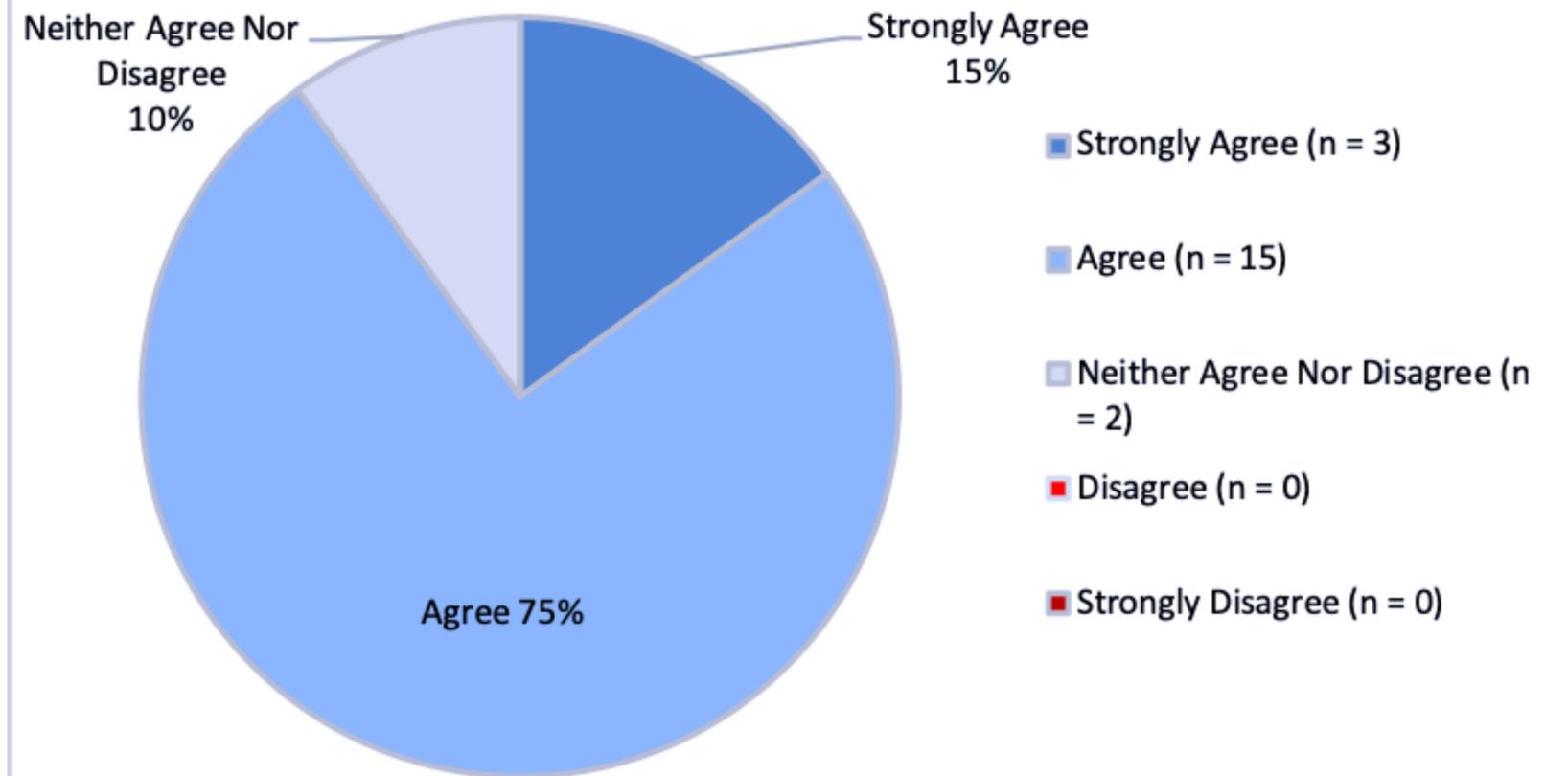
Patient Feedback from Joint Replacement Navigation

Were you satisfied with the total number of text messages received?



■ Perfect Number (n = 19) ■ Fewer Messages (n = 1) ■ More Messages (n = 0)

You Found this texting program helpful with the whole process of total joint replacement surgery...



■ Strongly Agree (n = 3)
■ Agree (n = 15)
■ Neither Agree Nor Disagree (n = 2)
■ Disagree (n = 0)
■ Strongly Disagree (n = 0)

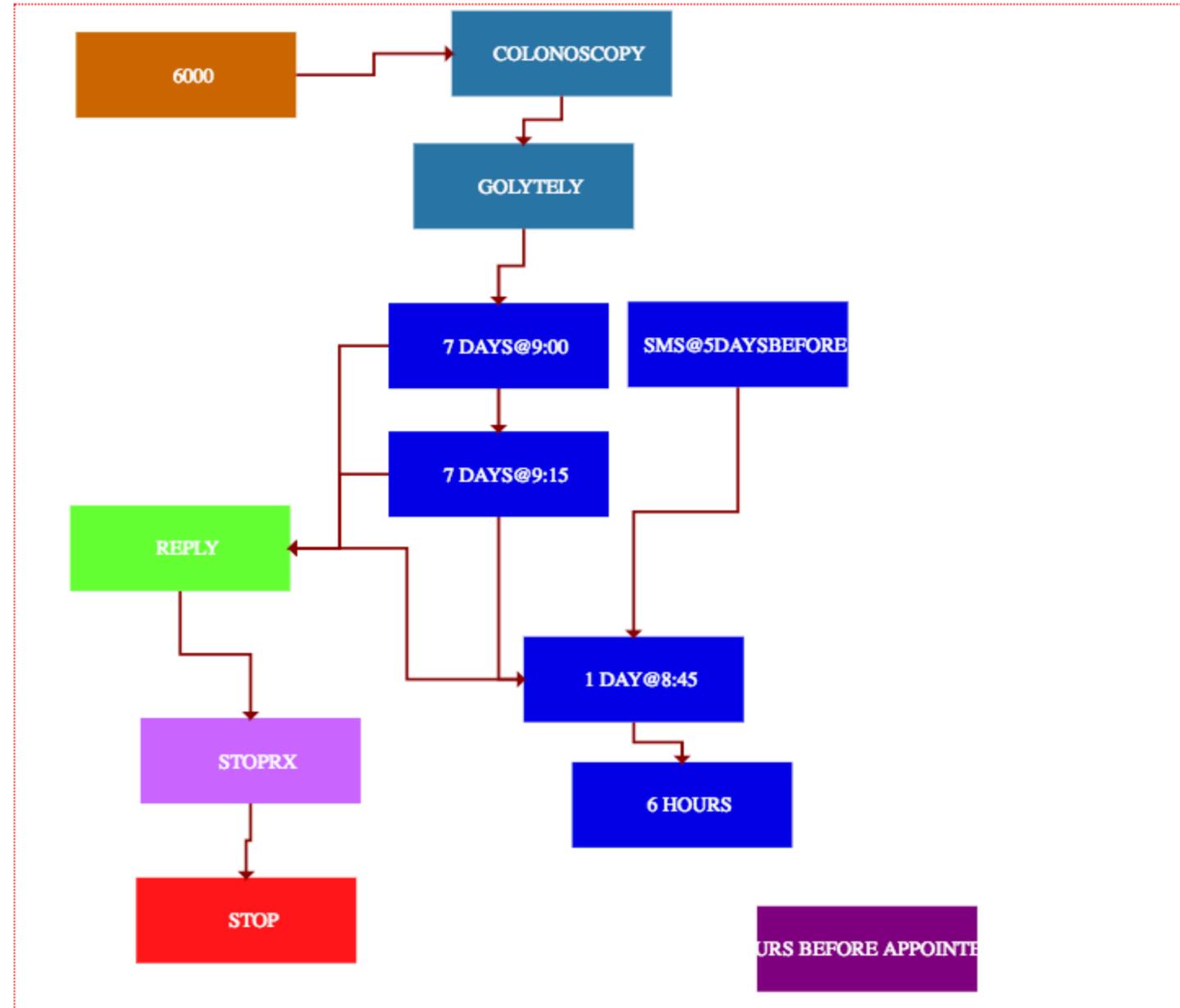
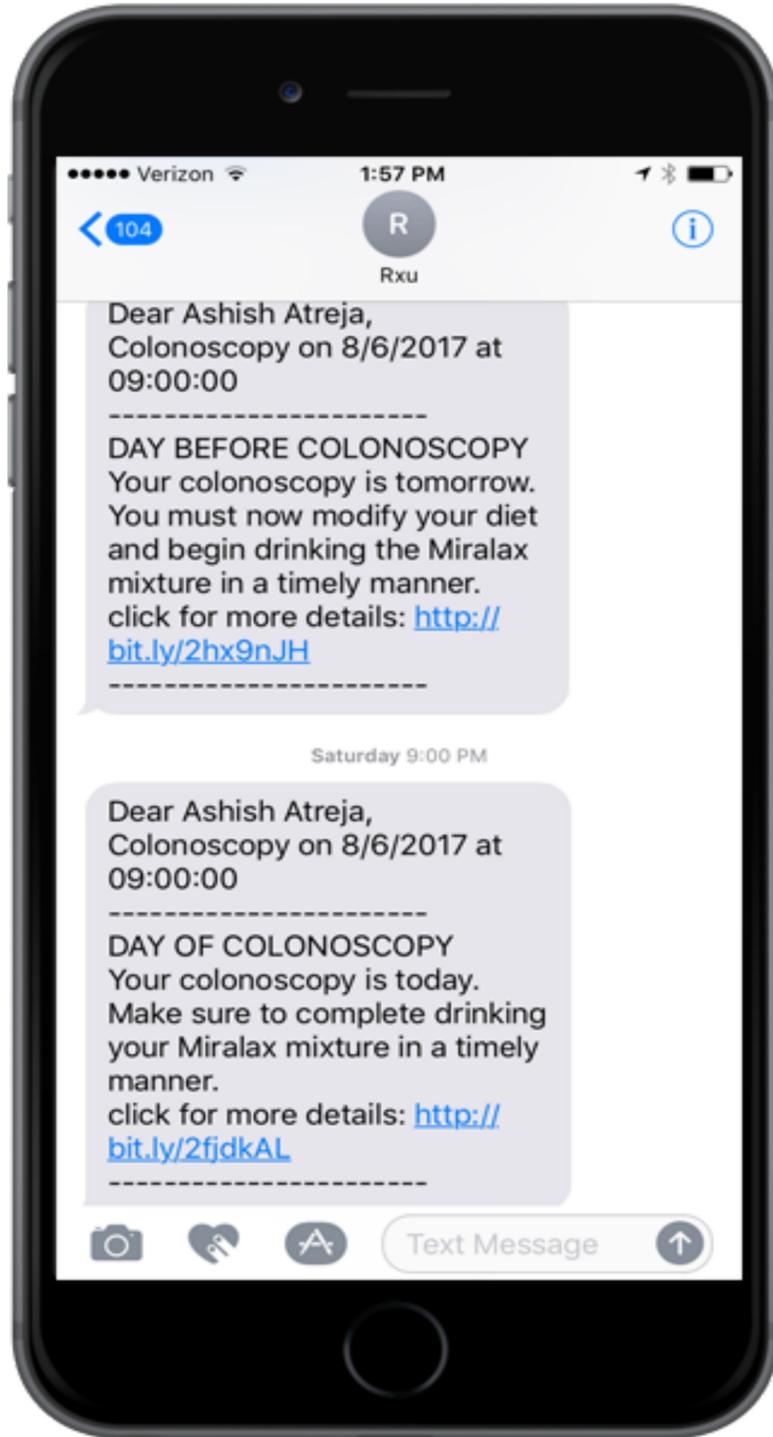
DEMO

Example of Dense Patient Instructions

Instructions for Patients: Split-dosing PEG Bowel Preparation

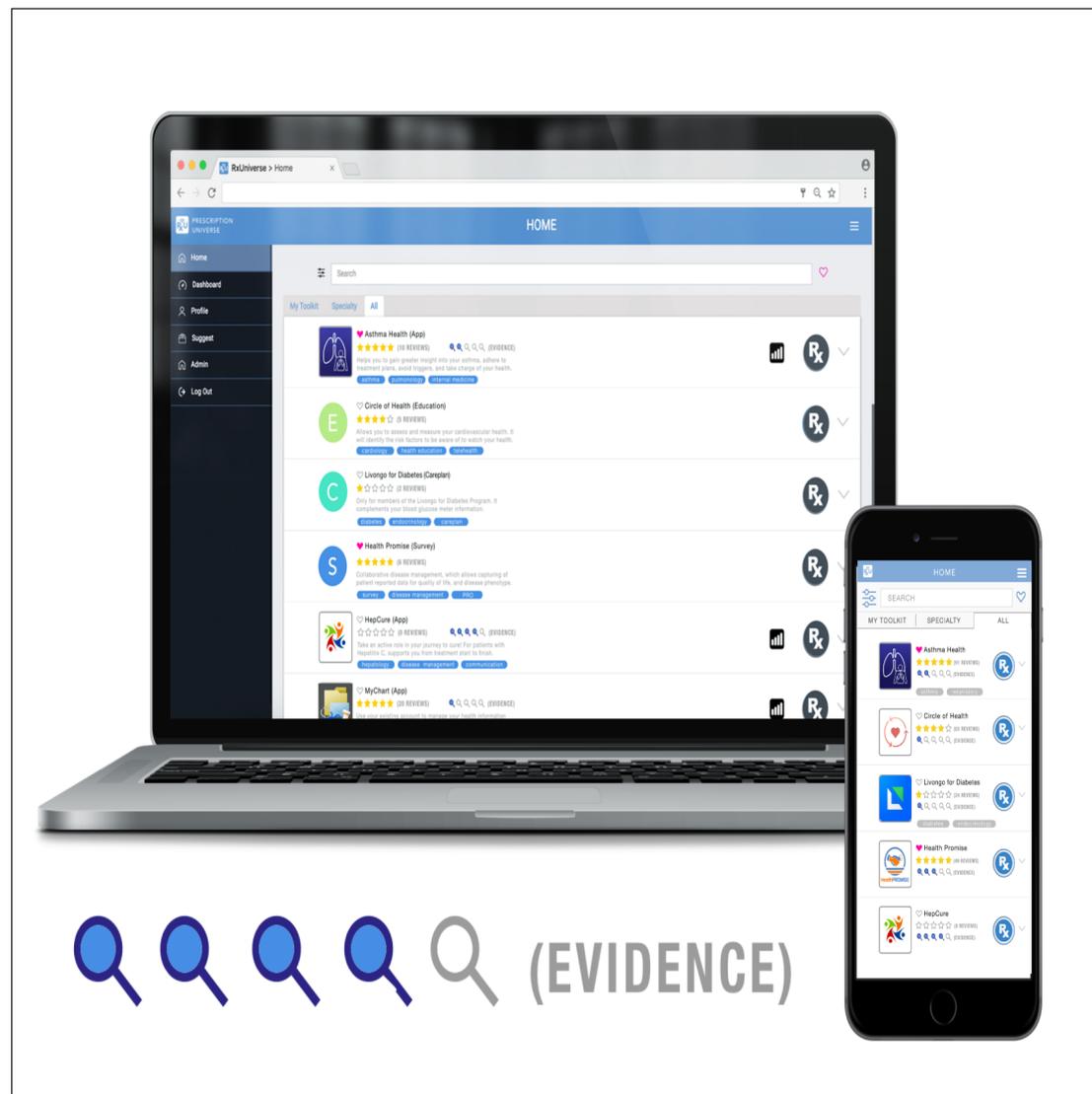
| | |
|--|--|
| <p>2 weeks before colonoscopy</p> | <p>You must speak with your primary care physician or a specialist if you:</p> <ul style="list-style-type: none"> • Are taking blood thinners or antiplatelet agents such as warfarin (Coumadin®), enoxaparin (Lovenox®), fondaparinux (Arixtra®), clopidogrel (Plavix®), prasugrel (Effient®), anagrelide (Agrylin®), cilostazol (Pletal®), pentoxifylline (Trental®), dipyridamole (Persantine®), dipyridamole with aspirin (Aggrenox®), or over-the-counter medications such as aspirin or other anti-inflammatory drugs such as Motrin® (ibuprofen), Advil® (ibuprofen), or Aleve® (naproxen) • Have diabetes and take insulin, you may need to have your insulin adjusted the day before and the day of the procedure; please bring your diabetes medication with you to take after the procedure, if needed • It is important to continue to take all other prescribed drugs |
| <p>5 days before colonoscopy</p> | <ul style="list-style-type: none"> • Do not take bulk-forming agents such as Metamucil™ or Citrucel® • Do not take iron-containing preparations, such as a multivitamin with iron • Arrange for a driver to take you home after the procedure • Purchase your prescription 2-5 days before the procedure. Do not mix the solution until the day before the procedure |
| <p>The day before colonoscopy</p> | <ul style="list-style-type: none"> • Instructions for preparing the solution are provided on the medication bottle. The solution should be mixed no sooner than 48 hours prior to its usage by adding tap water to the gallon level mark and then shaking or stirring the solution until it is well mixed. Do not add sugar or flavorings containing sugar to the solution. Refrigerating the solution, adding lemon juice or Crystal Light, and rapidly drinking 8-oz portions (instead of sipping) help make the solution more palatable • Do not eat solid foods for 24 hours before the colonoscopy appointment • Do not consume red-colored drinks, Jell-O®, or popsicles • It is essential to drink at least 8 oz of clear liquids (1 cup) every hour while awake to avoid dehydration. Clear liquids include apple or white grape juice, broth, coffee or tea (without milk or creamer), clear carbonated beverages such as ginger ale or lemon-lime soda, Gatorade® or other sports drinks (not red), Kool-Aid® or other flavored drinks (not red), plain Jell-O or other gelatins (not red), popsicles (not red), and water • At 6 PM the evening before the procedure, begin drinking 8 oz (240 mL, 1 cup) of the solution every 15 to 20 minutes until half of the solution is ingested. Continue drinking clear liquids until you go to bed |
| <p>The day of colonoscopy</p> | <ul style="list-style-type: none"> • If you have an afternoon appointment, begin drinking the remaining solution at 6 AM on the morning of the procedure, about 8 ounces every 10 minutes until finished, at approximately 8 AM. If your procedure is scheduled in the early morning, you will need to get up in the night to finish the second half of the solution at least 2 or 3 hours before the colonoscopy appointment or complete it all on the evening before the procedure • You should drink at least 8 oz of clear liquids every hour (no solids, alcohol, or red-colored drinks) until 2 hours before the colonoscopy appointment. You may take your morning medications • After the colonoscopy, you are encouraged to drink fluids to prevent dehydration. You can eat your usual diet and can resume most of your medications (unless instructed differently by your doctor) the same day |

Customized Peri-procedural Support



BOT workflow

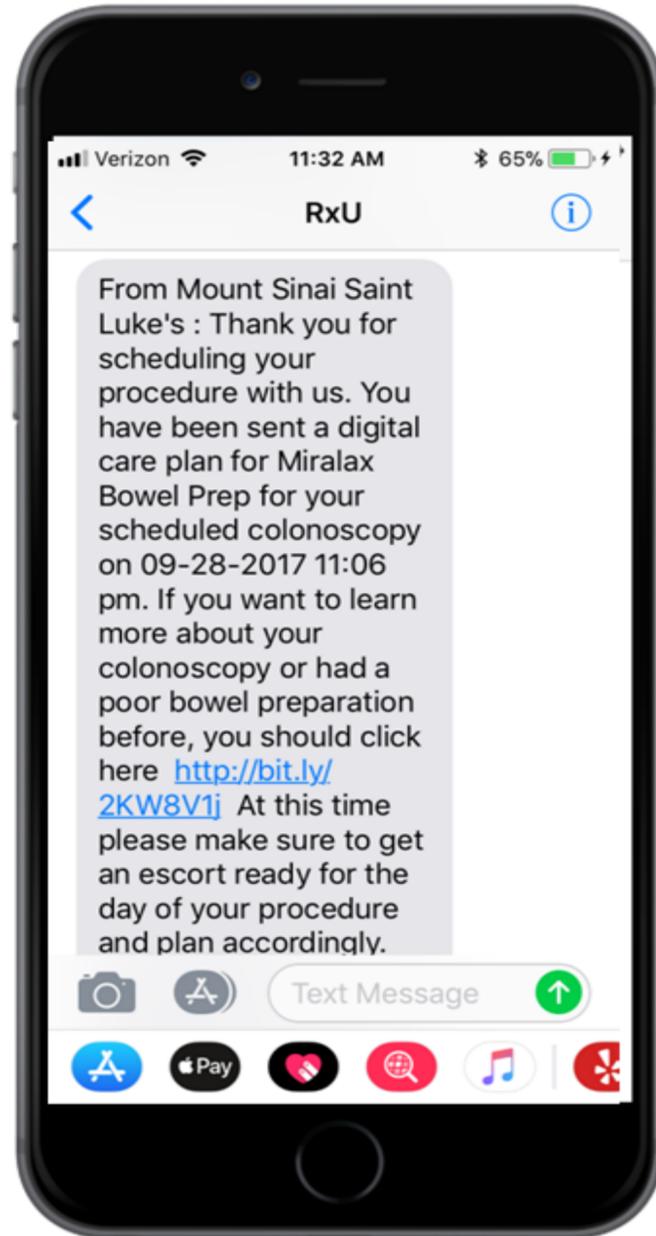
For Evidence based GI Procedures Guidance



1. Schedulers prescribe GI Bot care plan to patients' smartphone directly with date and time of procedure
2. Patients start getting timely notifications for adequate prep for procedure (*better prep*)
3. They get reminder for appointment as well as driving instructions (*reduce no-show*)
4. Post procedure, they get experience survey and symptom assessment to prevent ED visit (*decrease readmission, enhance experience*)
5. Patient get recall when repeat colonoscopy is due (*repeat procedures at right time*)

<https://www.youtube.com/watch?v=1Ax926yrEQc>

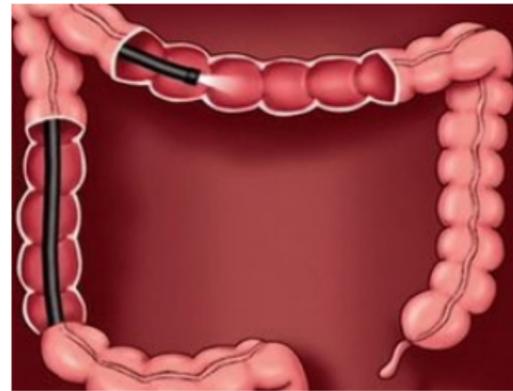
Pre- Procedure Support



COLONOSCOPY

What is Colonoscopy?

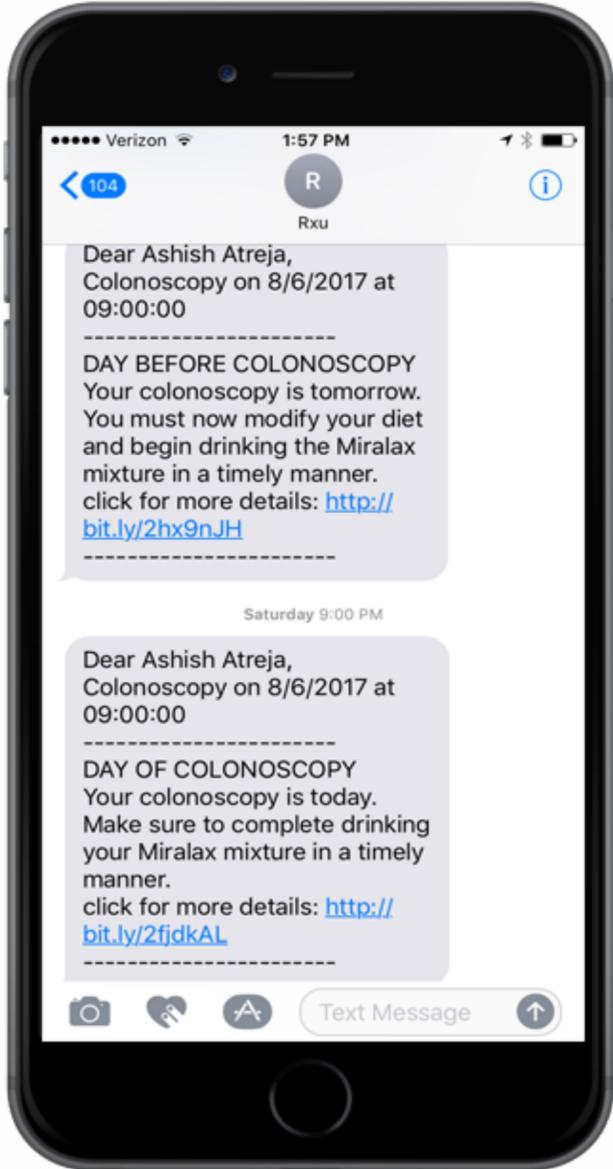
A colonoscopy is an exam that lets the doctor view the inside of the colon (large intestine) and rectum, using a tool called a colonoscope. The colonoscope has a small camera attached to a flexible tube that can reach the length of the colon.



Conditions that call for colonoscopies include:

- Screening for colorectal cancer
- Abdominal pain, changes in bowel movements, or weight lost
- Abnormal changes found on sigmoidoscopy
- Anemia due to low iron (usually when no other cause has been found)
- Blood in the stool, or black, tarry stools
- Follow-up of a past finding, such as polyps or colon cancer
- Inflammatory bowel disease (ulcerative colitis and Crohn disease)

Ability to update appointment time or notify patients if schedule changes or backlog happens



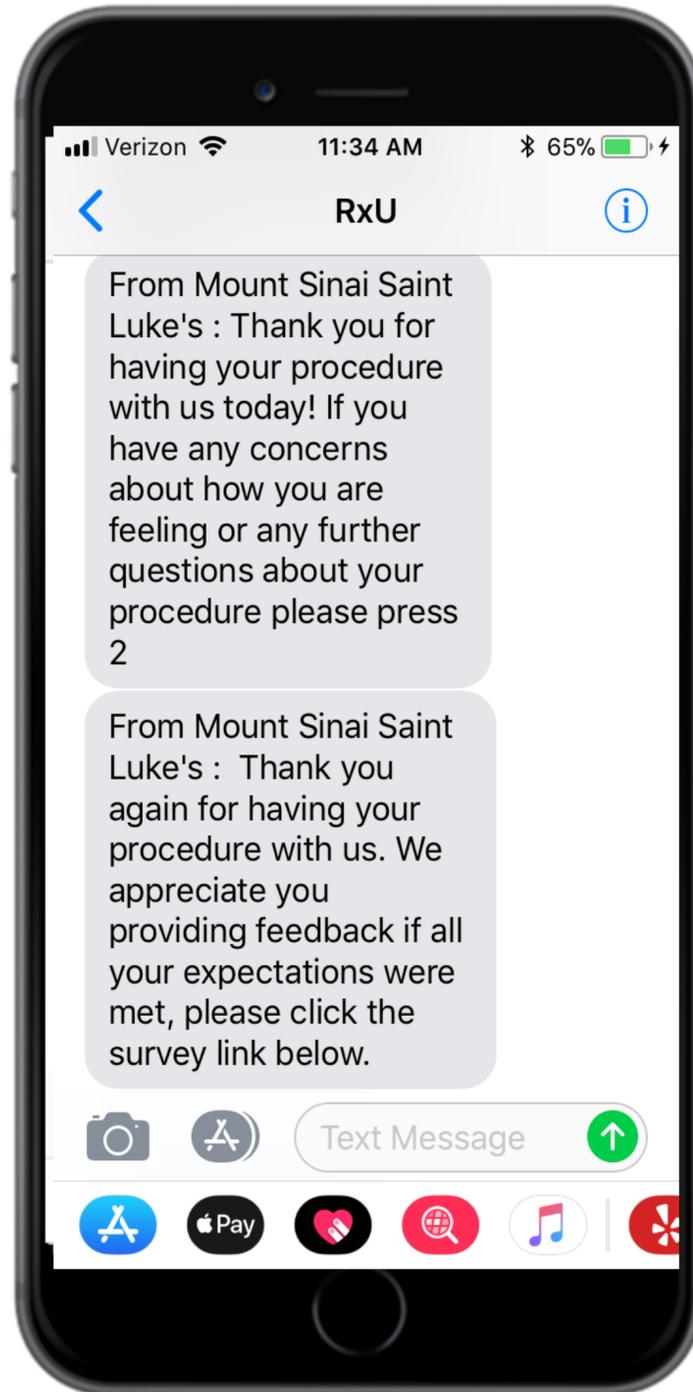
PRESCRIPTION UNIVERSE DASHBOARD

STATISTICS Rx HISTORY Rx Rules Prescriptions

Search Luke

| Name | Phone/Email | Time | Patient | Cancel |
|------------------------------|-------------|-----------------------|---------|--------|
| Mount Sinai St Luke's Parent | 3157275052 | Sep 25, 2018 11:52 AM | | Cancel |
| Mount Sinai St Luke's Parent | 8136902279 | Sep 19, 2018 4:42 PM | | Cancel |
| Mount Sinai St Luke's Parent | 9292885118 | Sep 8, 2018 12:40 PM | | Cancel |
| Mount Sinai St Luke's Parent | 3157275052 | Aug 30, 2018 1:29 PM | | Cancel |
| Mount Sinai St Luke's Parent | 9178287075 | Aug 30, 2018 1:21 PM | | Cancel |
| Mount Sinai St Luke's Parent | 4129131312 | May 25, 2018 3:54 PM | | Cancel |
| Mount Sinai St Luke's Parent | 3476241090 | May 25, 2018 3:53 PM | | Cancel |

Post- Procedure Support



General Endoscopy Survey

Patient Satisfaction Survey

Please complete this brief survey to help us improve your care experience at our facility. This will only take 2 minutes!

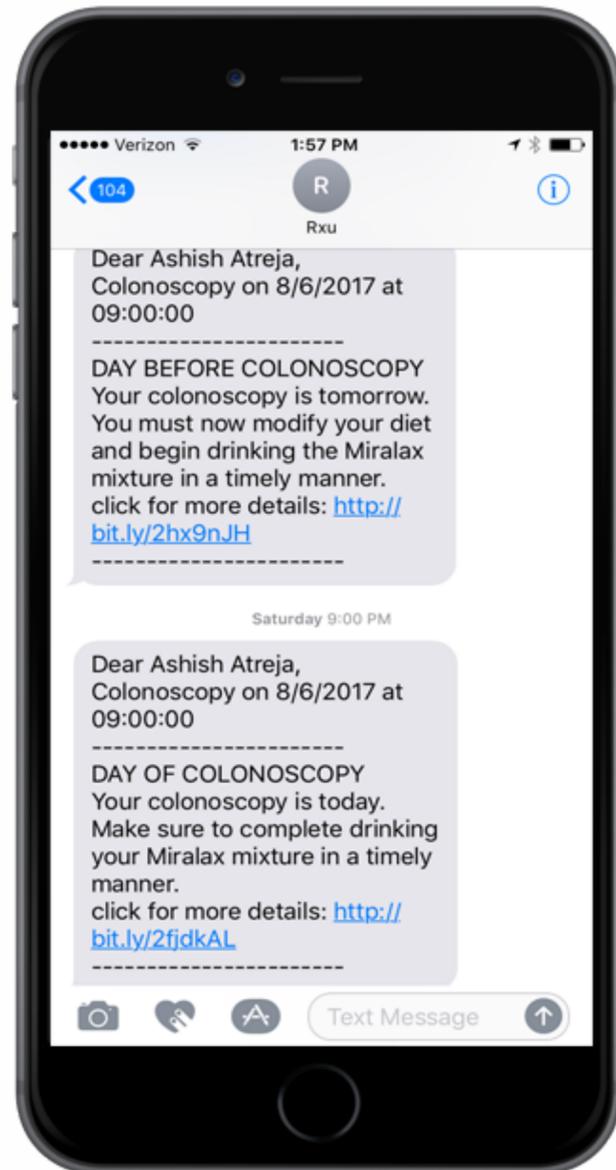
- 1 The instructions I received through the texting plan helped with my procedure preparation.

- Strongly Agree
 Agree
 Unsure/Disagree

- 2 Please select your satisfaction with the following services.

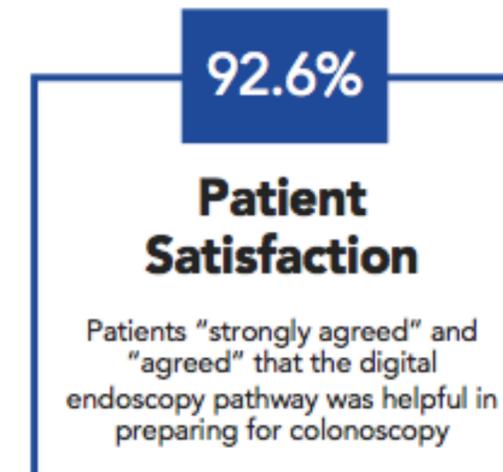
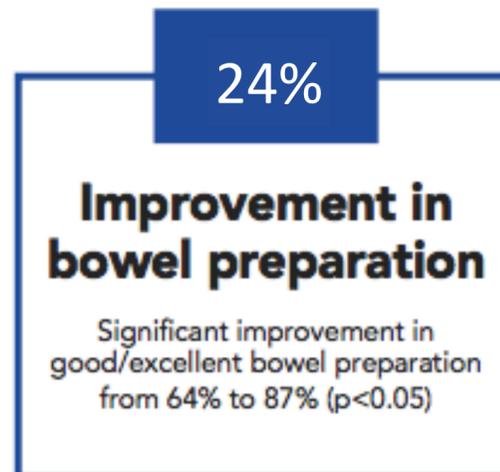
| | Satisfied | Neutral | Not Satisfied |
|---|-----------------------|-----------------------|-----------------------|
| Waiting Room Cleanliness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Appointment Wait Time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Friendliness of Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Explanation of Procedure by Nursing Staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Validated Use Case : Peri-Procedural and Surgical Support

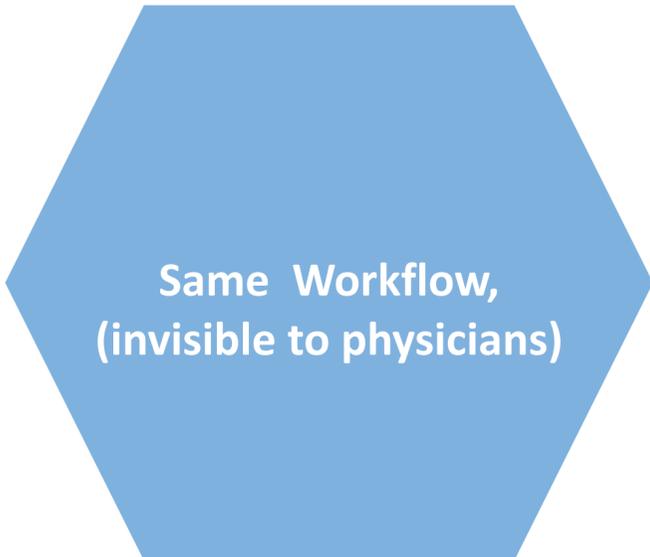


Arizona Centers for Digestive Health (AZCDH) have been utilizing a Digital Endoscopy Pathway customized for their site to help reduce the number of aborted procedures, improve bowel preparation, and increase patient satisfaction. All three of these outcomes have knock-on financial benefits as well as the primary aim of improved patient care

AZCDH patients are prescribed a digital endoscopy pathway which commences 2 weeks prior to their scheduled procedure time. Patients are guided through a series of steps that includes patient education to ultimately improve bowel preparation.



Exponential ROI from Endoscopy, ORs and Radiology with better preparation and decrease no show



Savings through:

- Decreased no shows
- Enhance Prep quality, ADR
- Improves patient experience (MIPS)
- Decreased readmission
- Increased revenue by enhanced recall

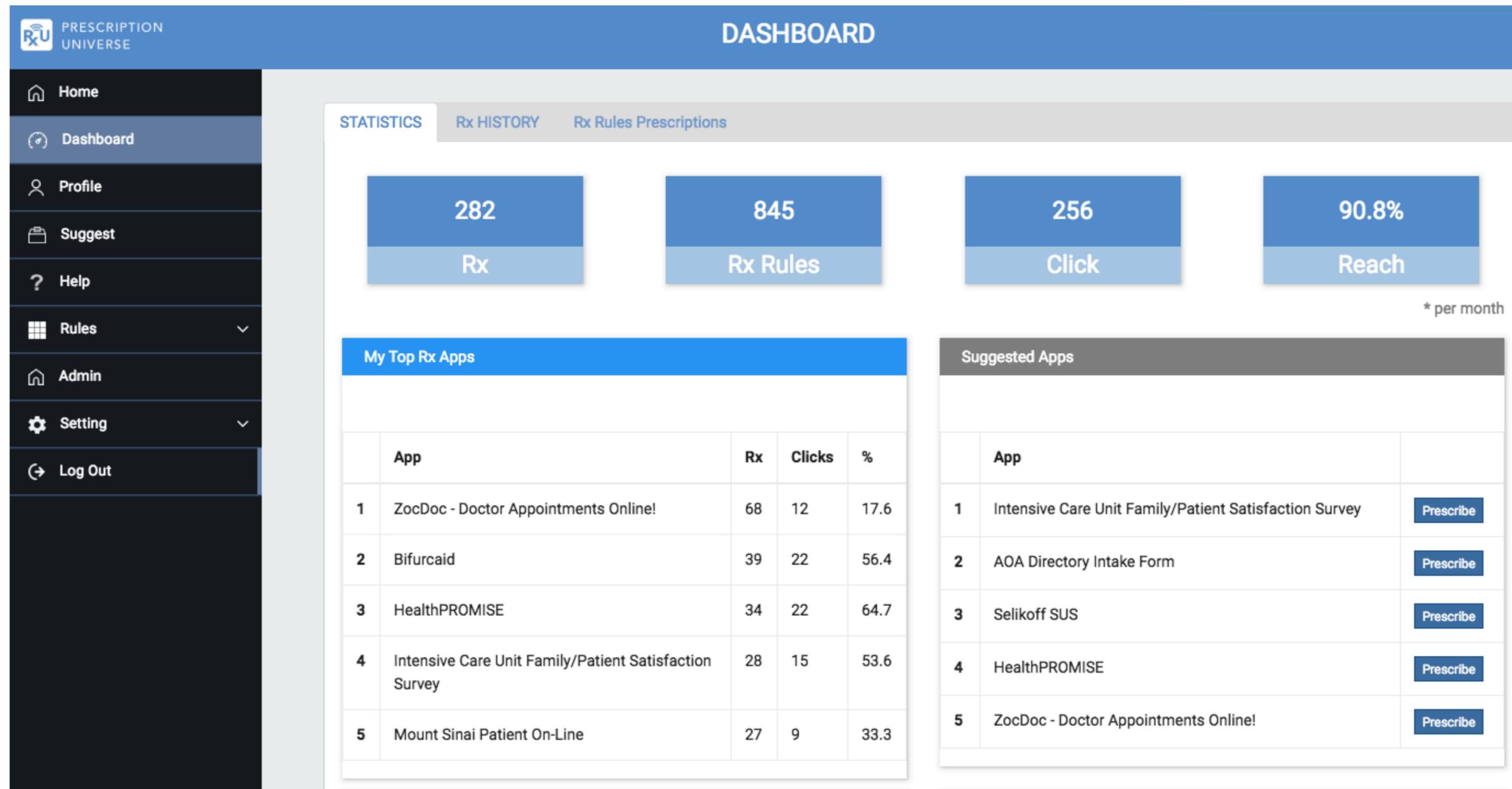
Expected Savings at one academic center

- Around 3000 endoscopies/ month
- ~ 500K- 1 million/ year with better preparation
- ~ 1 million/year with better recall (by 10%)

Value Multiplier if expanded to

- Radiology procedures (MRI, CT)
- Cardiac Nuclear medicine procedures
- Radiotherapy visits

Patient Engagement Statistics Shared Through Built-in Dashboard, measures ROI



Be Part of a Nationwide Digital Transformation Network

With American College of Cardiology and American Gastroenterological Association

Engage@Rx.Health



AMERICAN COLLEGE of CARDIOLOGY



BECKER'S HOSPITAL REVIEW



Health Pulse