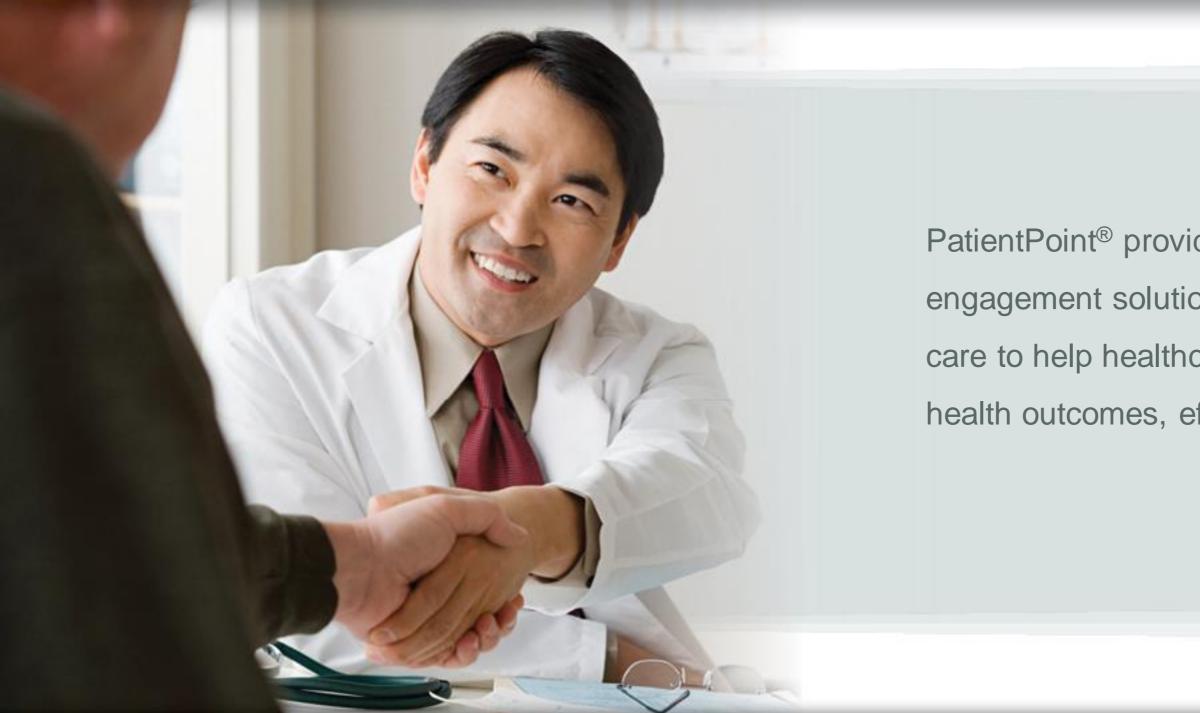




The PatientPoint[®] mission is to turn engagement into outcomes.







- PatientPoint[®] provides integrated patient
- engagement solutions surrounding key points of
- care to help healthcare professionals improve
- health outcomes, efficiency and patient satisfaction.



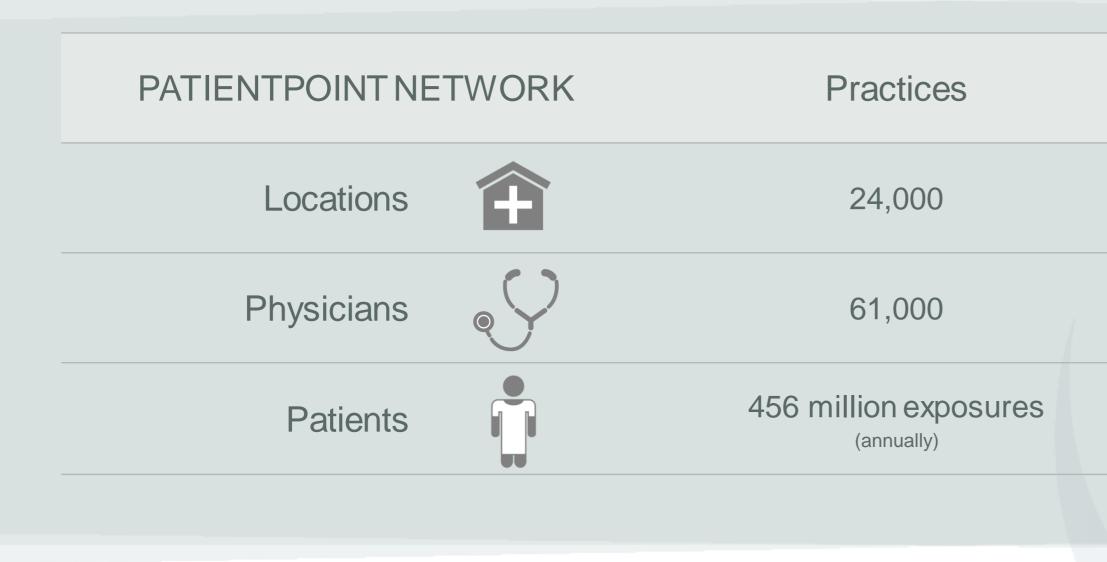
| | | | NEW |
|---|--|---|--|
| Network Solutions | Coordinated Care Solutions | Hospital Solutions | Outcomes Research |
| Formerly Healthy Advice | Recent acquisition | Formerly Healthy Advice | Screenings, recruitment, |
| Networks | (February, 2012) | Communications | enrollment, and education |
| (15+ years) | Key offerings include | Key offerings include | of eligible patients |
| Key offerings include | HealthSync integrated | Patient Guide, | Informed consent |
| Waiting Room and Exam | patient adherence platform | CareSearch, and Hospital | Process |
| Room Networks, and | featuring care coordination | Digital Network | Study visit reminders |
| PracticeWire | and electronic check- | | and adherence pre and |
| | in/check-out, and revenue cycle management | | post-care |
| | eyere management | | |







The PatientPoint Network is in physician practices and hospitals throughout the U.S.





Proprietary & Confidential



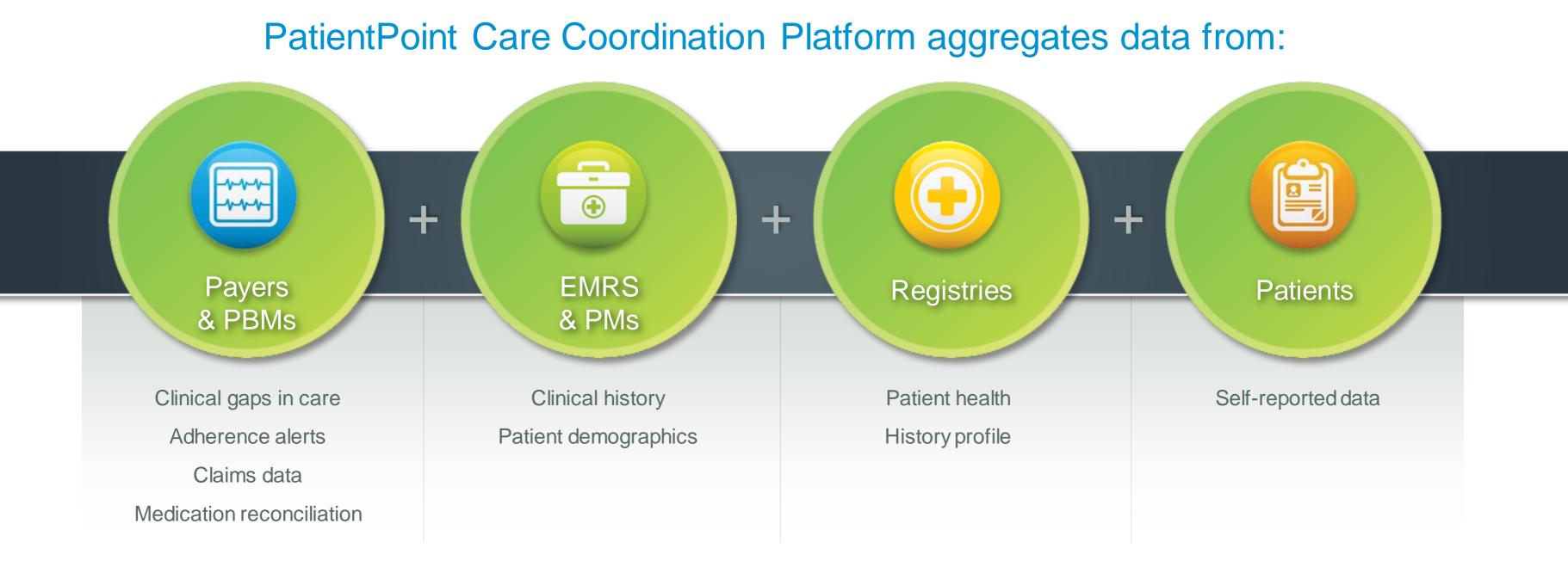
Hospitals 570 165,000 6.5 million exposures (annually)



Industry Transformation & Challenges

Actionable data based Care Coordination and Transitions in Care

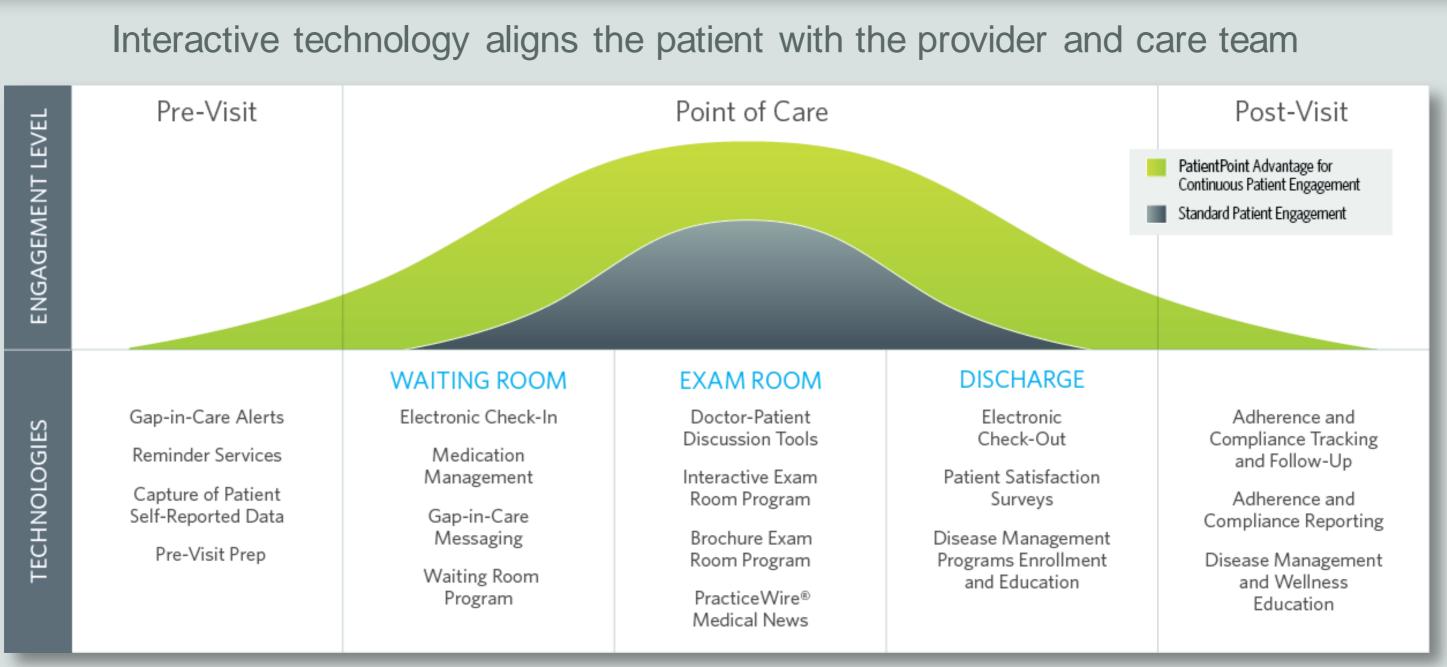
PatientPoint Coordinated Care Platform gives a complete view of the patient.







PatientPoint programs facilitate continuous patient engagement.







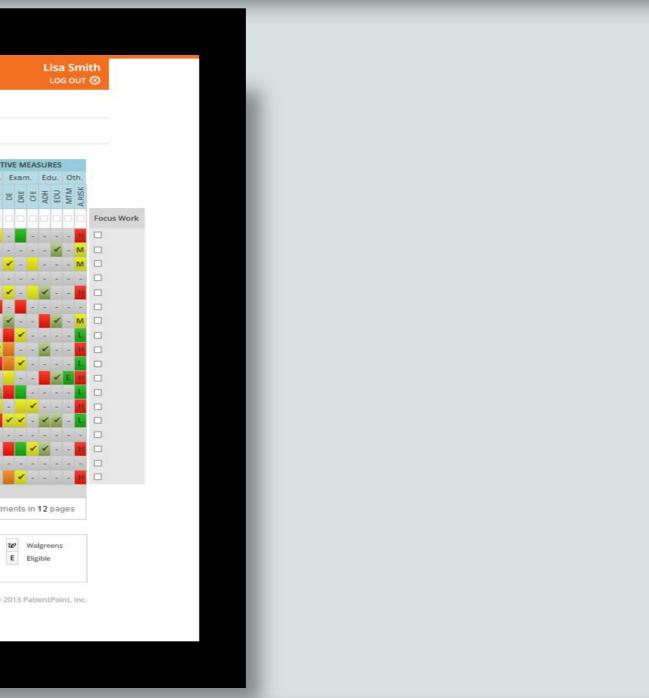


PatientPoint Dashboard displays gap-in-care alerts at a glance.

| PATIENT INFORMATION APPOINTMENT INFORMATION CLUNICAL MEASURES PREVEN MRN Name Visit Type Time BP ALC BMI LDL HDL HDL TRI Scree Visit Type MRN Frict Name Last Name (Select one) Y TTTTE Scree Visit Type Scree Scree <td< th=""></td<> |
|---|
| MRN Name Visit Type Time BP AlCD BMI LDL HDL TRI S S S Select All //////////////////////////////////// |
| Select All MRN First Name Last Name (Select one) Image Image <thimage< th=""> Image <thima< th=""></thima<></thimage<> |
| • 2344123 Julie Smith Annual Exam Thu, 24 Jan 13 - 9:00 AM 150/60 8% - |
| • 3224324123 John Davis Screening Thu, 24 Jan 13 • 9:00 AM 120/30 4% 25.0 67mg 42mg 12mg • |
| • 2134343 Rachel Jones Unknown Thu, 24 Jan 13 -9:15 AM 150/60 6% 32.0 90mg 42mg 120mg * * * * 34323555 Tim Homer New Patient Thu, 24 Jan 13 -9:15 AM - |
| • 34323555 Tim Homer New Patient Thu, 24 Jan 13 - 9:15 AM • |
| • 445664656 David Spook Annual Exam Thu, 24 Jan 13 - 9:30 AM 142/90 5% 21.3 140mg 45mg 156mg V <vvv<v< td=""> V <tdv< td=""></tdv<></vvv<v<> |
| • 456646 Tim Russ Specialty Thu, 24 Jan 13 - 9:30 AM 126/32 4% - 210mg 82mg V - X V - X V - X V X X V X |
| • 9785664 Rebecca Jones Referral Thu, 24 Jan 13 - 10:00 AM 210/70 - 19.0 200mg 60mg 122mg V |
| • 5678965 Tommy Black Screening Thu, 24 Jan 13 - 10:30 AM 115/20 5% 22.1 92mg 32mg 140mg V V X X • 57867856 Tony North Unknown Thu, 24 Jan 13 - 10:30 AM 110/22 8% 28.0 101mg 50mg 132mg V X |
| • 57867856 Tony North Unknown Thu, 24 Jan 13 - 10:30 AM 110/22 8% 28.0 101mg 50mg 132mg • × |
| • 845265 Steve Smith Annual Exam Thu, 24 Jan 13 - 11:00 AM • 5% • |
| • 984643 Peter Fuller Annual Exam Thu, 24 Jan 13 - 11:00 AM 112/60 5% 18.0 127mg 39mg 110mg - - X • 2478568 Frank Jones Annual Exam Thu, 24 Jan 13 - 11:30 AM 128/70 9% - 95mg 24mg 156mg - X X - X - X - X - X - X - X - X |
| * 2478568 Frank Jones Annual Exam Thu, 24 Jan 13 - 11:30 AM 128/70 9% - 95mg 24mg 156mg - X X - |
| • 4456885 Tony Mendoza Screening Thu, 24 Jan 13 - 11:30 AM 160/100 5% 20.0 160mg 45mg 173mg • • × • × • × • × • × • * • * |
| • 4883 Brian Williams Referral Thu, 24 Jan 13 - 12:00 PM 110/30 - 29.0 87mg 36mg 90mg - - X - • 3775637 James Adams New Patient Thu, 24 Jan 13 - 12:15 PM - |
| • 3775637 James Adams New Patient Thu, 24 Jan 13 - 12:15 PM - |
| → 56896756 Adam Gutty Unknown Thu, 24 Jan 13 - 1:00 PM 112/42 10% 27.2 80mg 26mg 100mg ✓ - X → 56394356 Lisa Manti New Patient Thu, 24 Jan 13 - 1:00 PM - |
| • 56394356 Lisa Manti New Patient Thu, 24 Jan 13 - 1:00 PM - <t< td=""></t<> |
| |
| S673788 David Gregory Annual Exam Thu, 24 Jan 13 - 1:00 PM 19.0 120mg 45mg - X S673788 David Gregory Annual Exam Thu, 24 Jan 13 - 1:00 PM 19.0 120mg 45mg - X S673788 David Gregory Annual Exam Thu, 24 Jan 13 - 1:00 PM 19.0 120mg 45mg - X S673788 David Gregory Annual Exam Thu, 24 Jan 13 - 1:00 PM 19.0 120mg 45mg - X S673788 David Gregory Annual Exam Thu, 24 Jan 13 - 1:00 PM 19.0 120mg 45mg - X S673788 David Gregory Annual Exam Thu, 24 Jan 13 - 1:00 PM 19.0 120mg 45mg - X S673788 |
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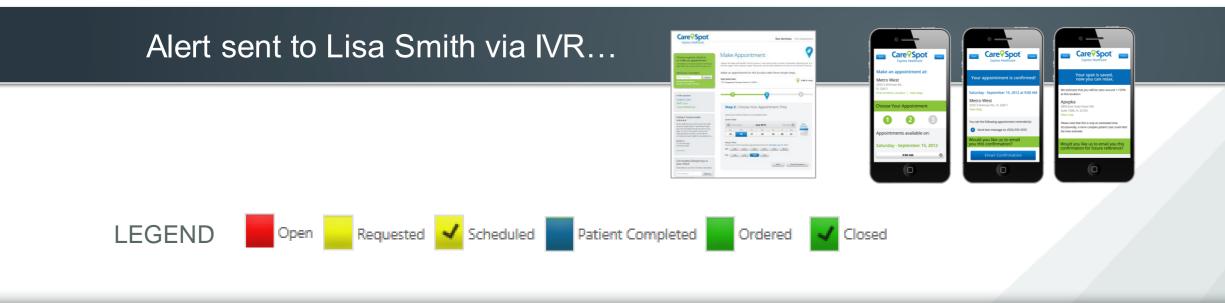




Color coding helps practices quickly identify care gaps and schedule outreach.

Gap identified by PatientPoint Care Coordination Engine.

| MRN | Patient Name | M | BP BMICFEDRE DE A1CFLPFLU PV TCS DS | Appt. Date | Appt. Time | Provider Name | Insurance |
|--------|--------------|---|-------------------------------------|------------|------------|------------------------|-----------|
| - | | | | - | | Terms 8 (199) 46 Fault | the same |
| 603800 | Lisa Smith | | | 8/22/2012 | 10:00 AM | Casas Claudia | BCBS |
| | | | | | | | |





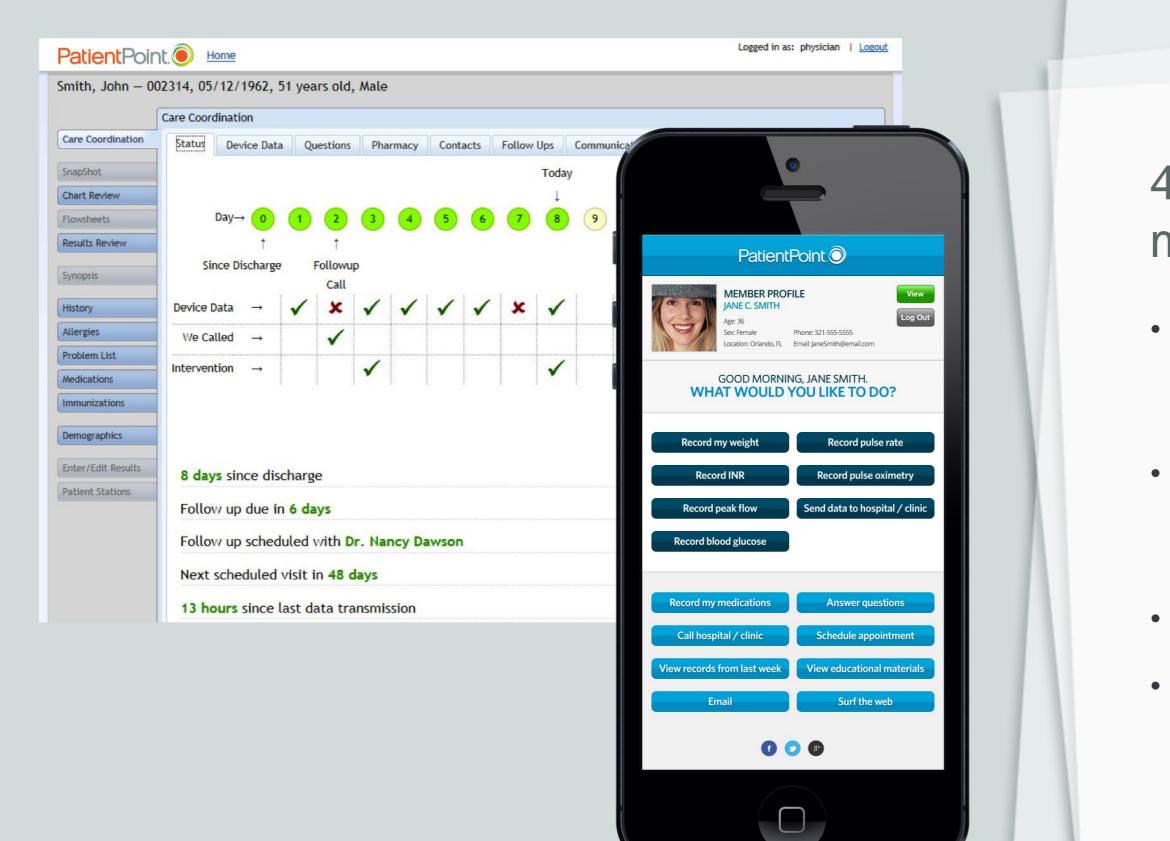
Proprietary & Confidential



"Hi, this is Dr. Smith. Please listen to the following message. You are due for your annual blood pressure check. Press 1 to schedule an appointment..."

End









4 stage engagement model

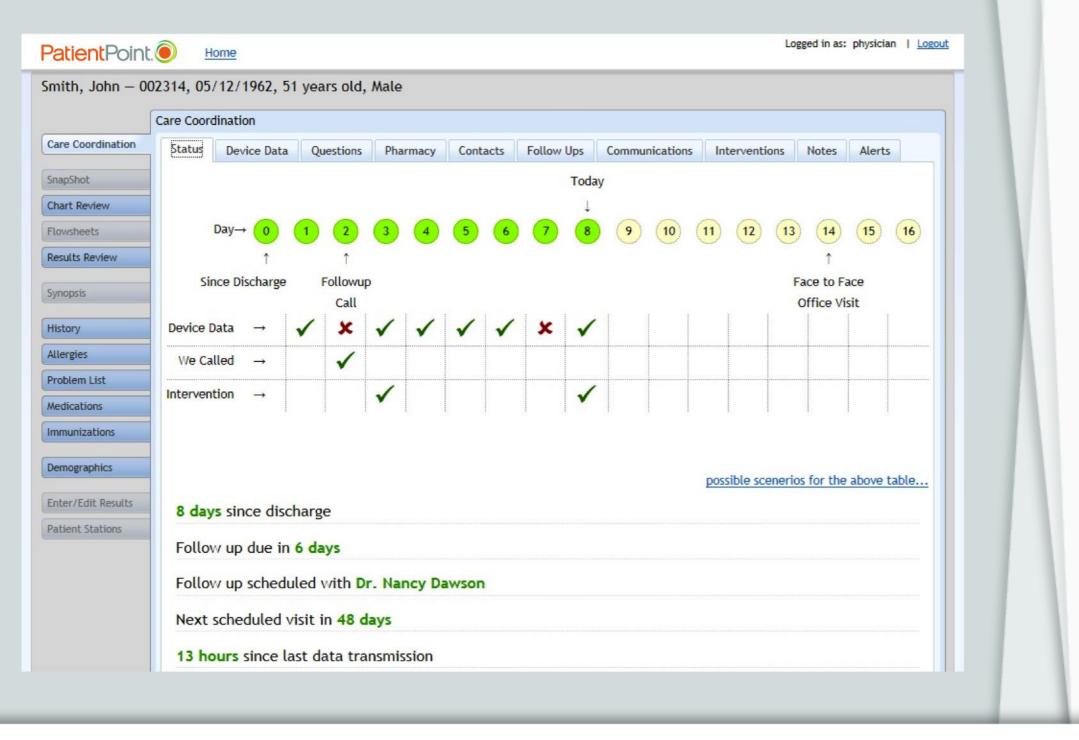
Stage 1: Predictive modeling using JHU ACG grouper to identify high risk patients and engage in the acute care or ED setting

Stage 2: Enrollment in the postacute/Transitional care system, and initial "touch"

Stage 3: Device education and installation

Stage 4: Ongoing tele-monitoring and follow up with primary care





PatientPoint.

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Stage 1

With EMR integration, alerts regarding readmission risk are highlighted when admission orders are being written, and on a daily basis



| | Alert Trigger | rs | | | | | | S |
|-----------------------------|---------------|---------------------------------|----------------------|-------------------------|--------------|---------|--------|---|
| emographics D / PCP | Device Tri | | Triggers | | | | | |
| roblem List | Add Trigge | | | | Severity | Status | | |
| narmacy edications | Edit | Trigger Weight change | of greater than 5 II | os over a 7 day period. | High | Enabled | Delete | • |
| uestions | | | | | | | | |
| ert Triggers vices Given | | | | | | | | C |
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age 2

- ust before discharge, EVERY
- charge is enrolled in the care
- ordination system for follow up
- poses
- nrollment loads medications, problem
- s, recent studies, sets default triggers



| entPoint. | | | Mala. | | | | Logged in | as: physician <u>Logo</u> | <u>ut</u> | |
|------------|----------------------------|------------|-----------------|---------------|--------------|-----------------|----------------|-----------------------------|-----------|----------|
| _ | 2314, 05/12/1962, 51 | years old, | Male | | | | | | | |
| | Care Coordination | | | | | | | | | S |
| ordination | Status Device Data | Questions | Pharmacy C | ontacts Follo | w Ups Comm | unications Inte | rventions Note | s Alerts | | C |
| t | Show readings from: | This week | 🔘 Last 7 days 🔇 | This month | All readings | | | | | |
| eview | Category | Re | eference Range | 04/11/2013 | 04/10/2013 | 04/09/2013 | 04/08/2013 | 04/07/2013 | | |
| ets | Weight (Lbs) | | | | | | | | | • |
| eview | Blood Glucose (Md/DL) | | | | | | | | | |
| | INR | | | | | | | | | |
| | Pulse Rate (Bpm) | | | | | | | | | is |
| | Peak Flow (Liters/Minute) | | | | | | | | | |
| | Pulse Oximetry (% At Rest) | | | | | | | | | d |
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tage 3

- Patient assessment of whether he/she
- a candidate for engagement with
- vices
- Patient is given education on relevant
- vices for home use (android based)
- coordination and reminders



| PatientPoint | t. 🔘 😐 | iome | | | | | | | L | ogged in as: | physician | I Logout | 1 | | | |
|-------------------------------------|------------|---------------------------|--------------|-----------------|---------------|------------|---------------------------------|------------|-----------------------|--------------|-----------|-------------|---------------------|-----------|---|---------|
| Smith, John – 00 | | /12/1962, 51 | years old, | Male | | | | | | | | | | | - | |
| ŕ | Care Coord | | | | | | | | | | | | | | | |
| Care Coordination | Status | Device Data | Questions | Pharmacy | Contacts | Follow Ups | Communica | ations | Interventions | Notes | Alerts | | | | | |
| SnapShot | | Call Pa | tiont | | | Call MD | | | Medical I | Pecords | | | | | | Ct |
| Chart Review Flowsheets | | Call Pa | luenc | | | Catt mb | | | medicati | 600103 | | | | | | S |
| Results Review | | Schedule Ap | pointment | | (| Call Scrip | | | Home | Care | | | | | | |
| Synopsis | | | | | | | | | | | | | | | | • [|
| History | | Call Co | ntact | | | | | | | | | | | | | ° L |
| Allergies | | | | | | | | | | | | | | | | ho |
| Problem List | | | | | | | | | | | | | | | | ho |
| Medications Immunizations | | Patient | Point. | Home | | | | | | | Logged | in as: phys | ician <u>Logo</u> | <u>ut</u> | | |
| | | Smith, Joh | ın — 002314, | 05/12/1962, | 51 years old, | Male | | | | | | | | | | • Ir |
| Demographics | | Care Coordin | | oordination | ta Questions | Pharmacy | Contacts Fol | llow Ups | Communication | ; Interver | ations N | otes Ale | erts | | | |
| Enter/Edit Results Patient Stations | | SnapShot | Stati | | | Pharmacy | | | communication | , incerver | | JLES AL | arts | | | CF |
| | | Chart Review | , | E | ducate | | Adjust Me | dications | | | Referral | | | | | . I. c. |
| | | Results Revie | w physic | On tian 04/1 | 1/2013 14:28 | | vention red Patient to Dr. N | Nancy Daws | on | | | | | | | da |
| | | Synopsis | ma | | 0/2013 10:52 | | | | ated to his condition | 1 | | | | | | _ |
| | | History | | | | | | | | | | | | | | • - |
| | | Allergies Problem List | | | | | | | | | | | | | | |
| | | Medications | | | | | | | | | | | | | | mc |
| | | Immunization | | | | | | | | | | | | | | |
| | | Demographic | | | | | | | | | | | | | | |
| | | Patient Static | | | | | | | | | | | | | | |
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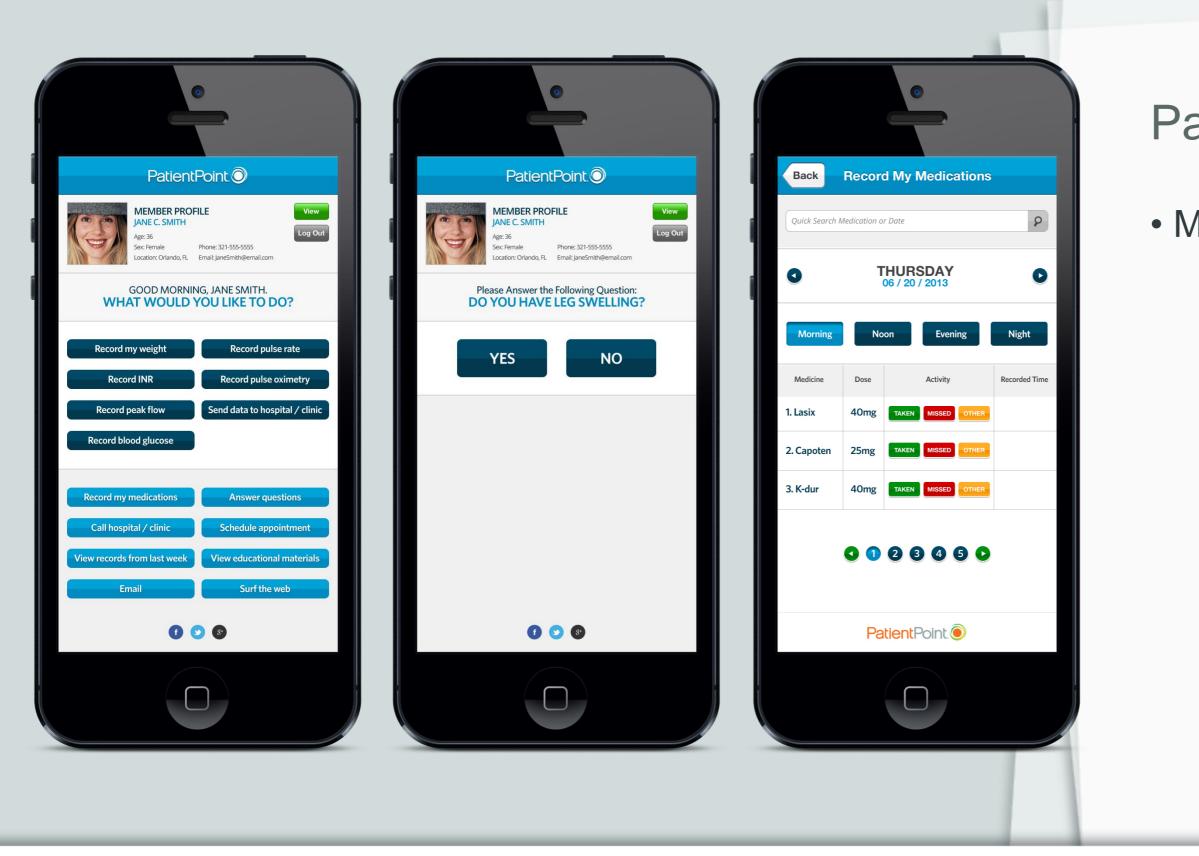




tage 4

- Deployment of devices in the patient
- me or assisted living facility
- nitial "touch" by Call center staff for
- PT 99495/99496 within two business
- ays of discharge
- For chronic disease, ongoing
- onitoring (CHF, DM, CKD, COPD)



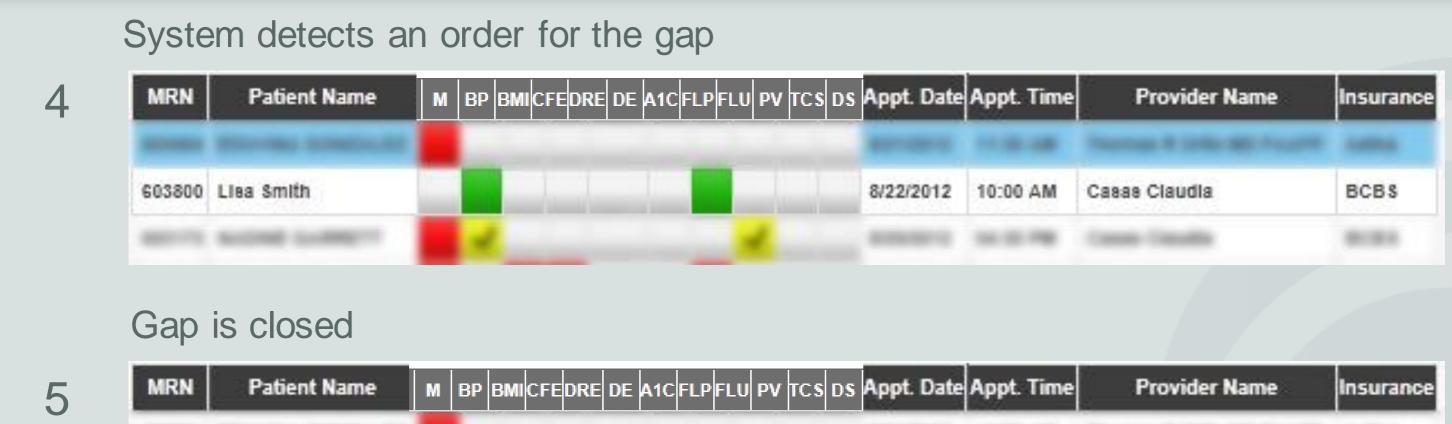


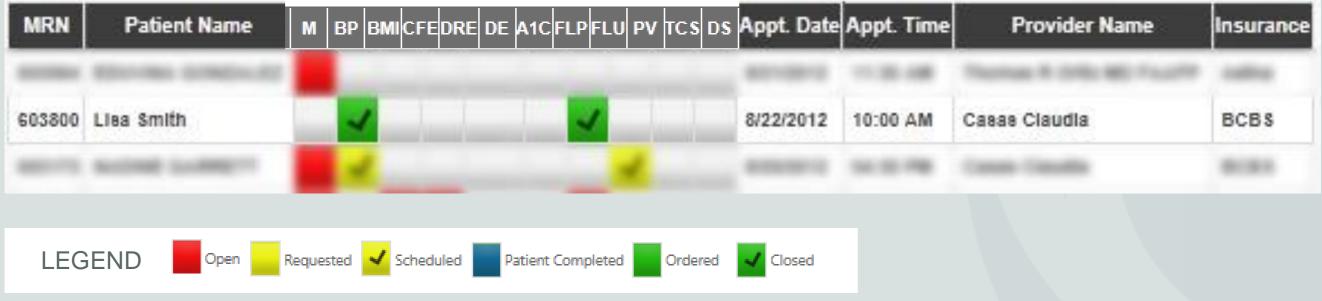


Patient Screens

• Mobile based easy to use screens

Dashboard tracks the entire process from identification to closing gaps in care.











Detailed, easy-to-read care coordination reports help track PCMH performance.







| | | | | POj o Outco | | | | Welcome, Claudia Casas |
|-----------------------------|--------------------------------|---------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|--------------------------------|--|--------------------------|
| 🔮 R | EPORTING | | | | | | | CareCoordination Summary |
| | | | Apopk | | ome, Patien ▼ | | Status by Gap 1 | ype |
| | | | | | | Default View 💌 | | |
| | | | | | | Run Report | Open Closed S Colorectal Breast Cancer Depression Screening BMI Average Time to C | cheduled Ordered |
| Summ ts | ary Q-1 F | Y 2012 | | | Issued: January | 25, 2012 | | |
| C CLINICA | LOUTCOMES | | ACCESS AND | | ION | | | |
| Asthma ontroller Meds | DM B/P Controlled 140/90 | HTN B/P Controlled 140/90 | Provider/ Patient Continuity | Same Day Appointment Access | Same Day Telephone Response | 72-Hour MyChart Response | | |
| 3,376 | 4,966 | 19,8 <mark>4</mark> 6 | 69,644 | 37,155 | 41,463 | 9,328 | | |
| 4,336 | 6,922 | 29,013 | 102,023 | 83,537 | 47,164 | 9,593 | | |
| 7.86% | 71.74% | 68.40% | 68.26% | 44.48% | 87.91% | 97.24% | Under 3 Days 4 - 6 Days | |
| 2.70% | 62.79% | 61.42% | 66.67% | 33.33% | 75.00% | 90.00% | 6 - 15 Days 15+ Days | |
| 84 18 | 114 19 | 111 19 | 102 18 | 133 19 | 117 19 | 108 | | |
| 10 | 19 | 19 | 8 | 19 | 19 | 17 | | |
| 17 | 1 | 3 | 10 | 4 | 0 | 2 | | |
| | | | Data Source Monthly PCMH site repo | arts provided by Clinical Inl | formatics | | | |



Physician Office Visit Engagement



OK P In Progress Review ♦ Complete Critical ✓ Posted



Proprietary & Confidential

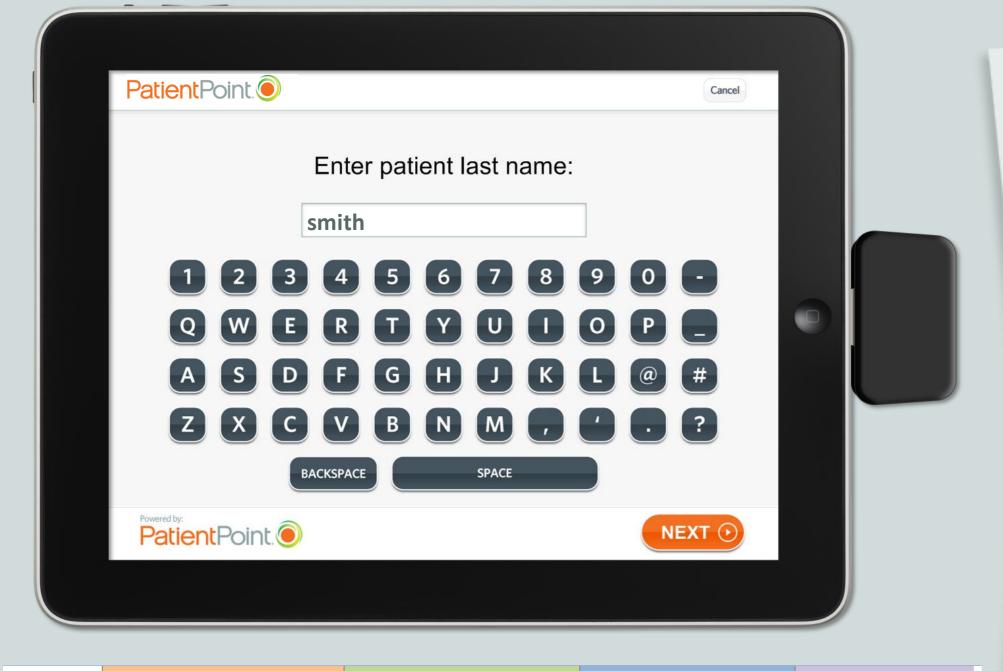


At check-in and check-out, tablet is handed to the patient.

Patients with appointments who have not begun to check-in still appear on the Staff Dashboard view.



Touch next to continue



| | | | Patient Informat | on | Appointm | ent Information | | | | | Ki | osk | | | Resul | ts |
|------------|---|-----------|------------------|---|-------------|------------------|--------|-------------------|---|---|----|-----|-----------------------|------------|--------------|------------|
| Select All | | MRN | Na | Name John Davis Judy Smith Rachel Jones | | Time | D | I. | F | Ρ | С | В | 0 | Usage time | Registrar | Status |
| | > | 2344123 | John | Davis | New Patient | Today 9:00:00 AM | | | | | | | \checkmark | | Sandra Jones | In-Service |
| | > | 324324123 | Judy | Smith | Annual Exam | Today 9:10:00 AM | | | | | | | | - | - | - |
| | > | 2134343 | Rachel | Jones | Unknown | Today 9:15:00 AM | | | | | | | \diamond | 7:21 | Jim James | In-Waiting |
| | | | | | | | LEGEND | OK Rev Crit | | | ۲ | Co | Prog ompl osteo | I | | |



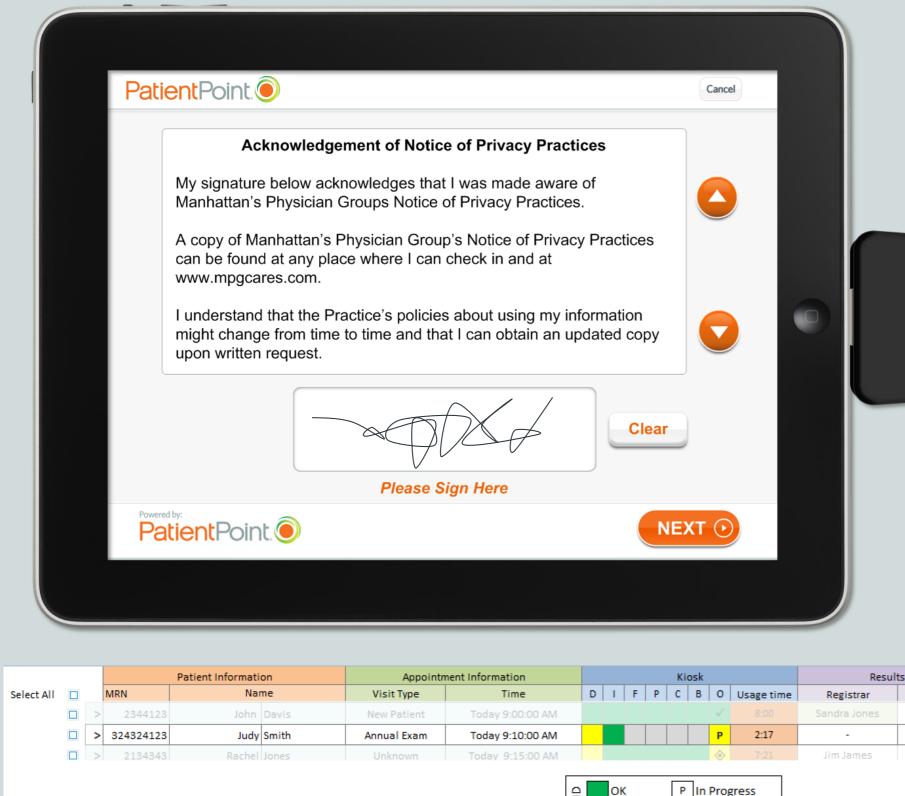
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Patient enters last name to begin check-in process.



Touch next to continue



Patient signs any forms that need a signature. Technical details: 1. Option to decline to sign can be added to any form. 2. Forms, once signed, are converted to a secure PDF or TIF document and automatically attached into the EMR. 3. System automatically remembers form frequency's across the network and will not present unless needed.



Proprietary & Confidential

Complete

✓ Posted

Review

Critical

Status

Checking-In



4. The signed PDF form can be designed to be identical to the practices current forms.

If Judy chooses to decline a form the dashboard will reflect as a red problem flag as not signing a form may mean denial of service.



Touch next to continue

| PatientPoint. SMOKING SCREENING | Cancel | |
|---|-----------|--|
| In the past 3 months, how often have you used tobacco pre- | oducts? | |
| Never Occasionally Monthly Weekly | Daily | |
| In the past 3 months, how often have you had a strong desir | e or urge | |
| to use tobacco products? | | |
| Never Occasionally Monthly Weekly | Daily | |
| In the past 3 months, how often has your use of tobacco pro to health, social, legal, or financial problems? | ducts led | |
| Never Occasionally Monthly Weekly | Daily | |
| Powered by: PatientPoint. | | |
| | | |

| | | | Patient Informati | on | Appointn | nent Information | | | | | Kio | sk | | | Resul | ts |
|------------|---|-----------|-------------------|-------|-------------|------------------|---|---|------|---|-----|---------------------|----------|------------|--------------|-------------|
| Select All | | MRN | Nar | me | Visit Type | Time | D | Т | F | Ρ | с | в | 0 | Usage time | Registrar | Status |
| | > | 2344123 | John | Davis | New Patient | Today 9:00:00 AM | | | | | | | | | Sandra Jones | In-Service |
| | > | 324324123 | Judy | Smith | Annual Exam | Today 9:10:00 AM | | | | | | | P | 2:17 | - | Checking-In |
| | > | 2134343 | Rachel | Jones | Unknown | Today 9:15:00 AM | | | | | | | <u>ا</u> | 7:21 | Jim James | In-Waiting |
| | | | | | | | | | viev | v | | In P Com Post | nple | I | | |



Proprietary & Confidential



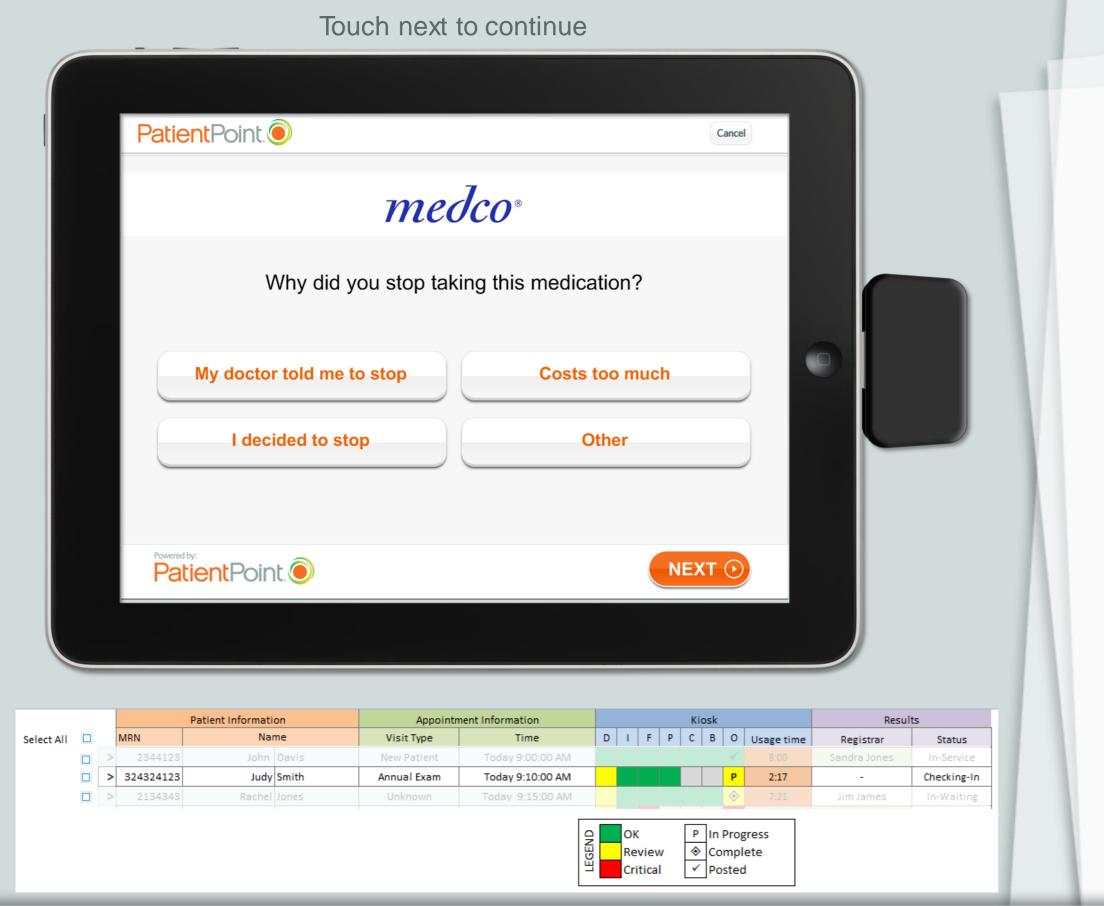
Screenings are presented o patient when the rules or showing the screenings are met.

echnical details:

Results for the screenings are compiled and stored on the check-in summary document (also called the boarding card).

The boarding card is stored in the EMR visit record and also printed for the physician to review.





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Adherence Support:

If the patient indicates that they are no longer taking the medication, a reason fro stopping the medication is asked.



Transitions in Care (Case Study)

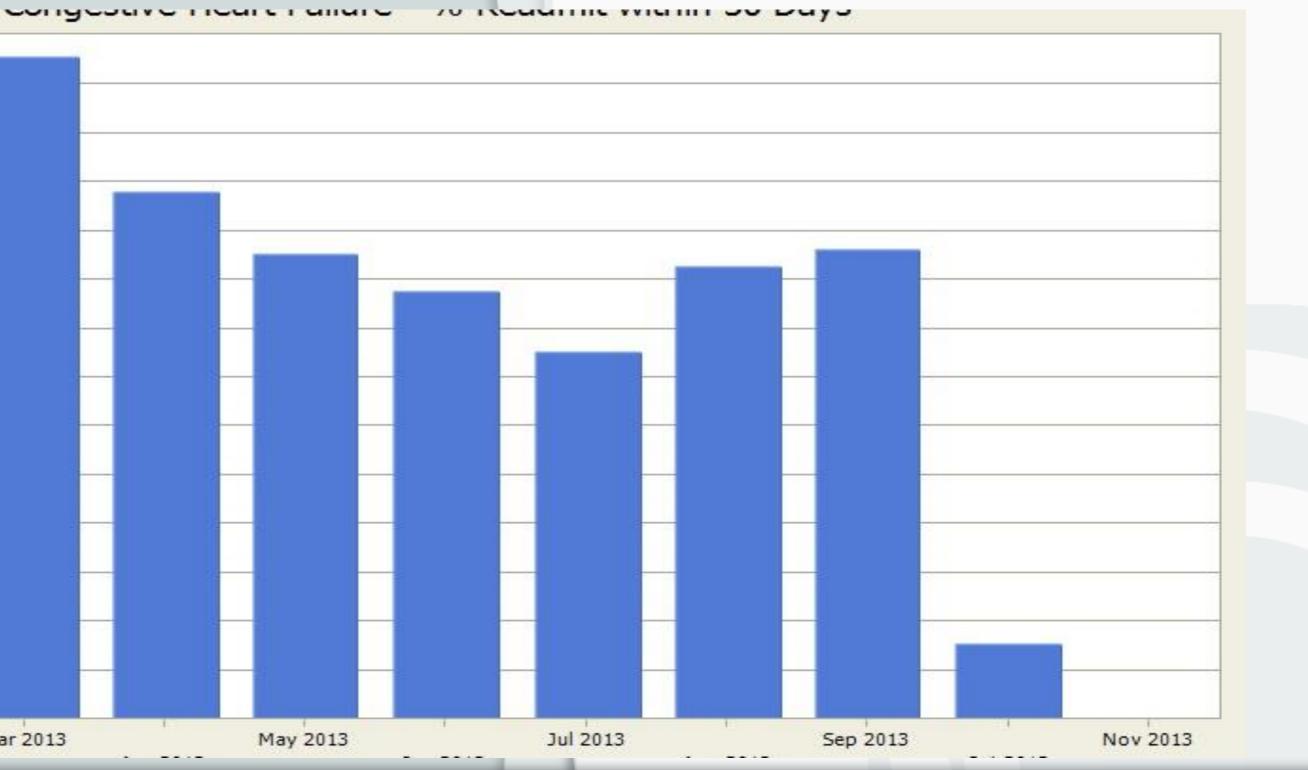
Avoidable Readmission Pilot Early results

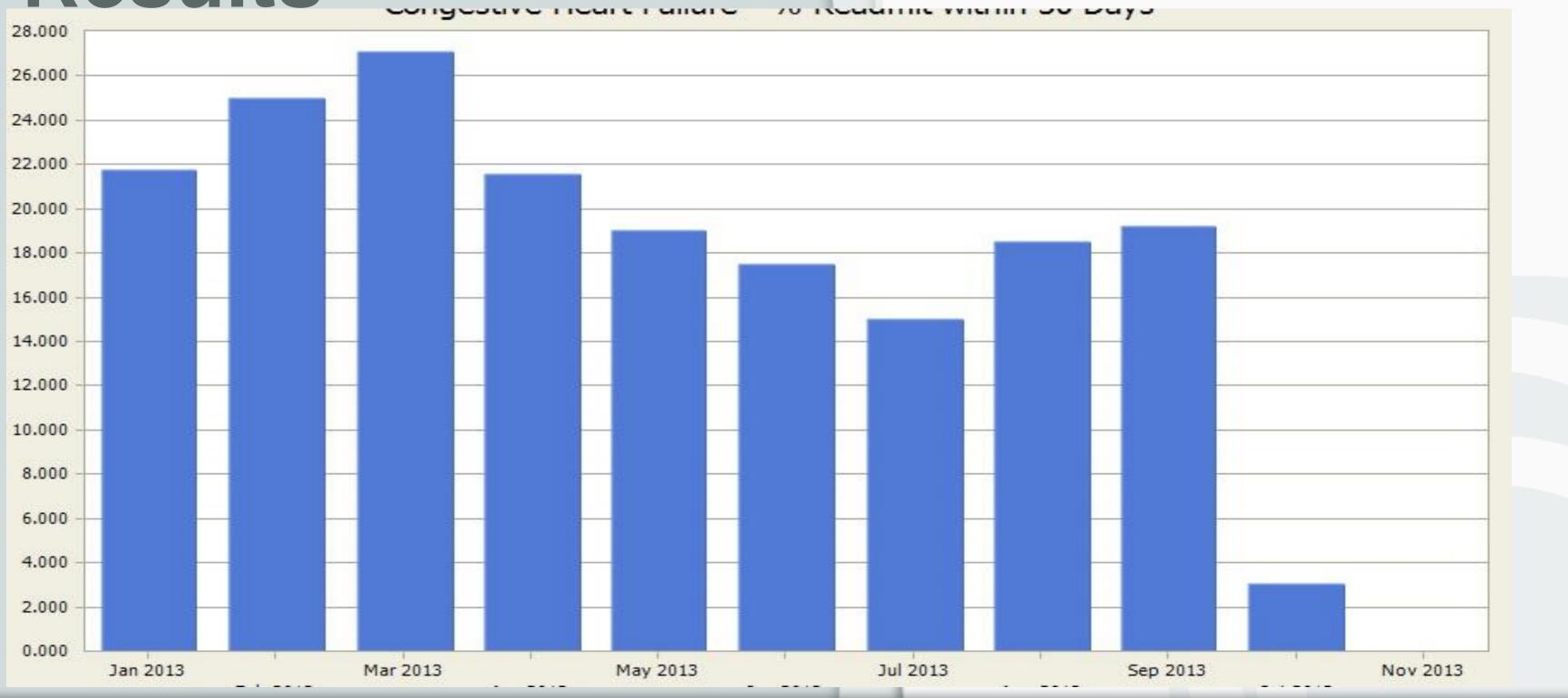
- Pilot program at a medium sized community hospital in the Midwest
- Patient population and payor mix similar to 1800 of the 5400 CMS registered hospitals
- Feasibility study to assess costs, reimbursement, challenges, and scalability of an end-to-end chronic disease management solution





Results







Avoidable Readmission Pilot

- First 90 days focuses on Acute MI (Heart attacks) and Congestive Heart Failure (CHF) patients
- Q1 of 2014 will expand the program to include COPD, Total knee, Total Hip, and Stroke patients
- Includes employed physicians as well as community affiliates



Avoidable Readmission Pilot

- Logistic Regression and Neural network model created based upon admission history over the prior two years for that facility
- Data queries out of Epic, included demographics, medications, comorbidities, discrete lab data, socioeconomic characteristics, other clinical characteristics



Costs of program

- Monitoring service \$120/per patient per month
- Discharge coordinator time, care coordinator time, support overhead, \$400 per patient
- Development/update of predictive model, integration, software platform, \$150k



ROI

- Based upon penalty elimination, and transition in care reimbursement, there is a 12 to one ROI
- In scenarios without penalties, the ROI is approximately 2.5 to 1



Thank you



