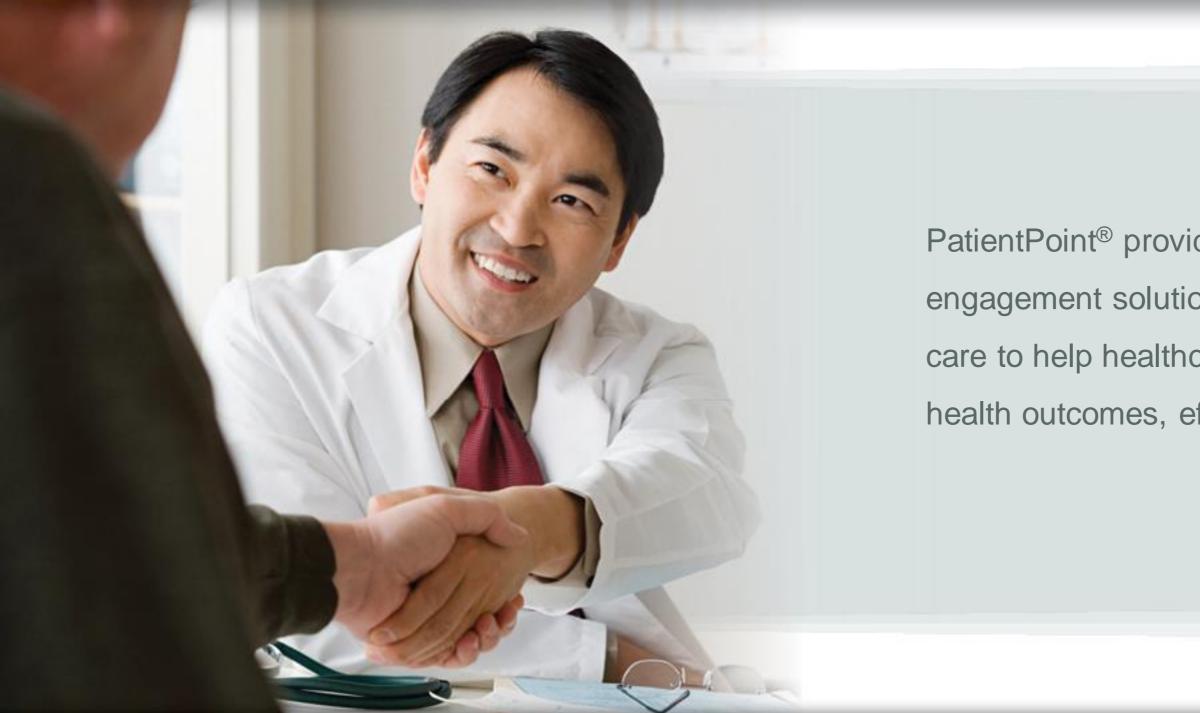




The PatientPoint[®] mission is to turn engagement into outcomes.







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



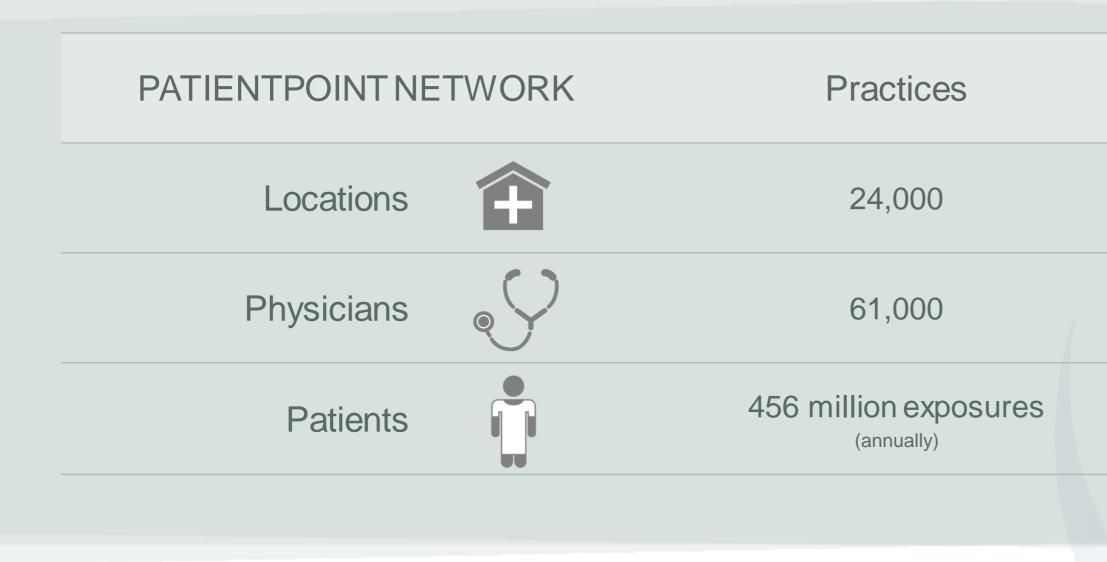
			NEW
Network Solutions	Coordinated Care Solutions	Hospital Solutions	Outcomes Research
 Formerly Healthy Advice 	 Recent acquisition 	 Formerly Healthy Advice 	 Screenings, recruitment,
Networks	(February, 2012)	Communications	enrollment, and education
(15+ years)	 Key offerings include 	 Key offerings 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.





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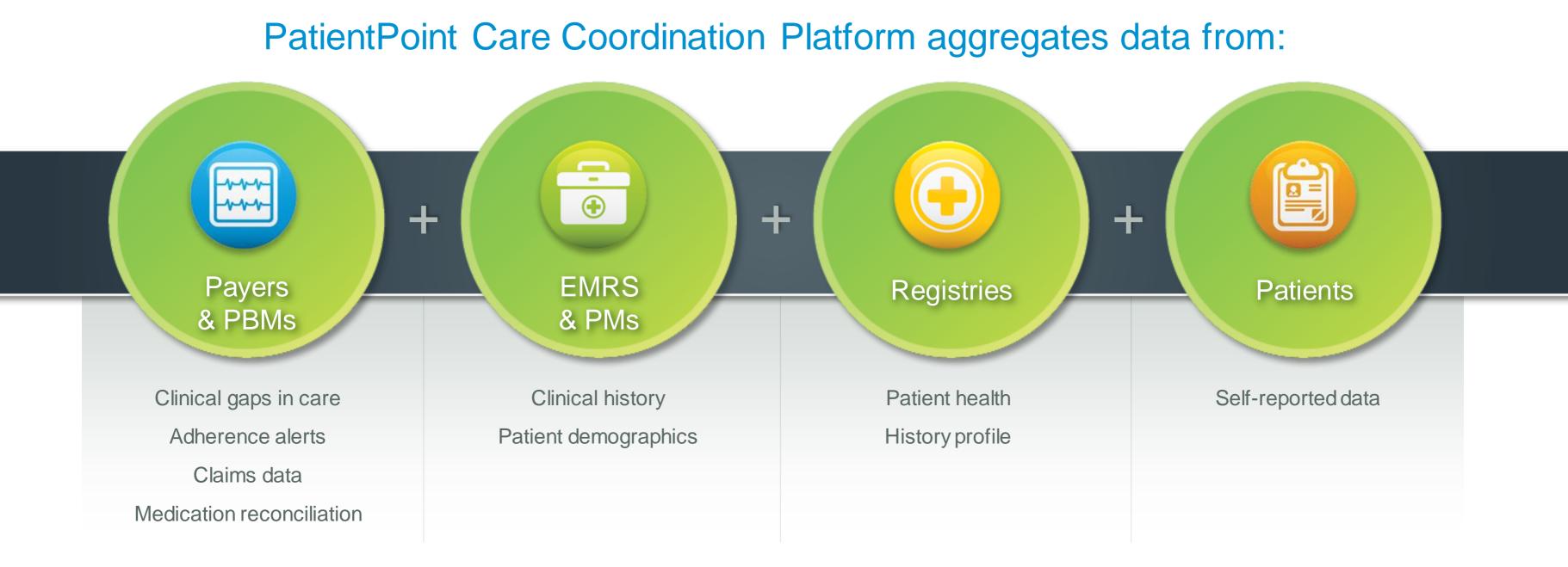
Hospitals 570 165,000 6.5 million exposures (annually)



Industry Transformation & Challenges

Actionable data based Care Coordination and Transitions in Care

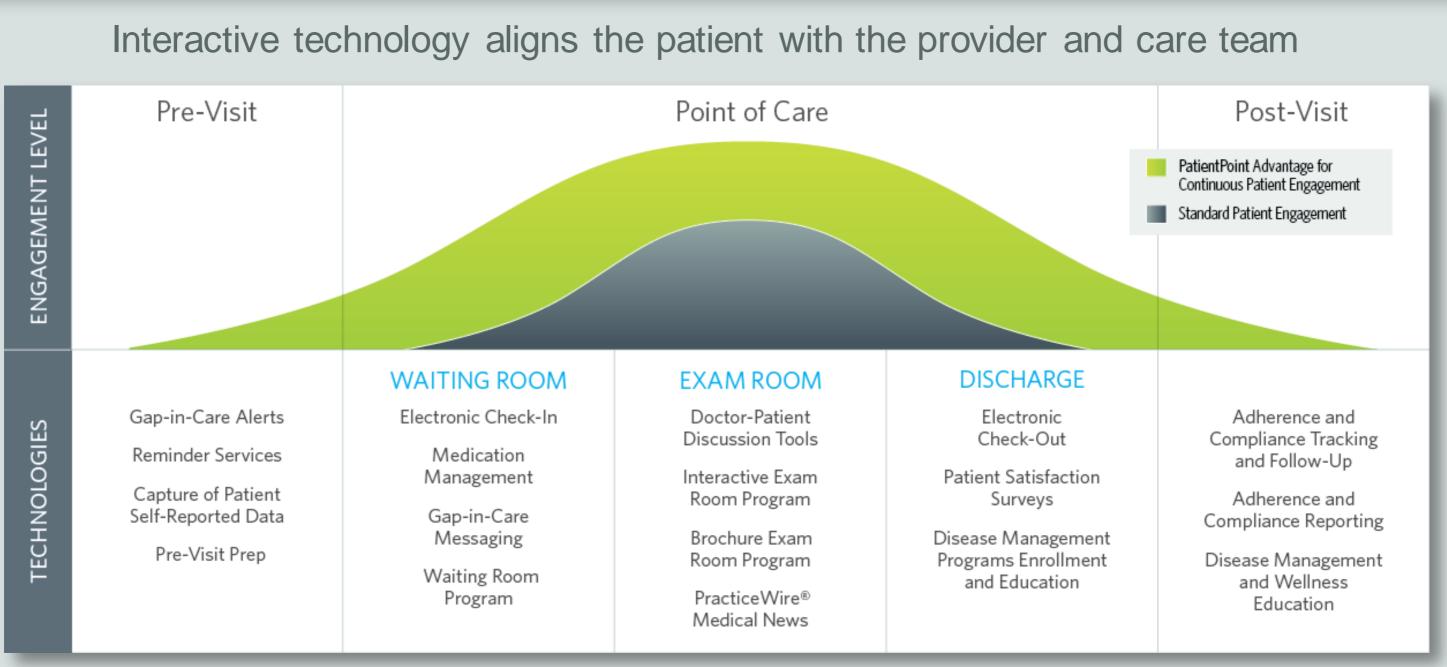
PatientPoint Coordinated Care Platform gives a complete view of the patient.







PatientPoint programs facilitate continuous patient engagement.







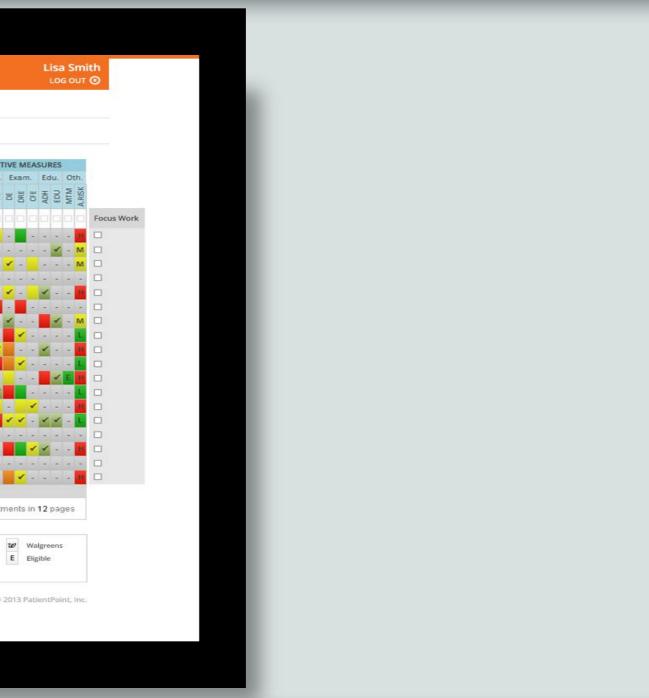


PatientPoint Dashboard displays gap-in-care alerts at a glance.

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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(x) (*) (1) 2 3 4 5 6 7 8 9 10 (*) (*) Page size: 18 * 223





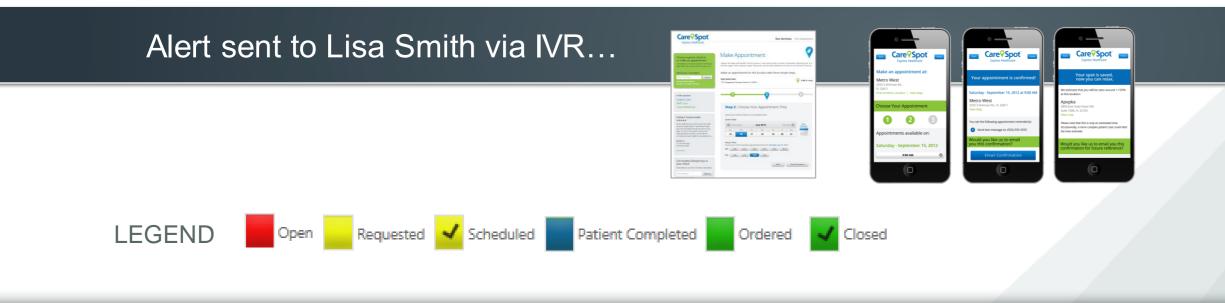




Color coding helps practices quickly identify care gaps and schedule outreach.

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





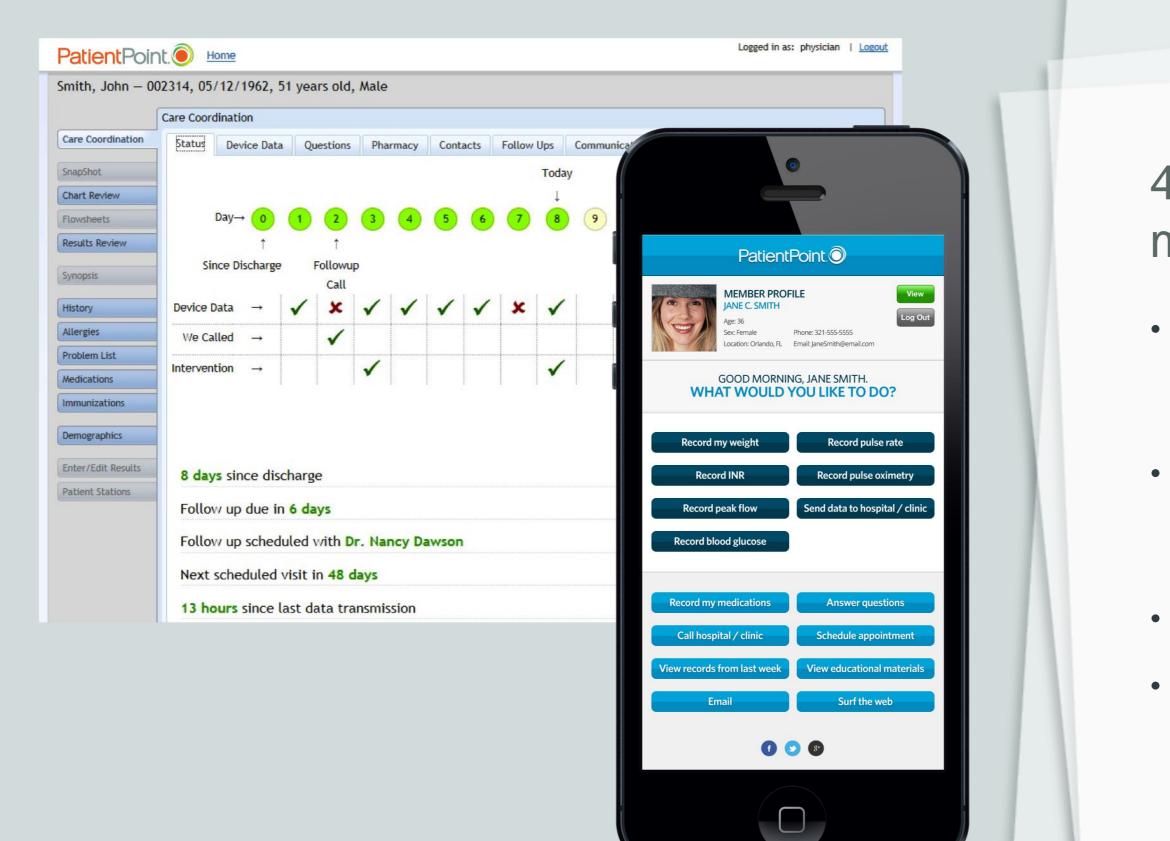
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"Hi, this is Dr. Smith. Please listen to the following message. You are due for your annual blood pressure check. Press 1 to schedule an appointment..."

End









4 stage engagement model

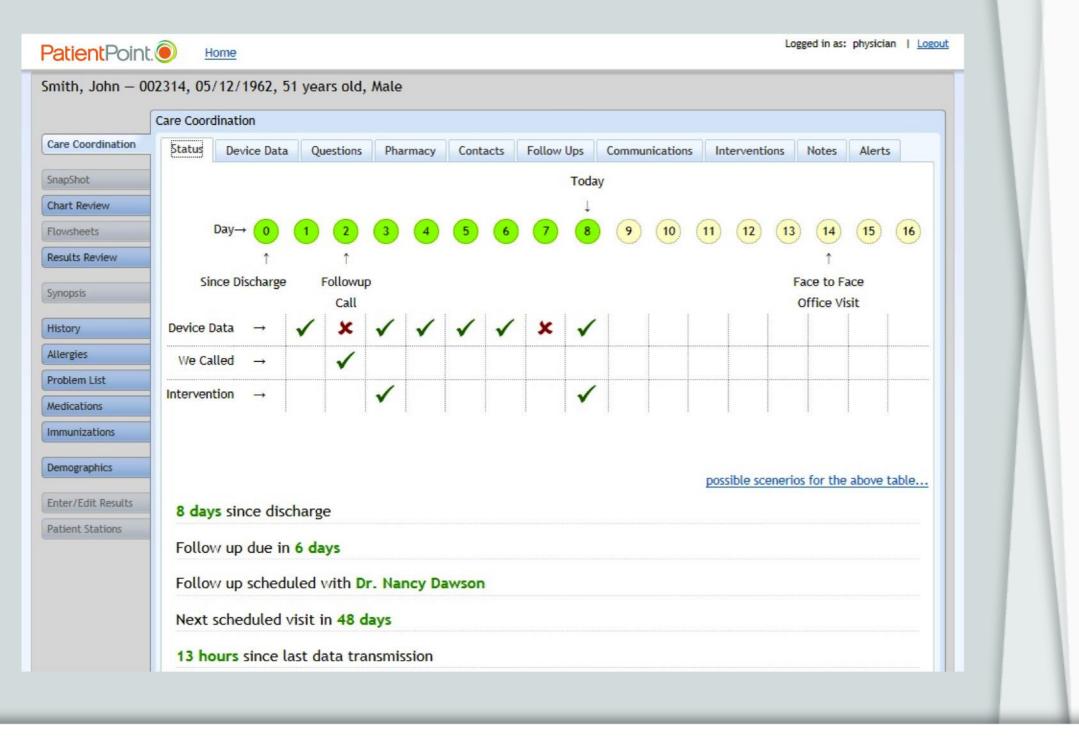
Stage 1: Predictive modeling using JHU ACG grouper to identify high risk patients and engage in the acute care or ED setting

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





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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
								C
								þ
								•
								I





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														
		-														

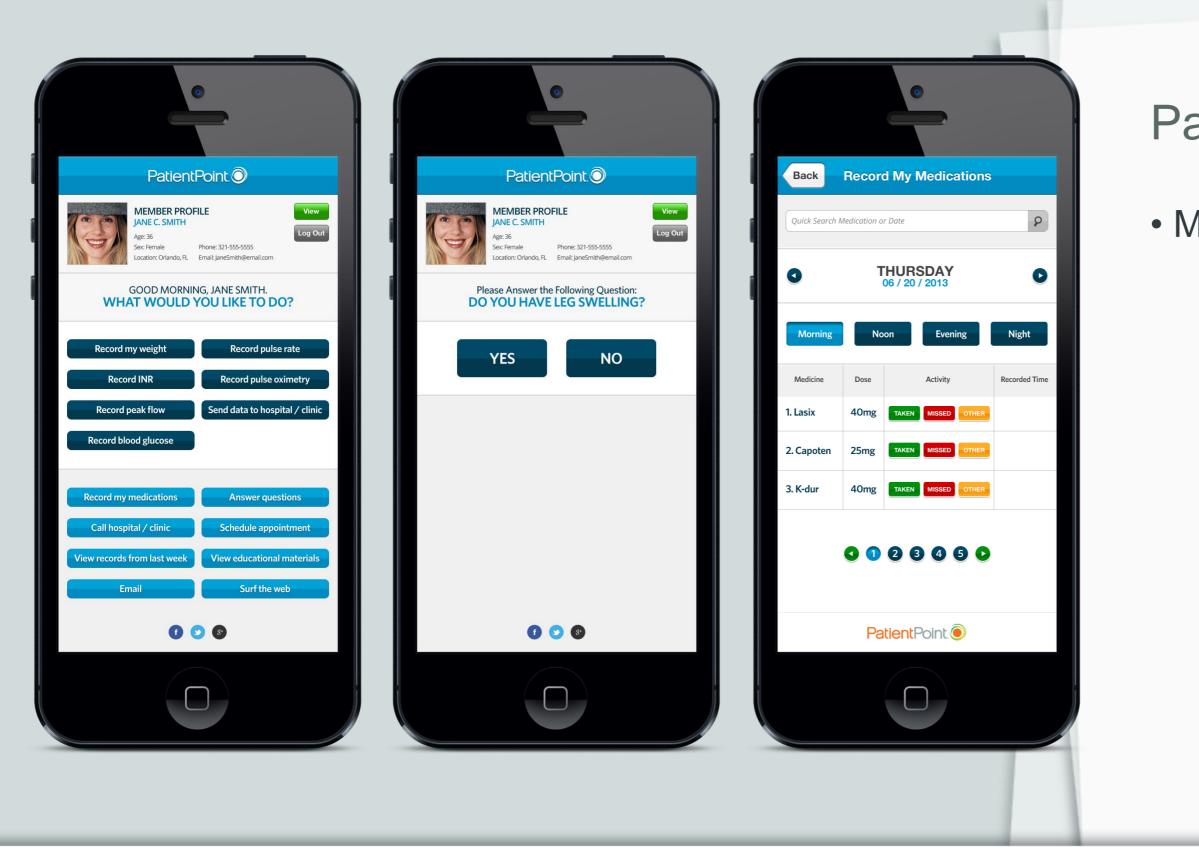




tage 4

- 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)



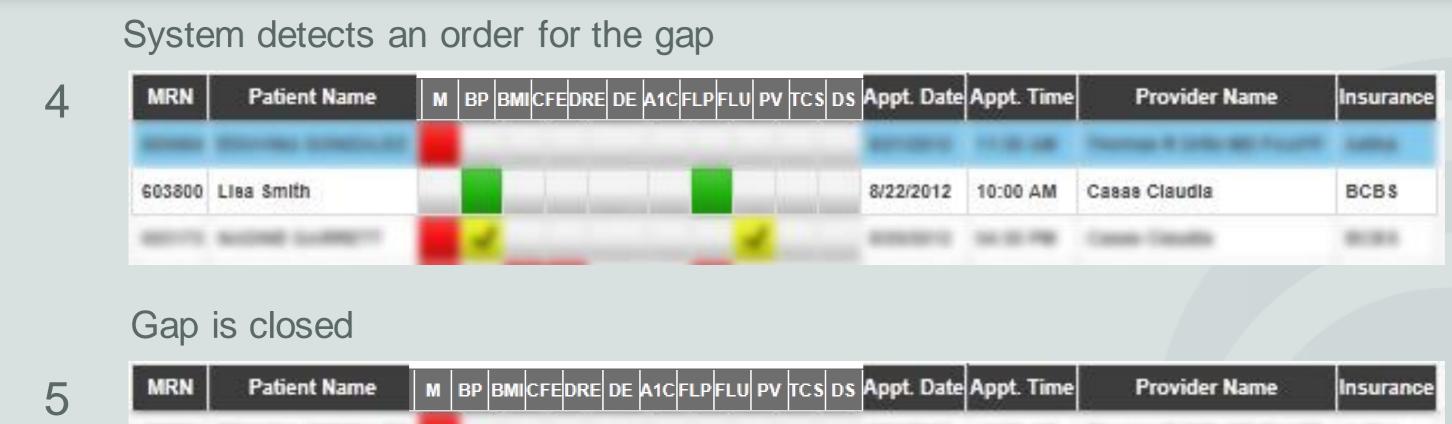


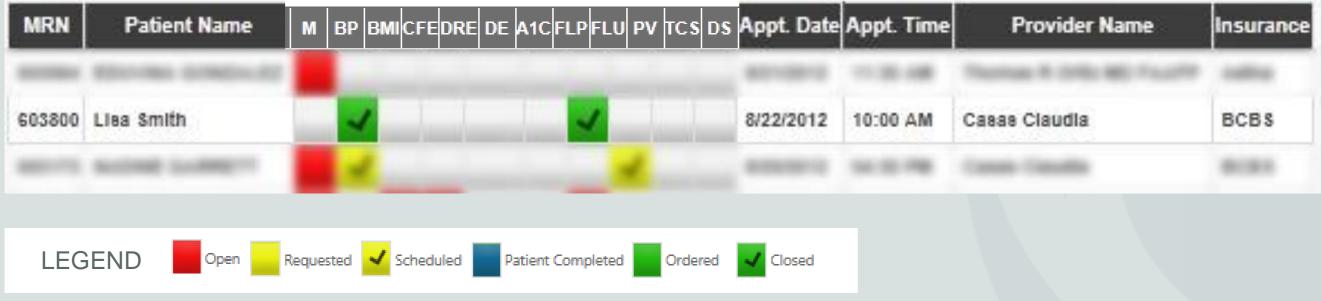


Patient Screens

• 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



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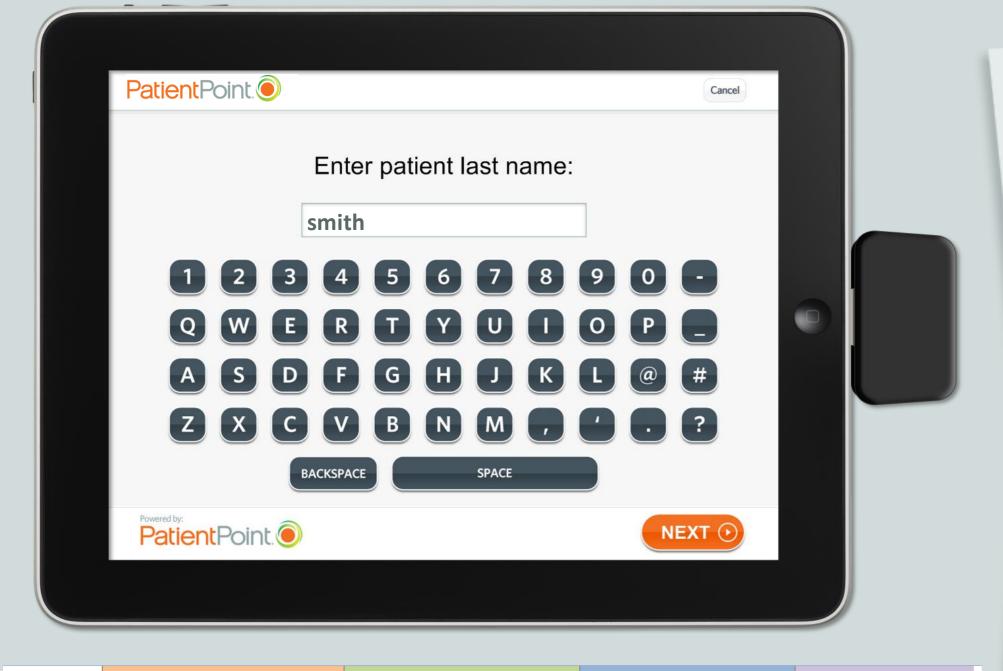


At check-in and check-out, tablet is handed to the patient.

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		



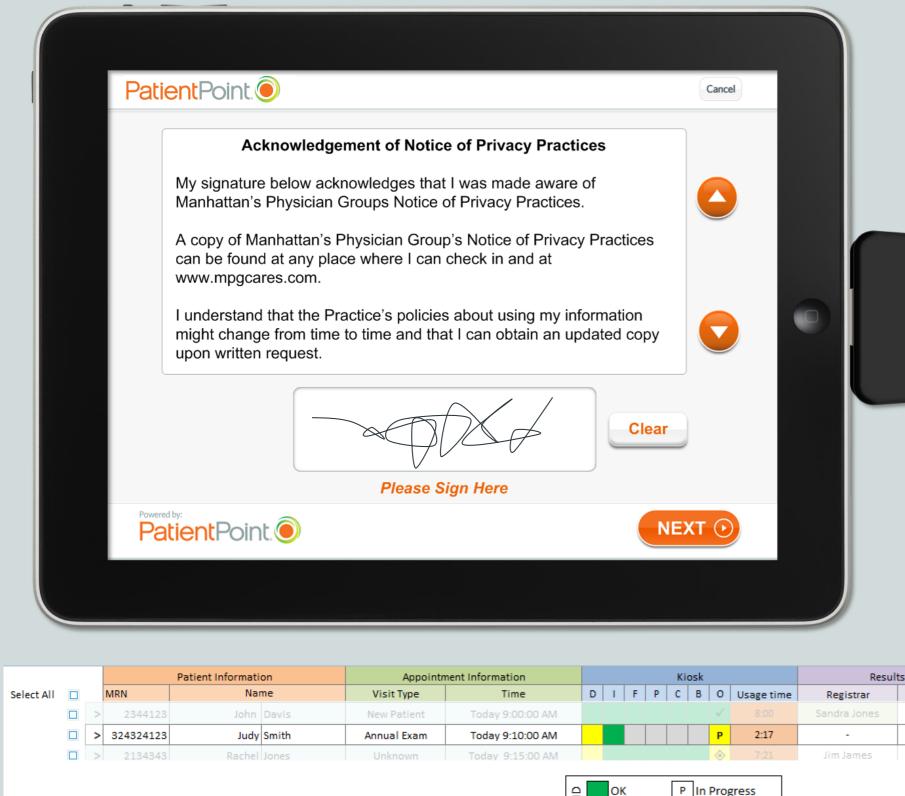
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Patient enters last name to begin check-in process.



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.



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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		



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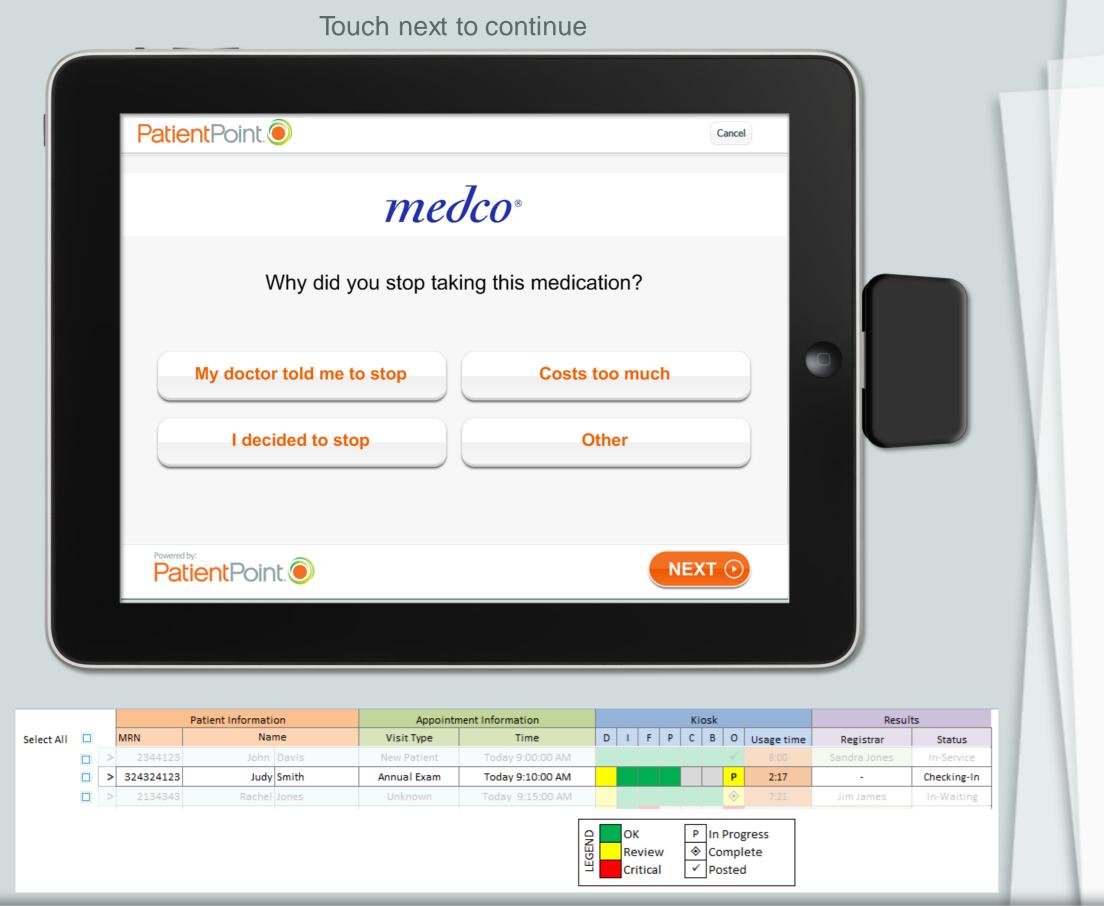
Screenings are presented o patient when the rules or showing the screenings are met.

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)

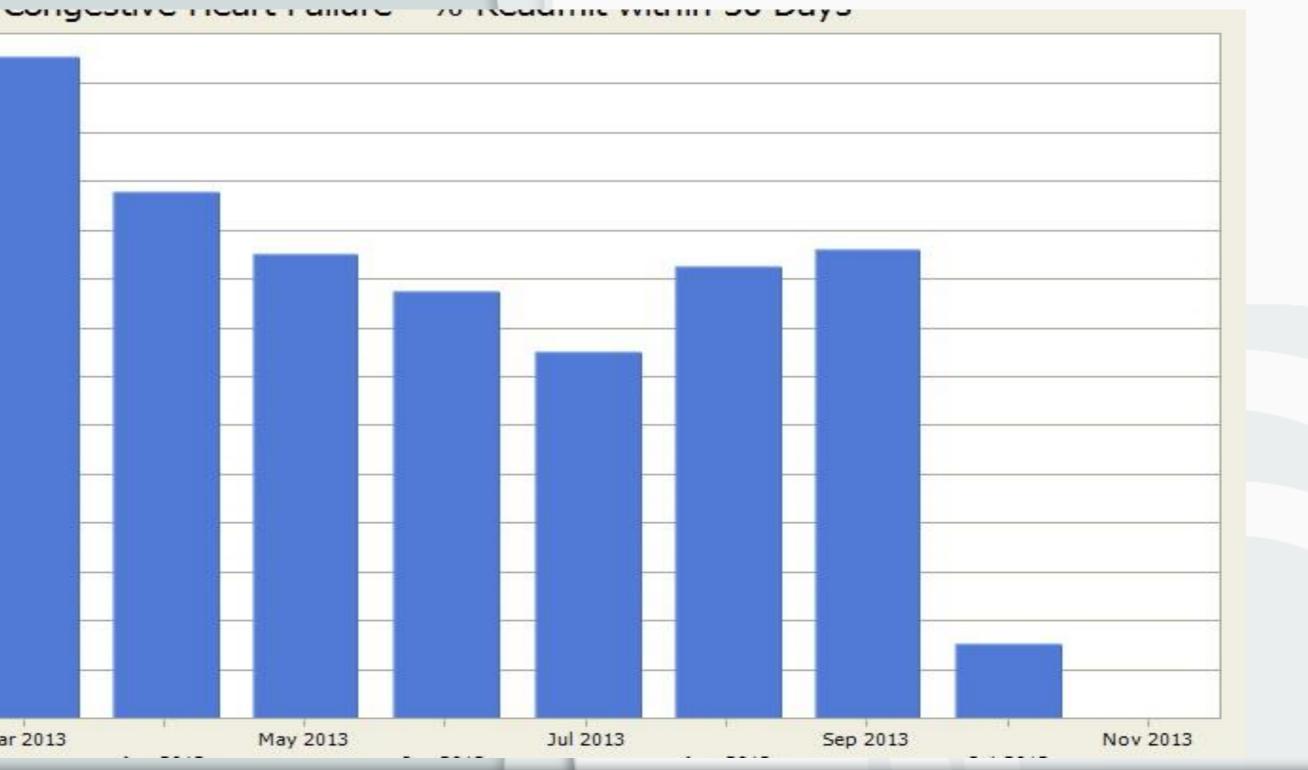
Avoidable Readmission Pilot Early results

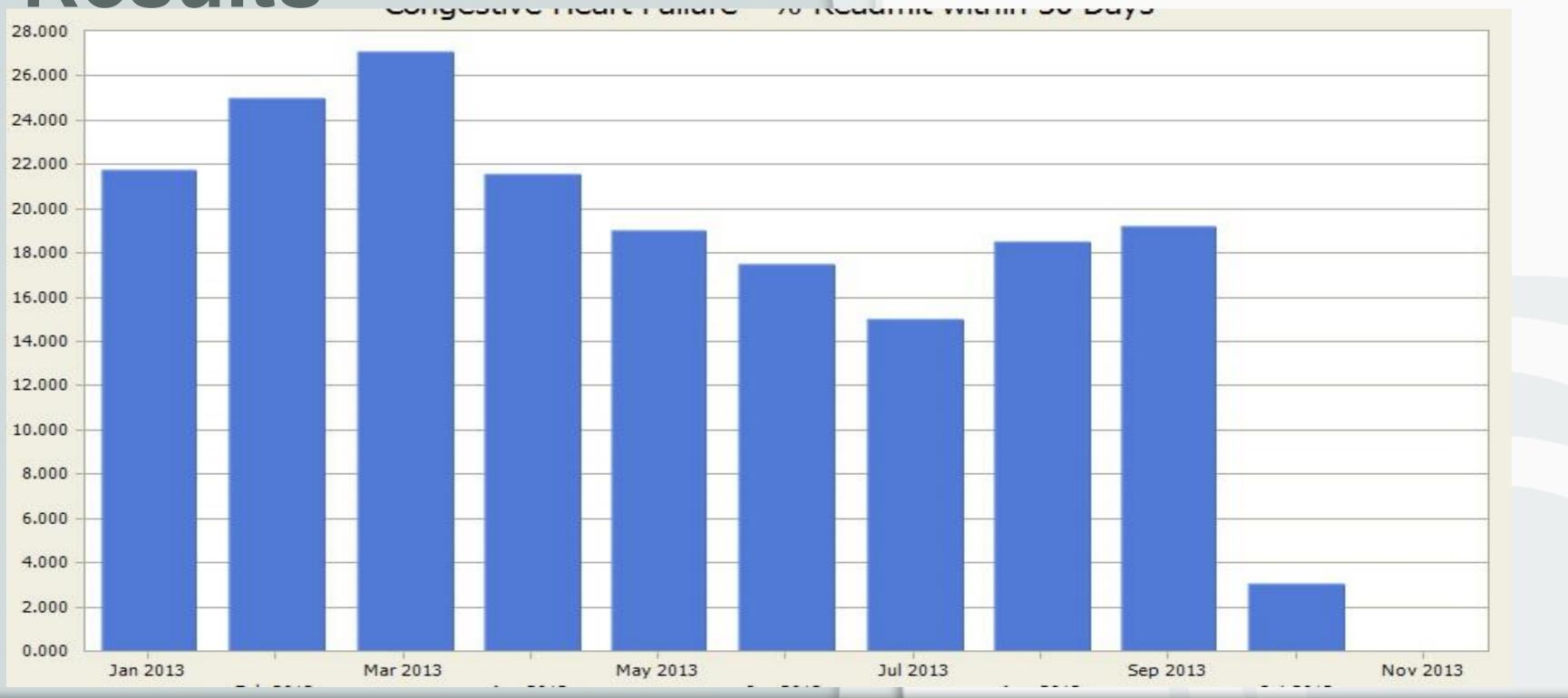
- Pilot program at a medium sized community hospital in the Midwest
- Patient population and payor mix similar to 1800 of the 5400 CMS registered hospitals
- Feasibility study to assess costs, reimbursement, challenges, and scalability of an end-to-end chronic disease management solution





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



