



GettingHome™

supported by

eWatch™ and eConcierge

Coordinating Post-Acute Care

July 27, 2017

Hospitals-Uncertain Times



- Financial solvency tricky
- Reimbursement sources being cut
- Penalties for poor outcomes
- Uncertainty in Insurance Market



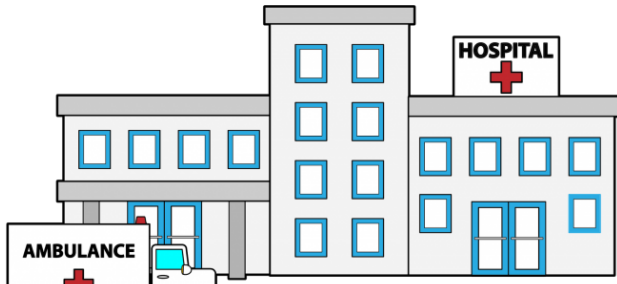
- Maintain independence
- Strategic Partnerships
- Serve community needs at home



- Occupied without medical necessity
- Delay in discharges
- Patient flow struggles

Current State:

The Discharge Process Is Messy



Discharge Team reaches out to many Post-Acute Care (PAC) companies to try to place a patient via text, email, fax.



Providers lose awareness of their patients once they leave the facility.



PAC market very fragmented, 600+ Home Health in CO alone

Problem:

Post Discharge Risk Exposure



Post-Acute care agencies deliver services inconsistently which results in widely variable costs, outcomes and readmission rates.

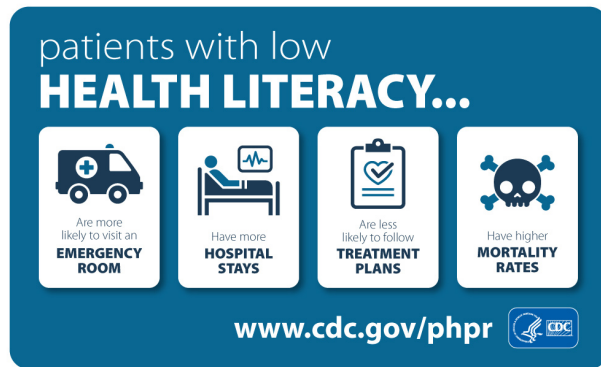


Too much labor required for traditional CCM / TCM approaches to breakeven for proper oversight.



Better outcomes are stymied by inability to execute on known best practices.

Patient Perspective: Alone in a Huge Whitespace



Lacking knowledge
to perform self-care

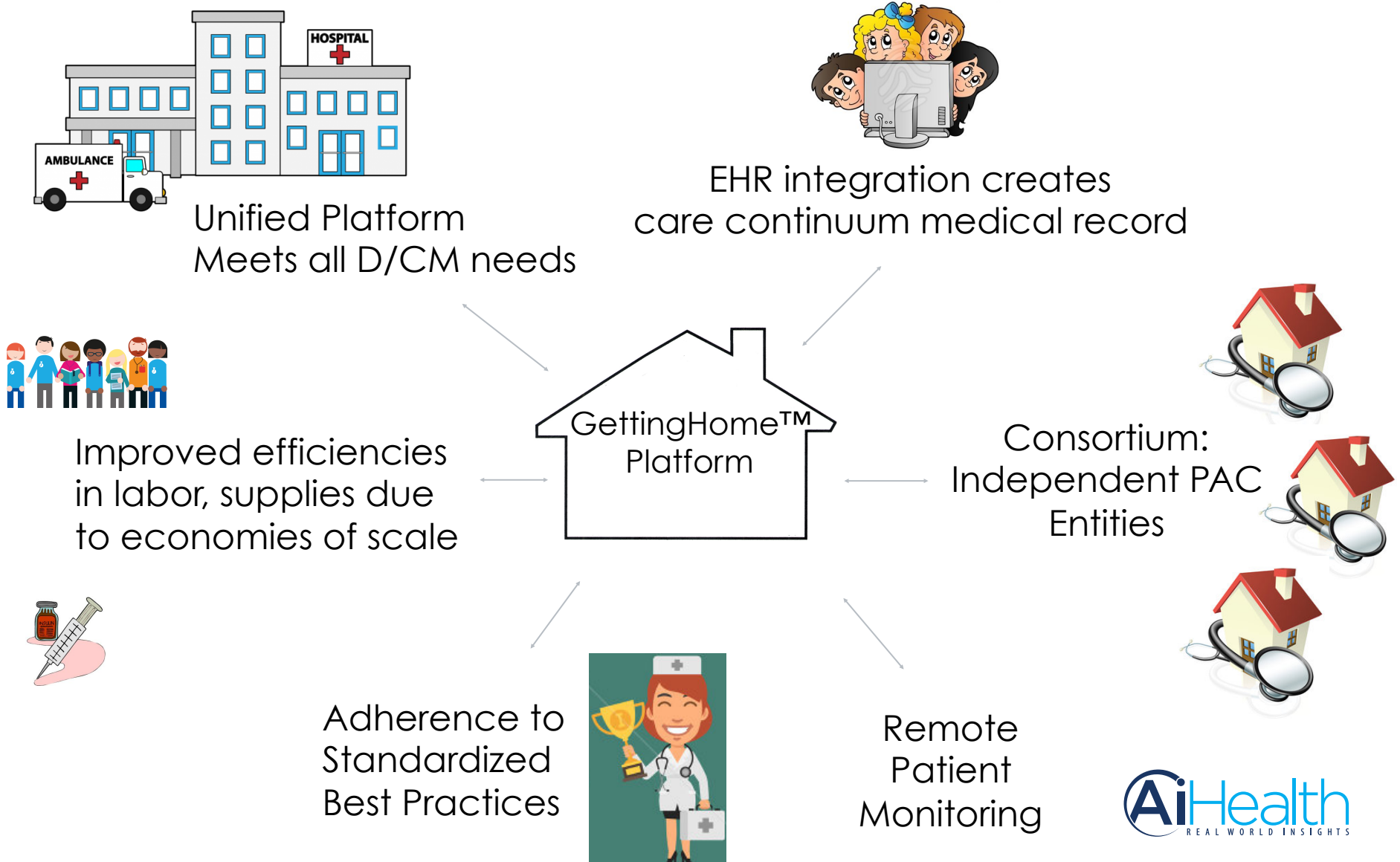


Feels abandoned
and without empathetic
care providers



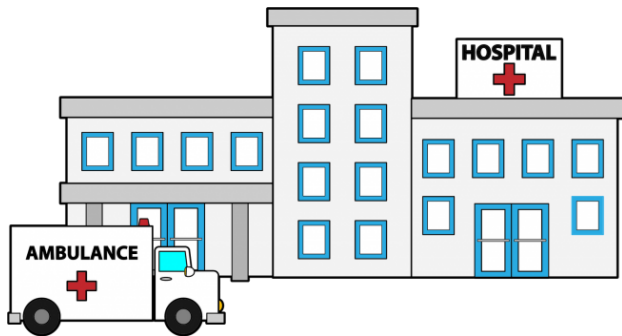
Provider has no view
into what is happening
at home

Solution: GettingHome



Solution:

Enable Providers and Home Health



- Single, Unified Interface
- Automated patient disposition to agency based on: needs, location, availability
- AI-supported coordination of all required supplies and services
- Consortium of GettingHome Credentialed PACs
- Bi-directional EHR interface

Shared Best Practices achieves lower costs, better outcomes

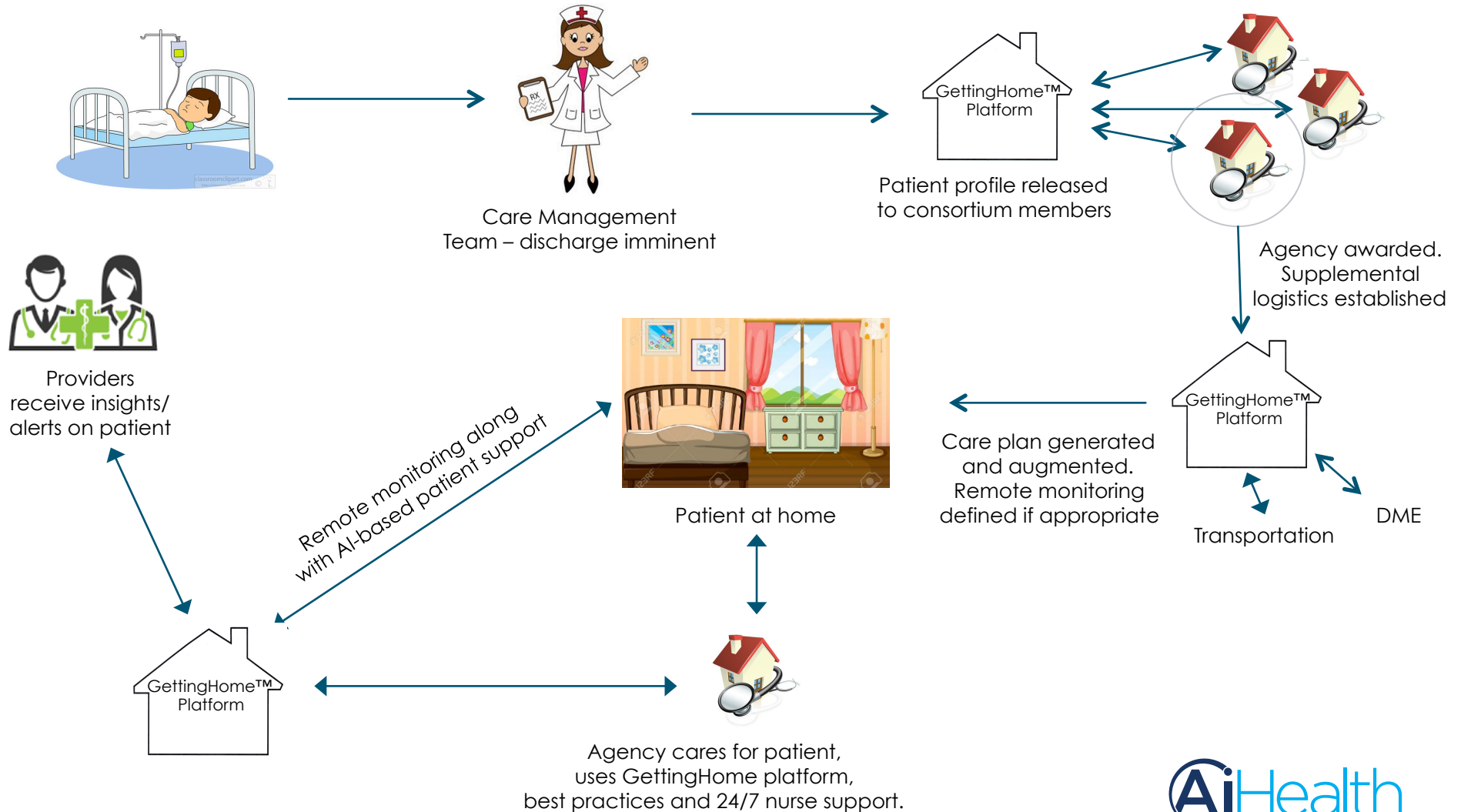


Providers can now complete the care requirements for TCM/CCM with very light staff involvement

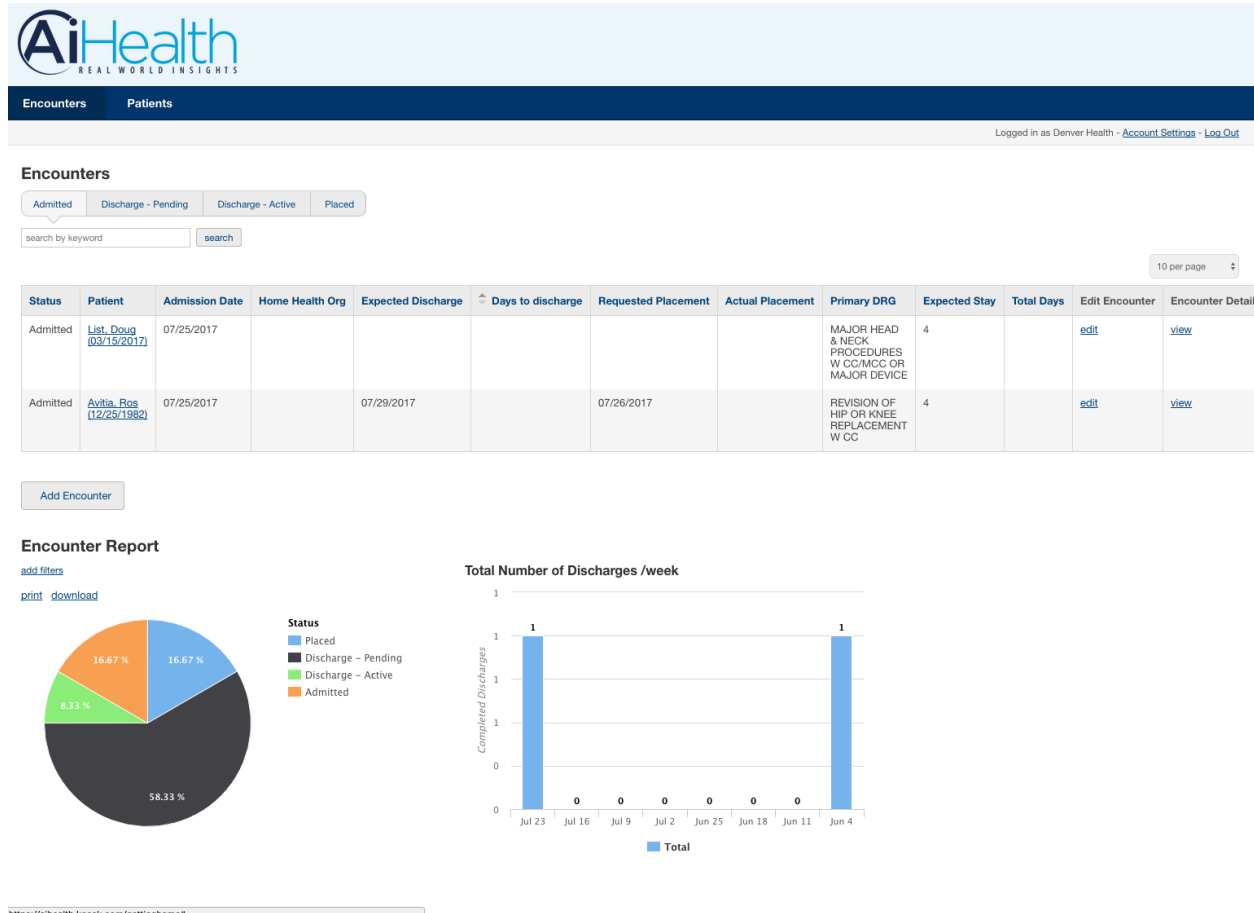


- Automated patient acquisition utilizing filter function by agency
 - Patient volume, geography, condition
- Access to complete Back Office Suite of support services
- New revenue generation/better outcomes via [eWatch](#)


Scenario: From Acute Care to Home Care



Key Components: GettingHome Logistics Platform



Key Components: GettingHome Logistics Platform



Encounters

Patients

Encounters → Patient Details

Logged in as Denver Health - [Account Settings](#) - [Log Out](#)

Patient Details

Patient Name	List, Doug (03/15/2017)	Nickname		Emergency Contact Person	Kathleen Mclean
Address	28551 Western Ct Evergreen, CO - Colorado 80439	Phone	(720) 339-1430	Emergency Contact Phone	(343) 211-2233
		Email	dkittelsen@yahoo.com	Emergency Contact Relationship	Partner
		DOB	03/15/2017	Region	Denver: West (CO)
		Sex	Male		

PCP Dr.	Ken Cohen
PCP Phone	(303) 670-1234
PCP NPI #	1213423434

DRGs		Any Pets	No	Service Address	
Confirmed Orders Date	07/17/2017	Does client smoke?	Yes		
Confirmed by	dgk	Need Interpreter	No		
LEIE	234234	Language			
License Verified	Yes	PECOS			

Encounters

[add filters](#)

Status	Discharging Entity	Admission Date	Anticipated Discharge Date	Actual Placement Date	Requested Date to Start Care	Primary DRG	View Encounter Details
Admitted	Denver Health	07/25/2017				MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	view
Placed	Longmont United Hospital	07/21/2017	07/24/2017	07/24/2017	07/24/2017	CONCUSSION W CC	view
Placed	Denver Health	06/02/2017	06/08/2017	06/08/2017	06/08/2017	INGUINAL & FEMORAL HERNIA PROCEDURES W CC	view

[Back to Encounters](#)

Key Components: GettingHome Logistics Platform

- Creates a marketplace for discharging organizations
 - Ease the clerical burden to find the best fit for a patient
 - Deliver more consistent outcomes
- Consortium members
 - Agree to best practices
 - Gain access to medical supervision
 - Gain access to tools and services to deliver more consistently
 - Initially targeting home health organizations – will expand to other post-acute care services (e.g. rehab, skilled nursing, etc.)

Key Components: GettingHome Logistics Platform

- Longitudinal view of a patients participation in the network
- Matching by
 - Regions
 - Skills
 - Ability to absorb new patients (how many a day can the organization handle)
- Leverage “Pending” capability for hard to place patients
- Creates a marketplace to help place patients that are currently using beds without medical necessity