PHILIPS

Hospital to Home

Tailored Ambulatory Care Programs

# Treating the right patient, at the right time, in the right place

Empower patients to take control of their health

How do I create loyalty to my health system?

What digital technology and informatics solutions do we need?

How do I motivate patients to make better decisions?

How can I impact more of **where, when and how** health happens?

How can I gain visibility into factors that aren't obvious in a clinical setting?

What programs will help me reduce costs while providing better care?

# Healthcare is shifting from episodic to continuous care.

# Are you ready?

The healthcare landscape is changing rapidly due to new challenges, policies, and payment models. Post-acute providers are asked to aid in improving outcomes and reducing costs. You need new ways to respond to these trends and address your needs – matching cost with risk, and providing access to innovative solutions benefiting both providers and patients.

How? One way is to manage patients at home and stop them from being admitted in the first place. With tailored ambulatory care programs, you can reach a broad patient population and provide continuous care while avoiding nursing visits and enhancing scheduling. Healthcare system participants that will thrive in the future will transform their delivery models to optimize care in the home rather than in the hospital.[1]

Clinical model transformation – shifting from delivering chronic care in the hospital to delivering it primarily in the community – doesn't happen overnight. Organizations that are leaders in transforming themselves and can show superior outcomes to financial stakeholders will benefit from early mover advantage.

## Challenges

- Rising costs
- Aging population
- Growing demand for healthcare services
- Rising readmission penalties
- Significant reductions in reimbursements
- Shortages in skilled care providers

## New policies and payment models

- Affordable Care Act
- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
- Pay-for-performance
- Bundled payments
- Value-based purchasing
- Shared savings

# Where to focus for the most impact

## Delivering impactful programs

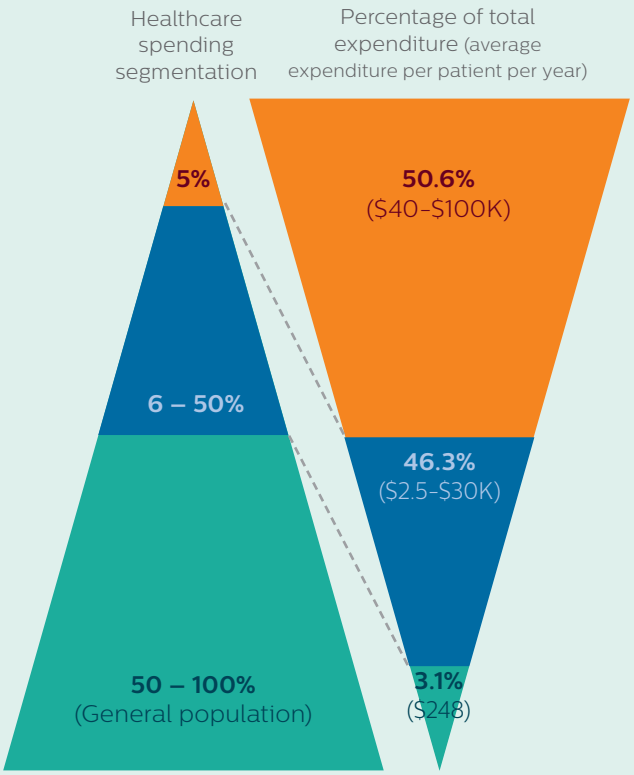
Financial stakeholders are asking post-acute providers to help mitigate risk in the ambulatory setting. Philips telehealth programs are tailored to multiple cohorts within a population. Our care management solution provides care teams with the tools clinicians need to track the health of their patients at home, collaborate with the patients' doctors, and detect problems before they lead to readmissions.

Our programs enable care teams to help keep patients healthier at home, potentially requiring fewer costly readmissions and ED visits. If patients are admitted, our programs are designed to help clinicians avoid patient falls while simultaneously shortening their length of stay.

## The benefits? Better patient outcomes at lower costs

Telehealth-enabled clinical programs lead to reduced hospital admissions and readmissions, reduced length of hospital stay, lower emergency department visits, reduced mortality, lower costs, and prevent and/or limit illness severity, resulting in improved health outcomes.[2, 3, 4]

### Treating the right patient, at the right time, in the right place




| | | Philips Tailored Ambulatory Care Programs | |
|---|---|---|---|
| | | Empower Providers to: | Empower Patients to: |
| Highest cost patients | Intensive ambulatory care program | Develop care models to identify and address root causes of the patient's frequent readmissions. | Better manage their highly complex, high-cost array of chronic conditions. |
| Chronic, frail, and/or elderly patients | Chronic ambulatory care program | Tailor a longitudinal care plan to guide patient behavior and disease management, reducing readmissions and costs. | Increase ability for extended self-care through improved health literacy skills and monitoring. |
| | Hospital discharge patients | Monitor each patient daily, prioritize them for intervention, and avoid readmissions in the post-discharge period. | Regain health stability through constant connection to care team. |

# More than a technology platform

## A programmatic approach to care in the home

### A complete clinical program is comprised of:

- Technology that aids in triaging by providing an Overall Score based on the patient's condition – this drives ROI by alerting clinicians at the right time, and engaging patients toward better self-management
- Multi-disciplinary care team roles, responsibilities, and ways of working
- Provider-led transformation from within, with added emphasis on psycho-social problems, lifestyle coaching, and self-care skills
- Identified best practices that drive continuous improvement
- Option to interface to HL7 based EMR systems

### Holistic operating model

- Tailored program design, resource planning, care team collaboration, and implementation
- Programs to engage and motivate patients towards a healthier lifestyle, delivered via an enterprise telehealth platform
- Large-scale labor efficiencies powered by data visualization and decision support tools embedded in the telehealth platform

### Embedded clinical expertise

- Library of customizable care protocols based on patient condition, co-morbidities, and length-of-stay duration
- Patient selection criteria
- Patient stratification tools
- Reporting for program administrators and physicians

### Program services & support

- Comprehensive training, technical, and clinical support
- Consulting services to guide your transformation ranging from uniform tailored ambulatory care program implementation to clinical and organizational optimization
- Customized marketing collateral and communication tools targeting referral sources and patients
- Optional field logistics and asset management
- Optional clinical monitoring of incoming patient data

### Positive outcomes

- Telehealth programs are designed to help streamline clinical workflow, and help lead to lower mortality, shorter length of stay, fewer hospital readmissions, and potentially lower long-term healthcare costs[4]

Patients keep in close contact with their care teams using the following tools, which can help them better understand and manage their own health:

- Regular health status surveys for subjective monitoring
- Customizable intervention rules
- Personal messages and video calls from care team members
- Disease-specific educational content, including video, quizzes and tips for improving lifestyle behaviors

"When I arrived at Aurora, they had a telehealth program that was almost inactive. It was rather stale and we wanted to refresh it. We went to a new vendor which was Philips. [Aurora is very progressive so innovation is certainly on the agenda. Telehealth was something that we could use as a tool in home health.] We're at 12% for 30-day readmission rates, which is pretty good for a home health agency. With telehealth, we can get it down to 4 to 6%."

Ray Darcey
President of Aurora at Home, part of Aurora Health Care in Wisconsin

# Clinical and financial outcomes

Customers report results using Philips telehealth-enabled Tailored Ambulatory Care Programs

## Helping to reduce **30-day readmissions** during the transition to ambulatory care

For patients with chronic diseases, returning home from the hospital can pose a unique set of challenges. For this high-risk immediate post-discharge period, our tailored ambulatory care program can help clinicians track these patients daily while their status stabilizes, helping to minimize their chances of health decline or worse, being readmitted to the hospital. For example, 75% of heart failure readmissions are avoidable.[5] Our solution helps clinicians monitor patients' health remotely, identify symptoms and intervene early, and help minimize their chances of being readmitted to the hospital.

## Kansas Medicaid Home & Community Services sees **67% decline in ED visits**

The three-year pilot study of over 100 participants recorded substantial improvements in outcomes and reductions in cost using Philips tailored ambulatory care program:[6]

- **38% decline** in total patient hospital visits
- **67% decline** in total patient ED visits
- Hospital stays **declined by 10.23 days** per year
- Costs per patient **reduced by $26,298** per year

"Our in-home telehealth programs would provide remote monitoring to a classification of patients that have congested heart failure or various high risk patients. We have terrific outcomes from that. The national average is somewhere between 17 and 24% readmissions. In these patients we have about 8-l/2 to 9% readmission rate."

Leslee Gross
Assistant Vice President of Operations,
Baptist Health, South Florida

# Chronic ambulatory care that's **personalized and prioritized**

10,000 boomers turn 65 each day, which means that 14% of America is now over 65.[7] Three in four Americans aged 65 and older suffer from multiple chronic conditions, which are associated with approximately 71% of the total health care spending in the United States.[8] Patients with chronic conditions need professional support and resources to stay healthier and out of the hospital.

Philips tailored ambulatory care programs can help these higher-risk chronic patients who are having trouble managing one or more chronic conditions. Providers can tailor each care plan based on patient acuity, motivations and progress, and prioritize interventions based on patient acuity. Philips telehealth programs help clinical teams work smarter and more efficiently by creating a custom long-term care plan for each patient – a plan for improved outcomes while improving clinical efficiency.

"I don't know what we'd have done without it. It has helped us so much. This is the best thing that has ever happened to us. And I really mean this from the heart. You know... today...I wouldn't be where I'm at today if it wasn't for this."

Mary Douglas
Telehealth Recipient

## Large-scale supported self-care program **reduces hospital costs by 22%–32%**[9]

Philips partnered in the largest study of its kind seeking to improve patient independence and emotional well-being using innovative tele-monitoring equipment alongside the support of a clinical hub and structured program of case management, monitoring, education, and coaching for populations living with varying levels of long-term conditions.

1,808 patients were enrolled in the three year period, and 15,000,000 data points were collected on the hospital care, primary care, and demographic data of the study cohort.

**Results**

- **22%-32% reduction** in unplanned admissions and hospital costs for patients with above average risk (25% or more)
- **90%** of patients feel more in control
- Net reductions in admissions was larger for patients staying on longer with the best results at **7 months**

# Reduce cost and improve quality for **'frequent-flyers'**

You are challenged to provide cost-effective services for one of the most difficult patient populations to care for. Treating the most acute 5% of the patient population often takes up 50% of a health system's resources.[10] Not only do these patients have 5 or more chronic conditions, they often face poly-pharmacy challenges and psycho-social issues to better health outcomes.

## Banner Health achieves **34.5% cost savings**[11]

Arizona-based Banner Health and Philips conducted a joint Intensive Ambulatory Care program which resulted in the following outcomes among their costliest, most complex patients:

- Reduced overall costs of care **by 34.5%**
- Reduced hospitalizations **by 49.5%**
- Reduced the number of days in hospital **by 50%**
- Reduced the 30-day readmission rate **by 75%**

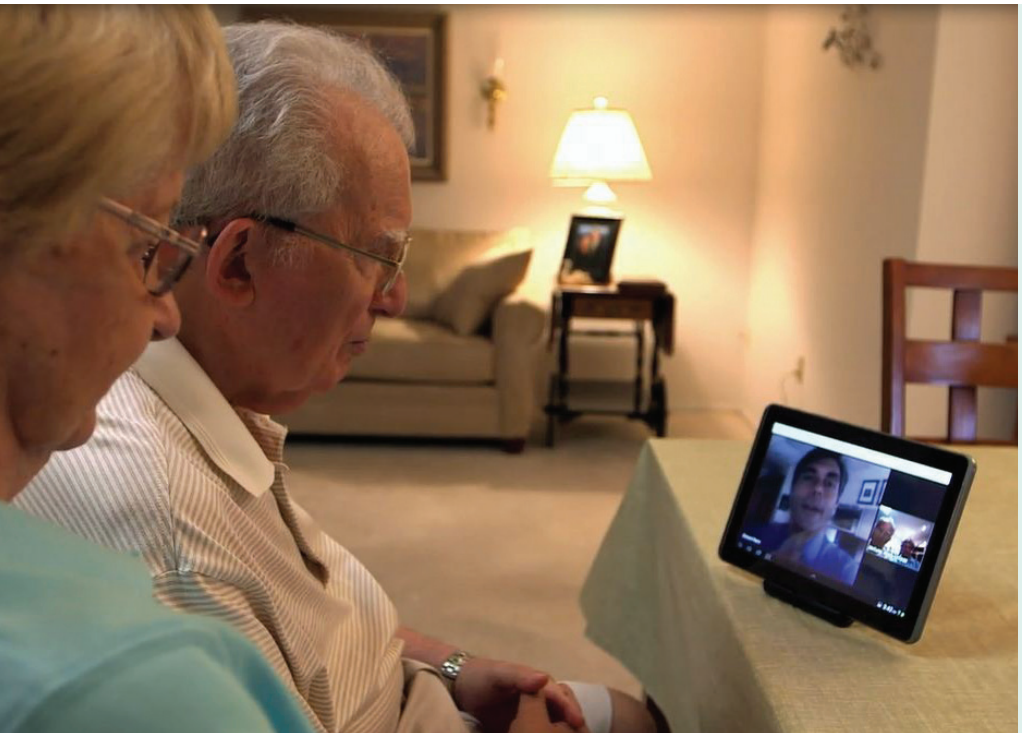
## The Philips difference

At Philips, we know that communication and relationships are key to supporting the health and wellbeing of patients, as is helping hospital staff work smarter and more efficiently even as the tailored ambulatory care programs rapidly grow. That's why we provide Clinical Transformation Consultants who can work with you to develop a program which can facilitate healthcare communication and foster effective yet efficient caregiver-patient relationships.

**Here's how we do it:**

- We study lifestyle and communication habits of different patient demographics to match our telehealth-based interventions to the way patients actually communicate
- We work with behavioral scientists to better understand patient motivations and health behaviors to craft effective, confidence-boosting self-care strategies
- We drive patient engagement through technologies that deliver both personalized subject matter and expanded access to the patient's care team

By combining leading telehealth technologies that monitor and educate, with a transformed clinical model that unites formerly disjointed care team members, the Philips tailored ambulatory care programs can potentially help lower the cost of quality care for these patients.

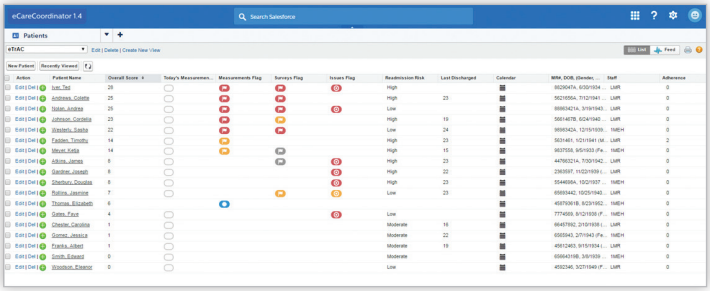


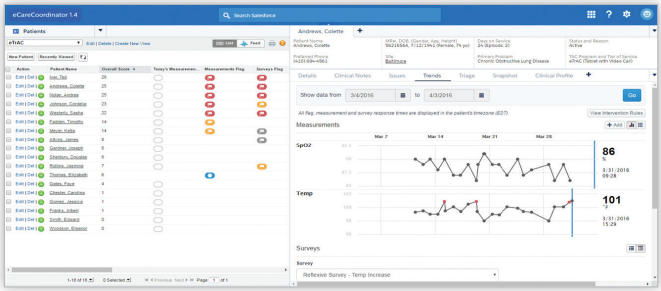
"At first we were a little hesitant about all of this equipment, but as it was explained to us by people from Banner iCare and from Philips, we reached a point where we felt comfortable with it. Today I would be lost without it. I'm just happy to be home with Ralph. To be able to talk to a doctor on a video, and we don't have to wait two or three days for a doctor appointment. It's fabulous."

The McCurdys
Banner iCare Patients

# Enabling Technology

eCareCoordinator and eCareCompanion help clinicians monitor patients' health remotely, identify symptoms, intervene early, and avoid readmission risks.





eCareCoordinator helps clinicians collect and manage patient data, improves clinical decision making, and coaches the patient to enable better health outcomes

## eCareCoordinator telehealth software platform prioritizes and helps the care team manage patients

The eCareCoordinator telehealth software platform enables clinicians to access their organization's library of care protocols. Once a patient is enrolled in the program, the clinician assigns the patient a care protocol and personalizes it. The clinician can then remotely monitor the patient's vital signs, send short surveys about the patient's health status, and conduct ad hoc or scheduled video calls.

Patient responses and measurements are automatically transmitted to the care team. Based on this combination of objective data and subjective responses, the eCareCoordinator platform helps prioritize populations enabling clinicians to identify and provide care to the patients most at-risk.

eCareCoordinator helps clinicians collect and manage patient data through the following features:

- Web-based application
- Pre-defined, automated daily patient interaction protocols that customer can fully author and/or customize
- Population triage dashboard with advanced clinical scoring to help prioritize at-risk patients for intervention
- Workflow efficiency and care team collaboration promoted by embedded tools
- Care documentation via structured clinical notes with auto-fill, spell check, and reporting capability
- Video view into patients' environments and behaviors to collaboratively manage readmission risk factors
- Clinical and operational performance reporting

## Efficiently develop customized Clinical Protocols

Informed by industry standards, guidelines, and clinical studies for several major conditions and lengths-of-stay, Philips' clinical staff has created a library of 'starting-point protocols' consisting of pre-assembled, automated schedules of daily patient interactions. This library includes 30-, 60- and 90-day protocols for various clinical conditions. Customers can create their own protocols, or customize and utilize the pre-built ones after careful review and approval by their clinicians. Customers are encouraged to further personalize care protocols to fit into each patient's lifestyle and maximize engagement.

## Integrate with the larger health system

eCareCoordinator can be synchronized with HL7-based EMR systems. This allows eCareCoordinator to receive the patient's demographic data from the EMR and send the patient's vitals, assessment results, and clinician notes.

eCareCompanion is designed to facilitate patient engagement and empower the patient to take an active role in managing their personal health

## Philips eCareCompanion application – a personalized, engaging patient experience

At home, patients keep in touch with eCareCompanion. With a tap of the screen, patients launch the eCareCompanion app and easily begin providing vital information to caregivers. Patients are reminded of pre-assigned health tasks, such as taking their vital signs, which are automatically transmitted via Bluetooth connected devices, or through manual entry.

Patients can answer surveys, which can be assigned in any of 32 supported languages, and watch disease-specific educational videos which employ behavioral science strategies to help increase their knowledge, self-care skills, and confidence. Patients can also join two-way video calls with clinicians which can help strengthen assessments, care plan compliance, and engagement.

## eCareCompanion is designed to facilitate patient engagement and empower the patient to take an active role in managing their personal health

**Benefits:**

- Private and secure, locked-down Android-based tablet
- 4-digit PIN log-in for patients
- Simplified, icon-based user interface with color-coded feedback
- Embedded cellular and WiFi connectivity – no local infrastructure required
- Bluetooth connected wireless devices for automatic vital sign transmission including a talking weight scale, blood pressure monitor, pulse oximeter, and eight supported glucose meters, as well as option to enter vital sign measurements manually
- Two-way video capability for prompt access to patient feedback and to build patient self-care skills
- Evidence-based educational videos with embedded behavior-change strategies to support improvements in health literacy and outcomes
- Vital sign trend history promoting self-management
- Surveys translatable into 32 patient languages, expanding access to non-English speakers

# Activating and engaging patients for self-care through **care personalization**

## Educational Videos

- Embedded evidence-based behavior-change strategies
- Targeted to specific health conditions and patient groups
- Designed to increase patient's knowledge, skills and confidence
- Available in English and Spanish

## Weight Scale

Philips Continua Bluetooth weight scale

- Low step
- Wide, steady platform
- Large digital display
- Voice announcement

## Blood Pressure Monitor

- One-button operation
- Large display
- Low battery and irregular heartbeat indicators

## Pulse Oximeters

- Provides pulse rate spot-checking monitoring
- Features algorithms specifically for patients with challenging conditions:
  - Low perfusion
  - Dark skin tones

## Glucose Monitoring

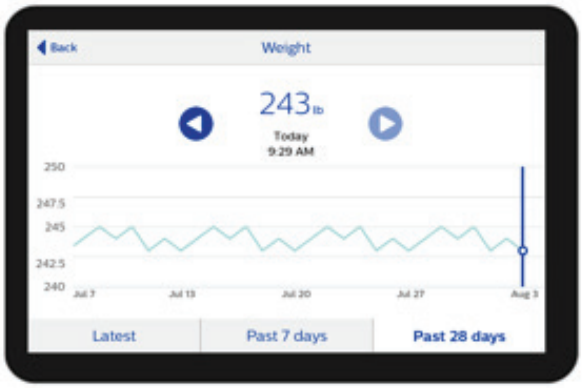
- Allows patients to use their existing meters
- Works with select meters from Bayer and Abbott

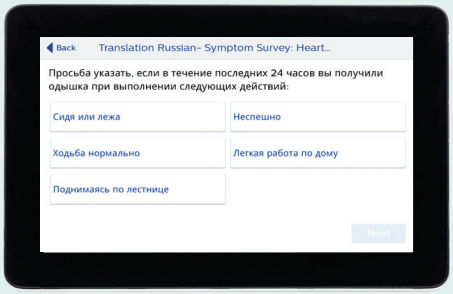
## 2-Way Video

- Foster compliance
- Enhance diagnosis
- Immediate care plan feedback
- Assess self-care skill – teachback
- Reconcile medications
- Assess nutrition in the home
- Engage wider care team

## Patient's Trends

- Patient can see their health trends for the last 1, 7 and 28 days
- Associate health behaviors with health trends



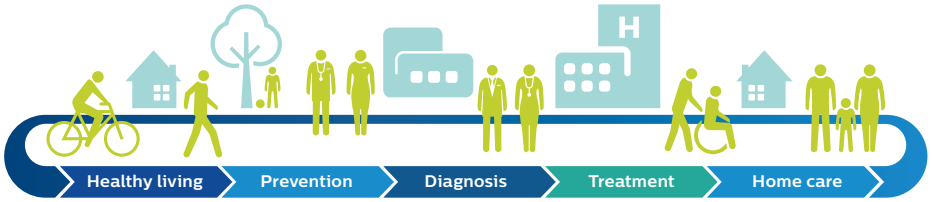



## Engage and serve more patients in your population, regardless of language

- Expand access with 32 supported languages
- Clinician can create survey or leverage provided survey library
- Clinician can translate and assign surveys in any supported language
- Patient receives survey in assigned native language on the eCareCompanion tablet
- Clinician receives the responses in eCareCoordinator in English

# **Continuous health** is our unique population health management approach

In addition to tailored ambulatory care programs, Philips' portfolio includes many other solutions that work together across care settings, allowing you to truly manage the health of your population. Used independently or in combination, these clinical programs allow you to empower patients to achieve greater self-care in the ambulatory setting, while delivering improved access and higher quality of care across all settings. Our **focus on the home is unparalleled**, connecting you to patients continuously with analytics, telehealth, monitoring, and wellness solutions.




Working across the **full spectrum of where, when and how** health happens

### Across **settings**

Continuous care as patients transition from one context to another

### Across **people**

Continuous connection across the care team, populations and conditions

### Across **data**

Continuous and holistic analysis of all types of data

### Across **time**

Continuous, proactive engagement throughout a person's lifetime

## Philips Wellcentive's analytics simplify complex data from all points of care

Philips Wellcentive's solutions are built from the ground up to help customers improve quality, optimize revenue, and transform the healthcare process. This value-driven population health management solution combines more than 10 years of population health management experience with highly scalable cloud-based technology and transformative services. Wellcentive delivers clinical, financial, and human outcomes for providers, health organizations, payers, and employers.

Philips Wellcentive has gained recognition as a leader in population health management in reports by IDC Health, KLAS, and Chilmark. It aggregates over 1.5 billion data points per month from more than 3,000 interfaces, helping improve outcomes for over 35 million lives.

## CareSage predictive analytics engine helps organizations manage their at-risk patients

Philips CareSage, built on Philips HealthSuite Digital Platform, is a powerful predictive analytics engine that enables health systems to better monitor and care for elderly patients by combining actionable insights with our medical alert services like HomeSafe with AutoAlert. CareSage provides analysis of real-time and historical data from health care providers and Philips Lifeline, to proactively identify patients most likely to be at risk for an ER transport in the next 30 days so clinicians can intervene before problems occur, helping patients stay healthier and potentially reduce avoidable hospitalizations.

## Aging well programs help the frail and elderly be more independent

Philips Lifeline medical alert system has served more than 7 million people to date. It is the only medical alert with the #1 AutoAlert fall detection that can automatically call for help if it detects a fall, even if the patient is disoriented or unconscious and can't push the button on their own.[12] Philips Lifeline offers both the HomeSafe and GoSafe Mobile system.

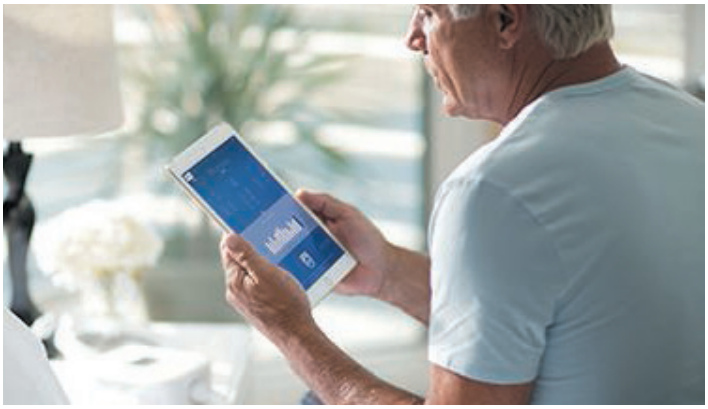
HomeSafe with AutoAlert fall detection is the only proven medical alert service that can automatically call for help if it detects a fall in the home.

GoSafe provides all the benefits of HomeSafe with AutoAlert, with the freedom for seniors to go where they want, when they want.

## Prevention & wellness programs support continuous health throughout a lifetime

Philips has experience in helping people adopt healthier habits. Changing lifestyle sounds easy, but even people who are motivated are struggling to achieve results. Combining our deep medical and consumer expertise, our programs engage patients in their own care and motivate behavior change to help prevent health problems or slow progression of chronic disease across a lifetime.

Our personal health programs empower consumers to take greater control of their health by measuring vital signs to understand how lifestyle choices affect their body, set goals, and monitor their progress. Consumers stay motivated with intelligent programs, developed with leading doctors and psychologists, responding to individual progress, and making personalized recommendations.



## Patient engagement tools help patients get a better night's sleep

Sleep disorders present with medical comorbidities quite frequently, and identifying and managing them is important for optimizing patient care and prognosis.[13] Continuous Positive Airway Pressure (CPAP) is a highly effective treatment for Obstructive Sleep Apnea, and yet therapy compliance is a big issue. The DreamMapper app helps patients effectively use their CPAP therapy. This mobile and web-based app provides key information and personal feedback that helps patients stay involved and motivated. DreamMapper lets you know how your night's sleep went and how you're progressing. It also tells you if you're not making progress, and offers helpful guides to get back on track.

## Medication dispensing solutions help patients with medication adherence

Help remind patients to dispense medications at pre-scheduled times from convenient pre-filled dosage cups with Philips Medication Dispensing Service. This offering can help avoid the risk of unplanned hospital or doctor visits related to incorrect medication use, and can help patients remain independent at home. When reminded by Philips Medication Dispensing Service, we documented a 98.26%[14] in-home dispensing adherence level among monitored subscribers. Through notification, dispensing, monitoring, and reporting, our services provide customers with the ability to manage the medication dispensing adherence of your remote diverse patient population and avoid the risks associated with hospital readmission and non-adherence.

To learn more about how **Philips Hospital to Home** telehealth-enabled clinical programs can help transform your organization, go to **www.philips.com/telehealth** or call **(866) 554-4776.**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Philips Hospital to Home
217 E. Redwood Street; Suite 1900
Baltimore, MD 21202, U.S.A.
Tel: (866) 554-4776
www.philips.com/telehealth

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