presents

The state of telehealth in long-term care

Jim Monahan, *Founder, NH Telehealth Alliance*

Kathryn Kindopp, *Administrator, Maplewood of Cheshire County*

Mike Charley, *EVP, Ibis Health, Senscio Systems*

How to Participate:

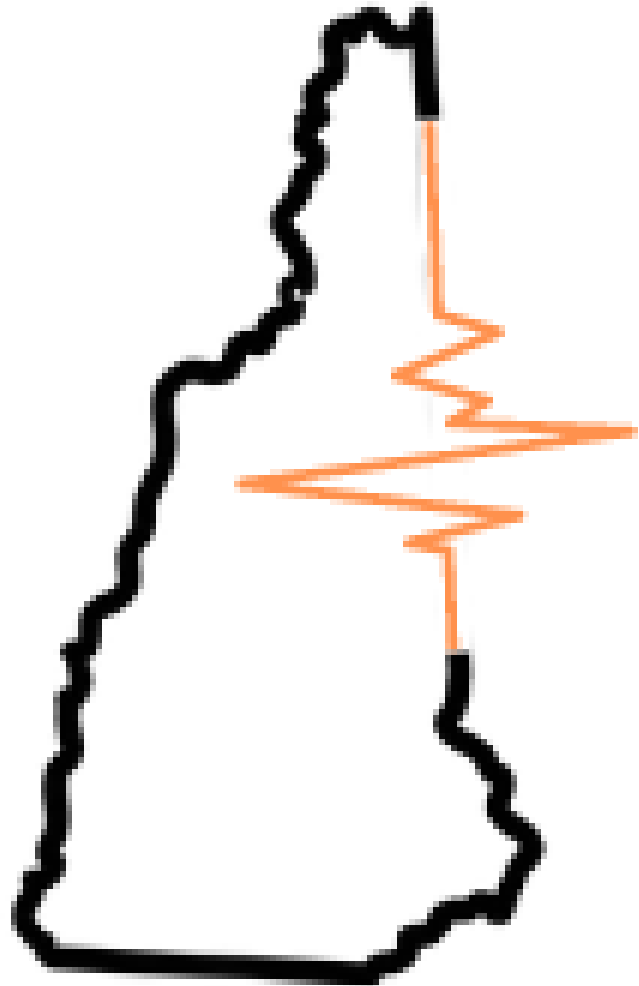Questions will be addressed at the end of the webinar.

Submit a question via the "Q&A" feature in the black toolbar located at the top or bottom of your screen.

Only questions submitted via Q&A will be read by our host for the panelists to address.
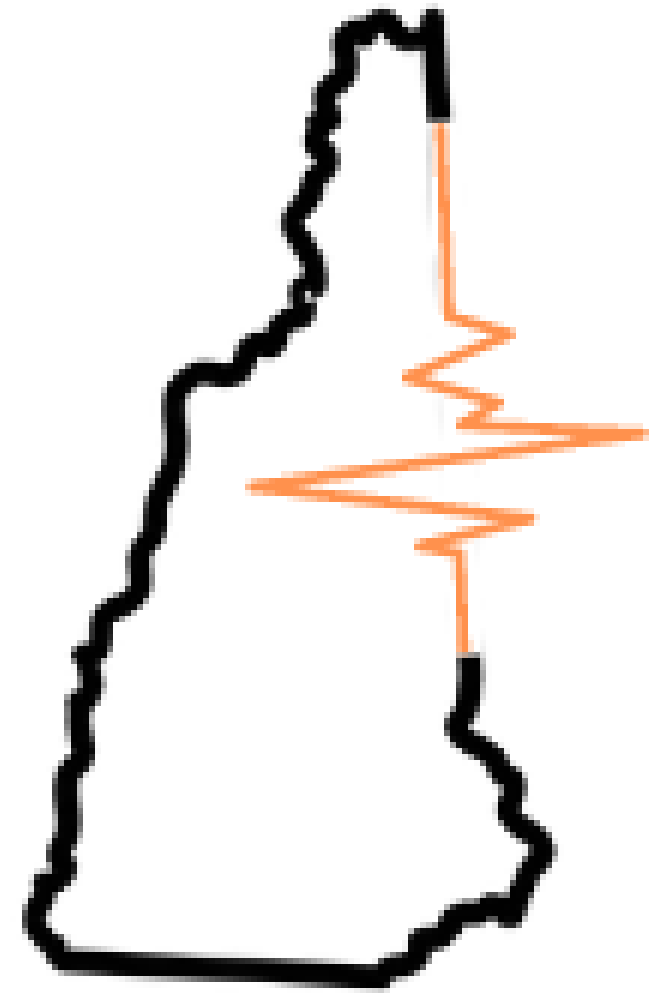
A recording of this webinar will be made available to members.

New Hampshire
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Jim Monahan

Founder, NH Telehealth Alliance

NH Telehealth

Legislative Update

Bills of Interest

- **HB 602**: AN ACT relative to reimbursements for telemedicine

- **SB 133**: AN ACT adopting omnibus legislation relative to occupational licensure.
    - Relative to telemedicine provided by out of state psychologists

- **SB 85**: AN ACT establishing a broadband matching grant initiative and fund

- **SB 88**: AN ACT adopting omnibus legislation relative to broadband

HB 602: AN ACT relative to reimbursements for telemedicine

Bill as introduced

- Limits audio-only
- Eliminates payment parity language in State law

Amendments

- Sunsets HB 1623 6 months after state of emergency concludes
- Puts audio-only allowances in the hands of the insurers
- Offers a "clinical efficacy" standard for use of telehealth
- Suggests that telehealth reimbursements be determined by the third party (payer)

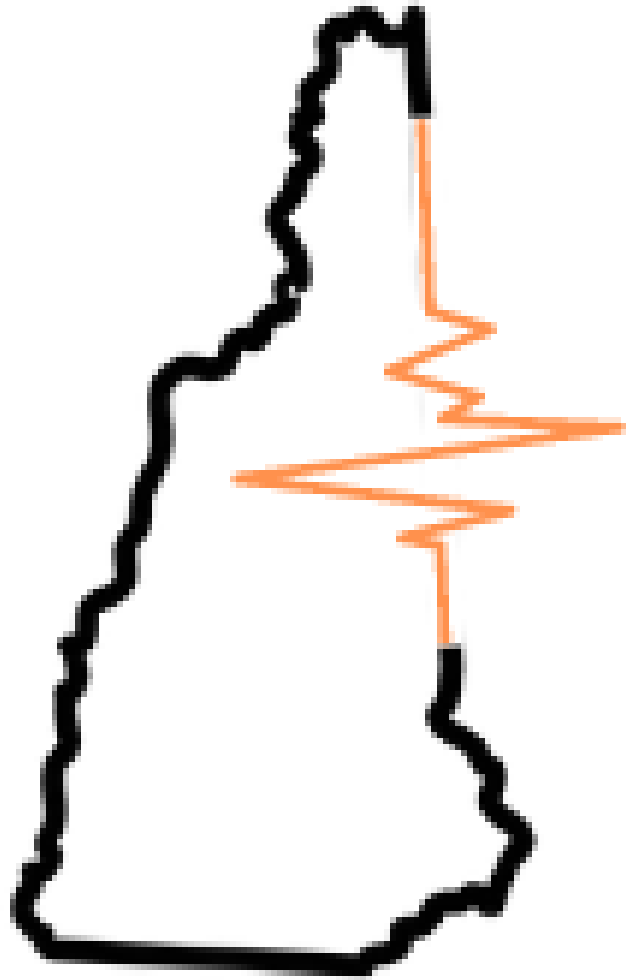*New Hampshire*
telehealth
alliance

Access and Broadband Bills

- **SB 85**: AN ACT establishing a broadband matching-grant initiative and fund

- **SB 88**: AN ACT adopting omnibus legislation relative to broadband

SB 133: AN ACT adopting omnibus legislation relative to occupational licensure.
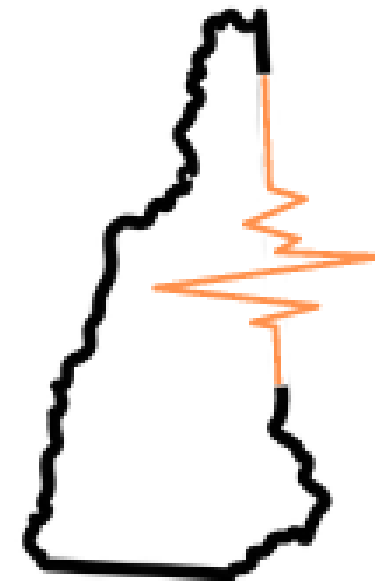*Relative to telemedicine provided by out of state psychologists*

- Part of a larger multi-section bill

- May well already be addressed by existing State law and rule
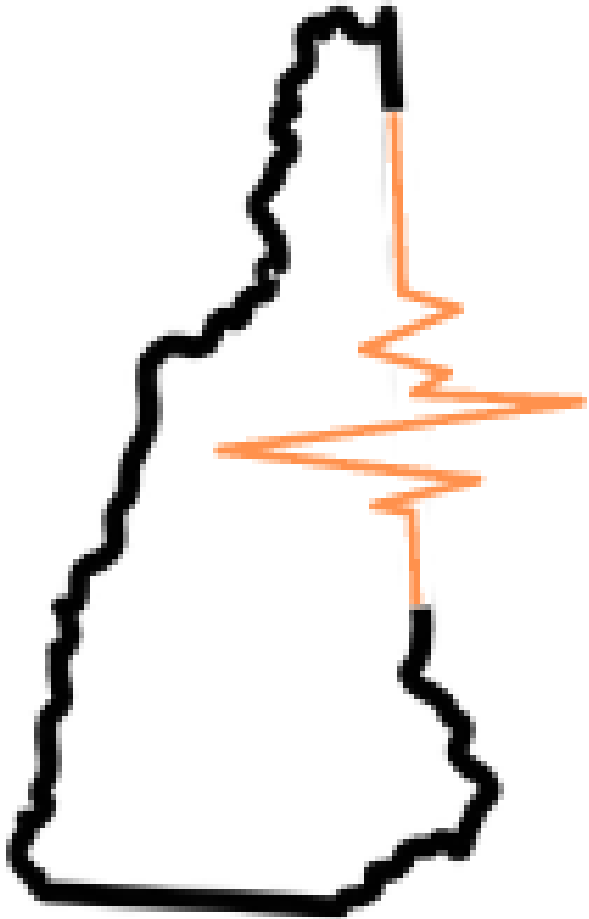
- No action taken on the bill at this point

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Kathryn Kindopp

Administrator, Maplewood of Cheshire County

Mike Charley

EVP, Ibis Health, Senscio Systems

AI DRIVEN HEALTH MANAGEMENT

A Proven Program Enabling Independence and Aging in the Community

Supported and Delivered Through Telehealth

Mike Charley
EVP, Ibis Health Programs
Senscio Systems
February 2021

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SENSCIO SYSTEMS' IBIS PROGRAM

A fully integrated approach to healthcare

We are a health systems integrator
utilizing advanced AI technology and delivered through Telehealth to
empower our members to access the **right care**, at the **right time**, in the
right setting, by the **right person**, at the **right cost.**

In doing do, we have demonstrated that we dramatically **improve quality of life** and ability to **self care** and **reduce cost.**

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THE PROBLEM

PART 1: Complex patients with chronic conditions are unequipped to manage their own health, driving expensive, post-exacerbation utilization of the healthcare system

"It was becoming apparent that she was unable to fully understand her diagnosis, medications, and treatments and was feeling overwhelmed and helpless. She had an appointment with her PCP, but the visit was scheduled 3 months out. We asked for care coordination at home, but to assess if she qualified through her Medicare program, we were told we needed to send paperwork to the office. She was clearly deteriorating, and we couldn't do anything about it."
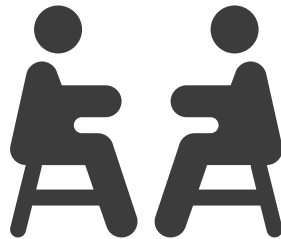
Family member describing events leading up to ED visit for complex diabetic patient with new onset hip pain

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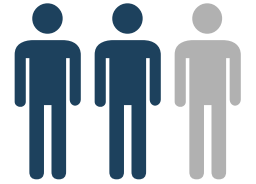
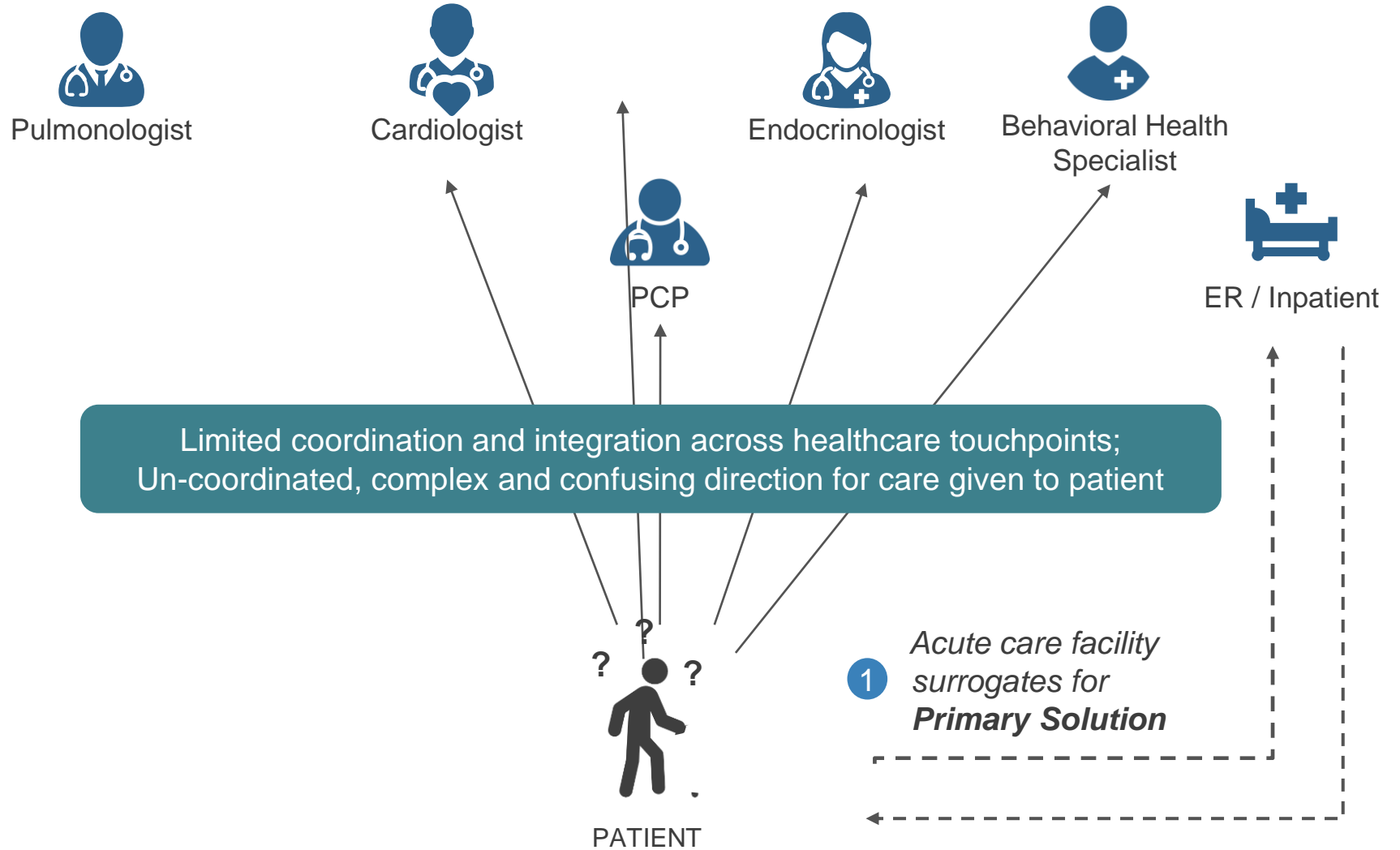of hospital discharges in the US are for patients with multiple chronic conditions

60%

ED visits are driven by six common chronic conditions – many of these visits are preventable

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Sources: Steiner CA, Friedman B. Hospital utilization, costs, and mortality for adults with multiple chronic conditions, Nationwide Inpatient Sample, 2009. Prev Chronic Dis. 2013;10:E62; Modern Healthcare, "Unnecessary ED visits from chronically ill patients cost $8.3 billion," February, 2019.
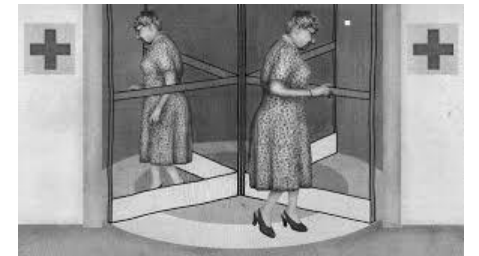
THE PROBLEM

PART 2:
Fragmented healthcare system is oriented around conditions and acute events, not around the patient

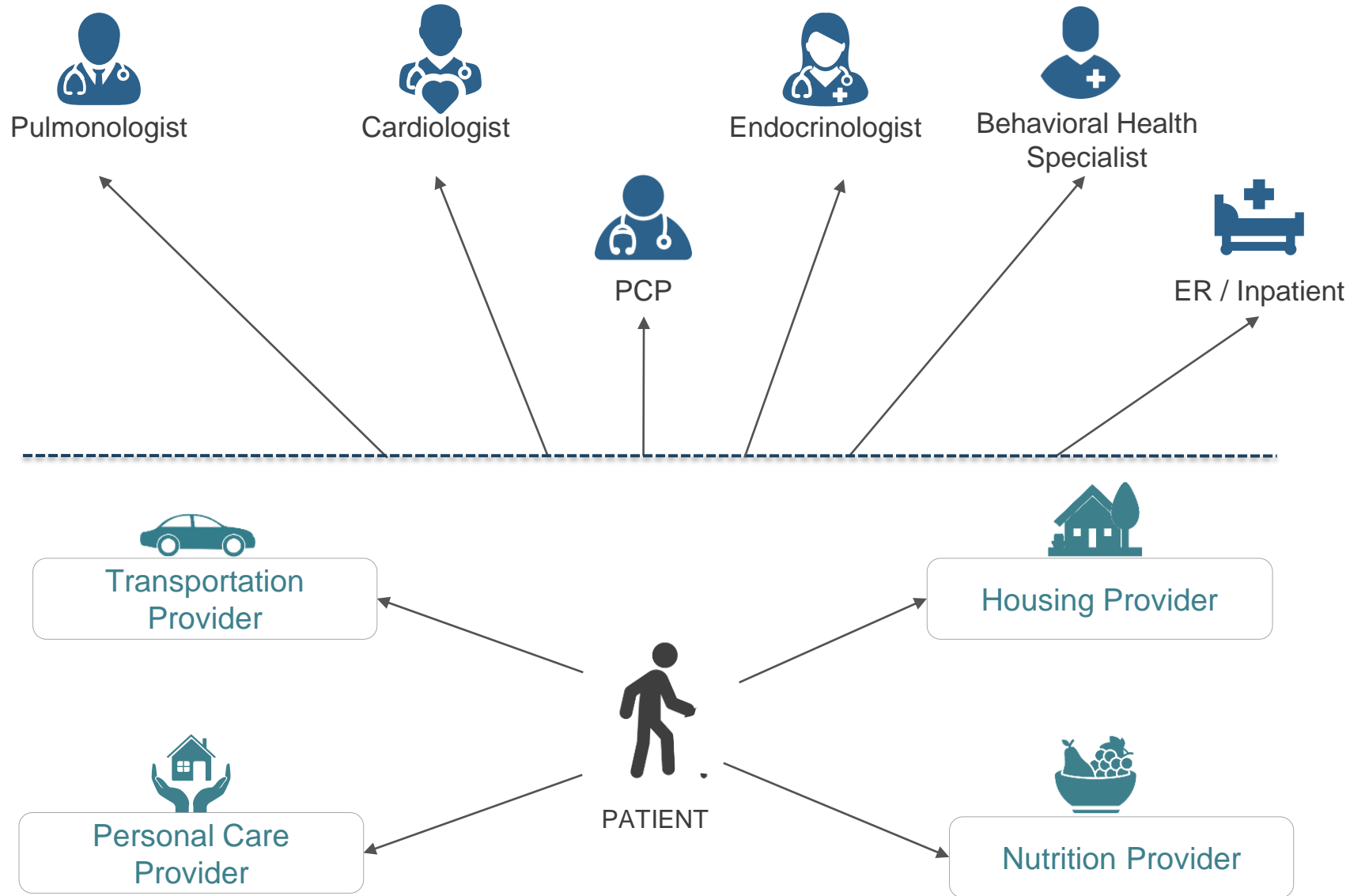Patient lives with chaos, confusion and fear

Pulmonologist

Cardiologist

Endocrinologist

Behavioral Health Specialist

PCP

ER / Inpatient

Limited coordination and integration across healthcare touchpoints; Un-coordinated, complex and confusing direction for care given to patient

PATIENT

1 *Acute care facility surrogates for **Primary Solution***

2 *Revolving door of admission, release, re-admission*

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THE PROBLEM

PART 3: Medical care and Social Determinants of Health (SDoH) are not integrated, limiting the effectiveness of both medical and social support interventions

Pulmonologist

Cardiologist

Endocrinologist

Behavioral Health Specialist

PCP

ER / Inpatient

Transportation Provider

Housing Provider

Personal Care Provider

PATIENT

Nutrition Provider

With limited resources and limited visibility, community-based care organizations (CBOs) providing supplemental services do not support medical care (or themselves)

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THE SOLUTION:

Enabled Self-Management

Effective Healthcare for Complex People Begins in the Home

Physical Health, Behavioral Health and Social Needs Must be Integrated Into a Holistic Plan of Care
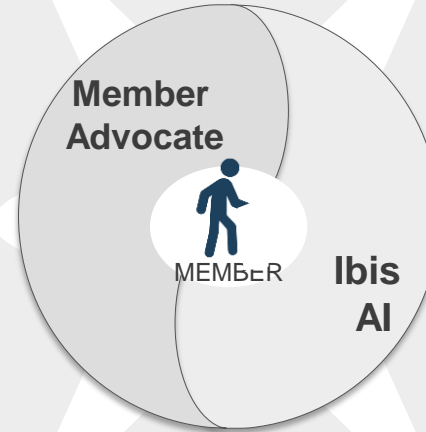
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Member Advocate

- Human "touch"
- Compliance
- Check ins
- Monitoring alerts
- Coordination with care providers

A chronic care clinician triages issues at home before escalating to PCP or specialists

Member Advocate

MEMBER

Ibis AI

Ibis AI serves as "eyes, ears, and brain" in the home of the member, driving daily planning, prompting, and tracking

IbisHub home-based command center

Daily reminders:

- Medications
- Meals
- Physical activity
- Vitals and symptom checks
- Appointments
- Activities of daily living

Detection of and instructions for self-recovery from:

- **COVID-19**
- COPD flareup
- CHF fluid retention
- Episodic hypertension
- Hypoglycemia
- Hyperglycemia
- **Depression & anxiety**

THE SOLUTION: Senscio's AI-Driven Ibis Platform

1. Guides patient through daily integrated care plan

2. Preempts, identifies, & triages escalations to optimize medical care

Pulmonologist

Cardiologist

Endocrinologist

Behavioral Health Specialist

PCP

ER / Inpatient
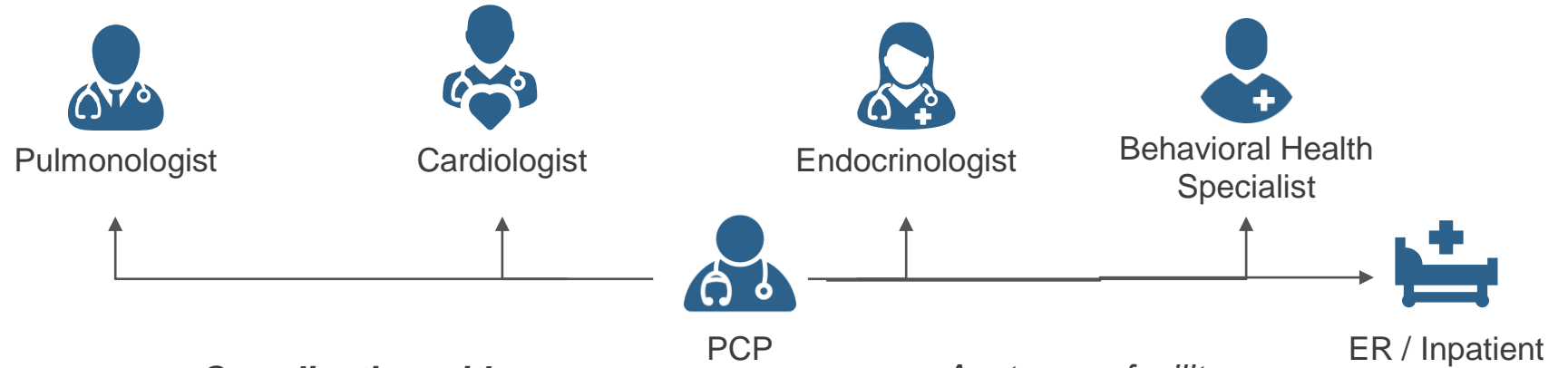
5 *Coordination with patient's PCP to manage appropriate follow up*

6 *Acute care facility as last resort*

Ibis Chronic Care Specialist

4 *Escalation if needed to Ibis Chronic Care Specialist (MD or NP)*

Member Advocate

MEMBER

Ibis AI

1 *Ibis daily care plan to optimize self-management*

3 *Member Advocate engagement triggered if support is needed for self-recovery*

2 *AI-driven early detection of and instructions for self-recovery from escalations*
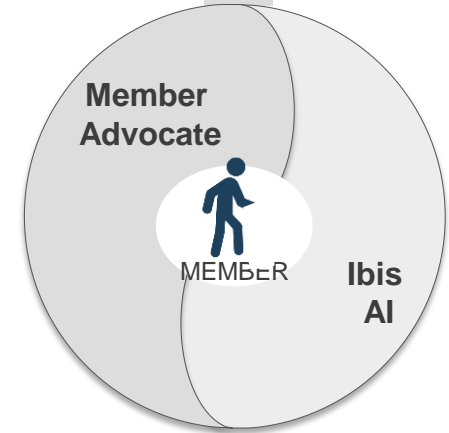
Senscio Systems
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THE SOLUTION: Senscio's AI-Driven Ibis Platform

1. Guides patient through daily integrated care plan

2. Preempts, identifies, & triages escalations to optimize medical care

3. Coordinates and integrates CBOs providing social support services

Pulmonologist

Cardiologist

Endocrinologist

Behavioral Health Specialist

PCP

ER / Inpatient

Ibis Chronic Care Specialist

Transportation Provider

Member Advocate

MEMBER

Ibis AI

Housing Provider

Personal Care Provider

Nutrition Provider

Need-triggered activation of services

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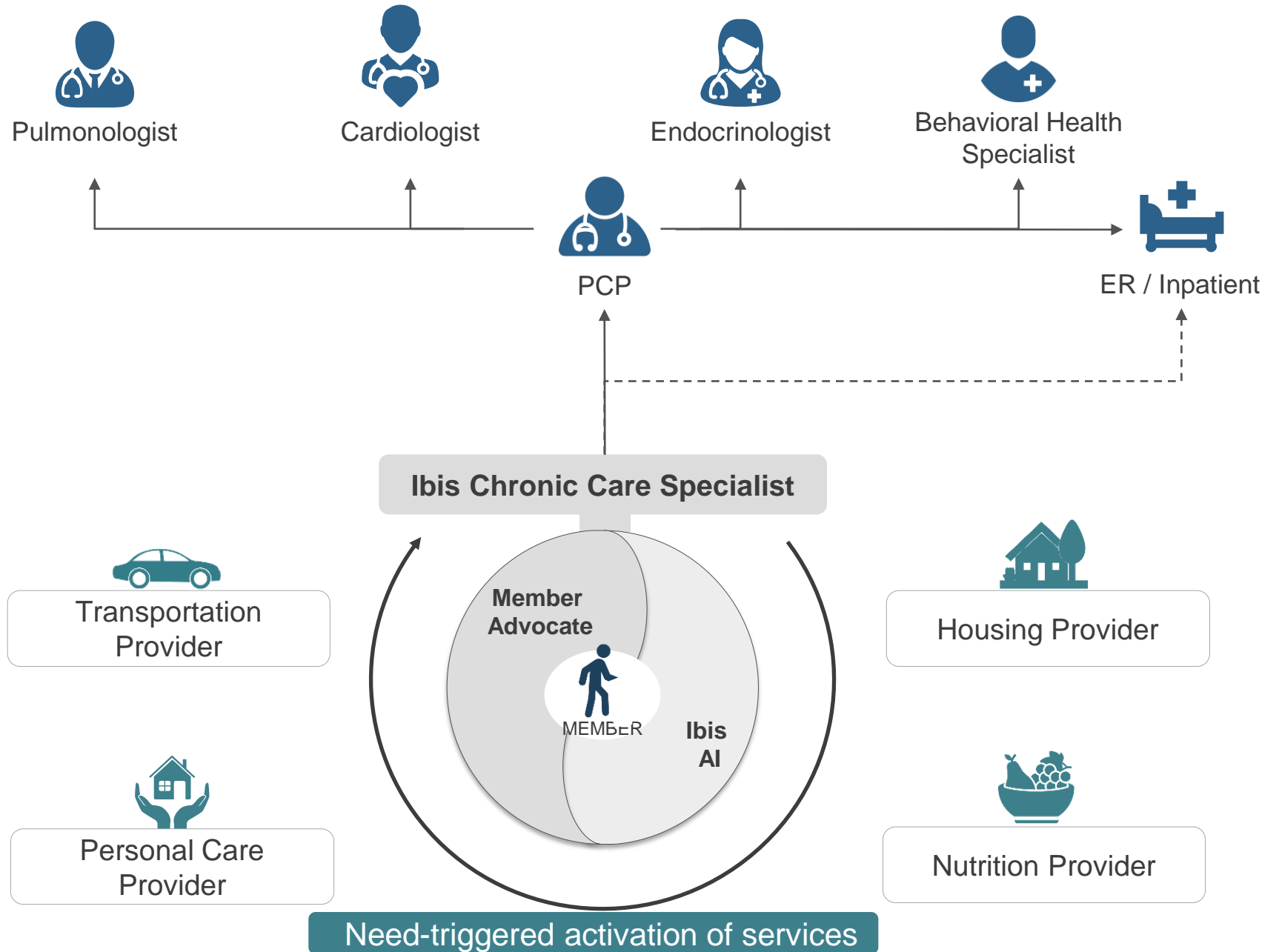
Ibis Kit is a
Medicare Covered
Benefit and
includes:
- Tablet
- Thermometer
- Pulse/Oximeter
- Other devices as
prescribed
- Internet
connectivity as
necessary

Ibis™
by Senscio Systems, Inc.

Senscio Systems
See what's ahead.

SENSCIO'S SOLUTION

## Integrated community-based support team
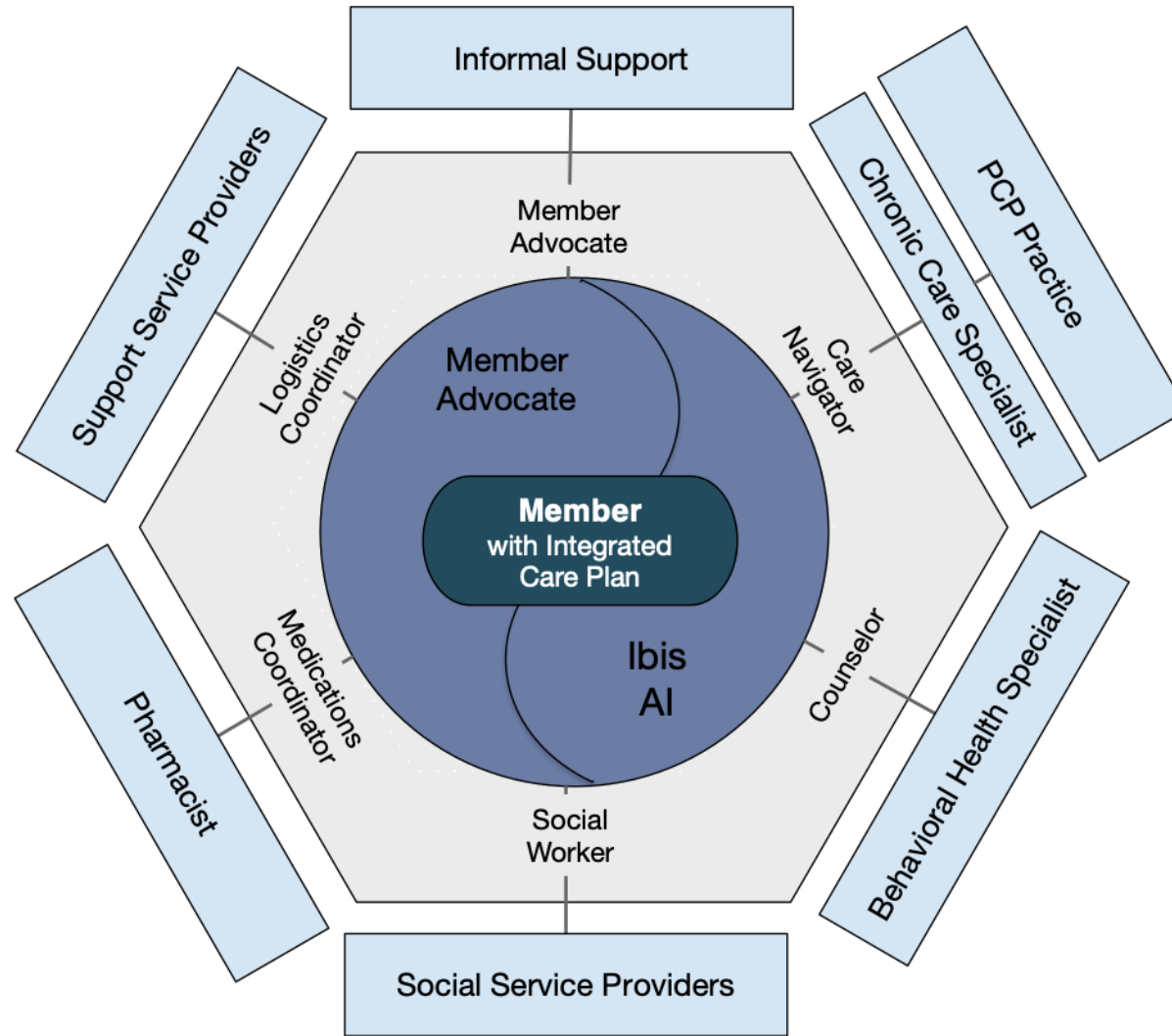
Daily support provided by Senscio's coaching staff and AI

Support provided by community partners as needed- lower cost alternatives for triage and coordination

Traditional healthcare providers more effectively involved with increased information

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BUSINESS MODEL

Program revenues are new Medicare fees for virtual/remote health management
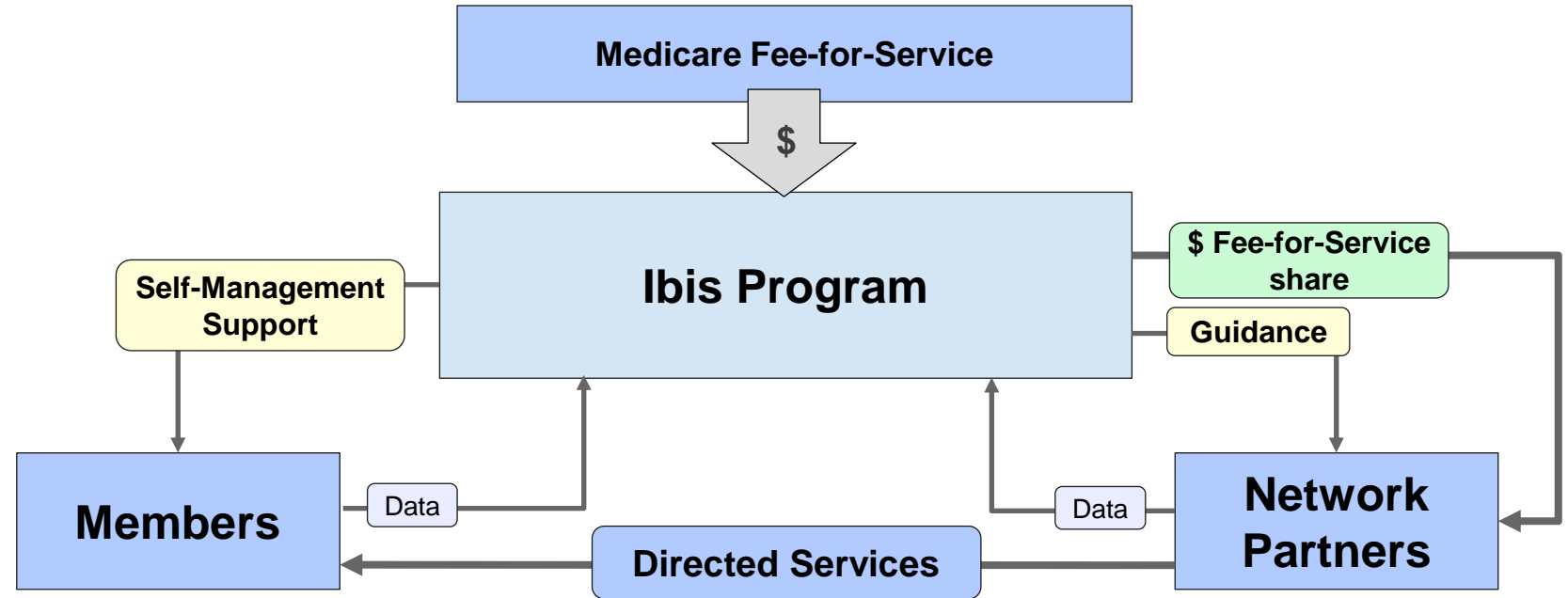
- As integrator, Senscio tracks the health management services provided, including by network partners
- Chronic care specialists bill Medicare for health management services
- Network partners are paid pro rata share for their services

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- Project timeline covers 26 months

- 31 Total Members

- Total tasks completed (82% Adherence) = 410,000 (15,800/month or 17/Member/day)

- Average number of medications per day = 17

- Total minutes of support = 21,900 (840/month or 27/Member/month)

- Total completed calls = 1,950 (75/month or 2.5/ Member/month

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THE RESULTS

Multi-year studies performed on select (COPD) and assisted living patient populations in Maine

👍 BETTER EXPERIENCE OF CARE

- Better than 80% average adherence to prescribed care plan to date

- 98% of patient members would recommend Ibis to others

- 90% of health deteriorations are detected by the AI and treated at home

- 70% of health deteriorations are corrected through self-rescue measures

LOWER COST OUTCOMES*

- 73% fewer hospitalizations (all causes) and 78% lower COPD related hospitalizations per patient per year, zero readmissions

- Mean time between hospitalization increased from 209 to 1003 days

- 81% increase in end-of-life happening in community dwelling instead of hospital

- Median age of assisted living facility residents increased from 84 to 86 years over 3 year period with 36% fewer transitions to nursing home

- Case management capacity is tripled

- Estimated cost savings: $8000 per member per year

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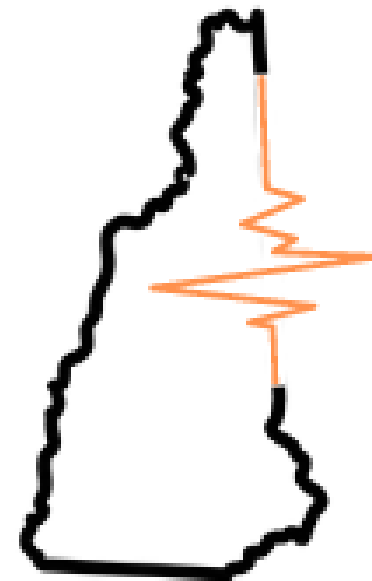See what's ahead.

*Study details available upon request

New Hampshire telehealth alliance

Q&A

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