



At HealthNXT we have vetted many companies that perform Remote Patient Monitoring (RPM) and Chronic Care Management (CCM) services and sifted through the good, the bad, and the terrible to find those that we truly believe bring value to the clients we serve.

We speak at length about our use of technology to monitor chronically ill patients and the benefits to both the patients and the practice, so I wanted to point out the following.

Over the last few years, we have spoken to thousands of Dr's and clinic owners and found that there are 4 things that are to the top of their minds on a regular basis. Those are:

Quality of Care

Time

Re-imbursement/money

Risk

The Remote Patient Monitoring and Chronic Care Monitoring programs we presented address those concerns in the following ways.

Quality of Care

RPM and CCM provide the following measured benefits.

- 50% reduction in Hospitalizations
- 40% reduction in mortality rates
- 50% reduction in readmissions
- 65% if patients want RPM to manage health
- 69% of patients are willing to switch providers for better communication which RPM provides

Average decreases over the first 180 days on the program:

- Hypertension -16.0 Systolic, -8.9 Diastolic
- Obesity -12.1 pounds
- Diabetes -9.3 mg/dl

So as you can clearly see there is significant improvement in the quality of care for patients that are on an RPM/CCM program.

Time

Doctors, clinic owners and staff are always concerned about starting a new program like this because they are unsure of how much time it will add to their already overworked schedules.

We remove that burden in the following ways.

1. Turn key service including patient enrollment, in clinic launch support, monitoring of patients. Patient outreach if there is an issue, and a full team dedicated to supporting your program from inception onward.
2. We set alert levels and monitor them with our medical teams and only escalate based on the protocols your clinic staff set forth. For example: If a patient has an emergent reading our staff will reach out to them to ensure the device was used properly and if the reading continue to be urgent, we will follow the protocol you set forth in triaging them to the appropriate place as directed by you.
3. There is very little time commitment on the part of you or your staff other than the initial time that is required to provide us the information we need to set up the program. Once it is up and running the time commitment is very minimal as we do 99% of the work on your behalf.

Re-Imbursement/Money

We do all of the billing for the clinic and simply send you a check at the end of every month. This ensures the clinic is never on the hook financially for any of the services provided. Our fees are paid directly to us by the biller as well and this also allows you to see how the program is performing separate from the billing done by the clinic directly.

- The average re-imbursement is roughly \$100/month/patient on the program. This can vary based on re-imbursement rates by zip code but is generally within a few dollars.
- The practice never receives an invoice from us

Risk

We have worked very hard to remove all of the risk associated with starting and maintaining a program of this nature.

- There is no up-front costs to the practice or the patient.
- All devices are provided directly to the patient so you do not have to inventory anything.
- All training for use of the device is performed by us.
- There is no impact to the practice's cash flow.
- All devices are under the purview of the FDA as Class I or Class II devices.
- All software is compliant with Medicare Legislation to avoid any claw backs
- Any billing issues are addressed by our billing partner, so the practice does not have to be involved.

Most importantly, as it pertains to risk, there is a 30 day out clause in our contract. If you decide for any reason that you no longer want to participate in the program AT ANY TIME you can let us know in writing and your contract will be terminated in 30 days with NO PENALTY to the practice. So there is no long term contract associated with this program.

We have removed all barriers to entry for practices to get into this evolving space and as Medicare, Medicaid, and private insurers continue to push these cost saving programs we will continue to innovate to make them even better so that practices can participate without worry.

In closing we have scheduled a lunch at the Austin location for the 10th of next month and if we could get time with the decision makers like Dr. Reddy so that we could provide more detail that would be greatly appreciated.

We look forward to the opportunity to serve Family Medicine Austin and your patient population.