GpTRAC – Telehealth Everywhere May 2024

Hospital at Home – Does it work and what is its future?

Kathi Cox, COO, Ambulatory & Virtual Channel

Texas Health Resources®

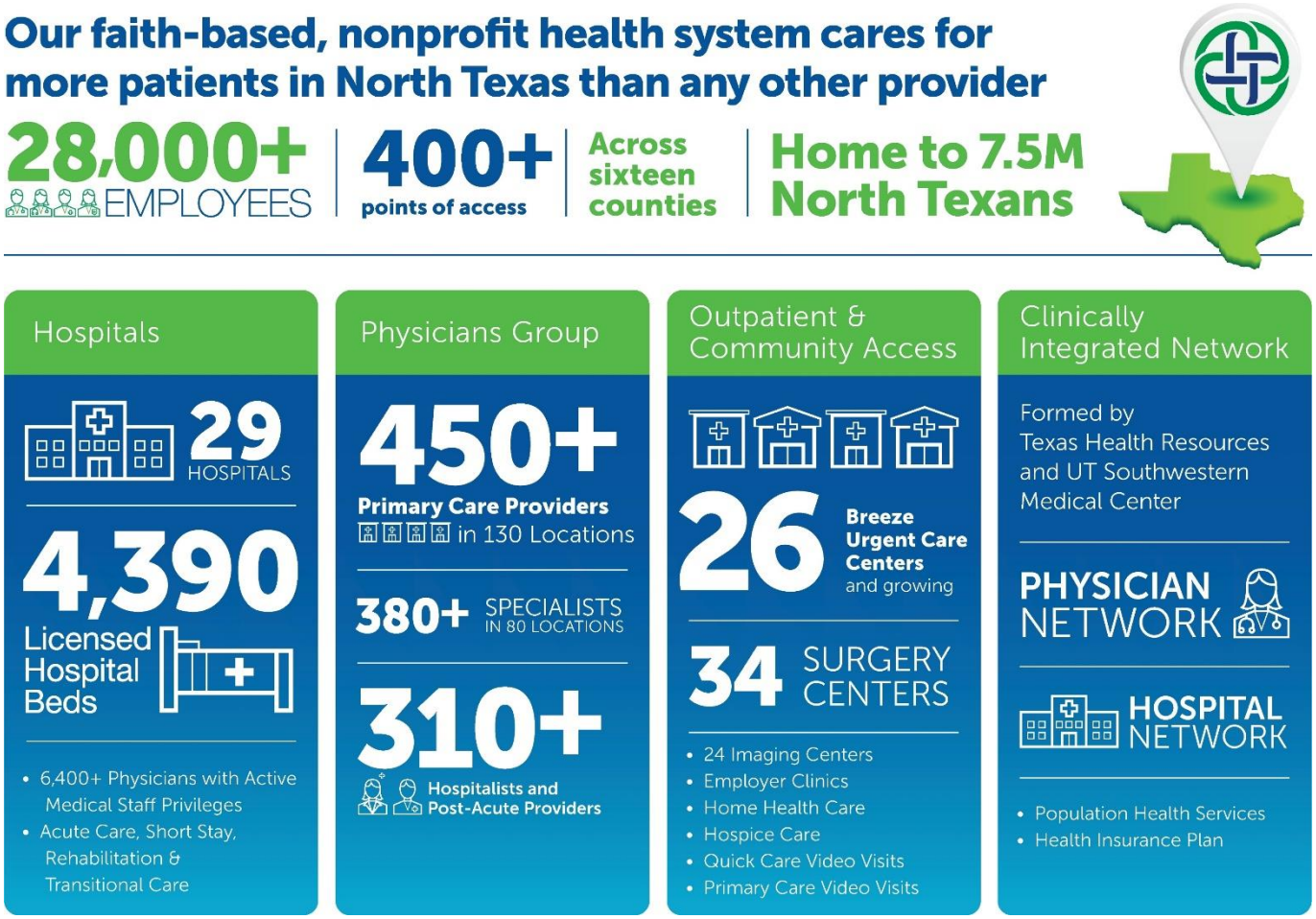
Confidential and proprietary. All rights reserved.

This document is marked with a dated date and speaks only as of that dated date. Readers are cautioned not to assume that any information has been updated beyond the dated date except as to any portion of the document that expressly states that it constitutes an update concerning specific recent events occurring after the dated date of the document. Any information contained in the portion of the document indicated to concern recent events speaks only as of its date. TEXAS HEALTH RESOURCES (“THR”) expressly disclaims any duty to provide an update of any information contained in this document. The information contained in this document may include "forward looking statements" by using forward-looking words such as "may," "will," "should," "expects," "believes," "anticipates," "estimates," or others. You are cautioned that forward-looking statements are subject to a variety of uncertainties that could cause actual results to differ from the projected results. Those risks and uncertainties include general economic and business conditions, receipt of funding grants, and various other factors which are beyond our control. Because we cannot predict all factors that may affect future decisions, actions, events, or financial circumstances, what actually happens may be different from what THR includes in forward-looking statements. Information contained in the presentation is confidential and proprietary and its use is expressly limited to the S&P Global Ratings’ update presentation.

INFORMATION CONTAINED IN THE PRESENTATION CAN NOT BE USED OR DISTRIBUTED TO ANY THIRD PARTY OR USED IN ANY REPORT WITHOUT THE WRITTEN CONSENT OF TEXAS HEALTH RESOURCES.

Confidential and proprietary. All rights reserved.

Texas Health – Who we are and How we serve



Texas Health Resources®

Confidential and proprietary. All rights reserved.

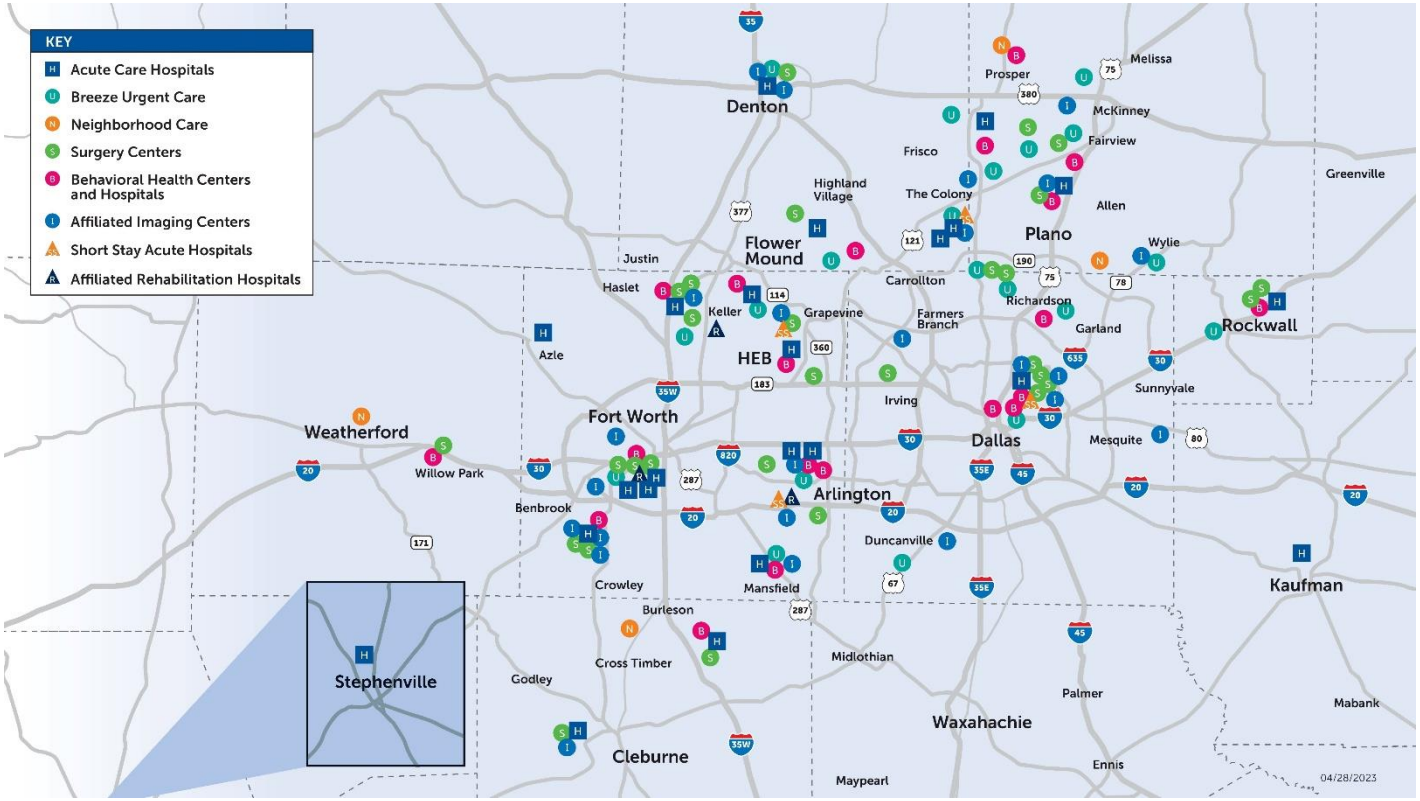
Texas Health - What We Believe



Confidential and proprietary. All rights reserved.

Texas Health is all in on North Texas

Service area leadership in the nation's 4th largest metropolitan area



Service Area (16-county): **Collin**, Comanche, **Dallas**, **Denton**, Eastland, Ellis, Erath, Henderson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Wise.

Texas Health Resources®

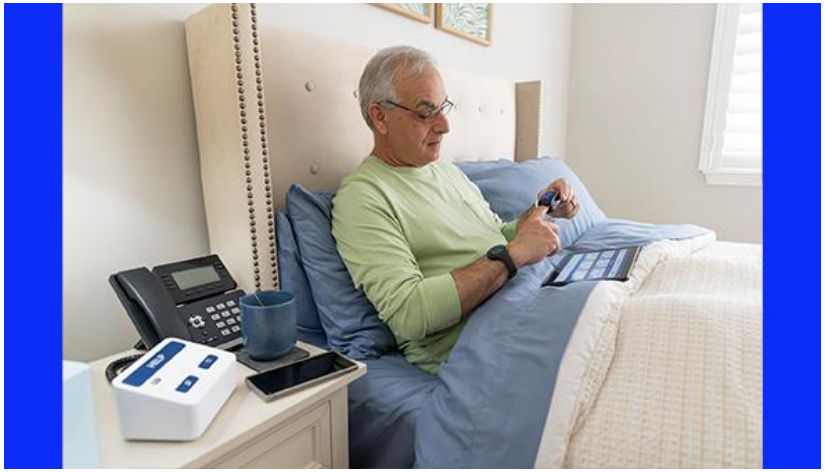
Confidential and proprietary. All rights reserved.

Virtual Care Delivery at Texas Health

- Texas Health Care at Home
  - Acute hospital care in the home
  - Implemented Sept. 2022
- Virtual Patient Observation
  - Tele-sitters supporting 14 inpatient facilities
  - Implemented April 2022
- Quick Care Video Visits
  - On Demand Virtual Urgent Care
  - Implemented December 2022
- Virtual PCP visits
  - Texas Health Physician Group
  - Over 650,000 virtual visits conducted
- Virtual Behavioral Health
  - Individual counseling & medication management
  - Implemented February 2, 2024

Confidential and proprietary. All rights reserved.
Confidential And Proprietary – All Rights Reserved – For Internal Use Only

The History of Hospital at Home



1995

Dr. John Burton, of Johns Hopkins School of Medicine, and Dr. Donna Regenstreif of The John A Hartford Foundation conceived a new program to provide safe and effective hospital-level care in the home. A geriatric study team led by Dr. Bruce Leff developed medical eligibility criteria and the basic clinical model and designed the study and measurement methodology.

1996-1998

A 17-patient pilot trial showed that **Hospital at Home®** was feasible, safe, and cost effective

2000 - present

Subsequent studies over the last 20 years confirmed these findings and showed additional benefits including a reduced patient LOS, lower overall costs than a traditional hospital stay and improved patient and family satisfaction.

"Hospital at Home – History", https://www.hospitalathome.org/about-us/history.php, Accessed 4/3/2024.

Confidential and proprietary. All rights reserved.

The History of Hospital at Home



Confidential and proprietary. All rights reserved.

Texas Health Care at Home (THCH)

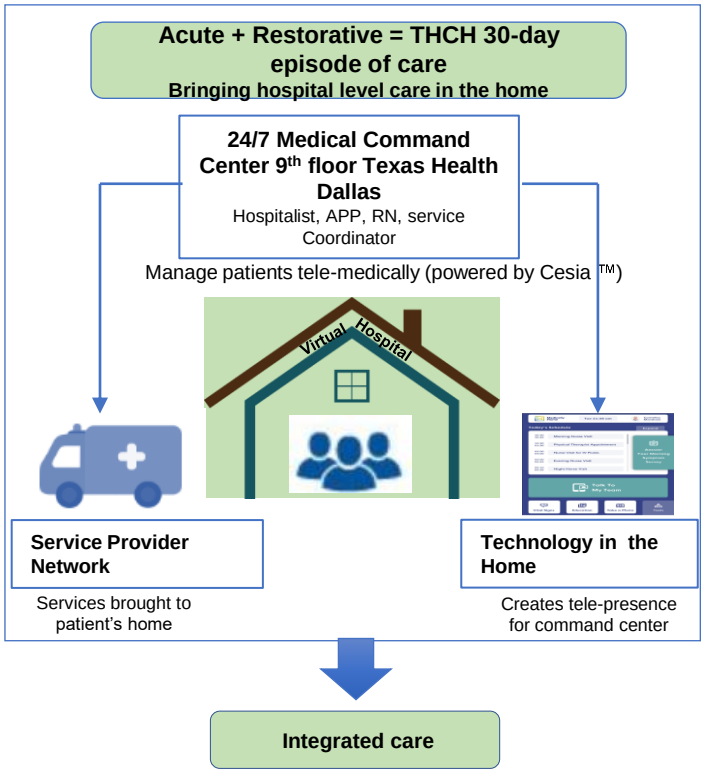
Model Overview

Patient Acquisition

- Emergency Departments of specific Texas Health facilities with a CMS waiver
- Patients must meet inpatient, clinical, social stability, payor criteria
- Residence is within 25 mile-radius from hospital

Service Provider Network

- APP – Paramedicine – Pharmacy
- Skilled nursing, Social Worker , PT, OT, Speech Therapy, Home Health Aide
- Infusion – Imaging – EKG
- Medical Meals – Medical Waste – Medical Supplies
- DME – Oxygen - Imaging – Lab - Phlebotomy
- Transportation – Courier – Home tech install - Security



Command Center Technology

Patients and families are connected to the care team 24/7 with the push of a button.

- Care Connect One (EPIC) – ensure integration with longitudinal record
- CESIA ™ tech platform –enable the delivery of care in the virtual hospital model
- Technology in the home – creates tele-presence

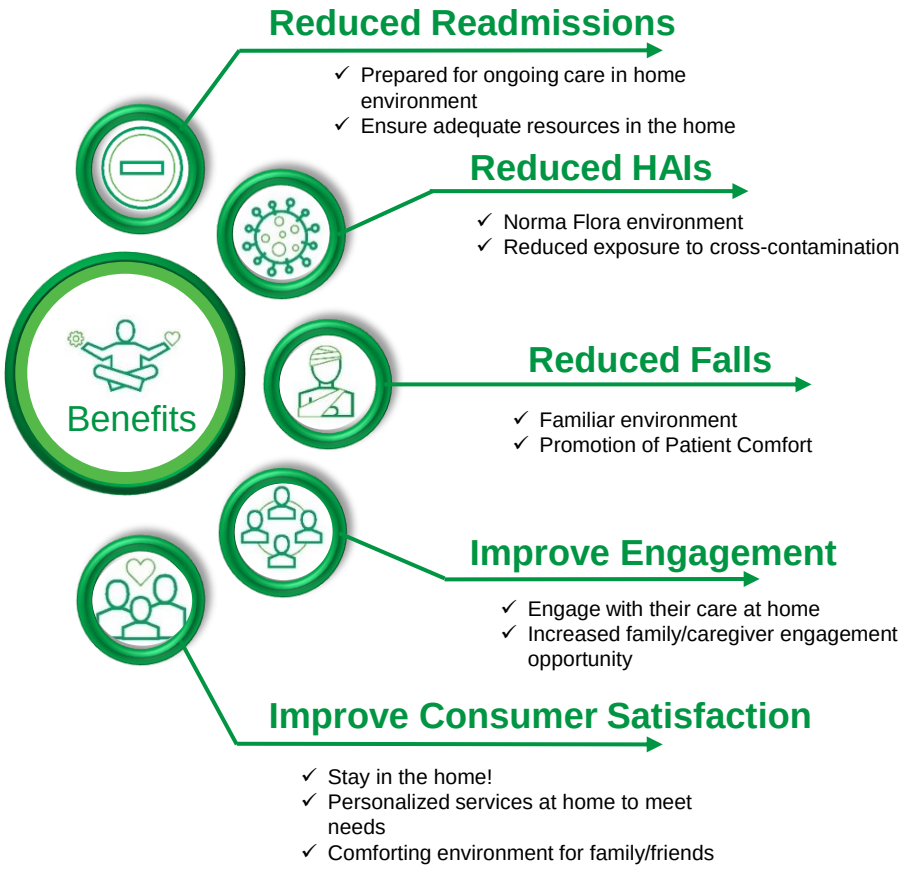
High Acuity Patient Focus

Model focuses on acute care services, and support for post-acute care

Confidential and proprietary. All rights reserved.

Value-based service model

30-day episode of care ensures clinically stable patient end points at discharge with no transitions/hand-offs



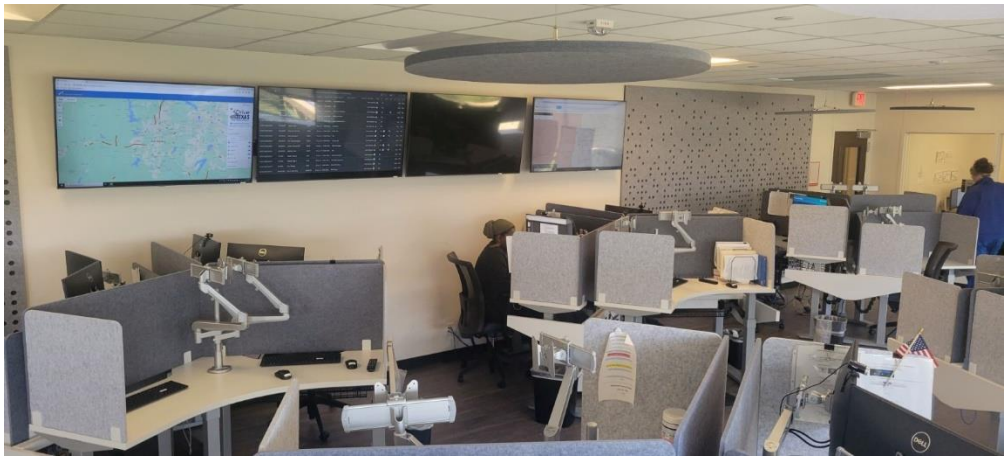
Confidential and proprietary. All rights reserved.

Medical Command Center



Centralized location containing nurses, service coordinators, channel leadership, hospitalists and APP's

Location also houses our virtual patient companions and other centralized virtual functions



Confidential and proprietary. All rights reserved.

Staffing Structure

At Go Live

- Virtual RNs located in the MCC
- Virtual hospitalists
  - Contracted with a physician contracting company
  - Located in the MCC
- Virtual APPs
  - Contracted with same contracting company as hospitalists
  - Home Visits
  - Patient Acquisition in the hospital EDs
- Service Coordinators located in the MCC
- Service Provider Network

Current

- Virtual hospitalists
  - TX Health Physician Group – employed physicians
  - Located in the waiver hospitals
- Virtual RNs located at MCC
- Virtual APPs
  - TX Health Physician Group
  - Utilized only for patients in the restorative phase (30-day episode)
- Service Coordinators
- Service Provider Network

Confidential and proprietary. All rights reserved.

Texas Health Care at Home
January 1 – April 30, 2024

Metric	Result	Initial Findings from Acute Hospital Care at Home Waiver Initiative*
Number of Admissions THAL = 14 THFW = 41 THSW = 11	66	
Return to brick-and-mortar due to clinical deterioration	5 (8%)	7.2%
Return to brick-and-mortar per patient or family request (no clinical change)	1 (2%)	
30-day readmission (raw rate)	4 (7%)	
30-day return to ED (treated and released)	2 (4%)	
Median length of stay	5 days	5 days
Unanticipated mortality in the home	0	0.34%
Falls	0	
NPS	92%	

*Adams, D., Wolfe, A.J., Warren, J. (2023). Initial Findings From an Acute Hospital Care at Home Waiver Initiative. *JAMA Health Forum.* 4(11):e233667. doi:10.1001/jamahealthforum.2023.3667

Confidential and proprietary. All rights reserved.

Texas Health Care at Home
2024 KPI Data through April 12, 2024

	Entity		THCH	
O/E Readmission Ratio Data 10/1/23 to 4/12/24	THAL	0.61	THALCH	0.00
	THFW	0.82	THFWCH	0.00
	THSW	1.13	THSWCH	0.67
LOS Opportunity Days Data 1/1/24 to 4/12/24	THAL	1.274	THALCH	1.212
	THFW	1.508	THFWCH	1.338
	THSW	1.279	THSWCH	1.397

Confidential and proprietary. All rights reserved.

2024 THCH KPIs
January 1 – April 30, 2024

	January	February	March	April	Threshold	Target	Max
Percent on time arrival	80.2%	69.5%	81.8%*	83%	75%	80%	85%
Total Patient Days	31	26	84	71	1,309	1,745	1,832

Tactics to Increase THCH Admissions	
Process	**Education**
• Change process to reduce number of physicians involved in acquisition • CC RN will contact attending physician for potential patient • Include potential patient discussion at MDRs • Explore use of Doximity/E-visit to pitch program • THFW added THCH as an option in the ED HF pathway • THFW added a second physician to assist with admissions	• Individual physician education/coaching • THCH case study at THPG meetings, including outcomes , reasons for declination • One-page THCH information shared with physicians • Physician pocket cards of exclusion criteria • Educate specialists

Confidential and proprietary. All rights reserved.

Challenges

1. Financial Constraints
2. Regulatory Hurdles
3. Operational Barriers
4. Demographics
5. Resistance to Change



Confidential and proprietary. All rights reserved.

The Future?



Confidential and proprietary. All rights reserved.

Questions?



Confidential and proprietary. All rights reserved.