

DIGITAL TRANSFORMATION IN 90 DAYS

A PLATFORM APPROACH

Rx.Health



The World Health Organization ranks the U.S. as 37th in health¹, despite the fact that the U.S. is first in health care spending per capita. There is much to be said on the causes of the immense gap between health care spend and outcomes, however, what really drives and excites us at Rx.Health is the role that Digital Medicine - and digital technologies as a whole - can play in reversing the spend-outcomes gap and transform the healthcare landscape.

Value-based Healthcare has fuelled the demand for digital health

In January 2015, the U.S. Department of Health and Human Services (HSS) released a report that set out a clear timeline and numerous goals for the phased adoption of alternative payment models^{4,5} up to 2018, when these models would form the basis of 50% of provider payments.

This has spurred the growth of digital medicine from an early, fledgling sector into a force for real change. Venture funding for digital health companies has grown almost 3x in the last 5 years, reaching close to \$6B in 2017² (**figure 1**). This trend looks set to continue and underpins

the idea that sooner or later every medical discipline will be affected by this 4th Industrial Revolution³.

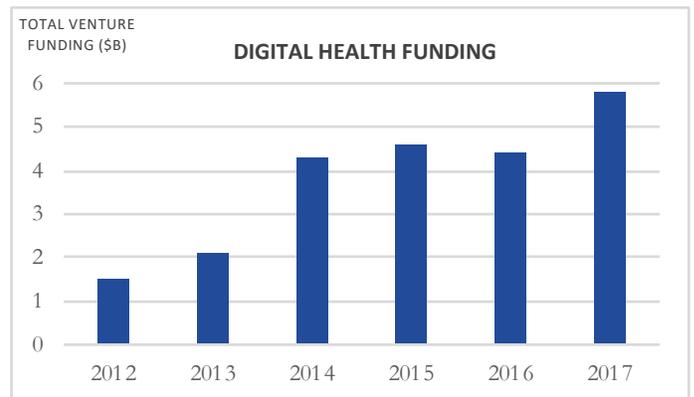


Figure 1

The HSS announcement put health providers at risk of losing payments, and as such has inadvertently created two tiers of institutions. Those who have adapted by going beyond Electronic Health Records (EHRs), and those who have limited themselves to traditional EHR systems and Fee-for-Service models.

Digital Medicine Platforms go beyond Customer Relationship Management solutions (CRMs) to Provide Disease Specific Longitudinal Care Leveraging Digital Health

Understanding that EHRs are not the answer to value-based healthcare, the question still remains, how do health systems successfully implement digital medicine, enterprise wide, and reap the rewards?

The first problem health systems face is a problem of plenty. The digital health space has grown so large, and so fast that there are now close to 315,000 mHealth apps available to choose from. Add to this number the available wearables, digital devices and other digital health tools, and the number becomes unwieldy.

The second issue is that of evidence. Many have heard of the power of health apps such as BlueStar by WellDoc which showed mean HbA1c blood glucose reduction greater than usual care.⁷ Yet there is always a question of validity when looking at apps – this is not an industry that expects or requires Randomized Control Trials.

The final problem health systems face is one of distribution and feedback. Once you know which digital tools to use, and those you have selected have evidence to show they work,

how do you then “prescribe” those to individual patients, or larger populations, and ultimately receive data back in an actionable format?

**Problem 1:
Understanding the digital ecosystem**

**Problem 2:
Finding digital tools that have evidence**

**Problem 3:
Delivering tools to patients and receiving actionable data**

CRMs or Customer Relationship Managers

While there has been an increased interest among health care organizations to leverage CRMs, without clinical rules they are insufficient to drive digital transformation beyond marketing and outreach. In addition, CRMs require custom development for rules which is prohibitively expensive. This is where Digital Medicine Platforms (DMPs) come in: DMPs integrate with EHRs, CRMs and provide a clinical rules engine that brings the best digital assets to right population, in an automated and intelligent manner.

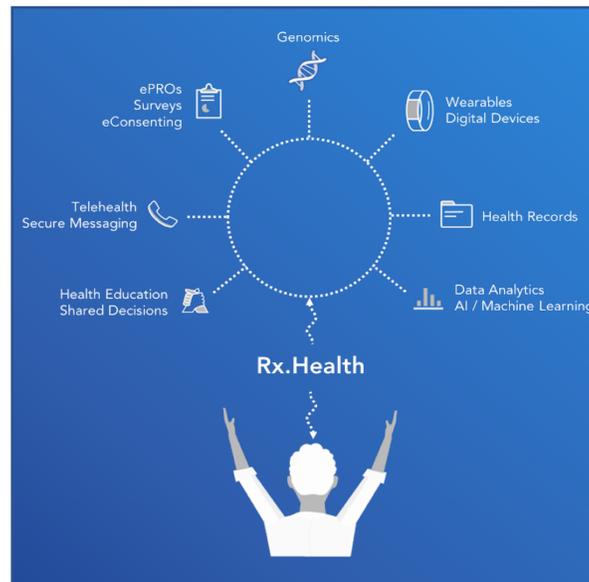
How Do Digital Medicine Platforms Work?

A Digital Medicine Platform offers an end-to-end solution that encompasses digital tool curation, custom clinical rules engine, CRM, direct to patient digital prescriptions, integration with clinical data, and analytics all in one. For those health systems that already utilize tools such as telemedicine, wearables and

apps, DMPs operate open APIs to work alongside existing technologies including EHRs, CRMs, Care management systems and analytical engines, so organizations can generate maximum ROI from existing assets.

Leading Health Organizations including Mount Sinai Health System

and Yale-New Haven have started utilizing DMPs to transition to value based healthcare by leveraging their adaptability to support multiple use cases. Both health systems took less than 90 days go-live, and have a 94% system usability score as reported by patients⁷. Some validated use cases include:



Appointment Reminders, Readmission Reduction, Transitions of Care, Real-time Rounding with Patient experience surveys, Supporting Care Bundles, Improving ACO Metrics, Onboarding into Patient Portals, Patient Satisfaction, and Increasing Access to Care.

“By Providing a Singular Interface for multiple Apps as well as a Common Workflow for Care Teams, Digital Medicine Platforms Allow Innovation to Happen in Parallel, Creating a Multiplier Effect”

Dr. Ashish Atreja - Chief Innovation Officer, Mount Sinai Health System

How Do I Get Started or Learn More?

Digital Medicine Platforms

DMPs serve multiple needs within organizations, from supporting Chief Medical Officers, Chief Population Health officers, Chief Marketing officers, Chief Innovation officers, CIOs, and ultimately the CEO. Any one of these, or combination of these offices can serve as an executive sponsor or decision maker to bring on a DMP.

About Rx.Health

Rx. Health brings the first enterprise-wide Digital Medicine Platform that scales innovation, and enables value-based transformation. Developed by physicians and care teams at Mount Sinai Health System, Rx.Health caters to the unique needs for payviders, payers, health systems, ACOs and Life Sciences, by bringing together curated solutions from apps, chat bots, online scheduling, reminder systems, patient experience surveys, telemedicine, health education, and more - all under one umbrella.

If you would like to learn more or watch a demo about our unique evidence-based approach to transform your organization within 90 days, please reach out to us at: engage@rx.health

SOURCES

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- 7 “Cluster-Randomized Trial of a Mobile Phone Personalized Behavioral Intervention for Blood Glucose Control”. Quinn, C et al, Diabetes Care 2011 [<http://care.diabetesjournals.org/content/34/9/1934>]
- 8 Makhni S, et al . Usability and Learnability of RxUniverse, an Enterprise-Wide App Prescribing Platform Used in an Academic Tertiary Care Hospital. AMIA Annual Symposium Proceedings. 2017;2017:1225-1232.

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