Getting the Physician to the Bedside
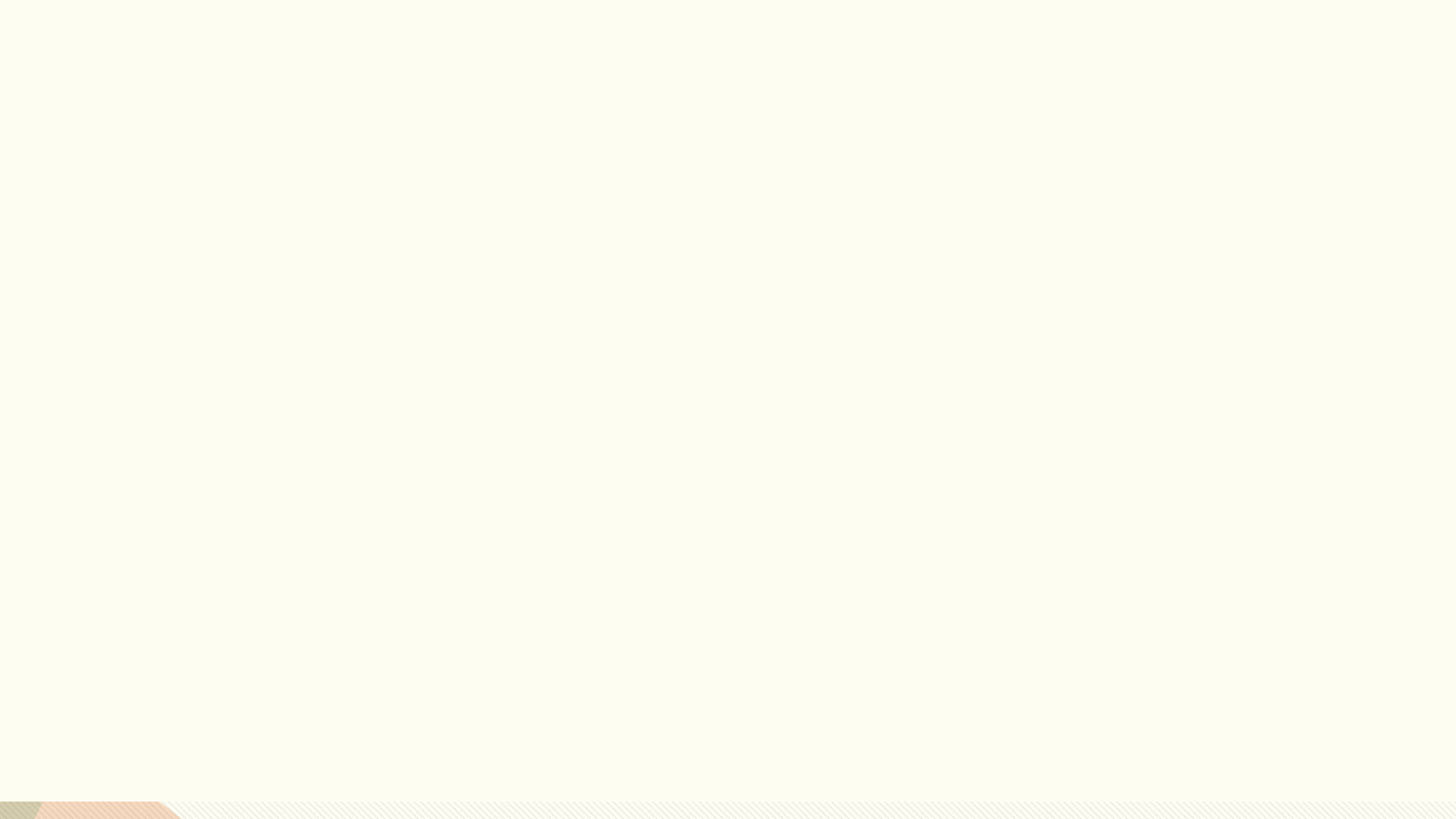### (how do we get doctors engaged,
a scalable platform)

David Chess, MD
Chief Medical Officer
TripleCare

TripleCare (formerly eSNF)

Founded in 2011

Our Mission is to provide excellent, respectful, thoughtful medical care to patients on site.

Bringing care to the bedside.

Transforming Nursing Facilities

From a Nursing - Social Model
to a Medical Model

A Clinical and Financial Paradigm Shift

Our Point of View

We have an amazing opportunity to touch people at critical times in their lives.

We see people at times of transition where the right physician can make an enormous difference in a person's life or death.

We structure our practice around quality not quantity of visit.

Key Skilled Nursing Challenges

- SNFs are asked to improve clinical outcomes with increasingly medically-complex populations

- Hospitals are pressuring SNFs to avoid readmissions without providing funding or support to do so

- SNFS are competing for a smaller piece of the pie (hospital censuses are down)

- Increased regulatory oversight and compliance pressure

- Building trusted relationships with increasingly discerning patients and families

The TripleCare Impact

- Reduction of hospital admissions and readmissions

- Elevation of nursing skills and morale, decreasing turnover

- Improvement of clinical outcomes leading to an increase in referrals

- Ability to brand facility as a medical partner, enhancing position with hospitals and ACOs

- Differentiation of facility through focused marketing

- Reduction of risk profile through better care, documentation and communication

- Increased attractiveness to community and referring physicians

The TripleCare Solution

Our Clinical Practice, Our Physician Group

- We provide 113 hours of coverage/week at times when bedside physician care is rarely available (nights, weekends, holidays)
- Highly curated team of expert physicians - not a loose affiliate network
- Board-certified internists, geriatricians and family practitioners
- Licensed to do business in the state where patient resides
- Covered by industry-standard malpractice umbrella and individual policies
- Each customer has a custom physician network – nurses will develop relationships with their practitioner group
- Trained to know that the nurse is their customer – service is as important as clinical care
- Specially trained on discussing Advanced Care Directives

How Our Service Works

1
A nurse, recognizing a patient is in need, calls TripleCare.

2
The nurse reaches a doctor directly and they review the patient's clinical issue(s).

3
Pushing a single button activates the telemedicine unit and brings a doctor to the patient's bedside.

4
The patient and physician meet and an examination takes place.

5
The physician and nurse begin care, with the inclusion of the patient's attending physician + family as needed.

6
TripleCare provides full documentation of the visit to ensure coordination of care.

7
The patient is comfortably treated in place and a hospitalization is avoided.

TripleCare's Telemedicine Unit

- Video camera, monitor, and speakers mounted on a traditional medical cart

- 20x zoom camera

- Digital stethoscope (Transducer and physician controlled frequency - Nurse headset)

- No button operation- Always on and self monitoring

- Pillow speaker and privacy phone

- 6-8 hour battery life (no room plug required)

Common TripleCare Patient Episodes

- Chief complaints
  - Shortness of breath
  - Fever
  - Change in mental status
  - GI symptoms
  - Chest pain
  - Falls with injuries
  - Behavior changes

- Common diagnoses
  - CHF
  - Pneumonia
  - COPD
  - Fluid deficit/hypotension
 - Urosepsis

TripleCare's CORE Software

- CORE – Critical Outcome Review Environment

- Provides web-based platform for physician documentation

- Electronically fax full note and order set to facility after each encounter

- Regular reporting on TripleCare outcomes available to facility

- Graphs and data sets designed specifically for a hospital audience to help facilities with marketing

TripleCare | treating through telemedicine™

- 240 bed facility with 80 SNF beds
- Complicated patient population in low socioeconomic area
- Facility has a full time MD and NP
- Highly managed population – 16 day LOS
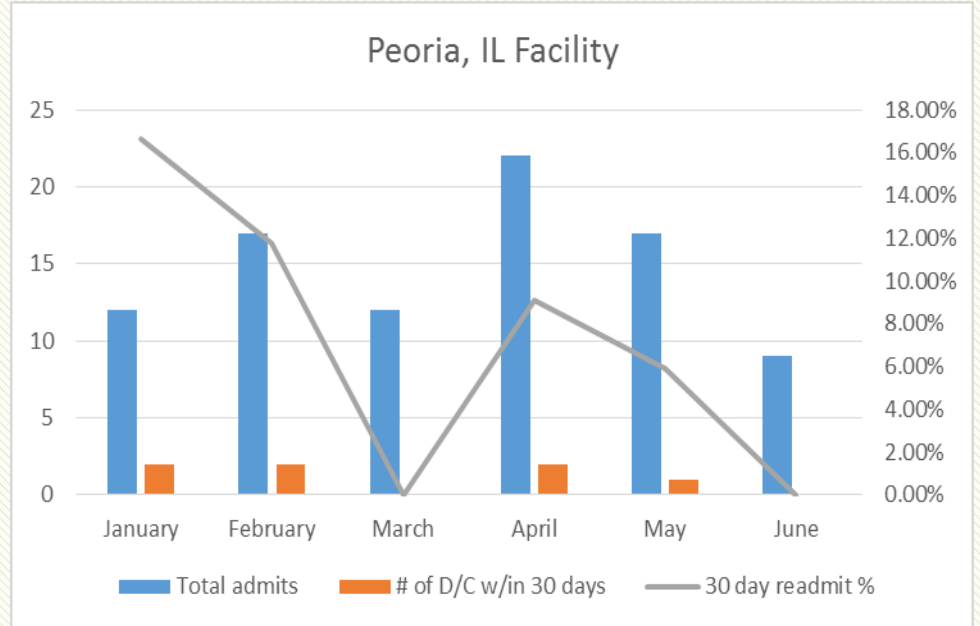
Patients Hospitalized – TripleCare Client
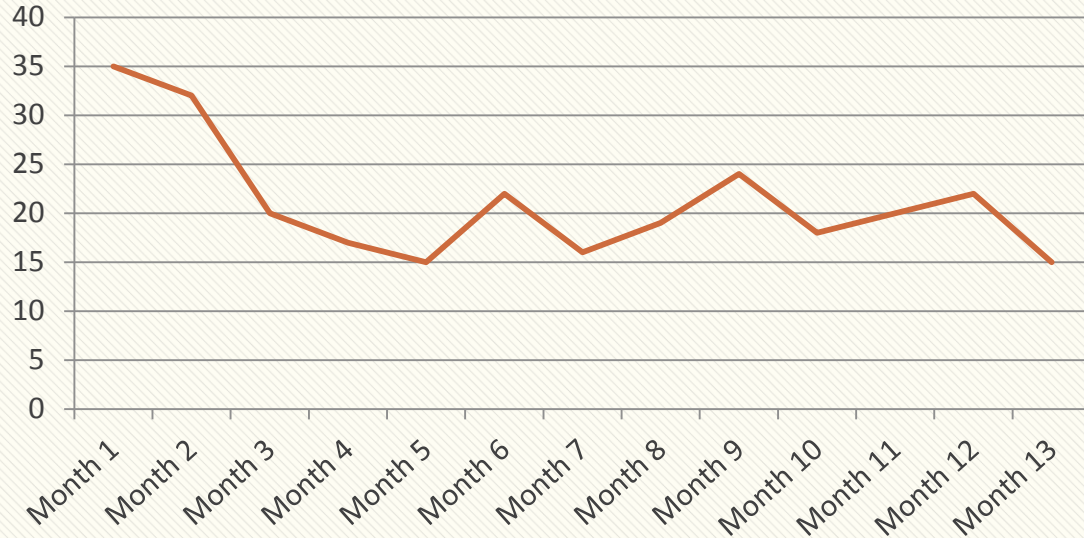
Facility in Peoria, IL

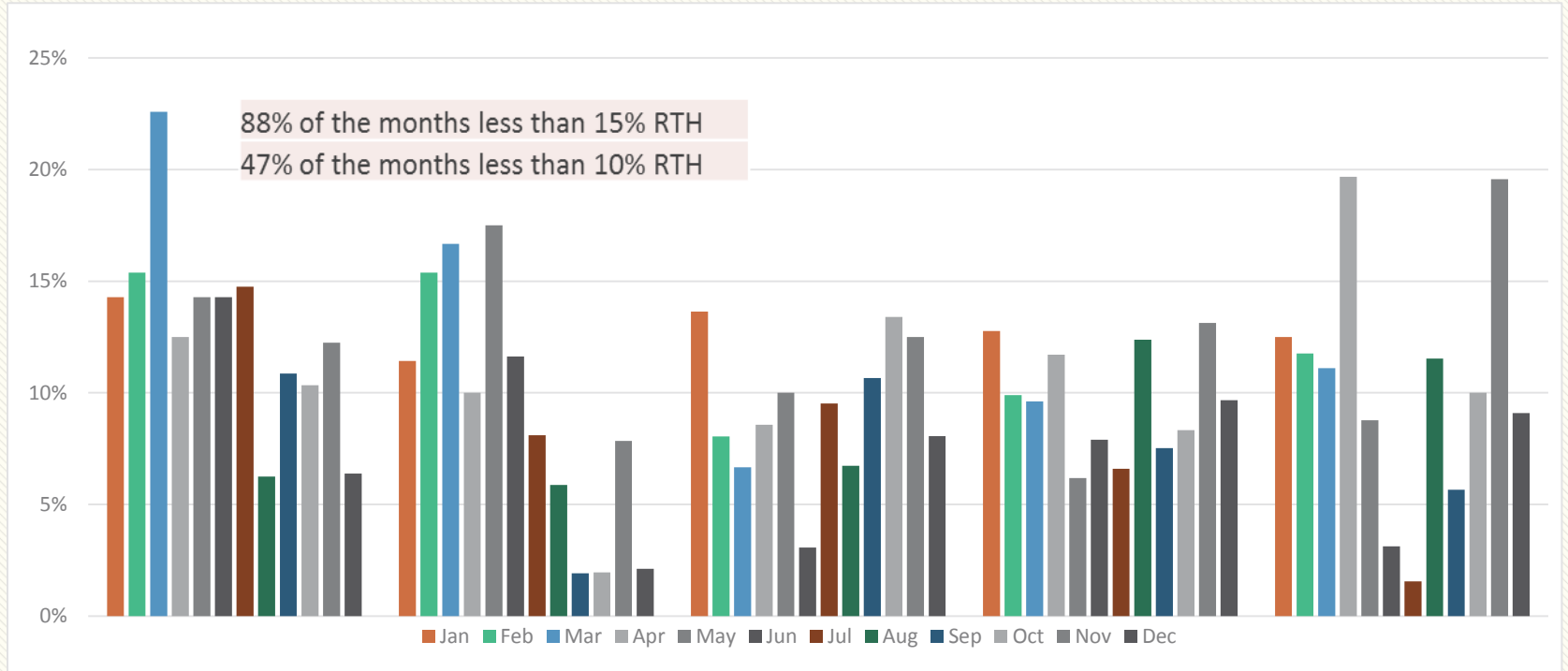**Average 7.8% rate of hospital admissions/month (Baseline 25% RTH year prior)**

7 hospitalizations of 89 patients cared for over first 6 month post implementation

Month	Total admits	# of D/C w/in 30 days	30 day readmit %
January	12	2	16.67%
February	17	2	11.76%
March	12	0	0.00%
April	22	2	9.09%
May	17	1	5.88%
June	9	0	0.00%

Peoria, IL Facility

Post Acute Monthly RTH Rate 5 NJ Facilities

88% of the months less than 15% RTH
47% of the months less than 10% RTH

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

The TripleCare Experience

TripleCare's services were implemented in a 10-facility chain in IL
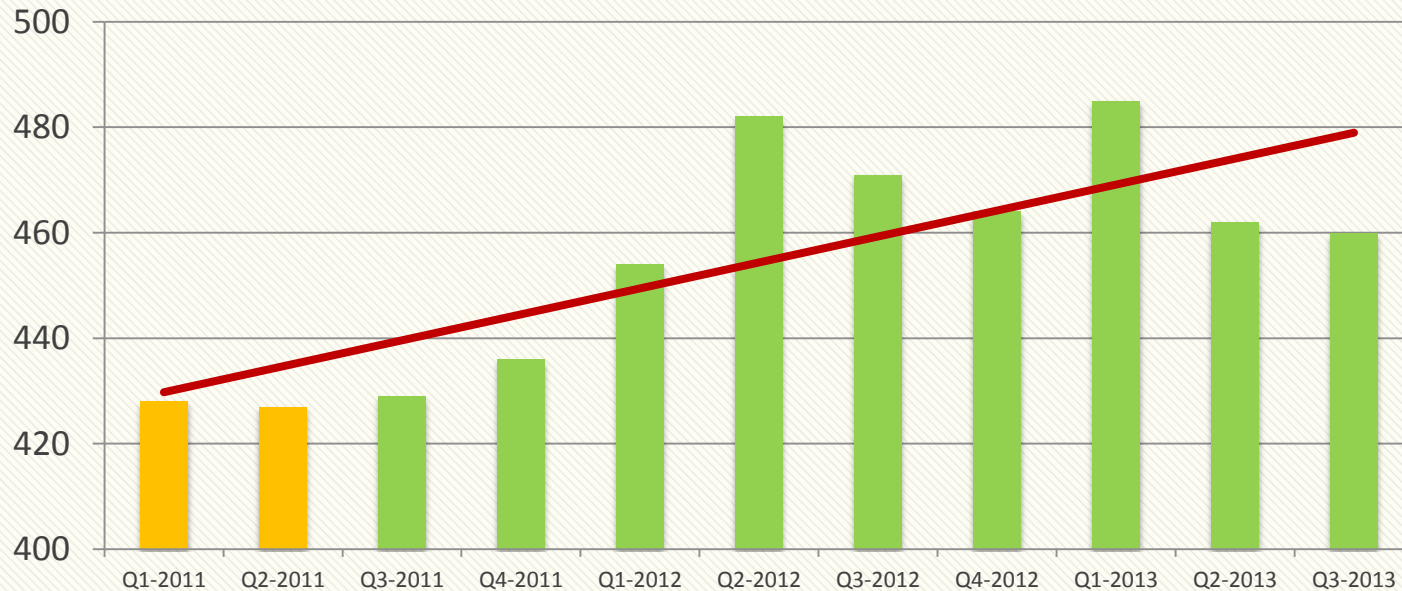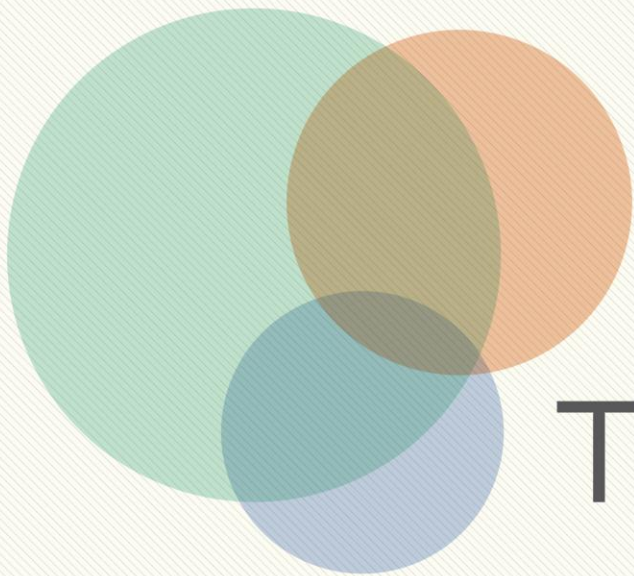
Impact –Payer's Perspective

- Inpatient hospitalization rates

- Emergency room rates

- Transportation costs

- Post-acute LOS

- Enable direct admits to post acute care

- Nursing Competency and Satisfaction

- Patient and family satisfaction

In Summary

- TripleCare treats in place about 80% of the time

- Our clients meaningfully build their short-term census

- We become a critical part of the medical delivery system, transforming the facility into a medically advanced provider of care

- Our clients are seen as innovators and safe providers of care

- There is marked improvement in nurse clinical proficiency and job satisfaction

- High patient and family satisfaction

Thank You