

# POST-DISCHARGE/ACUTE ADHERENCE

## IoT-ENABLED, AT-HOME ADHERENCE MANAGEMENT

As healthcare reimbursement has evolved over the last 10 years, the need and demand for technology solutions has escalated. When patient readmission became a quality of care measure for hospitals, CMS (Medicare) was given the authority to penalize hospitals for patient readmission. This reimbursement policy created a compelling tool for improved patient management, leading to measurable metrics and steady improvements in patient outcomes. The improved outcomes, in turn, have led to a proliferation of similar policy changes.

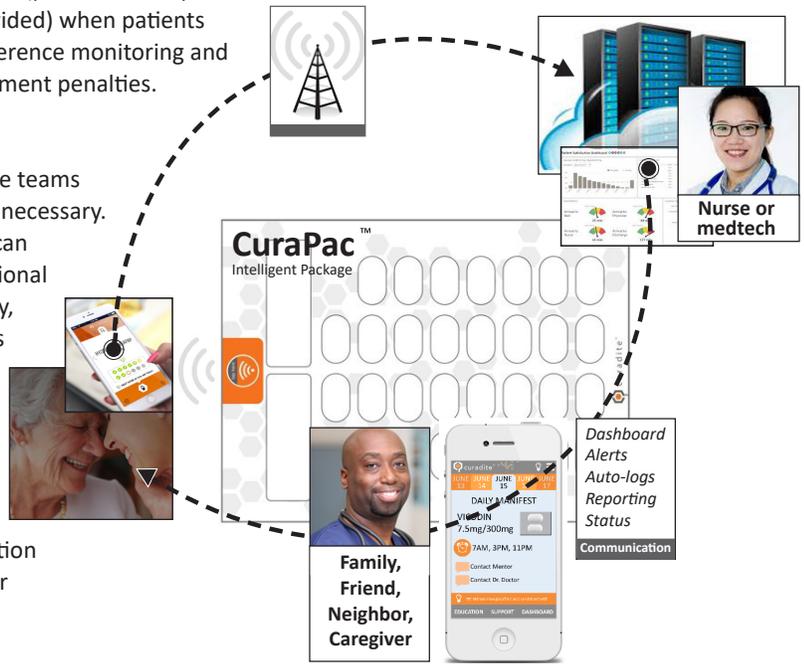
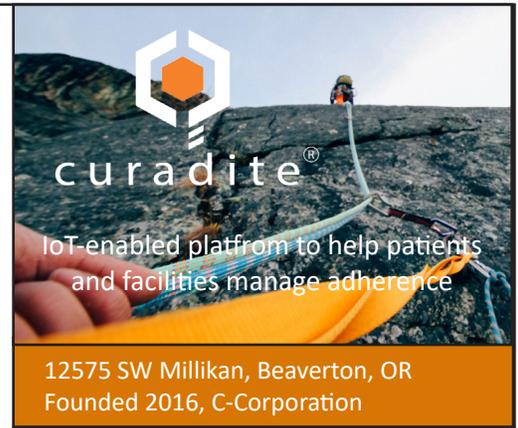
Research has shown that poor medication adherence is a leading preventable cause of readmittance to hospitals/facilities. While medication adherence is closely supervised while in facilities, the facility care teams must rely on anecdotal information (phone calls to patients and/or caregivers with no way to verify the information they provided) when patients return home. The need for objective, out-patient medication adherence monitoring and intervention tracking will be a key in minimizing future reimbursement penalties.

### Platform Solution

Curadite's Medication Management Platform (MMP) provides care teams with access to near real-time data, allowing them to intervene as necessary. Rather than randomly checking on discharged patients, a facility can utilize their limited resources to address patients in need of additional support. Our cloud solution easily populates a large-screen display, highlighting patient medication adherence status as they progress through the post-discharge quality of care window (e.g. 30 days). Staff members, who are already familiar with their recently discharged patients, are uniquely poised to influence patient behavior. The MMP also provides:

- Compatibility: leverages existing automated packaging systems
- Reports/dashboard: provides custom reports and data visualization
- Real-time data analysis: administrators and pharmacists monitor inventory, dispensing, adherence, disposal data
- Cost: inexpensive per patient/month cost
- Staff optimization: directs attention where needed
- Simple/cost effective: CuraPacs are simple to provision and use

Given the cost savings resulting from hospital readmittance penalties (first implemented in 2013), Federal healthcare agencies will continue to expand these policies. Support for post-discharge, at-home medication adherence could deliver significant outcome improvements and a requirement for a SNF to be included on a hospital's recommended referral list.

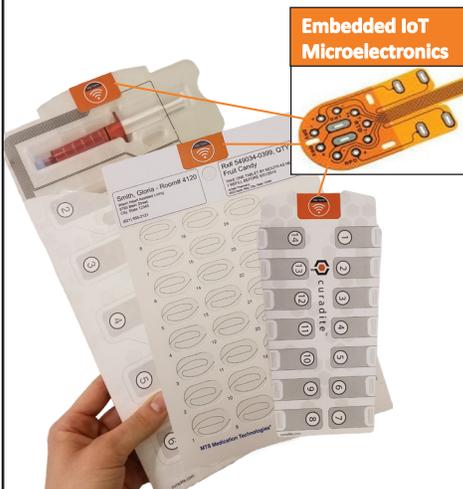


*"Patients with low and intermediate medication adherence are 2.5 times more likely to be readmitted to a hospital, compared to patients with high adherence."*

National Center for Biotechnology Information, NLM, NIH

### Platform Product

#### CuraPac: At-home monitoring



### Description

The MMP utilizes CuraPac's, intelligent, battery-enabled, disposable packages incorporate embedded micro technology to communicate with wireless devices (smartphone, tablet). The package status (e.g. open compartments) is transferred automatically to the cloud for care team analysis and potential storage in the EHR.

With minimal additional effort, a post-discharge medication management dashboard can be installed in a secure area of the facility for extended (30-60 day) at-home medication adherence monitoring. As a result, resources can be efficiently applied to non-compliant patients.

### Statistics/Business Case

*"23.5 percent of SNF stays resulted in a rehospitalization within 30 days of the initial hospital discharge. The average Medicare payment for each readmission was \$10,352 per hospitalization, for a total of \$4.34 billion. Of these rehospitalizations, 78 percent were deemed potentially avoidable, and applying this figure to the aggregate cost indicates that avoidable hospitalizations resulted in an excess cost of \$3.39 billion (78 percent of \$4.34 billion) to Medicare."*

Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility Quality Reporting Program, Centers for Medicare and Medicaid Services