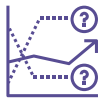


# Reduce Hospital Readmissions

## NEXT GENERATION TECHNOLOGY



ARTIFICIAL INTELLIGENCE



PREDICTIVE MODELING



CLOUD BASED ARCHITECTURE



MULTI-DEVICE COMPATIBLE

## KEY FEATURES

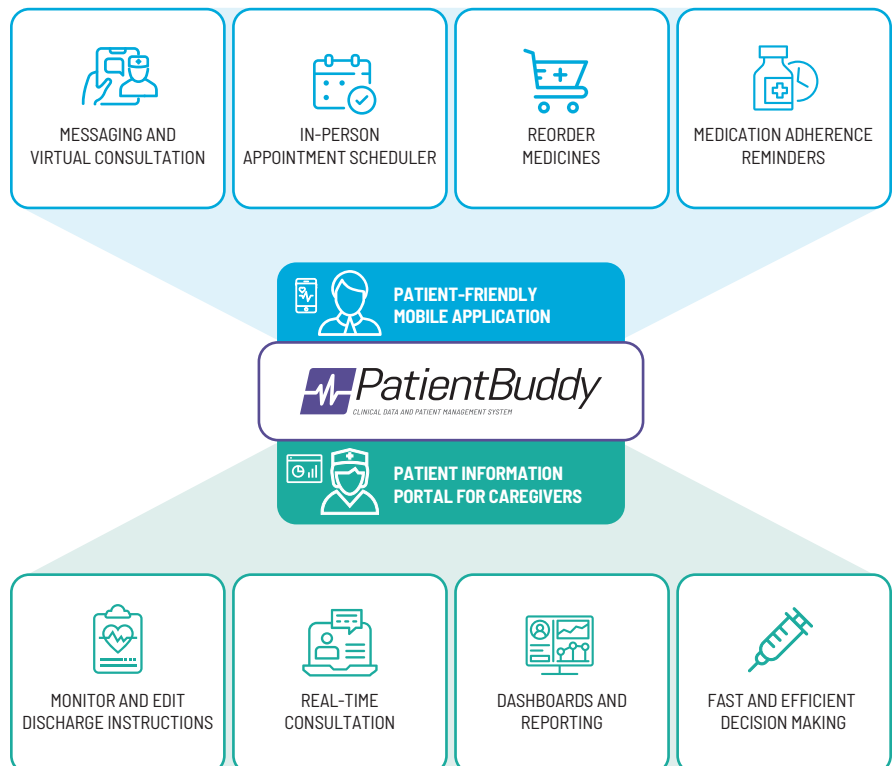
- Powerful analytics tools to track patient's progress and apply interventions if needed
- Sophisticated medication adherence tools
- Data visualization mechanisms to keep patients informed of their progress
- Case manager dashboard that tracks patient's medication adherence, profiles, discharge instructions and doctor information
- Multi-device compatible, anytime-anywhere communication tools
- Gamification features to keep the patient motivated and engaged.
- Information sharing features to increase awareness among patients using relevant web links and videos
- EHR & HIE integration features

**PatientBuddy** enhances quality of post-discharge care through built-in features such as communication, monitoring, reporting, analytics, and decision making; reducing avoidable readmissions and associated costs.

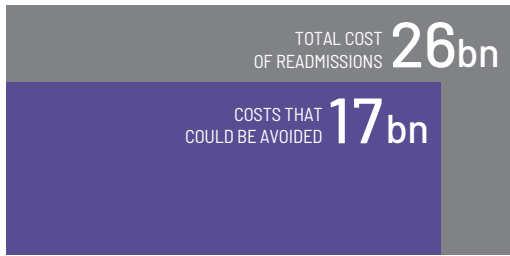
## COST-EFFECTIVE POST-DISCHARGE INTERVENTIONS

Inadequate patient and caregiver communication is the biggest risk to hospital readmission reduction initiatives. Avoidable readmissions not only contribute to the high opex costs, but also impact the quality of effective care transitions. PatientBuddy provides a comprehensive platform to proactively monitor and identify patients with high risk of hospital readmission, and apply effective interventions to mitigate that risk.

## Comprehensive Patient Management System



## READMISSION COSTS



\* 2015 Medicare data released by the Center for Health Information and Analysis.

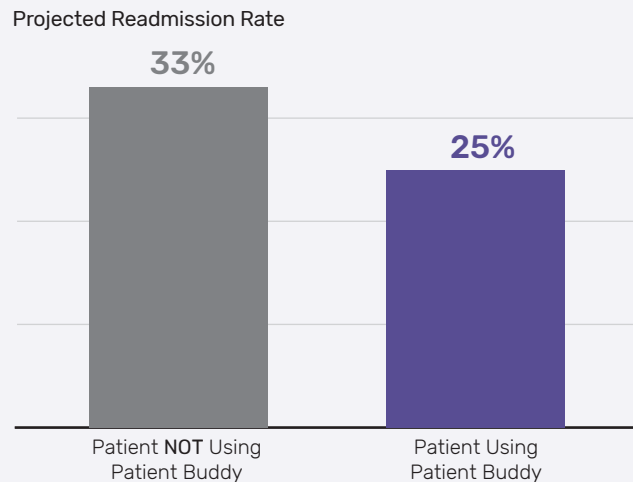
## RISING COSTS AND PENALTIES (2019)

- The average healthcare cost of readmission is **USD 12,000**
- **2,583 hospitals** were penalized by Medicare
- Medicare estimates will cost hospitals **USD 563 million**
- Of the **3,129 hospitals** evaluated in the Hospital Readmission Reduction Program, **83 percent** received a penalty
- The maximum penalty – a **3 percent** reduction in payments was assessed against **56 hospitals**
- **1,177 hospitals** received a higher penalty than they did last year
- **1,148 hospitals** received lower penalties than last year
- **64 hospitals** received the same penalty as last year
- **194 hospitals** that had not been penalized last year are being punished this year
- **372 hospitals** avoided penalties in the last two years

## PATIENTBUDDY ADVANTAGES

- 1 **Better Care Coordination for Better Health Outcomes**  
Streamlines care coordinator workflows and enhances communication with the patient leading to better health outcomes
- 2 **Intelligent Dashboards and Analytics to Reduce Readmissions**  
Provides the hospital case manager with meaningful and actionable data to apply necessary interventions, reducing the need for readmissions
- 3 **Improved Patient Engagement to Reduce Healthcare Costs**  
Enhances patient compliance to discharge plans using sophisticated medication adherence tools, feedback mechanisms for patient awareness, and gamification to reduce chances of readmissions and resulting costs.

### PatientBuddy can save \$12,000 per patient by reducing readmissions!



\*Based on Pilot Study (July 2015 - June 2016)

Learn how PatientBuddy can save you money!

Call Us Today At (703) 483-4300 for a free demo and consultation by our experts



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**About CITI:** Established in 1996, CITI is headquartered in Falls Church, VA and has offices located across the United States, South Asia, and Canada. CITI is a global and diversely talented organization of IT and business professionals working together to provide clients with real-world solutions for the healthcare, federal and commercial areas. CITI Healthcare's range of products and services enables organizations to enhance operational efficiencies and streamline processes while meeting regulatory compliance. CITI's team of healthcare and IT experts enable providers and payers to deliver quality, connected, patient-centric care more efficiently and cost effectively.