

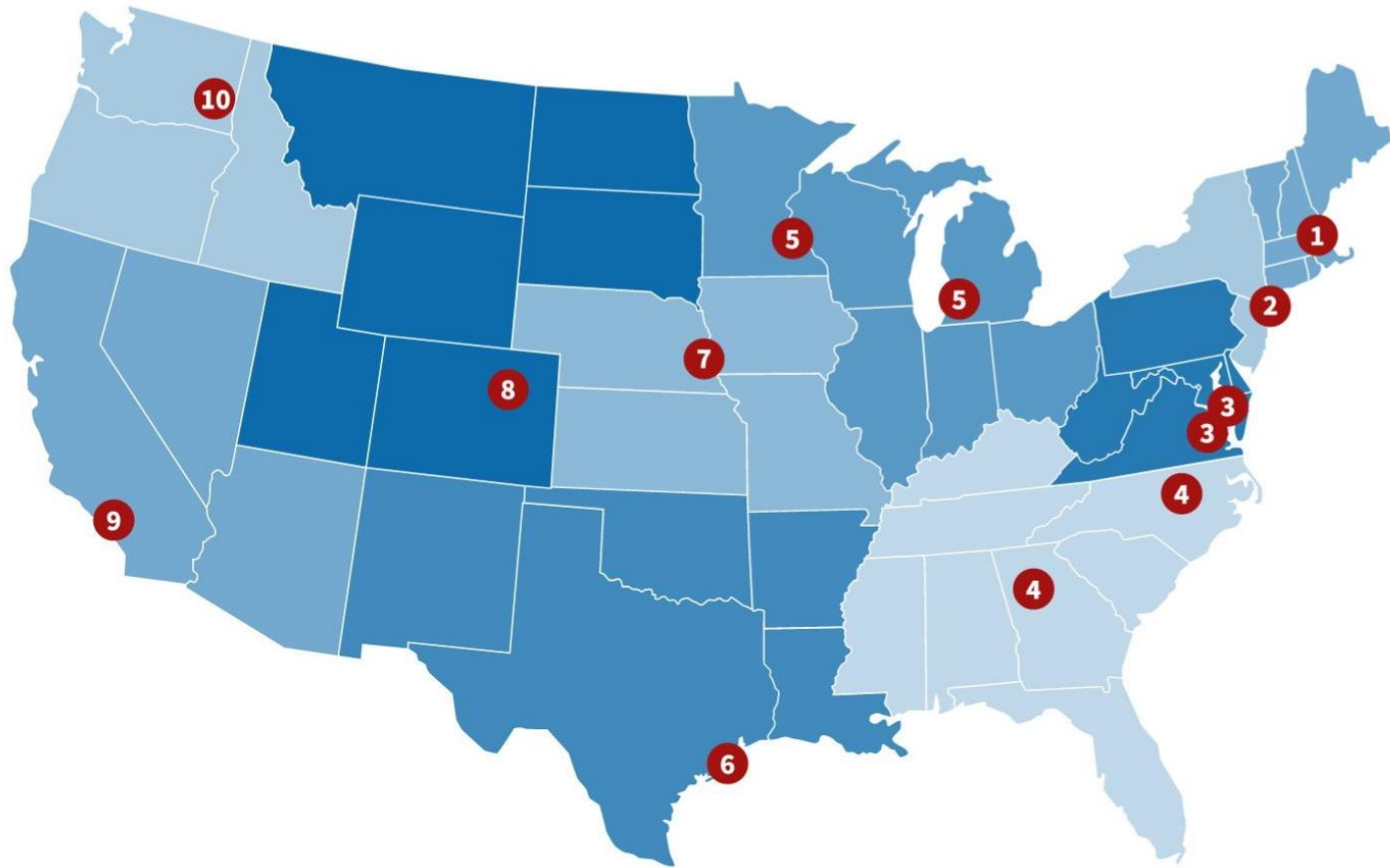
Clinical Perspectives on Home Testing and Monitoring for HCIDs



NETEC: A Partnership for Preparedness

Setting the gold standard for special pathogen preparedness and response across health systems in the U.S. with the goals of driving best practices, closing knowledge gaps, and developing innovative resources.

Regional Emerging Special Pathogens Treatment Centers



- 1 CT, ME, MA, NH, RI, VT**
[Massachusetts General Hospital](#)
- 2 NJ, NY, PR, VI**
[NYC Health + Hospitals / Bellevue](#)
- 3 DC, DE, MD, PA, VA, WV**
[Johns Hopkins Hospital](#)
[Medstar Washington Hospital Center / Children's National](#)
- 4 AL, FL, GA, KY, MS, NC, SC, TN**
[Emory University / Children's Healthcare of Atlanta](#)
[University of North Carolina at Chapel Hill](#)
- 5 IL, IN, MI, MN, OH, WI**
[University of Minnesota Medical Center](#)
[Corewell Health System](#)
- 6 AR, LA, NM, OK, TX**
[University of Texas Medical Branch](#)
- 7 IA, KS, MO, NE**
[University of Nebraska Medical Center / Nebraska Medicine](#)
- 8 CO, MT, ND, SD, UT, WY**
[Denver Health & Hospital Authority](#)
- 9 AZ, CA, HI, NV, AS, MP, FM, GU, MH, PW**
[Cedars-Sinai Medical Center](#)
- 10 AK, ID, OR, WA**
[Providence Sacred Heart Medical Center & Children's Hospital](#)

[Locate your regional contacts](#), including physician, nursing, pediatric, and operations leadership, as well as local and state health partners.

Areas of Focus

CONSULTATION & ASSESSMENT

Empower hospitals to gauge their readiness using **self-assessment**

Provide direct feedback to hospitals via **on-site assessment**

Provide **on-site and remote guidance**

Provide **emergency on-call mobilization**

EDUCATION & TRAINING

Deliver didactic and hands-on simulation training via **in-person courses**

Provide self-paced education through **online trainings**

Compile an **online repository** of tools and resources

Develop customizable **exercise templates** based on the HSEEP model

RESEARCH NETWORK

Build a **central IRB process** for rapid implementation of clinical research protocols

Develop **policies, procedures, and data capture tools** to facilitate research

Create the infrastructure for a **specimen biorepository**

INTERNATIONAL PARTNERSHIPS

Organize, plan, and implement **strategic international collaborations**

Strengthen **relationships** with global special pathogens programs

Establish mechanisms to **facilitate sharing of best practices** and knowledge among special pathogens programs

← Cross cutting, supportive activities →

Overview



Welcome:  Radu Postelnicu, MD

➤ **Overview of Home Monitoring and Key Considerations**  Radu Postelnicu, MD

➤ **Mobile Assessment of Low-Risk Travelers from VHF-Affected Areas**  Moon Kim, MD, MPH

➤ **COVID-19 Remote Patient Monitoring**  Ethan Booker, MD

 Shane Kappler, MD, MS, FACEP, FCCP

➤ **Denver Health's Virtual Assessment Model (VAM) for At-Home Evaluation of Suspected High-Consequence Infectious Disease Cases**  Gaby Frank, MD, FACP, SFHM

➤ **Region III MWHC RESPTC/BCU Public Health**  Ethan Booker, MD

Remote Monitoring Program

 Shane Kappler, MD, MS, FACEP, FCCP

Questions and Answers

NETEC Resources:  Radu Postelnicu, MD

Mobile Assessment of Low-Risk Travelers from VHF-Affected Areas

Moon Kim, MD, MPH

BIOCONTAINMENT
UNIT

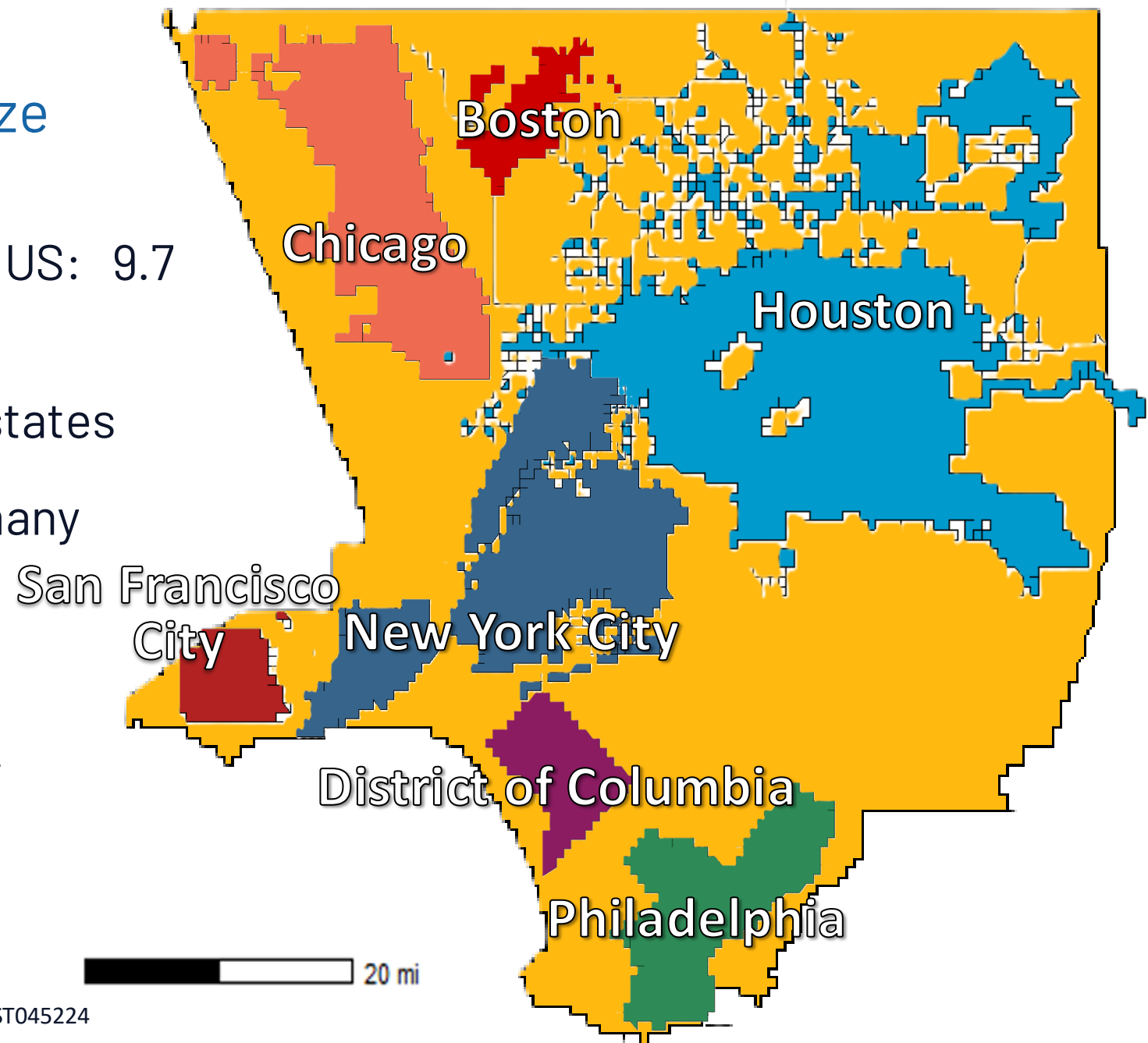
Mitigating Risk of Spread in U.S. CDC

➤ Previous measures included:

- Redirected flights, entry screening, and PH monitoring for travelers arriving in the United States from Ebola/Marburg-affected areas
 - 2014-2016 EVD outbreak in West Africa
 - March 2021: EVD outbreak in Guinea and Democratic Republic of the Congo (DRC)
 - October 2022: Sudan ebolavirus outbreak in Uganda
 - October 2024: Marburg virus in Rwanda

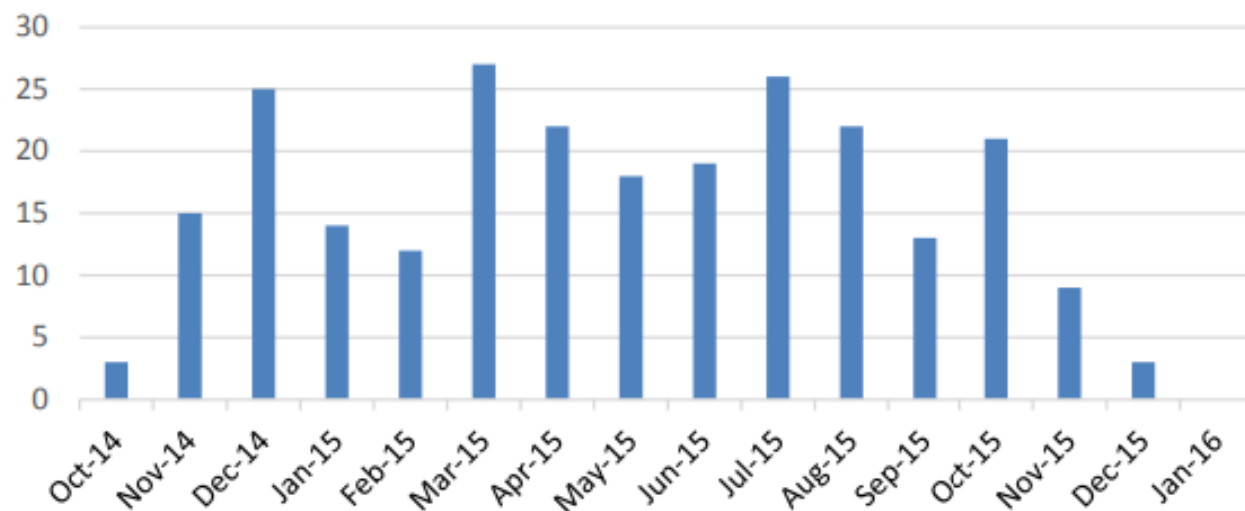
Los Angeles County (LAC) Size and Population Comparison

- Most populous county in the US: 9.7 million+ (2024)
- Greater population than 40 states
- 88 incorporated cities and many unincorporated areas
- 97 Acute care hospitals
- Cedars-Sinai Medical Center
 - Region IX RESPTC





**Figure 1. Travelers Monitored for EVD
by Month Initiated
LAC, 2014-2016
(N=249)**



**Table 1. Characteristics of Travelers Monitored for EVD
LAC, 2014-2016**

	Frequency	Percent
Gender		
Male	144	58
Female	105	42
Affected Areas Visited		
Guinea	47	19
Guinea and Sierra Leone	3	1
Liberia	69	28
Liberia and Sierra Leone	3	1
Mali	7	3
Sierra Leone	120	48
EVD Risk		
Low	238	96
Some	4	2
Some, Low	7	3
High	0	0

Emerging Infectious Disease Workgroup

➔ Meet every other month

LA County EMS

Cedars-Sinai

Kaiser LAMC

UCLA

CHLA

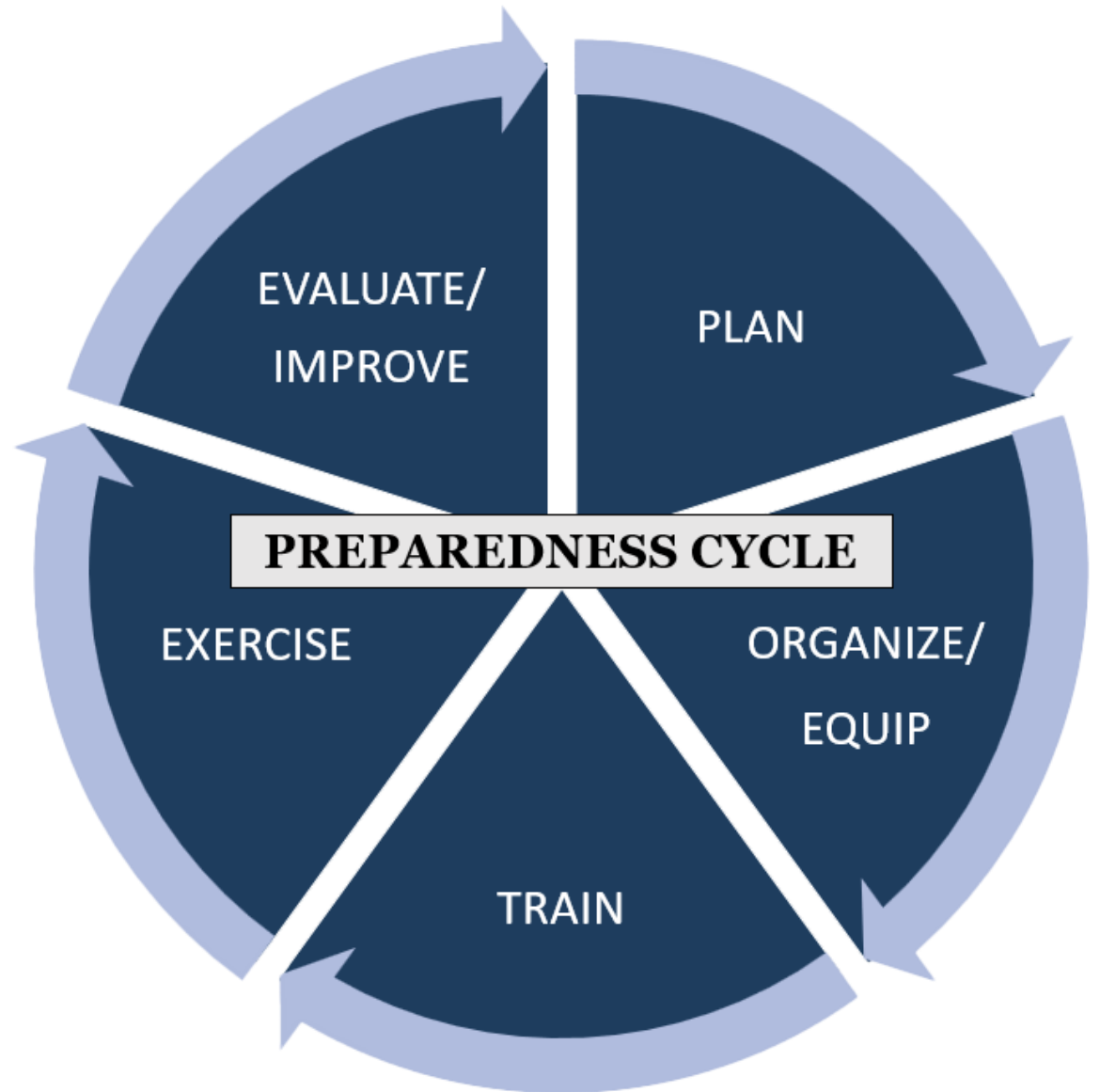
High-risk Ambulance

- Private Ambulance companies

LA County Dept Public Health

- ACDC
- EPRD
- PH Lab

CDPH



Background



INADEQUATE
DIAGNOSIS/TREATMENT
FOR ALTERNATIVE
DIAGNOSES FOR
RETURNING TRAVELERS
(e.g. MALARIA) DUE TO
CONCERNS ABOUT
POSSIBLE EXPOSURE TO
EBOLA.



PREVIOUSLY
TRAVELERS WHO
NEEDED CLINICAL
ASSESSMENT WOULD
NEED TO BE
EVALUATED IN HIGH-
CONTAINMENT ICU
SETTING AT A SPTC



ADDRESS GAPS IN RESPONSE:
PREVENT DELAYS IN CARE
WHEN ACTIVATION OF AN SPTC
AND ICU HOSPITALIZATION WAS
NOT CLINICALLY INDICATED.



MOBILE ASSESSMENT
TEAM: NOTIFICATION
AND RESPONSE
PROTOCOLS
DEVELOPED TO
ASSESS CLINICALLY
STABLE LOW-RISK
TRAVELERS AT HOME.

Although mobile response is not new to clinical medicine or public health this specific type of response is unique because of the coordination of clinical teams with SPTCs, EMS and ICP, appropriate PPE, etc.

LAC

➤ Concept of mobile assessment team developed

➤ Protocols initially developed in 2015

➤ Safely collect specimens without activating high-containment hospital ICU SPTC

➤ Activated in an actual situation and continue to conduct drills to assess any operational gaps

➤ Partners:

- LAC Dept of Public Health: Acute Communicable Disease Control (ACDC), Emergency Preparedness and Response (EPRD), PH Lab, Environmental Health (EH)
- LAC Emergency Medical Services (EMS) Agency
- Kaiser Permanente Los Angeles Medical Center (KPLAMC)
- Cedars-Sinai Medical Center (CSMC)

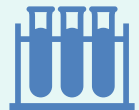
Initial goals included:



Minimize patient discomfort and disruption while safely ensuring appropriate level of care



Minimize impact on day-to-day operations at designated SPTCs



Minimize time required to obtain laboratory results.

Mobile Assessment Model

Mobile Assessment and specimen collection:

- Option for Travelers with symptoms and are low-risk for VHF
- Criteria: medically stable and show no s/sx vomiting/diarrhea or bleeding.
- Evaluate home environment accessibility, privacy, safety concerns
- Contingency planning

LACDPH consults with:

- SPTCs
- California Department of Public Health (CDPH)
- Centers for Disease Control and Prevention (CDC) regarding indications for VHF testing.
- ACDC in conjunction with the LACDPH Health Officer will determine if patient meets criteria for field assessment and specimen collection.

Those reporting high-risk exposures and/or sxs of vomiting, diarrhea, or bleeding will be transported to a designated SPTC for assessment.

Pregnancy, Labor, and Delivery after Ebola Virus Disease and Implications for Infection Control in Obstetric Services, United States

Amanda Kamali, Denise J Jamieson, Julius Kpaduwa, Sarah Schrier, Moon Kim, Nicole M Green, Ute Ströher, Atis Muehlenbachs, Michael Bell, Pierre E Rollin, Laurene Mascola

➤ Viral Hemorrhagic Fever

- Assessment
 - Is testing indicated based on epi/clinical findings?
 - Use of mobile assessment?
- Notification protocol activation: ACDC, EPRD
 - Work with EMS, PH Lab, EH, PIO
- Key hospital partners
 - Cedars (Region IX Special Pathogens Center)
 - Kaiser Sunset
 - UCLA
 - CHLA



Model Assessment Protocol

- 1) Assessment of Symptomatic Person
 - a) Risk Assessment and Clinical status
- 2) Decision to Perform Field Assessment and Specimen Collection
 - a) Partner Consultation: CA state PH, CDC
 - b) Criteria for Field Assessment and Specimen Collection
- 3) Social History and Assessment
 - a) Ongoing medical needs
 - b) Social support
 - c) Emergency contact
 - d) Food or other medications needed
 - e) Pets in home
- 4) Infection Prevention and Control and Waste Management
- 5) Specimen Packaging and Transport
- 6) Movement Restrictions
 - a) Self-isolation
 - b) Follow up symptom monitoring
- 7) Contact Tracing

Appendices

**Symptomatic Traveler Field
Assessment Worksheet**

Medical Waste: Materials of Trade Log

Category A Packaging Instructions

**Guidance for Staying at Home While
Awaiting Viral Hemorrhagic Fever Test
Results**

Model Assessment Coordination

Decision is made for mobile response

Notification

- KPLAMC or CSMC (video interview & clinical assessment)
- Have their own PPE, checklists, and protocols

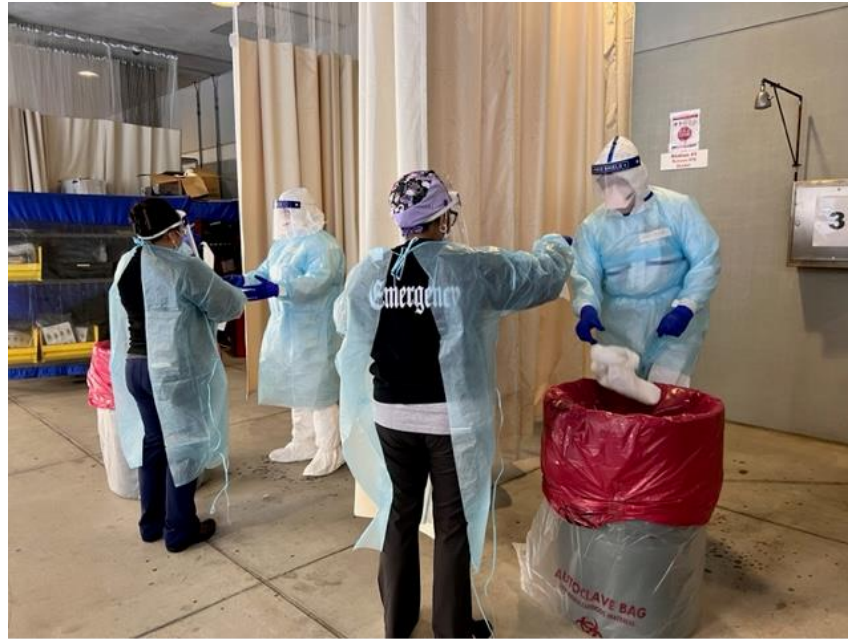
Mobile assessment coordination call

- Coordinate with DPH: ACDC, EPRD, EH, PH Lab, PIO
- Staging area discussion; High-risk Ambulance

Deployment of Mobile Team

- Clinical assessment and specimen collection
- Demobilization

KP Drills and Exercises



Since this is a low-frequency event for the team drills and exercises are the keys to success. Teams have committed to an annual exercise and quarterly drills to ensure staff competency.



Summary of Practice:

Since 2015 the Los Angeles County Department of Public Health (LACDPH) has partnered with Kaiser Permanente Los Angeles Medical Center (KPLAMC) to fill a gap to clinically assess travelers from Ebola-affected areas without activating and Ebola treatment or assessment center.



Mobile field assessment of low-risk travelers from Ebola-affected areas

Award:

Organization: Los Angeles County Department of Public Health

LHD size: Large (Population of 500,000+ people)

State: California



[PRESS RELEASE](#)

NACCHO Announces 2023 Model and Promising Practice Award Winners – Award recognizes local health department best practices in addressing pressing public health challenges

Jul 13, 2023 | NacchoVoice

Washington, DC, July 13, 2023 — Today, the [National Association of County and City Health Officials](#) (NACCHO), the voice of the country's nearly 3,000 local governmental health departments, named its 2023 Model and Promising Practice Award Winners, an annual recognition of local public health best practices. This year, 23 outstanding local health department programs have been recognized as Model Practices, and 30 programs have been recognized as Promising Practices. Videos describing the 2023 Model Practices can be found [here](#). The awards were presented during the [2023 NACCHO360 Annual Conference](#) in Denver on July 12, 2023.

Model Practices are programs demonstrating exemplary and replicable qualities in response to a critical local public health need, and Promising Practices have demonstrated exciting approaches and strategies to local public health issues that are on track to becoming Model Practices.

"Local health departments have continued to support their communities across a host of programmatic areas and public health challenges, even throughout the COVID-19 pandemic. It is phenomenal to bear witness to the effort to respond to a pandemic and still be innovating, spreading, and sharing best practices amid crisis," said NACCHO's Chief Executive Officer Lori Tremmel Freeman. "We are proud to recognize the 2023 Model and Promising Practice Awards as a showcase of the best and brightest in local public health. Winners display excellence in a diverse range of topics including issues such as veterans' health, overdose prevention, and many more."

Strengths



Mobile Assessment model decreases the burden on our healthcare system should a low-risk returning traveler become ill and need clinical assessment.



KP LAMC and CSMC continue to support the mobile response model to ensure it is sustainable since the initial development in 2015.



Strong Partnerships, Shared vision, collective expertise, & interconnected resources
Regular field exercises/drills: LACDPH, PH Lab, EMS, KP LAMC, CSMC
Hot wash: Lessons Learned incorporated into protocols

Special thanks to

**Kaiser Permanente Los Angeles Medical Center
Cedars-Sinai Medical Center
DPH: EPRD, PH Lab
EID Workgroup**

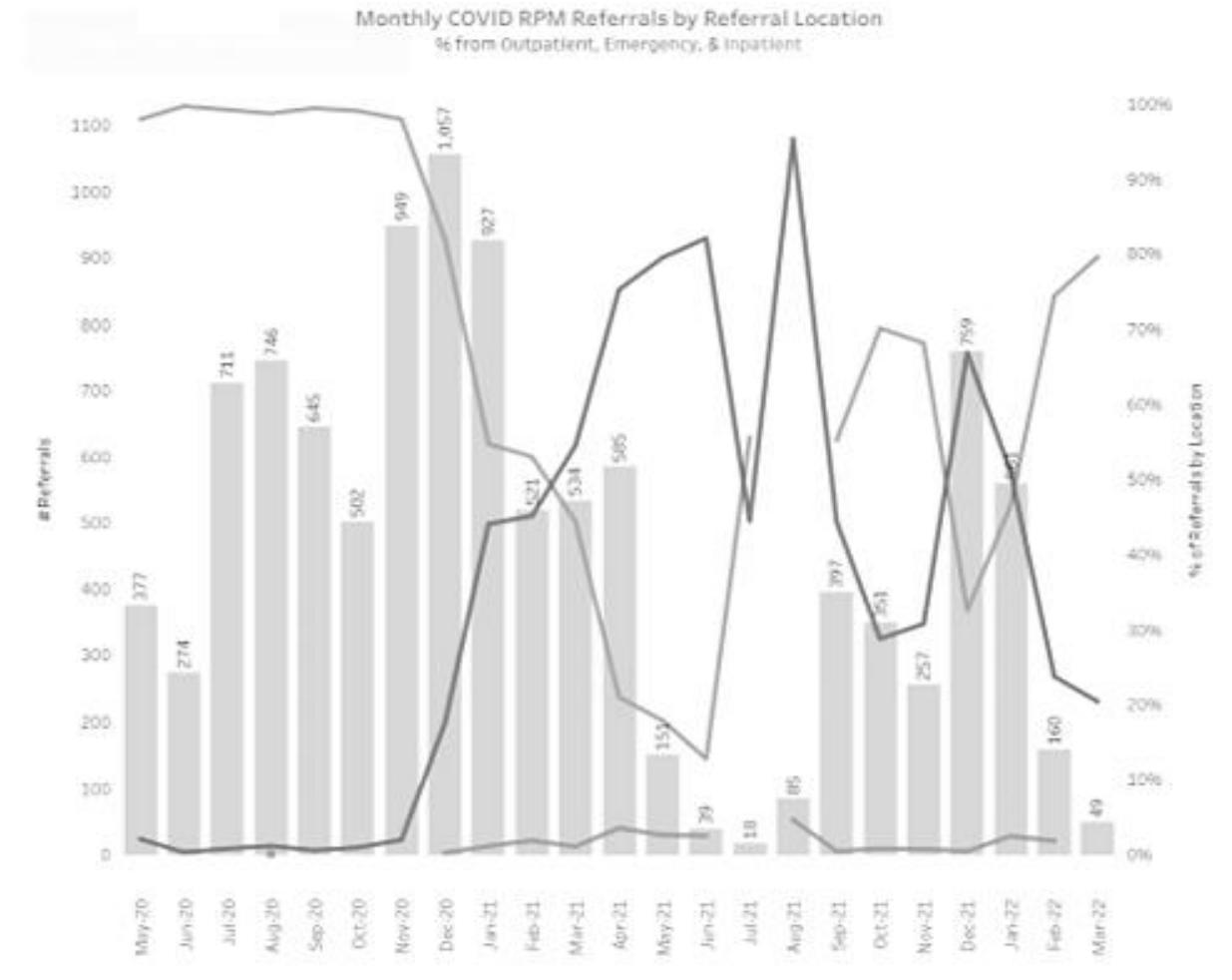
COVID-19 Remote Patient Monitoring

Ethan Booker, MD

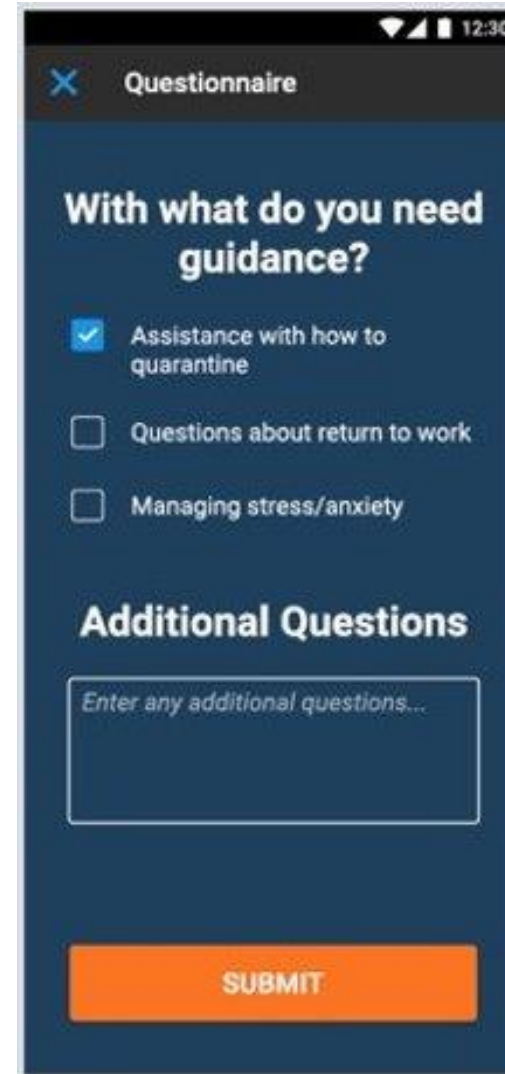
Shane Kappler, MD, MS, FACEP, FCCP

BIOCONTAINMENT
UNIT

- Enrollment across 9 EDs
- All ages, COVID+, SpO2 >92%, otherwise appropriate for discharge
- Provided with pulse oximeter
- Staff of medical students, MAs, and NPs 7days/week
- Up to 16 days of monitoring
- Telehealth support team for enrollment and device support



Patient View



Clinician View

The screenshot shows a web interface for a clinician. At the top, there are three buttons: 'Call' (green), 'Chat' (blue), and 'LOG CALL' (white). Below these, a sidebar on the left contains a patient profile for 'MSH1577' with a star icon and a 'MSH-COVID' tag. Below the tag are five circular icons: a heart, a heart with a pulse line, a drop, a magnifying glass, and a bell. Further down are two more icons: a person and a clipboard. A menu of options follows: 'Dashboard', 'Troubleshooting', 'Patient Information', 'Patient Status', 'Alert State History', and 'Communication Log', with a 'More' option at the bottom. At the very bottom of the sidebar is a button labeled 'Add Important Notes'. The main area of the interface is titled 'Patient Reported Outcomes'. It features a horizontal timeline from 1 to 15, with the 14th day highlighted by a green dot. Below the timeline are three status indicators: 'Alerting' (red dot), 'Normal' (green dot), and 'Resolved' (grey dot). At the bottom of the main area, there is a search icon and the text 'SpO2'.

This is a zoomed-in view of the top portion of the interface. It shows a search bar at the top with the placeholder text 'Search by Name, MSN or ID'. Below the search bar are the 'Call', 'Chat', and 'LOG CALL' buttons. Underneath these buttons is an orange bar with the word 'Alerted' in white. To the right of the orange bar is a button labeled 'ALERT STATE LOG'.

MSH6381

Thank you

04:17 PM

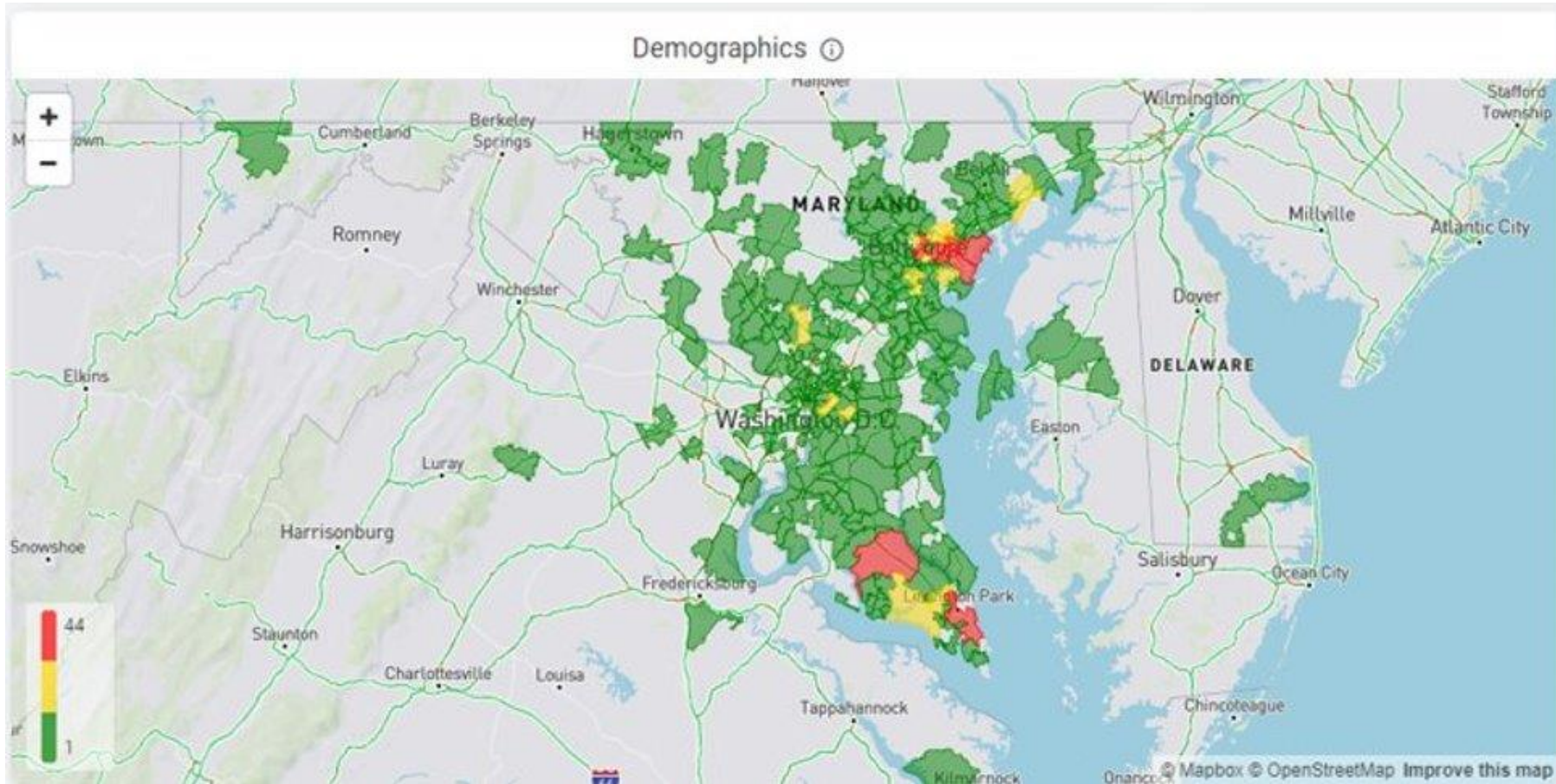
MSH6381

I also would like to add that everyone at Medstar has been amazing. You are all hero's !!

04:19 PM

Type a Message...

Geographic Location



	RPM	Non-RPM
Median age in years (IQR)	47 (23)	52 (32)
Female gender	61.1%	55.4%
Male gender	38.9%	44.6%
Racial distribution		
Black	64.4%	60.6%
White	21.0%	28.1%
Other	14.6%	11.3%
Insurance at emergency department visit		
Unknown	36%	4%
Medicaid	21%	35%
Managed care	25%	22%
Medicare	10%	24%
Self-pay	6%	10%
Commercial	1%	4%

	Patient volume
Total COVID+ ED visits 12/1/2020–8/31/2021	16,013 (14,127 unique patients)
Discharged to home	8,357
Enrolled on RPM	3,457
Active on RPM 1	1,779
Non-RPM 2	6,578
Admission	5,749
Observation	1,101
Other (transfer, discharge to rehabilitation or skilled nursing facility, elopement, against medical advice, or deceased)	806

Patient Feedback

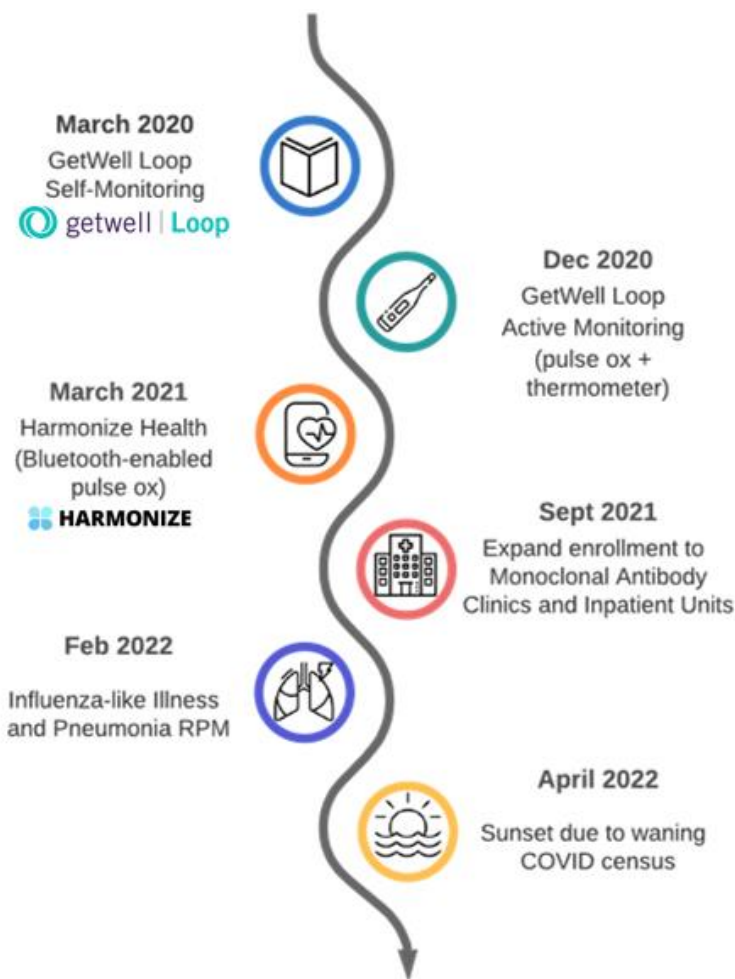
	Date	Patient ID	Score	Comment
1	2022-02-06	MSH6968	9	I chose you guys because you saved my life.You guys made sure I did not give up an went back to the hospital.If it wasn't for you guys I would I have did from Covid.
2	2022-02-01	MSH6684	9	Effective, makes me aware & conscious of health & less stressful & anxious
3	2022-02-01	MSH6772	8	
4	2022-01-07	MSH5823	10	This app literally saved my Mom's life
5	2022-01-05	MSH6245	8	The follow up has been great and it has helped me to be aware of my oxygen intake.
6	2021-12-27	MSH5968	8	
7	2021-11-24	MSH3002	7	Good info to have. Easy to obtain readings with equipment provided.
8	2021-11-23	MSH3039	5	
9	2021-11-19	MSH5173	10	This is such a amazing app. It has help me through covid. Because once you get covid your body is not the same and this help me to be in daily contact with the nurses. It helps me to remain calm knowing that they are there. I would definitely recommend this app. Thank you all for caring so much

Disclaimer: The patient feedback shown here is for illustrative purposes only and does not imply endorsement.

MedStar Health COVID RPM

4 WASHINGTON NEWS

[MedStar Health Expands Use of Tech That Monitors Patients From Their Homes](#)



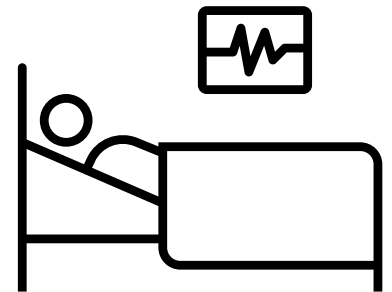
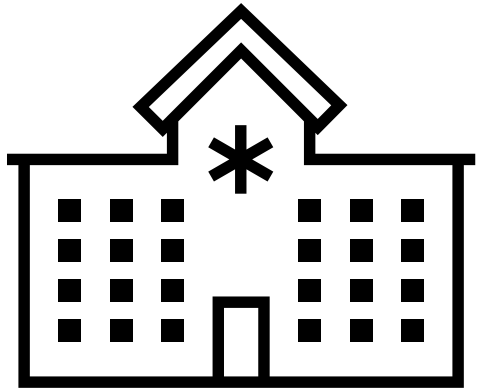
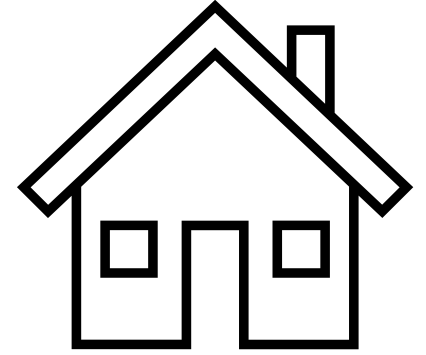
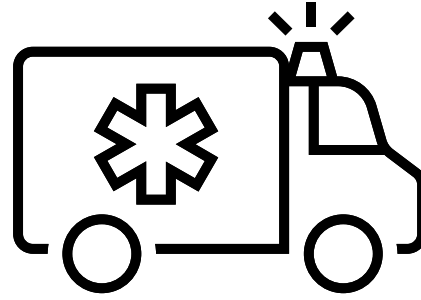
30-day returns for patients with COVID-19 diagnosis.

	RPM	Non-RPM
Patients with 30-day return to ED	111/1779 (6.2%)	980/6578 (14.9%)
Mean days between discharge and return	5.1 ± 4.4	5.2 ± 4.6
Mean return-to-ED episodes within 30-day period	1.0 ± 0.2	1.1 ± 0.4
Disposition of 30-day return-to-ED visit		
Discharge to home	55 (49.5%)	581 (59.3%)
Admission or observation	53 (47.7%)	341 (34.8%)
Other	3 (2.7%)	58 (5.9%)

Denver Health's Virtual Assessment Model (VAM) for At-Home Evaluation of Suspected High-Consequence Infectious Disease Cases

Gaby Frank, MD, FACP, SFHM

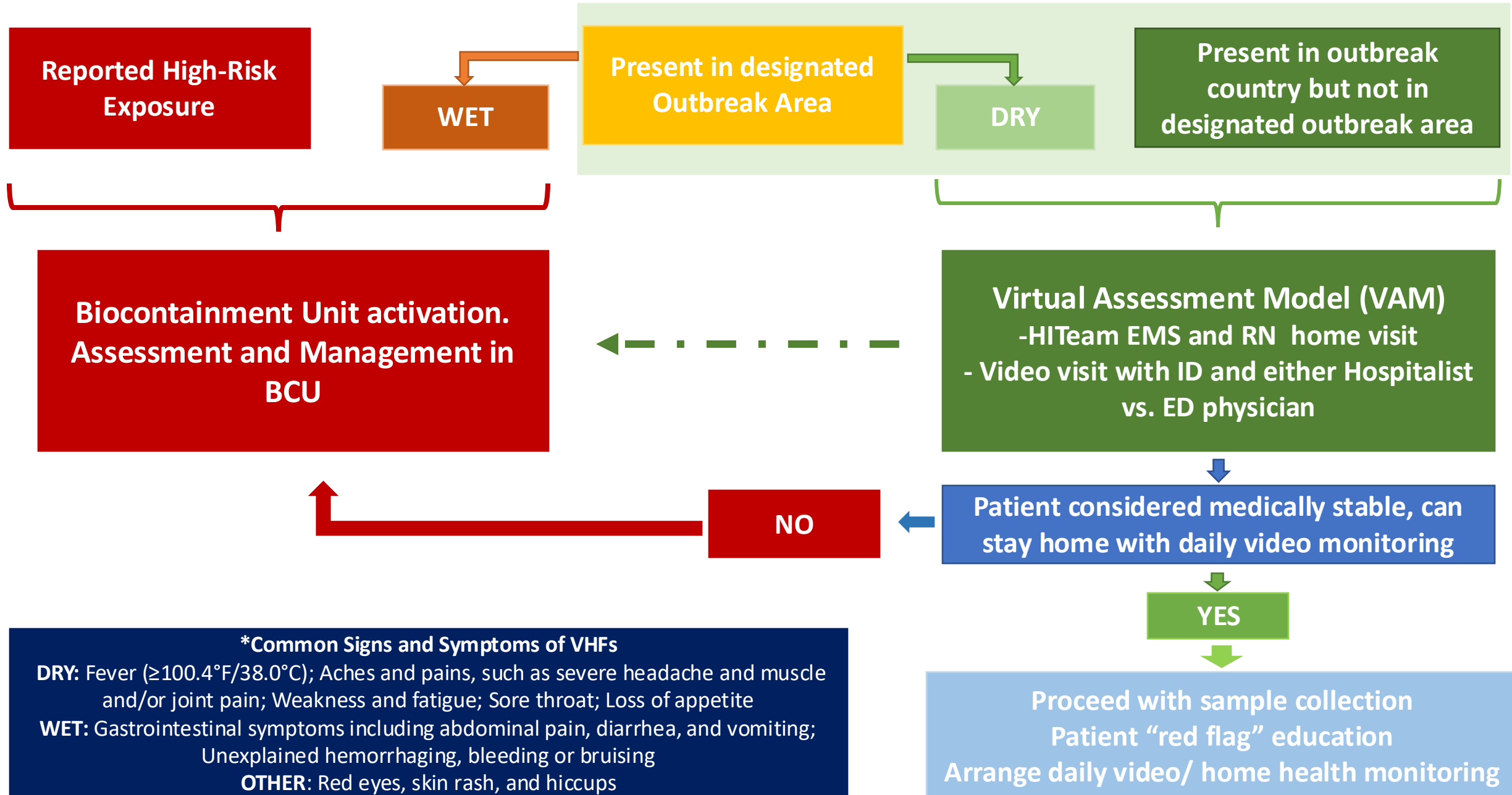
BIOCONTAINMENT
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DHHA's VAM

Multi- and interdisciplinary, interagency
(DHHA and CDPHE) collaboration

Returning traveler from a VHF outbreak area with symptoms*



Staffing/Setting



House Visit: EMT/ Paramedics +/- 1 RN + 1 MLS trained and skilled in special pathogens protocols. There will also be an EMT +/- RN present as a trained observer during donning and doffing, clinical assessment, sample collection (Global Fever Panel, Malaria, Appropriate cultures, CMP, CBC, coags, urine, RVP)



Video visit/extended care platform: 1 Infectious diseases physician and one hospitalist (vs. emergency medicine or critical care, depending on specific unit staffing models). History taking, Documentation in EMR (dotphrases)*, follow up plan



Interpreter Services as needed, will likely involve virtual services
Registration professionals

*Regular H+P (self populate history, labs, vitals, medication reconciliation) . Dot-phrases to help with history collection: GFTRAVEL (A+P); GFEPIDEMIOLOGICAL HX; GFROS; GFEXAM

Functional Exercise



Pre Exercise work

House Visit: EMT/ Paramedics +/- 1 RN + 1MLS trained and skilled in special pathogens protocols.

Observers



Video visit/extended care platform: 1 hospitalist while EMS in house. History taking, Documentation in EMR (dotphrases)*, follow up plan



Interpreter Services none needed

Registration professionals



Assessors/ evaluators: both local and from different RESPTCs, PH agencies



*Regular H+P (self populate history, labs, vitals, medication reconciliation) . Dot-phrases to help with history collection: GFTRAVEL (A+P); GFEPIDEMIOLOGICAL HX; GFROS; GFEXAM

Strengths

Optimal resource utilization

- Staffing
- Physical space (particularly during high capacity)
- Financial

Patient comfort

Personnel safety

Collaborative effort

24/7 access to BCU personnel

Easy to convert



Challenges

Unknowns

- Household members
- House architectural plan
- Visibility within community (? Panic, media access)
- Internet access
- Home isolation

Identification of the right patient

Considerations

- Deploy pulse oximeter, blood pressure cuff, thermometer, iPad?, etc. to leave with patient
- Legal?
- Our EMS is part of DHHA, facilitating coordination/ response radius
- Non-DHHA implementation:
 - Local/ regional regulations
 - EMS partnerships





Traditional BCU

- All comers
- In-patient care led by hospital team
- Poses significant burden to accepting facility
- Unfamiliar setting for patients
- Requires familiarity of PPE* & containment space
- Costly and time-consuming



DHHA's VAM

- Only for low risk, dry patients
- Community-centered care led by hybrid team
- Requires close collaboration between partners
- Increases patient comfort
- Additional technological/infrastructural needs
- Unknowns

Lessons Learned



Intense collaboration with local and state public health critical for proper implementation – timing of MD call as related to EMS visit



Some low-risk return travelers may still not be eligible, depending on household factors



Healthcare infrastructure may not support this type of response in all localities



At-home isolation requires additional patient education to reduce exposure risks for family and community

Lessons Learned

This model can apply community-centered care to a traditionally hospital-centric response structure

Potentially reducing burden on healthcare facilities AND individuals



The VAM is designed for low-risk (for VHF) return travelers for whom confirmation of a special pathogen is unlikely, but not zero

Not to be used if high-risk exposure or if wet symptoms



Next steps

Ongoing collaboration with
public health partners

| ID further technological +
infrastructural needs

| Refinement of protocols,
pertaining to risk stratification

Health Security
Volume 22, Supplement 1, 2024 Mary Ann Liebert, Inc.
DOI: 10.1089/hs.2023.0157

Open camera or QR reader and
scan code to access this article
and other resources online.



CASE STUDY

A VIRTUAL ASSESSMENT MODEL FOR AT-HOME EVALUATION OF SUSPECTED VIRAL HEMORRHAGIC FEVER CASES

Jacob Wiersch, Elizabeth Lenz, Kelly Medero, Adam Sorenson, Jacob Fray, Kim Angell,
Caroline C. Persson, Maria G. Frank,* and Connie Savor Price*

THANK YOU

VAM development required participation of and support from a multidisciplinary team: Gaby Frank: BCU medical director; Adam Sorenson: HITeam nurse educator; Jacob Wiersch and Caroline Persson: Program coordinators; Liz Lenz: Denver Paramedics; Bill Neville and Emma Paras: Emergency management; Kelly Medero: Nurse leadership; Jake Fray: HRP Laboratory; CDPHE



Region III MWHC RESPTC/BCU Public Health Remote Monitoring Program

Ethan Booker, MD

Shane Kappler, MD, MS, FACEP, FCCP

BIOCONTAINMENT
UNIT

Goal

Providing an alternative to hospitalization and Biocontainment Unit (BCU) activation for stable persons under investigation (PUI) through use of an initial field assessment, remote physiologic and symptom monitoring, and periodic synchronous audio and video.

Field Assessment: In home initial assessment and infectious disease specimen collection

Home Quarantine management

RESPTC staff, EMS, or public health in appropriate protective equipment will engage the patient in their home

Complete a clinical assessment and specimen collection

Review case and facilitate remote patient assessment with RESPTC specialists

Determine plan for quarantine and monitoring

BCU Activation for high-risk findings

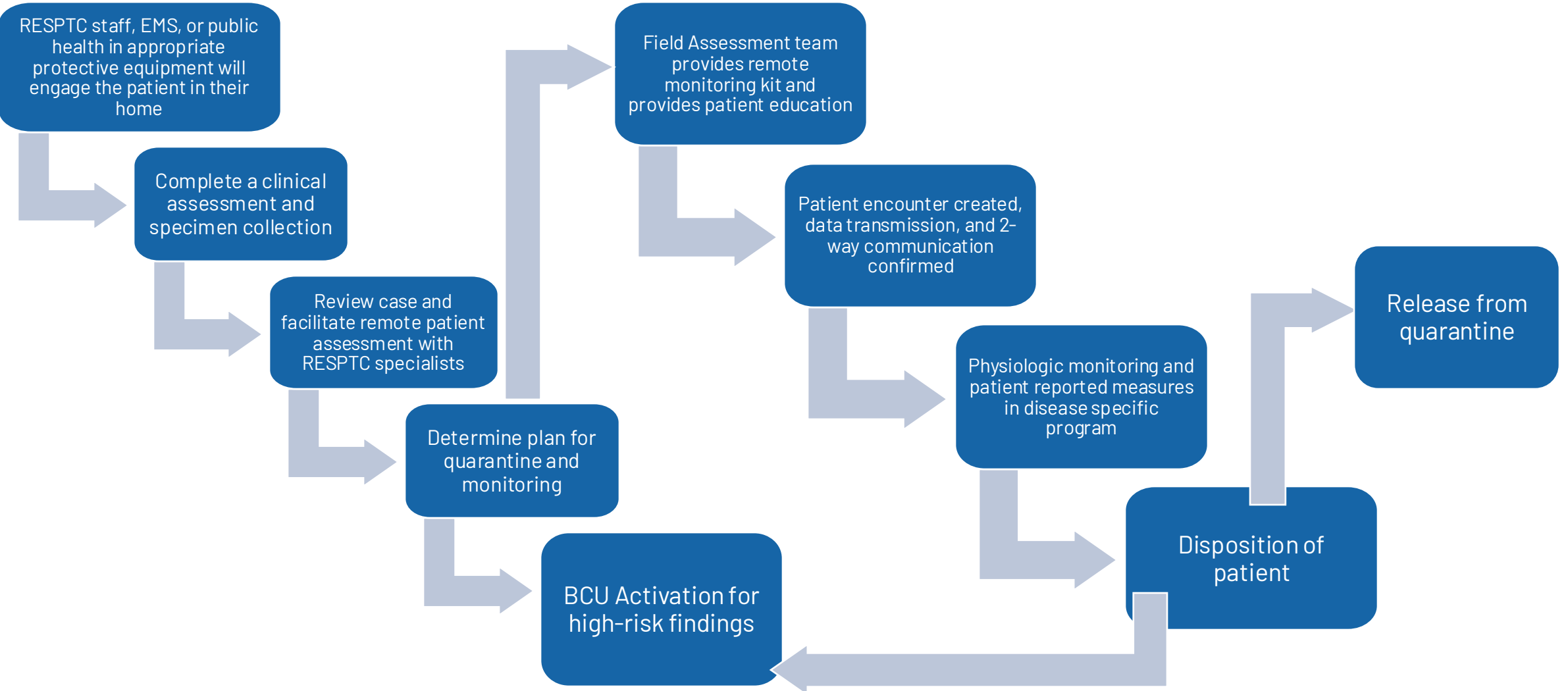
Field Assessment team provides remote monitoring kit and provides patient education

Patient encounter created, data transmission, and 2-way communication confirmed

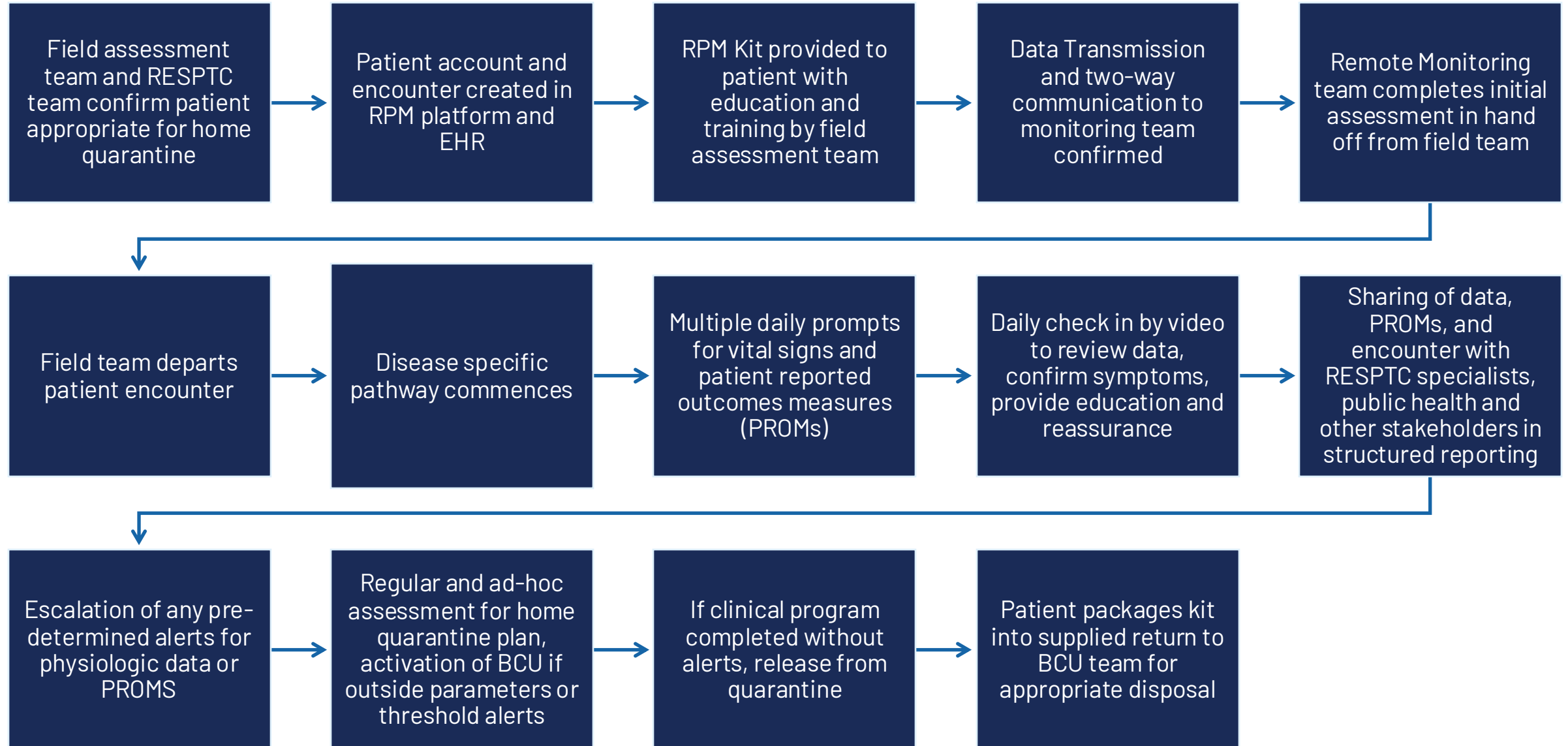
Physiologic monitoring and patient reported measures in disease specific program

Disposition of patient

Release from quarantine



Patient Monitoring Program



RPM Kit

- Fully-managed tablet, with **LTE service**
- Pre-configured bluetooth peripherals (BP, Scale, Pulse Ox, Thermometer)
- Patient management pathway software
 - Scheduled prompts for vital signs and symptom monitoring
 - Education delivery
 - Secure, two-way audio, video, text with care team



Patient User Interface

- Simple presentation of data
- Clear alerts for timed prompts
- Guided, step-by-step clinical data collection
- Integrated video/voice calling and messaging



Disclaimer: "VitalCare™" is shown as one example of patient interface technology. Its inclusion is for illustrative purposes only and does not constitute an endorsement. The presenter has no financial relationship with this company.

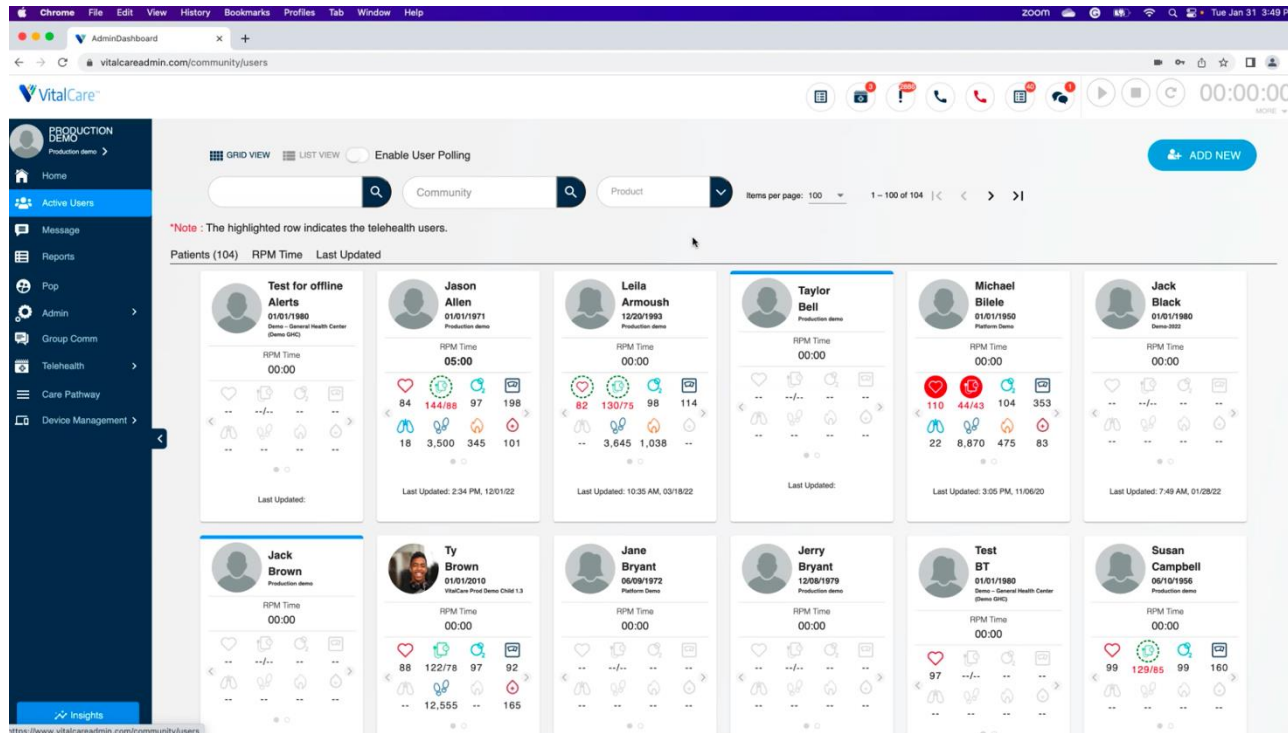
Clinical Portal

Clinical dashboard for population views

- Thresholds and alerts for vitals and patient-reported symptoms

Multi-channel communication with patients







Time stamped record of patient interaction



Disclaimer: "VitalCare™" is shown as one example of patient interface technology. Its inclusion is for illustrative purposes only and does not constitute an endorsement. The presenter has no financial relationship with this company.

Established vendor with MedStar Health in daily use for other use cases

- Kit configuration, data integration, security, BAA, device logistics, and financial model established
- Initial in-home assessment, specimen collection, equipment, monitoring, and clinical guidance are covered costs of RESPTC response
- Use of complete kit with LTE ensures no cost to patient and only requirement is periodic charging

Item	Description	Units
VITALCARE ADVANTAGE PROGRAM		
	VitalCare User PREMIUM - Monthly Subscription <ul style="list-style-type: none"> • Vital Signs Data Collected via Bluetooth, Stored, Forwarded • Set Alerts, Alarms, Thresholds and Reminders • Real-Time Audio/Video Calling • Messaging • Nutritional Database, Diary and Diet Tracker • Personal Medication Tracking and Reminders • Engagement Module & Engagement features 	4
	Home Health Device Kit B - (3) devices <ul style="list-style-type: none"> • Android Wi-Fi/LTE Tablet and Charger with case and stand • Includes 1GB 4G LTE pooled data plan for tablet • Three peripheral kit to include Blood Pressure Monitor, Pulse Oximeter, and Temperature. • Carry bag 	
	VitalCare Family App <ul style="list-style-type: none"> • Allows engagement between the patient, family and care team • View patient's vitals, nutrition, medication and activity data • Receive automatic, triggered alerts and notifications • Multi-party video chats with patient and care team • Download iOS or Android app from Apple/Google Play online stores • Access based on patient consent • Up to (5) family members per VitalCare User 	
	VitalCare Admin Portal Access <ul style="list-style-type: none"> • For administrators, providers, clinical and care team members • Unlimited access to web-portal for monitoring, video and audio calls, and administration of patients 	
Pick & Pack	Health Device Kit Provisioning: Pick and Pack Receive order, build & provision kits.	
Optional Charges		
	Refurb/Logistics – does not include shipping cost to and from patient home. To be billed monthly on kits refurbished	1
	Shipping Cost – One way	1

Disclaimer: "VitalCare™" is shown as one example of patient interface technology. Its inclusion is for illustrative purposes only and does not constitute an endorsement. The presenter has no financial relationship with this company.

Thank you

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MedStar Health

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