Leveraging Telehealth for Effective Hypertension Management

Navigating the Terrain of Effectively Using Today's Digital Health Tools



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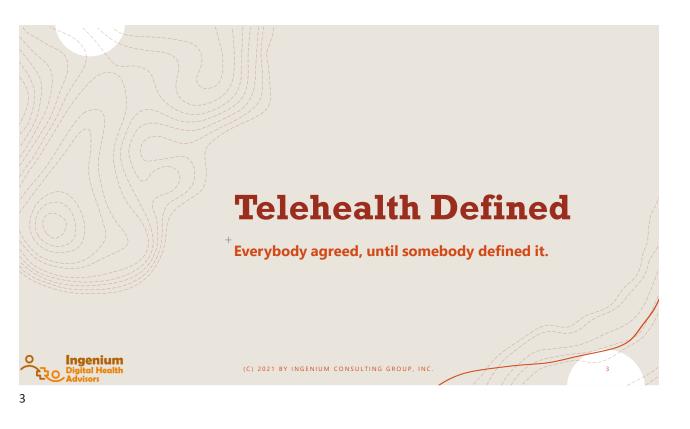
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Session Description

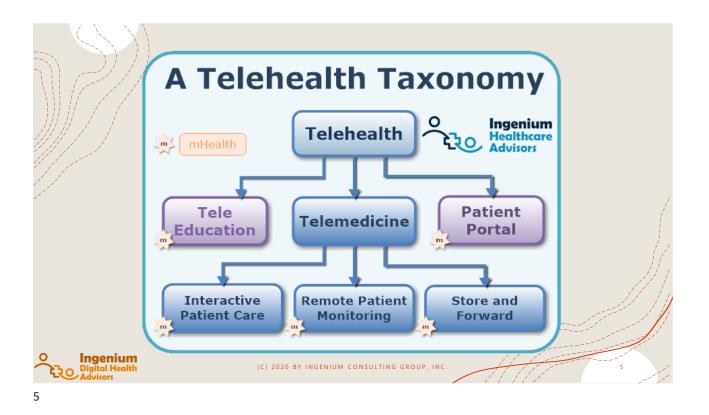
- + Telehealth is a great way to deliver care at a distance.
- + But how can you leverage it effectively to manage chronic conditions such as hypertension?
- + How do you optimize telehealth from a strategic, financial and clinical perspective?

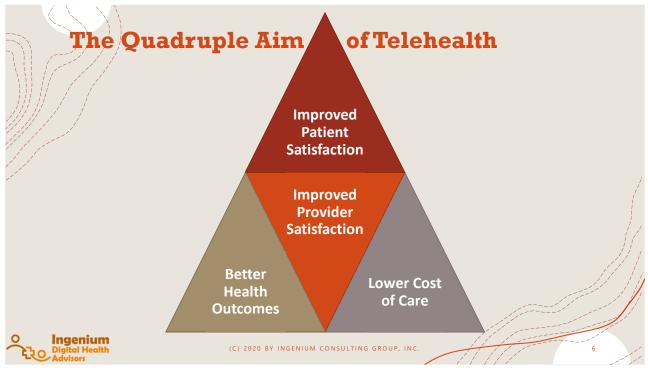
Learn more from a Cleveland Clinic TeleInternist and a German-born, Mayo Clinic-trained Engineer and Consultant.













Effectively Managing Hypertension using Telehealth

Data, Technology and then some



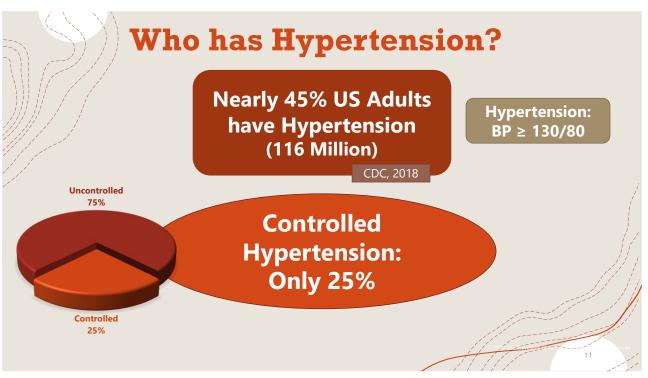
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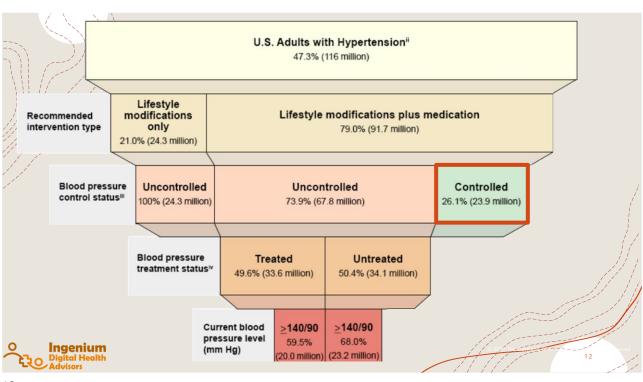
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The Problem

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 - 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 - 139	or	80 - 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120 Source: AHA









Remote Patient Monitoring

healthaffairs.org/do/10.1377/

hblog20210504.207017/full/

Needs both: Pushes and Pulls

Reimbursement opportunities:





Chronic Disease Management – Active Programs

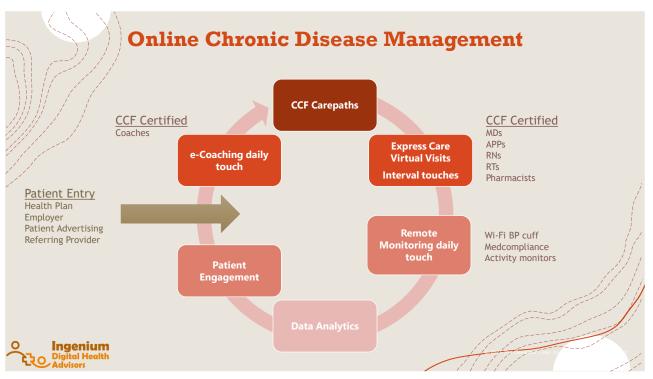
+ Hypertension + Adult and Peds + Diabetes

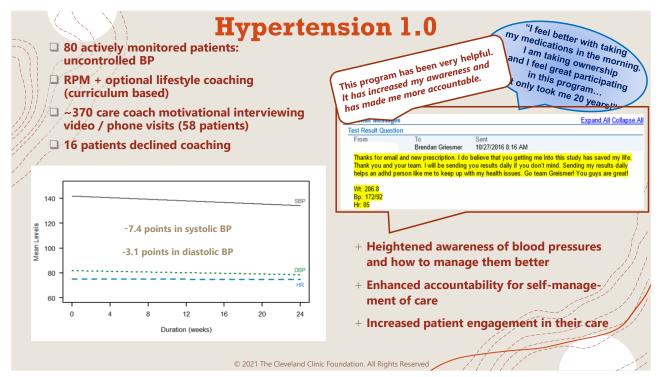
- + Heart Failure
- + Asthma
- + COPD
- + BMT

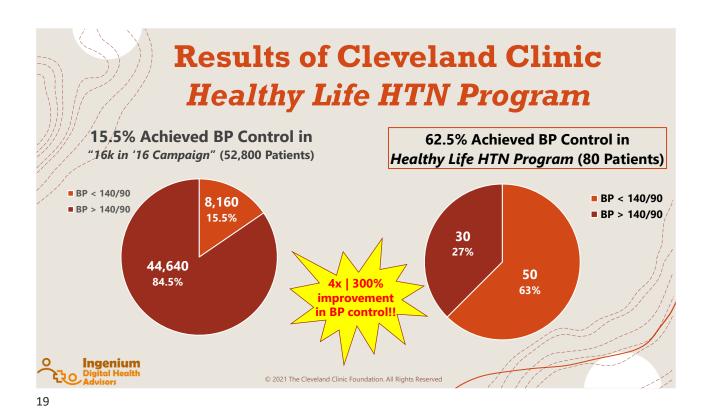
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Current HTN Programs

- + Pushes and Pulls
- + No Risk Categories
- + No Stratifications
- + Using AI to analyze Multivariate Data



Development of a Risk Model

Literature Review: no model found to risk-stratify for use with RPM

+ ASCVD – 10 year

4 CVD – 10 year

European and Canadian Literature Sparked Idea:

- + Can we make a model to use with RPM?
- + Non-linear regression, gradient boost, C-stat

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on	Blood pressure (mmHg)				
Other risk factors, asymptomatic organ damage or disease	High normal SBP 130-139 or DBP 85-89	Grade 1 HT SBP 140-159 or DBP 90-99	Grade 2 HT SBP 160-179 or DBP 100-109	Grade 3 HT SBP ≥180 or DBP ≥110	
No other RF		Low risk	Moderate risk		
1-2 RF	Low risk	Moderate risk	Moderate to high risk	High risk	
≥3 RF	Low to moderate risk	Moderate to high risk	High risk		
OD, CKD stage 3 or diabetes	Moderate to high risk	High risk	High risk	High to very high risk	
Symptomatic CVD, CKD stage ≥4 or diabetes with OD/RFs	Very high risk	Very high risk	Very high risk	Very high risk	

Trainfraidon of total CV risk in categories of low, moderate. Nigh and very high risk according to SBP and DBP and prevalence of RFs, asymptomatic 0D, dabetes; CXO stage or symptomatic CVD. Subjects with a high normal office but a raised out-of-office BP imaked hypertension) have a CV risk in the hypertension range. Subjects with a high offices BU horman cut-of-office BP white cost hypertensio particularly I there is no dabetes; CO, CVD or CKD, have lower risk than sublined hypertension for the same office BP. BP blood pressure; CKD, chronic kidney desase; CV, sardivascular (CVD, sublices cut diverse) and cut diverse of the same office BP. Hit, hypertension: OD, organ damage; FF, risk factor; SBP, spiblic blood pressure;

The Task Force for the management of arterial hypertension of the European Society of Hypertension (ESH) and of the European Society of Cardiology (ESC) - J Hypertension 2013;31:1281-13

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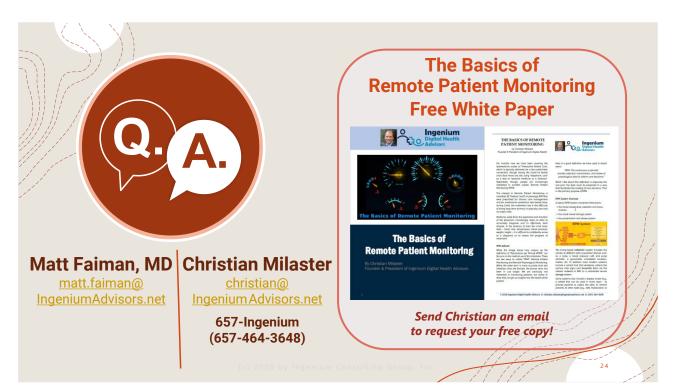
HTN – A Possible Future

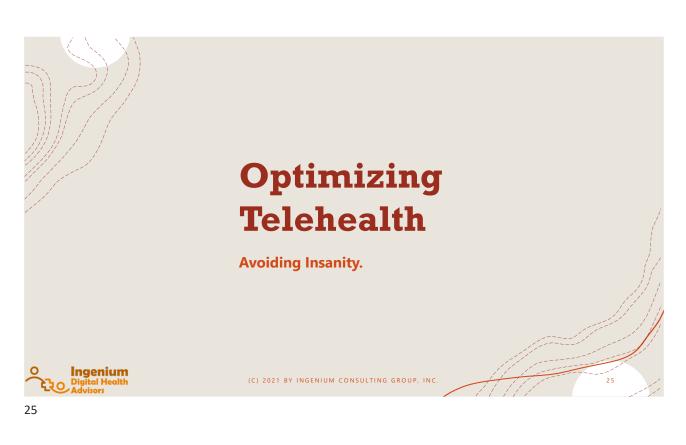
Definitions and Categories

/					
	Hypertension	Туре	RPM Program – Coaching Behavioral Modification,		
	Resistant HTN		Intensive	6 6 6	
	Uncontrolled HTN (Non-Resistant)		Intensive	666	
	Controlled HTN		Moderate – Intensive	66	
	Pre-HTN		Low – Moderate	8	
	General Wellness		Low		
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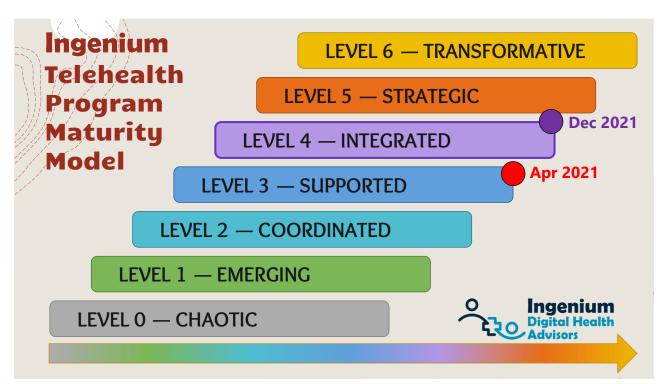
Insanity: doing the same thing over and over again and expecting different results.

-Albert Einstein

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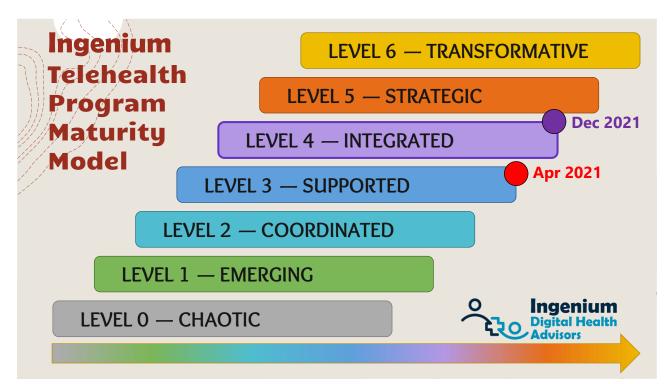


Maturity Analysis & Roadmap

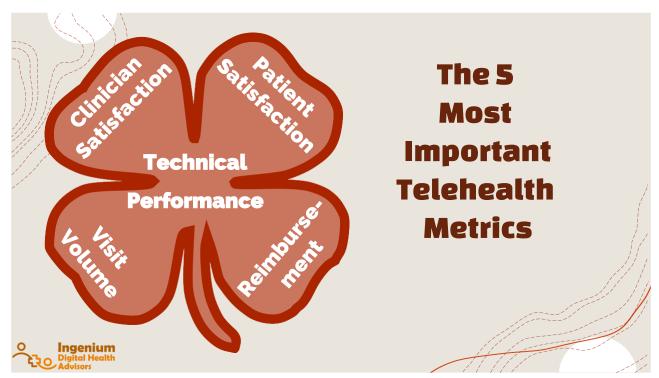
targeted Dec '21

	0	1	2	3	4	5	6
	chaotic	emerging	coordinated	supported	integrated	strategic	transformative
Services	few	few	some	some	many	lo s	virtu: Ily all
Specialties	scattered	scattered	a few	some	broad	pervasive	pervasive
Growth	slow	slow	slow	medium	high	strategic	strategic
Coordination	none	some	informal	formal	structured	structured	structured
Tech Support	none	some	informal	formal	funded	roactive	proactive
Operational Support	none	none	some	formal	funded	proactive	evolving
Launch Support	none	none	some	informal	formal	structured	evolving
Leadership	unaware	unaware	aware	supportive	engaged	driving	leveraging
Governance	none	none	none	some	some established		leveraging
Vitality	survive	survive	alive	alive	arrive	thr ve	thrive

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Measuring Telehealth Success

Definition

How to collect the metric? How to analyze the metric? How often? How to report?

Expectations

What are the goals/targets? for acceptable performance? for success?

Ownership

Executive Owner Operational Owner "Data Steward"

Actions

pre-defined actions to take if goals not reached? if goals exceed? if met?

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