

BRINGING HEALTHCARE CLOSER TO THE HOME

Enabling sustainable care models at scale

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THE FEEBRIS PLATFORM

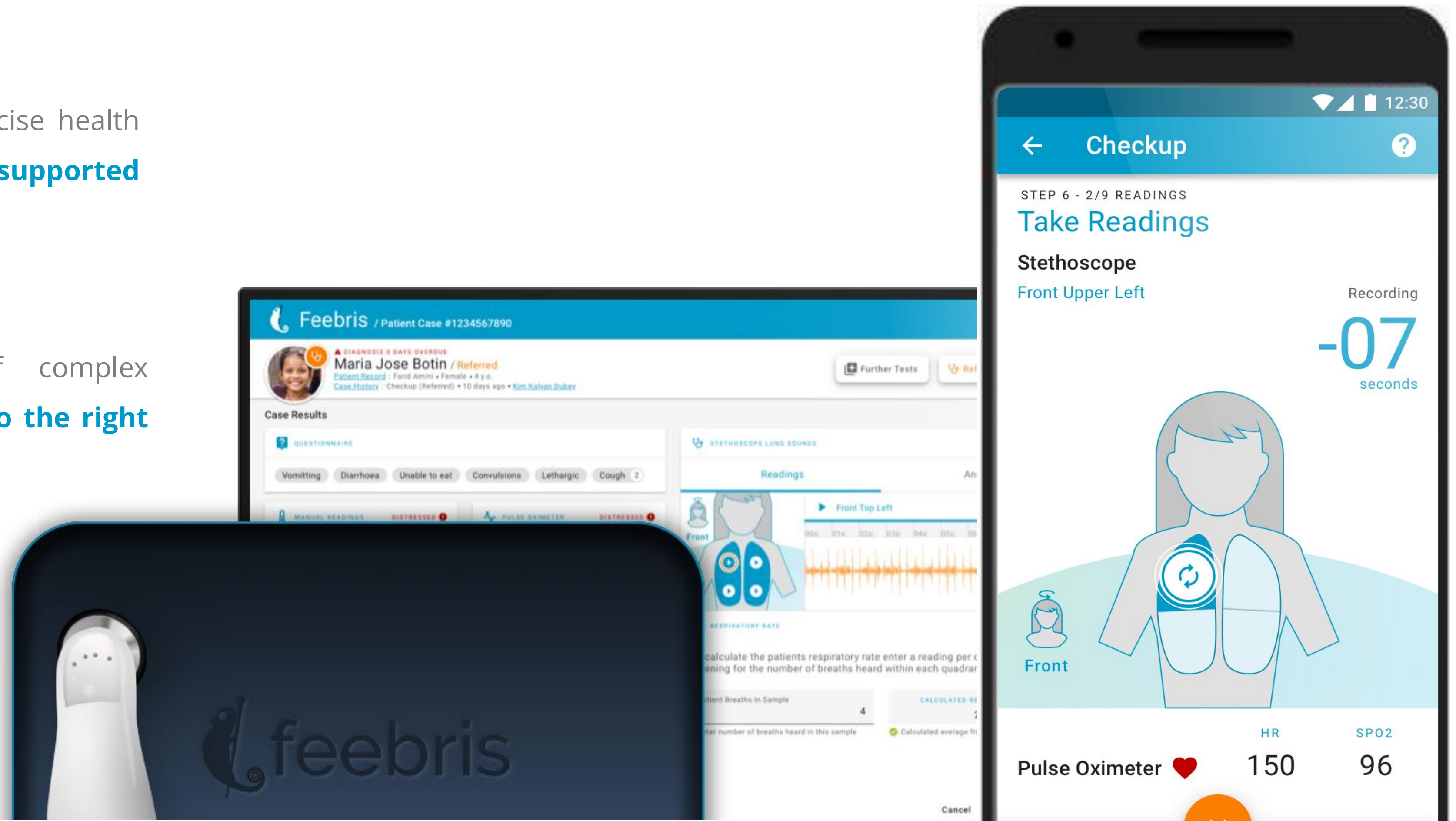
AI-supported technology for community detection and management of disease and deterioration

PATIENT APP

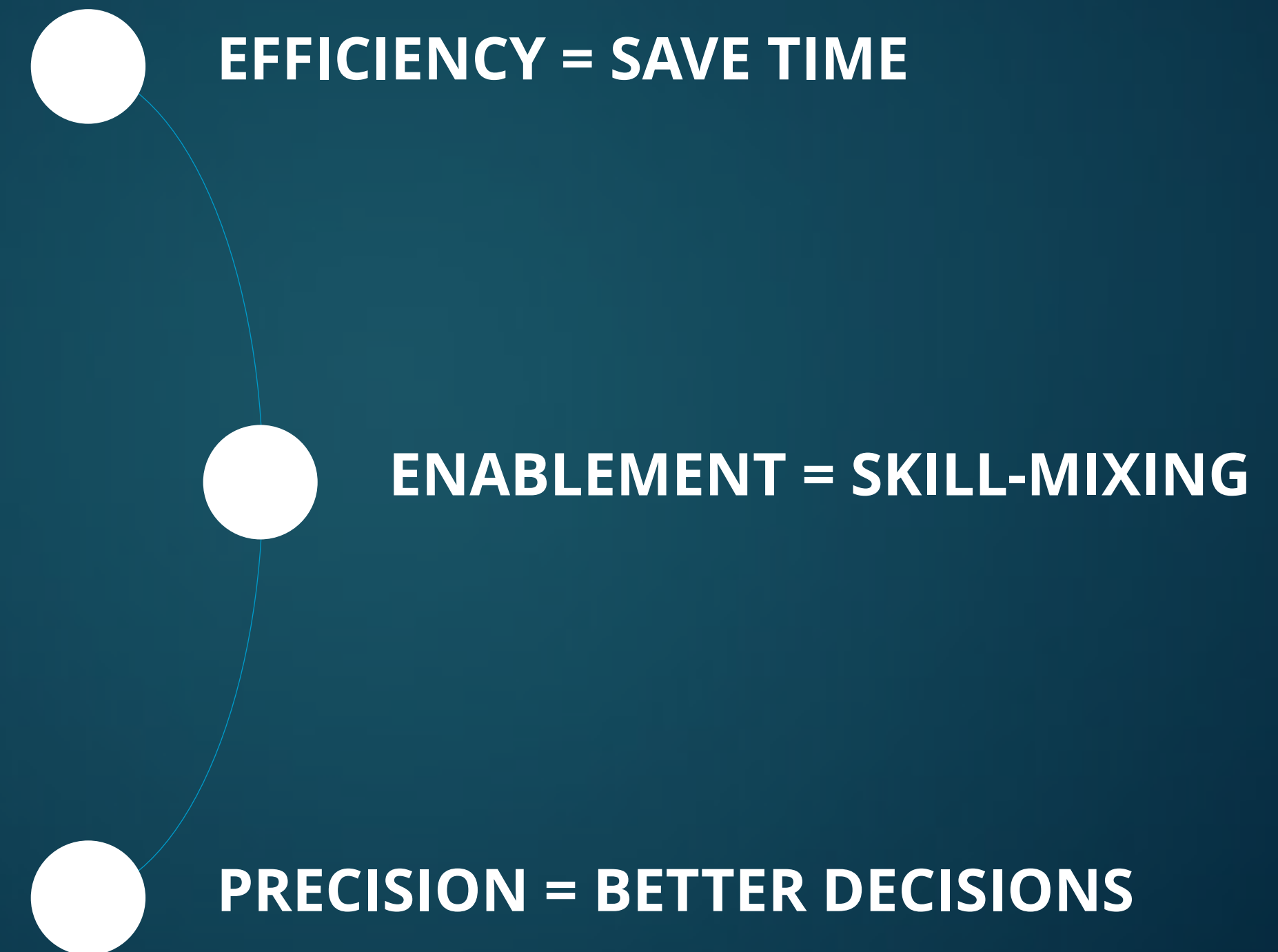
Enabling anyone to conduct a precise health exam: **hardware agnostic and AI-supported to capture advanced biomarkers.**

CLINICAL PORTAL

Enabling MDT management of complex pathways: **the right information to the right clinician at the right time.**



CREATING CAPACITY THROUGH AUTOMATION



CASE STUDY: NORFOLK & WAVENEY ICB

Integrated virtual care at scale in a region with significant rurality

PROACTIVE CARE IN RESIDENTIAL SETTINGS

Ensuring timely detection of exacerbation and appropriate escalation, led by primary care (40 care homes & GP practices)

"I know that I've only got a button to press on the phone to get through to someone if I'm feeling unwell. It shows that the hospital team are confident in me to look after my own health, and I'm confident that they're there when I need them. It's like being on a ward, but at home. And the good thing about it is you're more likely to get better sooner at home than you are in hospital."

Virtual Ward Patient



ADMISSION AVOIDANCE LED BY COMMUNITY TRUSTS

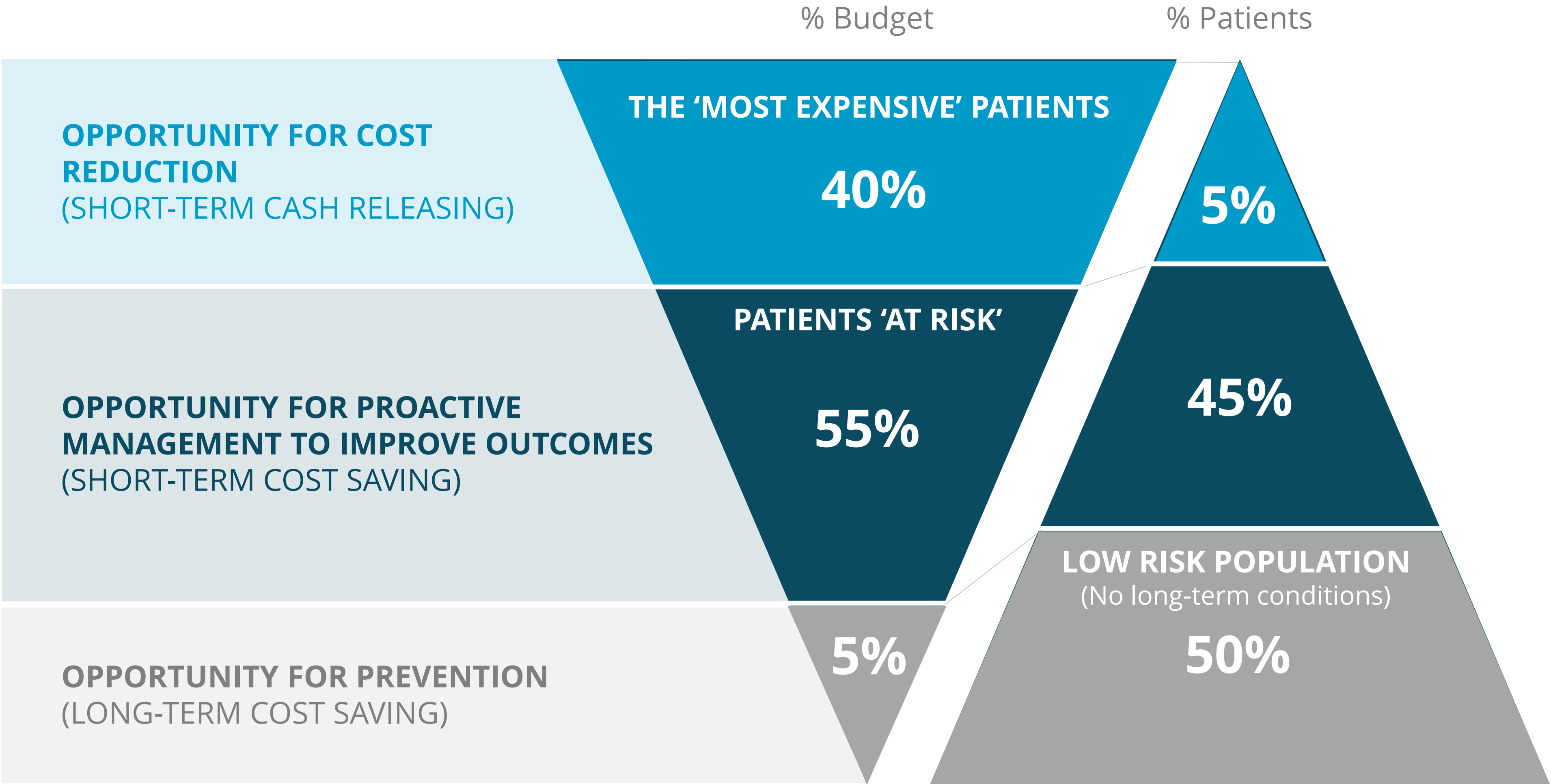
Managing patients at home to avoid the need for admission (4 community hubs). Integration with urgent care & out-of-hours services.

HIGH ACUITY MANAGEMENT AT HOME

Early and safe discharge across the region (3 acute trusts)

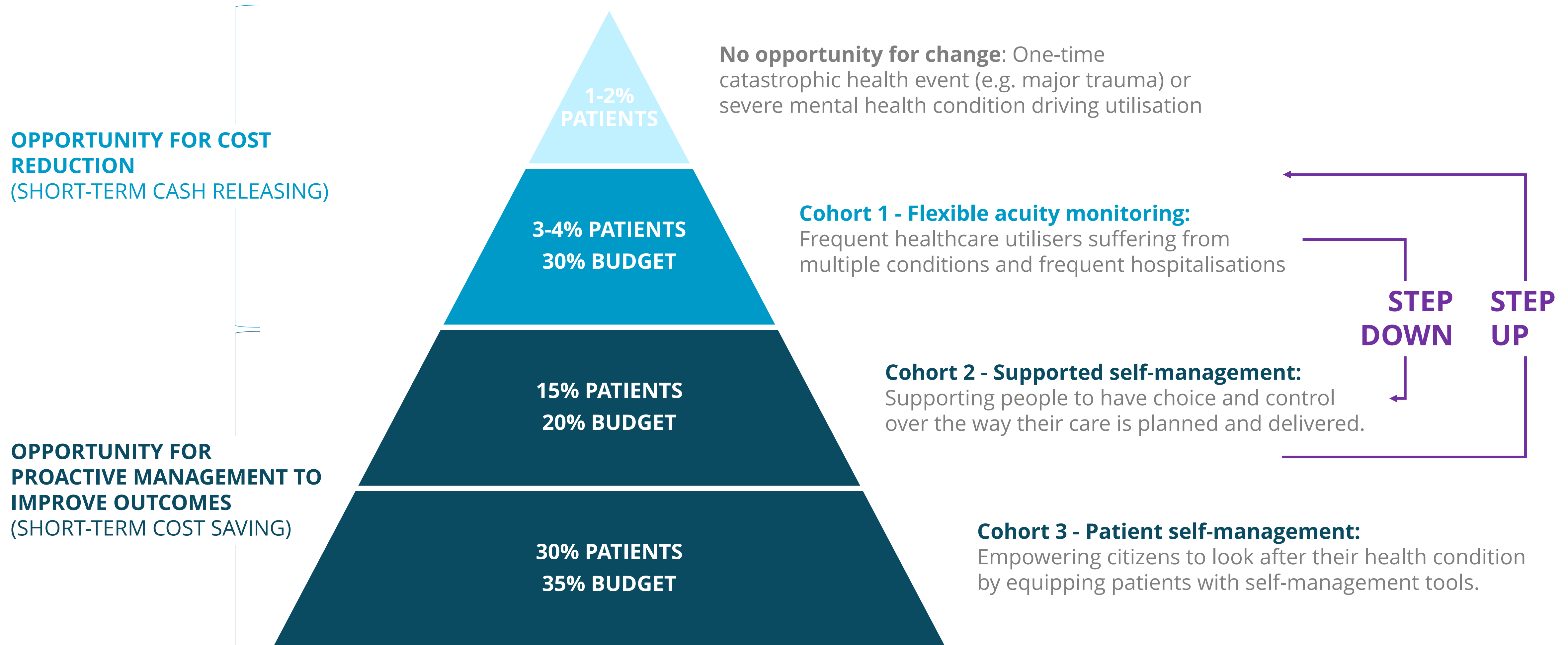
HEALTH SPENDING & POPULATION HEALTH

There are opportunities for short-term cost reduction through virtual care

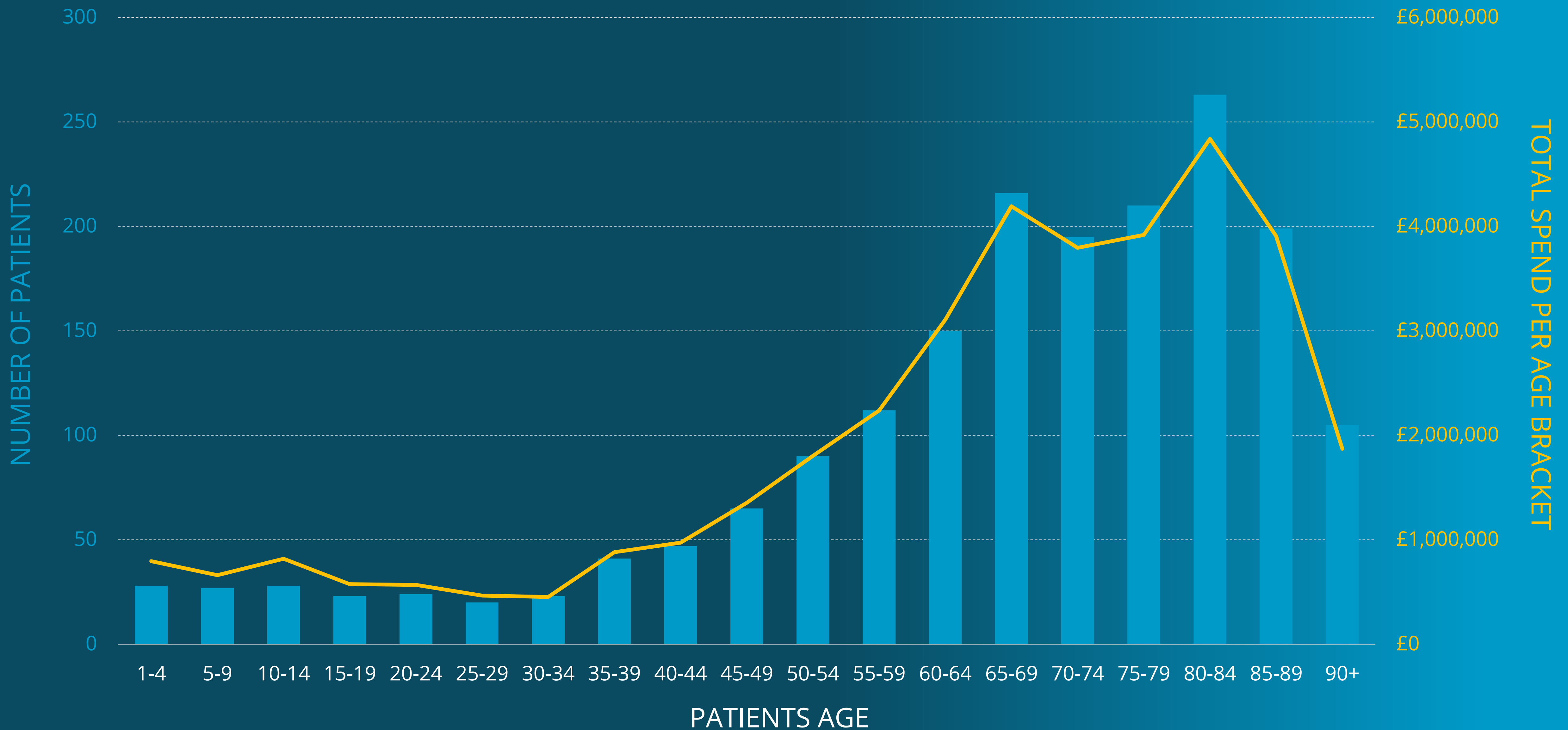


TARGETED INTEGRATED CARE

Leveraging virtual care to unlock benefits for patients & healthcare budgets

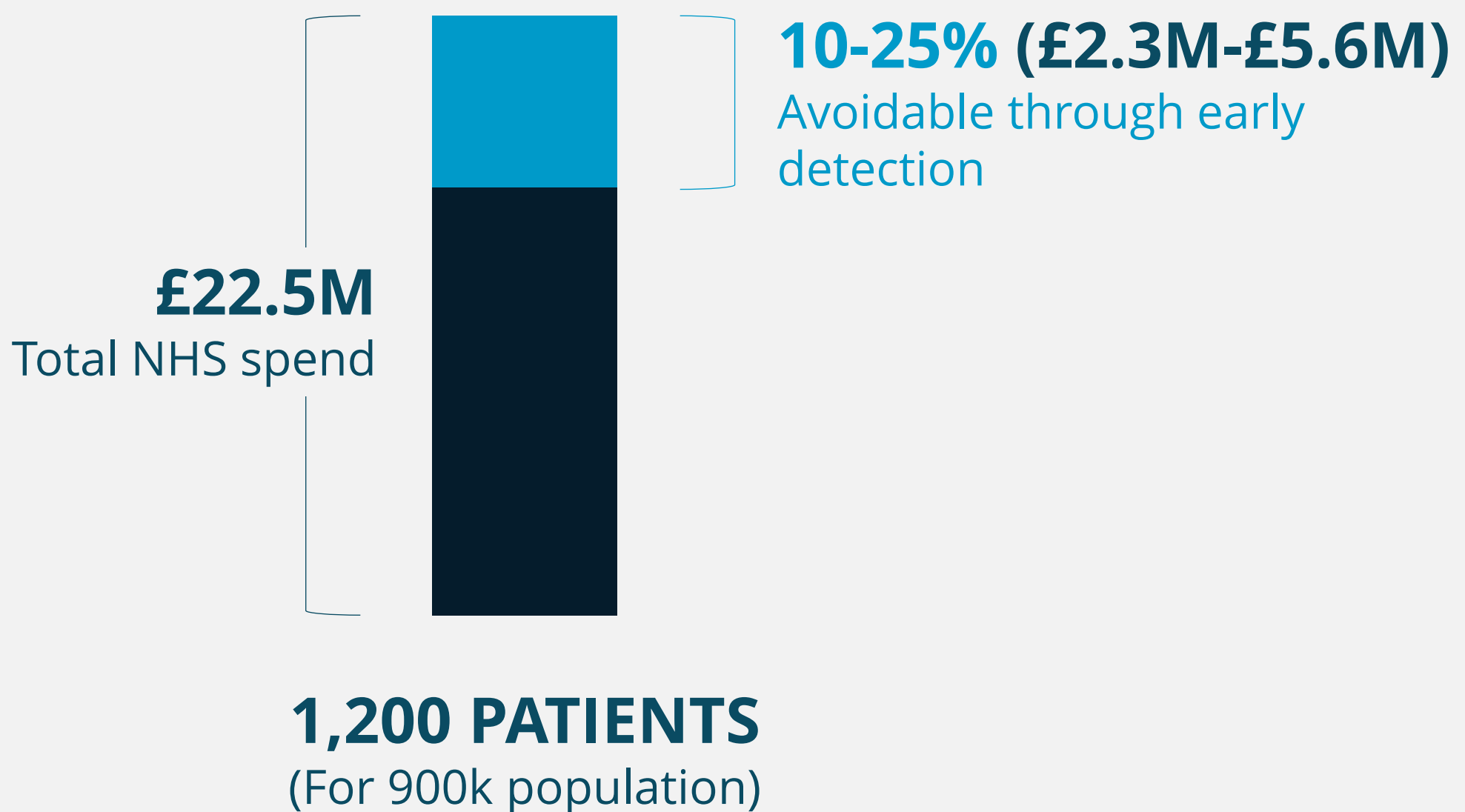


THE MOST COMPLEX PATIENTS IN A POPULATION OF ~0.9M PEOPLE



COHORT 1: INTEGRATED CARE FOR THE MOST COMPLEX PATIENTS

A small number of patients (0.2%) account for a significant proportion of spending due to frequent exacerbations and acute episodes that could be managed in the community through virtual care



GENERAL PROFILE

- 83 years old
- Frail
- Regular care support





HEALTH PROFILE

- 3** Long-term conditions
- Frequent acute exacerbations
 - High-risk of infection & deconditioning

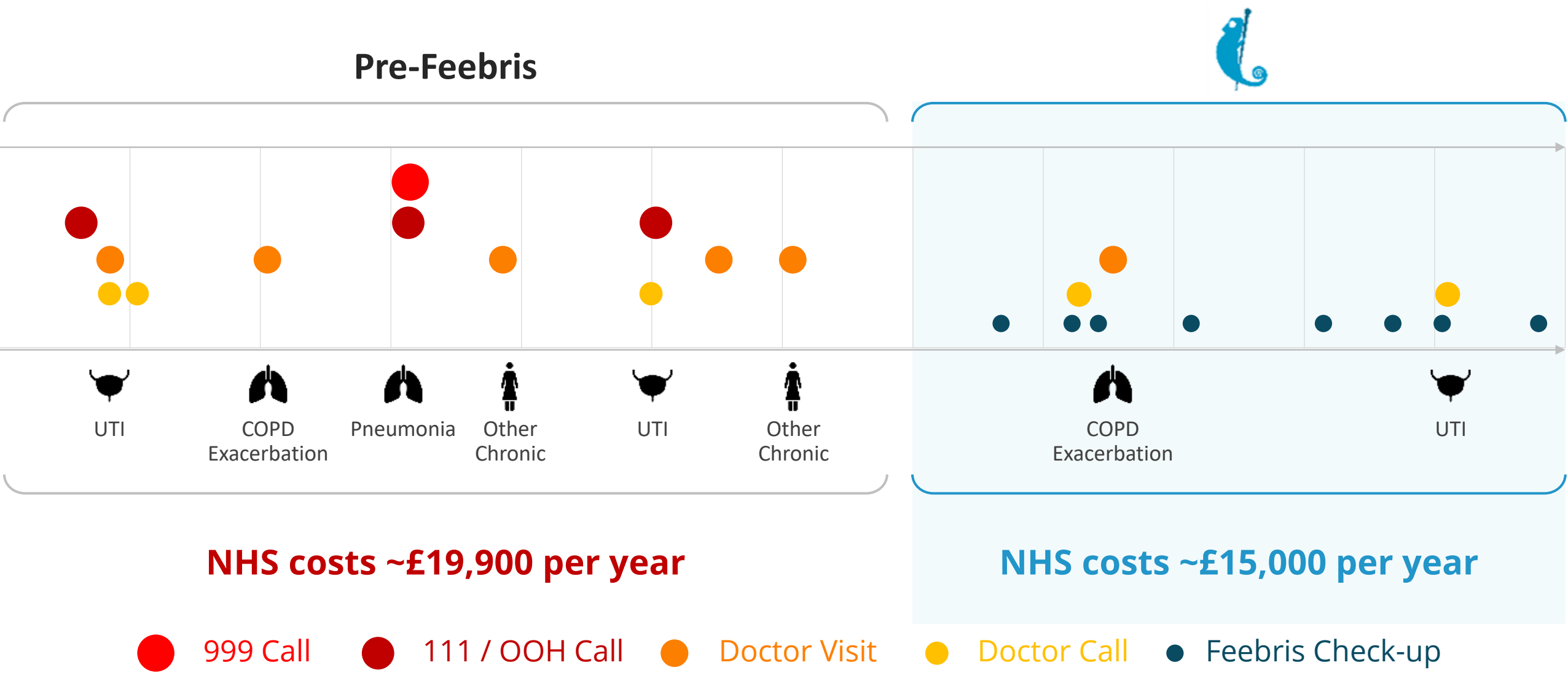
HEALTHCARE UTILISATION

- 7** Hospital admission annually
- 10** GP appointments
- £20k** Annual NHS spend



 Virtual Ward	 Community Monitoring
 GP Virtual Assessment	 Proactive Care

REDUCING ADMISSIONS THROUGH HEALTHCARE CLOSER TO HOME



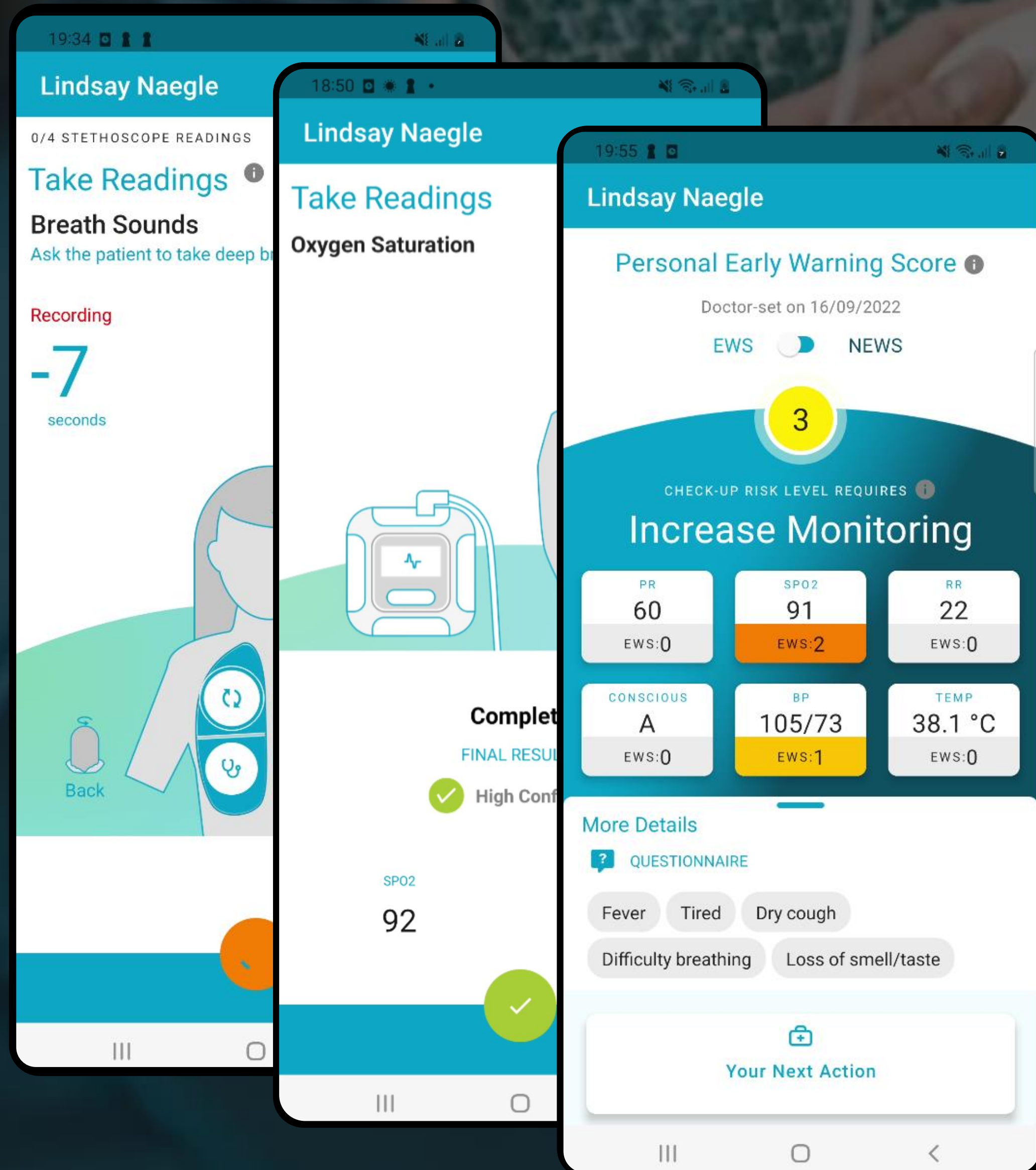
“Feebris helped me prevent complications from pneumonia – without it, I wouldn’t have realised the patient was unwell. She would have ended up in hospital again.”

Care Manager, North-East London



COMMUNITY EMPOWERMENT

Creating efficiencies & standardising quality of community assessments to enable effective skill-mixing and early detection



AI-GUIDED EXAM AT HOME

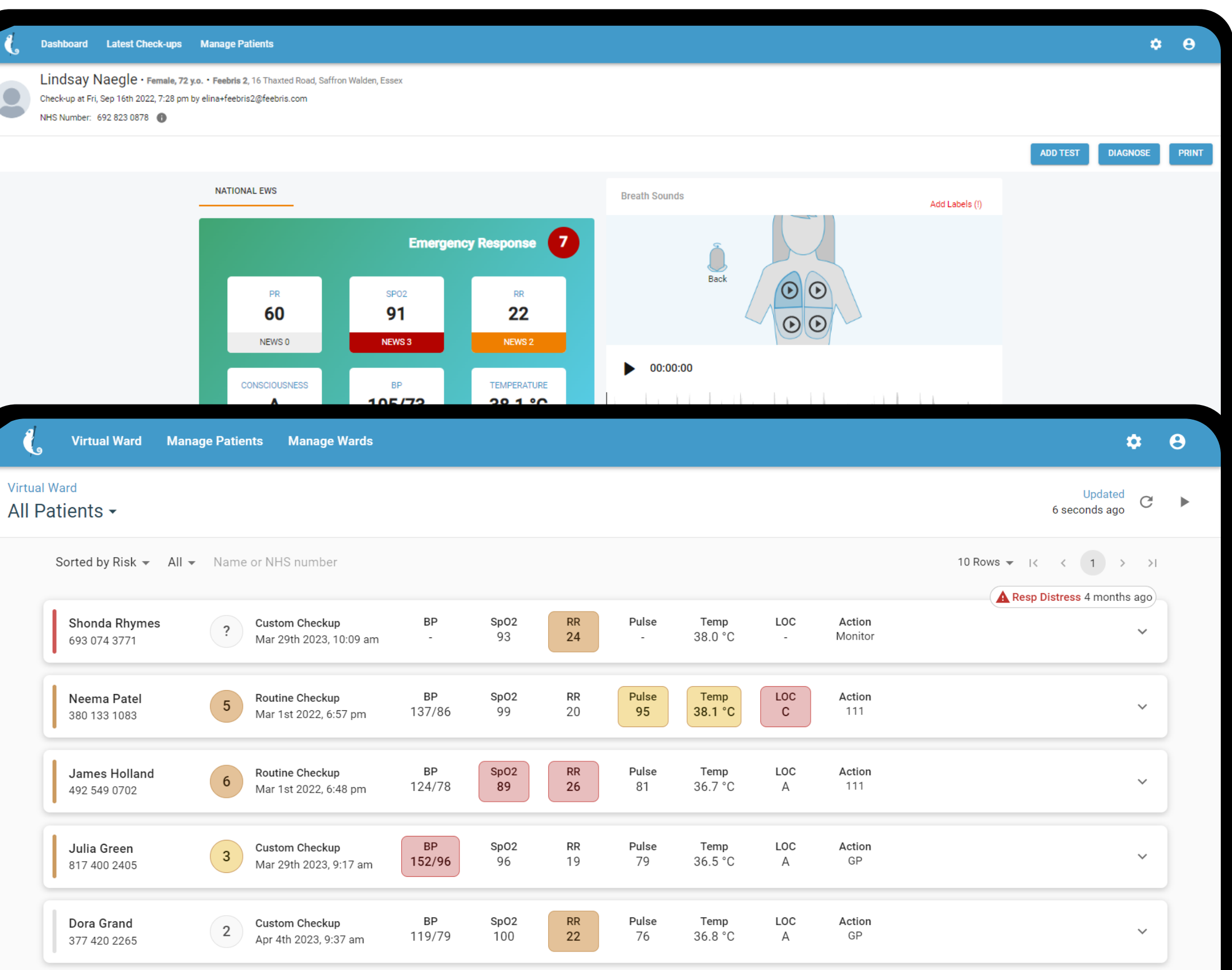
The Feebris mobile app guides a user through measurements with medical devices. Algorithms ensure **clinical reliability** of information by **all users**.

EARLY DETECTION

The app is equipped with decision-support for evaluating individual symptoms, **assessing overall risk** and prompting escalation as per evidence-based protocols

COORDINATION AT SCALE

An intuitive and configurable way of managing patients on virtual programmes, identifying risk and tracking progress, across all pathways.



MDT COLLABORATION

PERSONALISATION

INTEROPERABILITY

SMART ALERTS



ENSURING SHORT- AND LONG-TERM SUSTAINABILITY

SHORT-TERM (3-6M)

MID-TERM (6-12M)

LONG-TERM (12-24M)

VALUE CREATION

1. Reduction in beds and staff needed for patients requiring monitoring rather than care (agency spend)
2. Reduce false alarms for clinical teams
3. Fewer care hours spent on A&E visits or reablement

1. Skill-mixing with junior staff to increase capacity at lower cost (reduce agency spend)
2. Fewer urgent response services required
3. Increase in productivity for clinical teams capable of delivering more care

1. Reduction in deconditioning and hospital-acquired infections
2. Reduction in hospital admissions
3. Reducing carbon emissions

COST REDUCTION

CASH RELEASING

RESOURCE SAVING

HEALTH ECONOMIC EVIDENCE

-88%

Fewer false alarms
for clinicians

-25%

Fewer
hospitalisations

5-6X

ROI for health
systems



£500,000 SAVED FOR EVERY 1,000 PATIENTS

Independent health-economic evaluation by YHEC

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