

# BRINGING HEALTHCARE CLOSER TO THE HOME

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Enabling sustainable care models at scale

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# THE FEEBRIS PLATFORM

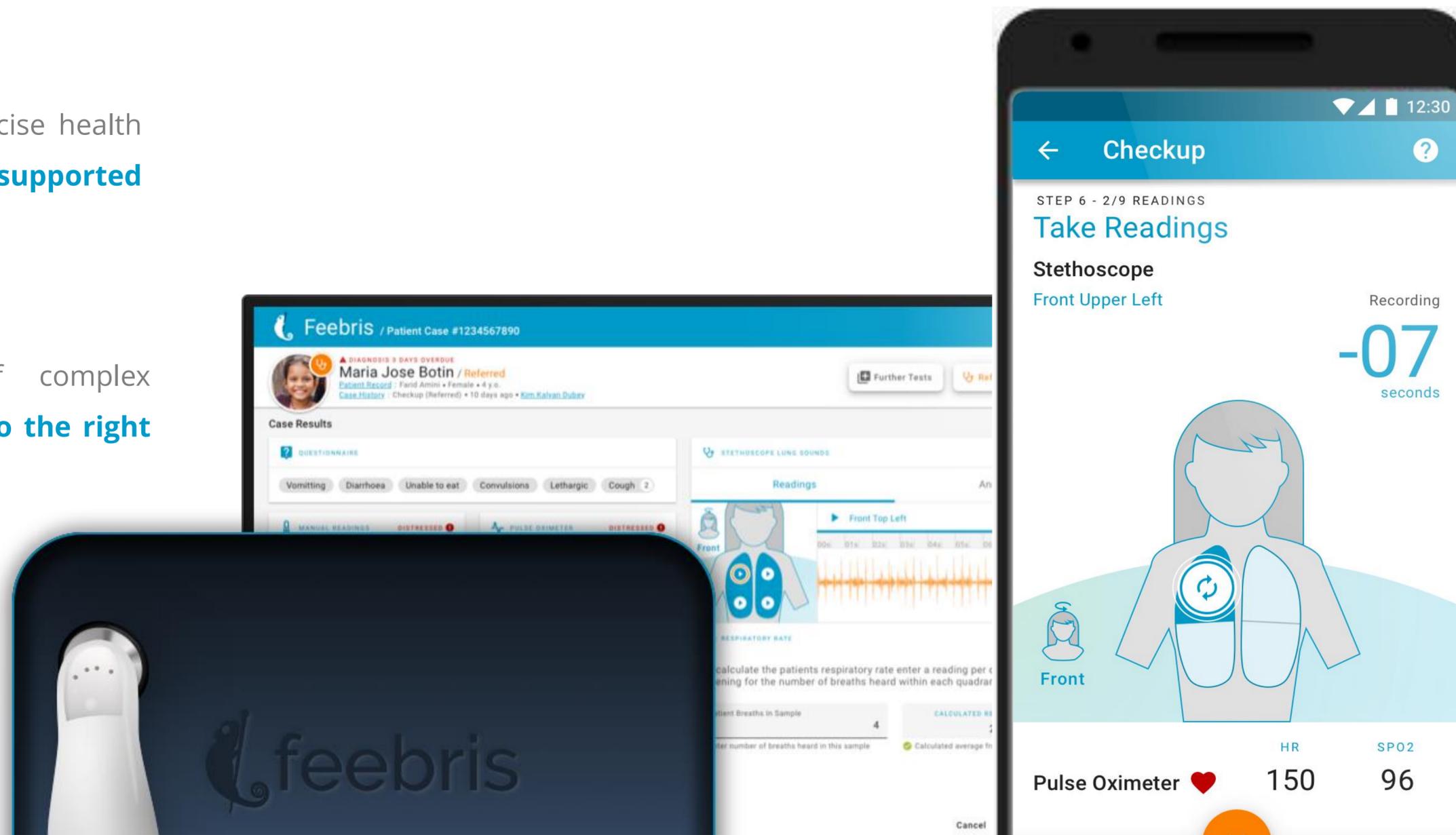
AI-supported technology for community detection and management of disease and deterioration

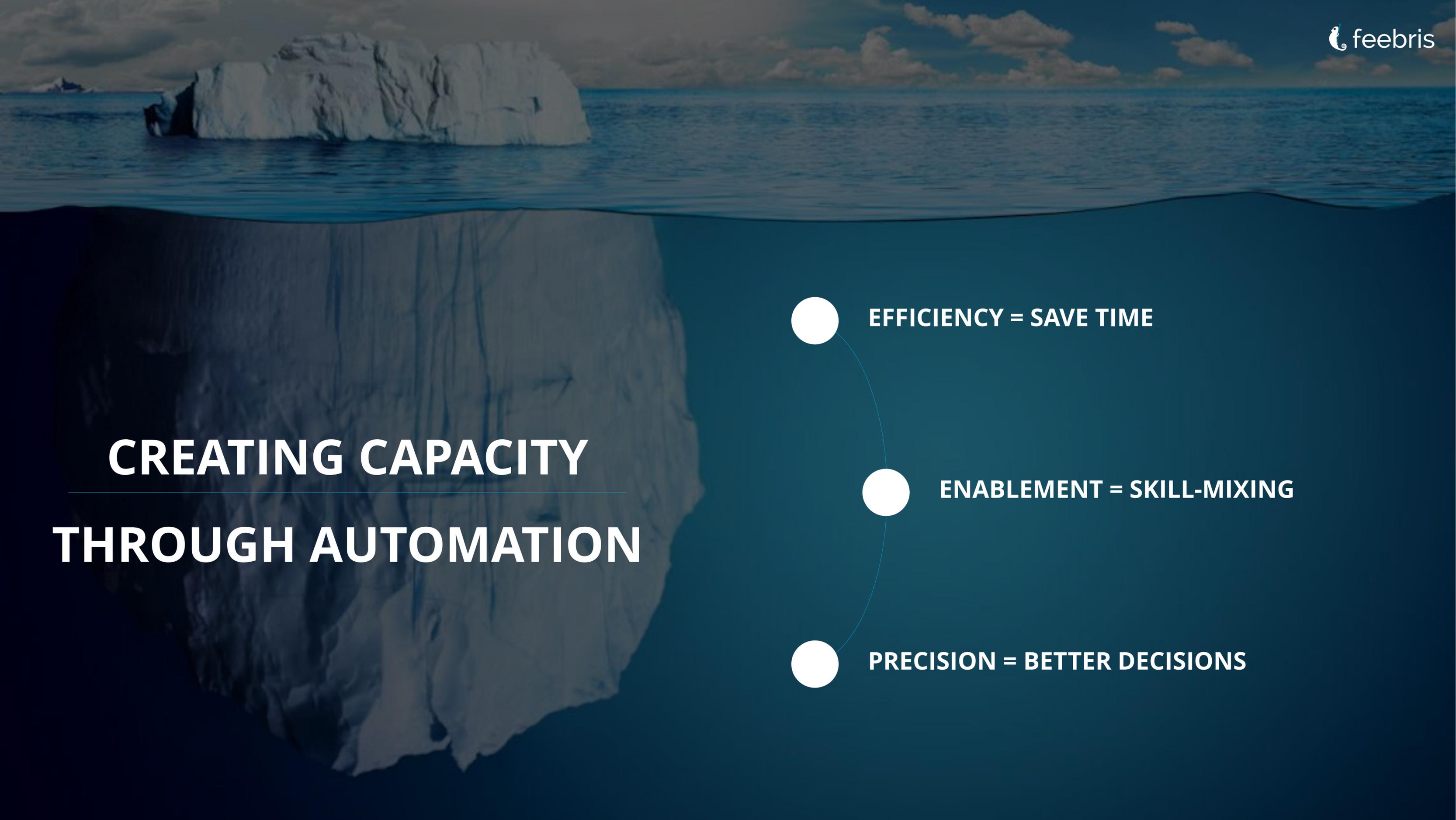
## PATIENT APP

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.**



An iceberg floating in the ocean, with a small portion above the water and a much larger portion submerged. The background is a blue sky with clouds and a blue sea.

# CREATING CAPACITY THROUGH AUTOMATION



**EFFICIENCY = SAVE TIME**



**ENABLEMENT = SKILL-MIXING**



**PRECISION = BETTER DECISIONS**

# 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)



## 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

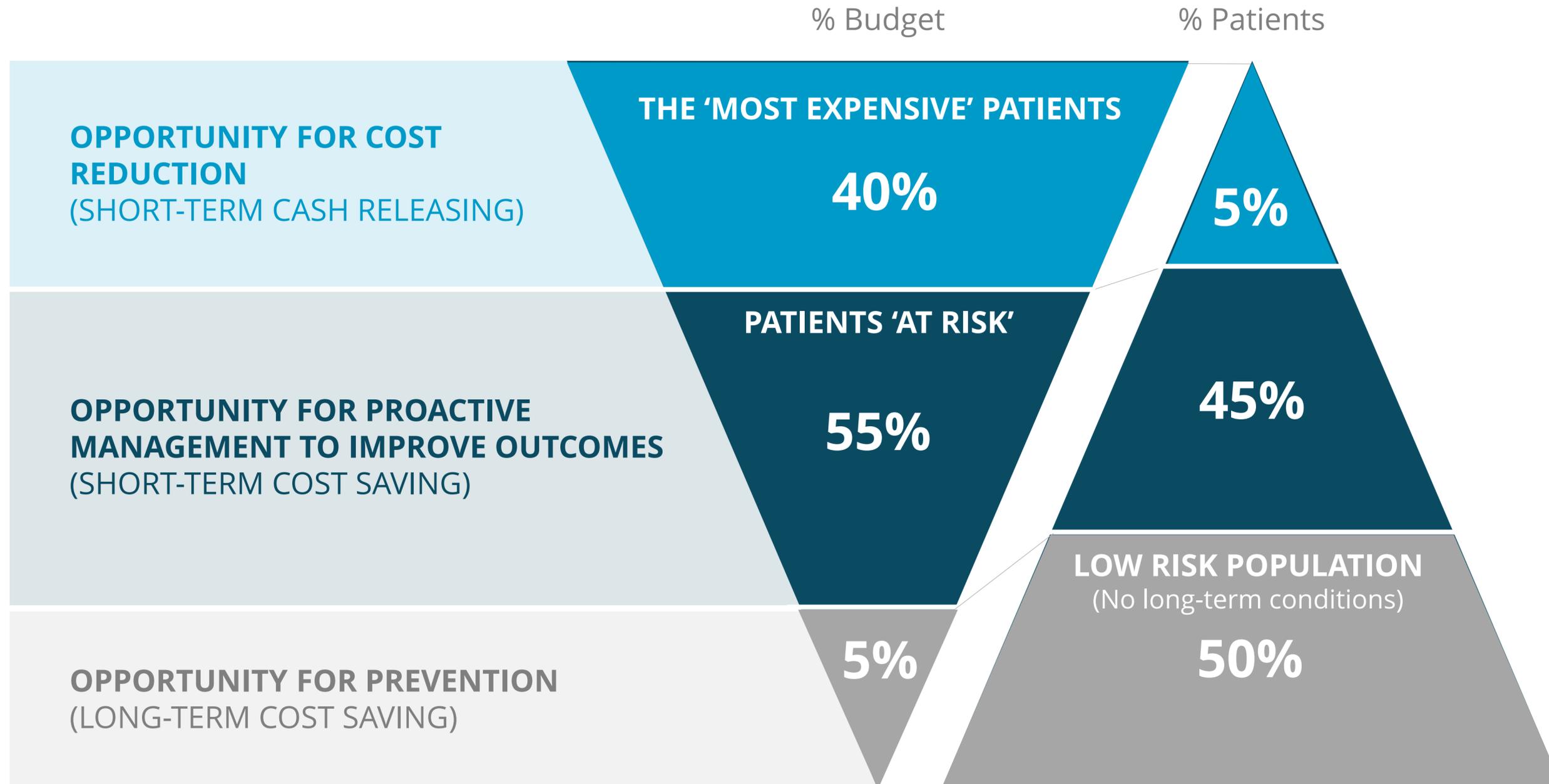
Early and safe discharge across the region (3 acute trusts)

*"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**

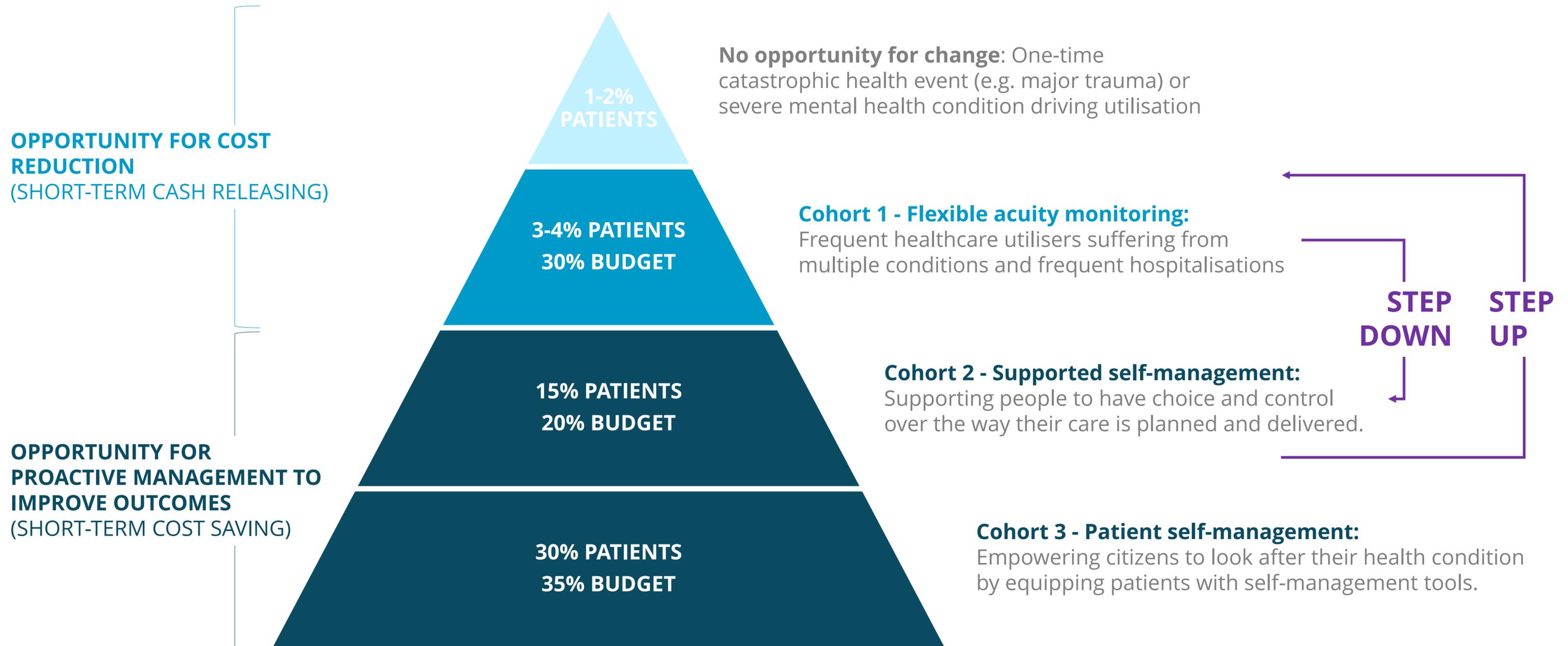
# HEALTH SPENDING & POPULATION HEALTH

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

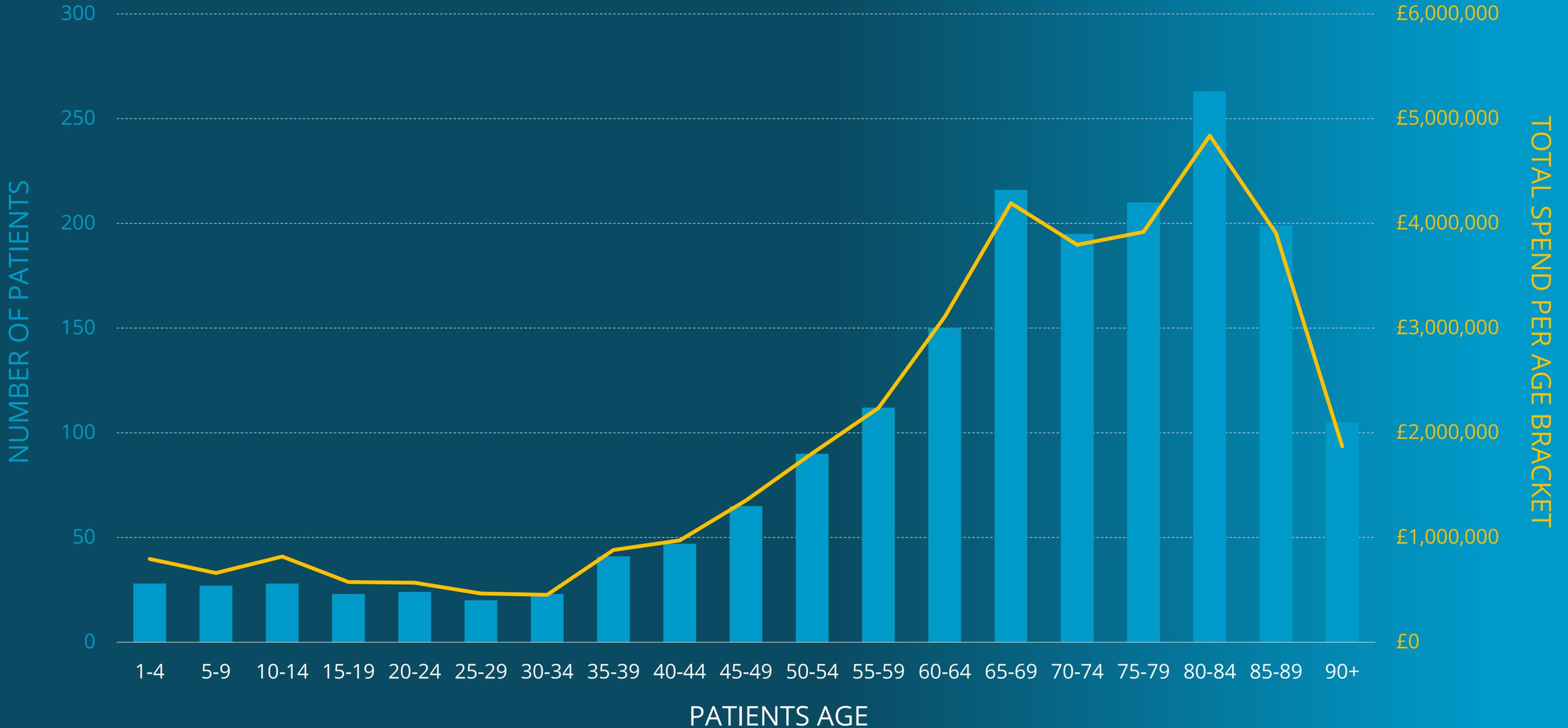


# TARGETED INTEGRATED CARE

Leveraging virtual care to unlock benefits for patients & healthcare budgets

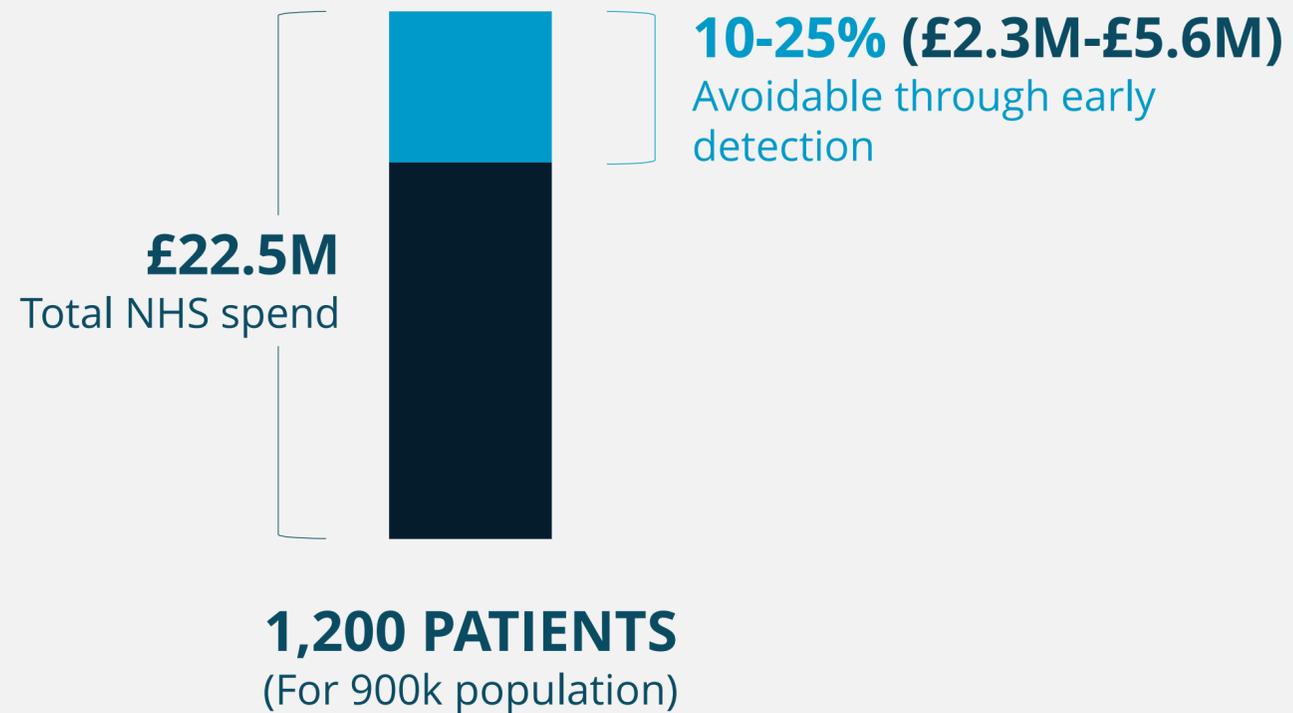


# THE MOST COMPLEX PATIENTS IN A POPULATION OF ~0.9M PEOPLE



# 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

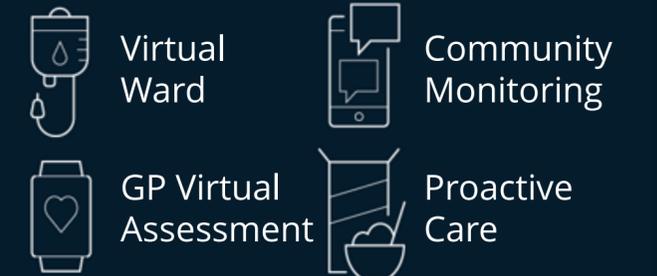
## HEALTH PROFILE

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

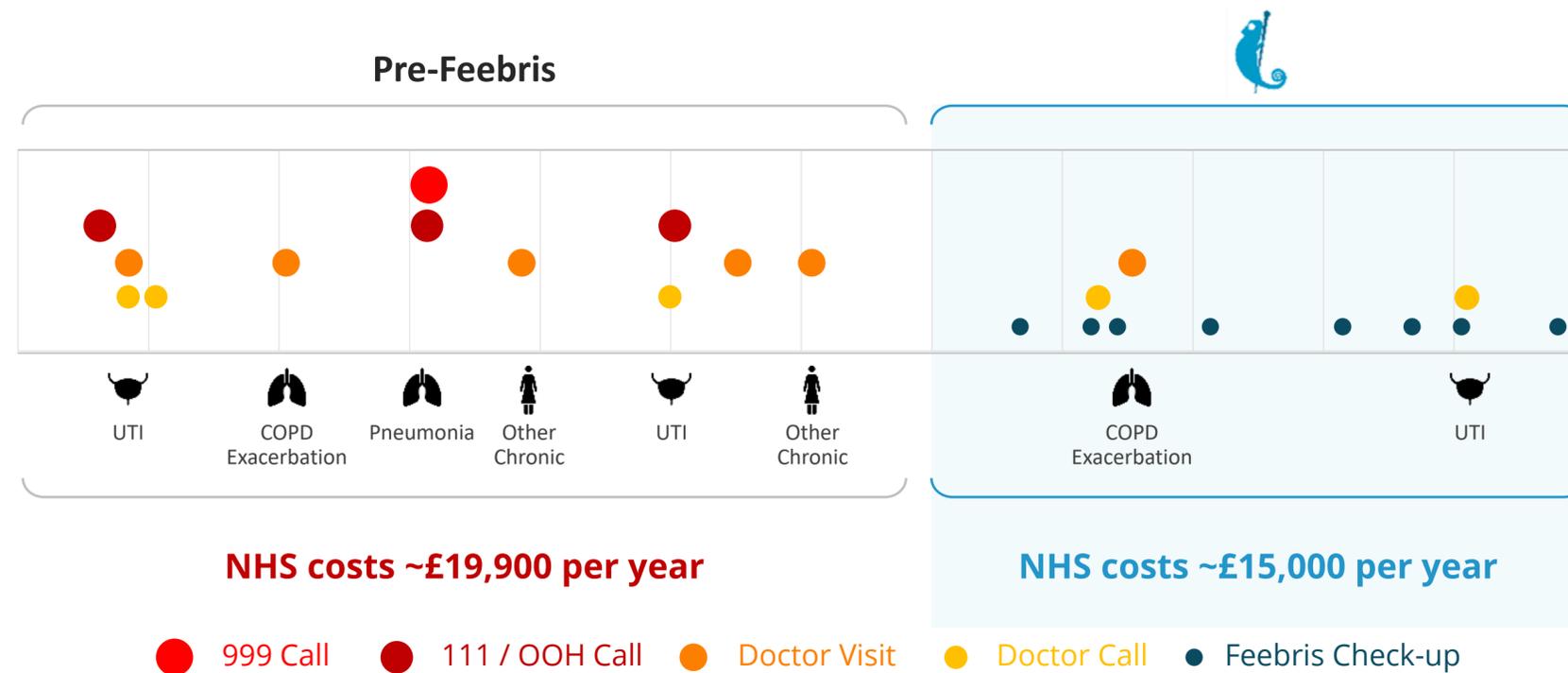
## HEALTHCARE UTILISATION

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

## PATIENT: LAURA



# REDUCING ADMISSIONS THROUGH HEALTHCARE CLOSER TO HOME

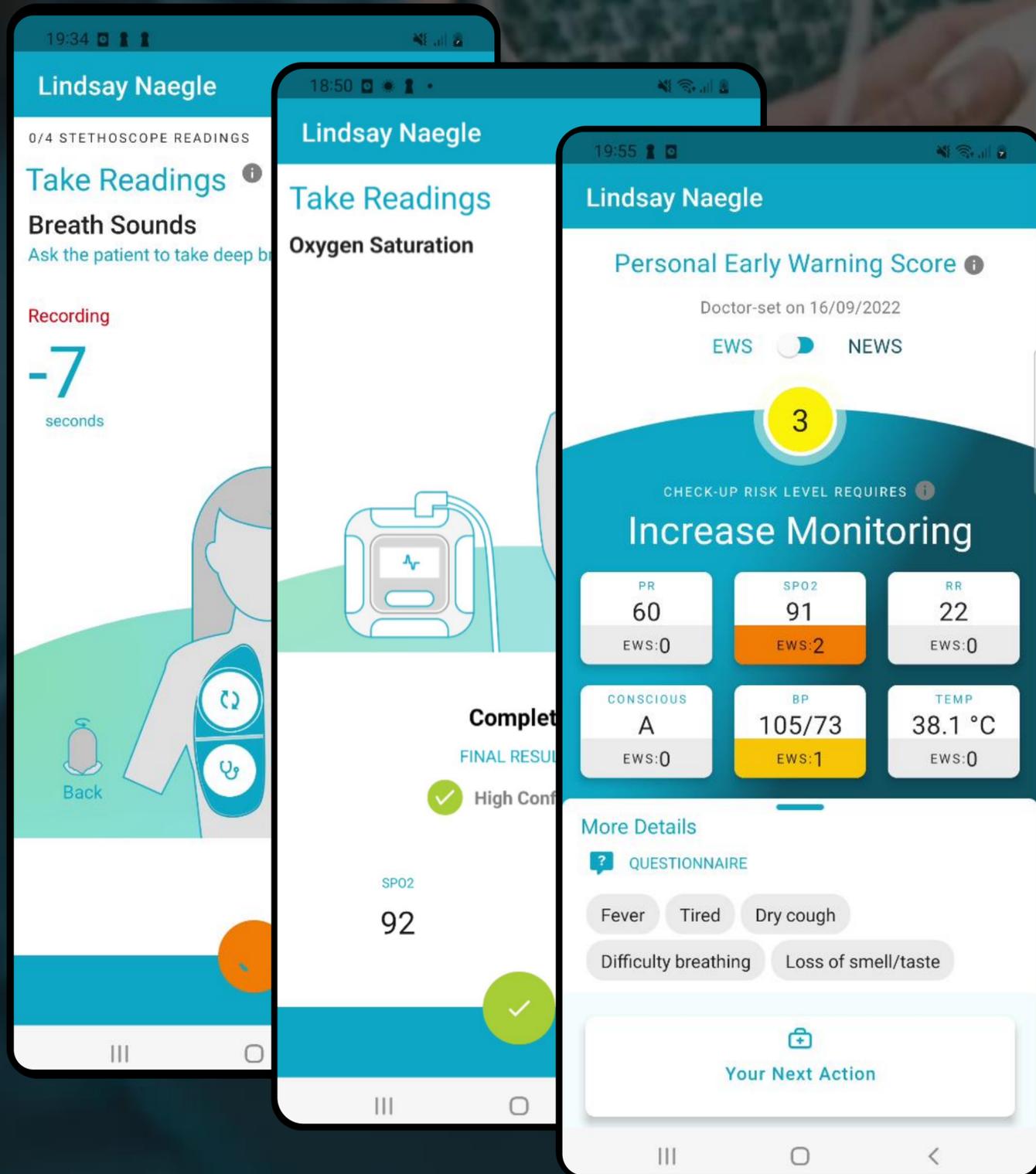


“Febris helped me prevent complications from pneumonia – without it, I wouldn’t have realised the patient was unwell. She would have ended up in hospital again.”

*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

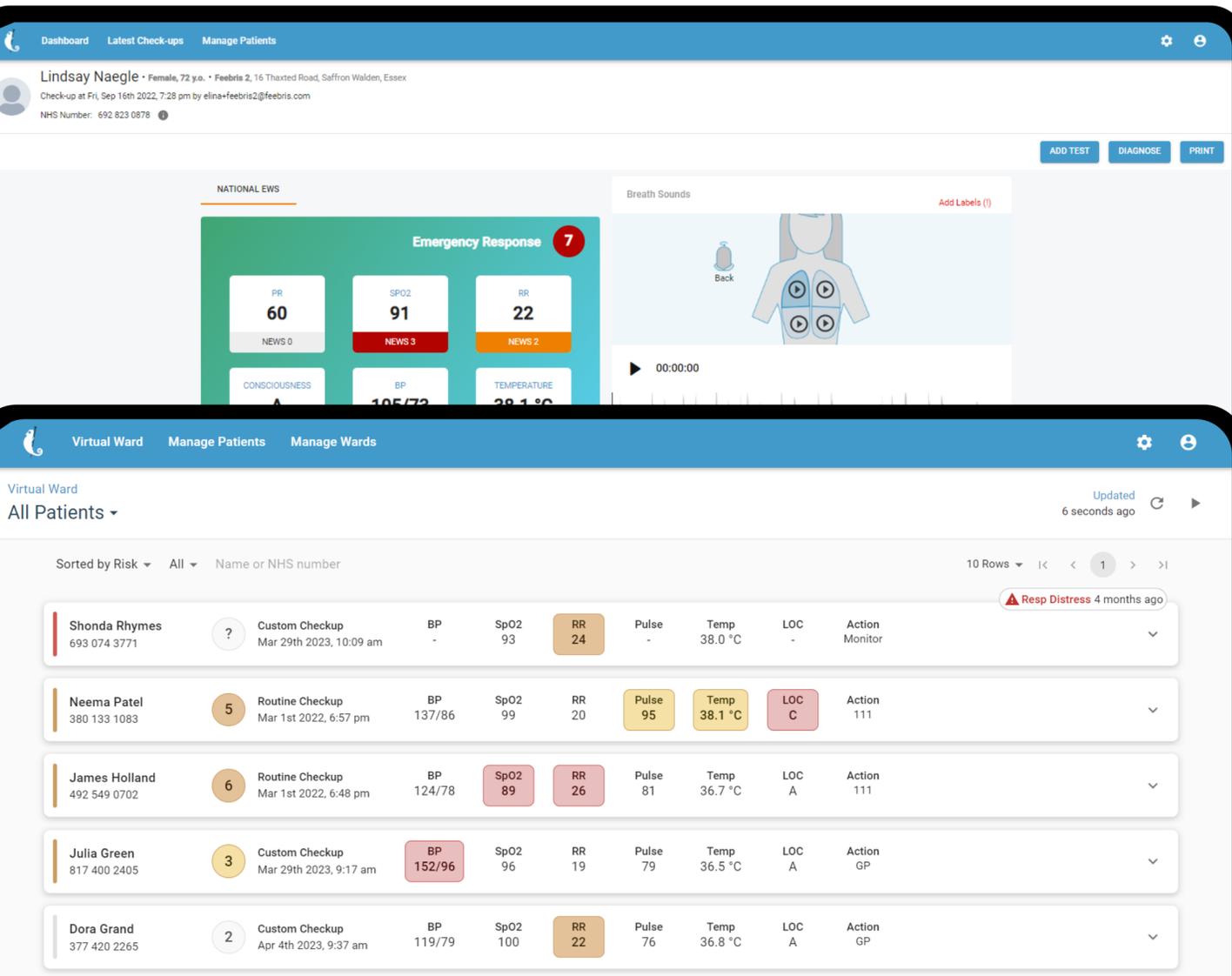
The Feebris mobile app guides a user through measurements with medical devices. Algorithms ensure **clinical reliability** of information by **all users**.

## 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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