

dispatch
HEALTH

Renown[®]
HEALTH



DispatchHealth Introductions



Joe Cummings
Reno Market Director



Kevin Riddleberger
Co-founder, Chief Strategy Officer



Torrie Brizzie
Business Development Manager

A close-up photograph of two elderly women smiling warmly at the camera. The woman on the left has short, wavy grey hair and is wearing a dark blue zip-up jacket. The woman on the right has short blonde hair, wears glasses, and a blue lace-trimmed top. They are both looking directly at the viewer with pleasant expressions.

Home is Where Your Health is

dispatch
HEALTH

Transforming the
Facility-Based Care Model

Healthcare is Rapidly Moving to the Home

\$4 Trillion Healthcare System is Unsustainable: Lower Cost Alternative

DispatchHealth Facts:

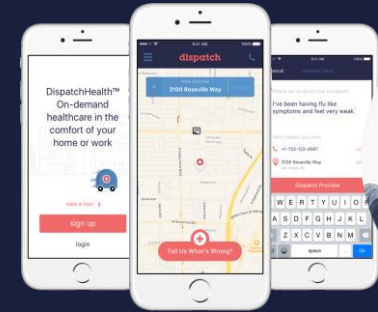
- Acute care visits save **\$1,100-1,500** per visit on average
- In-home hospitalizations save **\$5,000 – \$7,000** per episode on average
- Generated **\$227m** in medical cost savings to date
- In-network provider for over **300+** managed care plans



Consumers Want Care in the Comfort of Home

DispatchHealth Facts:

- Demand exists: **100-200%** YoY visit growth rate
- After more than 200,000 patient visits and a 28-market expansion **NPS = 95**



Improved Clinical Efficacy in the Home

DispatchHealth Facts:

- **20%** mortality reduction for in-home hospitalization
- Unnecessary hospitalization can be harmful to seniors: **33% over age 75** and **50% over age 85** are unable to return to their home after a hospital admission
- **9 million seniors** will be homebound by 2030

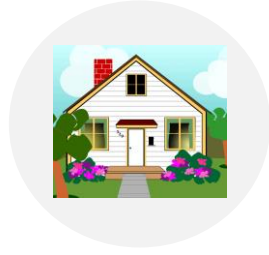


Offering a *Unique, Proven* and *Flexible* Path Toward Delivering a Health System in the Home



Acute Care Emergency Room Alternative

- On-demand high acuity care in the home
- Diagnostics
- CLIA certified lab (Moderate Complexity)
- Procedures
- Medications
- Coordination of ancillary services
- PCP integration



Bridge Care Readmission Avoidance

- Focused medical intervention – 24 to 72 hours post discharge
- Condition-specific diagnosis: HF, COPD, TH/K, PNA, AMI or CABG – no appointment scheduled
- OR – No follow up appt scheduled for targeted pts



Clinic Without Walls Virtual Visit Augmentation

- Allows providers to extend practice to home or Senior Communities
- Allows treatment of medically complex patients - hands-on support and tele-presentation via TytoCare
- Billed as virtual visit with acknowledgment of greater complexity (Levels 4-5)



Advanced Care Hospital Alternative

- DRGS: HF, COPD, Respiratory Illness, Pneumonia, Complex UTI, Metabolic Disorders
- Milliman admission criteria
- Up to 30-day post-acute management
- Referral: Dispatch Acute, Physician, ER, OCED, VBPs
- Payment through contractual bundle with payers



Extended Care Nursing Facility Alternative

- Support for complex medical and post-surgical patients after discharge from the hospital who require additional skilled services.
- Provide 24/7 care with a focus on physical and occupational therapy
- Payment through FFS contracting + bundled episodes

DispatchHealth Experience

Patient Satisfaction

95 NPS

Net Promoter Score **95**
(Healthcare average <30)

Medical Cost Savings

\$\$\$

Medical Cost Savings:
\$1,100-1,500 net savings per acute care visit
\$5,000-\$7,000 net savings per
in-home hospitalization

Largest High Acuity Provider

100s of Thousands

Of patients treated in their home
> 750 employed clinicians

Value-Based & Managed Care Partners



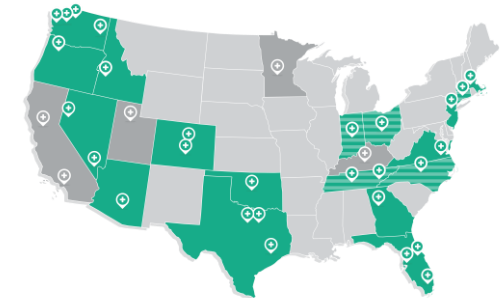
120 clinical integrations with providers in the
last 12 months
>300 Managed Care Contract

Care Integration

94%

94% of visits result in clinical note
transfer to PCP or Specialist

Market Expansion



Markets across the US containing **80M people**
Insurance contracts covering **150M lives**

Susan's Hospital-At-Home Story



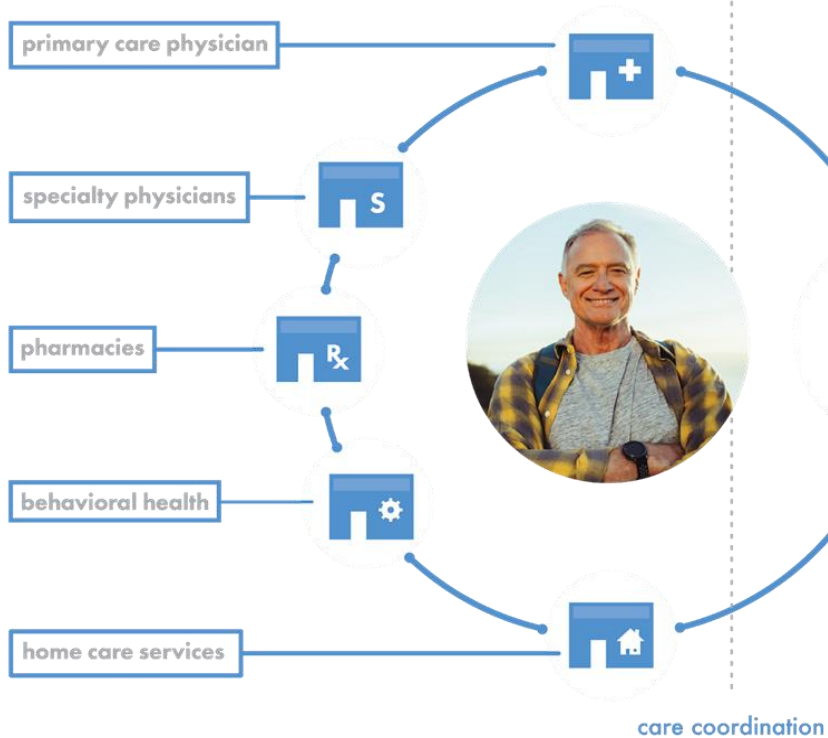
"Our experience with DispatchHealth has been positive in so many ways...Without reservation, I would recommend DispatchHealth Advanced Care to friends, family, anyone who has a parent or relative that would be going to the hospital otherwise."

- Chris Thorne, Son of Advanced Care Patient

Community Emergency Medicine

YOUR MEDICAL TEAM

You and your family's team of Healthcare Providers.



DISPATCHHEALTH

On-Demand acute care in the Home.



case management

HOSPITAL CARE

Emergent Care, Hospitalizations, and Life-Threatening issues.



ADMISSION

DISCHARGE

DispatchHealth also works to prevent unnecessary hospital re-admissions.

How It Works



Patient Journey – Acute Care



John

- 72-year-old male living alone with multiple underlying comorbidities: CHF, COPD
- Patient is managed by Iora Primary Care
- Patient has acute symptoms of shortness of breath at 5:00 p.m. on a Friday evening



Patient Onboarding

Healthcare Logistics

Care Delivery

Community Network Management

Care Communication

Post Episode Engagement

Experienced Providers



**Nurse Practitioner or
Physician Assistant**



**DispatchHealth Medical
Technician**



ER Doctor

The mobile provider team that arrives at your home or place of business includes a physician assistant or nurse practitioner, along with an emergency-trained, medical technician. A board-certified, ER physician is always available by phone for consultation.

Our Equipment & Treatment Capabilities

GENERAL/ORTHO KIT

IV & Oral Medicines, Antibiotics,
Anti-Nausea Medications,
Diuretics, Steroids, Sling, Wrist
Brace, Splints, Knee Immobilizer

GASTROINTESTINAL/URINARY KIT

Foley Catheter, Pediatric
Straight Catheter, G-Tube,
Urinalysis, Culture, Enema

LAB KIT

Blood Draw, Lab Tests: INR, Lactate,
Influenza, Strep Test, Mono Test Kit,
Pregnancy
Chem8: Chemistries, Electrolytes
Hemoglobin and Hematocrit



LACERATION/WOUND KIT

Wound Repair, Stitches, Staples
Abscess Drainage, Bandages,
Wound Culture

EAR, NOSE, THROAT, EYE, RESPIRATORY KIT

Ear and Eye Infection Treatment,
Nasal Packing, Nebulizer,
Eye Exam

IV KIT

IV Catheter, IV Fluids

12-LEAD EKG MACHINE

Diagnostic Tools

Point-of-Care Diagnostics

- Providers can test on-site for
 - ✓ Flu
 - ✓ Strep
 - ✓ COVID-19
 - ✓ Urinalysis – b-HCG (urine)
 - ✓ Hemoglobin/Hematocrit
 - ✓ PT/INR
 - ✓ Mono
 - ✓ Hemocult

Additional Diagnostic Partners

- Traditional Laboratory Partnership
- Providing more extensive lab services
- Mobile imaging partners

Imaging - Homebound Patients

- Echo
- Ultrasound
- X-ray

Imaging - Ambulatory Patients

- CT
- Echo
- MRI
- Ultrasound
- X-ray



Operations and Service Area

Hours of Operation:

8 AM - 10 PM 7 days a week - including nights, weekends, and holidays

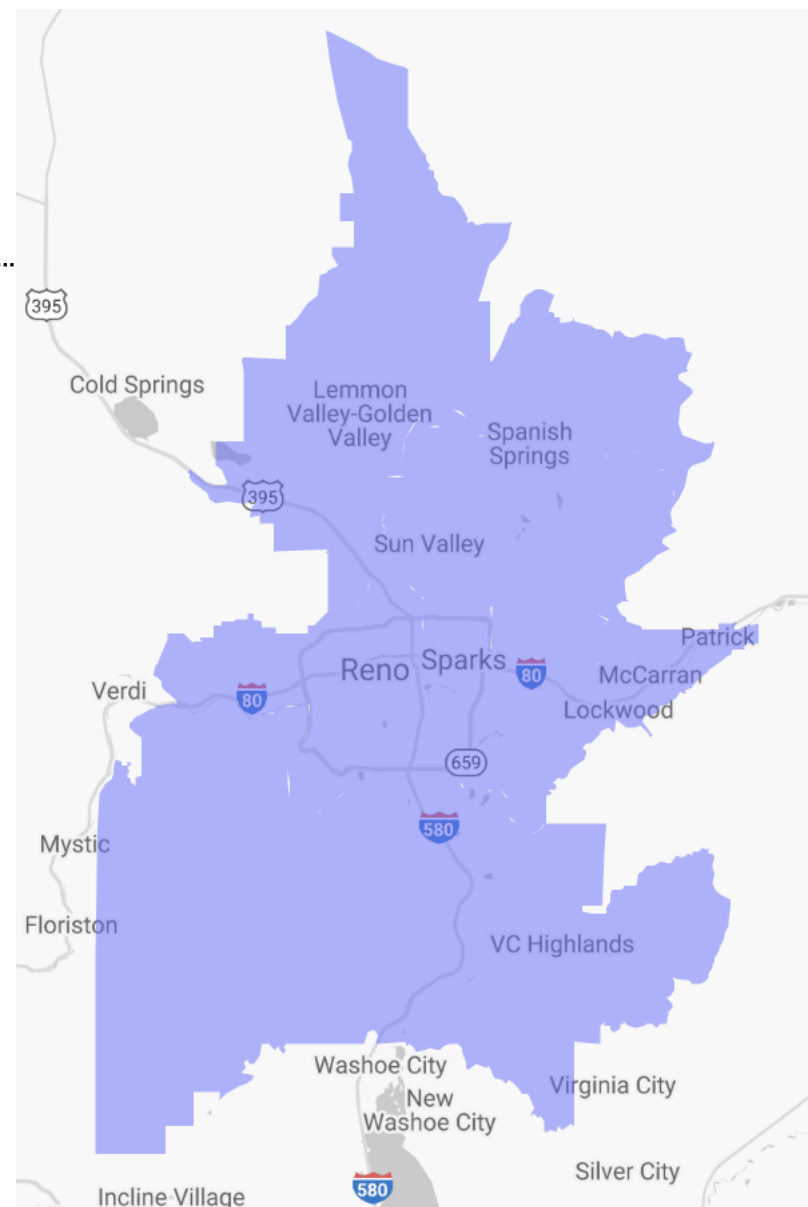
To Request Care: 775-442-5872

Zip Codes Served:

| | | | | |
|-------|-------|-------|-------|-------|
| 89431 | 89436 | 89504 | 89511 | 89520 |
| 89432 | 89441 | 89505 | 89512 | 89521 |
| 89433 | 89501 | 89506 | 89513 | 89523 |
| 89434 | 89502 | 89507 | 89515 | 89533 |
| 89435 | 89503 | 89509 | 89519 | 89570 |

<https://www.dispatchhealth.com/locations/nv/reno/map/>

Future Expansion: Carson City







Advanced Care – Hospitalization Alternative

In-home hospital level of care for patients with 24/7 comprehensive care, daily rounding, remote patient monitoring, nursing, durable medical equipment, meal preparation, ADL support social intervention, physical therapy and care coordination.



Patients with general medical conditions that account for **40% of all hospitalizations.**



Patients who seek 1:1 **personal hospital-level care in their home** and active participation in their care plan.



Patients who are **high risk** for hospital induced delirium, deconditioning, or infection

Care team: Led by a board-certified hospitalist-trained internist, supported by a team of Advanced Practice Providers and a nurse care coordinator.

Patients pathways to Hospital at Home Advanced Care

1. From Hospital ED or floor



2. From DispatchHealth mobile care teams in the home



DispatchHealth
Medical
Technician



Emergency
Medicine
NP or PA



Emergency
Medicine
Physician on Call

3. From PCP or specialist clinics as an alternative to direct hospital admission

Days 0-4

Up to 30 days

AdvancedCare Team: High Acuity Phase



Hospital
Medicine
NP or PA



RN "Sherpa":
care
coordinator



Internal
Medicine
Hospitalist
Physician

+ RN Partners

+ PT/OT Partners

AdvancedCare: Transitional Phase

Sherpa-led 24/7 coverage to manage the episode of care

SUPPORTED BY UMATCHED IN-HOME CLINICAL CAPABILITIES

Admission Day 0-4 (on average)

- RN/Social workers coordinating daily
- Activities with morning huddles
- Daily physician / APP visit
- RN visit 2x per day
- Respiratory therapy
- PT/OT
- 24/7 call center access

30-Day Transitional Care

- Home health as needed
- DispatchHealth acute care visit
- RN Visit
- PT/OT
- 24/7 call center access

- Remote Monitoring
- PCP + Specialist Engagement
- Community Resources

- Transportation
- Meal delivery
- EMS / Paramedicine

Transition back to community
PCP + specialist care

Comprehensive Services in the Home

All services coordinated and paid for through single bundle

Care Coordination

- Assigned DispatchHealth Sherpa
- Daily huddles
- Scheduling appointments
- Patient focused care plan development
- Patient engagement
- Data/reporting

Network Management

- Imaging
- Bedside nursing
- DME
- Transportation
- Hospitals
- SNFs
- Food / Nutrition
- PT,OT
- Respiratory therapy

Social Services

- Food delivery
- Home attendant
- Transportation



High-Acuity Phase
Day 1-4

- 24/7 coverage
- Physician led daily rounds in the home
- Lab services (internal / external)
- Imaging (x-ray, ultrasound)

- Heart rate
- Pulse oximetry
- Blood pressure
- Weight
- PERS device "call button"

Transitional Phase
14-30 Additional Days

Clinical Services

- Medications (IV/PO)
- Bedside nursing
- On-demand urgent care
- Advanced procedural capabilities
- Poly-pharmacy review, optimization

Remote Monitoring

- Disease management education
- Chat/FaceTime
- Telemedicine

Comprehensive Social Assessment

Advanced Care High-Acuity Episode

Evidenced-based, in-home care by physicians, APPs, RNs and therapists

Preventative Care

Evaluate the home, the patient's underlying medical conditions to determine if any intervention is required to maintain health and well-being (glasses, weight scales, etc)

Advanced Directives

Work closely with the patient and the family during the episode of care to discuss and implement up-to-date Advanced directives and patient wishes

Fall Prevention

Evaluate the home and determine the best plan of care to maintain safety and wellness in the home (equipment, PT / OT, etc)



Pharmacy

Work with the patient's PCP / Pharmacy to optimize medications and dosing to promote health

Nutrition

Work with the patient and the family to transition to a safe and scalable nutritional plan based on underlying disease

Social Support

Evaluate for social isolation to determine if any programs need to be started

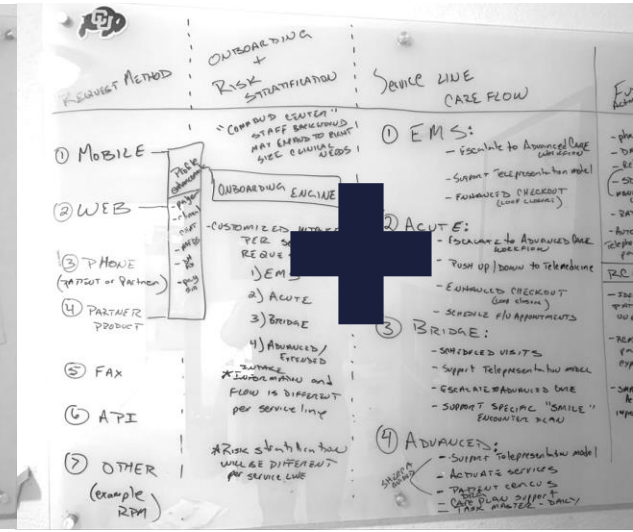
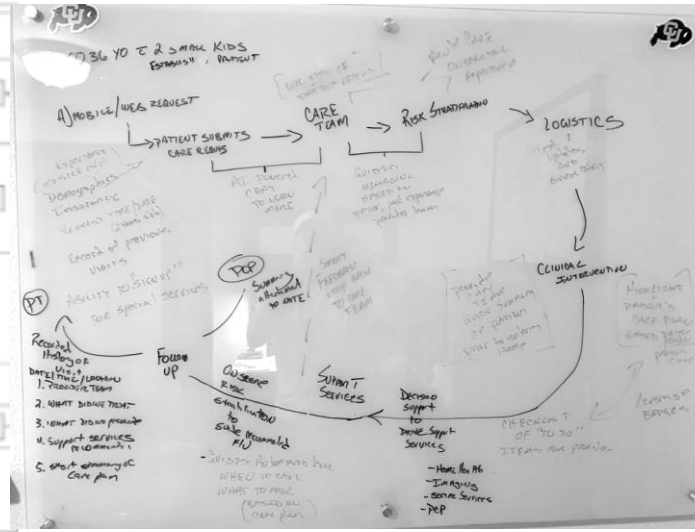
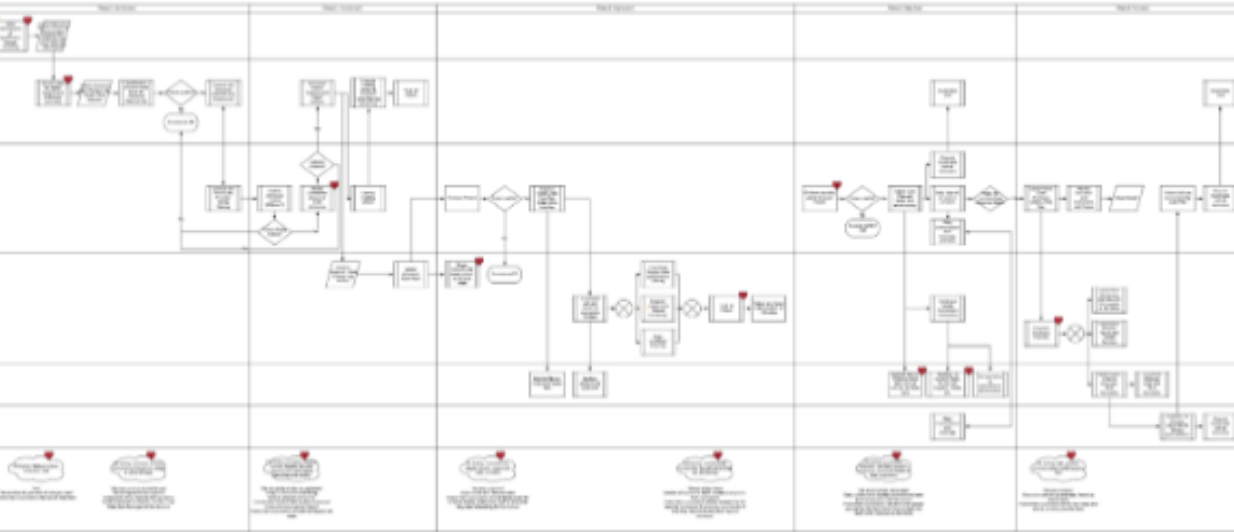


| | |
|---------------------------------|------|
| D/C of 1 Chronic Med | 24% |
| Chronic Med Adjustment | 38% |
| Goals of Care Conversation | 100% |
| Goals of Care Revision | 29% |
| Intervention on at least 1 SDOH | 67% |

Technology Driven Healthcare



How It Works - DispatchHealth Technology Platform

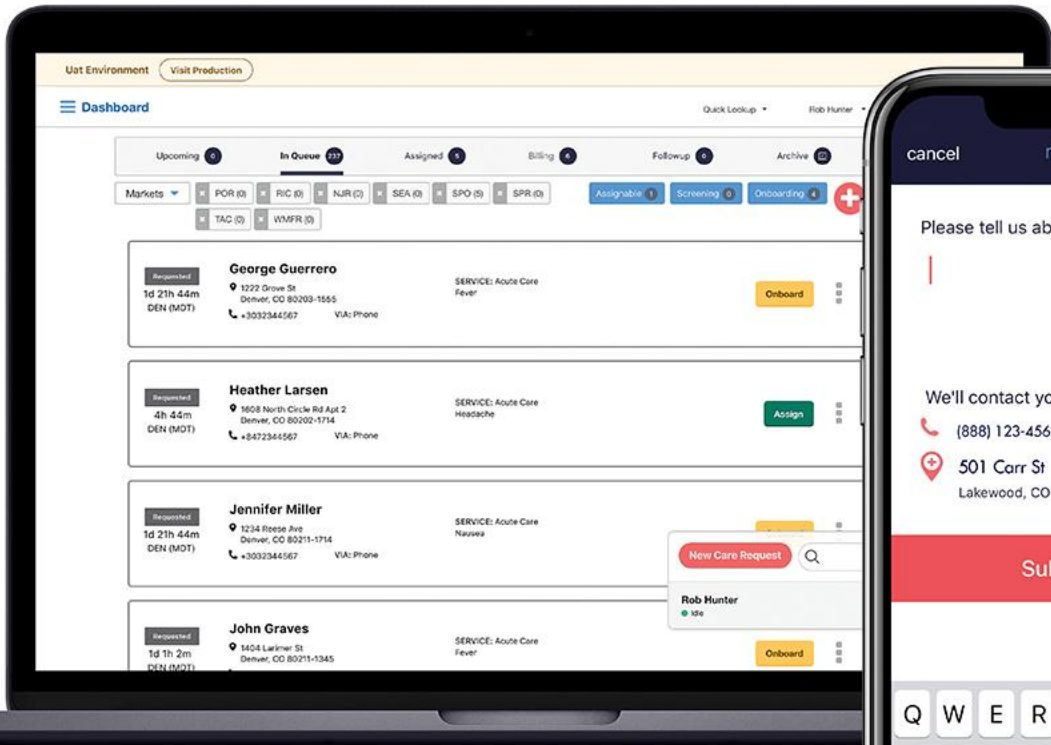


Risk Assessment: Triage/Call Center
 Logistics: Algorithmic Optimization
 Clinical Enablement
 Clinical Communication
 API | EMR Integration

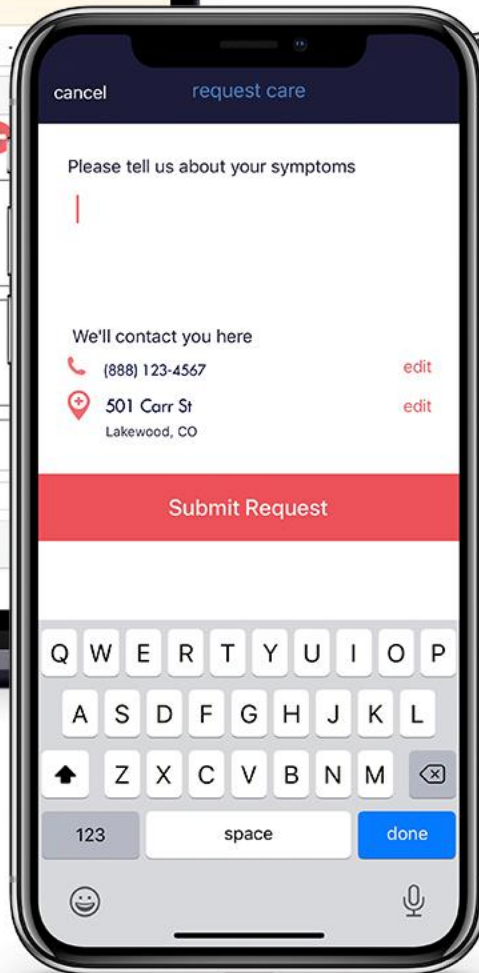


Care in the home

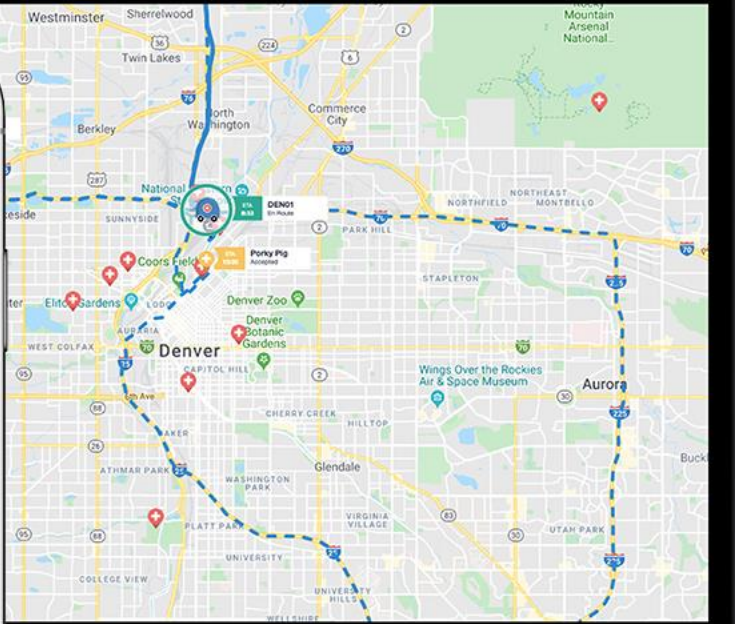
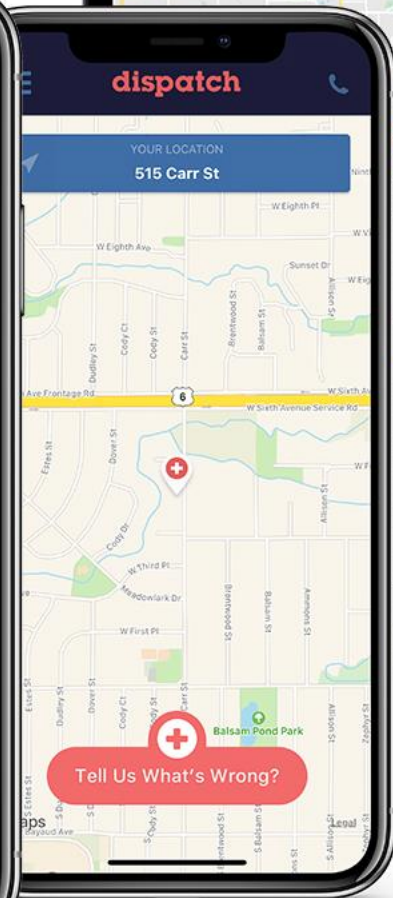
How It Works - DispatchHealth Technology Platform



Risk Strat & Provider Protocol



Patient Intake and Engagement



Real-time Team Logistics

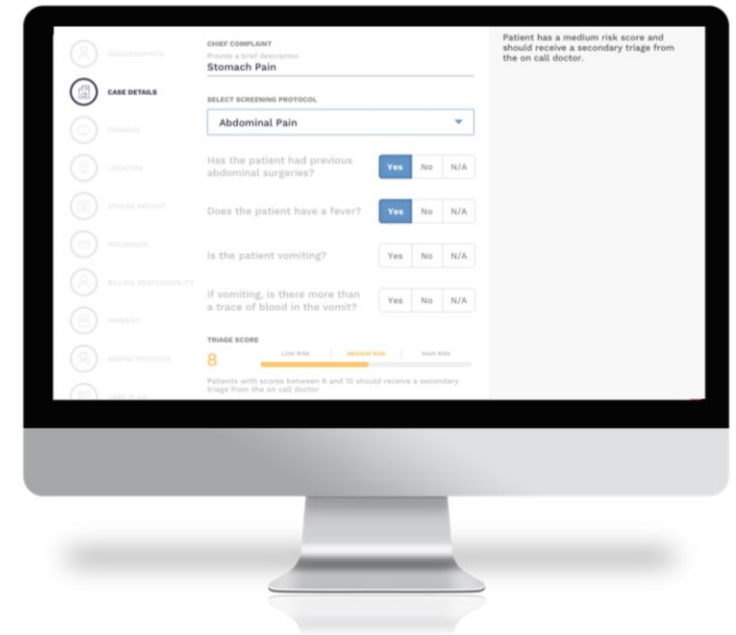
Risk Stratification: Right Care, Right Time

What is it?

- Patent-pending proprietary tool that right-sizes acute care delivery
- 50+ risk protocols to guide decision-making for pre-acute and post-acute patients

How does it work?

- Every patient that requests care is risk stratified
- Based on the patient's chief complaint we apply natural language processing to pick the appropriate risk protocol to screen the patient
- Based on the patient's age and gender, appropriate follow up questions are presented to the DispatchHealth clinical support center staff for review with the patient
- Once all questions are answered a final “risk score” is developed, which guides next steps:
 - **Green:** Continue onboarding patient for a visit
 - **Yellow:** Secondary screening with DispatchHealth NP/PA or MD
 - **Red:** Safely escalate the patient to closest ER



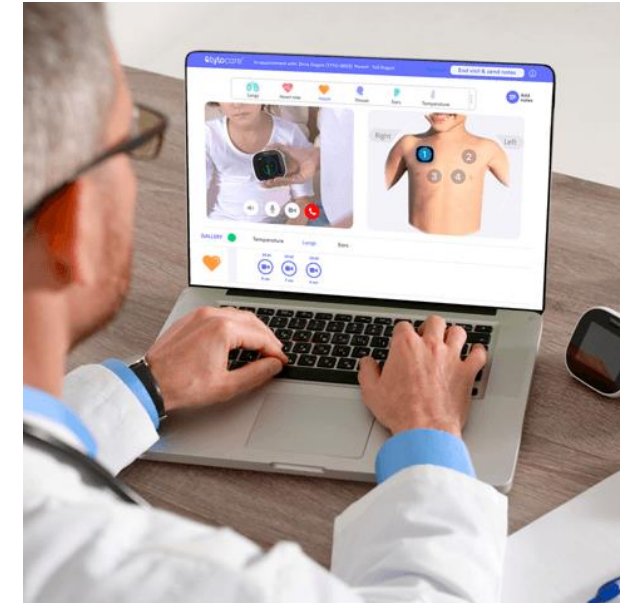
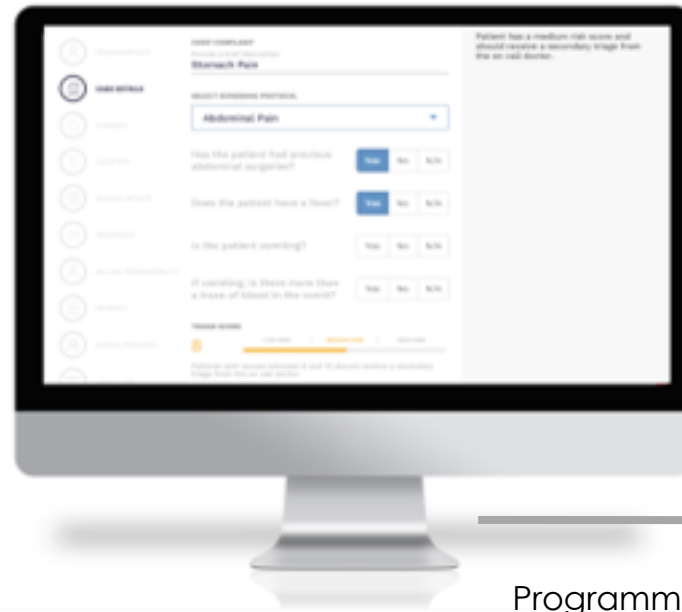
Right Size the Front Door

- **Telepresentation Description:**

- Bridging the gap in care between traditional telehealth visits, which lacks in the traditional element of the physical visit: hands-on care.
- DispatchHealth medical technician in the home with a DispatchHealth employed APP or MD virtually.

- **Who would qualify for these visits:**

- Patients >2 years of age
- Low acuity risk stratification
- Depending on the payer >20% of patients may qualify for this level of care
- Ability to flex in high acuity team if required (risk management)



Programmatically right sizing lower acuity care using DispatchHealth patent pending technology.

Advanced Tele-Presentation Capabilities



Lung Exam

Listen to lungs and breathing with stethoscope to help diagnose respiratory conditions

Skin Exam

High definition camera to capture high quality images for rashes - skin lesions and thermometer to obtain body temperature

Heart Exam

Listen to heart sounds and capture heart rate with stethoscope

Throat Exam

Capture images and video of a patient's throat

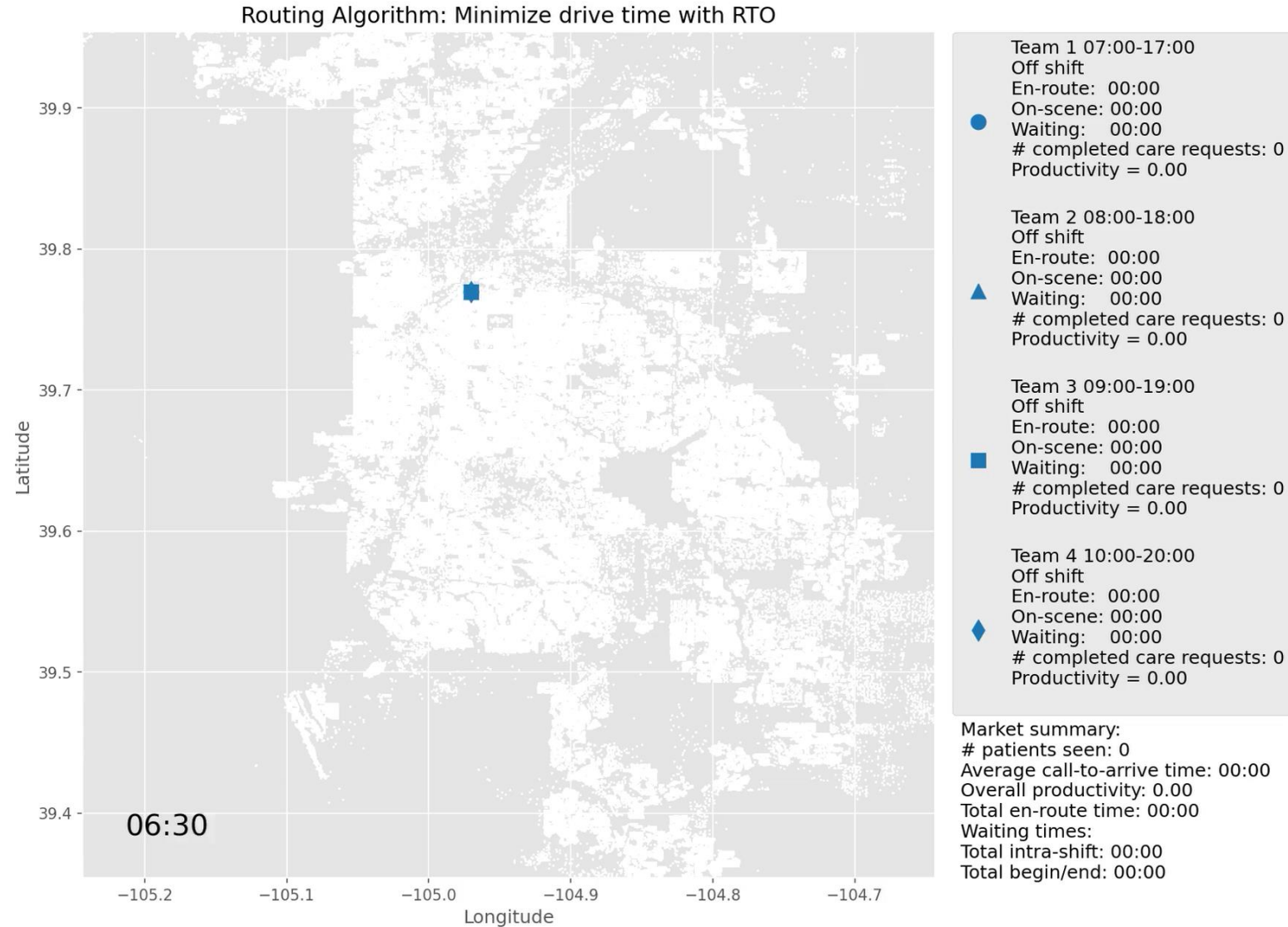
Ear Exam

Otoscope captures high-quality images and video of the ear canal and ear drum to assess for ear infections

Abdominal Exam

Use a stethoscope to listen to bowel sounds to evaluate GI symptoms

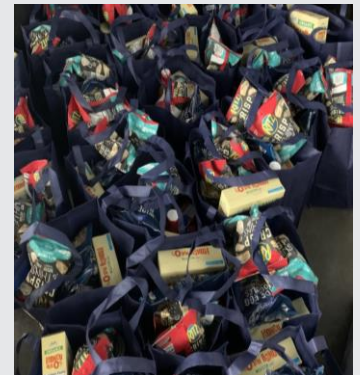
Simulation Video – Minimize Drive Time with RTO



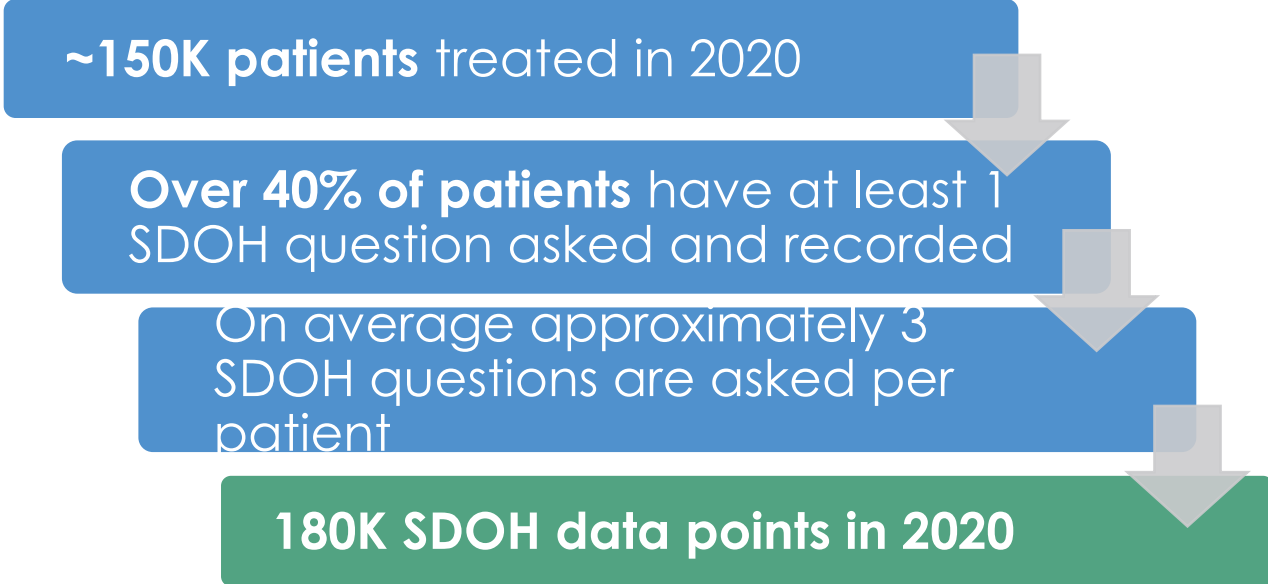
DispatchHealth's

Questions on Social Determinants

- Fall Risk
- Food Insecurity
- Cost Concerns
- Transportation
- Housing Security
- Safety
- Lack of Social Interactions
- Activities of Daily Living
- Requested Resources



Actionable Data



Community Partnerships



Social Determinants of Health

Immediate Referrals

Social Determinants of Health

Transportation

Do you have transportation to your medical appointments?

Yes Sometimes No

What makes it difficult to get to your medical appointments?

SELECT ALL THAT APPLY

Trouble affording transportation

Limitations of public transportation (distance, hours of operation)

Medical condition makes public options difficult

Unreliability of public options

CANCEL SAVE

Social Determinants of Health Assessment

Nutrition

Do you feel you have access to healthy foods?

Yes Sometimes No

Why only sometimes?

SELECT ALL THAT APPLY

Trouble affording healthy foods

Trouble getting to grocery store

Difficulty cooking

Lack of knowledge about nutrition

Other - fill in

CANCEL SAVE

Advanced Care – Evidence based decision support

Pneumonia Admission Assessment

- Condition specific assessment conducted jointly by the acute care team and Advanced Care team with
 - Powered by industry standard MCG criteria
 - Stored in Medical Record

2:54 PM Tue Apr 28 uat Dispatch Rover 59%

logout

DEN01 3AM-9PM MDT

On Scene **Brandie F.**
N/A 1234 Joseph Denver, CO
DEN (MDT) +13035001

CASE DETAILS
Timeline Notes Screenshots

Patient Vitals
Tech TIME TAK
2:54 PM

Capture Vitals

Pneumonia Evaluation

Does the patient require ICU level care, or continuous telemetry?

Yes
 No

CURB-65

Confusion

BUN >= 19 mg/dL

Respiratory Rate >= 30

Systolic BP <= 90 or Diastolic BP <= 60

Submit for Review

None

Shift Dashboard Map

Advanced Care – Evidence based decision support

uat
Dispatch Rover

logout

DEN01 9AM-9PM MDT

On Scene
Brandie F
1234 Joseph
Denver, CO
DEN (MDT)
+130350015

CASE DETAILS
Timeline Notes Screenshots

Patient Vitals
Tech TIME TAK
2:54 PM

Capture Vitals

None

Shift Dashboard Map

Evaluate for Advanced Care

Patient has known Diabetes

Patient is on oral medication

Patient is on insulin at baseline

Medication would likely worsen blood glucose control

What diagnosis are you recommending?

Pneumonia

COPD

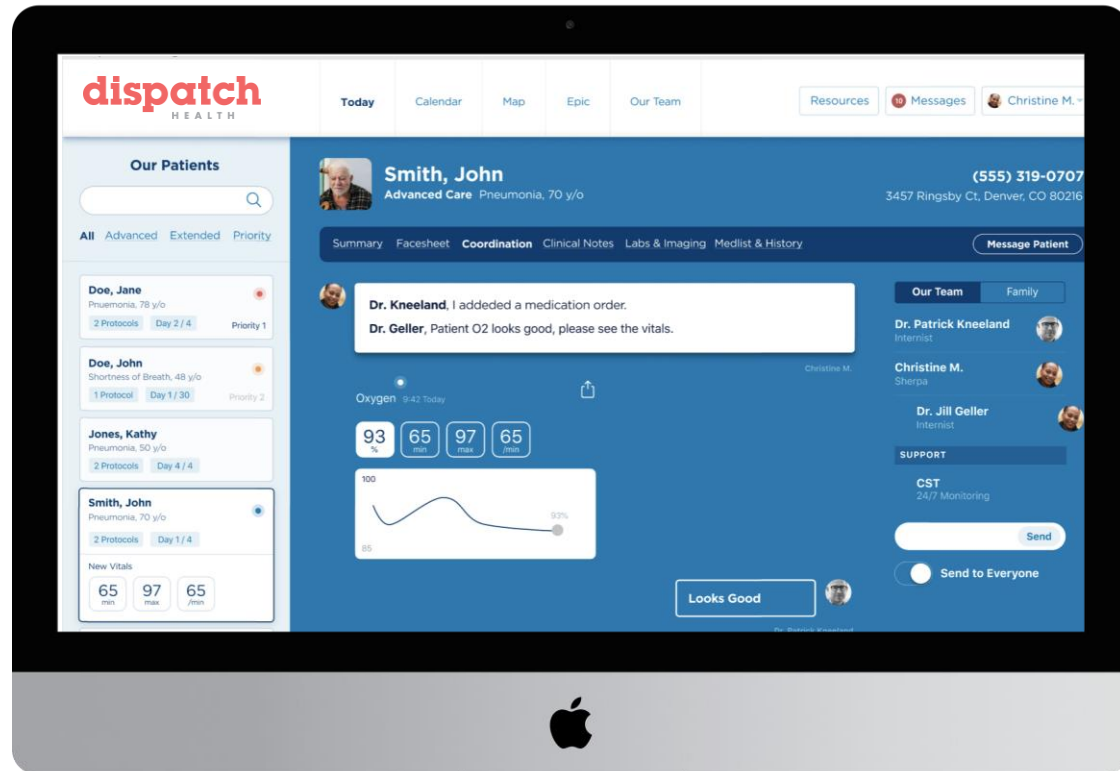
Cellulitis

Next

General Admission Assessment

- Standardized scoring mechanism to highlight concerns related to the patient's social, environment and general clinical history.
- Feeds into the specific condition assessment to drive appropriate Hospitalist team consultations

Advanced Care – Home monitoring integrations

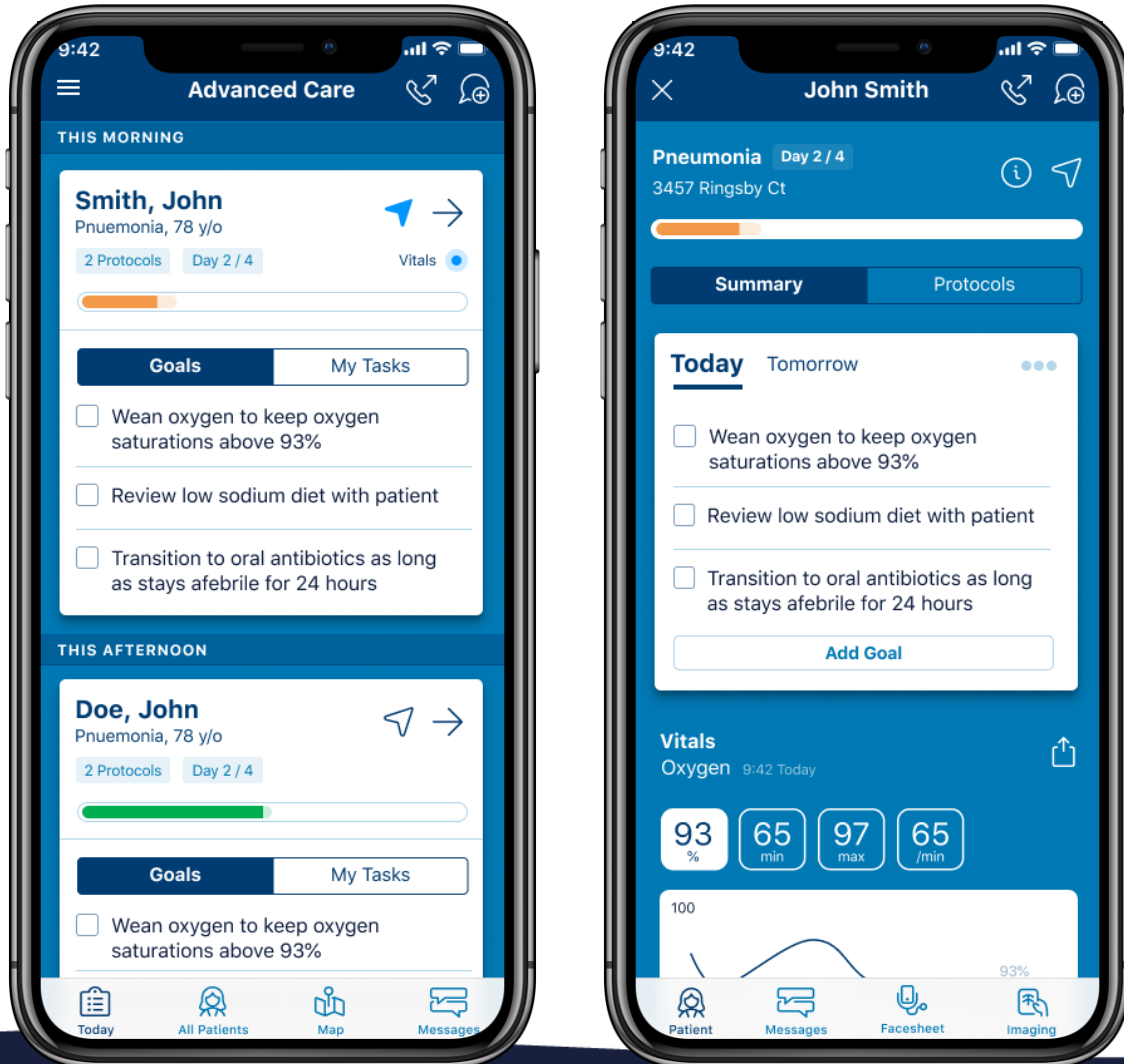


Patient Safety and Access

- 24/7 remote monitoring
 - BP, HR, Pulse Ox, Weight
- Personal Emergency Response System
- DispatchHealth MD, APP 24/7 call coverage
- Patient and family engagement



Advanced Care – Admitted Panel Management



Daily Care Plan Development

- Patient census management
- Daily task list for Advanced Care team based on standardized care plans, care team huddles and patient specific goals
- Real time team and patient communication
- Health logistics management

Home is Where Your Health is

dispatch
HEALTH

Transforming the
Facility-Based Care Model



Thank You

