

Ventilation 2025 & Beyond

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Session Objective:

- Pros and Cons of the Product Category: Define 3-5 opportunities and potential impediments to success
- Identify the Market Opportunity: How does the product category fit into an existing business model
- Discovery: What are the most important considerations for the product category
- Clinical Coverage: Define requirements, cite sources, and provide support resources
- Outline the Order Workflow: Patient and Referral Engagement: Product education, awareness training, benefits, complimentary products/services
- Sales and Marketing: Vendor partnerships, channels, efficacy, value demonstration
- Performance Measures: Product adoption, growth, patient outcomes, revenue, ROI



Pros

High margin business that uncapped

Creates clinical credibility and partnerships with providers

Creates more value in your HME

Cons

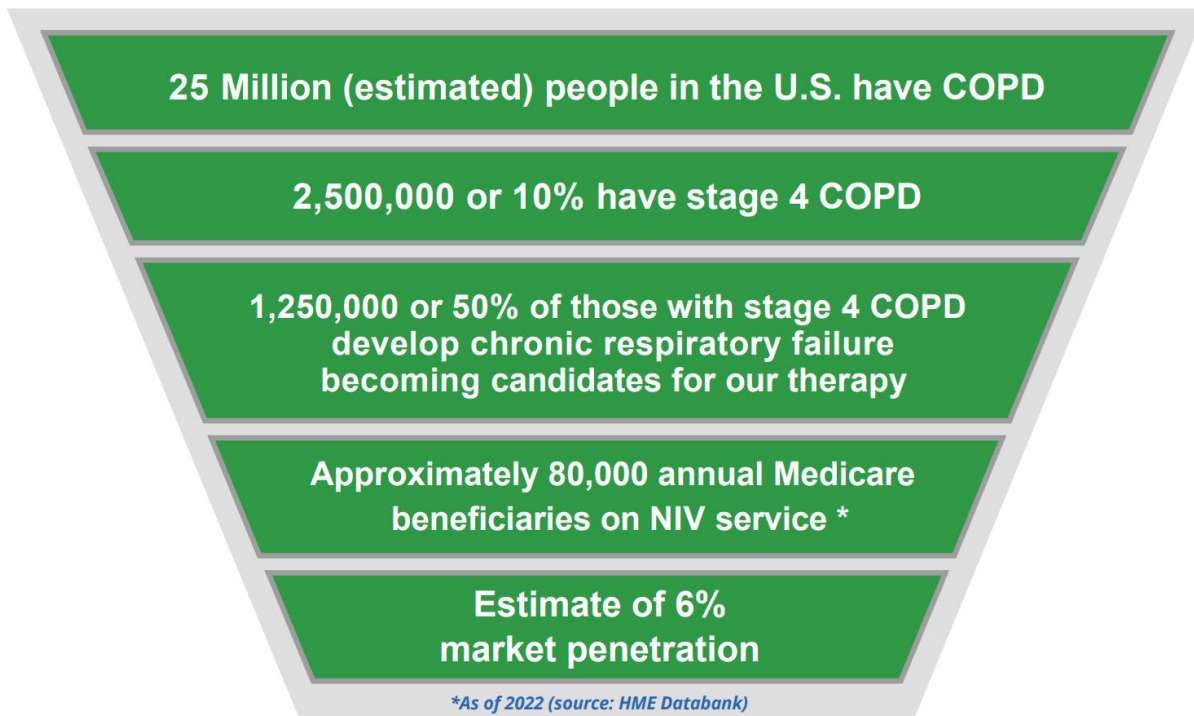
Need for clinical expertise and clinical leadership

Need for clinical sales approach

Ongoing visits needed for FSS

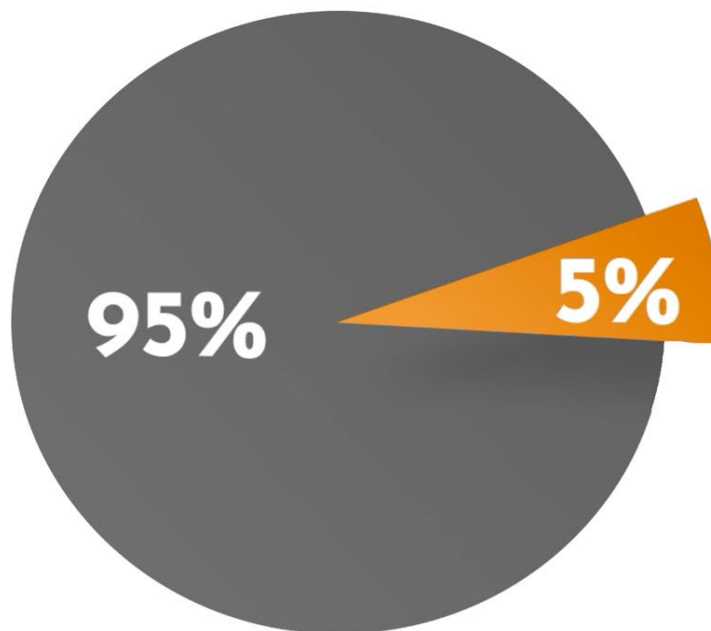


NIV Market Penetration



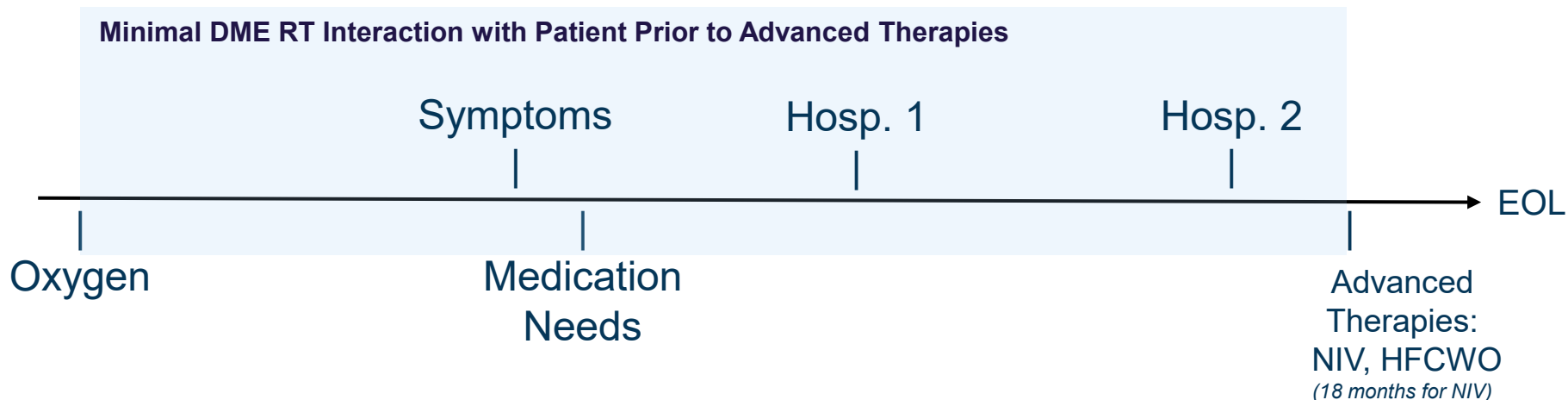


TOTAL PATIENTS VS ADVANCED RESPIRATORY EQUIPMENT PATIENTS

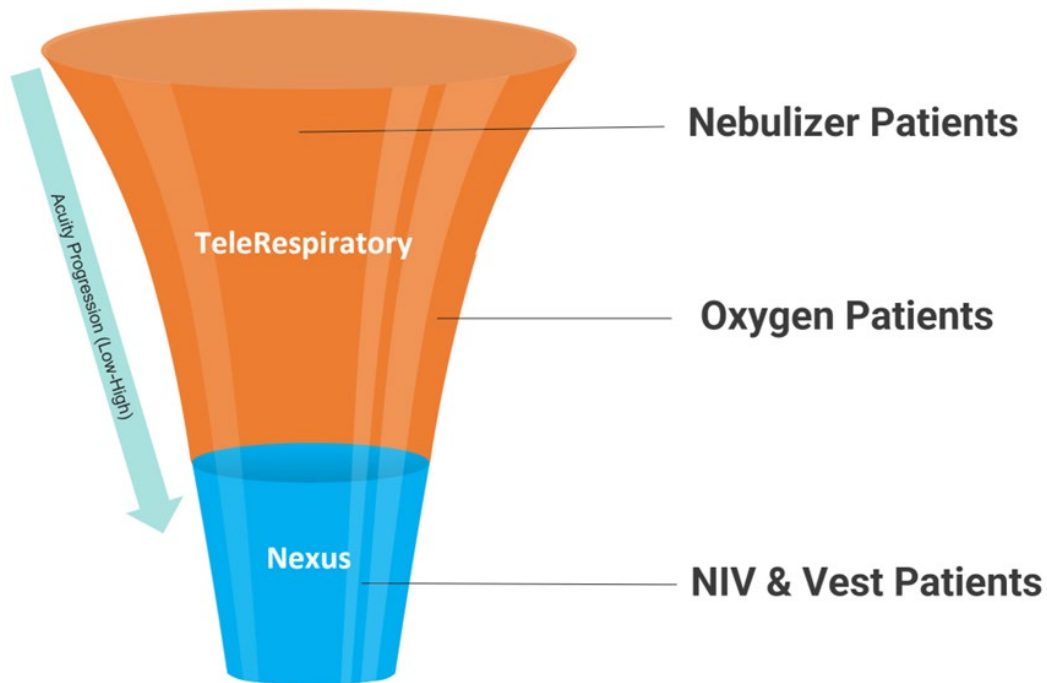




COPD: Treatment Timeline



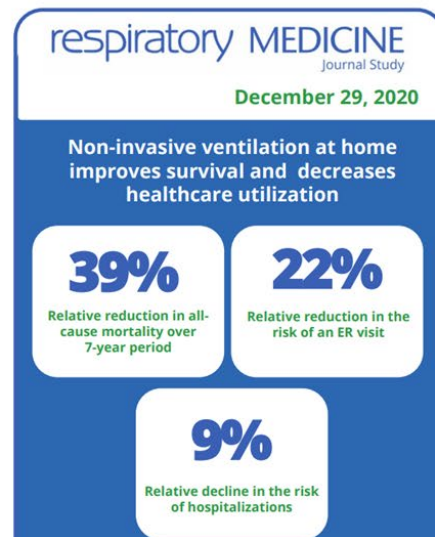
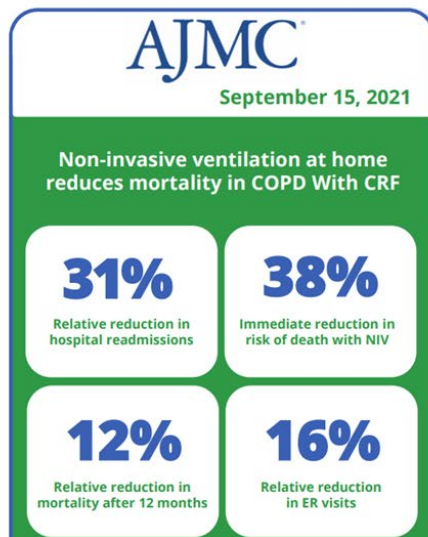
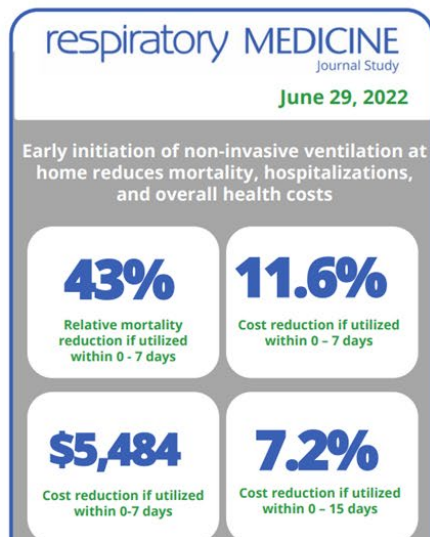
TeleRespiratory - Advanced Therapies Funnel





Ventilator-based NIVH for COPD-CRF (cont.)

Published Research Real-world results

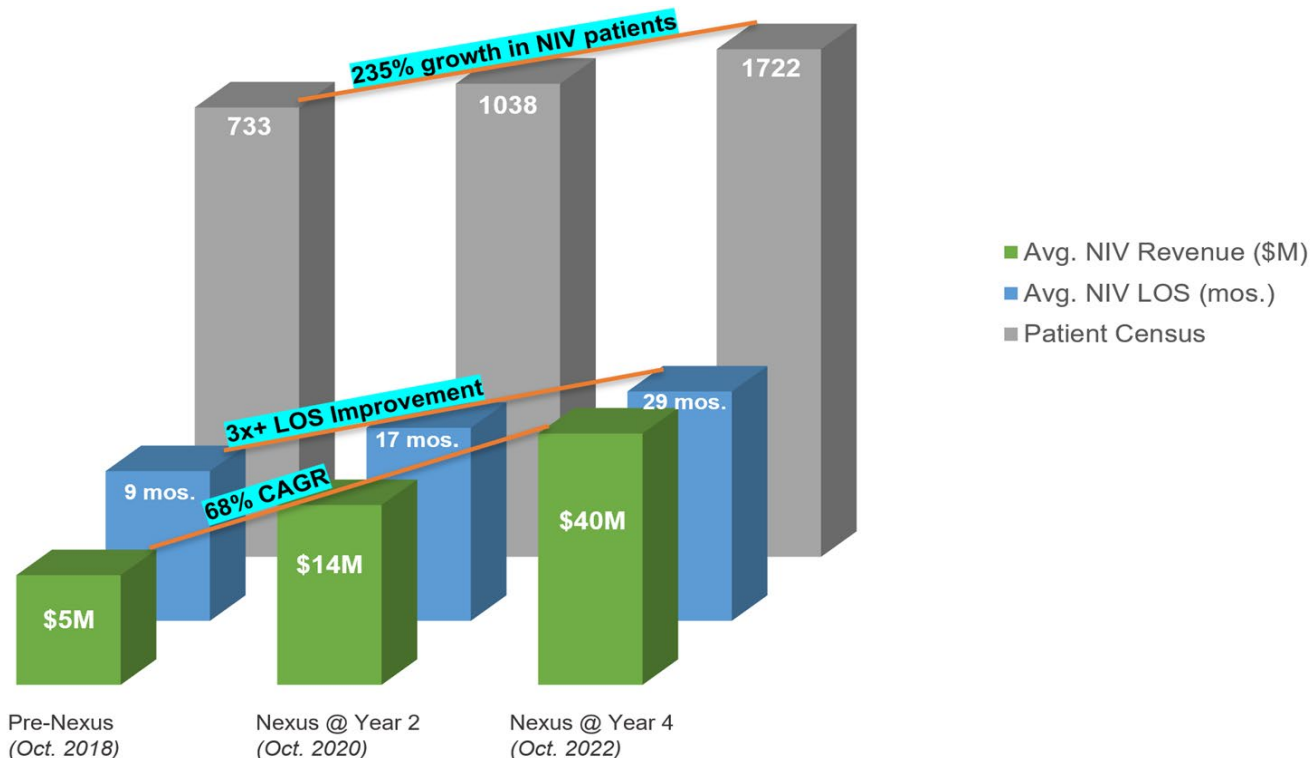


Chronic Respiratory Failure = Home NIV

Reduction in Risk of Death by Time of Therapy in Patients with COPD-CRF Utilizing Home NIV

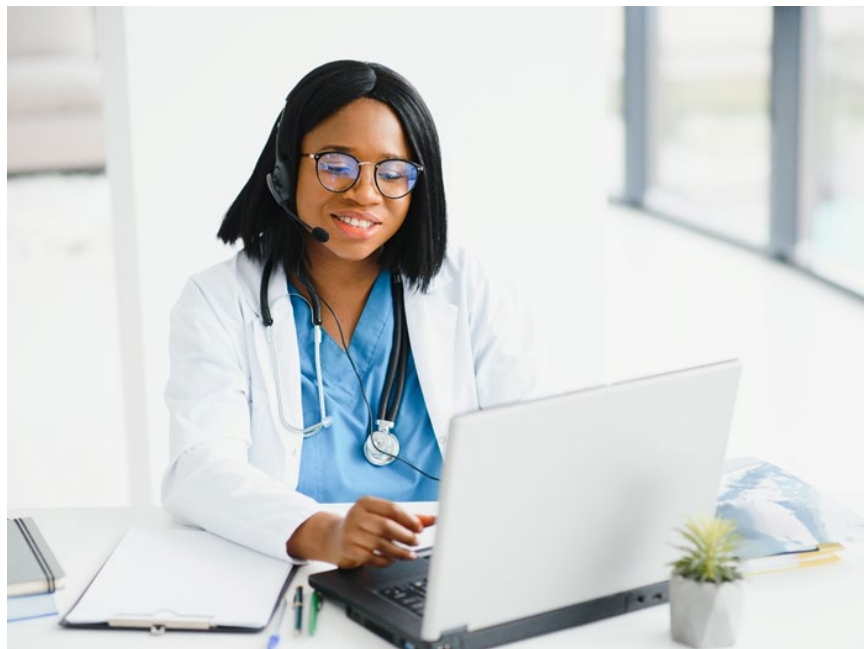


Outcomes Drives NIV Growth & Revenue



Respiratory Therapy Staffing

- Need for RT staff
 - Part time or full time
 - On call
 - 2-hour response time
 - Outsourcing follow-ups
 - Remote management
 - Modems





RT Management

- Hire internally supervisor
- Outsource Clinical Management
 - P&P
 - Implementation
 - Training
 - Managing clinical operations
 - Reporting back to leadership





NIV Inventory Management Options

- Capital Acquisition Option - Buy & Maintain your own Fleet
- Rental Option - Partner with an NIV Rental Supplier
- Advantages & Challenges with either Option
- Some Providers choose Both (Blended Model)



NIV Clinical Management Options

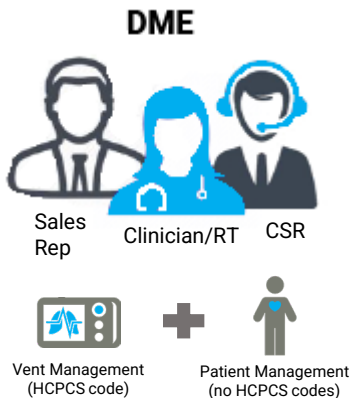
Similar to NIV Inventory Management, there are now different options:

- FTE Model - Hire & Manage your entire RT Clinical Team
- Outsource Model - Contract with 3rd party service for TeleRespiratory NIV Management
- Blended Model - 3rd party clinical service to augment FTE team capacity



RPM for NIV

The DME industry has long been challenged by having to provide patient management services, for no additional revenue, along with equipment management.



The cost of providing the patient management comes out of the equipment rental revenue, as there are no HCPCS codes for services provided.

RPM for NIV model shifts a significant portion of the patient management services out of the HCPCS equipment rental revenue category, and places it under a physician-led, CPT billing category that is focused on ventilator adherence and patient outcomes management.



This new, collaborative model ensures both the equipment and patient are managed appropriately under specific and distinct billing categories that are better aligned with their original purpose.

**New DME Revenue Formula
(HCPCS billing)**

$$$$$ - \text{Ventilator Icon} = \$\$ \text{ with upward arrow}$$

DME Profit & Margin Growth

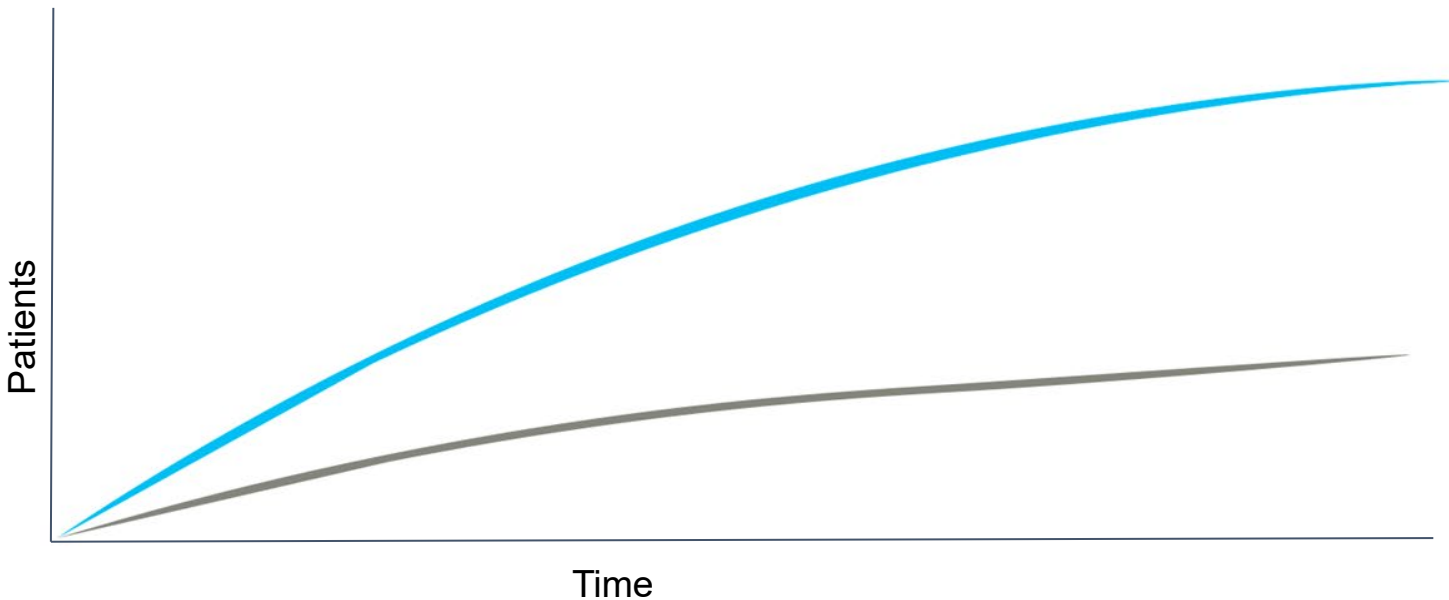
**RPM Revenue Formula
(CPT billing)**

$$\$\$ - \text{Patient Icon} = \text{Increased ROI centered around Patient Outcomes}$$

Remote Monitoring Revenue Patient Management Cost

Organic Growth:

With clinical program vs without clinical program





Increase length of service for ventilator patients

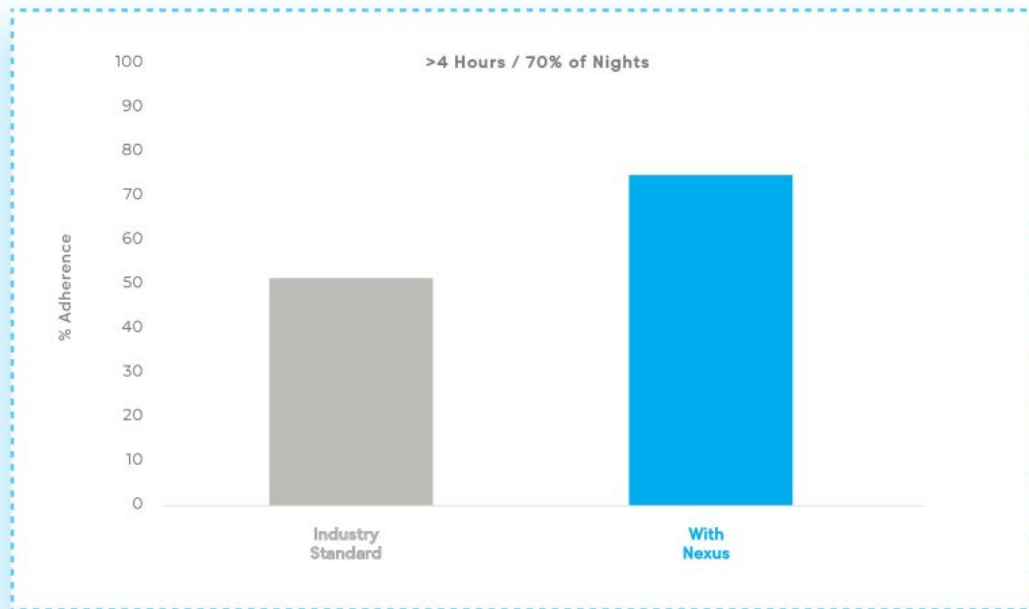
NIV Adherence: Industry Standard vs. Respiratory Patients enrolled in Nexus Program

73%

Patients enrolled in
Nexus Respiratory Program
have **73%** NIV adherence

50%

The industry standard is only
approximately 50% NIV adherence



Increase length of service for ventilator patients

Ongoing Adherence & Patient Management Program

Average NIV length of service

Nexus up to 29 months

Industry avg
8 months

0 5 10 15 20 25 30
Months

LENGTH OF SERVICE

**70%
HIGHER**

Better Together: An AI-Driven, Software-Based, Respiratory Therapist-Administered Home COPD Management Program Reduces Hospitalizations by 65% in a Home Ventilation Population

Chris Landon, MD; Ray Gregg, CRT, RPSGT; Zach Gantt, RRT, FAARC



Rationale: COPD accounts for nearly 1.5 million ED visits and over 700,000 hospitalizations each year.¹ Programs have evaluated the impact of home ventilation with physician follow-up, however few programs include respiratory therapist-directed home intervention focused on whole patient management.

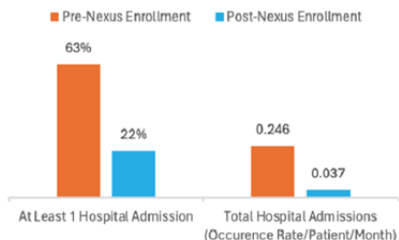
Purpose: Evaluate impact of an AI-driven, software-based, COPD management program (Nexus) on hospitalizations amongst home-based, COPD patients with chronic respiratory failure (CRF) managed on home ventilation by home medical equipment (HME) companies.

Methods

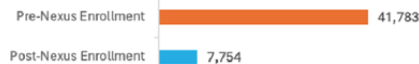
17,394 home-based COPD patients managed from January 2018 - October 2023 using a goal-based, AI-driven, COPD software [Nexus, Encore Healthcare, Tennessee], administered by respiratory therapists (RT) via in-home and telerepiratory visits. Patients were enrolled via prescriptions for home ventilation. Enrollees were managed by US-based HMEs, with the Nexus platform being the only commonality. Assessments populated individualized plans of care with risk/acuity-based schedules of visits and goals. The AI-driven software guided the RT in identifying and then working with the patient's physician to resolve issues in the following core areas: respiratory medication management, symptom progression, ADL status/changes, and self-management ability. Enrollees received over 450,000 assessments and AI analytics processed over 12 million datapoints. Enrollees' months on service averaged 16 months, with 3,846 patients averaging over 24 months. 12-month hospital admissions' history was self-reported without claims confirmation and post-onboarding admission was confirmed by RT via patient interviews. Two methods were used to understand hospitalization reductions; first, those with at least 1 hospital admission without totaling all events; second, total hospital admissions calculated as a rate per patient per month.

Nexus Program Graphics

Nexus Program Summary: Hospitalization Outcomes



Hospital Admissions



Nexus Physician Report: Individualized Patient Reporting



Results

Patient self-reported hospital admissions post-onboarding were measured at 12 months and compared to admission history for prior 12 months. Enrollees reporting at least one hospitalization in the 12-months prior to enrollment experienced 65% fewer admissions post-enrollment. Calculated as a per patient per month rate, enrolled patients experienced 85% fewer admissions vs. their 12-month prior history. In total, patients experienced 34,029 fewer hospitalizations while enrolled in the program vs. the prior year. Using a standard DRG-related reimbursement of \$7500 for a COPD-related hospital stay, the program has resulted in an estimated total US healthcare cost savings of over \$255 million.

Conclusion

Home-based, COPD management programs led by respiratory therapists using AI-driven software with plan of care goals, can have a significant impact on COPD admissions, quality of care metrics, and overall cost of care. An AI-powered platform offers home therapists a uniform, systematic tool to ensure consistent outcomes' improvement across large populations.

Disclosures

Dr. Landon serves as Adjunct Sr. Medical Advisor for Encore Healthcare, a respiratory population health software developer & clinical outcomes provider. Ray Gregg - CRT, RPSGT is the VP of Business Development for Encore Healthcare. Zach Gantt - RRT, FAARC is the Founder & CEO of Encore Healthcare.

References

- [1] M. Carone, S. Antoniu, P. Baiardi, V.S. Digilio, F.W. Jones, G. Bertolotti, Predictors of mortality in patients with COPD and chronic respiratory failure: the quality-of-life evaluation and survival study (QuESS): a three-year study, COPD 13 (2) (2016) 130-138.

Key Points

Better Together: An AI-Driven, Software-Based, Respiratory Therapist Administered Home COPD Management Program Reduces Hospitalizations by 65% in a Home Ventilation Population

Population

- **17,394** home-based COPD patients
- Jan 2018-Oct 2023
- Multiple HME providers across the US
- **All using NIV on a Ventilator (E0466)**

Method

- HME providers followed different visit schedules
- Ran the same software based playbook (NEXUS)

Value Based Result

- Reduced hospitalizations by **65%**
- Reduced number of Hospitalizations by **34,029**
- Patient had improved QOL

Sales Strategy

- If this was your HME why would Physicians send patients to anyone else



Schedule of Events

EXPO HALL HOURS

Wednesday, February 19 | 9:00AM – 5:00PM

Thursday, February 20 | 10:00AM – 3:00PM

Consultants Cocktail Hour

Tuesday, February 18 | 5:00PM – 6:15PM

AAHomecare Update

Wednesday, February 19 | 2:15PM – 3:15PM

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