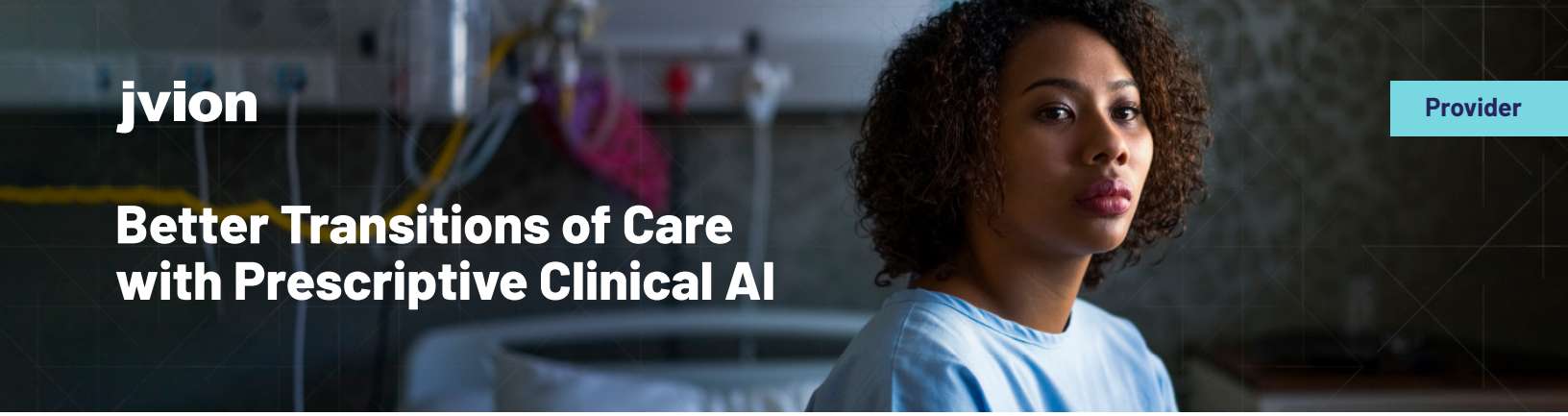


jvion

Provider

Better Transitions of Care with Prescriptive Clinical AI

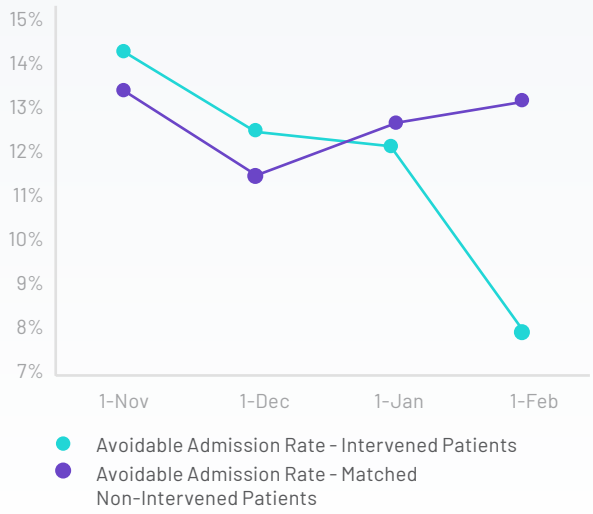
Nearly 20% of patients experience adverse events within 3 weeks of discharge. Almost three-quarters of these events could have been prevented or reduced in severity.[1]

Preventable hospital readmissions cost the U.S. healthcare system an estimated $25 billion per year.[2] Furthermore, in 2020 nearly half the nation's hospitals were penalized by the Centers for Medicare and Medicaid Services (CMS) for high rates of readmissions.[3] **To prevent readmissions and reduce costs, improving transitions of care has become a priority for health systems.**

The reality is that readmissions can often be avoided with appropriate coordination and communication, and a stronger focus on the needs of patients and their caregivers during transitions of care. That's why **one of New York's largest healthcare providers decided to augment their transitions of care management (TCM) program with Jvion's prescriptive clinical AI CORE™.**

The CORE would identify who was at risk for readmission, why they were at risk, and what interventions would most effectively reduce their risk, helping the TCM team target their outreach to the patients whose outcomes could be changed.

For more than a decade, Jvion has provided healthcare organizations with the clinical and socioeconomic factors driving adverse outcomes such as readmissions and health inequities.



1. psnet.ahrq.gov/issue/incidence-and-severity-adverse-events-affecting-patients-after-discharge-hospital
2. www.nehi.net/bendthecurve/sup/documents/Hospital_Readmissions_Brief.pdf
3. khn.org/news/hospital-penalties/?penalty=readmission

Clinical AI that prevents avoidable patient harm

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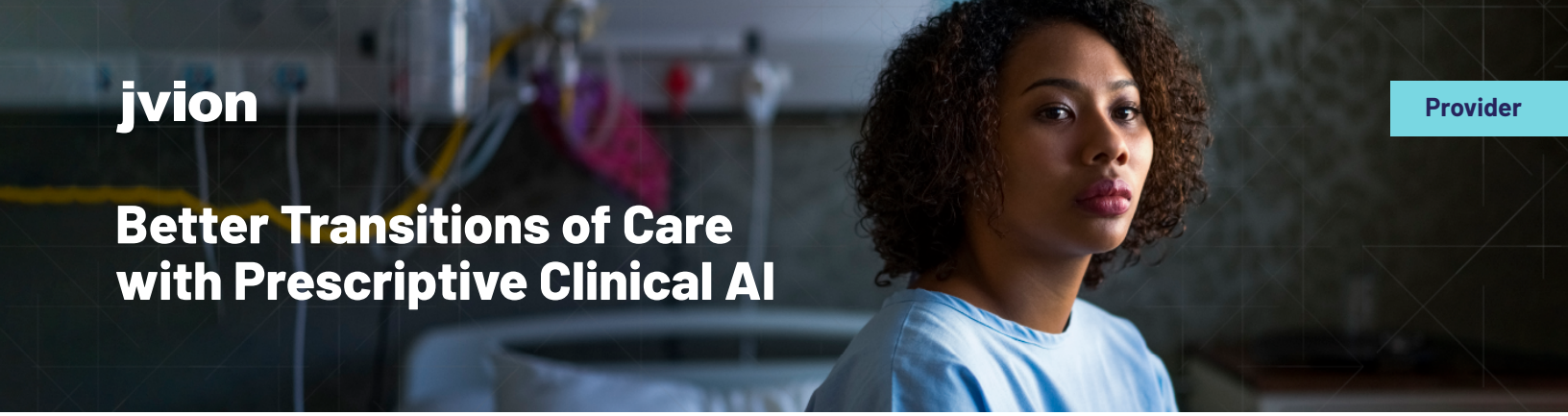

jvion

Provider

Better Transitions of Care with Prescriptive Clinical AI

Healthcare Provider Reduces Readmissions by 23.6%

Effective transitions of care are critical to preventing readmissions and improving patient outcomes. To that end, they turned to Jvion's prescriptive clinical AI CORE™ to identify and intervene on patients at risk of readmission across 15 of the health system's hospitals.

The CORE recommends interventions that reduce readmissions:

Readmission Rates:

Standard Care	31.5%
Jvion CORE Interventions	24.1%

The CORE reveals hidden risk factors for readmission:

- Inability to afford medication
- Social isolation
- Poor health literacy
- Lack of access to transportation

By actioning the CORE's recommendations, the healthcare provider saved: **$459,200** over 4 months

Seeing the Hidden Risk for Readmission

To see who is at risk of readmission post-discharge, Jvion's AI CORE looks at data on thousands of risk factors per patient. This includes clinical data but also data on social determinants of health, such as access to transportation, social isolation, or income instability. This comprehensive approach reveals hidden risk for readmissions that Transitions of Care Management (TCM) teams would otherwise miss.

Targeting Patient-Centric Outreach

Every week, the CORE delivers a prioritized list of the patients whose readmission risk can be reduced with the right interventions. The list details each patient's unique risk factors—clinical, socioeconomic and behavioral—and recommends interventions that would address these risk factors to keep patients healthy and out of the hospital. These insights empower the TCM team to more effectively target their patient outreach post-discharge.

Proven Results and Higher Quality Care

The healthcare provider conducted a matched-control study to evaluate the CORE's impact on readmissions. Patients that received interventions recommended by the CORE had 23.6% fewer readmissions than the matched control group. That meant 41 expected readmissions were avoided, saving $459,200 over the course of four months while improving the quality of care delivered.

Clinical AI that prevents avoidable patient harm

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