



# NOVOLINK

Addressing the Needs of the Highest Risk,  
Highest Cost Patients at Home

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# Patients We Serve



## Very high utilization

- Patients who cycle between home and hospital
- Most have 12 month costs over \$150,000
- Typically the top 1-2% most costly patients



## High Complexity

- Polychronic and/or advanced chronic conditions like Class 4 heart failure and COPD
- 2+ medical admissions in last 45 days or 3+ hospital events in last 60 days



## Have Failed in Main Delivery System

- Keep going back to hospital
- Chronic conditions have repeated acute exacerbations
- Stable enough to go home but not to stay home

# Novoink is designed to prevent admissions

Novolink creates a supportive environment combined with 24/7 continual observation and intervention to stabilize highly complex patients.



Home-based program with continuous monitoring and intervention where patients can end the vicious cycle of hospital to home



Multi-disciplinary care teams led by specialists



Advanced 24/7 monitoring and urgent response using technology approved by the FDA for home use



Regular, individualized testing to ensure stabilization



Whole person approach to address physical, psychological, and social aspects of illness



Training program empowers caregivers to help their loved ones during and after the program

## Continual Care —The Novolink Difference

### 24/7 Monitoring with Integrated 24/7 Response Protocols

- Both basic (BP, Pulse, O2 saturation, weight scales) and advanced monitoring (12 lead ECG, Spirometry, telemetry) as needed
- Individualized alert and alarm levels for each patient
- Evidence-based response protocols built in our EMR and monitoring system



### Specialist-led care teams

- Each patient has a care team consisting of appropriate resources including APRNs, behavioral health practitioners, nurse educators, monitoring experts, and specialists to direct care
- Services provided primarily at patient's home augmented by telehealth
- Each patient regularly reviewed by care team and specialists

## Technology's Central Role

Wireless technology replaces wired connections in hospitals

**01**

Monitor vitals, but sometimes with continuous monitoring

**02**

More sophisticated devices for patient needs, e.g. ECG, spirometry, telemetry

**03**

Custom-built EMR with alert and alarm levels for each data point

**04**

Telehealth provided through tablets and 24/7 urgent response



Our results show that Novolink significantly improves patient outcomes, experience, and total cost of care



1. Based on total prior admissions and admissions during Chronic Program as of 12/31/22 MSO data.  
2. Based on normalized claims data pre and post program as of 6/23/22.

# Results Published in *Clinical Cardiology* this Year

“Home Heart Hospital Associated With Reduced Hospitalizations and Costs Among High-Cost Patients With Cardiovascular Disease”  
Michael Shen | Kareem Osman | Daniel M. Blumenthal | Kaelin DeMuth | Yixiang Liu

## Results



Common comorbidities included congestive heart failure (50%), atrial fibrillation (37%), coronary artery disease (44%). Relative to pre-enrollment, enrollment in H3 was associated with significant reductions in annualized hospitalization rates (absolute reduction: 2.5 hospitalizations/year,  $p < 0.001$ ); total costs of care (mean annualized reduction: \$67,370,  $p < 0.05$ ); and Part A costs (mean annualized reduction: \$81,600,  $p < 0.001$ ). Annualized post-treatment total costs and Part A costs were significantly lower than pre-enrollment costs (mean total cost reduction: \$87,530,  $p < 0.05$ ; Part A costs: \$67,450,  $p < 0.01$ ).

Comparison of Part A/Total Costs of Care During the Baseline, Treatment, and Post-Treatment Periods

