

*****Nurse·1·1

UTILIZATION MANAGEMENT WHITE PAPER

Reducing healthcare costs by digitally navigating patients through the care journey

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This document serves to explain Nurse-1-1 and its tailored approach to right-sizing care for risk-bearing entities, digital health companies, and state health departments.

Over the course of two months, over 30,000 patients visited Nurse-1-1. Metrics collected during this time are outlined in this document to help provide insights into the effectiveness of Nurse-1-1 in engaging and navigating patients to proper services while simultaneously lowering costs.

Offering patients a way to avoid unnecessary ER and clinic visits that also improves their health outcomes is a victory for all parties.



About NURSE-1-1

Founded September 2018

DIGITAL DOORWAY TO HEALTHCARE

Nurse-1-1 was launched from Harvard University's Innovation Lab in 2018 and is the "digital doorway to healthcare" for the billions of worried patients searching for information about their health concerns every day.

We are an on-demand nurse chat that allows anybody to chat securely and immediately, 24/7, with Nurse-1-1's network of **over 1,100 RNs, NPs, and PAs** for healthcare information and guidance before making the critical next healthcare step.

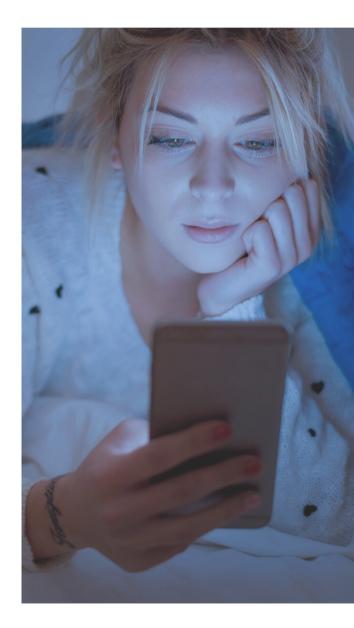
Our mission is to provide accessible and compassionate healthcare to everybody, from anywhere. HIPAA-compliant text chats

VIRTUAL HEALTHCARE GUIDANCE

Patients find Nurse-1-1 when searching online, on social media, through our healthcare partnerships, and by being embedded into any digital health experience.

After answering basic demographic questions, including first name and age, patients select their health concern(s) and **within 8 seconds** on average are connected to one of our experienced staff.

Through a HIPAA-compliant, text and photo sharing chat, patients receive empathy, support, and guidance. They also receive the health information that empowers them to make the healthcare decision that is best for them.





Quality & Consistency

NURSE-1-1 HEALTH EXPERTS

Nurse-1-1 RNs, NPs, and PAs undergo a thorough review and onboarding process prior to providing health information to patients on Nurse-1-1. We require clinical experience within a general area of medicine such as primary care, urgent care, emergency care, or triage.

On average, Nurse-1-1 health professionals have 11 years of clinical experience in their healthcare field. All must exhibit a friendly, supportive, and educational approach to the text conversation with patients.

Text chat conversations are regularly audited to ensure quality and consistency.



From March to May 2020, Nurse-1-1 welcomed 30,000 unique patients to the platform. Although patients' circumstances may vary, 20% report being uninsured and 45% report not having a PCP. We welcome all patients as long as they can read/write in English (additional language offerings are currently under construction). We pride ourselves on being a truly patient-centric service for all patient populations. For starters, we make it as easy as possible to connect to a nurse - most patients are connected in under 8 seconds. On average, nurses will spend **over 10 minutes with each patient** giving personal, one-on-one chat time in order to help understand the patient's needs, alleviate their anxieties, and empower them to make better healthcare decisions. The nurse-chosen recommendations are given case-by-case and personalized to the patient's location in order to better meet the patient where they are.

Thanks to all these person-centric approaches, Nurse-1-1 enjoys an "excellent" **Net Provider Score of 58**, emphasizing how much patients enjoy the experience and are likely to refer a friend. (Based on global NPS standards, any NPS score above 0 is considered "good", while 50 and above is "excellent". According to a 2016 report by Accenture Consulting, the average NPS in healthcare was 9.*) We know patients turn to us out of fear, anxiety, and confusion, so connecting them quickly to a trusted health professional who has the necessary time to hear their story is crucial in order to maintain high levels of engagement.

*Accenture Consulting, 2016 report: "Patient Engagement: Think your patients are loyal?"

what patients are

"I was scared stiff after researching my child's problem online. Sarah gave me great info and eased my concerns. Sarah was an amazing nurse!"

- Chris W.

"I was worried I had pink eye and stressing like crazy (I didn't want to infect my boyfriend!) so I signed up for Nurse-1-1 and BAM! Problem solved within 5 minutes." - Dana S. Driving Healthcare Efficiency

DIGITAL GUIDANCE LOWERS COSTS

We strongly believe that value based care is the future of the American healthcare industry. The coronavirus pandemic has only emphasized the importance of a value approach over a fee-for-service one. However, restructuring how patients expect to receive care will not happen overnight. Controlling, and even lowering costs will require new approaches to patient engagement, navigation, and care.

Nurse-1-1's ability to engage patients early in their illness journey is the novel, digital approach needed to lower costs while improving satisfaction and outcomes. Our track record includes both an impressive rate of ED diversion as well as reduced unnecessary outpatient bookings.



of patients on Nurse-1-1 self-report they are considering visiting the ER



of patients considering an ER visit are given a non-emergent recommendation



reduction in outpatient in-person bookings

ED DIVERSIONS

REDUCING UNNECESSARY OUTPATIENT BOOKINGS

On average, 17% of patients on Nurse-1-1 self report they are considering visiting the ER for the health concern in question. Of these patients, 95% are given a nonemergent recommendation such as home care, PCP follow up, telemedicine, or urgent care.

This means that only 5% of patients considering an ER visit are actually recommended to seek emergent evaluation.

Just in the first half of May, this amounts to an average savings close to \$150,000, based on a per visit ER cost of \$1,389 to \$2,032 depending on the source. Nurse-1-1 tracks patients' age, chief complaint, chat time (time of day and day of week), PCP status, and insurance status. All these factors are used in Nurse-1-1's proprietary ED Diversion Algorithm to formulate a risk stratification score, which is used to estimate likely ED diversions. The same controlled study above conducted by Nurse-1-1's digital health partner that showed a 255% increase in sign-ups also showed an **80% reduction in outpatient inperson appointment bookings**.

By empowering patients with trusted health information and guidance, many patients with low-acuity health issues may be able to forego inperson urgent visits with their PCP. Instead, patients are navigated to lower cost options to solve their concern, including home care, phone contact with their provider, or telemedicine.

It's the 21st century and patients want care that meets them where they are. Offering patients a way to avoid unnecessary visits to the clinic that also improves their health outcomes is a victory for all parties as this approach also lowers costs. Recent data suggests an outpatient visit to primary care can cost \$167. Guiding the Healthcare Journey

NURSE-1-1 FOR UTILIZATION MANAGEMENT

Payers, public health departments, value-based providers and digital health initiatives need patients to stay informed and properly navigated throughout the care journey in order to properly manage utilization.

Nurse-1-1 offers a flexible, ever-ready option that can reach large numbers of patients at any time and anywhere, 24/7/365. Our missed chat rate is under 1% and our time to connect a patient to a health professional is 8 seconds on average. The Nurse-1-1 platform is also built to be easily customized with local, patient-centric follow-up options that can range from video visits to chat-based testing reviews to appointment scheduling. Together, we can right-size care while delivering an incredible patient experience.

To learn more and request a demo, contact us at: partners@nurse-1-1.com