Imagine Having Complete ADT Feeds With Actionable Data

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Presented by:

Avery Telehealth

&

Connective Health

In coordination with:

VBCExhibitHall.com

Educational Webinar Series

Meet The Speakers

Mark Aspenson

Chief Executive Officer

Avery Telehealth

Ryan Hess

Co-founder, CEO

Connective Health

Audience Poll

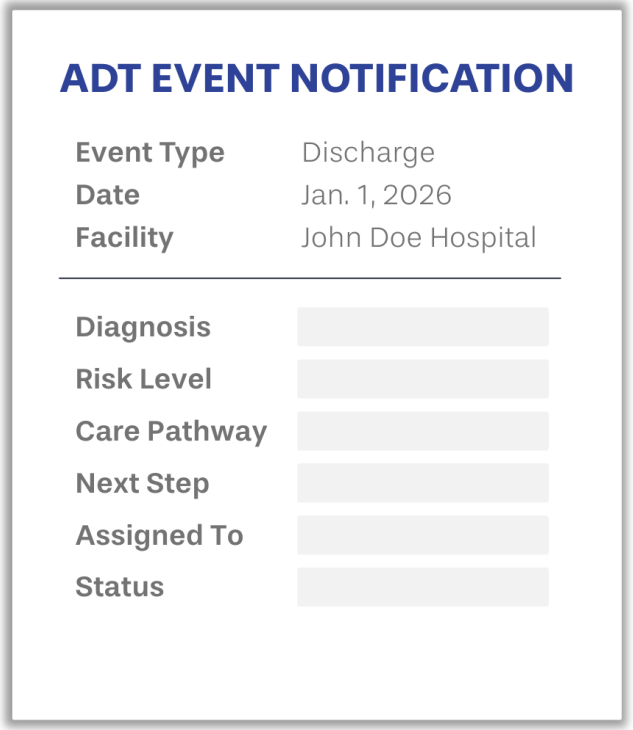
What percentage of hospital admissions you want to act on are you receiving notifications for?

Actual ADT Feed 12/6/25

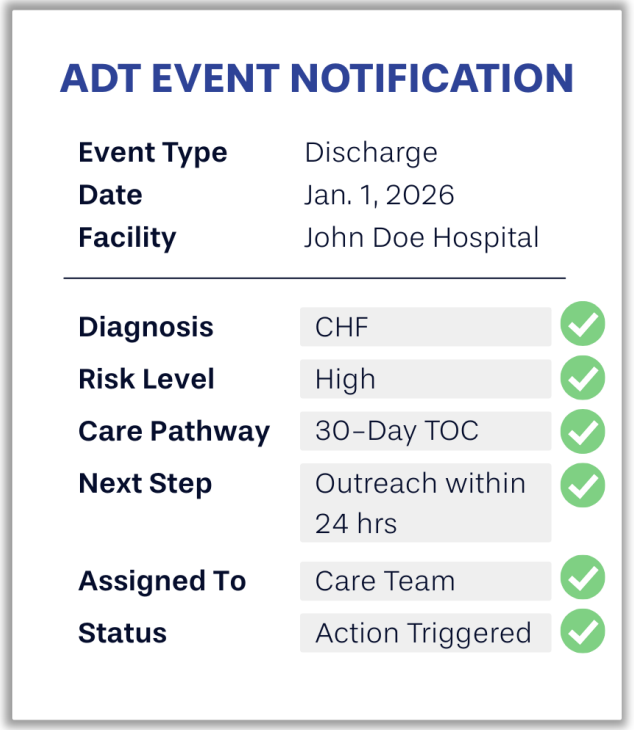
Name	Admission Date	Admission Reason	Discharge Date	Facility	DOB	Phone #
Linda	12/3/25	Chest Pain, Unspecified	12/4/25	SOC	4/08/52	
Ramona	12/3/25	I21.4 Non-St Elevation (NSTEMI) Myocardial Infarction 10	12/4/25	NYP Milstein Hospital	9/27/55	0589
Carlos	12/3/25		12/4/25	HLM	1/14/88	7478
Michael	11/30/25		12/4/25	NYP Queens	6/30/59	
Saul	10/31/25		12/4/25	NYPH East	2/19/63	
Delilah	12/1/25		12/3/25	NYPM Schony	11/05/28	4624
Manpreet	12/1/25		12/3/25	LIJ	3/11/99	9413
Maria	12/2/25		12/2/25	St Johns Episcopal Hospital	7/22/64	6090
Yoleiry	12/1/25	Z90.79 Acquired Absence of Other Genital Organ(s) I10	12/3/25	NYP Allen Hospital	10/09/85	8736
Luz	12/1/25		12/3/25	NYU Lutheran	5/03/98	4314
Olga	12/1/25		12/3/25	NUMC	12/28/91	

The Reality of ADT Feeds Today

Standard ADT Data



Actionable ADT Data



Knowing something happened is not the same as knowing what to do next.

Susan's Story

- Admitted to Orlando General at 2:00 AM Monday, with chest pain
- Discharged from the hospital at 3:30PM Wednesday

Susan

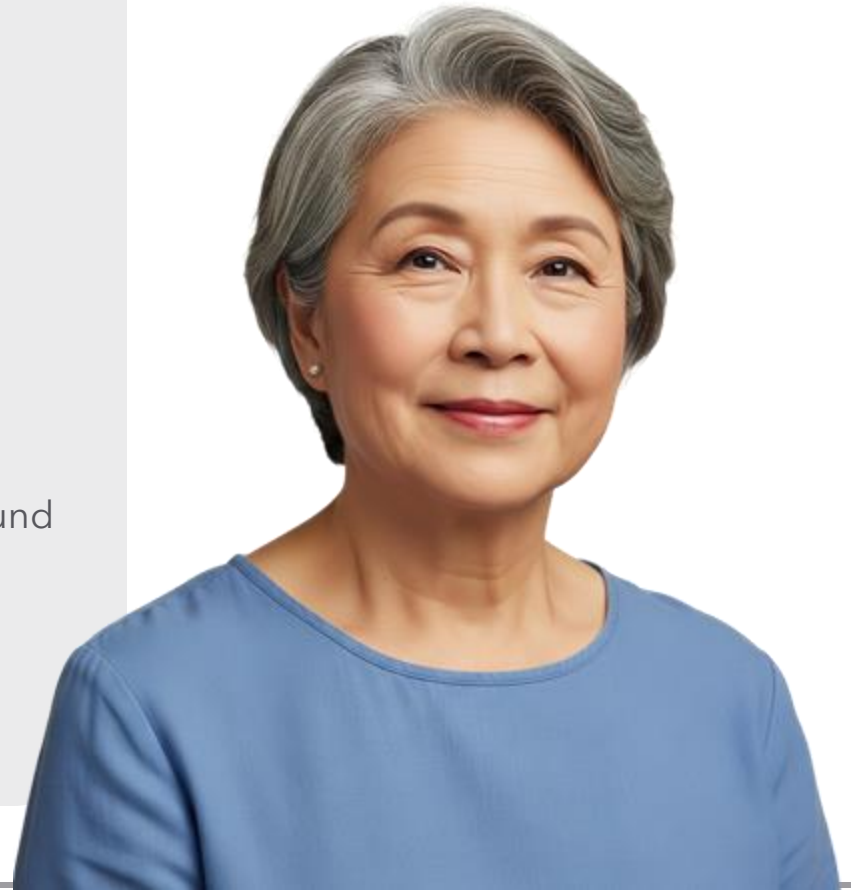
Emergency Visit

ADT Event Notification

- Female, 72
- Heart failure
- Type 2 diabetes
- THREE health systems found

SOURCES

LABS | IMAGING REPORTS | PHARMACY FEED



Where Visibility & Action Fell Short

Prior ED Visit Not Visible

- Admitted to another hospital 3 weeks earlier
- Same condition
- Not visible to the care team

Multiple Alerts, Limited Clarity

- One admission triggered multiple ADT alerts
- ED → cardiology → discharge
- No clear signal for follow-up

Information Without Direction

- Admission and diagnosis identified
- No guidance on urgency or next steps

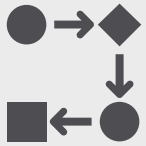
Unclear Engagement Path

- Who should follow up?
- When should outreach occur?
- How does this connect to ongoing care?

Risks & Costs of This Approach

Increased readmission risk from delayed contact

Higher readmission risk from limited patient engagement



Relapse risk without connection to appropriate chronic care

Lower patient & provider satisfaction

Audience Poll

What percentage of the time does your team know a patient/member was hospitalized?

Sally's Story

- Discharged from the hospital Wednesday at 11:00AM
- Received same-day outreach from the care team, that reviewed her discharge summary
- Engaged and receptive to follow-up

Sally

Emergency Visit

ADT Event Notification

- Female, 70
- Heart failure
- Type 2 diabetes
- THREE health systems found

SOURCES

LABS | IMAGING REPORTS | PHARMACY FEED

What Care Teams See With Actionable ADT Data

Jane Doe *(Female)*
Patient ID: **112233**
DOB: **1950-01-01** *(74 years old)*
Address: **123 Main Street, SAN MARCOS, TX.**
Home: **123-456-7890**
Mobile: **555-333-7575** *(alternate)*

Requesting Provider: DONNA SMITH

Vital Signs: Ascension Seton Hays
Height: **5' 6" or 167.64 cm** *(2025-08-21)*
Weight: **204 lbs or 92.55 kg** *(2025-08-21)*
BMI: **32.93 kg/m2** ▲ *(2025-08-22)*
Blood Pressure: **162/66 mm[Hg]** ▲ *(2025-08-23)*
Heart Rate: **46/min** ▲ *(2025-08-23)*

▶ *Diagnostic reports available: CT_SCAN, ECG_EKG, ECHO, NUCLEAR_MEDICINE, PATHOLOGY, ULTRASOUND, X_RAY*

^ ADMIT/DISCHARGE ALERTS

ASCENSION SETON HAYS

Alert Types: **A01(Admit), A03(Discharge)**
Admit Date: **2025-08-21**
Admit Details: **Inpatient: resp failure with hypoxia**
Discharge Date: **2025-08-23**
Discharge Disposition: **HOME**
Diagnoses:
J9600: Acute respiratory failure, unsp w hypoxia or hypercapnia
R0602: Shortness of breath

Medications since 2025-08-21:
acetaminophen / HYDROcodone
take 1 tablet by mouth every twelve hours
spironolactone
1 tab(s), PO (oral), qDay, 30 day(s), 30 tab(s), 0, 0, 9/22/25 1:38:00 PM CDT, Sam's Club Pharmacy 4958
vitamin B12
2,500 mcg, SubLINGUAL, qDay, 0
triamcinolone
1 application, Topical, qDay, PRN as needed for rash, 0

^ RECENT ENCOUNTERS

DATE	PROVIDER	SPECIALTY / REASON FOR VISIT
2025-08-21	David Rodriguez, Hays	Hospitalist: 'Shortness of breath'
2025-08-19	ASCENSION SETON	Clinic/Center - Ambulatory Surgical
2025-08-19	RAYMOND HARSH	Plastic Surgery

^ ENCOUNTER DETAILS

2025-08-21 Private/Semi Private

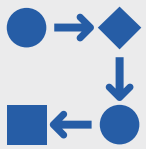
Providers: David Rodriguez, Hays, Hospitalist
Diagnoses: Shortness of breath
Notes:
2025-08-21:
Follow Up Care
08/21/2025 17:20:51
With: Jon Jani, MD, Cardiology
Address:
1234 Sadler Drive, Bldg II, Suite 2100
San Marcos, TX 78666-
(512)-111-5555 Business (1)

When: 1 week (semana)
Comments: Call for an appointmentPost hospitalization follow-up
With: Raymond Harsh, MD, Plastic Surgery
Address:
1234 BARBARA JORDAN BLVD STE 307
AUSTIN, TX 78723-3080
(555)-324-8320 Business (1)

An Approach That Reduces Risk & Cost

Lower readmission risk through same-day outreach

Higher engagement through established care relationships



Appropriate placement into chronic care management

Improved patient & provider satisfaction

The Outcome

When you curate the right data for the right condition, you don't just treat patients faster — you treat them better.

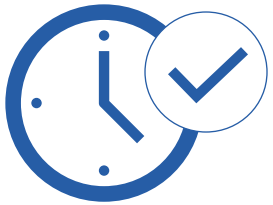
Audience Poll

When is the most critical time to engage high-risk patients/members?

How & When to Engage High-Risk Members

1

Timing Matters More Than Alerts



2

Actionable Clinical Data

3

Give Care When Care is Needed

Questions & Answers

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