



A READMISSION BREAKTHROUGH

How Structured Insights Improve Transitions of Care and
Close the Discharge Gap

VBCExhibitHall
.com 
Educational Webinar Series



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Connective Health



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ilumed

ilumed

Transforming Healthcare
Through Value-Based Care

7 States

150+ PCPs

**47,000+
Patients**

**6.3% Savings
Rate**

Value-based care is transforming the future of healthcare by shifting the focus from volume to outcomes. ilumed partners with providers of all sizes to navigate this transition.

Our Core Principles



Actionable Data

Real-time insights into patient populations, risk, and performance



Defined Processes

Proven workflows for practice transformation across the value-based care continuum



Clinical Expertise

Physician-led team offers valuable insight on improving patient care



ALL OF THE INSIGHTS YOU NEED TO SUCCEED IN VALUE-BASED CARE

DISCHARGE & HIGH-COST EVENT MGMT

RISK ADJUSTMENT & CARE COORDINATION

CARE GAP CLOSURE & CHRONIC CARE MGMT

NEW PATIENT ESTABLISHMENT

Outpatient follow up
PRIMARY CARE VISIT

- Hospital discharge summary with heart failure symptoms
- Echo results (30%) and BNP results (1500 pg/mL)
- Recommend diagnosing with heart failure

SOURCES

LABS DISCHARGE SUMMARY IMAGING REPORTS

Read more

LABS HOSPITAL ORDERS HIE DIAGNOSTIC IMAGING EHR



Open Discussion



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PATIENT CARE SUMMARY



MARY JONES (Other)

Patient ID: 123456789

DOB: 1942-01-01 (83 years old)

Address: 123 Main St, Fort Myers, FL

Mobile: 610-222-1111 (alternate)

Home: 610-333-2222 (alternate)

Work: 610-444-3333 (alternate)

Work: 610-555-4444 (alternate)

Diagnostic reports available: CT, SCAN, ECG, EKG, ULTRASOUND, X, RAY

Alternate address used to enhance medical record search: 123 Central Ave, Pottstown, PA 19465

Requesting Provider: CareCentral

Vital Signs: Lee Health Systems Inc.

Height: 5' 4" or 162.6 cm (2025-10-26)

Weight: 140 lbs or 63.41 kg (2025-10-26)

BMI: 24 kg/m² (2025-10-26)

Blood Pressure: 161/88 mm[Hg] A (2025-10-26)

Heart Rate: 82/min (2025-10-26)

ADMIT/DISCHARGE ALERTS

HEALTHPARK MEDICAL CENTER

Alert Types: A03(Discharge)

Admit Date: 2025-10-25

Admit Details: Inpatient; Dizziness and

giddiness, Syncope and collapse, ABN

findings of blood chemistry

Discharge Date: 2025-10-26

Discharge Disposition: Home

Medications since 2025-10-25:

metoprolol

take 1 tablet by mouth once daily

valsartan

SBP Hold Parameters: Hold for SBP less than 110, DBP

Hold Parameters: Hold for DBP less than 60, 160mg, Oral,

DAILY, First dose on Sun 10/26/25 at 0900, If serum K+

(potassium) is greater than 5 mmol/L, then HOLD dose and

contact PRESCRIBING physician.

sodium chloride

2.5-30 mL, Line Flush, EVERY 12 HOURS SCHEDULED,

First dose on Sat 10/25/25 at 2100, Flush with 3-10 mL at least

every 12 hours. (Document total for multiple lumen/line flush)

perflutren lipid microsphere (DEFINITY) 2 mL

in sodium chloride 0.9 % 8.5 mL IV DILUTION

0.1-1.0 mL, Intravenous, SEE ADMIN INSTRUCTIONS, 1

dose, Starting on Sun 10/26/25 at 1330, Until Sun 10/26/25 at

1330

levothyroxine

take 1 dose by mouth every hour

hydroCHLORothiazide

take 12.5 mg by mouth once daily

apixaban

take 0.5 tablet by mouth twice daily

potassium chloride

20-60 mEq, Oral, SEE ADMIN INSTRUCTIONS, Starting on

Sat 10/25/25 at 1707, For 5 days, For Serum Potassium 3.6 -

3.9 mmol/L - 20 mEq x 1 dose, For Serum Potassium 3.2 - 3.5

mmol/L - 40 mEq (20 mEq tab x 2) x 1 dose For Serum

Potassium 2.9 - 3.1 mmol/L - 60 mEq (20 mEq tab x 3) x 1

dose For Serum Potassium less than 2.9 mmol/L - call provider

and initiate replacement potassium 80 mEq (20mEq tab x 3) x

1 dose LABS: For 20 to 40 mEq total, recheck serum

potassium in AM, For 60 mEq total, recheck 4 hr after

completion until above 3.9 mmol/L, then repeat potassium and

magnesium serum levels in AM

MARY JONES | 1942-01-01

Generated: 2025-11-14

CONTENTS



NOTES

2025-10-26 Hospital Discharge instructions

2025-10-26 Hospital course Narrative

DIAGNOSTICS

2025-10-26 EKG study

2025-10-26 Cardiac echo study Procedure

2025-10-26 Cardiac echo study Procedure

2025-10-25 XR Chest Single view

2024-05-18 EKG study

2024-05-17 XR Chest Single view

2023-11-24 XR Chest Single view

2023-11-24 US Carotid arteries - bilateral

2023-11-24 US Carotid arteries - bilateral

2023-11-24 US Abdomen RUQ

2023-11-24 EKG study

2023-11-24 Cardiac echo study Procedure

2023-11-24 CT Head WO contrast

FACILITY

Lee Health Systems Inc.

Lee Health Systems Inc.

LMHS

EKG

LMHS

LMHS

LMHS

LMHS

EKG

Lee Health Systems Inc.

LMHS

ACTIVE PROBLEMS

CHRONIC

Disorder of lipid metabolism

Hypothyroidism, unspecified

Mixed hyperlipidemia

Sensorineural hearing loss, bilateral

Occlusion and stenosis of right carotid artery

Chronic atrial fibrillation, unspecified

Essential (primary) hypertension

Nonrheumatic mitral (valve) insufficiency

Peripheral vascular disease, unspecified

Stenosis of artery

Gastroesophageal reflux disease

Primary osteoarthritis, left hand

EPISODIC

Uterine leiomyoma

Anemia, unspecified

Dizziness and giddiness

Idiopathic hypotension

DIAGNOSED

2025-07-28

2024-05-17

2025-10-25

2025-03-31

2022-01-11

2025-10-15

2025-10-25

2023-11-30

2025-10-25

2023-11-30

2025-03-31

2023-11-30

2025-03-31

2022-11-08

2025-10-25

2022-06-07

2022-06-07

2023-11-30

2024-05-17

2024-05-17

2025-07-28

2025-10-25

2025-10-25

2025-10-25

MEDICATION ORDERS

NAME

metoprolol

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sodium chloride

2.5-30 mL, Line Flush, EVERY 12 HOURS SCHEDULED, First dose on Sat ...

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take 0.5 tablet by mouth twice daily

perflutren lipid microsphere (DEFINITY) 2 mL in sodium chloride 0.9 % 8.5 mL IV DILUTION

0.1-1.0 mL, Intravenous, SEE ADMIN INSTRUCTIONS, 1 dose, Starting on...

hydroCHLORothiazide

take 12.5 mg by mouth once daily

DOSE

25 mg

2025-10-26

2.5 mg

2025-10-26

2025-10-26

2025-10-26

12.5 mg

2025-10-26

2025-10-26

Everything you need to know about your patient.



CASE STUDY

New Discharge Solution Reduces Readmissions by 27.5%



THE CHALLENGE

- When readmissions happen, they are traumatic for the patient and costly for the healthcare system.
- To be effective in managing this acute event, clinicians need relevant clinical context, which involves hours of painful record retrieval processes (*Faxes, phone calls, EHR portal logins*)

THE SOLUTION

1. ADT coverage across patient population
2. Standardized discharge summaries with complete clinical context, available immediately post-discharge
3. Delivered seamlessly into the point-of-care
4. Proactive risk identification to support timely interventions

THE OUTCOME

16% readmission rate without new solution

11% readmission rate with new solution

-27.5% readmission rate reduction

Questions?

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Thank you!

Please reach out if you'd like to continue the conversation:

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