

HOSPITAL AT HOME HAS GROWN UP

A New Operating Model: Hospitals as Distributed Systems

Expanding capacity, improved finances, better outcomes



Why this matters now

Hospitals have known for years that care could be delivered outside the hospital.

- No impetus to change
- Growth seemed eternal, (new beds, M&A, expanding federal spending, accelerating chronic disease, driving new patient demands)

Status quo shifted suddenly.

- Covid epidemic overwhelmed access, with patients parked in EDs & hallways, ICUs overwhelmed with dying patients
- Lack of clinical staff dramatically increased accelerated costs and stable operations
- Value based care was already demanding better outcomes, FFS revenue diminishing
- New entrants siphoning patients, patient leakage
- Patients rapidly pushing into self management (>50% patients use AI)



Rapid market shifts unfolded in the notoriously slow hospital market



The **CMS waiver*** created a “pressure relief valve” & lucrative financial models.

Hospital leaders launched programs, demonstrating safety, patient adoption, and better outcomes

*CMS = Centers for Medicare & Medicaid Services



Distributed care models drive a new **massive market.**

30% 11M

Admissions Safe at Home

34.4M

Annual Admissions

6100

U.S. Hospitals



Progress has been stalled

- Reimbursement still unstable with Covid waiver
- Complexity, data, workflow not supported by current systems
- Fear factor- Massive change required leadership & collaboration



Hospitals as distributed systems, not just buildings

New realities, digital tech, AI opportunities

Massive Capital expense for new beds (\$1.5-3M)
requires a new model

The hospital becomes a clinical operating system that
extends across the community

- Patients receive all inpatient-equivalent care, **just in a new location**
- **Everything:** Clinician daily oversight, labs, imaging, meds, continuous monitoring, escalation pathways, SDOH support

Every stakeholder is in:

- CMS
- Patients
- Physicians, nurses
- Payers

Real medicine,
no longer a pilot.
This is a
national delivery
platform shift



Core economics: Hospital@home + extras

\$13.4M Annual total margin

\$5.1M
Annual added margin per hospital

Added margin per shifted case	\$3,000 *
*Margin calculation based on 30% savings from average DRG	

\$ 8.3M
Extra annual revenue + avoidance of other cost burdens

Backfill beds with high value cases	\$ 2.0M
Reduced CMS readmission penalties	\$ 3.0M
Expanded revenue/pt with new services	\$ 1.8M
Cap-Ex Avoidance	\$ 1.5M+



Market is poised now

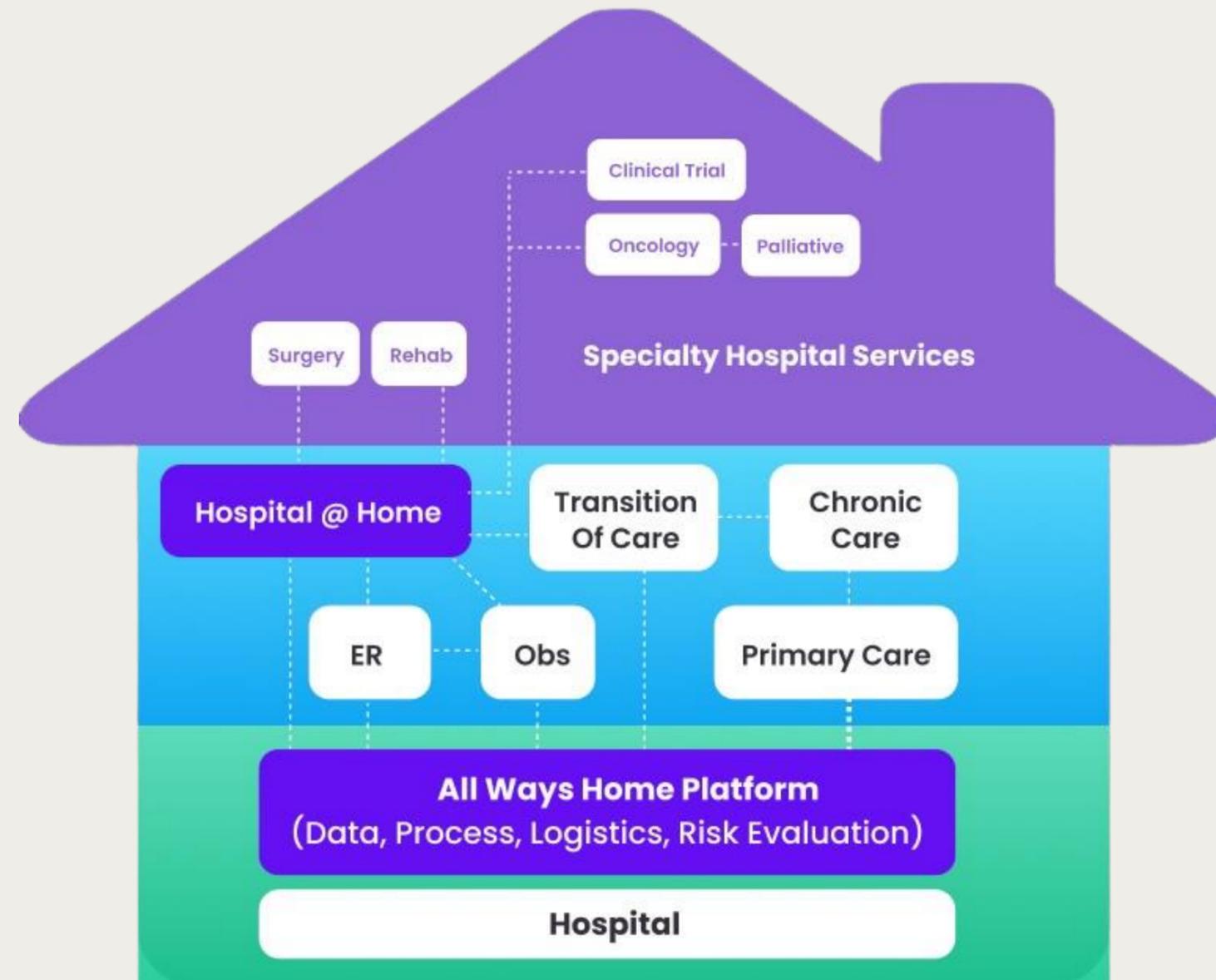
- Bipartisan push for 5 year extension of CMS permanent waiver shifts Hospital at Home from cautious pilot to **scalable model of care**.
- Pent-up demand is ready to move.
- Frustrated early adopters already launching proof points across multiple new program types (EXTRAS)
- Start anywhere to fast track market, reduce change management risk, phase in budget
- AWH provides the flexible operating system that makes it scalable and reliable.



Product built for flexible sales for new client acquisition: Start slow, start anywhere with the AWH platform

AWS platform foundation

- Strategic integration between care delivery and AI
- Blended on-site and virtual
- Enriched with patient eligibility & triage guidance
- Workflow automation
- Real-time care collaboration
- Expanded workforce



Team defined by excellence and experience

Industry leaders steering the H@H ship

Our team boasts a rich blend of H@H expertise and technological prowess.

With Gartner recognition for our cutting-edge technology innovations, we're at the forefront of healthcare innovation. Our combined strengths ensure agile solutions, scalability, and successful implementations.



DeLeys Brandman, MD, MPH
Chairman, Founder & CEO



Praveen Kesava
CIO & Co-Founder



Ravi Kumar Meduri
Strategic Advisor, Digital Transformation, Deep Learning, Agentic AI



Jan Oldenburg
Strategic Advisor, Patient Engagement Founder Kaiser Digital Platform



Brad Buxton
Strategic Advisor Payer Operations, Hospital Finance & Operations



Deal structure

\$2 million raise

Seeking **lead investor** to set round.

Flexible deal structure

- Safe round
- Convertible note
- Strategic partnership
- Equity

Use of proceeds

- Final configuration for production ready
- Add dedicated sales
- Senior RN to lead implementations
- Senior architect & client facing IT lead



Sales strategy

The hospital sales cycle is long, complexity and size of institution require different sales approaches and timelines.

Our initial sales focus:

Large multilocation institutions (slowest)

2-3 targets

Relationship sales, leadership presence

Community hospitals

Broad outreach with Sales team

Geographical focus

Critical, strategic, leadership presence

2-3 targets

Rural, innovative hospitals, underserved populations



Pricing strategy

Your Hospital-at-Home program unlocks **\$3.4M–\$11.7M in annual incremental margin**.

The platform costs ~6–9% of that value, with pricing tied to patient volume growth.

ROI-indexed, not expense.

\$275,000

Annual platform subscription

- Full HaH workflow automation
- Eligibility & acuity scoring algorithms
- EHR integration & secure messaging
- Care plan templates & documentation guidance

+ \$600

per patient case

- Automated scheduling & tasking
- AI-assisted care plan updates
- Interdisciplinary coordination visibility
- Dashboards (e.g. quality & readmission risk reduction)

Optional use cases:

- **Billing & utilization audit module:** +\$75k per year
- **Home infusion + oncology episode pathways:** +\$150k per year
- **CHF remote stabilization pathway:** +\$90k per year
- **ED and observational beds @home:** +\$150k per year
- **Per patient episode:** \$600 per patient episode



Technology appendix