Last Mile – At-Home Patient Engagement

MedCity News | By Jenny Lee | [Adopted]

As consumers, we've gotten used to a world that excels at last-mile logistics. Our socks arrive from Amazon the next day. That DoorDashed dinner shows up in 35 minutes. We need a new desk, Wayfair delivers one two days later. Companies have realized that if you can't successfully complete those final miles, if the product doesn't actually make it to your door, the value of the entire system breaks down.

Healthcare has a significant last mile problem. And unlike a late delivery, the consequences aren't just minor inconvenience. In America, we have some of the best clinical care in the world. We can perform life changing surgeries. Invent breakthrough drugs. Eradicate diseases we never thought possible. But the *last mile*, what happens after the appointment, after the discharge, after the diagnosis, is where outcomes quietly fall apart.

What's falling short

Inside the doctor's office or hospital, a patient is taken care of. *It's when they walk out that the problem begins*. This is particularly devastating for older adults, who on average see far more doctors than other populations. Scheduling appointments, handling insurance, and ensuring information flows between providers becomes a full-time job, yet there's no infrastructure to support it. EMR based Patient Portals provide some relief.

Here's what the last mile problem looks like in practice:

Hospital discharge: Patient after hospital, clinic or physician office is discharged. The patient is given discharge medical status, medication instructions and scheduling for next potential visit. The patient at the time of discharge is recorded on an EMR that provides the patient with account access.

The clinical part partially worked:

EMR engagement: A discharged patient has an ability to review medical visit results, medications and other related matters. The EMR also provides for medication refill requests, appointment management and communication with a provider by the patient. EMR Patient Portals enroll all patients but because the EMR does not offer visit follow-up interaction, the on-going discharged patient monitoring is not adequately covered by EMR Portals.

Critical Care patient: A new Wearable Remote Patient Monitoring (WRPM) has emerged as a solution for critical care patients with Obesity Hypertension, Hearth conditions and Diabetics. The wearable device monitoring faces various hurdles. Medicare reimbursements for WRPM are reducing, the wearable devices and their at-home support cost $3,000 per patient per year, and the device standardization among solution providers does not exist. This leaves almost 80% of the At-Home discharge patients not eligible for WRPM monitoring.

Why hasn't healthcare solved covering 80% of at-home patients?

If the problem is so obvious, why hasn't anyone fixed it? The answer comes down to incentives and accountability. No one gets paid for it. Fee-for-service reimburses for visits, procedures, tests. Not for phone calls, coordination, follow-up, or hand-holding – the required patient engagement. To-day it's no one's job. The hospital's job ends at discharge. The primary care physician has limited time. The specialist focuses on a specific condition. The continuous at-home patient engagement is the *last mile* badly missed.

The solution: Care management through at-home patient engagement:

Comprehensive care navigation isn't just appointment reminders or scheduling. It's something much deeper. At its core, it's a single, trusted care providers who actually know the patient. Their doctors, their history, their living situation, their fears about what comes next. Someone who takes the medical plan and makes sure it works in real life. This effectively works through

continuous Patient Engagement. This aids especially during care transitions such as a hospital discharge, new diagnosis, sudden decline, it's when families are most vulnerable to gaps and confusion.

At-home patient engagement offers options as they sit at the intersection of a patient's medical needs, understanding that medicine and life circumstances aren't separate problems.

The evidence is clear:

This isn't theoretical. Programs that provide comprehensive care management for Medicare beneficiaries have demonstrated real reductions in hospitalizations, emergency department visits, and overall healthcare spending. The Program of All-Inclusive Care for the Elderly (PACE) has shown that intensive care coordination allows even frail older adults to remain safely at home. These models have demonstrated measurable impact. Yet adoption for all at-home patients remains elusive.

What healthcare systems must do?

Healthcare has solved for the hard part. The science, the surgery, the diagnosis: by global standards, we're exceptional. What we haven't solved for is what happens when the patient goes home. Current reliance on EMR Patient Portals is inadequate in continuous monitoring of health and welfare of the At-Home patients. The critical care remote patient management is burdened with high cost of wearable devices and limited reimbursement under Medicare. This leaves open a large population of Non-Critical At-Home Patients who are not good candidates for Wearable Remote Patient Monitoring (WRPM). This practically represents 80% of At Home patients.

Continuous At-Home Patient Engagement - Cyngular®

To service routine, non-critical care at-home patients through continuous patient engagement is covered by Epilog Health's Cyngular® patient engagement solution. It provides for routine collection of patient vital data, medication management, and communication between patients/providers. This interaction ensures availability of Proactive and Preventive care for At-Home patients. The solution is designed to cover all Non-Critical At-Home Patients and its extreme low price point does not impose significant cost burden on healthcare facilities. The core strategy behind Cyngular® is to compliment EMR patient portals and cover all non-critical, At-Home patients.

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