

INCYTES™ WHITE PAPER COVID-19 PATIENT STRATIFICATION

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CHALLENGES

The implications of the COVID-19 pandemic for hospitals, HCP's and patients alike are manifold and far-reaching. Healthcare systems are severely overburdened, leading to "shelter-in-place" policies, business closings, and the inability to treat those at highest risk (COVID-19 or otherwise).

National governments have placed onto regional and local authorities the responsibilities for developing solutions. In many cases, those agencies have then turned to hospital administrators to develop solutions. However, those agencies and hospitals are nevertheless under-resourced, especially in the context of a fast-moving pandemic. They, like patient populations and businesses, are looking for trustworthy, efficient and implementable processes which address these pressing challenges. While there is a good deal of literature on "pandemic triage", one struggles to find "objective, flexible, transparent mechanisms to determine which patients will receive recourse when there are not substantial differences among patients." (*AMA Code of Medical Ethics: Guidance in a Pandemic.*)

These issues have revealed fundamental shortcomings in current approaches to clinical resource allocation, health data collection/analysis and patient engagement. The pandemic has also led to a renewed focus on the potential of "telehealth". At the same time, it has highlighted the shallow, fragmented nature of most telehealth platforms, which represent little real clinical utility.

SOLUTION

It is widely agreed that ameliorating the foregoing profound risks requires prompt stratification of actual and potential COVID-19 patients, so that resources can be allocated where they are most needed. Also important is access by a worried public to evidence-based and actionable health information.

Achieving these objectives requires:

- ◆ the prompt, efficient and low-cost collection from patients of
- ◆ verifiable, relevant and usable data which can be
- ◆ meaningfully aggregated in a de-identified (HIPAA/GDPR-compliant) manner, and
- ◆ subjected to standardized, evidence-based analysis by independent experts.

Well-designed and executed remote/telehealth capabilities will also play an important role in the implementation of a successful patient stratification program.¹ Indeed, appropriate telehealth strategies can help address many non-COVID-19 indications which otherwise will receive no attention due to hospital constraints.

Key to a successful solution for already overburdened hospitals is designing and implementing efficient yet clinically useful processes. These processes need to be transparent to engender public trust, and should commence before an individual reaches the clinical doorstep. Finally, the processes need to be immediately, easily and flexibly implementable at scale.

IMPLEMENTATION

Through its inCytes™ platform, Regen Med has developed an EMR-grade telehealth solution to evidence-based and longitudinal COVID-19 patient stratification (among many other use cases). It is immediately deployable, and has the following salient features:

- ❖ **Evidence-based pre-, peri- and post-clinical applicability.** Quickly implement stratification protocols, whether existing or user-customized. Objective decision-support through simplified or sophisticated scoring systems at any stage of the patient pathway.
- ❖ **Turnkey, Comprehensive, Scalable.** An integrated and platform-agnostic solution easily deployable by one or more hospitals, departments and/or clinics with full cross-functionality.
- ❖ **"Team" Care; "Circles" Data Sharing:** Create Team of HCP's with shared PHI access and layered responsibilities for Case management. Create Circles of HCP's, administrators, researchers and others to collect, share and analyze verifiable, de-identified and aggregated clinical evidence in real time.
- ❖ **Longitudinal and Integrated Real-World Evidence.** Automatic creation of and 24/7 accessibility to protocol-specific, clinically-relevant registries. Robust report-building functions support statistically significant correlations for clinical and policy decisions, reimbursement support, patient and public communications.
- ❖ **Public Engagement.** A secure, continuous and engaging user experience for patients and concerned individuals.
- ❖ **Other.** Cloud-based; always on. Highly scalable. HIPAA/GDPR-compliant. Multi-lingual. Product-agnostic. Adaptable to clinical/scientific developments. Ongoing clinical, scientific and

¹ Recent [federal](#) and [state](#) legislation in the U.S. and elsewhere confirms that telehealth is moving from a peripheral concept to an important element of healthcare delivery in today's "new normal".

technical support. Integrates with existing websites, telehealth or other patient outreach initiatives. Export to existing EMR systems now or later. Low-cost.

A specific proposal for deployment of this solution within 14 business days can be found here. This proposal also provides screenshots of various elements of inCytes™ functionality applied in the context of COVID-19 patient stratification, can be found here.
