



Frequently Asked Questions

What is OBS at Home?

OBS at Home is a remote patient monitoring company enabling a new management strategy for clinically borderline patients presenting to physician's offices or to Emergency Departments. Too sick to be comfortably sent home alone, but not sick enough to clearly warrant ED or hospital care, these borderline patients are left without a well-suited, cost-effective management option. Too often, liability concerns and convenience conspire and force clinicians to escalate patients to a higher-than-needed level of care. This common default decision occurs at significant expense to the healthcare system, and significant inconvenience, cost, and burden to the patient and family. An intermediate management strategy, if it existed, would be a valuable, cost-saving, and patient-satisfying solution.

OBS at Home is that solution. The OBS model focuses on the critical 24-72 hr. period during which the pre-acute patient's condition will usually declare itself as either needing or not needing acute care. OBS at Home provides intensive, at-home monitoring for these clinically borderline patients, featuring:

- ICU-quality, 5g-enabled, VS and bio-indicator monitoring, using the
- Most advanced remote monitoring device technology, supported by a
- Centralized Monitoring Solution with Smart Alarms and AI, with
- Rapid Connectivity to EMS, hospital services, if needed, and
- Delivering service in a patient-convenient, highly-scalable, and cost-effective manner, and

The Bottom Line: Keeping borderline office patients out of the ED, or borderline ED patients out of the hospital

What is an OBS at Home monitoring episode?

A typical OBS at Home monitoring episode is a 24-72-hour period of continuous, intensive, at-home monitoring. Concerned physicians in the office and ED often wish to monitor the condition of borderline patients for a period of time to be certain they are on a trajectory to recovery rather than deterioration. Currently, the only way to accomplish this monitoring is to send patients to the ED and/or observe or admit them—all costly options.

These same patients can be monitored more closely with OBS at Home—and for a fraction of the cost of hospitalization. If a patient does deteriorate, their condition will be detected early with OBS and EMS and hospital resources can be immediately activated. On the other hand, when patients recover, they can be sent for outpatient follow-up with a concise, electronic record of their OBS at Home monitoring episode.

Which device does OBS at Home use?

OBS at Home has partnered with Current Health (www.CurrentHealth.com), a company that has developed the most technologically-advanced, wearable, wireless, FDA-approved monitoring device on the market today. The CH device provides continuous, ICU-quality O2 saturation, respiratory and heart rate, temperature, motion/posture, telemetry, blood pressure, weight, and peak flow monitoring, and delivers these data wirelessly and directly to the OBS at Home Central Monitoring Center.



Who Performs the actual Patient Monitoring?

OBS at Home is a complete pre-acute patient monitoring solution—from distributing and staging devices at participating clinical sites, to performing patient intake, to facilitating device retrieval. Most importantly, the Central Monitoring Center, which performs all of the patient monitoring for the episode, is maintained, managed, and staffed by OBS at Home’s highly-qualified clinical monitoring personnel. In many ways, the OBS at Home Central Monitoring Center is the “secret sauce” that enables the widespread use of remote monitoring in this pre-acute patient population.

Can Patient Treatments and Therapies be given?

OBS at Home is a stand-alone remote monitoring company. Many patients will require only remote monitoring for their conditions. Other patients will need additional interventions during the monitoring episode, eg. IV antibiotics, nebulizers, etc. These periodic treatments can be delivered by local home health resources in the patients’ communities working in concert with OBS at Home monitoring. In fact, OBS at Home works hand-in-hand with these local resources and will coordinate the delivery of these treatments and services as needed.

What if an OBS at Home patient deteriorates under monitoring?

The majority of these borderline patients will improve and recover under monitoring. But the entire OBS at Home process is designed to quickly detect and escalate the minority of patients who clinically deteriorate during their monitoring period. The Central Monitoring Center is directly connected to the patients’ local EMS and hospital system and can alert and transfer the patient rapidly to the higher level of care.

Who benefits from the OBS at Home model?

All healthcare stakeholder groups benefit from OBS at Home monitoring program:

Patients and Families: More convenient and less costly to be monitored from the comfort of their own home, avoiding the wait, stress, and disorientation of an ED/hospital stay.

Office Physicians: Better office throughput and higher patient satisfaction.

Hospitals: Better ED throughput, less ED crowding, fewer “hallway patients”, more efficient in-hospital obs function. Fewer payor payment denials. More efficient inpatient bed use. Opportunity for value-based contracting incentives.

Payors: Significantly lower cost of care for these clinically borderline patient episodes. Fewer payment denials. Opportunity for value-based contracting incentives for providers.

Pandemic Counter-measure: Monitor exposed and infected individuals while on home quarantine.

Who is OBS at Home?

The OBS at Home, LLC senior team brings together nationally recognized clinicians, healthcare management experts, IT and AI experts, and entrepreneurs, two of whom were founders/leaders of the successful remote ICU monitoring company, VISICU (now Philips eICU). In many ways, OBS at Home is the progeny of VISICU, only on the other end of the care spectrum.



Leadership

Mark J. Baumel, MD, MS—President and CEO



Dr. Baumel is the founder and CEO of Obs at Home, LLC. Previously, he was the CEO of Colon Health Centers of America and Colon Health Services, the Chief Medical Officer of the Mercy Health System of SE Pennsylvania, and the Director of Clinical Effectiveness at MedStar Health. He is a former full-time practicing physician, and is triple board-certified in internal medicine, pulmonary medicine, and sleep disorders medicine. He is a graduate of the University of Notre Dame and the University of Chicago Pritzker School of Medicine. He completed an MS in Clinical Epidemiology and Biostatistics at the University of Pennsylvania, and his residency and fellowship training at the Hospital of the University of PA.

Brian A. Rosenfeld, MD—Consulting Advisor



Dr. Rosenfeld is an internationally recognized Intensive Care Specialist, and health care entrepreneur who pioneered and developed the concept of remote intensive care unit management. He co-founded VISICU Inc. in 1998 and after being acquired by Royal Philips Electronics, served as VP & CMO for Philips Healthcare, Hospital to Home. Prior to founding VISICU, Dr. Rosenfeld was Associate Professor of Anesthesiology and Critical Care Medicine, Medicine and Surgery at the Johns Hopkins University School of Medicine

Paul A. Kaplan, MD—Consulting Advisor



Dr. Kaplan has more than 30 years of clinical and population management expertise. He is currently a Medical Director at Florida Blue, the Florida affiliate of the BC/BS Association. He was previously the Senior Medical Director for Lumeris, a Population Health Management company, the CMO for Medicaid Markets for Highmark, the CMO for BC/BS of Delaware, and a practicing primary care physician.

Randal E. Holl—CIO/CTO



Randy Holl is a seasoned tech exec with extensive large and small company experience. Randy has held CTO, CIO roles at large tech-driven corporations such as Fidelity Information Service, Philips Healthcare, Ernst & Young, and IBM, as well as startup and early growth companies including VISICU, Notara, and Marine Management Systems. Randy is a graduate of the MIT with a Bachelor’s in Physics, and holds a Master’s degree in Computer Science from Rensselaer Polytechnic Institute. Randy also served as a submarine officer in the U.S. Navy.

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