

# **Using routinely collected healthcare data to predict and prevent exacerbation**

## **Opportunities and challenges**

Dr Joachim Werr, Founder of HN

**Digital Health Rewired 2022**

## HN - Your trusted Population Health Partner

- *Using routine and reliable health data*
- *Applying advanced machine learning*
- *Accurately identify patients at real risk of deterioration*
- *Providing fully clinically staffed, technology-enabled, virtual wards, preventing disease progression and hospital admissions.*





**UKs largest RCT on AI-guided case finding** of patients at risk of exacerbation and hospitalisation followed by remote support



**Significant SBRI R&D funding** and collaboration with Nuffield trust and Warwick University on large clinical programme within the NHS



Personalised Care Institute

**HN is accredited by the PCI** for its personalised clinical health coaching programme

## Tim's story

“ *If you are brave enough to take control with the help of the coach who helps you through this, you truly can make a difference to the immediate crises as they turn up...*

*In my case I went from being an asthmatic, to someone who happens to have asthma.*

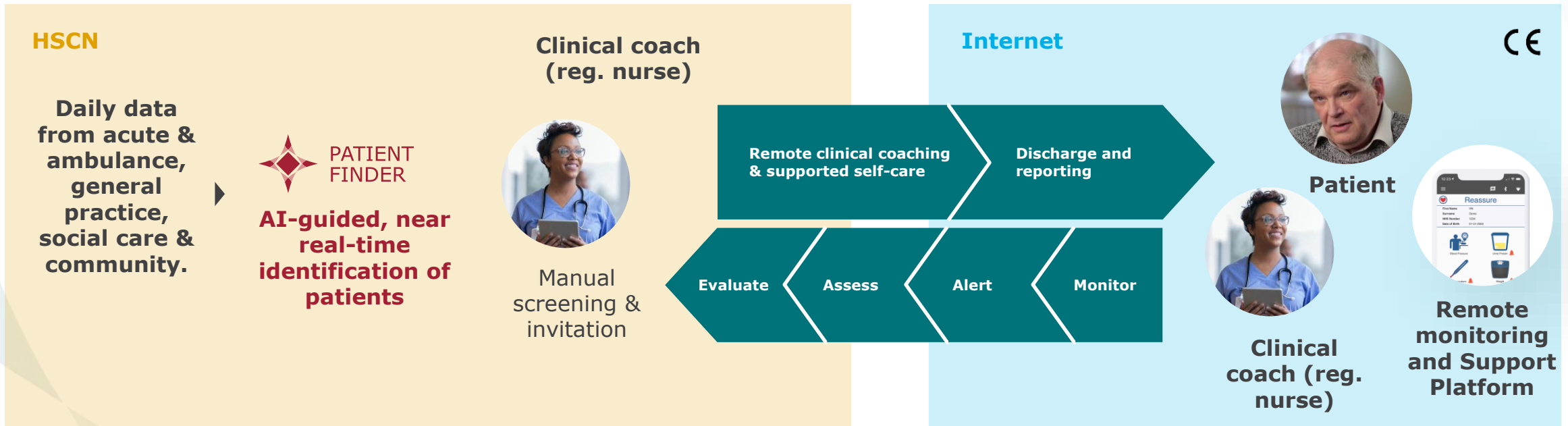
*I went from six admissions to none within a couple of months. ”*

– **Tim**, patient receiving the AICC intervention in York



# Our AI-Guided Clinical Coaching (AICC) digital health technology

Finding and supporting the right patients to build self-management and monitoring capabilities, building confidence, improving outcomes and keeping patients at home



## Regulatory compliant and state of art information governance

Accreditations/  
certifications:



DS&P  
Toolkit



# HN's AI patient screening & identification model validation on Glasgow City dataset: 8 out of 10 can be identified



Predictive accuracy

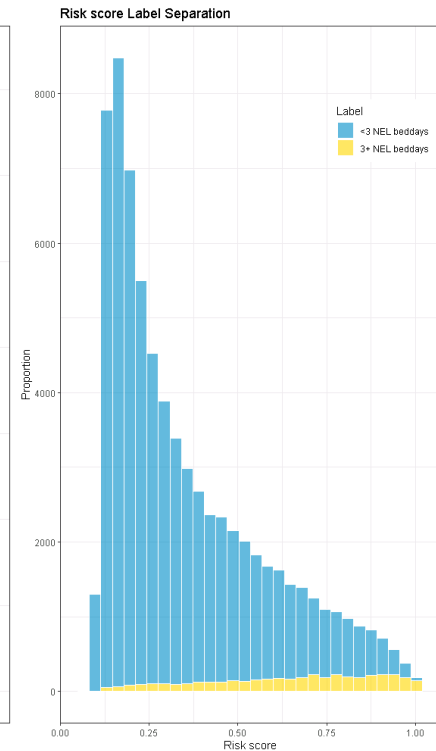
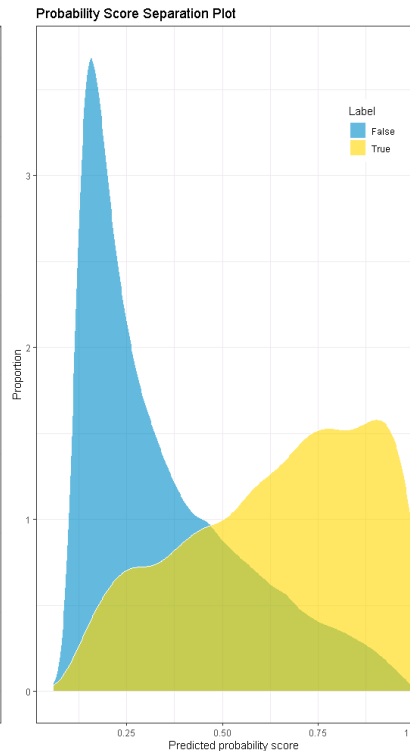
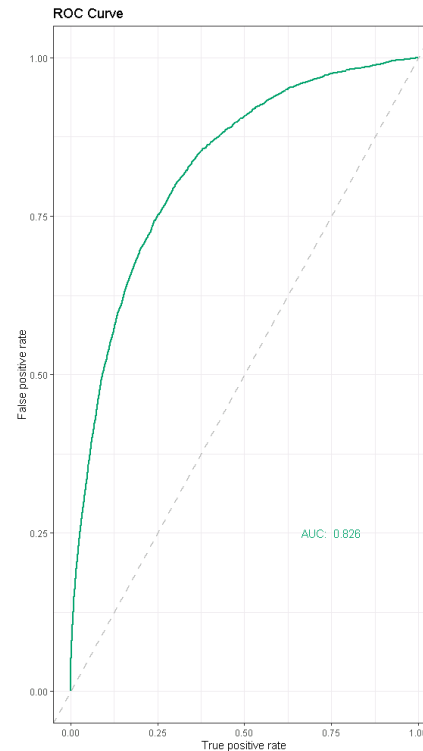
▶ **ROC<sup>1</sup> = 0.826**

Patients correctly identified

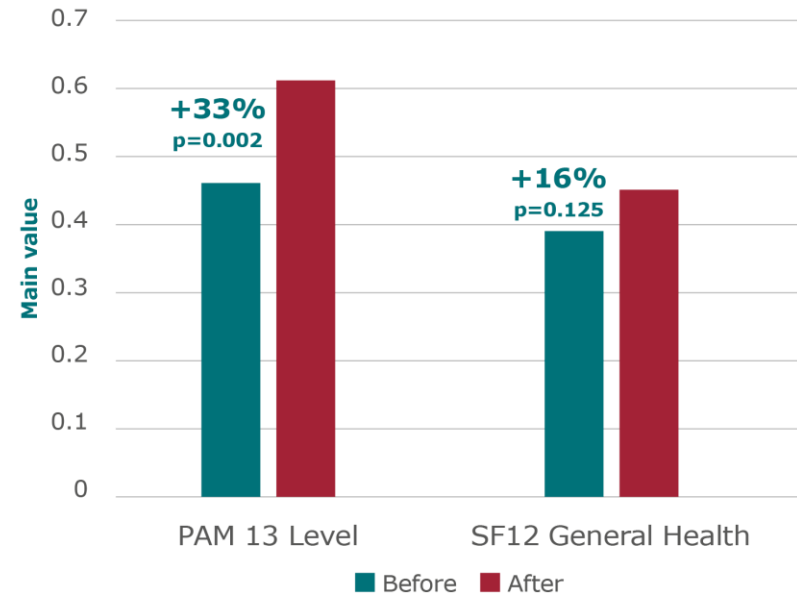
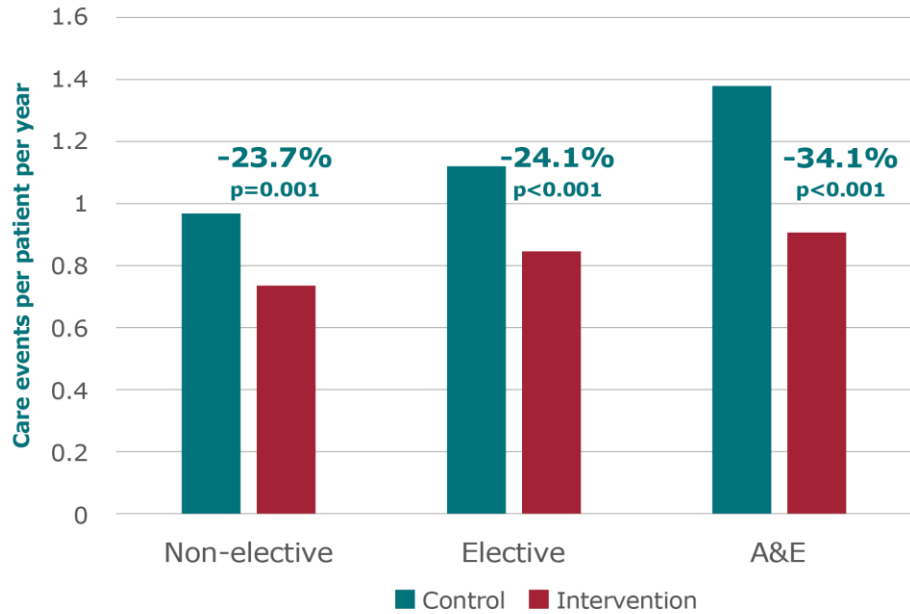
▶ **Sensitivity = 0.81 (81%)**

Patients missed  
*(we want to minimise this metric)*

▶ **False Negative rate = 0.19 (19%)**  
**Specificity = 0.68 (68%)**  
**Balanced accuracy = 0.75 (75%)**



# Safely reducing demand and improving outcomes

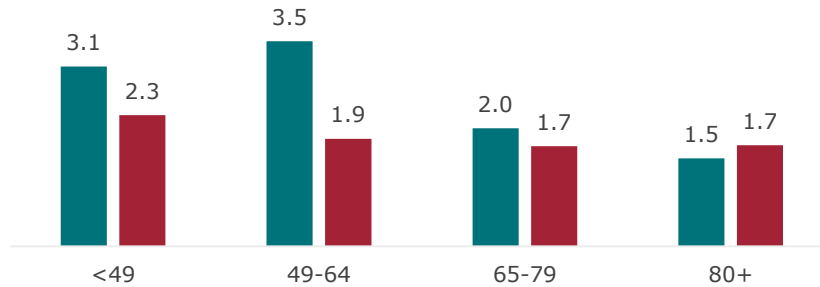


Source: Vale of York CCG Interim Analysis of NHS RCT - December 2018. (n=776 left, n=288 right)

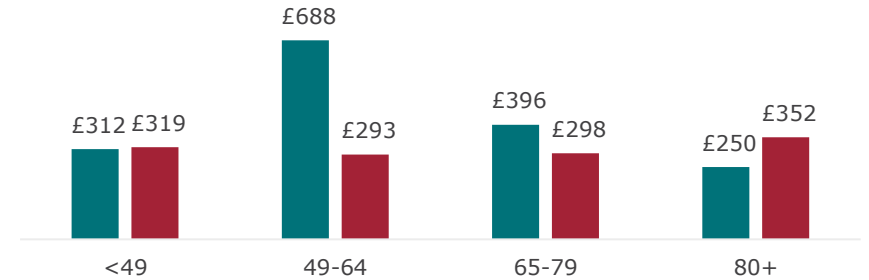
# Staffordshire ICS results: breakdown by age

## A&E attendances

Activity - Annualised A&E attendances (full observation period)

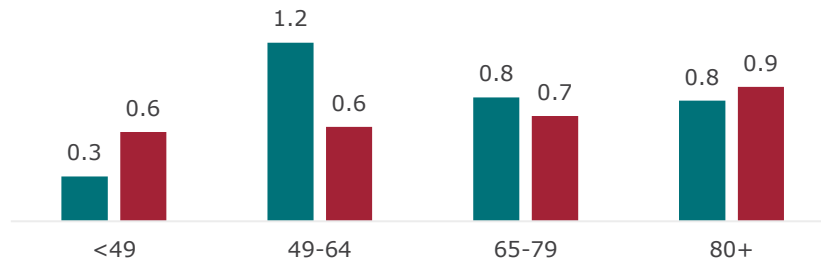


Tariffs - Average A&E Tariff (full observation period)

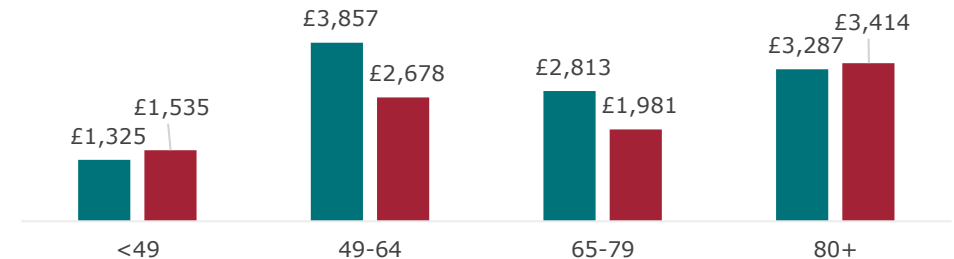


## NELs

Activity - Annualised NELs (full observation period)



Tariffs - Average NEL Tariff (full observation period)

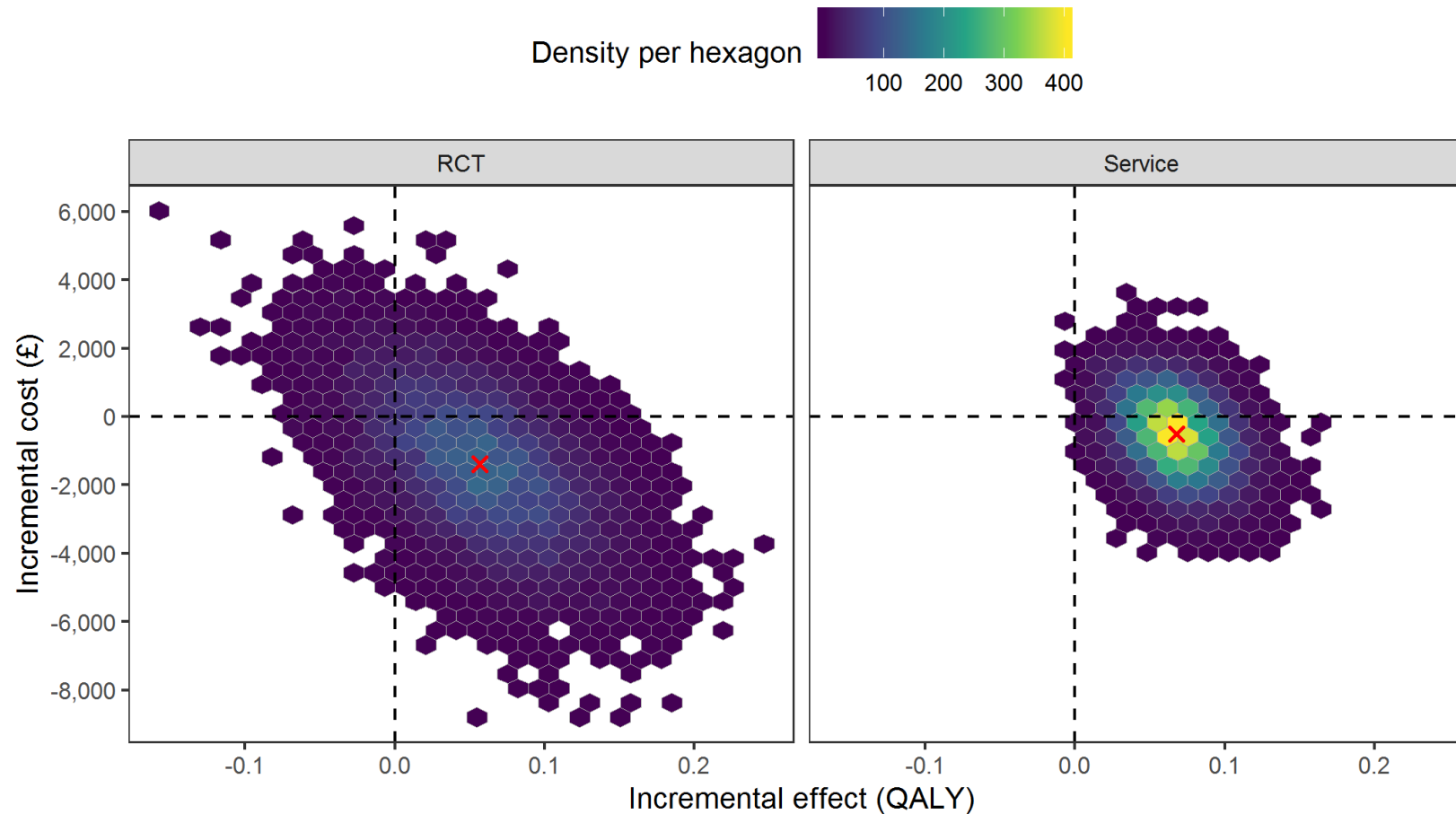


On average, patients have been observed for 457 days.  
Results for patients recruited at Burton, UHNM and RWT (n=329, 214 in intervention)

■ Control ■ Intervention



# AICC Health Economics



# The opportunity: AI delivers quick & sustainable wins for the new integrated landscape



**Changing ICS  
landscape**



**Opportunity to  
work across  
primary and  
acute settings**



**Benefits for  
the entire  
integrated  
system**

# The challenge: Despite pressing needs and solid clinical evidence, we face barriers to adoption



**Lack of  
innovation  
funding**



**Poor evidence of  
effectiveness for  
other Proactive  
Care models**



**AI-driven case  
finding is a  
new approach**



**Remote care models  
challenge existing  
conceptions**