RESPONDER GUIDE

OTG INTRODUCTION

3 MIN

Hi [PARTICIPANT NAME]. I'm [MODERATOR NAME], and I am [ROLE]. Thank you for taking the time to talk with me. We are working on a potential new solution to respond to resident healthcare issues here at [FACILITY], and we'd like to learn more about you and how things work here to make sure our solutions fit your needs.

I'm going to ask you some background questions about how you currently do things, and what your ideal solution would be. I would love it if you could give us your candid feedback for these questions. Your honesty will help us make the best product possible.

You may notice someone else on the call. They are members of the Curavi team and want to hear what you have to say. I will be taking notes, and recording as we go, so that I can catch your feedback verbatim. If at any point you need to stop, please let me know.

Do you have any questions before we begin?

BEGIN RECORDING

Check this box if you are recording

WARM UP

5 MIN

Tell me a little bit about your role at [FACILITY]. What are your day-to-day responsibilities?

- Tell me a little about your team and reporting structure.
    - How many people are on your team?
    - How many people report to you?
    - Who do you report to?
- Let's talk a little about your facility;
    - How many residents are there in ILF, ALF, and SNF?
    - How often do you have to respond to resident medical issues? How is it distributed between ILF, ALF, and SNF?
    - What do the residents have in common? What makes them different? How do they differ between ILF, ALF, SNF?
        - What kinds of special needs do you have to take into account?
- What is your current process for responding to resident medical issues?
    - What works well currently? What doesn't?
    - What are your biggest concerns with responding to resident medical issues?

CURRENT WORKFLOW

15 MIN

What would you say is the most common incident your facility has to respond to?

- Is that common across ILF, ALF, and SNF?
    - If not, how does it differ across those 3?
- What is the common process for handling these incidents?
    - Who responds to the calls?
        - How do they collaborate?
    - Who is ultimately responsible for the resident?
        - How do they stay informed regarding their status?
        - What information, if any, is passed along to the resident's PCP?
    - What sort of documentation or records is maintained?
- How often do these incidents occur?
    - Is there a pattern to them?
- Where do these incidents occur?
    - Is there a difference between ILF, ALF, and SNF?
- What clinical capabilities would you need to address the majority of incidents?
    - What do you currently provide to the responders? How often do they use them? What do they use the most and least?
    - What clinical capabilities would be essential to the success of the Curavi On-The-Go solution?
- Which incidents are the most costly?

    - What makes them so costly?
    - What are the second most costly?
- What is the goal for responding to an incident? What would an ideal outcome be?
    - Do short-term goals differ from long-term goals?
    - Do goals differ between ILF, ALF, and SNF?
- What is your main goal in potentially piloting Curavi On-The-Go?
    - What do you hope this will accomplish?
- What is the value of Telemedicine/Curavi On-The-Go to your facility?
    - How does it help you drive revenue?
    - How does it help you avoid costs?
    - How does it help you strategically?
    - Does this differ between ILF, ALF, and SNF?
    - Are there any other ways it may drive value?
- Who would you bill for the Telemedicine/Curavi On-The-Go consult?
- How would you improve the current process? How would you imagine an ideal way of responding to a call?

Scenario

Great! Okay, let's move onto some more questions about an IDEAL solution.

Let's imagine that the Curavi On-The-Go pilot is running at this facility. Responders would have a device they could bring with them when they arrived at incidents that would connect a telemedicine consult with a provider.

Curavi Solution

15 min

- How would you expect this solution to work? Start with how the call would be made, who it would come from, and who would respond?
    - How long would you expect for them to take getting there?
        - How would you expect them to get there?
- When the responder arrives, how would you expect them to get the device there?
    - Would they be able to wheel it, or would they have to carry it? Both?
    - Are there any limitations such as thick carpeting, cluttered rooms, stairs or steps etc. that need to be taken into account?
- What kind of preparations would either the resident, responder, or physician need to take before starting the consult, if any?
    - How long would you expect it to take between each of the following; the incident occurring, the responder arriving, and the consult beginning.
    - What sorts of exams would need to be performed?
        - Would the provider want to know their vitals; if so, which ones?
        - Would the provider want to listen to the resident's heart/lungs?
        - Would the provider want to see up-close on the resident's skin?
        - Would the provider want to perform an EKG?
        - Would the provider want to use an otoscope?

        - What are less common exams that would still be very important?
- What would an ideal outcome of a consult be?
    - Who would administer any directions given by the physician?
    - What sort of documentation or record keeping would need to take place?
    - What are the most common orders given? Who would handle them?
        - Would they give prescriptions or medicine to the resident?
    - How would you know if the consult went well or not?
- Where would you store this device?
    - Would it live [WHERE THEY START THE CALL]?
    - How long would it typically be before you could return the device to where you started?

Wrap up

1 min

Thank you so much for taking the time to talk with us. Is there anything we didn't discuss that you would like to address?

If you have any additional thoughts or follow-up, please feel free to reach out to us at esther.estroff@curavihealth.com

Thanks again!