



Episode-1: Real World Data from Assisted Living Facilities for Covid-19

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Speakers:

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Dan Housman: Hi everyone. I'm here with Jeff Weisinger from PointClickCare and we're here talking today about COVID-19 and the PointClickCare, real world data capabilities. Let's start by asking Jeff a little bit about his role at PointClickCare. I know he leads the Lighthouse initiative, and he maybe he can tell a bit about how that came about.

Jeff: Thanks, Dan Housman. Great to be here. Yeah, my name is Jeff Wessinger. I am with PointClickCare and as Dan said, I lead the Lighthouse initiative. What that is, is the initiative to take the EHR data from our database, which is focused on long term health care and make that data available to life sciences companies, for the purpose of Real World Evidence research. So PointClickCare historically has been an EMR business but oddly enough, in the 25 years that they've been running had not considered the idea of taking this to life sciences, obviously to providers in a hospital systems and to their customers, but not yet to life sciences. So over the last couple of years, we've developed a strategy to get the appropriate BAAs in place with our customers to do right by them. And then to put this data set together, curate the data so that it would be relevant for research. So my role is to head up that commercial endeavor for PCC.

Dan Housman: So maybe we'll step back and can you give us a feel for what PointClickCare is and what kind of use clinicians use it for.

Jeff: Yeah, so you know, PointClickCare is a privately-owned Canadian company. They got into the SaaS software game very early. So they created both a SaaS offering and an associated pricing model that work very well for long term healthcare. So if you if you know anything about industry and skilled nursing homes, specifically, most of what they buy is on a per resident day basis. And so, to align with that buying model, PointClickCare created a pricing option that price their software on a per resident day basis. So for pennies per resident day, they equipped themselves with everything they needed from a software perspective, effectively, it becomes the ERP for their facility. Everything from billing, trust management, care management, you know, everything that the facility needs in order to operate and take care of their patients is provided there. So, you know, in the last 25 years,

they've managed to capture about 70% plus of the skilled nursing facility market, 60% of the assisted living market and have recently entered into the home care market which is an emerging market. Not a lot of players there yet, but they intend to be a leader in that space as well. So as I said, you know, because of that robust data set, and the types of patients that are in it, the idea to create a novel offering from the EMR patient data is where Lighthouse comes in. And we feel that that data fills a critical gap between the ambulatory care EMRs and the acute care EMRs that hasn't been served in the market before. So now we can track these patients longitudinally across a longer continuum. So that's where, you know, PCC intends to enter this patient data space.

Dan Housman: And, as we all know, COVID-19 is probably the dominant issue of our times. Tell us more about what's in the data set you have around COVID-19 and why it might be enriched in a different way than other data sets?

Jeff: Yeah, as I said, it's a completely unique data set to what you would see in acute care or ambulatory care. Obviously, as it relates to COVID, you know, you might consider that long term care is the epicenter, at least in the US for this disease and if it's not the epicenter, it's definitely been disproportionately impacted versus the general population. So we have, you know, a very high risk population in general, and then we have a high density environment. We have, you know, from a comorbidities perspective, we have an average of eight comorbidities for any of these patients. So, it's, you know, it's definitely no coincidence that we've had a significant impact. So the database as of a couple of days ago, we have 135 patients that have been diagnosed with COVID-19. And we have at least one case in over 4,300 of the facility that we serve so far. So a very high percentage, which is not good, obviously, from an industry or facility perspective, but tends to be very good for anybody that's looking to research this type of patient. So, you know, we are working closely with a number of organizations to do specific research on this important area. And yeah, hopefully we can do some good with it.

Dan Housman: So did I catch it correctly? You said 135 or 135,000.

Jeff: 135,000 patients and 4300 facilities that have at least one patient.

Dan Housman: Oh, that's quite a lot of data. What sort of unique information is available in that data set?

Jeff: So obviously as most of the EMRs do you know we have a very detailed and extensive patient record. The unique part about long term care databases is that we have longer stays than would generally be there for acute care. So, you know, you see that you've got therapy and treatment information that include very detailed care plans, some plans that aren't necessarily, you know, go for surgery, but over a longer period of time, this is how we're going to care for the patient. Now, that includes not just medication administration, you know, but other daily activities, you know, that care professionals would undertake, and it's very specific and an outline for them. So they very much follow a plan for each patient. So we've got that. And then on the other hand, we also have, you know, very detailed outcomes, again, at very small intervals almost at the shift level, so you can measure vitals over time as smaller than days you can measure incidents that happen with these residents.

Other specific assessments like a typical one in long term care is an activities for daily living score, that measures the ability for the resident to conduct their own, you know, daily activities, you know, like ambulating, or using the bathroom or being able to dress themselves. These kinds of scores are typical. Other detailed assessments like cognitive screeners, other screening tools are all available as well. So you tend to have a very detailed level of therapy data and a much more detailed level of outcomes that can be measured. And again, because of the long term nature of these stays you can study patients on a longer scale longitudinally than typically available.

Dan Housman: You've been working with some groups like Mayo Clinic, CDC, tell me more about what groups are already trying to do with the anonymized data.

Jeff: Yeah, so obviously a lot of groups have approached us to get their hands on this data, specifically the COVID patients. So Mayo Clinic, specifically a study by them, is looking to understanding post ICU outcomes, so after they leave the hospital, you know, what, what type of outcomes are they dealing with, you know, post COVID post being in that intensive environment. So there's a big study that we're helping with there. The CDC and then more broadly, CMS and HHS are, are looking to understand the disease, you know, progression. They're looking at mortality rates. Within nursing homes, they're really looking to understand in general, how it's impacting these homes and how they might create guidelines, you know, to better aid these organizations down the road, and maybe even apply some legislation based on that research. So we are providing data to those organizations. Other Life Sciences organizations have also inquired and some are already using the data set with the COVID diagnosis as an extra parameter. But yeah, our intention is to help as many of these organizations as we can to better understand this disease and how to deal with it.

Dan Housman: And what have you seen out there that is exciting in terms of real world studies and research around COVID-19 beyond what you're already doing?

Jeff: Yeah, so, I mean, the obvious one, you know, if you look at what pharma companies want to do with their existing therapies, so, if they've got products that already in line are available in the market, what's the impact that they're having on this disease, right? So if there are patients that are already on either your vaccine or your therapy, maybe it's not indicated, obviously for COVID, but to see if there are any correlations. So if you do have a correlation or a, you know, a better mortality rate, like we saw, potentially with the BCG vaccine, or hydroxychloroquine where those are two examples of some that have been studied extensively, but really anybody that has a drug that's out there that we can look at and see if we get a change in outcomes that's significant. You know, from the baseline. I think that's the interesting, and I think, most obvious use case that we're seeing.

Dan Housman: I'm curious, do you have a way to determine mortality? Or is that a tricky variable? Because I know that's hard in a lot of data sets.

Jeff: Yeah, I mean, obviously, we have it, I think in terms of providing it certainly to government organizations like HHS and CDC, we can provide it. I know we can provide it in aggregate form. And specifically for studies like this, that's how it would be provided but

yeah, we definitely have the attribute. But depending on expert opinion, you know, we may not be able to provide it, you know, longitudinally at a specific patient level.

Dan Housman: Great and what else do you envision groups doing with the PointClickCare data? A little bit? Maybe beyond what you've seen so far. You've been planning on this for a while.

Jeff: Yeah, I think obviously, because of the demographic, you can look at diseases that disproportionately impact this, this population as areas that we would look at. So I think top of the list is neurologic disorders, you know, whether that's Parkinson's or Alzheimer's, or I think more broadly, dementia in general, I think those are areas that we have a very robust set of patients that could help with that research. So that one seems obvious, but not limited to those so you know, cardiology, respirology, diabetes, you know, immunology, and even some rare diseases that impact this population, I think would be areas that we would definitely see interest in and we have customers using it for. The second thing is because, you know, we're not just a data set. As I explained PointClickCare is first of all, foremost in HR. So prospective studies, and the ability to use our custom assessments and forms for putting out screening tools for putting out specific care plans by disease. I think that's an area where pharma companies can create their own data sets, right? So they can at once give back by providing the screener, the therapy, description, and what makes the most sense. And then also get back the data from, you know, that specific assessment which will help them enhance in the future. So we're already doing that with a couple of customers like Acadia with their PDP screening tool, and we look forward to doing that with many other pharma companies in the future. And then lastly, I think where we're just starting to look at opportunities is for clinical trial recruitment. So obviously, there's a complicating factor in terms of privacy and notifying the patient that there's a clinical trial but I think we have some really good ideas about how we can do that notification and still respect that. And I think there's a tremendous opportunity to get patients involved early on and some of the new research that's happening. So those are the three areas that I think we look forward to participating in. Moving forward.

Dan Housman: Great. Well, Jeff, it's been excellent having you on. Now we're looking forward here at Graticule and partnering with PointClickCare. I think there's lots opportunity and, you know, especially in COVID, for the short term, but in the long term, these sound like great concepts so thank you for taking the time.

Jeff: All right. Thanks for having me.

Dan Housman: Catch you soon. Bye.