OTH.°Q



VIRTUAL CARE FOR LIFE

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OUR MISSION



To gather information from people at home and turn it into actionable health insights. By aggregating virtual-care actors, we allow every person on the planet to access care, anytime and anywhere.

So how do we do that?



OTH.IO Basic enduser USE-Case ANY CONDITION, ANY DEVICE AND ANY AI





THE PROBLEMS WE SOLVE





are needed by 2030, primarily in low and lowermiddle income countries

Lears more



Acces to care

- Screening
- Preventive care
- Remote Patient monitoring
- Remote consultations

Free up resources

- Faster churn on beds
- Too few nurses/doctors
- Increasing chronic load

Reduce cost for providers

- 35% saved pr chronic patient
- Reduce mortality
- 800 patients per nurse/day
- Able to screen millions
- Make AI-engines available



Benefits of virtual wards

There are four key benefits to the NHS and other healthcare providers opting for virtual wards:

- 1. To reduce congestion within a hospital/care setting
- 2. They are cost-effective
- They free up secondary care beds for critical/argent patients
- They complement the existing work of healthcare professionals

OTH Volume Processing potential -Enterprise level (3-10 mio citizens)





Virtual Healthcare OS - Architecture



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FINLAND HEART CLINIC



CHF

Finnland: The leading heart clinic has been implementing remote monitoring for patients with chronical heart failures und is now scaling up into a national roll-out.





BEFORE

patients in rural areas

Infrastructure not ready

COPD



Diabetis





• Size of Finnland creates challenges for many

• 7 day waiting time for urgent heart patients

AFTER

- From 7 days to 20 minutes wait for urgent heart \checkmark patients
- ✓ 42% less emergency room visits
- 50% reduction in hospital days \checkmark
- 25% less death rates \checkmark
- From Pilot with Healthineers / OTH to national roll \checkmark out





NORDIC VIRTUAL CARE



Nordic Countries were early. For instance DK with the launch of a National Telemedicine Action Plan started already in 2012. They wanted to demonstrate the effect for **large scale Virtual Care**.



COPD



Diabetis



e cale

BEFORE

- Limited access to secure and mature technology
- Did not entirely understand the dynamics of the economy
- Single condition focus
- Focus on improving care for chronic diseases
- History of failed pilots (ROI, patient satisfaction)

AFTER

- Multi-Condition care platform established
- Support organisational change
- ✓ Implemented at scale and drives high impact
- Documented saving of 35% of the yearly cost for CHF









Pregnant





Applied Al's in Virtual Care



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ECG Analysis Report

Recording Info

Max	Start time	10:28 24-05-2021
Boreiko	End time	10:28 24-05-2021
	Duration	39s
	Analysis time (UTC)	10:28 24-05-2021
	Device ID	
	Number of leads	1



- ECG analysis as a Service
- Holter analysis as a Service

Patient Info

Cardiolyse CE0197

First Name Surname Date of birth Age Sex

Patient ID

World's first Clinical Observations in 40 Seconds

100% Contactless from a tablet or smartphone camera



- Evaluate red color spectrum changes
- CE marked medical device
- 12 mm QS variation
- BYOD Hypertension screening
- Aggregated threshold
- No device required
- Will eventually overtake physical devices
- Now under implementation in NHS/UK as information booth stand alone screening















FibriCheck[®]







- Ward24/7 is currently approved for in-hospital use
- Will be added to OTH when approved for Virtual Ward use-case



In the future?



- CHF
- CKD
- Preeclampsia
- Hyperglucomia
- Skin cancer
- Thermography (PAD & CLI)



Human Body





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