



Automating Clinical Pathways in Surgery



PROVIDER'S CHALLENGES



Care Adherence

Medication and exercise non-adherence increases health care costs and leads to worsening of patient disease.



Administrative Work

Over 60 minutes per patient spent on administrative paper work and phone calls.



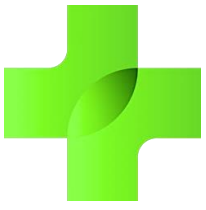
Patient Experience

Competition requires hospitals improve patient experience through offering new solutions.



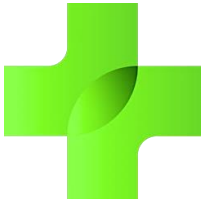
No-shows and Cancellations

Even 17% of operations are cancelled last-minute, each one costing \$2,500.



THIS IS HOW WE DO IT





A SINGLE COMMUNICATION CHANNEL

BEFORE

AUSTIN ORAL & MAXILLOFACIAL SURGERY 7132

Bary D. Cunningham, DDS, MSD
Brad A. Theriot, DDS
James C. Foster, DDS, MD
Michael P. Ding, DDS, MD

Fred J. Voorhes, DDS, MSD
George M. Grant, DDS, PhD
William C. Cain, DDS, MD
Travis W. Kern, DDS, MD, Board eligible

Thomas S. Weil, DDS, MD
Andrea L. Quaroni, DDS, MD
Russell D. Cunningham, DDS, MD
Craig Knoll, DDS, MD, Board eligible

Diplomates, American Board of Oral and Maxillofacial Surgery • Fellows, American Association of Oral and Maxillofacial Surgeons.

38th Street - 512-454-6725
Hymecrow - 512-258-3764
LaGrange - 979-968-8510
www.austinoralmaxillofacialsurgery.com

Mopac - 512-346-7949
Marble Falls - 830-798-1054 | 888-322-8382
San Marcos - 512-396-4689
Lakeway - 512-263-9544

William Cannon - 512-447-6684
Georgetown - 512-869-0529
Temple - 254-771-1167
Medlink (after hours) - 512-323-5465

Pre-Operative Instructions for Surgery and Anesthesia

GENERAL:

- Prepare for your post-operative period so that your experience and outcome is the best it can be. Read instructions provided. Your doctor and/or surgical assistant will review the post operative procedures after your surgery, giving you an opportunity to obtain clarification, as necessary.
- Prepare for a recuperation period. Patients undergoing a procedure similar to yours require (on average) a minimum of 3-5 days of recuperation, during which time you should plan to be away from work/school and have limited physical activity.
- If the patient is a minor (less than 18 years of age), a parent or legal guardian must be present during the surgery.
- Cell Phones - please turn off cell phones while in the surgical and recovery rooms.
- If you prefer to listen to your own music, you may bring an i-pod (or similar) with small earphones.

IF YOU ARE SCHEDULED FOR INTRAVENOUS ANESTHESIA:

- Have an empty stomach. See further instructions on the back of this page.
- Do not drink alcohol the day before your surgery.
- Arrange for a responsible person to escort you to your appointment, remain with you in our office for the duration of your surgery, and drive you home.
- Clothing -
 - o Wear comfortable and warm two piece clothing, with short sleeves or sleeves that can be easily drawn above the elbow.
 - o Wear shoes that are comfortable and safe. Do NOT wear Flip-Flops or high heels.
 - o Do not wear excessive jewelry.
 - o Bring loose fitting sweater or jacket because the surgery and recovery rooms are often cool to the recovering patient.
- Remove contact lenses, except perma-lenses, before your surgical appointment.
- Austin Oral Surgery is not responsible for contact lenses, jewelry, cell phones, or other electronics.

MEDICATION:

- Have all prescriptions filled prior to your surgical appointment.
- Begin taking medications as prescribed by your oral surgeon. Instructions will be on the bottle. Note that you should begin taking the antibiotic, ibuprofen, and peridol (if prescribed) the night prior to your surgery.
- Continue taking any / all medications which have been prescribed by other doctors for other medical conditions.
- If it is necessary to take medication on the morning of the surgery and you are scheduled for intravenous anesthesia, use the least amount of water necessary to swallow them.

Child's Name: _____ Date of Birth: _____ Age: _____ Date: _____
Address: _____ Telephone: () _____
Physician's name (Medical Doctor): _____ Telephone: () _____

Please circle the appropriate answer.

1. Does your child have a health problem? YES NO
2. Was your child a patient in a hospital? YES NO
3. Date of last physical exam: YES NO
4. Is your child now under medical care? YES NO
5. Is your child taking medication now? YES NO
6. If so, for what? YES NO
7. Has your child ever had a serious illness or operation? YES NO
8. If so, explain: YES NO
9. Does your child have (or ever had) any of the following diseases:
 - a. Rheumatic fever or rheumatic heart disease
 - b. Congenital heart disease
 - c. Cardiovascular disease (heart trouble, heart attack, coronary insufficiency, coronary occlusion, high blood pressure, arteriosclerosis, stroke)
 - d. Allergy: Food (), Medicine (), Other ()
 - e. Asthma (), Hay Fever (), Hives (), or skin rash ()
 - f. Fainting spells or seizures
 - g. Herpes, genital or oral disease
 - h. Diabetes
 - i. Inflammatory rheumatism (gnarled or swollen joints)
 - j. Arthritis
 - k. Stomach ulcers
 - l. Kidney trouble
 - m. Tuberculosis (TB)
 - n. Venereal disease
 - o. Epilepsy
 - p. Sickle cell disease
 - q. Thyroid disease
 - r. AIDS
 - s. Enuresis (wetting)
 - t. Psychiatric treatment
 - u. Club foot (talipes)
 - v. Cerebral palsy
 - w. Mental retardation
 - x. Hearing disability
 - y. Developmental disability
 - z. Wa. Your child's permanent? If yes, how many weeks
10. Does your child have an urinate (pass water) more than six times a day? YES NO
11. Is your child fairly much of the time? YES NO
12. Has your child had abnormal labelling associated with previous surgery, excisions or accidents? YES NO
13. Does he/she breathe easily? YES NO
14. Has he/she ever required a blood transfusion? YES NO
15. Does he/she have any blood disorders such as anemia, etc.? YES NO
16. Has he/she ever had surgery, x-ray or chemotherapy for a tumor, growth, or other condition? YES NO
17. Does your child have a disability that prevents treatment in a dental office? YES NO
18. Is he/she taking any of the following?
 - a. Antibiotic or sulfa drug
 - b. Anticoagulants (blood thinners)
 - c. Medicine for high blood pressure
 - d. Corticosteroids or steroids
 - e. Tranquillizers
 - f. Aspirin
 - g. Dilantin or other anticonvulsant
 - h. Insulin, sulfinamide, Orlanox, or similar drug
 - i. Any other?
 - j. Local anesthetics
 - k. Penicillin or other antibiotics
 - l. Salts drugs
 - m. Barbiturates, sedatives, or sleeping pills
 - n. Aspirin
 - o. Any other?
19. Has he/she any serious trouble associated with any previous dental treatment? YES NO
20. Has your child been in any situation which could expose him/her to x-rays or other ionizing radiation? YES NO
21. Has he/she ever had orthodontic treatment? YES NO
22. Has he/she ever been treated for any gum disease (gingivitis, periodontitis, trenchmouth, pyorrhea)? YES NO
23. Does his/her gums bleed when brushing teeth? YES NO
24. Does he/she grind or clench teeth? YES NO
25. Has he/she others had toothaches? YES NO
26. Has he/she had frequent sores in his/her mouth? YES NO
27. Has he/she had any injuries to his/her mouth or jaw? YES NO
28. If yes, explain: YES NO
29. Has he/she ever any sores or swellings of his/her mouth or jaw? YES NO
30. Have you been satisfied with your child's previous dental care? YES NO
31. Are you pregnant now, or think you may be? YES NO
32. Do you use (are becoming pregnant)? YES NO
33. Are you taking the pill? YES NO

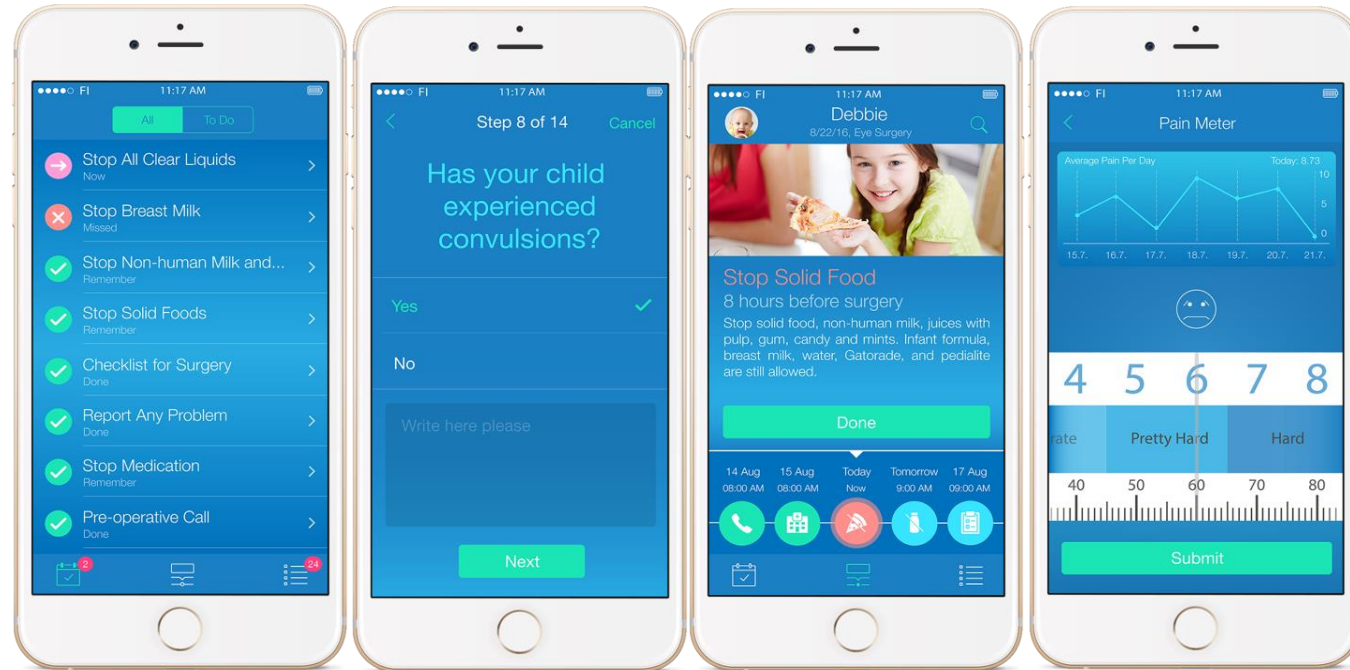
To the best of my knowledge, all of the preceding answers are true and correct. If my child ever has a change in his/her health or his/her medicines change, I will inform the doctor at the next appointment without fail.

Parent's Signature: _____ Date: _____

MEDICAL HISTORY / PHYSICAL EXAMINATION REVIEW

Date	Addition	Student/Faculty Signatures

AFTER



To-dos

Pre-questionnaires

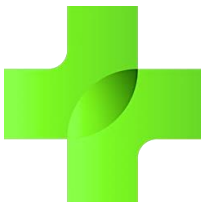
Reminders

Recovery follow-up

Outdated paper questionnaires
Instructions on a pile of papers
Phone only means of communication

No continuous exchange of data with hospital





REAL-TIME INSIGHT ABOUT PATIENTS

BEFORE

PHONE CALLS
PAPER WORK
NO-SHOWS

AFTER



- Real-time data about patient progress
- Automatic alerts for early signs of cancellations and/or complications
- Patient reported outcomes (PROs)
- All forms and clinical pathways in one place



RESULTS WE HAVE ACHIEVED SO FAR



Children's Clinic at Helsinki University Hospital



No-shows and
cancellations

-50%

Phone calls
(3 → 0,5)

-80%

Patients' net
promotion score

96%



OUR TRACTION

Customers & Partners



Achievements



"The largest financial service group in Finland."

Winner of OP Smart Health Challenge 2017 (out of 217 international companies).



Winner of 2016 Innovation Competition by European Telemedicine Conference.



Member of the StartUp Health – The world leading digital health incubator.



Tech Tour TOP20 selected digital health company in Europe 2017.



2016 Finalist of the Pediatric 2040 Innovation Beach competition.



2017 Winner of Partner Prize from Philips Healthcare at Slush Singapore





SURGERY MARKET

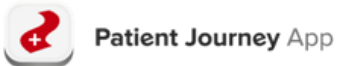
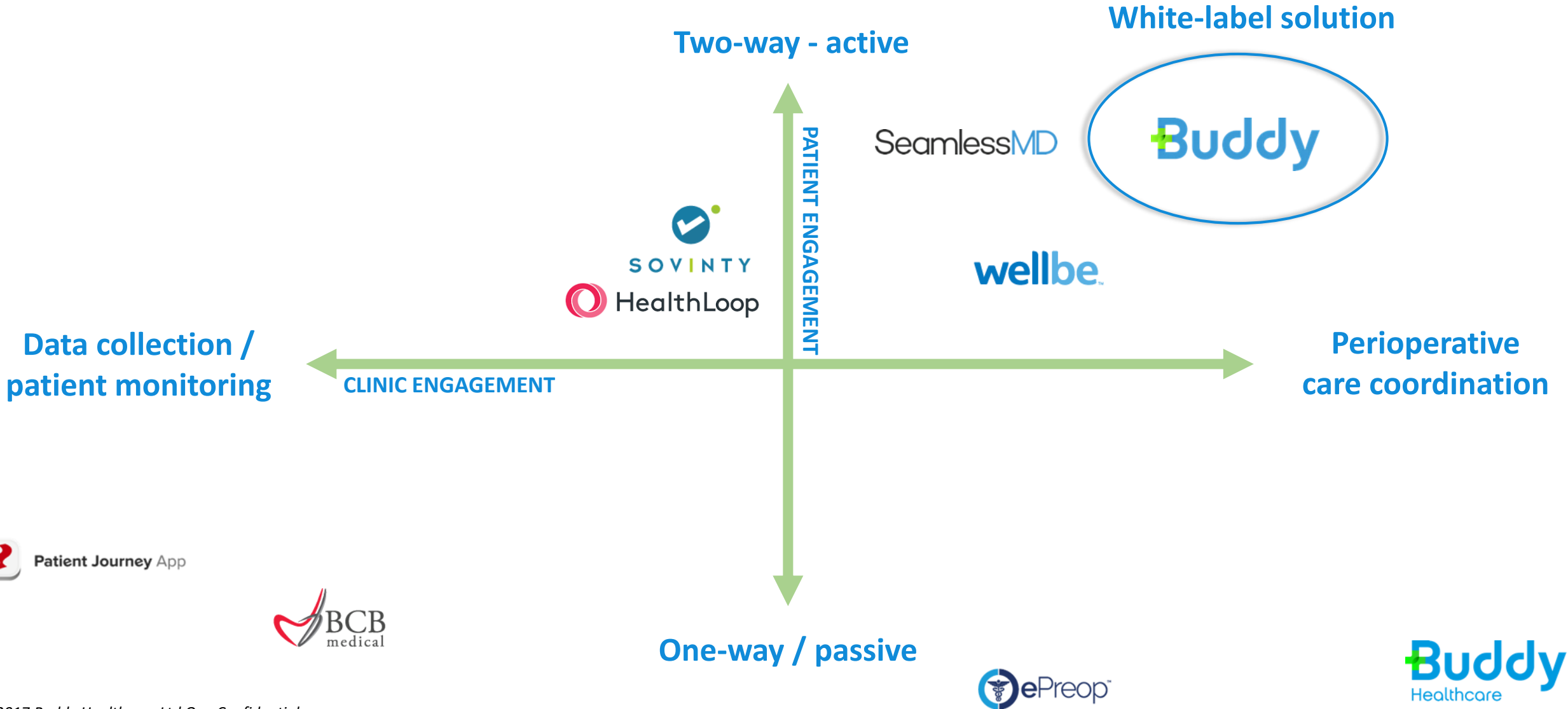
EU & USA: 100M operations / year

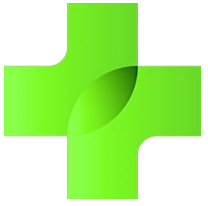
Average cost: \$10.000 / operation

= \$1,000B



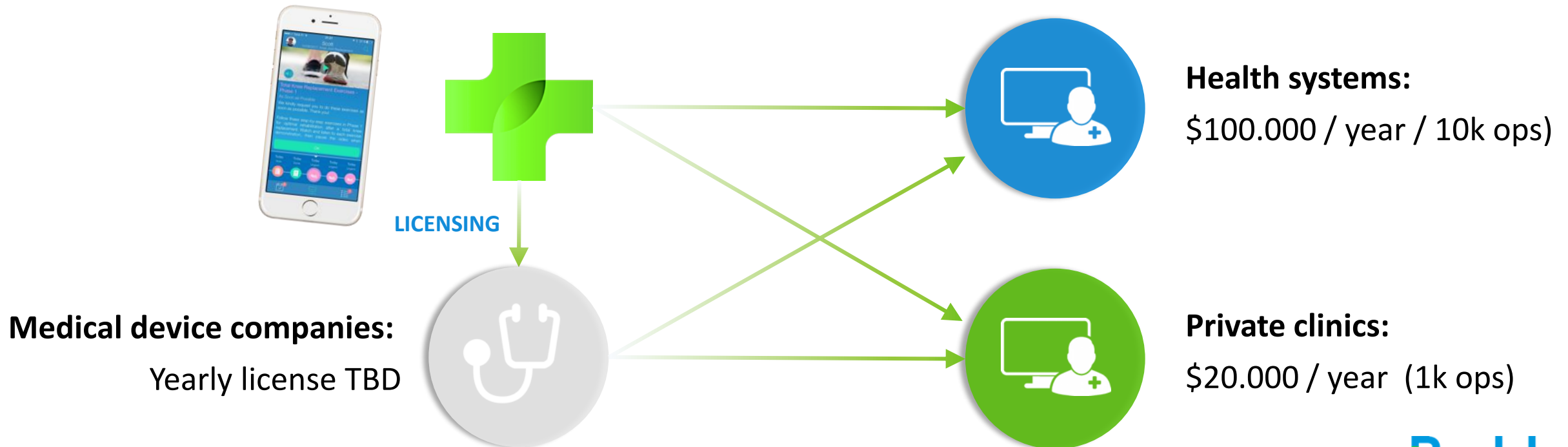
HOW WE'RE UNIQUE





BUSINESS MODEL

A turn-key HIPAA-compliant and CE-marked
SaaS-service and mobile app provided as white-label



A TEAM OF EXPERIENCE AND PASSION



JUSSI MÄÄTTÄ
CEO, Founder



JUKKA HASSINEN
CTO, Co-founder



PETER HÄNNINEN
COO, Co-founder



MARKUS LIND
Head of Sales



STARTUP HEALTH
Advisor



OPPORTUNITY

We are looking for innovative hospitals, surgery clinics and partners who desire to:

- 1. Create world's best pre- and post-op surgery experiences for patients***
- 2. Improve efficiency and outcomes through engaging patients by digitizing clinical pathways***



THANK YOU!



Jussi Määttä
CEO, Founder
Buddy Healthcare Ltd Oy
Mobile: +358 40 552 21 51
jussi@buddyhealthcare.com
www.buddyhealthcare.com



Peter Hänninen
COO, Co-founder
Buddy Healthcare Ltd Oy
Mobile: +358 40 156 03 38
peter@buddyhealthcare.com
www.buddyhealthcare.com



 Buddy