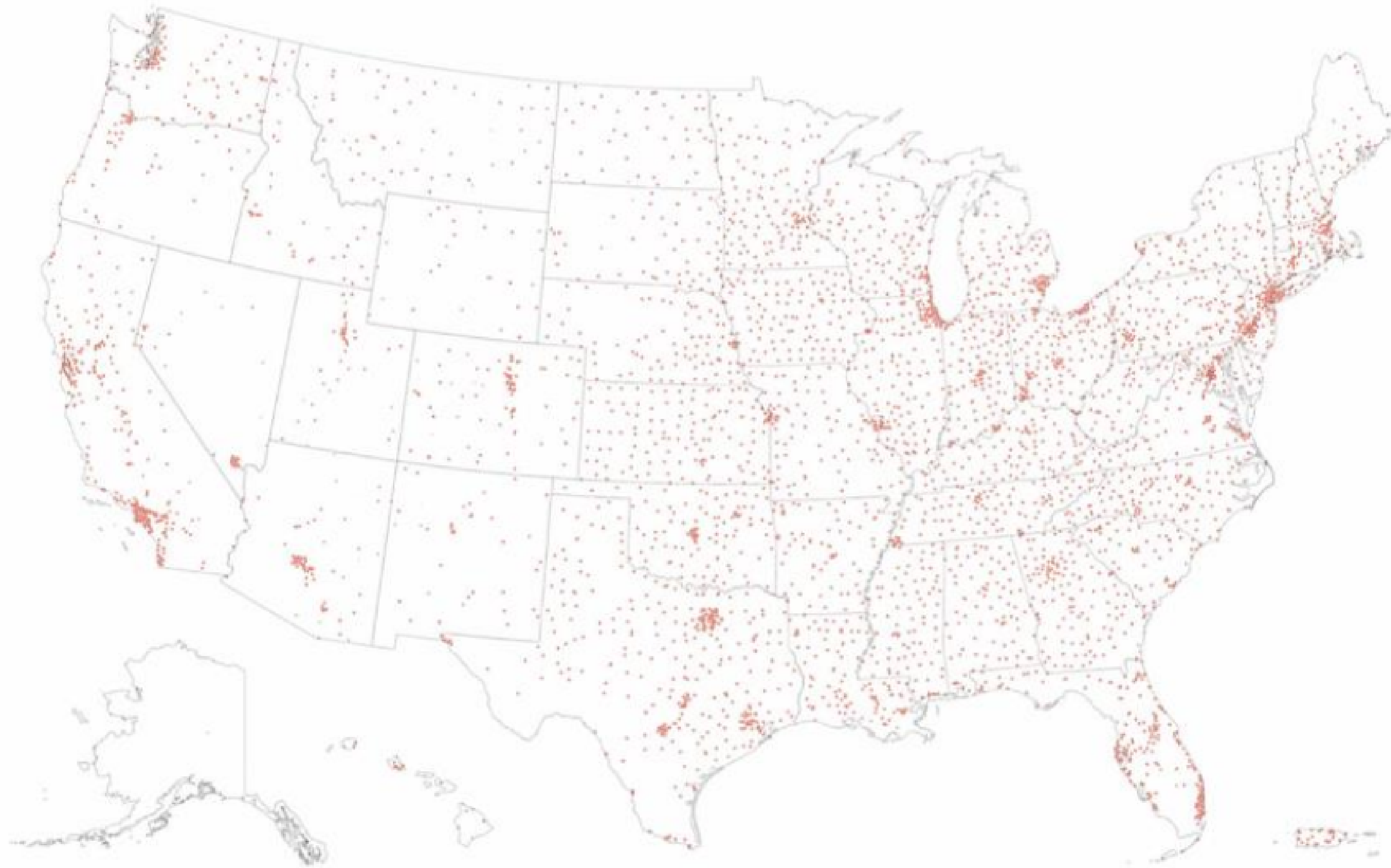


vital

Vital: UI + AI layer for all hospitals
Starting point: Own the emergency dept

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Emergency is a massive source of new patients



- 40% are new to health system
- 70% of all hospital admits
- 70% of new diagnoses
(...and subsequent treatment plans)
- 5250 EDs
- 140M visits / yr in US & increasing
- ~\$2000 avg visit => \$300B
(25% of all hospital spend)

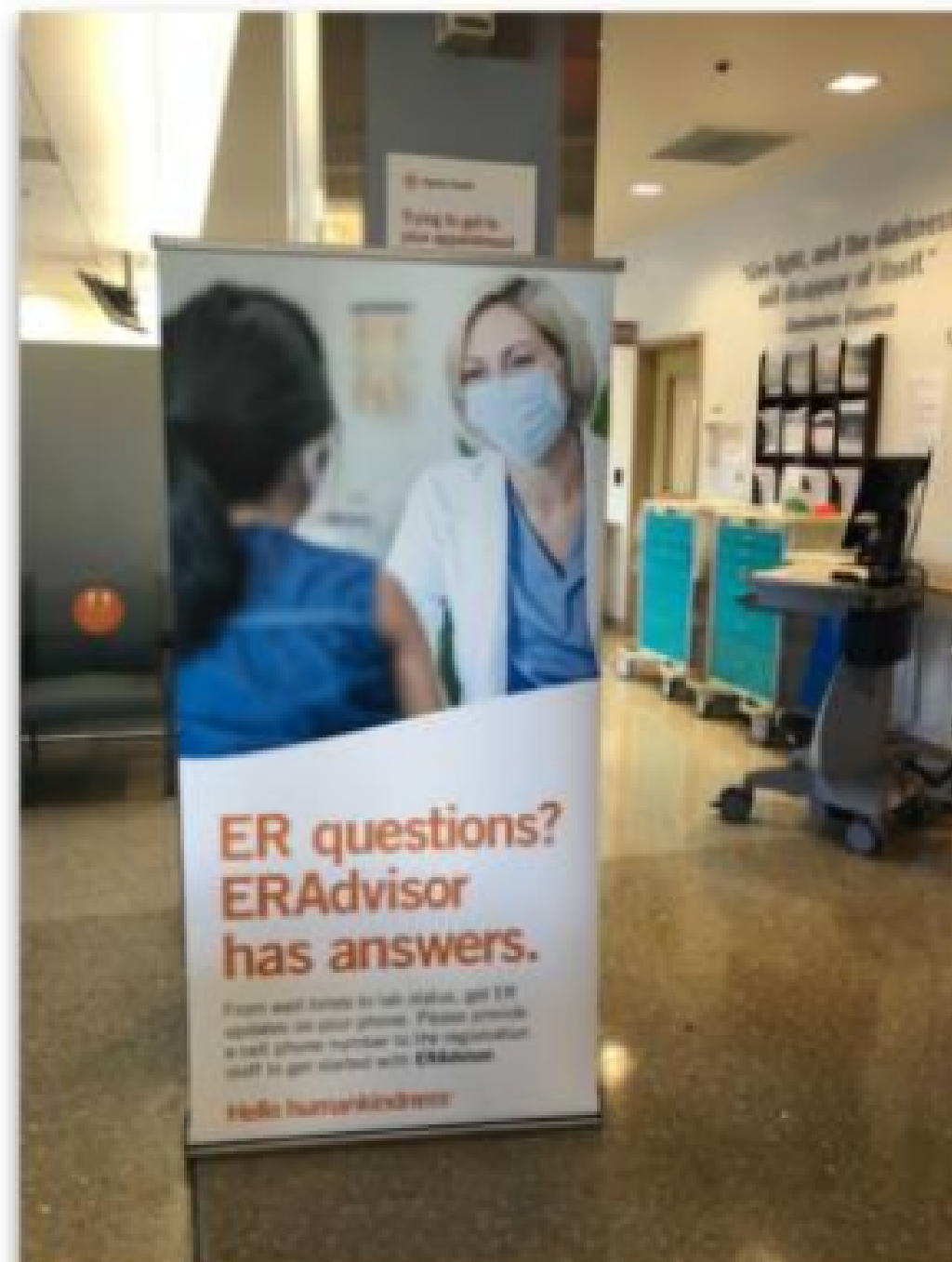
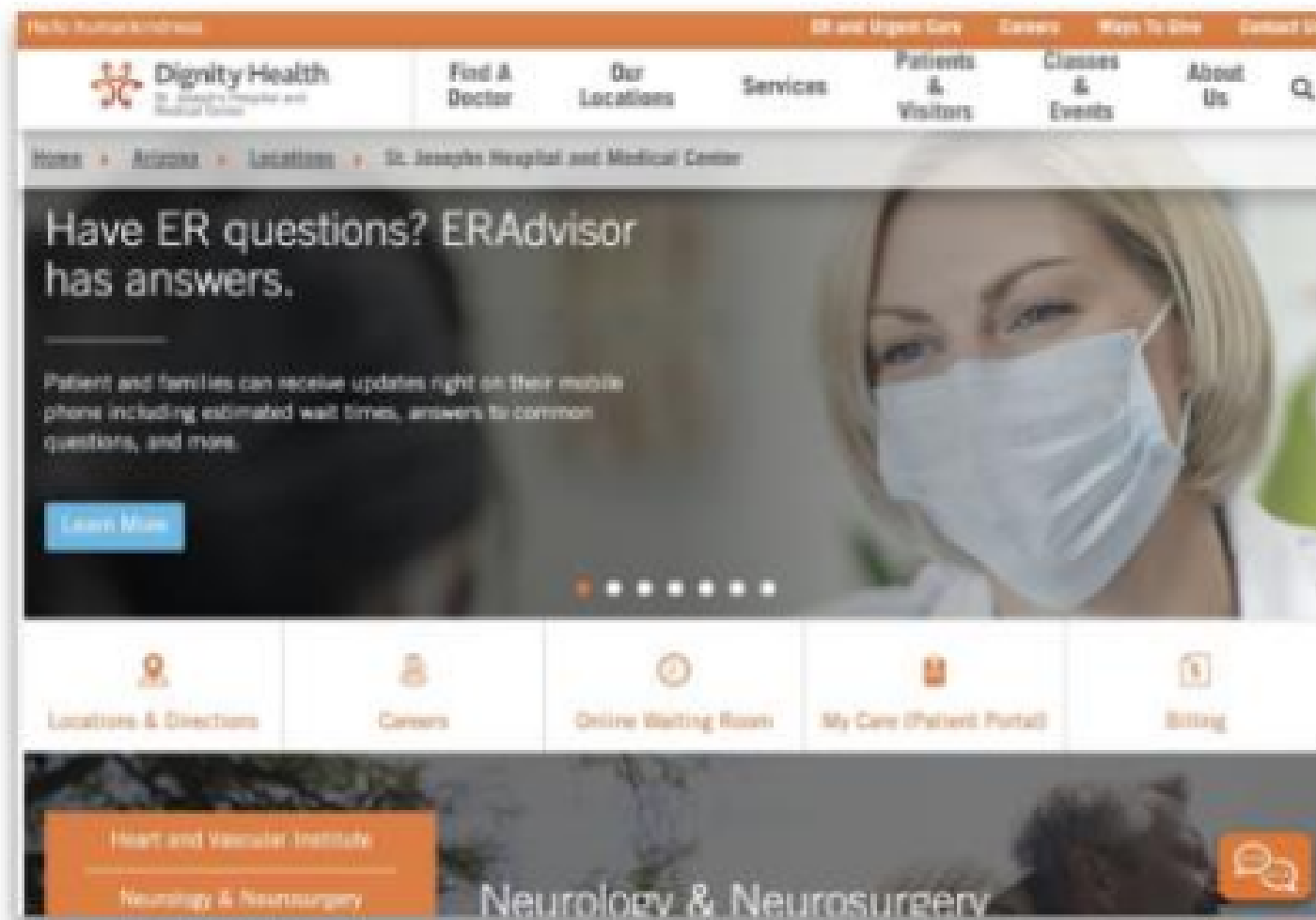


Yet utterly neglected

- 20% lower patient satisfaction
- 90% fail to get follow-up care
- No time to communicate with patients and families

ED is typically thought of as money “loser”.
With AI + retention, Vital turns it into a profit center.

Vital solves for patient experience, clinical operations & increased revenue



**ER questions?
ERAdvisor
has answers.**

Please provide a cell phone number to the registration staff to get started with ERAdvisor.

- View estimated wait times
- Share your visit timeline with family
- Get answers to common questions
- Get updates on lab status
- Schedule follow-up visits
- No sign-up or app download needed

Hello humankindness

Dignity Health.

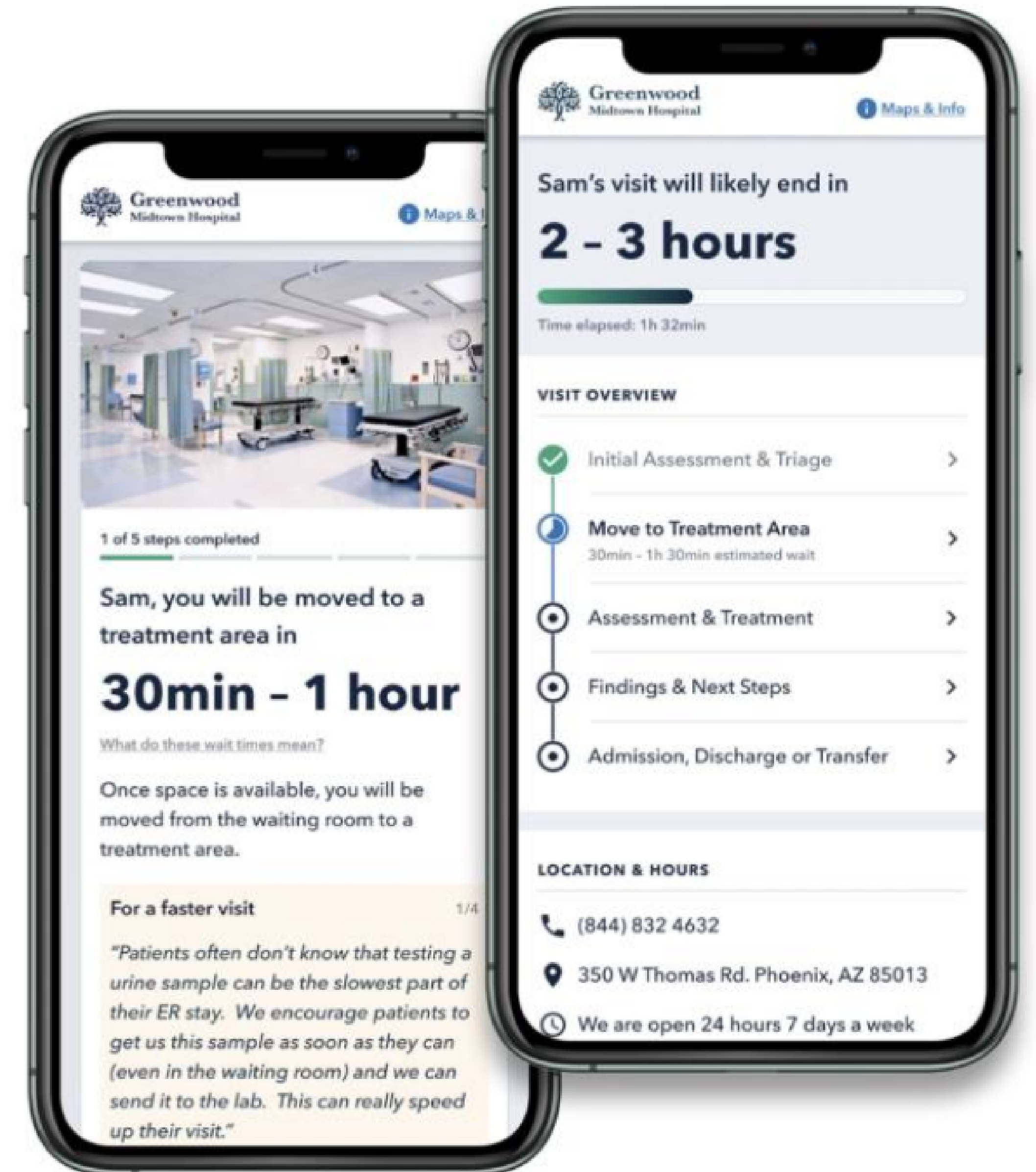
Vital @ Dignity Arizona branded as ERAdvisor

- Hospitals need volumes
⇒ *\$7m+ in new revenue @ 4 Emory EDs*
- Patients need communication
⇒ *50-60% usage today*
- Doctors & nurses need time and assistance
⇒ *13.min visit length decrease*
⇒ *1500 fewer questions/mo*

Product Suite & Demo

Vital: Patient (ER Advisor™) (60+ hospitals)

- AI-powered wait times
- Multi-lingual (Spanish, Mandarin & more)
- Labs & imaging education
- Tips for a faster visit
- Facility maps, visitor policy & more
- Clear follow-up post-ED



No download required.

Used by **50-60%** of patients with phones.

97% satisfaction rating!

No training. Powered by signals from your EHR.

Vital: Follow-Up AI (10 hospitals)

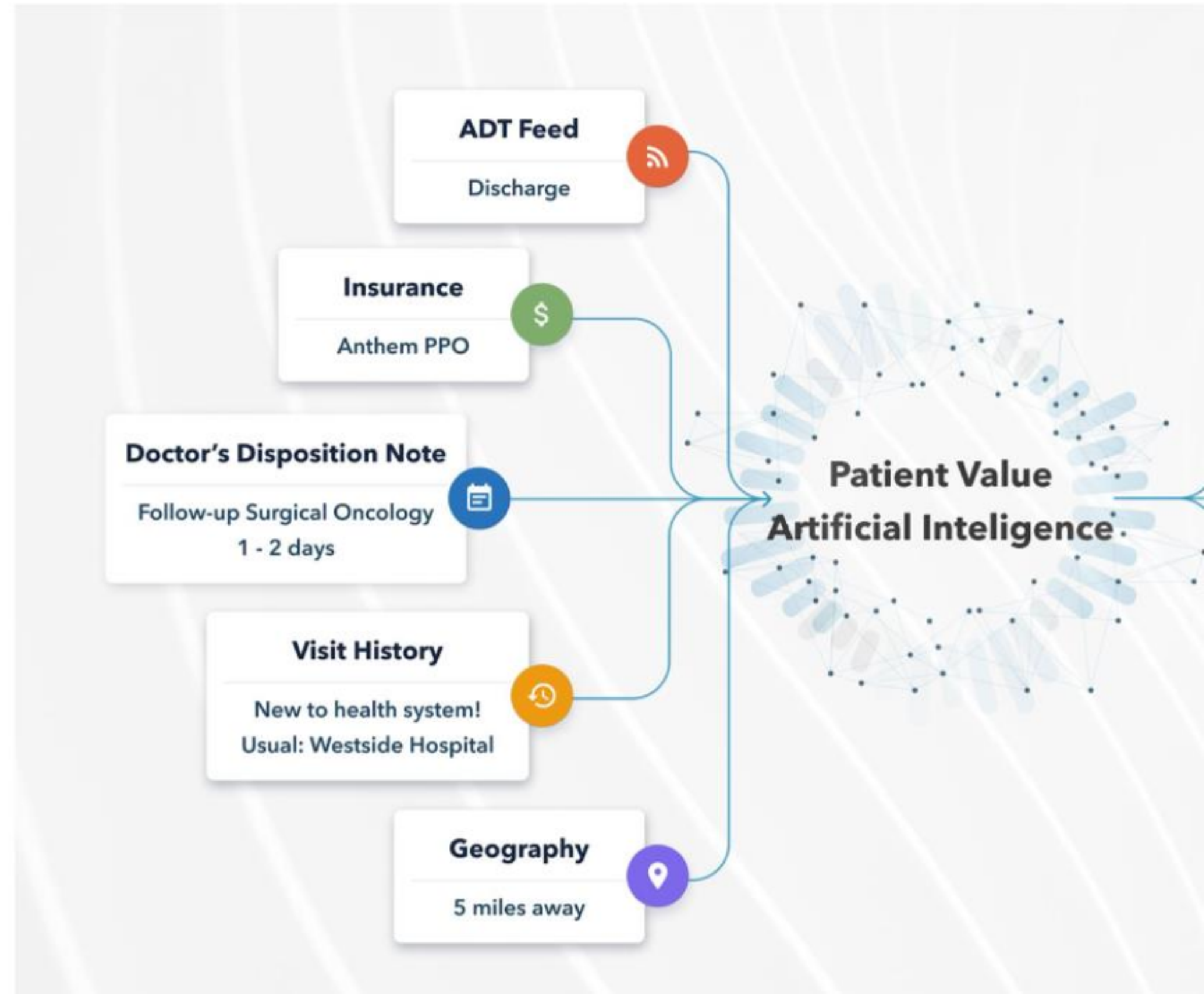
- Use AI to identify “high value” follow-ups
- High value: human call
- Medium: automated
- Low: SMS



Emory Results (4 EDs):

1000 new patients / month

\$5m+ new, immediate revenue...more downstream



Vital: Clinical (2 hospitals)

- Lite mobile EHR
- Manage patient service requests
- AI-powered alerts
 - Admission likely
 - Readmission risk
 - Missed billing

The screenshot displays the Vital: Clinical mobile EHR interface. The main screen shows a patient list for Greenwood Hospital Midtown. The list includes columns for patient status, name, age, gender, and last seen. A patient, Clara Kelsen, is highlighted. A detailed view of Clara Kelsen is shown on the right, including her medical history, a list of possible procedure codes, and an admission likelihood alert.

GREENWOOD HOSPITAL MIDTOWN Alerts On

All Patients Watchlist

Showing 63 patients: [24 hrs, Beds](#)

RM	PATIENT	LAST SEEN
21 ICU	Song, Bao 51, F Fall with laceration to forehead	Wed
3SW	Scheirlinck, Dominic 26, M Disorders of respiratory sound, NEC	Invite
5G ICU	Nye, Morris 88, M Knee pain, ache, soreness, discomfort	4:17pm
6FL SURG	Kelsen, Clara 31, F Fall with laceration to forehead	2:23pm
8T-S	Jones, Matthew 54, M Swelling of leg	Yesterday
ED CDU	Orlin, Stormy ##, M/F Chills	2:23pm
ENDO SERV	Neligan, Mike 15, M Symptoms of teeth and gums	Invite

Kelsen, Clara 31, F
Fall with laceration to forehead
6FL SURG

[Message](#) [Notepad](#)

Notes Tests **Predictions** Billing

Based on patients of similar age and complaint, you may want to consider:

Possible Procedure Codes

- Critical care (99291-99292): "possible acute coronary syndrome" +1.5 RVU
- Laceration repair (12001-12007): "used a suture with a butterfly stitch" +0.85 RVU

Admission Likelihood: High

- Age is "46"
- Troponin is "positive"
- Emergency Medical Note says "... labored,

[Patients](#) [Alerts](#) [Wait Times](#) [Reports](#)

AI trial identified \$3m/yr/ED in missed supply billing, \$1m+/yr/ED in missed critical care billing.

Strategy & Key Insights

⚠ Hospitals IT is a major bottleneck

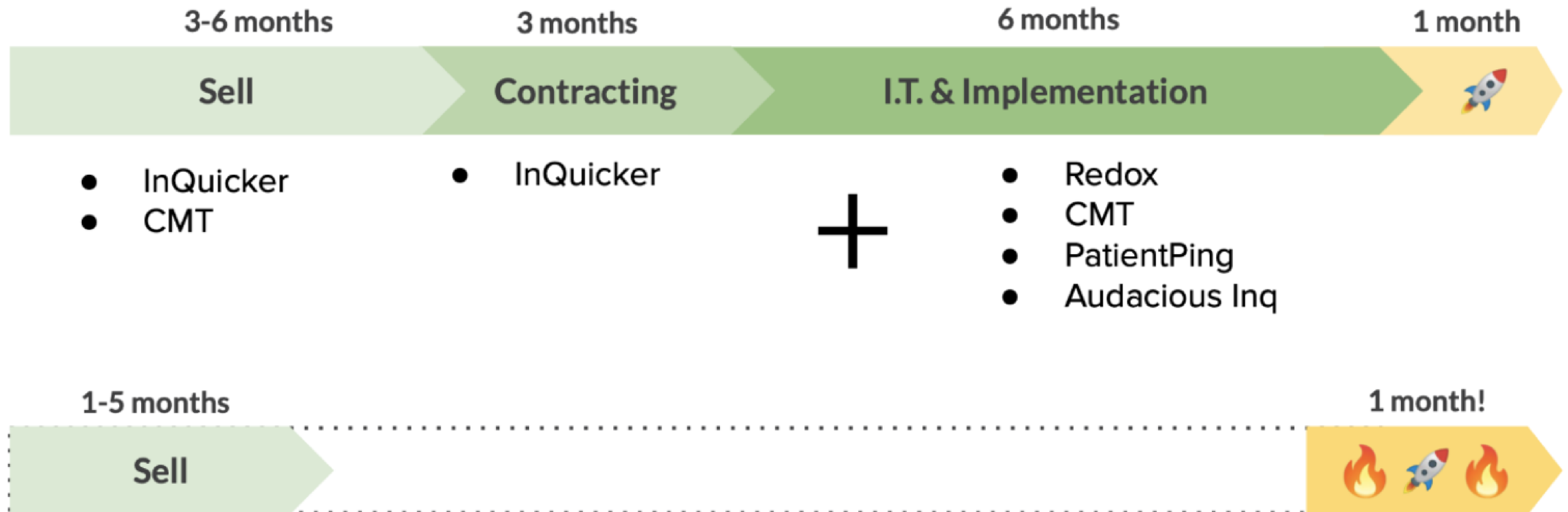
⇒ ~60% of US market can use Vital “no-IT-required”

By piggybacking existing connectivity, we can deploy in a days.



⚠ Hospital sales cycle is 12-18 months

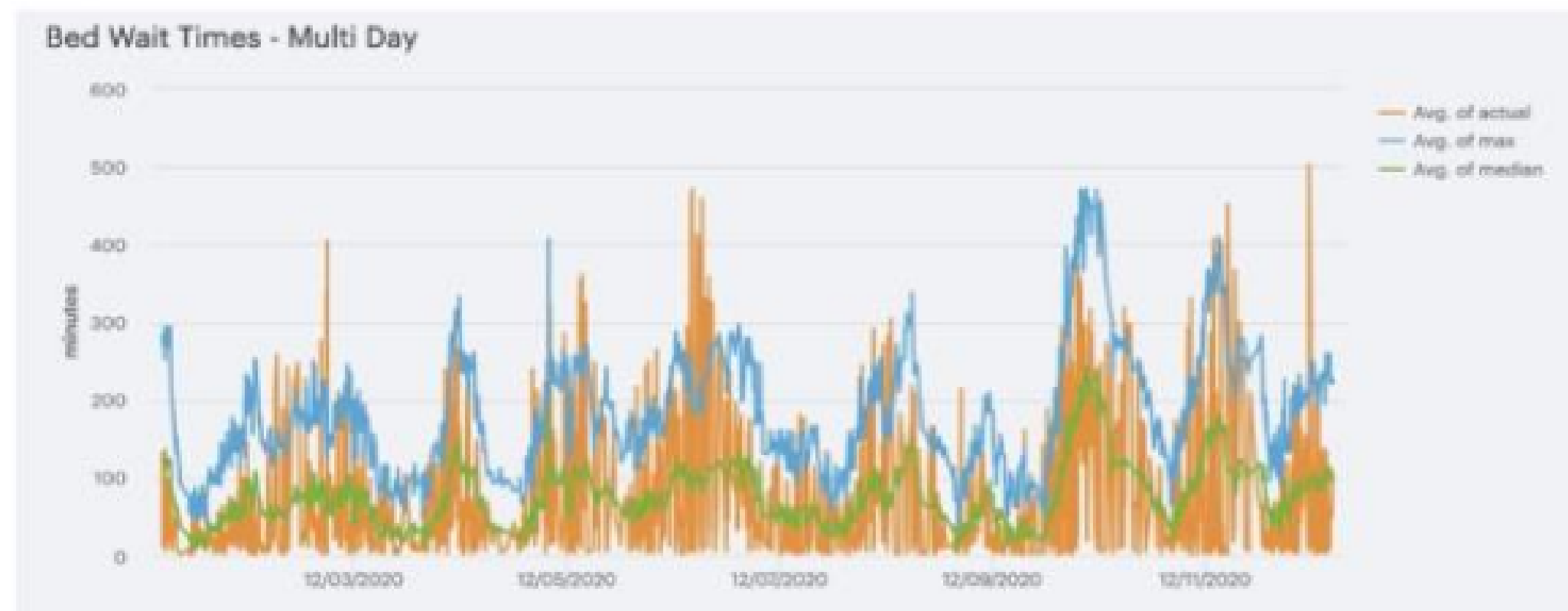
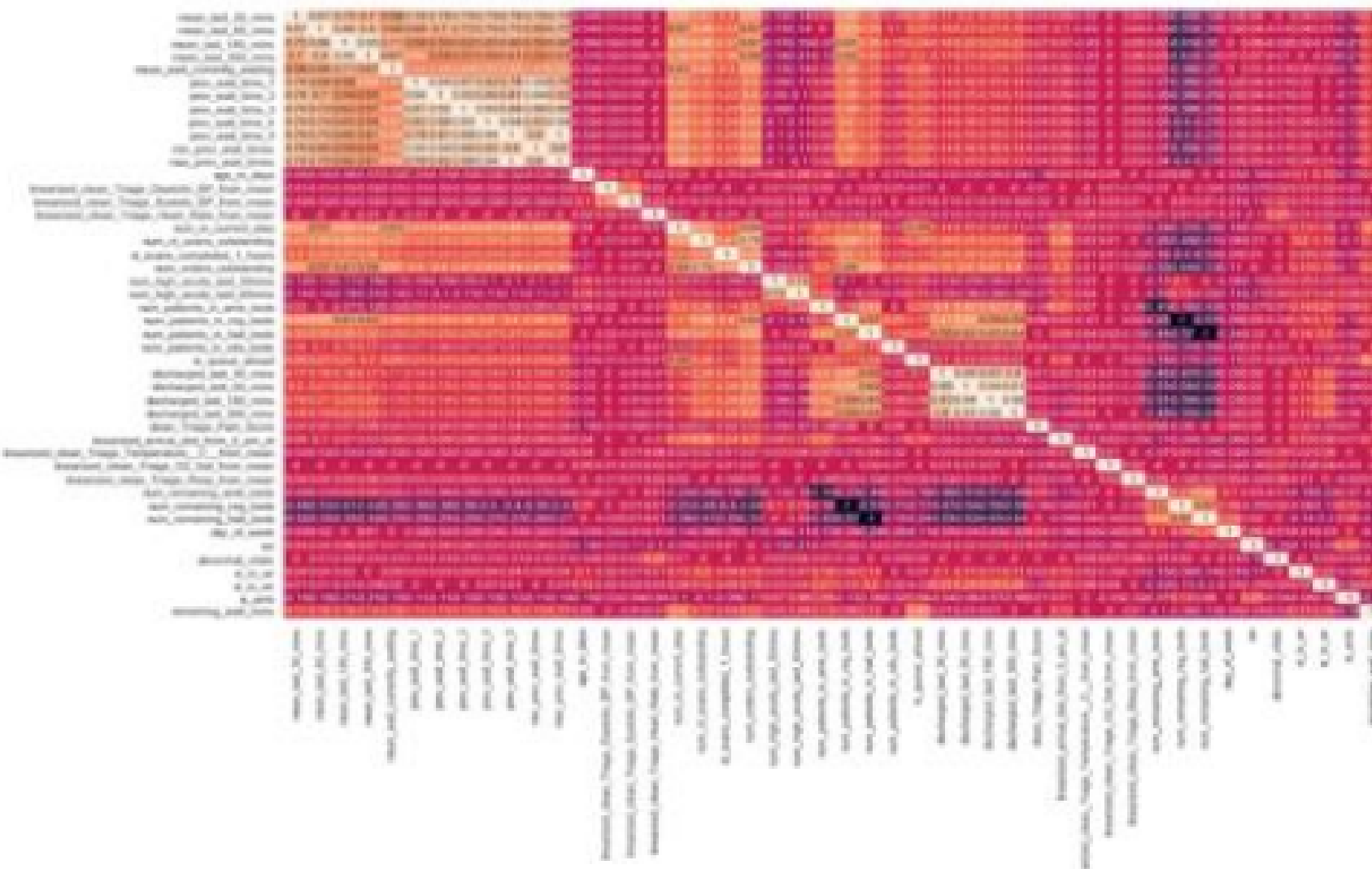
⇒ We have reduced it to 2-4 months



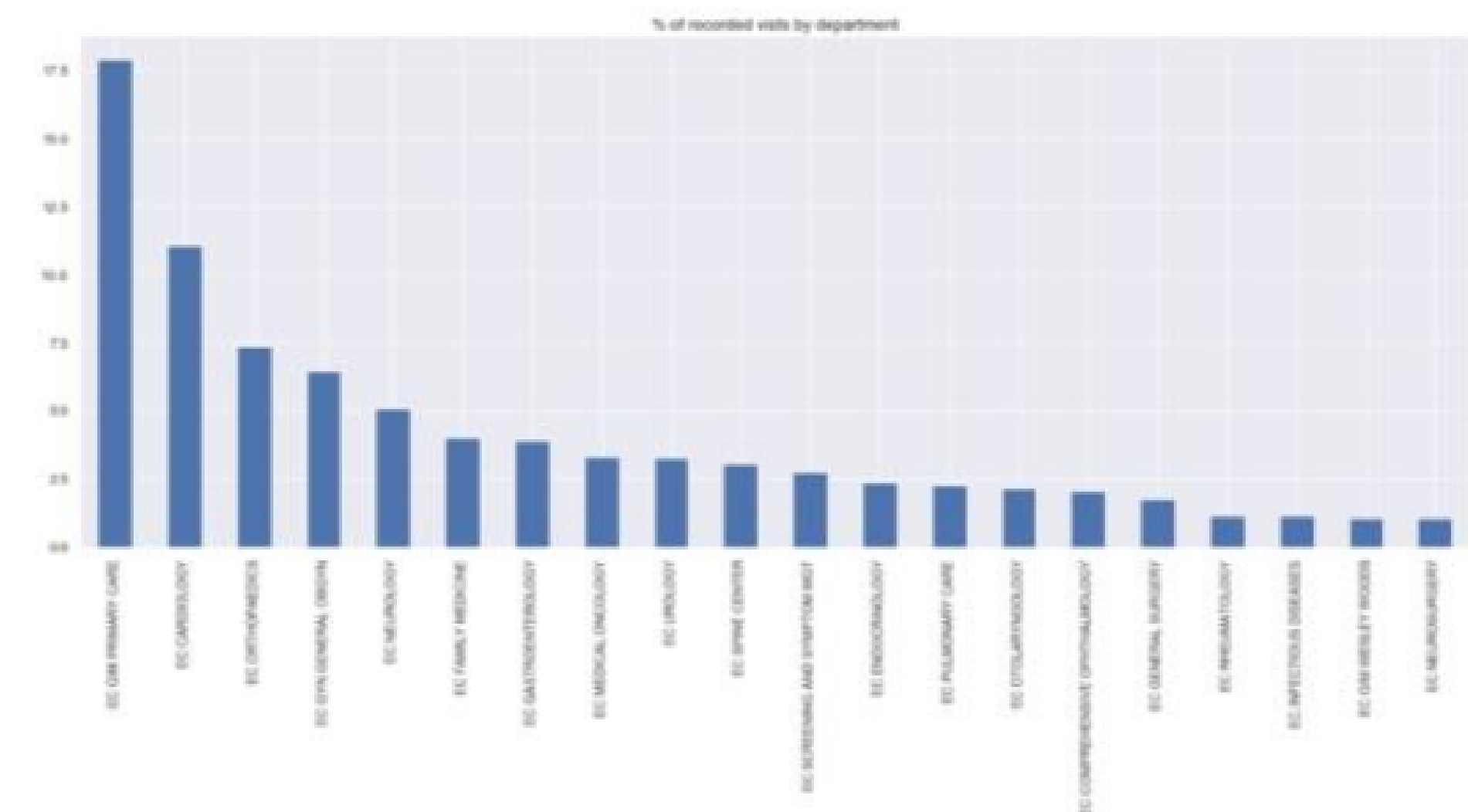
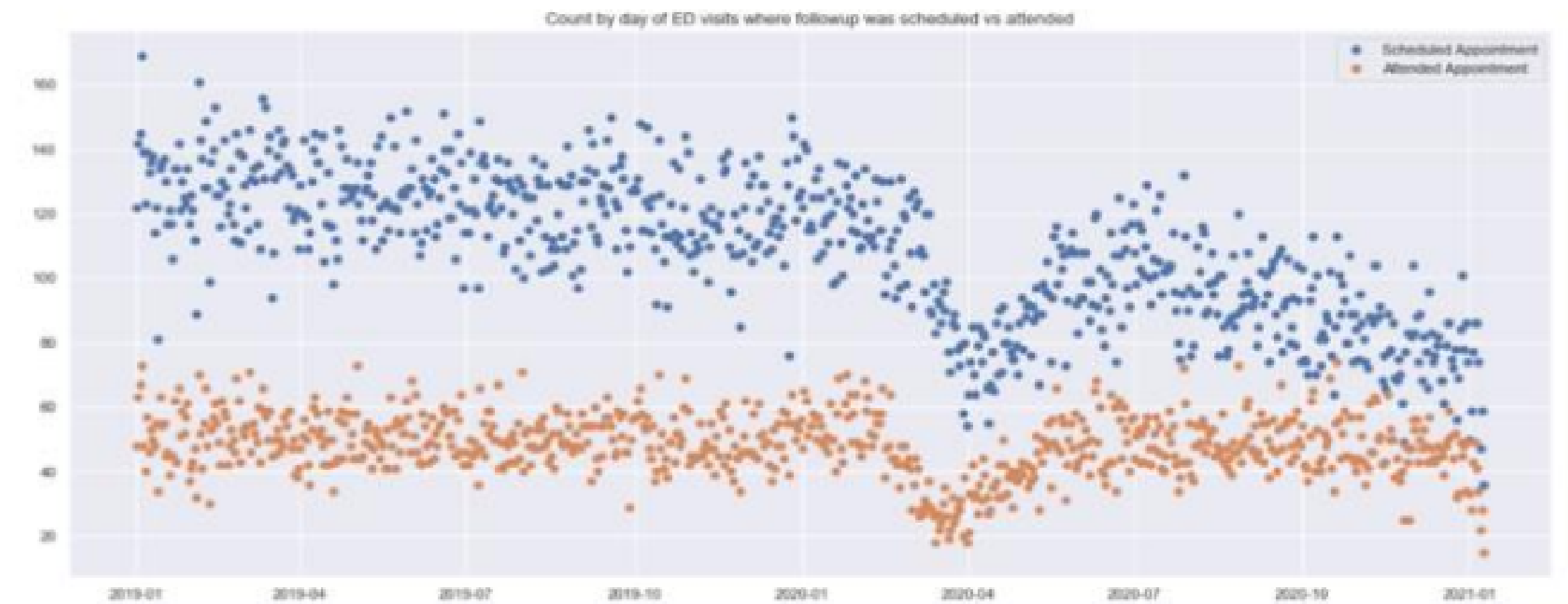
10 AI models developed

⇒ 5 published papers on AI/NLP in ED

Wait time prediction



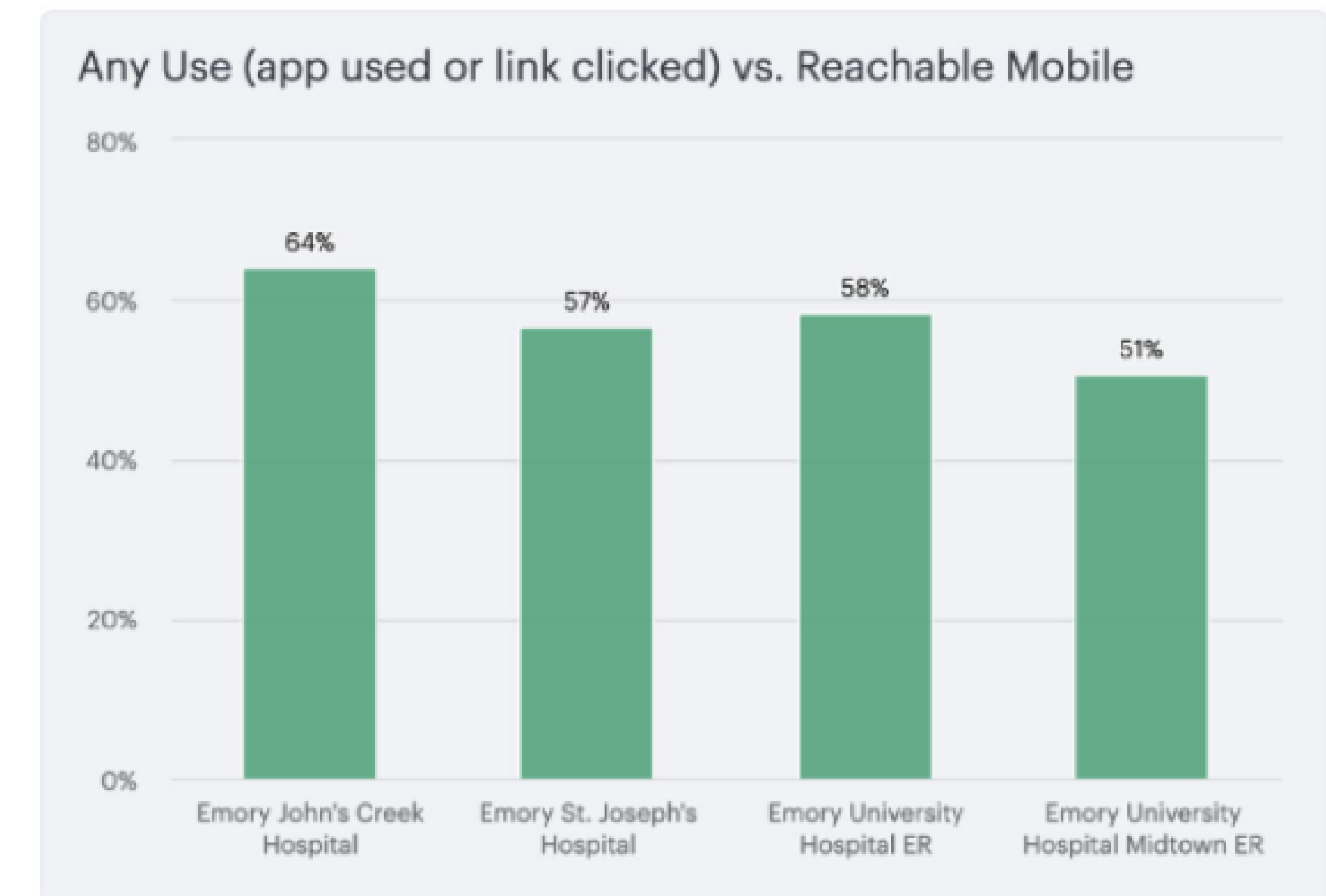
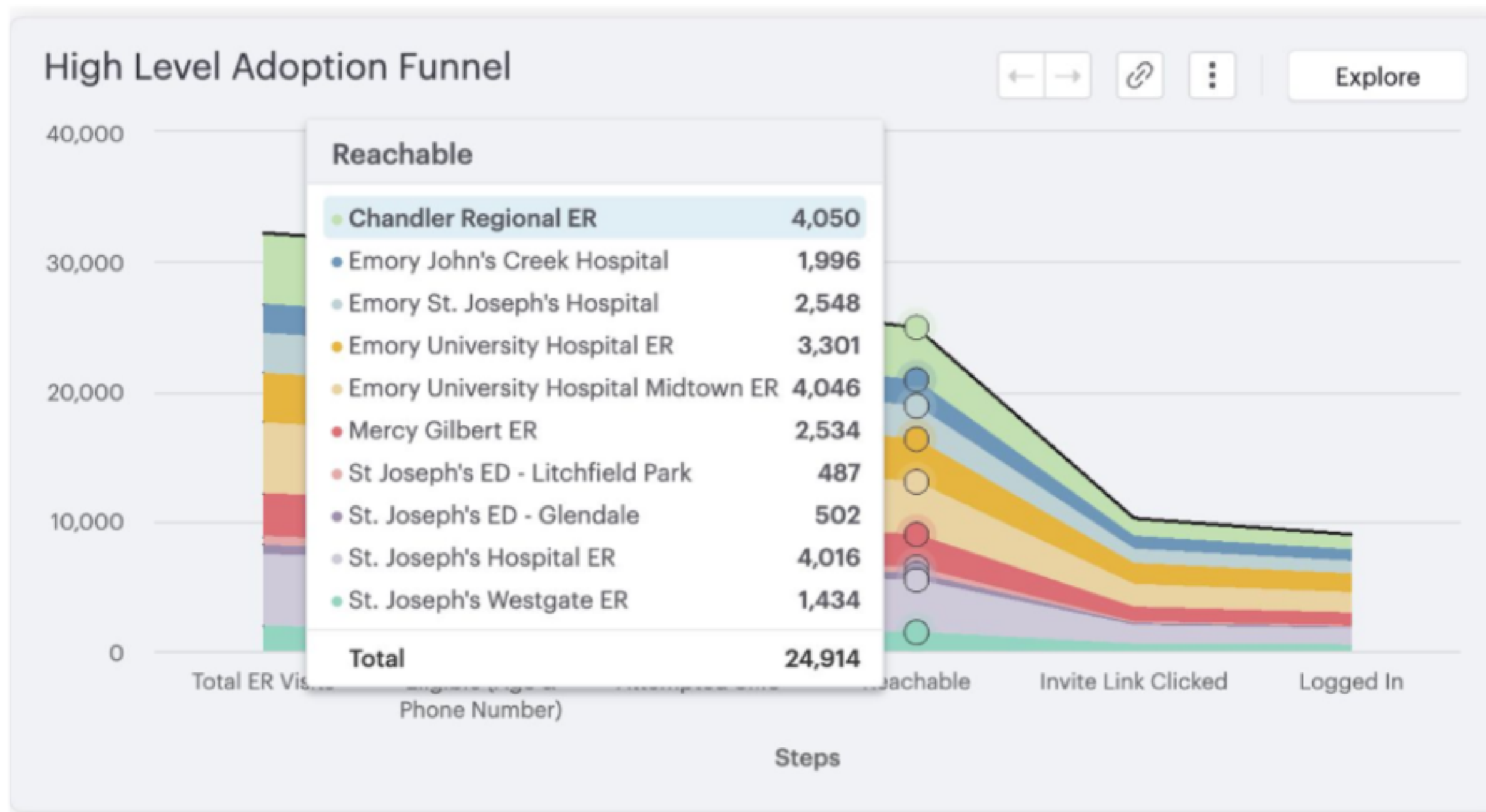
Follow up visit modeling



Results

Vital used by 50-60% of all patients*

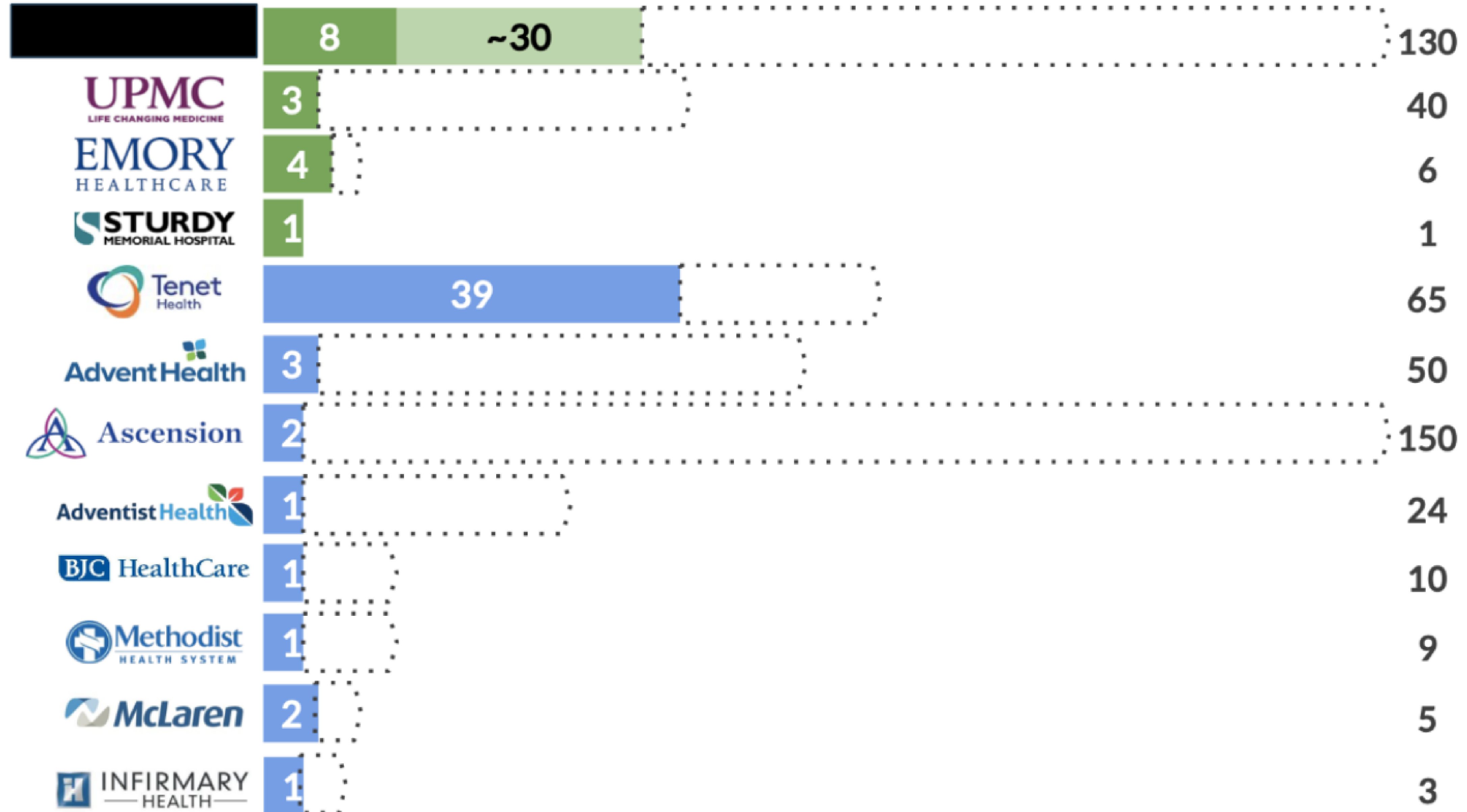
- Now: 250k patients + family / yr
- End Q2 '21: ~400k/yr
- End Q4 '21: ~1M+ / yr



* For patients with mobile number

67 Hospitals, 13 Health Systems

Expansion to 480+ hospitals (9% of US market)



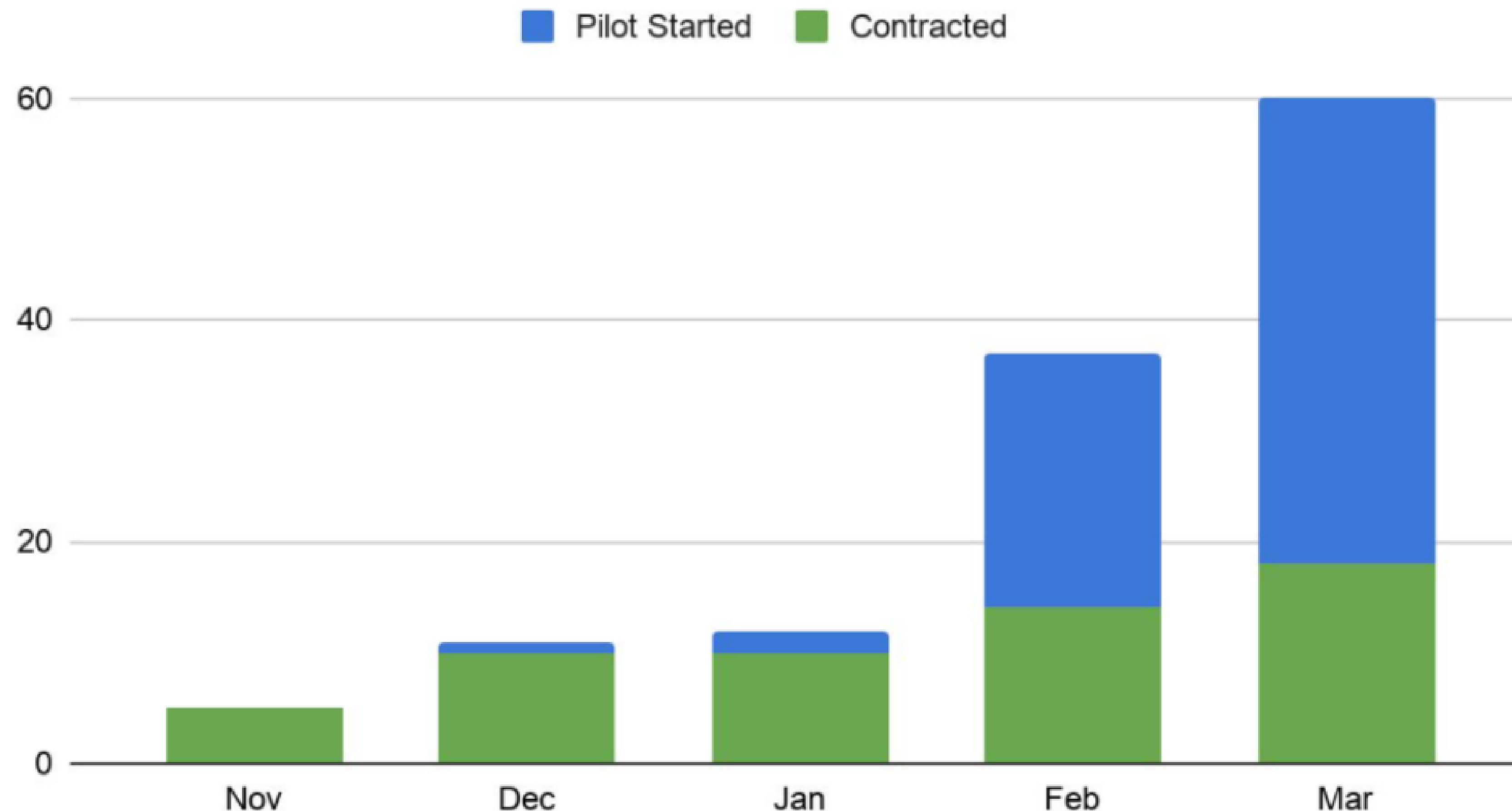
* Green: contracted; Light Green: in contracting; Blue: pilots started; Dotted: Expansion opportunity

Growth is accelerating. So is revenue/hospital.

Pilot, then paid, then more products

Trial \Rightarrow \$60k/yr \Rightarrow \$120k/yr \Rightarrow \$500k (eventual)

Total Hospitals Using Vital



Pricing Model. Average today is ~\$100k/hospital

3 Months Free

\$0 per facility
billed monthly

- ✓ Powered by EHR, automatically onboards patients
- ✓ 40 - 50% patient adoption
- ✓ Measurable HCAHPS improvement
- ✓ AI-powered wait times
- ✓ Share live status with family & friends
- ✓ 30 day window to continue

ERAdvisor

\$5k per facility
billed monthly

- ✓ Powered by EHR, automatically onboards patients
- ✓ 40 - 50% patient adoption
- ✓ Measurable HCAHPS improvement
- ✓ AI-powered wait times
- ✓ Share live status with family & friends
- ✓ LOS improvements

ER Advisor + ED Follow Up AI

\$10k per facility
monthly

← Everything in ED Navigator

- ✓ ED Follow Up AI
- ✓ Readmission risk, value stratification
- ✓ Prioritized outreach
- ✓ Customized per health system

Our Leadership Team



Justin Schrager, MD

Chief Medical Officer

Asst Professor of Emergency
Medicine,
Emory University School of
Medicine



Aaron Patzer

Chief Executive Officer

Founder & CEO of Mint.com
Fortune Top 40 Under 40
10 Patents



Kurt Essenmacher

VP of Sales, Biz Dev &
Operations

Employee #3 at InQuicker
Worked with 400+ emergency
rooms.



Nate Fletcher

Director Sales &
Operations

Employee #10 at
GetWellNetwork
Worked with 50+ health
systems.



Te Warren

VP Engineering

Lead Pixel Fusion
Founder Summer of Dev

Series A: \$10-12M

- FTE 20 ⇒ 35
- Scale sales & implementation
- New products:
 - Inpatient
 - Clinical alerts

	Goal	Num Patients	Clinical Value	Hospital ROI	Increased User Count	Unique	Build Cost	Operational Lift / Train
✓ Sharing	Contactless	♥ (~50%)	♥	♥	♥	♥	♥	♥
Service Recovery	Pt. Sat	♥ (~25%)	♥	♥	♥	♥	♥	♥
Ride Home	LOS	♥ (~15%)	♥	♥	♥	♥	♥	♥
Confirm PCP	Revenue, Partners	♥ (~25%)	♥	♥	♥	♥	♥	♥
Readmits	Health, Revenue	♥ (~5%)	♥	♥♥	♥	♥	♥	♥

~3 years of runway



Patient Satisfaction

ERAdvisor Satisfaction Results



ED to Inpatient HCAHPS

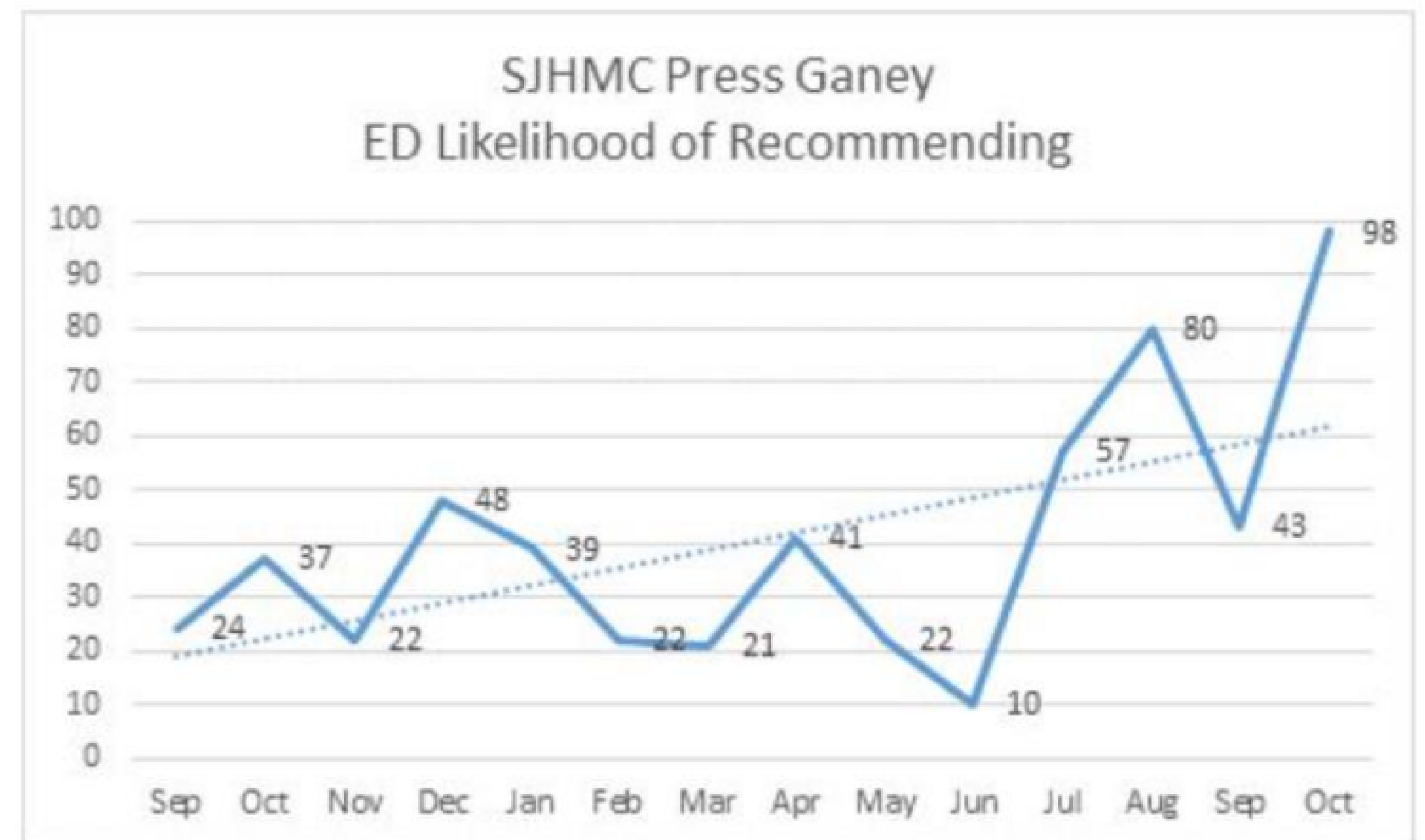
+38%

Information about delays

+226%

Likelihood to recommend

25% of VBP Score based on “Person and Community Engagement” - HCAHPS Performance



Vital Launch April 15th @ SJHMC

Positive Patient Feedback

“No one has ever shared something like this with me. I’m really glad the hospital is changing how they communicate with patients”

“Thank you for sharing the waiting times with me. I wouldn’t have known otherwise. This should be the standard.”

“Hope. Having information gives me hope.”

“Any news is good news. Information is golden when you have a family member in an emergency situation.”

“I did not know what step was next or where in the line of patients I was situated. I feel informed more than anything.”

Positive Staff Feedback

"I have received numerous compliments from ED patients regarding the increased level of communication provided by ERAdvisor, they find it very helpful."

- SJHWC ED Manager

"ERAdvisor was easily incorporated into our ED patient registration workflow and patients seem to navigate it easily on their own."

- SJHWC Patient Access Team Member

"ERAdvisor must be working well because patients don't need any help using it."

- FSED Patient Access Team Member

Want to learn more?

www.VitalER.com



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