Right Care, Right Time: A Consumer-Facing Pediatric Tool for Rural and Tribal Emergency Departments

Closing the 72-Hour Discharge Gap for Infants and Toddlers in Rural and Tribal Communities

MamaBear Health
A consumer-facing, asynchronous mobile app pediatric assessment and follow-up web platform designed for rural, frontier, and Tribal settings

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The Problem Rural EDs Face. Rural EDs discharge infants and toddlers every day into a 72-hour window with no structured clinical safety net. Rural communities average fewer than 68 physicians per 100,000 residents — less than a third of the urban rate — and rural child mortality rates consistently exceed national averages. The discharge gap is where outcomes are determined.

Clinic leaders consistently report:

- Up to 1 in 4 parents leave the ED without fully understanding discharge instructions — medications given incorrectly, warning signs missed, the care plan failing at home (Glick et al., J Pediatr, 2019)
- Only 1 in 5 publicly insured children receive any follow-up within 7 days of ED discharge — for rural infants and toddlers, the ED is often their only point of care (Ramgopal et al., Acad Emerg Med, 2023)
- 4% return to the ED within 72 hours — and 83% of those returning children are discharged again, having never needed a second visit
- Most parents in this window turn to Google, WebMD, or ChatGPT for guidance — unstructured, unconnected, and unaccountable
- The 72-hour window after discharge is the highest-risk period: families watching, wondering, and making clinical decisions without support

The RHTP recognizes that access, prevention, and provider resiliency depend on practical tools that reduce workload—not add to it. MamaBear was built specifically for this reality, field-tested in rural and Tribal settings and developed with support from a USDA grant for rural and Tribal communities.

What MamaBear Delivers to Rural EDs. A simple, low-burden way for rural families to receive clinician-connected guidance during the critical 72-hour post-discharge window — supporting early illness identification, appropriate antibiotic stewardship, asthma risk detection, and preventive care continuity — without travel, patient portals, or new staffing.

MamaBear converts avoidable revisits into structured, billing-compatible pediatric follow-up that:

- Preserves emergency department capacity
- Improves early detection of serious illness and asthma risk
- Supports your state's RHTP priorities — consumer-facing technology, innovative care models, community health, and EHR modernization

The platform supports state and regional oversight through structured, reportable pediatric follow-up data, without requiring new state IT infrastructure or creating additional administrative burden.

How MamaBear Works

- Parents access the MamaBear app via iOS or Android and complete structured early illness and follow-up check-ins — including a brief (≈15-second) parent-captured video of the child breathing at home, enabling clinicians to directly observe respiratory effort without an office visit
- Secure weblink delivery to nurses—no portals, logins, or required EHR integration
- Nurses review structured reports via a secure weblink on any clinic computer; the same link can be forwarded to primary care, specialty clinicians, or tribal health aides through the EHR inbox or secure email — activating structured pediatric assessment data within existing EHR workflows with no IT build, no vendor contract, and no portal login required.
- Compatible with Epic, Cerner, and any EHR with a secure inbox,
- MamaBear functions as a lightweight consumer-facing clinical data extension aligned with CMS RHTP technology innovation goals
- Nurse-first triage (2–3-minute reviews) designed to fit existing staffing models

Additional features:

- Longitudinal tracking of noisy breathing episodes with automated provider alert after 4 episodes — a validated risk factor for recurrent wheeze and asthma development
- Curated parent education library with condition-specific guidance for RSV, fever, croup, and common respiratory illness
- Well-visit reminders to close the preventive care gap and support care continuity
- Customizable clinical pathways aligned with locally-appropriate pediatric standards of care
- Seven-year HIPAA-compliant storage, with data ownership retained by participating health systems
- Low-bandwidth functionality designed for rural and Tribal communities

Why Clinics Choose to Partner with MamaBear

- **Access Without Burden**
  - Extends pediatric follow-up without adding visits or live telehealth
  - Works in low-bandwidth environments
  - Reduces travel burden for families
- **Workforce Relief**
  - Reduces repetitive nurse callbacks
  - Shortens review time through structured data capture
  - Allows clinicians to work at the top of their license
- **Prevention & Early Identification**
  - Earlier detection of respiratory distress, dehydration, and worsening infection
  - Identification of recurrent wheeze and asthma risk
  - Prevents escalation by catching deterioration sooner
- **Provider Resiliency**
  - Fewer avoidable ED returns
  - Preserves limited rural capacity
  - Reduces after-hours workload and staff fatigue

Operational Readiness

Shovel-Ready Deployment

- Technical deployment within 24 hours; full clinical onboarding within 2–3 weeks of signed BAA. All-in year 1 cost of $9,500 covers implementation and platform access; $4,500/year thereafter (up to 300 eChecks) — eligible for RHTP grant funding in all 50 states

- Two-hour remote clinical training included
- SOPs, clinical pathways, and reference guides provided

Technology
- HIPAA-compliant
- iOS and Android parent access
- No required EHR integration (optional if desired)
- Validated in LTE environments (1–2 Mbps upload)
- Secure data storage (7-year retention)

Governance
- Suitable for individual clinics, multi-site FQHCs, hospitals, and Tribal systems
- Supports RHTP-funded pilots and regional initiatives

Financial & System Value. MamaBear's value is driven by capacity preservation and avoided costs, not added utilization.

Estimated impact per 1,000 pediatric episodes

- At a small Critical Access Hospital managing 2,500 pediatric episodes annually, approximately 83 low-acuity return visits occur each year — each generating a below-cost, underreimbursed encounter. MamaBear's all-in year 1 cost of $9,500 breaks even by preventing fewer than 1 in 4 of those returns. From year 2, the $4,500 annual fee breaks even by preventing fewer than 1 in 12.

Sustainability
- Compatible with existing digital E/M and care coordination codes
- No requirement for new billing infrastructure
- Transparent, low annual platform fee with no per-encounter billing complexity

The economic threshold is low — even a modest reduction in avoidable returns, nurse callbacks, and late-escalation transfers delivers a positive return from year one.

Why MamaBear is a Strong Fit for Rural and Tribal Health Systems
- Designed specifically for rural, frontier, and Tribal settings
- Low-bandwidth, asynchronous model
- Minimal operational lift
- Supports your state's RHTP goals: reducing ED high utilization, expanding telehealth capability, improving maternal, infant, and child health outcomes, and deploying consumer-facing ehealth technologies — aligned with CMS's five strategic priorities for rural health transformation
- Proven workflows that integrate into real-world rural practice

Partnership Model
MamaBear partners with clinics as a supporting extension of care—not a replacement for existing services.

Partnerships may include:

- Clinic-level deployment
- Regional or multi-clinic pilots
- Integration into state RHTP-funded initiatives

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