



HepCARE: Transforming Complex Cohort Management





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HepCARE: Revolutionising Cohort Management in hepatitis, HIV and liver disease.

We believe that with HepCARE we can transform the way healthcare providers manage and treat complex patient cohorts, ensuring that every patient receives the highest standard of care possible.



**Over 100 centres
across the UK and Nordics
trust HepCARE to help them
manage challenging patient
cohorts.**

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The Challenge of Complex Cohort Management

Managing patients with complex, chronic, or difficult-to-treat conditions poses significant challenges for healthcare organisations worldwide.

ODN Mangers, ED testing centres (BBV), clinicians, registry managers and healthcare teams are often faced with:

- Fragmented data.
- Inconsistent treatment protocols.
- Overwhelming volumes of patient information.
- Movement of patients leading to loss of data
- Delays in including new patients in cohorts.

This makes it difficult to:

- Collect and manage cohorts across large geographies.
- Identify trends and patterns within specific patient groups.
- Track patient outcomes efficiently.
- Offer effective and timely treatment pathways.
- Provide a therapy decision support to the patient.

Furthermore, small patient cohorts that don't respond to conventional treatments are often the most difficult to identify and manage. Without the right tools, patient outcomes can suffer, leading to reactive rather than proactive care.

“10.5 million NHS test results have been automatically fed to HepCARE through integrations”



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The Ideal Solution

For healthcare providers to deliver optimal care, they need an integrated system that not only consolidates data but also provides actionable insights. The ideal solution would allow healthcare professionals to:

- Seamlessly gather and process data from multiple sources.
- Identify complex patient cohorts quickly and efficiently.
- Offer personalised treatment plans.
- Monitor real-time feedback from patients.
- Facilitate collaboration between multidisciplinary teams (MDTs).

HepCARE helps healthcare providers effectively manage and identify patient cohorts to improve clinical outcomes by delivering comprehensive data integration, real-time analytics and customisable clinic workflows.

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How HepCARE Works



Individual Patient Interface:

HepCARE supports informed decision-making by providing a graphical presentation of key clinical data. This helps clinicians quickly understand a patient's treatment history and current status. It also acts as a pedagogical tool, helping clinicians explain the impact of treatment adherence and other health behaviours to patients.



Comprehensive Cohort Data Integration:

Collect and combine patient data from diverse sources across large regions. This will create complete patient cohorts. This approach gives a complete view of patient health. It helps to identify and manage complex patient groups.



Advanced Cohort Analytics:

Use advanced analytics to find patterns in specific patient groups. These insights help clinicians tailor treatments for patients who fail standard therapies.



Cohort Research and Learning:

This function improves patient care. It does this by mapping unique cohorts, adding patients and collecting better data. It helps find new insights into treatment pathways, especially for poor responders. This aids research and improves clinical practices.



Enhanced MDT Collaboration:

Use a central platform to improve MDT meetings. It will combine all patient data and analytics depending on the chosen integrated channels. This then ensures collaboration across specialties. This leads to better care plans for complex patients.



Better Integration:

HepCARE can integrate and feed into National Registries, Secure Digital Environments (SDE's) and National Public Health Bodies when required.

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Predefined Queries and Customised Reporting

HepCARE has a unique ability to handle predefined queries. The platform empowers healthcare teams to create specific reports based on real-time data, identifying patterns and patient cohorts that require special attention.

This allows teams to:

- Track treatment efficacy across diverse patient groups.
- Monitor trends within chronic conditions.
- Adjust care pathways based on real-time feedback.

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Timing of latest HCV-RNA:

Displays patients that have their latest HCV viral load as positive and the timing of it. This means that they are Hepatitis C positive.

Query	Proportion
Patient population All active patients in the clinic All active HCV patients in the clinic	100.0 % (71968 of 71968 patients) 18.7 % (13603 of 71968 patients)
Treatment status for all active HCV patients Patients currently undergoing treatment Patients not currently undergoing treatment HCV-RNA data missing Latest HCV-RNA not quantifiable Latest HCV-RNA quantifiable	12.7 % (1539 of 12003 patients) 87.3 % (10473 of 12003 patients) 8.2 % (857 of 10473 patients) 33.3 % (3490 of 10473 patients) 58.6 % (6129 of 10473 patients)
Patients newly registered in HepCARE between above date	9.6 % (1158 of 12003 patients)
Timing of latest HCV-RNA quantifiable Latest HCV-RNA quantifiable result in past 15 months Latest HCV-RNA quantifiable result 16-36 months ago Latest HCV-RNA quantifiable result >36 months ago	17.5 % (1072 of 6129 patients) 55.3 % (3398 of 6129 patients) 27.4 % (1663 of 6129 patients)
Genotype distribution for patients with quantifiable HCV RNA at last measurement Genotype 1 1a 1b Non 1a/1b or undetermined subtype Genotype 2 Genotype 3 Genotype 4 Genotype 5 Genotype 6 Genotype 7 Other genotype Unknown genotype	35.3 % (1921 of 5439 patients) 23.1 % (1246 of 5439 patients) 5.8 % (308 of 5439 patients) 2.4 % (127 of 5439 patients) 3.5 % (184 of 5439 patients) 26.7 % (1441 of 5439 patients) 3.7 % (195 of 5439 patients) 6.1 % (329 of 5439 patients) 6.0 % (32 of 5439 patients) 6.0 % (32 of 5439 patients) 6.5 % (35 of 5439 patients) 36.1 % (2219 of 5439 patients)

First row indicates that the patient is in care due to the test being within the past 15 months, enabling clinicians to assess whether these patient require follow up.

The number of patients are displayed with a percentage per row of the total number.

Query	Proportion
Timing of latest HCV-RNA quantifiable Latest HCV-RNA quantifiable result in past 15 months Latest HCV-RNA quantifiable result 16-36 months ago Latest HCV-RNA quantifiable result >36 months ago	17.5 % (1072 of 6129 patients) 55.3 % (3398 of 6129 patients) 27.4 % (1663 of 6129 patients)

The second and third row displays all the patients that are likely lost to follow up and need to be contacted by care to ascertain as to why their latest test is positive.

This will then establish whether they need to be treated or whether the patients need to have a new follow up test on a previous treatment to see if the treatment produced a positive result.

In HepCARE it is also possible to actually click on the number for each row to have a list of named patients displayed and the possibility to click on a patient in the list and view their record.

2

Test due/overdue:

HepCARE can display all the patients that are due a test within a certain timespan after the treatment. It can also show if the patient has missed their certain tests during a specific time point after the treatment.

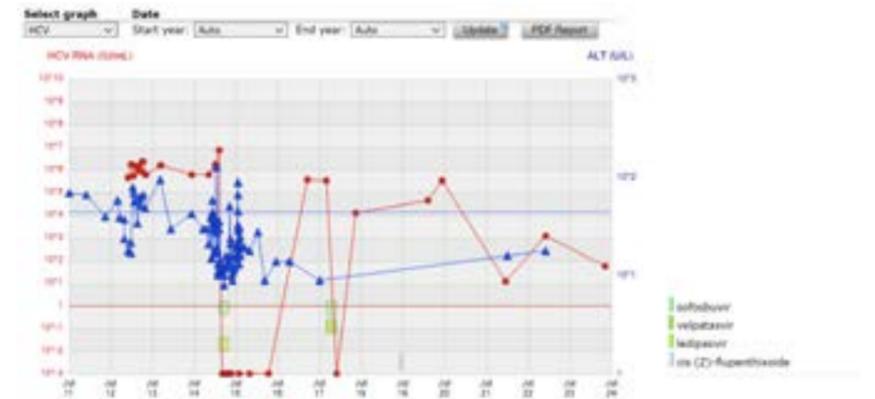
This report can identify patients that need to be reminded to attend clinic and take their required tests or if they need to be contacted due to missing their tests after a treatment, enabling analysis of whether treatment has been effective or whether they need to remain in the cohort.

Query	Proportion
Patient population All active patients in the clinic All active HCV patients in the clinic	100.0 % (7517 of 7517 patients) 24.3 % (1845 of 7517 patients)
Treatment status Patients currently undergoing treatment Patients not currently undergoing treatment Latest HCV-RNA positive Latest HCV-RNA negative HCV-RNA data missing	8.2 % (12 of 145 patients) 91.8 % (133 of 145 patients) 80.8 % (1489 of 1842 patients) 17.5 % (312 of 1842 patients) 1.7 % (31 of 1842 patients)
Drugs used in patients currently undergoing treatment sofosbuvir sofosbuvir/velpatasvir sofosbuvir/velpatasvir/sofosbuvir sofosbuvir/velpatasvir/sofosbuvir/sofosbuvir sofosbuvir/velpatasvir/sofosbuvir/sofosbuvir/sofosbuvir sofosbuvir/velpatasvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir sofosbuvir/velpatasvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir sofosbuvir/velpatasvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir sofosbuvir/velpatasvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir sofosbuvir/velpatasvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir/sofosbuvir	0.0 % (0 of 3 patients) 0.0 % (0 of 3 patients) 100.0 % (3 of 3 patients)
Fibrosis/cirrhosis Patients with HCV-related fibrosis/cirrhosis METAVIR: F0 METAVIR: F1 METAVIR: F2 METAVIR: F3 METAVIR: F4 F4 + Child-Pugh A F4 + Child-Pugh B F4 + Child-Pugh C F4 + Child-Pugh score unknown	0.5 % (5 of 1045 patients) 86.7 % (8 of 9 patients) 11.5 % (1 of 9 patients) 22.2 % (2 of 9 patients) 0.0 % (0 of 2 patients) 0.0 % (0 of 2 patients) 0.0 % (0 of 2 patients) 100.0 % (2 of 2 patients)

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Patient overview / decision support:

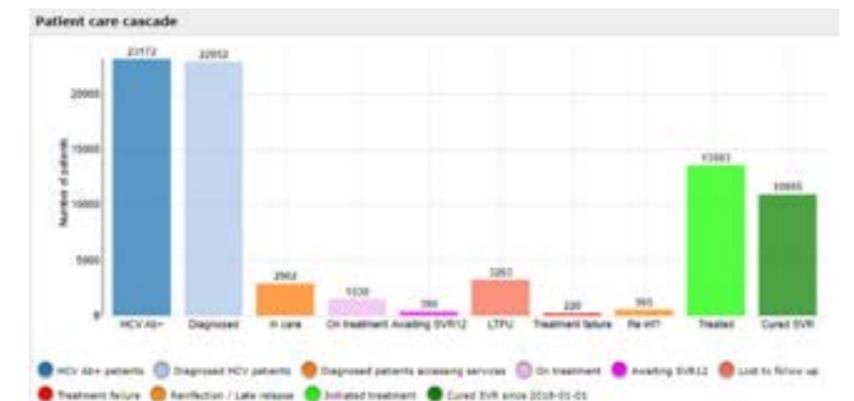
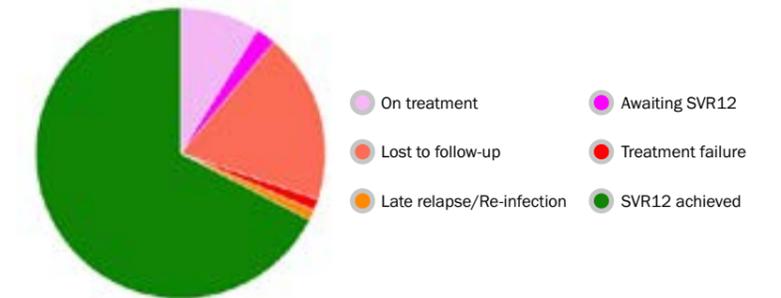
The graph displays data on an individual level, displaying the viral load before and after treatment. Clinicians and researchers will have a real-time snapshot of the patients care over their treatment regime.



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Patients initiating treatment:

Graph shows aggregated data on outcomes for patients after initiating treatment.





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Clinicians

Clinicians gain advanced cohort analytics that provides actionable insights. They help clinicians identify patient subgroups that do not respond to conventional treatments. This allows for the personalisation of care, improving clinical outcomes through data-driven decision-making.



Clinic Managers

Clinic Managers can use cohort management tools to streamline operations. They help with scheduling, resource allocation and patient flow. HepCARE provides dashboards with real-time insights. They help clinic managers to optimise staffing, prioritise urgent patients and improve efficiency.



Data Administrators

Data Administrators can automate data entry, tracking and reporting. This simplifies data handling and reduces admin work. HepCARE ensures accurate, organised patient data. It gives admin tools to manage data and improve clinic operations.



Nursing staff

Nursing staff can access real-time and complete patient data within defined cohorts. This enables more effective care interventions. Nursing staff can monitor patients and support timely interventions. This improves patient care.



Registry Managers

Registry Managers optimising registry management can use HepCARE's advanced cohort management and analytics tools. These tools track and report cohort data. They are accurate and efficient. They ensure the quality of healthcare registries.

Researchers use enriched data sets and detailed cohort mapping to conduct in-depth studies. HepCARE can find trends in cohorts. This helps us understand disease progression and treatment effectiveness.

Transform your approach to cohort management with HepCARE and unlock the potential of precision medicine and advanced research capabilities.



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About BCB

Founded in Finland, BCB Medical has over 20 years of experience transforming healthcare through **innovative clinical data management**. Trusted by over **400 centres** across the UK and the Nordics, BCB Medical's solutions are designed to help healthcare teams deliver **personalised, data-driven care** for complex patient cohorts.

BCB's mission is to **enhance clinical outcomes** by providing real-time insights, advanced analytics and collaborative decision-making tools. Our **expertise in data integration** ensures healthcare professionals can make informed, proactive decisions to improve patient care and optimise resources.

Join us in revolutionising patient management and advancing healthcare through innovation, collaboration and precision.

HepCARE, powered by the RealQ platform, is recognised as a certified medical device compliant with the Medical Devices Directive (MDD) and is authorised for use throughout the Medical Device Regulation (MDR) transition period ending December 31, 2028. BCB Medical commits to maintaining the highest standards of regulatory compliance and will adapt to any changes in regulations as required. Detailed documentation, including a Letter of Confirmation from SGS, our notified body, is available upon request to verify RealQ's certifications. Users are assured that BCB Medical actively monitors regulatory developments to ensure ongoing compliance and safeguard patient safety.