



HLTH 2025: Key Insights for Australian Aged Cares

Technology Trends Shaping the
Future of Care Delivery

A Whitepaper by Eevi | December 2025



Executive Summary

In October 2025, Eevi attended HLTH Las Vegas as part of the Australian ANDHealth delegation. This whitepaper distils key insights from the 12,000+ attendee conference, focusing on trends directly applicable to Australian aged care operators.

Key Findings:

- **Wearable consolidation signals AI's future:** Oura Ring's \$11B valuation demonstrates "winner takes all" market dynamics
- **Remote monitoring is now standard practice:** Houston Methodist's Smart Hospital Beta proves centralized care monitoring is operationally viable today
- **Integration gap persists:** Despite 49% of Oura users managing chronic conditions, EHR integration remains 5-15 years away
- **Fall prevention ROI compelling:** Medicare spends as much on falls as cancer; Nymbi achieved 57% fall reduction
- **Clinical applications emerging:** UTI detection, sleep monitoring for MCI, AI companion apps

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Wearables: The 5-15 Year Maturity Gap

Just prior to HLTH, Oura Ring completed a \$1B USD raise at \$11B valuation. The wearables market has matured and consolidated: Oura, Apple, Google, Samsung, and Whoop remain - all others lagging well behind or gone. **49% of Oura consumers use the ring to manage chronic conditions**, with overrepresentation of clinicians among users.

A panel including Oura, Samsung, a VC, and a CMS representative was asked: "In how many years will primary healthcare providers integrate wearable data into EHR?"

Answers:

Industry 5 years | Government 15 years

Source:

"Is Wearable Data Hitting a Dead End?" presentation (HLTH 2025)

Australian Implication:

Plan for wearable integration now. Residents and families will bring this data. Develop protocols and consider partnership models.

Houston Methodist: Remote Monitoring Blueprint

Houston Methodist outlined a comprehensive strategy directly applicable to aged care, addressing the US shortage of 1M nurses and 130,000 specialists:

Key Components:

- **Remote Monitoring:** Central care control desk monitoring vital signs and behaviours in real-time
- **Connected Virtual Care:** 20% of specialty care going virtual, lower nurse/patient ratios
- **Care Traffic Control:** AI nudges patients/clinicians, moving deteriorating patients to high care = lower mortality
- **Smart Charts:** Move from 50% of day on data entry to clinical voice-driven conversations
- **AI Agents:** 25-50% cost reduction in admin functions

Key Takeaway:

This isn't science fiction- it's operational reality. One skilled clinician can oversee dozens of residents from centralized hub, responding when needed vs endless routine checks.

Self-Monitoring: Promise vs. “Precision Anxiety”

HLTH showcased explosive growth: blood bio-markers (\$125-200, 50+ markers), vital signs via facial recognition (FaceHeart- FDA cleared but ± 10 mm Hg BP accuracy created “precision anxiety”), stool/urine monitoring.

The Paradox:

Treasure trove of health data remains healthcare’s “most expensive yet unused asset.” Risk of building solutions for the “worried well” rather than vulnerable populations.

Clinical Application - UTI Detection:

Starling Medical (standout): Device sits against toilet wall, uses spectroscopy to detect early UTI. **Critical for aged care:** UTIs are one of main preventable causes of hospitalization for people with dementia. Seeking FDA clearance.

Australian Opportunity:

UTI-related hospitalizations represent major cost burden. Early detection could significantly reduce hospitalizations.

Fall Prevention: 57% Reduction Achieved

“Medicare spends as much on falls as it does for cancer”- financial penalties introduced for providers, value-based care plans rewarding prevention.

Nymbi Science:

- App for balance improvement, mental health, bladder health
- iPhone detects balance, tracks gait; provides exercise/mental prompts
- Used by Medicare Advantage plans
- **Kaiser study: 3,500 people with prior falls, reduced falls by 57%** (publication in process)
- Provide ROI guarantees

Movement as Medicine:

Tech reaches homebound individuals. Most fall prevention classes in-person- people who need it don’t come.

Australian Gap:

Most fall prevention still reactive, not proactive interventions.

Sleep Monitoring for MCI/Dementia

Muse EEG Headband:

“Digital Sleeping Pill”

- Records EEG signals, sleep staging equivalent to gold standard polysomnography
- Consumer wearables use activity/heart rate (poor at sleep staging)
- **Deep sleep stimulation:** Tracks delta waves, delivers whisper-quiet audio cues, promotes more deep sleep
- **Optimized for people with MCI to enhance deep sleep and cognitive function**
- High compliance: 3 out of 4 nights in MCI studies

Australian Application:

Augment carer interventions with evidence-based sleep improvement for people with dementia.

AI Companion Apps: The Loneliness Dilemma

Meela:

Phone calls residents 5 mins to 2 hours daily. Records conversations, picks up nuances (repeat sore knee mention) - notifies facility. Wall Street Journal: improvements in loneliness (+35%), depression/anxiety reduction, 4/5 rating.

Panel Concerns:

Overreliance, potential to reduce human contact, “gaming mum- kids know it’s bot but grandma might not.”

Lily: The Better Model (Total Life Inc):

- “We don’t talk about everything under the sun- it’s about nutrition, motion, sleep, mental health”
- **“We don’t think it’s a good idea to get them addicted to AI”**
- When someone needs human touch, seamlessly loops in therapist/coordinator
- “Behavioural health must be first layer of care- not last resort”

Eevi Philosophy Alignment:

Technology should augment care teams, not replace human connection.

AI Proliferation & Consolidation

Heidi Health (Australian):

\$65M USD raise at \$465M valuation (October 2025), 2M weekly consultations. Great to see an Aussie venture winning in this space.

Key Question:

Will AI follow wearables' "winner takes all" consolidation in 5 years?

Workflow Matters:

Nurse perspective on AI scribes: "Couldn't think of anything worse in ward setting than having yet another app." Important to understand application, environment, workflow before implementing AI solutions.

Emerging Technologies

Lucid Therapeutics:

Uses facial mapping to determine patient response to songs, AI develops individualized playlist. Alzheimer's & Dementia in R&D phase. Reimbursable through Medicare.

Canary Speech:

Analyses voice patterns for anxiety, depression, MCI, Alzheimer's, Parkinson's. **Claims: Can pick MCI up to 5 years in advance.**

Xandar Kardian:

Early leader **largely removed fall detection offerings**- unable to meet client expectations (false alerts, resident claims didn't fall). Now focused on vital signs monitoring.

Pontosense:

Started aged care ~1 year ago. Vital signs tracking enables in-bed/out-of-bed detection. Continuing discussions with Eevi.

Recommendations for Australian Aged Care Operators

Shorter Term Actions (0-18 Months)	Longer Term Strategic Positioning (18+ Months)
Evaluate centralized monitoring: Assess staffing models vs care hub approach	Platform consolidation strategy: Move from disconnected point solutions to integrated platforms
Implement fall prevention programs: Measure 57% reduction benchmark	Model Houston Methodist: Develop smart care facility roadmap
Pilot UTI early detection: Calculate hospitalization savings	Value-based care preparation: Collect outcome data, demonstrate technology ROI
Trial sleep monitoring for dementia: Measure sleep quality and daytime behaviour impact	Participate thoughtfully in consolidation: Partner with platforms that will survive
Prepare for wearable integration: Develop protocols for resident-provided data	
Upskill workforce: Train on centralized monitoring, AI-assisted decision support	

Conclusion

HLTH 2025 Key Message:

The future is technology-enabled but must remain human-centred.

Critical Imperatives:

- Remote monitoring is standard of care adopt now, not in 5 years
- AI consolidation coming partner with platforms built for sustainability
- Wearable integration inevitable prepare protocols despite 5-15 year timeline
- Fall prevention ROI compelling 57% reduction achievable
- Clinical applications matter UTI detection, sleep for dementia, not wellness consumerism
- Technology augments teams- never replaces human connection

The Eevi Approach:

Bringing best of global innovation to Australian aged care while staying grounded in genuine resident wellbeing and operator sustainability outcomes.

The transformation happening globally is coming to Australia. Those who prepare thoughtfully will thrive.

About Eevi

Eevi is Australia's leading care technology specialist for the continuum of aged care. Our solution covers the field of nurse call systems, emergency response solutions, and intelligent care monitoring platforms. One vendor with a fit for purpose solution for emerging models of care.

Trusted partners:

LDK Healthcare, Aura, Principal Living, Watermark, Odyssey, Anglicare | Location: Brisbane, Australia

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References

1. "Is Wearable Data Hitting a Dead End?" Panel, HLTH 2025
2. Houston Methodist Smart Hospital Beta presentation, HLTH 2025
3. Oura Ring valuation (October 2025): \$11B post-money
4. Heidi Health Series B (October 2025): \$65M USD
5. Wall Street Journal, "The Friendly Caller Who's Helping Seniors Feel Less Lonely," June 14, 2025
6. Nymbly Science Kaiser study: 3,500 participants, 57% fall reduction
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Document Information

HLTH 2025: Key Insights for Australian Aged Care | Eevi (David Waldie, Managing Director; Michael Lusic, Director of Research) | November 2025 | HLTH Las Vegas, October 19-22, 2025 | ANDHealth Australian delegation

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