



A conversation on the ACCESS model and chronic care at home

Time to control

Withings' VP of Value-Based Care on getting paid for outcomes instead of activity, why FDA-cleared data widens what clinicians can do, and how technology companies earned a real role in value-based care.



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The bathroom scale is now part of the care continuum

Patrick Sheehan works where technology meets care delivery, focused on virtual and at-home services for people living with chronic conditions. As VP of Value-Based Care at Withings Health Solutions, he partners with risk-bearing organizations to design and scale programs that improve affordability, outcomes, and the care experience — including a MedStar Health partnership bringing connected devices into concierge primary care, and Withings' acceptance into the CMS ACCESS model for technology-enabled chronic care for Medicare beneficiaries.

This guide distills his conversation with Eddie Qureshi on the Rainfall Health Podcast, for population health and virtual care leaders deciding how at-home data should flow back into their systems, and for anyone watching CMS reshape what value-based care pays for.

In brief

- 1 ACCESS pays for clinical outcomes and lets patients choose their program directly.
- 2 FDA-cleared data turns "what you can do" into "what we can do together."
- 3 Integration back to the PCP and health system is a must-have, not a nice-to-have.

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01

Why value-based care

Aligned incentives, and the technology to scale them

He was at Dartmouth in the early 2010s, as the Affordable Care Act took hold and the campus served as one of the policy hubs for accountable care organizations. What healthcare could become by better aligning incentives and spurring innovation stuck with him. It set the direction for everything that followed.

Early 2010s

Dartmouth

A front-row seat to ACO policy under the ACA.

Next

A Medicaid ACO

Value-based care inside a risk-bearing organization.

Late 2010s

Virtual care

Remote care proved not only feasible, but impactful.

2025

Withings

Joined to build care on top of a full technology stack.

“I believe that technology is the greatest enabler of value-based care.”

Patrick Sheehan

He's candid that the broader movement has stalled. What excites him most now is what AI can do to accelerate it again. He also names what keeps him in the field: a community of people trying to make life better for patients.

Eddie's why

His mother still practices medicine in a rural Arkansas town, where neighbors drive three, four, five hours to reach the full care continuum. Seeing those gaps is why he founded Rainfall Health — and why he agrees technology has to be how care scales.

02

From a scale to a medical group

It started with stepping on a scale

In 2008 and 2009, Withings had a simple idea: step on a device at home and see your biomarkers arrive on your smartphone. It was the first time that had happened, and it set off 16 to 17 years of layering new value on the same foundation.

One vertically integrated stack

Layer 3 / 2026

Clinical care

Withings' own medical programs under the CMS ACCESS model, delivering clinical protocols directly to patients.

Layer 2

Data intelligence

Remote monitoring with health system partners, and deeper insight for consumers.

Layer 1

Devices

Weight scales, blood pressure monitors, urine analysis, and more — hardware designed in-house.

“This is really the first time that we have this fully vertically integrated technology stack delivering care.”

Patrick Sheehan

15M+

Users worldwide

5M

Users in the US

~1M

US users age 65 and older

03

Paid for outcomes

The biggest bet on value-based care since MSSP

Delivering care in the home sounds like common sense. Before ACCESS, it was hard to execute for two reasons: payment was built on fee-for-service activity, and technology isn't an activity-based sector. And distribution ran entirely through the patient-physician relationship. ACCESS, launched by CMMI, changes both.

	Before ACCESS	Under ACCESS
Paid for	Activity — visits, calls, services	Clinical outcomes
Measured by	Volume, or total cost and utilization in other contracts	Blood pressure, weight, and cholesterol improvement
Reached through	The patient-physician relationship only	Direct outreach to beneficiaries, who choose to join
Withings bills as	A technology vendor to providers	A Medicare Part B supplier, like a cardiologist or PCP

Focusing on clinical outcomes rather than cost of care is deliberate. Withings partners with the organizations that carry cost and utilization risk. Paying for outcomes and reaching patients directly also made it far more efficient to build AI and technology into the care itself.

“In my perspective, the biggest bet on value-based care since the creation of MSSP 10 plus years ago.”

Patrick Sheehan

04

A new layer of care

Not primary, not specialty, not urgent. Something new.

Eddie raised a provocative argument he'd been reading: the healthcare system isn't broken, it's doing exactly what it was designed to do — separate pieces delivering care in their own silos. Patrick agreed. Fee-for-service is designed to be fragmented. So under ACCESS, integration back to the traditional system is not a nice-to-have. It's a must-have.

Conditions Withings manages under ACCESS

Hypertension

Prediabetes

High cholesterol

Obesity

ASCVD

The CKM spectrum

What's in scope

Ordering labs and managing medications, with one purpose: getting each patient on guideline-directed care. The same EHR integrations built for remote monitoring now carry care coordination.

What's new

Not the medicine — "nothing new under the sun." What's new is how many patients technology can reach, and how much clinical variability it can take out. Patients are co-managed with their PCP.

From a payer credentialing call

Payer Are you primary care, specialty care, or urgent care?

Withings **None of the above. A technology-based care provider that integrates back with the health system and the PCP.**

Eddie's view from the health system side: CMMI is effectively starting fresh. Rather than ripping out infrastructure, leaders get to architect these relationships from the ground up — where data should flow, where care should go — and build the system they'd actually want.

05

A care model that works in a vacuum still needs a patient who wants it

Clinical models built by health systems and technology companies are often very effective in a vacuum. What doesn't always work is whether a patient wants to be part of one — or how to tape together the multiple hardware pieces CKM conditions require. Withings starts somewhere else: with what the consumer already wants, which is to understand themselves better. A scale that measures body composition. A blood pressure monitor that does more. Medical care is layered on top of that relationship.

Where the AI goes

Administrative work	Onboarding and the other tasks that raise cost without improving outcomes but are required to deliver care.
Patient insight	Surfacing what FDA-cleared markers mean, keeping the promise that patients will understand more about themselves.
Clinical decisions	Helping nurse practitioners and clinical pharmacists, overseen by medical directors, digest data from two or three devices and spot the right time to make a decision.

Rule Every decision is still made by a clinician, and by a patient. AI makes the process more seamless.

A patient at the ACCESS launch event

Called it a new healthcare system — one that is more proactive and responsive to their needs.

Eddie's counterpoint

Patients want you there only as much as they need you. Engage less, but at the right moment with the right data, and you serve patients, clinicians, and Medicare at once.

06

The bigger toolbox

From what you can do to what we can do together

Consumers are deeply interested in their device data, but most devices on the market are wellness devices, not FDA-cleared ones. Patrick sees that as the line that decides how much anyone can act on the data.

Wellness device

"Here's what you can do"

Not reviewed or approved by the FDA, with risks attached. The patient's toolbox is limited: sleep better, maybe change activity.

FDA-cleared device

"Here's what we can do together"

Clinicians can safely act. Start a second-line hypertension therapy. Titrate a medication based on a data point.

Predicting GLP-1 outcomes

A recent Mayo Clinic publication used early body-composition data to predict GLP-1 response. It informs titration schedules — and lets patients see how their weight loss is likely to project, so they make better decisions.

Raising your hand

Eddie's read: going to the FDA when you don't strictly have to is inviting third-party scrutiny. That is how trust gets earned. As a profitable, founder-led company, Patrick says, Withings can afford to think long term.

"The data that is used by a consumer needs to also be able to be used by a clinician."

Patrick Sheehan

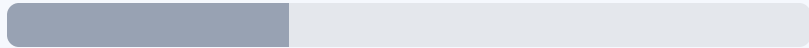
07

When the survey moved onto the cuff, adherence nearly tripled

Withings works with dozens of health systems, at two levels: population health and virtual care. A lot of that work is heart failure readmission programs. Evidence-based guidelines call for weight, blood pressure, and symptom surveys. Partners were getting low survey adherence through their portals — and less visibility means higher readmissions. So Withings put the survey on the blood pressure monitor.

Heart failure symptom-survey adherence

Partner portals



30-35%

On the BP monitor



89%

For higher-acuity, polychronic hypertension patients, the same monitor teaches patients how to take a proper reading and runs an automated retake when one is needed.

One feature, two reactions

A fee-for-service organization

"This is so efficient. That's horrible." Fewer phone calls means less activity to bill.

A value-based organization

"This is amazing." Clinicians stop spending time calling patients for retakes.

It runs the other direction, too. With 5 million US users, some ACCESS patients have no relationship with a health system yet. If they need an echo or a cardiology visit, Withings can refer them directly back in.

The numbers that matter

08

Time to control, and an experience patients choose with their feet

Asked what the data will unlock, Patrick names one guiding metric: time to control. Readmissions matter, but they are a downstream effect of getting a heart failure patient stable. When patients are engaged in their own care, and device data informs clinician decisions, time to control accelerates.

94%

of enrollees actually start the program and collect data

92%

engage month over month in a clinically meaningful way

90%+

still use their device at the end of 12 months

Partner hypertension and heart failure programs, as described by Patrick Sheehan.

He has seen plenty of programs where patients sign up and never start, wondering what they've gotten into. That gap is why patient satisfaction sits next to outcomes as a core pillar, and why NPS is becoming more important. Withings and its partners often waive co-pays as well.

MedStar Health

Connected devices inside concierge primary care, for patients with resources for higher-touch care.

same

FQHCs

The same technology, for the same use cases, serving Medicaid populations.

“It's a premium experience that we make available to all income brackets, all lines of business.”

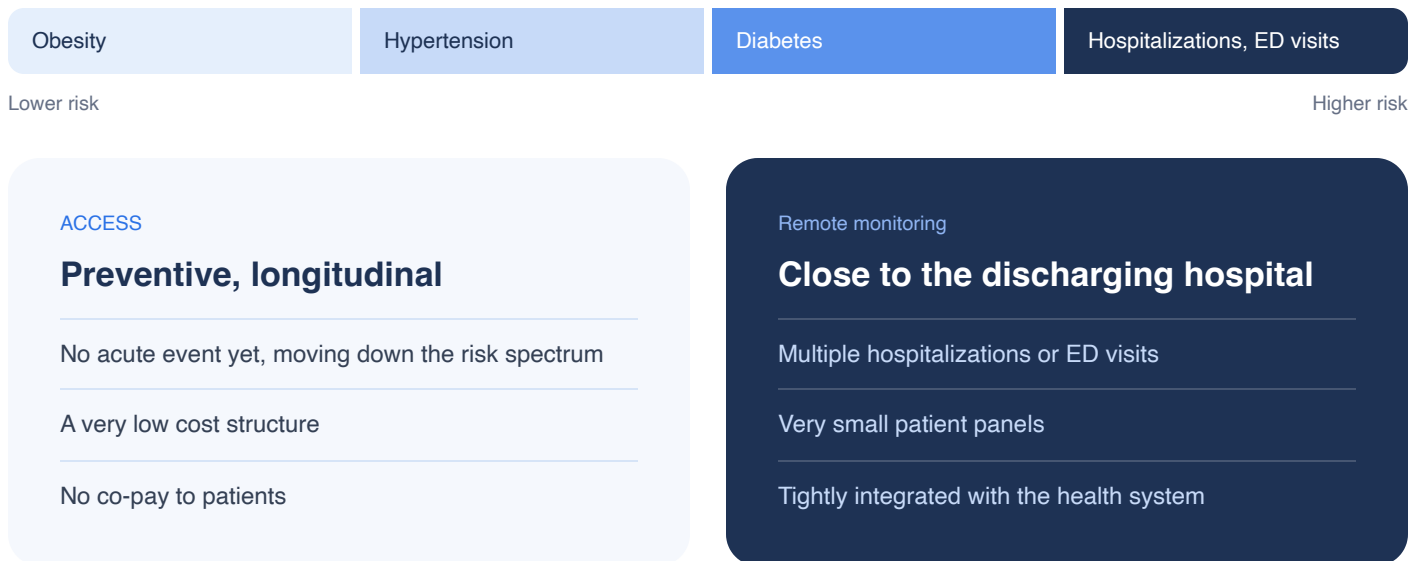
Patrick Sheehan

Which patient, which model

09

How tightly should this patient be tied to the hospital?

Remote monitoring and ACCESS can look alike from a distance. Patrick draws the line by acuity, and says the formal distinction has been clarifying for everyone involved.



Who to bring to the table

Population health leaders

Identifying who is eligible and who will benefit most, and routing patients back for echoes or specialist visits.

Virtual care and digital health leaders

Running readmission and higher-acuity monitoring programs on clean, integrated device data.

Patrick expects more payers to cover ACCESS-type services over time, so eligibility won't stop at original Medicare.

The movement, reinvigorated

10

Clarity about the role is what makes the investment possible

Patrick has been part of value-based care since the mid-2010s and felt it stagnate. Now he sees it reinvigorating, because technology companies have a meaningful role — not overlapping with risk-bearing partners, but focused on outcomes while partners carry cost, quality, and utilization. That clarity lets Withings invest in an AI sensing layer on top of FDA-cleared markers: predicting GLP-1 outcomes, predicting heart failure congestion, and making care more proactive.

40–50%

of hypertensive patients uncontrolled today. In three to five years, once people have the technology to monitor and the access to treat, he thinks that number will look a little bit crazy.

Patrick's open question

ACCESS is longitudinal. Many models, including TEAM, are episode-based. As ACCESS evolves in 2027 and 2028, how the two overlap — and what it means for transitions of care back into the home — is the next frontier.

Eddie's answer, for now

Same goal, different stages: managing an acute event versus managing a better life. There is white space to build in both.

30%

Clinical

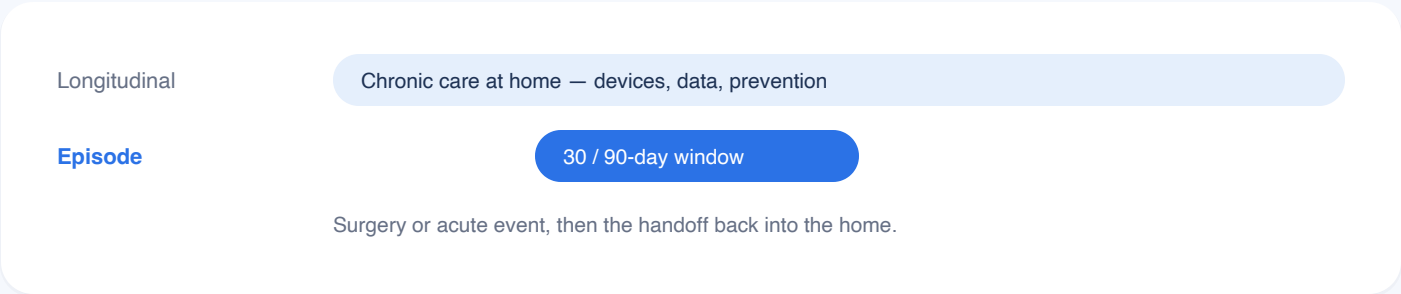
70%

Home, social settings, everything else

Eddie's closing frame, from research in the early 2010s: only about 30% of outcomes depend on clinical care, and that's the only part the system has captured. Technology can stretch into the other 70%.

Where the episode meets the home

Rainfall Health is an accountability and accessibility platform powered by AI — the first and only company certified for these Medicare-mandated programs. Rainfall manages the time-bound episodes after surgery and acute events, and connects them to the longitudinal care partners like Withings deliver at home.



One advocate

A patient may see a dozen providers in a 30-day episode. Rainfall gives them one touch point, with an AI voice caller that speaks 76 languages.

A shared standard

Data from many sources, held to one definition of quality across geographies, timelines, and episodes.

Partners shine

Hardware and software, pure services, and skilled nursing facilities, each doing what they do best.

Measured on

- Patient satisfaction
- Quality of care
- Outcomes
- Cost management

All four in unison. Take one out of the equation, Eddie says, and the rest don't hold.



Get connected

Let's continue over coffee

If you're connecting episode-based programs like TEAM with longitudinal care at home, or deciding which partners belong in your care continuum, we'd like to talk. Rainfall is the end-to-end solution, technology and services, for hospitals and health systems.

Learn more

www.rainfallhealth.com

Start a conversation

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