MamaBear HEALTH

Oregon Rural Health Transformation

Where MamaBear fits CMS strategy and Oregon's 2026–27 implementation priorities

CLINICIAN-DIRECTED PEDIATRIC RESPIRATORY EVIDENCE CAPTURE · AGES 0–5

Implementation is happening now 85 organizations · 103 Catalyst projects · $80.1M (BP1) · Year-1 spend through Sept. 30, 2027

CMS STRATEGIC GOALS — MAMABEAR'S BEST FIT

Direct fit: Innovative Care + Tech Innovation. Strong support: Sustainable Access + prevention/chronic-disease access. Workforce fit is indirect.

Make Rural America Healthy Again	Sustainable Access	Workforce Development	Innovative Care	Tech Innovation
STRONG	STRONG	INDIRECT	DIRECT	DIRECT
Prevention / chronic-disease access	Extends useful care beyond the visit	Supports scarce capacity; not a workforce program	Asynchronous clinician-directed model	Patient-facing app + secure clinician report

WHERE MAMABEAR PLUGS INTO OREGON'S PLAN

	OREGON PRIORITY	WHERE MAMABEAR PLUGS IN
Healthy Communities & Prevention DIRECT	Maternal & child health; technology-driven solutions; digital/remote care; patient engagement tools.	Respiratory follow-up for ages 0–5; guided video + structured symptoms/context + treatment response; longitudinal episodes; available in English, Spanish, and Chinese.
Technology & Data Modernization DIRECT	Remote-care infrastructure and clinical solutions; adoption of tech-enabled tools; lower administrative burden.	Parent-facing app + secure browser report; no separate clinician app/portal; low-bandwidth design; training and implementation support.
Regional Partnerships & System Transformation SCALABLE	Shared infrastructure and technology; child & youth collaboration; regional consortia as Phase 2 develops.	Candidate multi-site pediatric digital-care layer across rural clinics/FQHCs using common training, routing and data definitions — subject to regional design.

A note on the Tribal Initiative

SELF-GOVERNED · BY INVITATION

Oregon's Tribal Initiative is directed by the Nine Federally Recognized Tribes of Oregon under tribal sovereignty and self-governance — each Tribe sets its own priorities and determines its own technology partners. MamaBear doesn't claim fit here the way it does above. Where a Tribal health program identifies pediatric respiratory care or digital access as a need, MamaBear's low-bandwidth, no-portal design — developed under a rural- and Tribal-focused USDA NIFA SBIR award — may be worth a conversation. We engage only when invited, on terms the Tribe defines.

WHERE TO PLUG IN NOW

1 EXISTING 2026–27 PROJECT
Add MamaBear to an already-funded maternal/child, digital-health, access, or rural-clinic scope — when award and procurement rules allow.

2 REGIONAL / PHASE 2
Define a shared multi-site pediatric use case as Oregon moves toward regional infrastructure and consortium models.

3 TRIBAL — IF INVITED
Explore only when a Tribal health organization identifies the need and defines implementation and governance.

Scan to view Oregon RHTP alignment

Already implementing an Oregon RHTP project? Let's map MamaBear to the scope you already have.

Marie Johnson, PhD · Founder & CEO · mariegjohn@loonmd.com · (612) 868-0073 · mamabearhealth.com

Sources: CMS Rural Health Transformation Program strategic goals; Oregon Health Authority RHTP Project Summary & Narrative (Regional pp.20–22; Healthy Communities pp.23–27; Technology pp.33–35; Tribal pp.35–41); OHA RHTP Awards, accessed Sept. 2026. Alignment is Loon Medical's interpretation and does not imply CMS/OHA endorsement. MamaBear is asynchronous store-and-forward — not RPM, diagnosis, emergency triage, or continuous monitoring.

MamaBear HEALTH

What MamaBear Can Do For Your Organization

Pediatric respiratory follow-up from home — built around your care model, workflow, and population.

Move appropriate pediatric respiratory follow-up into the home — while keeping the clinician in charge.

MamaBear captures the episode while the child is symptomatic, organizes it for clinician review, and gives program leaders current visibility into utilization and reach — without creating another clinician application.

HOME
Start an eCheck

›

CAPTURE
Symptoms + context + 15-sec video/audio

›

CLINICIAN REPORT
Opens securely in a browser

FOUR CAPABILITIES THAT MATTER TO A RURAL PROGRAM

CAPTURE THE EPISODE

15-second guided video/audio + structured symptoms, context, exposures, treatment response, and follow-up — captured while the child is actually sick.

FIT YOUR WORKFLOW

Secure browser-based clinician report. Your organization defines routing, review, follow-up, and documentation. No separate clinician app.

SEE UTILIZATION LIVE

Authorized leaders can check current de-identified program activity whenever they want — no monthly reporting lag or vendor data pull.

REACH MORE FAMILIES

English, Spanish, and Chinese family experience (additional languages addable), low-bandwidth/offline capture, and use on the family's own phone.

DATA DASHBOARD

See the results as it happens with our data dashboard.

CURRENT, DE-IDENTIFIED UTILIZATION — AVAILABLE WHENEVER AUTHORIZED LEADERS WANT TO LOOK

REACH
Families enrolled · site/service area · ZIP/geography

USE
eChecks completed · repeat eChecks · follow-ups

ACCESS
Supported language · connectivity/delivery

WORKFLOW
Reports delivered · routing/review status · documentation measures*

**Measures requiring EHR/clinical data are available only when the organization supplies or integrates those data.*

WHAT WE CONFIGURE WITH YOU

Clinical use case
Recurrent respiratory symptoms, post-visit follow-up, treatment-response capture, or another defined pediatric workflow.

Routing + review
Nurse-first or clinician-first review; business-hours boundaries; documentation and parent communication.

Language + access
Supported parent languages, low-bandwidth use, family instructions, site-specific onboarding.

Program measures
Utilization, reach, site performance, follow-up, and other agreed implementation metrics.

Scale
One practice, one service line, multiple sites, or a regional implementation model.

IMPLEMENTATION SUPPORT

Workflow design
Map the clinical pathway, responsibilities, and boundaries before go-live.

Staff onboarding
Role-based training, family instructions, review procedures, workflow tools.

Go-live support
Testing, launch checklist, early troubleshooting, implementation refinement.

Evaluation framework
Define KPIs, dashboard views, and any partner-supplied clinical or utilization outcomes.

HOW THIS CAN FURTHER RURAL HEALTH TRANSFORMATION

Keep care accessible in rural communities even when every element of care can't depend on another facility-based encounter.

MOVE APPROPRIATE FOLLOW-UP HOME
Give the clinician structured information from the symptomatic episode without automatically requiring another trip to recreate what happened.

MAKE SCARCE CAPACITY GO FARTHER
Organized evidence for the clinicians rural communities already have; MamaBear does not replace clinical judgment.

SHARE INFRASTRUCTURE
A common platform, training model, and measurement framework can support more than one site or organization.

SEE WHAT'S WORKING NOW
Live utilization lets leaders see adoption and reach while implementation is underway — not after the quarter ends.

Start with one clinic, one population, or one use case — then expand when the workflow proves useful.

> *MamaBear is asynchronous store-and-forward technology. It does not diagnose, triage, continuously monitor, or by itself establish reductions in visits, ED utilization, admissions, or cost. Those outcomes require implementation-specific evaluation.*