

FROM

Pilot to *Scale*

How AI-powered patient care moved from one pathway to a multi-therapeutic-area model.

STARTED WITH A REAL CLINICAL CHALLENGE

Heart failure follow-up

Health systems are under increasing pressure to manage chronic patients with limited clinical capacity. Heart failure is a clear example: patients require continuous follow-up, early detection of deterioration and coordinated care to reduce avoidable readmissions.

Tucuvi's clinical voice AI, **LOLA**, was deployed to support structured patient follow-up, helping care teams monitor patients remotely, collect relevant clinical information and reduce repetitive follow-up workload.

HEART FAILURE

Outcomes that change practice

61%

PEER-REVIEWED

reduction in the composite risk of HF-related admission and all-cause mortality *

<div style="font-size: 24px; font-weight: bold;">~90K</div> <p style="font-size: 8px;">patient conversations</p>	<div style="font-size: 24px; font-weight: bold;">~9K</div> <p style="font-size: 8px;">patients engaged</p>	<div style="font-size: 24px; font-weight: bold;">90%</div> <p style="font-size: 8px;">engagement rate</p>	<div style="font-size: 24px; font-weight: bold;">4.82/5</div> <p style="font-size: 8px;">CSAT</p>	<div style="font-size: 24px; font-weight: bold;">9.08/10</div> <p style="font-size: 8px;">NPS</p>
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This use case demonstrated that AI-powered follow-up could create value for patients, care teams and health systems at the same time.

FROM ONE PATHWAY TO A SCALABLE MODEL

The heart-failure programme became more than a single deployment. It created a repeatable model for AI-powered patient care that could be adapted to other clinical needs, hospitals and care pathways.

The key was not only the technology, but the ability to integrate it into real-world clinical workflows, generate trust with care teams and deliver measurable outcomes.

FROM PILOT TO SCALABLE MODEL

What started as one use case evolved into a scalable model to support 7 therapeutic areas across more than 36 hospitals. The programme has now reached:

<div style="font-size: 24px; font-weight: bold;">7</div> <p style="font-size: 8px;">therapeutic areas deployed</p>	<div style="font-size: 24px; font-weight: bold;">36+</div> <p style="font-size: 8px;">hospitals across Spain</p>	<div style="font-size: 24px; font-weight: bold;">96K+</div> <p style="font-size: 8px;">patient conversations</p>
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The result is a scalable AI-powered patient care model that has moved beyond pilot stage and into real-world adoption across hospitals and therapeutic areas.

SCALED ACROSS THERAPEUTIC AREAS

After proving the model in heart failure, the approach expanded into multiple chronic and complex care pathways.

Heart failure

COPD

Asthma

CLL

Breast cancer

Lupus

Amyloidosis

This evolution shows how a focused AI follow-up use case can become a broader care model across different patient populations and clinical contexts.

WHAT MADE IT SCALE

<div style="display: flex; align-items: center;"> <div style="font-size: 24px; margin-right: 10px;">✔</div> <div> <p>Trust</p> <p>Adoption depends on clinical confidence, patient safety and strong governance.</p> </div> </div>	<div style="display: flex; align-items: center;"> <div style="font-size: 24px; margin-right: 10px;">👤</div> <div> <p>Value for patients</p> <p>Technology must make patients feel supported, not disconnected from care.</p> </div> </div>
<div style="display: flex; align-items: center;"> <div style="font-size: 24px; margin-right: 10px;">+</div> <div> <p>Value for providers</p> <p>AI must reduce workload and integrate into existing clinical workflows.</p> </div> </div>	<div style="display: flex; align-items: center;"> <div style="font-size: 24px; margin-right: 10px;">📄</div> <div> <p>Value for health systems</p> <p>Scalable innovation must translate into measurable outcomes and efficient care delivery.</p> </div> </div>

WHY IT MATTERS NOW

The challenge for health systems is no longer whether AI can work in one isolated pilot. The real question is whether it can scale safely, clinically and operationally — and this case shows how AI-powered patient follow-up can move from a single pathway into a scalable model for hospitals and health systems.

Interested in exploring how this model could apply to your organisation?

If you are working on patient follow-up, chronic disease management, care pathway capacity or scalable digital care models, we would be happy to explore how this approach could map to your priorities.

Book a conversation >

Built for *safety*

CE-marked under EU MDR 2017/745 as a **Class IIb medical device** | ISO 13485, ISO 27001, HIPAA and GDPR compliant | ENS compliant | Proactive alignment with the EU AI Act | Full traceability and medical-grade reliability | Accountability ensured through BS 30440:2023 — British Standards Institution — and Cyber Essentials certification | SOC 2 compliant — AICPA framework

📄 * **Peer-reviewed source.** Olivella A, Méndez Fernández AB, García EG, Torregimeno AO, Ródenas-Alesina E, López RA, Pelaez TM, Soriano-Colomé T, Avilés AS, Uribarri A, Sánchez TS, Bocanegra CP, Baldrich ED, Martínez-Zapata MJ, Rubio-Valera M, Ferreira-González I. Conversational AI for remote monitoring in heart failure: a prospective controlled pilot study. Eur Heart J Digit Health. 2026 Feb 17;7(3):ztag032. doi: 10.1093/ehjdh/ztag032. PMID: 41815105; PMCID: PMC12975182.