

From pilot *to scale*

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

Health systems

42 hospitals across Spain

Success summary

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. What started as one use case **evolved into a scalable model across 10 therapeutic areas and 42 hospitals**.

The programme has now reached:

10

Therapeutic areas

42

Hospitals across Spain

120K+

Patient calls

10,300

Patients

The starting point

A real clinical challenge: *heart failure* follow-up

Patients who need **continuous follow-up**

Early detection of deterioration to act in time

Coordinated care to reduce avoidable readmissions

All with **limited clinical capacity**

The new model

From one pathway to a *scalable model*

A **repeatable model** for AI-powered patient care

Adapted to **other clinical needs, hospitals and care pathways**

Integrated into **real-world clinical workflows**

Built on **trust with care teams** and measurable outcomes

Heart failure

Outcomes that *change practice*

This use case demonstrated that AI-powered follow-up could create value for patients, care teams and health systems at the same time.

61%

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

~90K

Patient conversations

~9K

Patients engaged

90%

Engagement rate

4.82/5

CSAT

9.08/10

NPS

* Peer-reviewed source.

From one pathway to a scalable model

More than a *single deployment*

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.

Scaled across therapeutic areas

From pilot to a *multi-therapeutic-area* model

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

Hyperkalemia

Lung cancer

Upcoming launch

Vaccination

Upcoming launch

10

Therapeutic areas

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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.

What made it scale

Four conditions for *real-world adoption*

01

Trust

Adoption depends on clinical confidence, patient safety and strong governance.

02

Value for patients

Technology must make patients feel supported, not disconnected from care.

03

Value for providers

AI must reduce workload and integrate into existing clinical workflows.

04

Value for health systems

Scalable innovation must translate into measurable outcomes and efficient care delivery.

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.

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)

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.

* 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.