

## Telemedicine-Getting the "411"

GPBCH Educational Program | December 2014

#### **Telehealth and Healthcare Crisis**

#### What are the issues in healthcare today?

## National shortage of Primary Care Physicians<sup>1</sup>

 78% of physicians believe there is a nationwide shortage of Primary Care Physicians, and 49% of physicians state they will reduce patients or stop practicing.

#### Coverage expansion<sup>2</sup>

 National healthcare coverage is expected to result in an increase of approximately 30M members into the healthcare system.

## **Medical cost and Misuse of Emergency Rooms**

- 85% of Americans who went to the Emergency Room (ER) said they couldn't wait to see their regular medical provider.<sup>3</sup>
- 79.7% of adults who visited the ER did so due to the lack of access to other providers.<sup>4</sup>

#### Cost shift to consumer

 Employers are rapidly shifting more cost to members through HDHP plans. Teladoc provides a lower cost alternative for common primary care services.

#### **Provider risk arrangements**

- As providers manage more risk, telehealth is a great alternative to ER and urgent care visits.
- Some hospitals are exploring kiosks in ER waiting rooms to manage patient outflow.

- 1. The Physicians' Perspective: Medical Practice in 2008.
- 2. New York Times, "Health Care Reform", 17 October 2011;
- 3. American College of Emergency Physicians Emergency Care Poll 2012
- 4. "Emergency Room Use Among Adults Aged 18-64: Early Release of Estimates From the National Health Interview Survey", Renee M. Gindi, Ph.D.; Robin A. Cohen, Ph.D.; and Whitney K. Kirzinger, M.P.H., Division of Health Interview Statistics, National Center for Health Statistics, January-June 2011

#### Converging factors driving growth of employer sponsored telehealth

Lack of access thru Technology now supports efficacious traditional care remote care delivery delivery model **Telehealth use** doubled in 2013 Increasing healthcare Increased demand for costs for employers primary care and employees

#### A Solution to Help Increase Access

# Use perishable physician capacity

- Gaps in schedules
- Cancelled appointments
- Semi-retired physicians
- Work from home physicians
- Stranded capacity in retail clinics
- Off-hours

# More clinical time, less administrative overhead

- No claims to file
- No additional space
- No front office resources (e.g., receptionist)
- No nurse or med assistant
- No bad debt expense, and paid immediately
- Medical malpractice insurance provided

Increase Physic

#### **Value Proposition by Customer**

Who pays for service...

Payors / Employers

**Patients / Consumers** 

**Providers / Hospitals** 

#### **Value Proposition**

- Reducing Costs
- Access to Care
- Differentiation / Innovation
- Productivity (Employers)
- Convenience / Access
- Lower Cost Care
- Quality
- Providing Access
- Managing Risk
- Patient Acquisition
- Revenue

#### What is it commonly used for?

## Top 10 Diagnoses



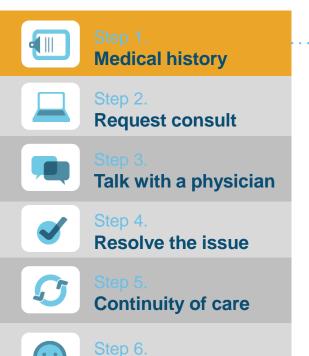
- Sinus Problems
- Urinary Tract Infection
- Pink Eye
- Bronchitis
- Upper Respiratory Infection
- Nasal Congestion
- Allergies
- Flu
- Cough
- Ear Infection

#### Prescription Management

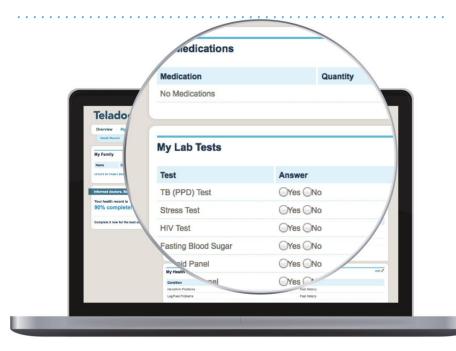


- Electronic prescribing (SureScripts) or by phone, if needed
- Frequency of prescribing similar to provider practice (about 80%)
- Use of antibiotics limited to short durations; patient education and physician reminders for appropriate use
- No prescribing of DEA-controlled substances, medication for psychiatric illness, or lifestyle drugs (i.e. erectile dysfunction, diet, smoking-cessation).
- Generic drugs are automatically recommended

#### The member experience, friendly and convenient.



## make it easy for members to use Telehealth



Provide medical history (MHD) online or by phone.

The MHR is HIPPA-compliant.



**Smile** 

#### Physician will call member after reviewing medical history



Step 1. Medical history



Step 2.

**Request consult** 



Step 3.

Talk with a physician



Step 4.

Resolve the issue



Step 5.

**Continuity of care** 



Step 6. Smile

**Telehealth addresses** many common conditions:

- Sinus Problems
- Urinary Tract Infection
- Pink Eye
- Bronchitis
- Upper Respiratory Infection
- Nasal Congestion

- Allergies
- Flu
- Cough
- Ear Infection
- Dermatology
- Behavioral Health

Simply log on or call, 24/7, to request a **telephone** or **video** consult (**desktop** or **mobile**).

**Average physician callback time: 17 minutes** 

#### Consult with a physician by phone or video



Step 1. Medical history



Step 2.

**Request consult** 



Step 3.

Talk with a physician



Step 4.

Resolve the issue



Step 5

**Continuity of care** 



Step 6. Smile

## Members can access services through multiple channels



A board-certified physician provides a consultation over the phone or through video.

Additional access point now available via HealthSpot onsite kiosk.

No time limit to the consult

#### The most convenience combined with highest quality care



Step 1. Medical history



Step 2.

**Request consult** 



Step 3.

Talk with a physician



Step 4.

Resolve the issue



Step 5.

**Continuity of care** 



Step 6.

**Smile** 

# **Ensuring appropriate** prescription management



- Electronic prescribing (SureScripts), if medically necessary
- Faster resolution equates to better outcomes
- Use of antibiotics limited to short durations
- No controlled substances, psychiatric medication or lifestyle drugs
- Generic drugs substituted automatically

If a prescription is necessary, it is electronically sent to the member's pharmacy of choice.

91% issues resolved

#### 91% of issues are resolved



Step 1.

**Medical history** 



Step 2.

Request consult



Step 3.

Talk with a physician



Step 4.

**Resolve the issue** 



Step 5

**Continuity of care** 



Step 6. Smile

**Top 10 Prescriptions** 



- Zithromax
- Amoxil
- Azithromycin
- Augmentin
- Bactrim DS
- Tessalson Perles

- Flonase Nasal Spray
- Cipro
- Tamiflu
- Pvridium

If a prescription is necessary, it is electronically sent to the member's pharmacy of choice.

91% issues resolved

#### **How does it impact Continuity of Care?**



Medical history



Step 2.

**Request consult** 



Step 3.

Talk with a physician



Step 4.

Resolve the issue



Step 5

**Continuity of care** 



Step 6. Smile

# Telehealth doesn't replace the patient's PCP

Telehealth service should support the Patient / Physician

**Medical Home** 



Telehealth provider refers patients to their PCP if necessary



The physician documents results.

Consultation information is sent to the member's primary care physician upon request.

The consult becomes part of the member's EHR.

#### Telehealth drives better outcomes



Step 1. Medical history



Step 2.

**Request consult** 



Step 3.

Talk with a physician



Step 4.

Resolve the issue



Step 5

**Continuity of care** 



Step 6. Smile

## A secure Message Center helps drive outcomes and satisfaction



At the end of every call, the physician checks to make sure all questions are answered.

The Message Center enables our physicians to send additional information to patient and the patient can ask follow up with members within a secure portal.

#### Modern telehealth technology platform

### Multiple Points of Access to Quality Care

#### **Phone**





Video





#### **Pricing**

#### PMPM or PEPM fee:

The PEPM is an access and communication fee. The PEPM typically covers all of the technological infrastructure, call center operations, outreach to ensure timely consultations, corporate operations, account management, reporting, and may or may not cover minimum member communications.

Member communications drive utilization with multiple touch points to your employees.

#### **Consultation fee:**

Typically ranges from \$40for consults to \$59. This fee covers the payment to the physician for the consultation; Typically telemedicine vendors purchase Medical Malpractice insurance that covers the physician for the consult.

#### **Setup Fee:**

Many telemedicine vendors charge a set-up fee that ranges from \$.50 PE to \$1.50. This may or may not include employee communications and employee welcome kits.

#### **Member Communications:**

Most telemedicine companies charge additional fees for member communications. However, some will include base communications as part of their fee structure and provide access to additional communications available at cost or on an ad-hoc basis.

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# Clinical quality & current regulatory environment

#### Clinical quality shapes the member experience

## Telehealth network...best practices

Proprietary Network Methodology	Telehealth services will apply network management methodology to maintain the "right size" network for optimal member experience & clinical quality
Board-certified	Board-certified in internal medicine, family practice, emergency medicine or pediatrics.
State-licensed	State-licensed in their respective states.
Experienced	Experienced, with an average of 15 years of practice.
U.S. residents	U.S. residents, living and working in the United States.
Primary Source Verified	Verified through the National Practitioner Data Bank (NPDB) and the American Medical Association (AMA) Board certification, work history, peer reference, State licenses, monthly state sanction reports, DEA license, criminal and civil background.
Credentialed	Telehealth provider will have appropriate credentials and be certified by NCQA.

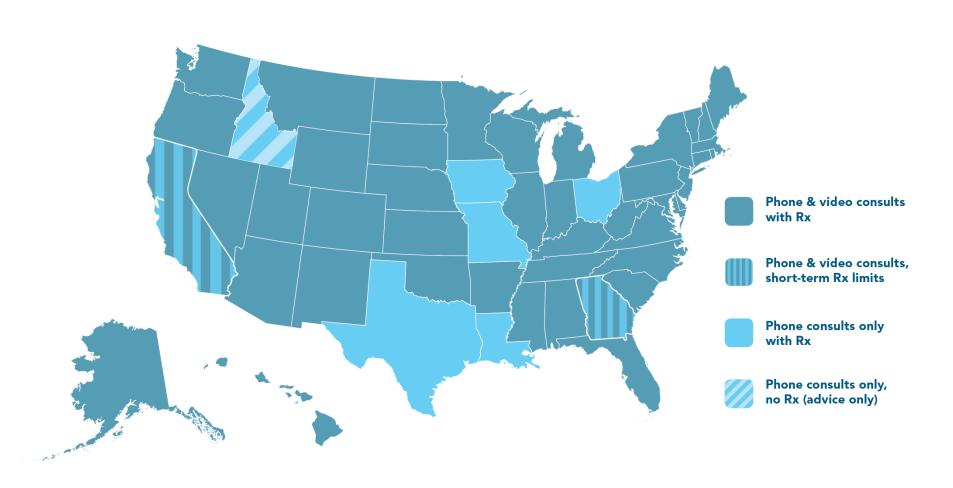


97% Teladoc physician satisfaction rate



#### Your coverage is available based on state regulations

### **Current state regulations**



#### **Mobile Health Apps and the Future of Healthcare**

# Today's members demand mobility. They want 24/7 access...on any device, anytime.

What to look for: Select products and services that address privacy, security and with capabilities to store and share health data.



#### What else is happening in telemedicine?

## A best-in-class health kiosk solution from best-in-class care delivery.

- Exclusive HealthSpot Partnership
  - Fully enclosed, HIPAA and ADA compliant unit
  - Integrated biometric devices
  - HD Video and touch screens



Access fully credentialed physicians by appointment or "on-demand"





#### Questions to ask when evaluating telehealth

# The drivers that impact the member experience, clinical quality and employer ROI



How much telehealth-specific experience does the vendor bring to the table and does their team have experience across the healthcare space (payor, employer, clinical, technology, regulatory)?



Does the vendor have dedicated in-house clinical quality that includes provider credentialing, rigorous QA, clinical protocols, proprietary EBM guidelines tailored to telehealth and have they received any certifications from industry recognized oversight organizations?



Has the vendor been audited by outside entities to verify that their systems and operations are highly secure, stable, and scalable? How many consults have they delivered?



Does the vendor manage their own telehealth clinical quality and their physician network internally? Was the network developed specifically to deliver telehealth consults and are the physicians required to complete telemedicine training? How many telehealth consults completed/Dr.?



Does the vendor have industry specific communications expertise and a full portfolio of collateral & strategies to drive consumer engagement and utilization.?



Does the vendor have a demonstrated history of achieving third party, data-validated, statistically significant ROI results for their clients?



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