Top Ten Questions
physicians ask about telehealth

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The evolution of medical visits

Ineffective
Inefficient
Inconvenient
Innovative
Consumers and providers receptive to telehealth…

Willing to See a Doctor via Video?

- Yes: 64%
- No

Willing to See Patients via Video?

- Yes: 57%
- Not willing
- Not sure
Telehealth utilization is growing fast

US Market for Virtual Consults


27 MILLION Visits in 2020

78% growth

Total Visits Annually (000s)

Telehealth has reached an inflection point

“600M annual visits in the U.S. can be addressed by telehealth for a $30B revenue opportunity and $90B Savings.”
Goldman Sachs (Finance)

“The global market for telehealth expected to grow at 18.4% CAGR to nearly $50B in 2020.”
RNCOS (Marketing)

“Mobile telehealth is the most exciting opportunity to advance how the industry administers and consumes care.”
Joe Swedish, CEO Anthem (Health Plan)

“Kaiser Permanente expects to do more video visits than in-person visits in 2018.”
Robert Pearl, CEO, Kaiser Permanente (Health System)

“With American Well, we are at the beginning of delivering amazing healthcare for our customers”
Tim Cook, CEO, Apple (Consumer Electronic)

“Telehealth Visits will skyrocket to 180M visits in 2018”
Parks & Associates (Market Analyst Firm)
But physicians have questions
Q1: How does it work?
How does it work?

Patients simply:

1. Enroll
2. Select a provider
3. Choose a pharmacy
4. See the doctor
5. Get a visit summary
On American Well physicians see:

- Patient-supplied medical history
- Prescription data via SureScripts
- Biometrics and vitals from:
  - Apple Health app
  - Kiosk diagnostic devices
- Gaps in care data via Insights
- Past telehealth visit records and provider notes
- Custom formularies
Available on ubiquitous devices

On the Go

Online

Onsite

On the Phone
Focus on the provider experience
Placing telehealth in physicians’ pockets
One-click provider-to-provider consultations

Enable “Warm” Transfers & Virtual Care Teams
Consumer and provider data integration

Consumer Biometric Integration

EHR Integration & Gaps-In-Care

Blood Glucose: 112 mg/dL
Blood Pressure: 118/74
Body Mass Index: 21
Protein: 39.2 g
Respiratory Rate: 13 breaths/min
Resting Calories: 1.3 kcal

Gaps in Care
Breast Cancer Screening
Recommend follow-up with PCP or OB/GYN regarding mammogram.
This patient meets the criteria for regular mammograms, but our records indicate that she has not had one in the past 12 months.

Other Information
Patient’s Care Plan
Please indicate items you have addressed with the patient.
Q2: Is it Legal?
2. Is it legal?

Now legal in 48 states
Accreditations and Guidance

- ATA accreditation
- New URAC accreditation for telehealth
- FSMB model policies for telehealth
- AMA policies
- Individual specialties- policies
- ATA guidelines
Q3: How can I get paid for using telehealth?
How can I get paid for using telehealth?

COMMERCIAL REIMBURSEMENT MANDATE
Mandate coverage of commercially provided telehealth services

PARITY MANDATE
Commercial mandate requires that services be paid “to the same extent/at the same level” as in-person services

COMMERCIAL REIMBURSEMENT (LIMITED)
Mandate for coverage with site restriction
Commercial reimbursement

- Many commercial payers now covering telehealth
  - Anthem
  - United
  - Cigna
  - Other blues

- Bundled payments

- At risk contracts

- Managed medicare and medicaid

- Limited FFS medicare, but legislation pending

- Commercial payment landscape is moving in a favorable direction
Q4: Which use cases or conditions should I treat with telehealth?
Which use cases or conditions should I treat with telehealth?

Telehealth 1.0 Has Been Ideal For Urgent Care

Top 10 Diagnoses

1. Sinusitis
2. Upper Respiratory Infections/Flu
3. Pharyngitis
4. Skin Disorders
5. UTI
6. Bronchitis
7. Conjunctivitis
8. Otalgia/Earache
9. Anxiety/Depression
10. Back Pain

What would you have done without Telehealth?

- Urgent Care: 42%
- MD Office: 33%
- ER: 5%
- Nothing: 13%

Source: American Well, 2015. ¹Based on survey of health plan subscribers using American Well platform.
Major use case categories for health systems:

- Urgent care
- Chronic care management
- On-demand inpatient consults
- Readmission prevention
- Emergency department case flow
- Home healthcare services
- Post discharge and post surgical follow-up
- Behavioral health
- Medication consultation/reconciliation
- Contribute physicians to national pool
Telehealth 1.0: Urgent Care

Choose a Doctor

See The Doctor

Web | Kiosk | Mobile

Telehealth 2.0: Follow Up Care

Office

Follow Up Appointment

See Your Patient
From Urgent Care to Healthcare

- Urgent Care
- Follow Up Care
- Employer Products
- Retail
- Cancer Care
- School Systems
- ER Triage
- Provider to Provider
- Medicare/Medicaid
- International
- Post Discharge
- Visiting Nurse
- Behavioral Health
- International
- Philanthropy
Telehealth 2.0 Enables Chronic Disease Management

- Diabetes
- High Blood Pressure
- COPD
- Obesity
- Depression
- Asthma
... And Addresses Transitions of Care

- Post Acute Care
- Home Health
- Outpatient Clinics & Centers
- Rehabilitation
- SNF, Hospice & LTC
- Visiting Nurse
Q5: How do I examine a patient?
5: How do I examine a patient?

What do you need to make a diagnosis:

- History
- Appearance
- Examination
- Diagnostics
The patient’s appearance is critical to differentiating between “sick” and “not sick”

- Alert/Listless/Lethargic
- Mental status
- In obvious pain
- Respiratory distress
- Especially useful in a child
The telehealth exam

- Be creative
- Use patient’s help
  - Push on this area
  - Walk for me
  - Does it hurt here
- Use the video
  - Appearance
  - Rash
  - Abrasion/laceration
  - Sprain/strain
- Use exam to narrow the differential
Other techniques

- Strep - Use of Modified Centor criteria
- Ankle sprain - Use of Ottawa Ankle Rules
- Croup - Westley Croup score
- Examining the throat
- Neuro exam
- General appearance
- Rashes, abrasions, lacerations
- Back pain
- (Evaluation of the home environment)
- (Med reconciliation)
Q6: How do I go about building a program?
6: How do I go about building a program?

To get started, you need to:

- Choose a use case
- Have a sustainable and reliable staffing model
- Create clinical care guidelines
- Find an experienced partner
Are your visits scheduled…

- Can be used for chronic care management
- Visit lengths can be set during scheduling
- Support diverse visit types, by specialty
- Set by providers or staff
Or on-demand

- Best suited for urgent care visits
- Typically available 24/7, 265
- Use your own physicians, our physicians—or both
- Load-balance providers based on demand
Staffing your system: meet the Online Care Group

**Doctors**
- Board-certified, licensed
- Credentialed to NCQA, URAC standards
- Average 15 years in practice
- Heavily multi-state licensed

**Clinical Services**
- Acute conditions
- Exacerbations of chronic conditions
- Prescription refills

**Staffing**
- W2 employed dedicated physicians
- Over 200 credentialed contractors
- Over 1200 in different stages of recruiting

**Customer Focused**
- Open 24 x 7 x 365
- National availability
- Immediate or scheduled visits
### Clinical Operations and Support

**Onboarding**
- Dedicated physician recruiting and onboarding team
- Rapid, online process

**Training**
- Established technical and clinical training programs
- Suite of live, webinar-based and e-learning modules

**Community**
- Virtual community for providers
- Ongoing learning, mentoring, curbside consults

**Monitoring Reporting**
- 24/7 real time network operations center
- Scheduling, supply demand management, reporting

**Clinical Protocols**
- Library of evidence based care guidelines and policies
- Consistent and safe- evidence-based care

**Quality Mgmt**
- Complete quality management program
- Quality committees, peer review, scorecards
Technology supports flexible provider staffing

Provider Receives Request

Visit
Q7: What is the liability?
The short answer... **very low**

- Telehealth has a very low incidence of malpractice or board action
- Online Care Group has not had a single malpractice case
- Online Care Group providers receive malpractice coverage
• No indication of rise in telemedicine malpractice cases even as field grows.
• Telemedicine may not present many unique challenges in the area of medical malpractice
• Many negligence cases involve actors providing non-traditional care – i.e. questionnaire-based care or “pill-mills”
• Some commentators note that telemedicine may be safer because of multiple “eyes” on patient
• Still – hospitals may want to draft specific telemedicine informed consent forms and focus on privacy concerns that may be specific to telemedicine.
Q8: What kind of results can I expect to see?
Visits on Amwell are growing exponentially

- 14X growth over 24 months
- Urgent care seasonality
- Increasing health plan coverage
- Growing employer base
Urgent care is the main use case

Common diagnoses include:

- Sinusitis
- Upper respiratory infection
- Bronchitis
- Urinary tract infection
- Pharyngitis
- Conjunctivitis
- Cough
- Influenza
- Allergies
- Dysuria
- Asthma

60% of visits result in a prescription
Provider network scaling up to meet patient demand
Mobile plays a central role in enrollment and use

2015 Q4 Amwell Visits

- Web
- Mobile
- Phone
- Kiosk

2015 Q4 Amwell Enrollments

- Mobile
- Web
Users tend to be younger adults – but all ages use Amwell
Monday at 9 AM is our top weekly visit volume

- Fairly even distribution over days of the week
- Cluster in AM hours
Amwell generates results

- Average wait time is under 3 minutes
- Average visit length is 10 minutes
- 89% of visits resolve the patient’s issues
- Patient satisfaction: 4.8 out of 5 stars

4.8
Q9: What’s the best modality for practicing telehealth?
9. What’s the best modality for practicing telehealth?

Physicians already treat patients remotely

- Phone: 88%
- Email: 48%
- Text: 22%
- Video: 5%
- None: 6%

However....
7 in 10 physicians see video as best for diagnosis

- Video allows for a face-to-face physical and behavioral examination
- Many Telehealth 2.0 use cases result in a better diagnosis with video
  - Dermatology
  - Psychiatry
  - Post hospitalization
Q10: Why should I do telehealth?
10. Why should I do telehealth?

- **Patient interest is high**
- **Retain & attract patients**
- **Efficient: On-demand & scheduled visits**
- **Flexibility: Practice based on availability**
- **Work remotely**
- **Great value at a low cost**
- **Convenience: For patients and providers**
- **Frequent touch points with high-risk patients**
Additional Questions?