Integrate 2019

The Future of Telehealth, Innovations & Market Disruptions

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Memorial Healthcare System
What Got Us Here Won’t Get Us There

- In 2017, the United States spent about $3.5 trillion, or 18 percent of GDP, on health expenditures – more than twice the average among developed countries
- During 2016, combined and state spending for Medicaid totaled about $21.8 billion in Florida
- Florida ranked #48 for overall health care among 50 states + the District of Columbia. Florida ranked 49th for access, quality and use of health care
- Chronic diseases are among the leading causes of morbidity, mortality and disability
- Behavioral health disorders increase the risk of many major causes of death in Florida
How Do We Begin to Get There?

Improving Healthcare with out of the box thinking while focusing on the Triple Aim…

1. Improving the patient experience
2. Reducing the per capita costs of health care
3. Improving the health of populations overall

“If you are not taking steps to move forward, you are unintentionally moving backwards”
Focus of Telehealth

- Increase patient engagement
- Care in ‘real time’
- Reinforce self-care techniques
- Increase access to care
Embracing Telehealth

90% of employers are currently offering or planning to offer telehealth
Towers Watson

When the Veterans Health Administration used telehealth for their post-cardiac arrest care program, hospital readmissions fell by 51%
American Hospital Association

More than one-half of all US hospitals have a telehealth program
American Telemedicine Association

ICU telemedicine programs are associated with better survival rates and reduced hospital lengths of stay
American Hospital Association

Healthcare executives cite improved patient satisfaction scores as providing the biggest ROI
ReachHealth

The average cost per in-person visit is $125, while the average cost for a telehealth visit is around $45
US News & World Report
What Happens When You Don’t Adapt or Adopt

1. Inability to meet your customers’ changing demand
2. Slow time-to-market compared to your competition
3. Scaling inefficiencies from lack of system integration
4. Continuous resource and infrastructure allocation for development and maintenance
5. Unable to capitalize on new technology advancements
The Value of Telehealth

As we have heard time and time again, focusing on the triple aim in healthcare will yield valuable results. As such, selecting telehealth investments based on goals should be priority.

Telehealth-enabled imperatives for growth, value-based care goals

<table>
<thead>
<tr>
<th>Real-time virtual visits</th>
<th>Growth</th>
<th>Value-based care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enhance patient access and convenience</td>
<td>Reduce costs by shifting patients to lower cost settings</td>
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<tr>
<td></td>
<td>Attract and retain new patients</td>
<td>Cut patient/provider travel time</td>
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<tr>
<td>Remote patient monitoring</td>
<td>Differentiate from competitors</td>
<td>Reduce avoidable emergency department utilization and 30-day readmissions</td>
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<tr>
<td></td>
<td>Align with consumer interest in technology</td>
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<tr>
<td>Asynchronous store-and-forward</td>
<td>Reduce wait time to next appointment and no-show rates</td>
<td>Increase patient activation and engagement</td>
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<tr>
<td></td>
<td>Achieve operational efficiencies</td>
<td>Expand specialist coverage</td>
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Source: Service Line Strategy Advisor research and analysis.
Continuity of Care

• Improving quality of care by enhancing how care is delivered both within and beyond the walls of the hospital
• Using telehealth as a means to improve patient management between providers
• Creating a “patient never truly gets discharged” model and avoiding the “black hole” of care
• There is no “I” in healthcare
Using Telehealth to Achieve Our Goals

Managing Patients Chronic Conditions Differently

• Most health care-related costs in the U.S. are associated with chronic disease conditions
• The percentage of children with chronic conditions has risen dramatically
• Converting from a reactive system to a proactive system
• Look at the highest risk populations and develop targeted programs (population health)
• As a result, Memorial Healthcare System offers the following telehealth programs:

  • Remote patient monitoring
  • Ability to track results in EMR
  • TelePharmacy
  • Complex chronic care via Telehealth
  • TeleAsthma

  • Delivering care in the home
  • TelePrimary Care
  • TeleBehavioral Health
  • HIV care plan compliance
  • TeleOncology
Never Truly Being Discharged
Using telehealth to create solutions where our care of the patient continues after discharge.

• Utilizing telehealth technology to connect with patients sooner and more frequently
• Providing a virtual resource to assist with social determinants of health, care navigators or a re-connection point
• Developing a support system for secondary conditions such as wound care

As a result, Memorial Healthcare System offers the following telehealth programs:

• Wound care (soon, TeleWound Care)
• Telehelath on-call
• Virtual Lactation Consultant
• TeleNutritionist
• Post-surgical follow-up
• TeleBehavioral Health
• Post-discharge TelePharmacy
• Virtual Primary Care Coordination
In-Home Telehealth

Target population
• Patients who require individualized telehealth home visits: Chronic conditions such as COPD, CHF, Diabetes, and Hypertension

Goals of program
• Increase access to care
• Provide quality care
• Improve patient experience
• Decrease costs-avoid ED utilisations and hospitalizations
<table>
<thead>
<tr>
<th>Patients Served</th>
<th>222 patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who avoided a hospital admission within 30 days of the telehealth visit.</td>
<td>92%</td>
</tr>
<tr>
<td>Patients avoided a emergency room visit within 30 days of the telehealth visit.</td>
<td>87%</td>
</tr>
<tr>
<td>Patients returned to Primary Care Physician within 30 days of telehealth visit.</td>
<td>67%</td>
</tr>
<tr>
<td>Telehealth patients with online MyChart access to health information and can communicate directly with PCP: medical advice, make appointments, review labs/tests</td>
<td>60%</td>
</tr>
</tbody>
</table>
Memorial Healthcare System’s Approach to the Opioid Crisis
On-Demand Assisted Services

Opioid Crisis

• From Florida data in 2014, 89.5% reported needing but not receiving treatment for Opioid Abuse. This is from a population aged 12 or older reporting illicit drug dependence or abuse.

• Florida saw 5,088 drug related deaths in 2017

• Drug related deaths per 100,000 - Florida 24.2, National 21.6

As a result, Memorial Healthcare System offers programs to assist in the opioid crisis. The following telehealth programs are used to augment what is being done today in person.

• Telehealth to expand access (MAT program)
• Virtual pharmacist (prevention and education including distribution of narcan kits)
• Additional opportunities: expanding virtual treatment options for recovery
MHS Tele-Health ED Treatment

Telehealth MAT Workflow allows Memorial to Utilize Clinical Resources more efficiently

• MAT telehealth consults connect 4 ED’s with the primary MAT ED program at MRH
• Psychiatric RN’s in the Behavioral Health Unit at MRH link with potential MAT patients at all hospital ED’s via telehealth
• MRH Psychiatrist able to initiate MAT induction
• MAT staff will follow the patient and continue to engage
• As a result of the Telehealth MAT program, Memorial has experienced improved engagement by the patient and family to receive care.
Additional Telehealth Services
On-Demand Assisted Services

**Stroke**

- Consults are conducted with patients who present to the ER with a possible stroke.
- Neurologist on-call uses telehealth to virtually connect with the on-site clinical team.
- The neurologist is able to view, visually examine the patient and zoom into the extremities as well as facial features.
- The purpose of the program is to improve clinical outcomes by:
  - Reducing door to needle times.
  - Discontinuing unnecessary TPA treatment.
  - Providing a higher level of physician specialty support.
- TeleStroke is similarly used for in-patient stroke alerts.
  - Time to treatment is key.

As a result, Memorial Healthcare System implemented a telehealth program which facilitates an expedited on-demand physician connection using a smartphone and a telehealth cart.
Employers Empower Workforce Health

Telehealth interest grows with desire to curb costs, absenteeism and employee maintenance is how to accomplish this.

Employee absence, demonstrable loss

$226B
Cost of absenteeism to U.S. employers¹

The case for savings

$6B
Estimated savings among US employers with at least 1,000 employees with virtual consults versus escalated care options²

Embracing telehealth to contain costs

51%
Large employers that identify virtual health solutions as their top health care initiative in 2019

26%
Large employers that financially incentivize telehealth utilization
Employee Services

With our commitment to the triple aim and what we are doing to better manage our patient population, Memorial Healthcare System also committed to better managing the care of our employees.

• 24/7 application based connection to a physician
• Available MemorialDOCNow station in our largest hospital available to working employees 24/7
• Employees receive this as a free benefit

Advantages
• Offer employees a lower cost of care where appropriate
• Reduce absenteeism
• Initiate treatment of illness sooner

Stats
• 94% patient satisfaction
• 97% of patients surveyed said their health care concern was resolved
• 37% of patients surveyed said they would have gone to the ER
The Proactive Approach

The prospect of healthcare organizations implementing remote patient monitoring (RPM) technology increases the capacity for clinicians to manage more patients. In addition, RPM allows the clinician to monitor patients and proactively identify any negative trends.

• Monitoring patients and proactively identifying negative trends reduces the likelihood of an ER visit or readmission

• RPM allows the care team to actively manage the patients condition with the physician, pharmacy and other clinicians in a timely manor

• Better access to healthcare by communicating with patients in their home

• Improved quality of care due to the frequency of connections

• Peace of mind and daily assurance by support of self management

• Improved support, education and feedback due to interoperability
Consumer Virtual Care Online

Integrated Partnerships…
• Diplomat Beach Resort
• Newport Beachside Resort and Spa
• Ft Lauderdale Marriot
• Ritz Carlton
• Circ Hotel
• Costa Hollywood Beach Resort
• W Hotel Ft. Lauderdale

Open to all consumers for $59 and advertise by hotel staff as a clinical option when requested
Telehealth in Tallahassee

On April 29, 2019, the House and Senate signed off on bill HB 23 that establishes a regulatory framework for “telehealth” in the state of Florida.

Access
Can use out of state physicians so long as they register with the state.

Payment
No mandate for parity payment of telehealth services.

According to News Service of Florida by Christine Sexton
Billing for Telehealth

**Private & Commercial**
- Many national plans are beginning to expand to include Telehealth
- Parity policies varies from state to state

**Medicare**
- New reimbursement codes for virtual check-in services, remote evaluation of recorded images and videos submitted by patients
- Coverage for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke

**Florida Medicaid**
- MMA care plans covers telehealth services to the same extent the services would be covered in person
- Coverage to include store it forward and remote patient monitoring services
### Telehealth Program Challenges

Threat to bottom line is a key challenge to providers and health systems.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Unaddressed</th>
<th>Partially addressed</th>
<th>Fully addressed</th>
<th>Not a challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determining ROI</td>
<td>21%</td>
<td>55%</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>Cost of supporting technology</td>
<td>15%</td>
<td>48%</td>
<td>23%</td>
<td>14%</td>
</tr>
<tr>
<td>Lack of funding</td>
<td>18%</td>
<td>45%</td>
<td>13%</td>
<td>23%</td>
</tr>
<tr>
<td>Private payer reimbursement</td>
<td>25%</td>
<td>55%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Medicaid reimbursement</td>
<td>29%</td>
<td>44%</td>
<td>17%</td>
<td>10%</td>
</tr>
<tr>
<td>Inadequate telemdecine parity laws</td>
<td>40%</td>
<td>37%</td>
<td>9%</td>
<td>14%</td>
</tr>
</tbody>
</table>
Telehealth Program Challenges cont.

- Inadequate telehealth parity laws and reimbursement
- Differentiating telehealth regulations between governing bodies
- Integration between solution platforms
- Patient education
- Segmented systems creating workflow challenges
- Perception
An Industry Looking Towards the Future

- Artificial Intelligence (AI)
- Chat bots
- Expanded remote patient monitoring capabilities
- Hospital at home
- Moving beyond the direct to consumer model
- Greater utilization of connected devices
- Deeper integration amongst delivery platforms
- Asynchronous telehealth communications
- 5G mobile cellular phone technologies
- Expanded broadband as commented by the FCC
- Virtual Reality
Memorial Healthcare Systems Vision

As a system, Memorial Healthcare System is moving towards a more innovative cost savings approach to delivering care.

• Remote Patient Monitoring
• Home Health Video Visits
• Enabling Care Managers with Video
• Post Surgical Connections
• Behavioral Health Support for Patients with Chronic Conditions
• Treatment Plan Compliance Support
• Clinical Resource Sharing
• On-call Video Support
• BYOD Support
• Chronic Condition Management
• Employer Health
Conclusion

We as healthcare leaders must continue looking for non-traditional methods of delivering care to provide solutions which will improve upon the current state of healthcare.

Utilizing telehealth provides unlimited opportunities that focus on the triple aim:

1. Improving the patient experience
2. Reducing the per capita costs of health care
3. Improving the health of populations overall

“Our only limitation is our imagination!”

Bill Manzie