

Health Plan Tools

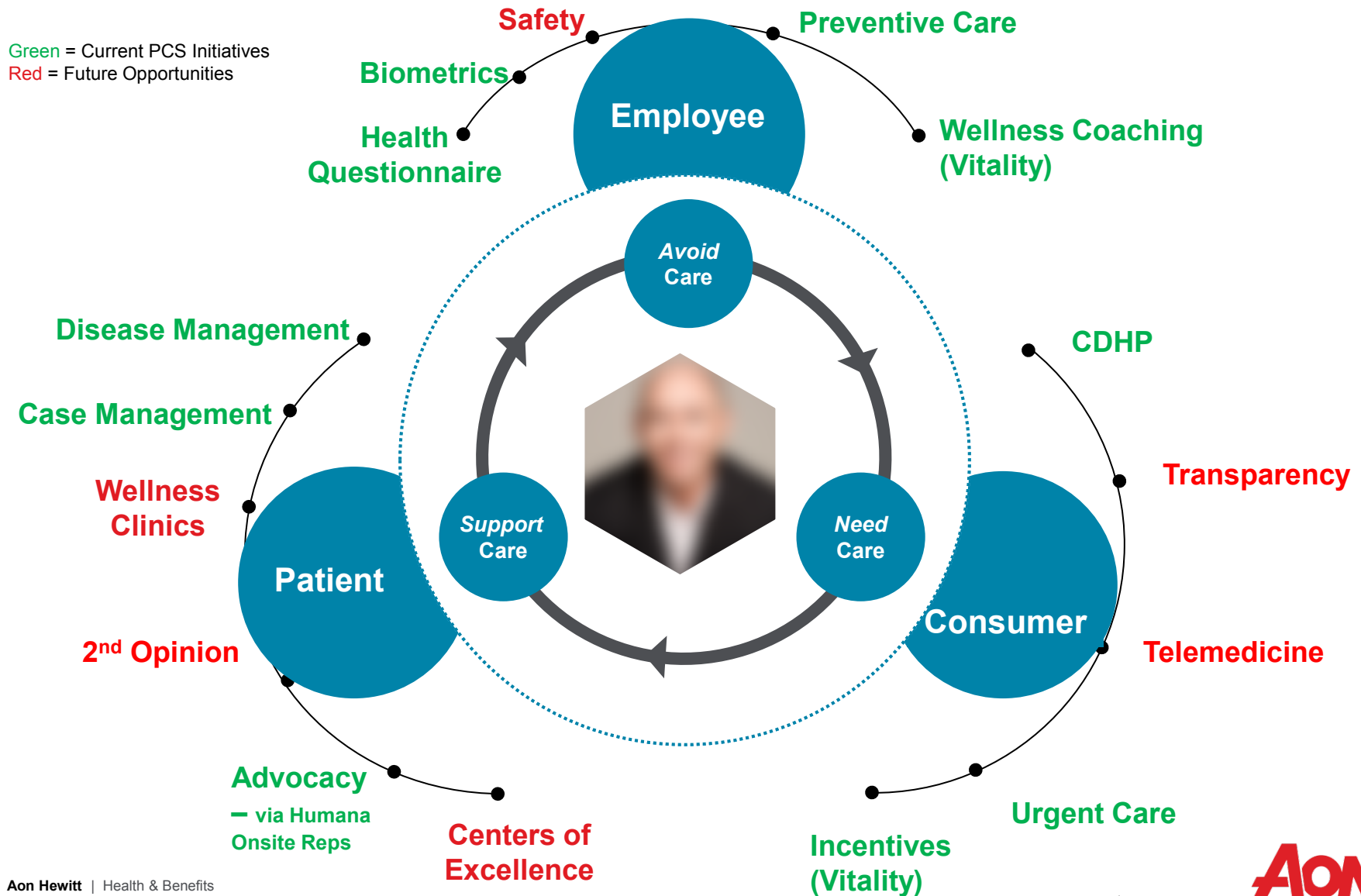
Telemedicine, Expert Second Opinion, Urgent Care & Wellness Centers



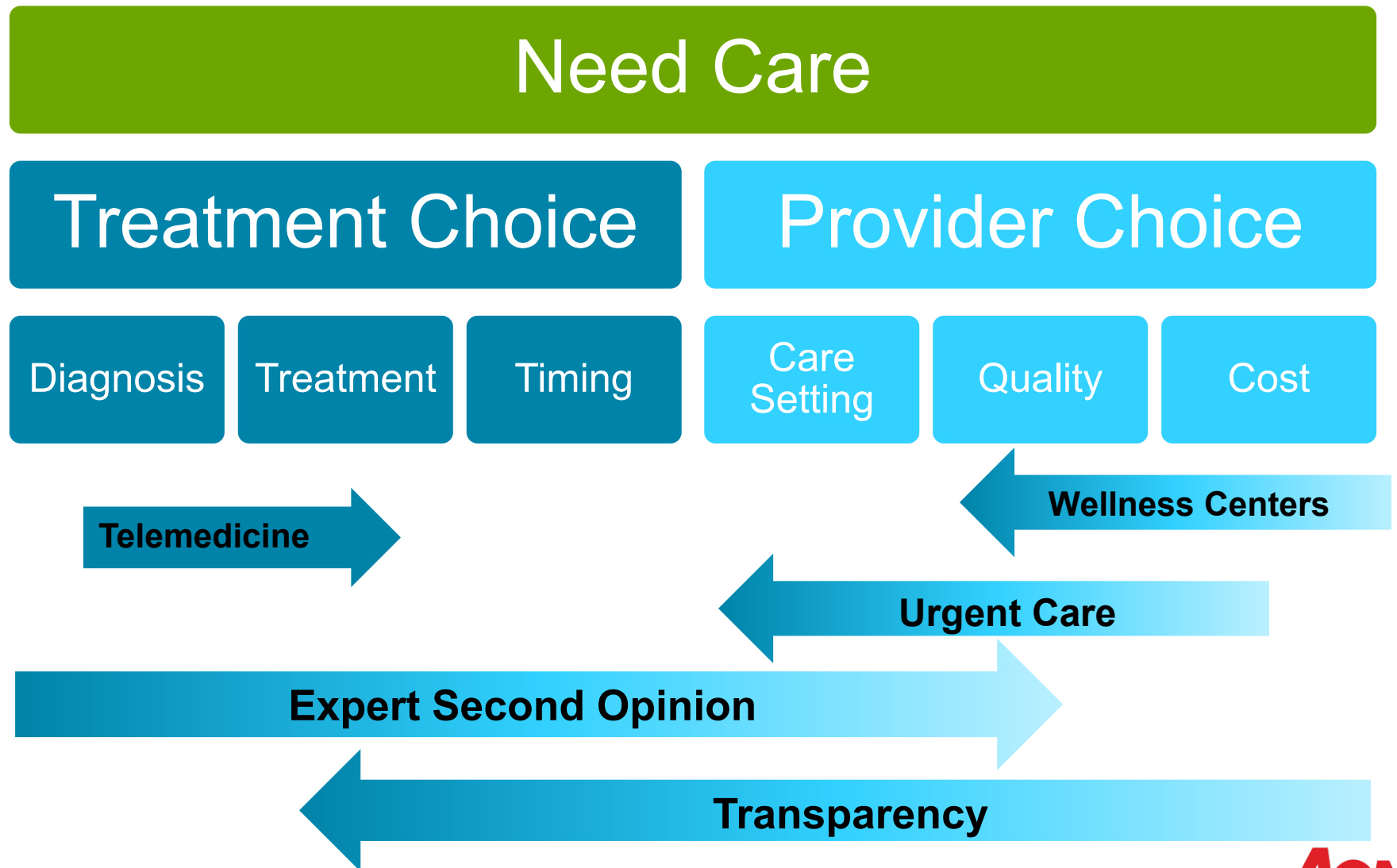
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Health & Benefits**

Serve and Support Individuals Across the Continuum



Consumer Activation Vendor Spectrum



Telemedicine

Provider remotely reviews patient records and initiates a live online visit using video/chat/phone to discuss symptoms, diagnose and prescribe treatments & medications

Opportunities:

- Access to care for remote populations
- Schedule in advance or on-demand
- Data captured in electronic medical record (EMR) and shared across care team to maintain continuity of care
- Member privacy and convenience (accessible from anywhere and on-demand)

Typical fee structure is per visit fee (often \$25 - \$50 per visit) that is employee paid, sometimes in addition to a per employee per month fee paid by the employer (usually less the \$1.00) – Approx. \$125,000

On-Site



Online



Anywhere



Emerging Telemedicine Solution for Employer Group Health Plans

Organizations have emerged in the past decade to provide convenient, 24/7 telemedicine access to board certified physicians licensed in the state where the patient is located

- Common conditions treated include sinus infections, allergies, stomach aches, ear infections, and upper respiratory infections
- Member requests a telemedicine visit with a physician either telephonically or through the organization's website
- Telemedicine visits generally scheduled in less than an hour and last 10 to 15 minutes on average (80 to 90 percent of all visits conducted telephonically)
- Physician needs to be licensed in the state where the patient is located

Telemedicine Vendors

Provider	Years in Business	Members Served	Health Plan Partnerships	States doing Business
American Well	8	100 Million	11	50
CareClix	6	3 Million	18	50
Doctor On Demand	3	TBD	Humana's telemedicine partner	49
Live Health Online (<i>Anthem</i>)	< 3	3.6 Million	WellPoint/Anthem currently. Multi-payer capability available 2015	44
MDLive	9	3.2 Million	All major carriers and numerous TPAs	49
NowClinic (<i>Optum</i>)	5	60 Million	300 commercial insurance companies & health plans	44
Teladoc	10	8 Million	400 health plan partnerships including ASO arrangements	49
SwiftMD	8	353,000	All major carriers	49

Expert Second Opinion

Rationale

- Provider practice variation
 - You are 6x more likely to have surgery for back pain in northern Idaho than southern Texas¹
- Up to 30% of care delivered in the U.S. is for unnecessary services²
 - **Nearly a third of surgeries do not benefit the patient and some even pose harm³**
- 25% of patients admitted to the hospital are prescribed inappropriate medication, potentially leading to adverse drug reactions, which cause 20% of inpatient deaths⁴
- Cases that go through a second-opinion review result in a changed diagnosis approximately 30% of the time, and a change in the treatment plan approximately 70% of the time

Value to Employees

- Improved health outcomes
- Expanded access to medical experts; Education about alternative treatment options
- Support for making more informed choices about their health

Cost

- Per employee per month (PEPM) pricing is most prevalent, although some vendors are willing to provide per case rates or blended models
- Fees may be put at risk with performance guarantees, including ROI guarantees – although ROI calculations rely on vendor-reported cost avoidance

¹ Dartmouth Atlas. (<http://www.dartmouthatlas.org/data/download.shtm>)

² Congressional Budget Office. Increasing the value of federal spending on health care. 2008.

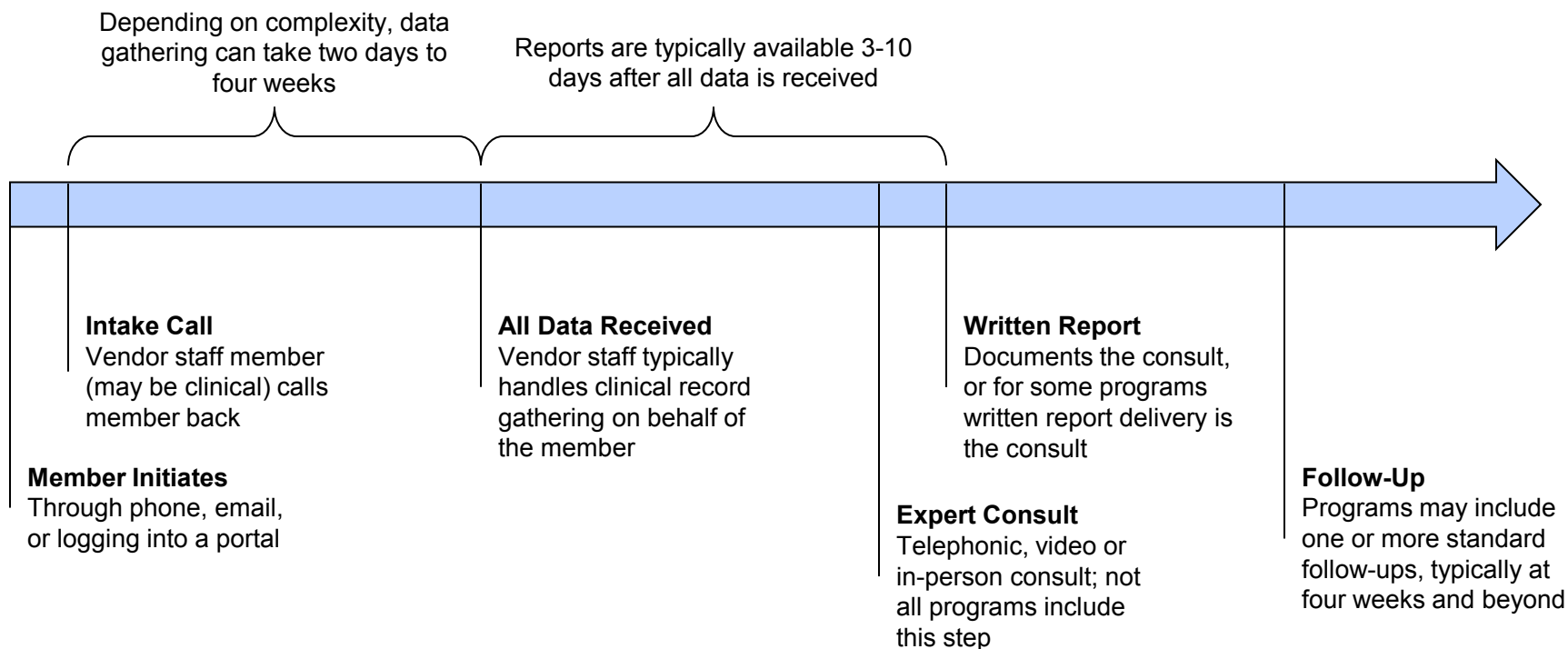
³ U.S. health care. Facts about cost, access and quality. RAND Corporation. 2005.

⁴ Doing better by doing less: Approaches to tackle overuse of services. The Urban Institute. 2013.

Expert Second Opinion Process

The process can vary, but the graphic below provides a high-level overview of a typical second-opinion process

Vendors may have special processes for urgent needs, chronic conditions, simple medical questions, etc.



Urgent Care Centers

Provides expanded access for after hours care

- Becoming more of a “safety net” for increasingly stretched primary care providers
- Can offer more immediate access to care

More affordable than Emergency Rooms but still up to double the cost of primary care office visits (total cost not just employee portion):

- Office visits: \$70-\$100
- Urgent Care: \$120 - \$180
- Emergency Room: \$1000 and up

Not intended to replace PCPs or personal physicians

- Urgent care centers are typically not structured for ongoing / follow up care

Wellness Centers

Primary and urgent care

- Periodic exams, vaccines, flu shots, EAP referrals

Health Improvement

- Risk Assessment (e.g., HRQ, blood pressure and cholesterol screening)
- Wellness (face-to-face coaching coordinated with wellness vendor)
- Ongoing medical management for chronic conditions

Prescription Drugs

- Typically maintain limited supply of common generics

Basic lab

Occupational health (optional)

- Work related injury treatment
- Pre-employment physicals and drug screenings
- Pre/post hire drug screens
- Disability-related medical exams and referrals
- Return-to-work programs (evaluation and management)



Wellness Centers

Addresses access to care

Requires major investment – facility, staffing, equipment and supplies or contracting with third party vendor

Utilization must support cost

Not intended to replace Primary Care Physician

Employees who use facility tend to like it

Must integrate with existing health plan

Questions & Discussion

- Telemedicine
- Expert Second Opinion
- Urgent Care Centers
- Wellness Centers

