Today’s Agenda

• The State of the Union
• Establishing Clarity
• Instruments of change
At first glance

EVERYTHING IS WONDERFUL!
<table>
<thead>
<tr>
<th>Organization</th>
<th>Action Description</th>
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<tbody>
<tr>
<td>HRSA</td>
<td>Awarded $17M in telehealth grants in 2017</td>
</tr>
<tr>
<td>VA</td>
<td>Removed state lines</td>
</tr>
<tr>
<td>Federation of State Medical Boards</td>
<td>Licensure Compact</td>
</tr>
<tr>
<td>AMA</td>
<td>Guidelines for ethical practice of telemedicine</td>
</tr>
<tr>
<td>CMS</td>
<td>Changed reimbursement</td>
</tr>
<tr>
<td></td>
<td>Added CPT codes</td>
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<tr>
<td>Center for Medicare &amp; Medicaid</td>
<td>Removed restrictions in Next Gen ACOS</td>
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</table>
Why it’s Wonderful (Federal Perspective)

BILLS IN THE 115TH CONGRESS
RELATED TO TELEHEALTH

50 BILLS

BILLS IN THE 114TH CONGRESS
RELATED TO TELEHEALTH

SIGNED INTO LAW
CHRONIC CARE ACT

HOUSE & SENATE PASSED:
VETS ACT

PENDING IN THE SENATE:
15 HEALTHCARE BILLS

PENDING IN THE HOUSE:
28 HEALTHCARE BILLS
Why it’s Wonderful (State Perspective)

393 BILLS
ARE CURRENTLY BEING CONSIDERED ACROSS ALL STATES AND TERRITORIES.

NY
43 BILLS PENDING

MN
32 BILLS PENDING

IL
22 BILLS PENDING

CA
19 BILLS PENDING
CONSIDERATIONS:
- LEGALITY
- REIMBURSEMENT
- PORTABILITY
Anticipated Telehealth Eclipse

“Tomorrow’s office visit will increasingly take place everywhere but the office.”

- Dr. Eric Topol
  May 2nd 2017

Sooner Than You Think…

2014 2x Increase
2015 4x Increase
2016 As many visits as in entire previous decade
2017 Double that…

VIRTUAL VISITS
Not Just Urgent Care

320% follow-up Telehealth

600% Chronic care management visits

140+ Telehealth Program Types
<table>
<thead>
<tr>
<th>Initiative</th>
<th>2016</th>
<th>2017</th>
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<tbody>
<tr>
<td>Urgent Care</td>
<td></td>
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<tr>
<td>Specialist Follow-up</td>
<td>3x</td>
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<tr>
<td>Psychiatry</td>
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<td>2x</td>
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<td>Retail</td>
<td></td>
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<tr>
<td>Pediatrics</td>
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<tr>
<td>SNFs</td>
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<tr>
<td>Visiting Nurse</td>
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<tr>
<td>Chronic Care</td>
<td></td>
<td>6x</td>
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<tr>
<td>Psychology</td>
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<td>Nutrition</td>
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<td>School Health</td>
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<td>Oncology</td>
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<td>Neurology</td>
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<td>Workplace Service</td>
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<tr>
<td>Dermatology</td>
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</tbody>
</table>
But...
Best Intentions May Still Produce Standstill
Addressing Service Delivery Across State Lines

Licensure

FSMB & AMA

FSMB DOJ and AMA aligning on licensure compact

VA & DOD

Meanwhile, the VA passed a bill to remove state lines within the VA
Addressing Payment for Telehealth Services

Reimbursement

HHS/CMS

CMMI and CMS are introducing new Medicare/Medicaid price lists/fee schedules for telehealth services one by one.

States/Payers

Meanwhile, states have passed parity laws that require commercial insurers to pay for telehealth at the same rate as in person visits.
Louisiana state legislature passed favorable telemedicine laws allowing patients to be treated over video.

Meanwhile, the state medical board is requiring that patients have peripherals.
Texas state legislature passed a law allowing providers to care for patients without having an in-person visit first.

Until September 2017, Texas medical board continued to enforce rules that required providers to establish a relationship with patients through in-person visits.
Different Perspectives

Different Technologies
- Web vs SIP

Different Patients
- Consumers vs Patients

Different Providers
- Organic or Cover

Different Schedules
- On-Demand or Scheduled

Different Cost
- Full or Partial Parity

Different Workflows
- Acute vs FollowUp Care

Different ROI's
- Volume, Access, Brand

Different Payment
- By Service

Different Risk
- Who's Risk

Different Motivations
Different Motivations, Different Legislative “Asks”

- **Payers**
  - Prevent ER Overutilization

- **Hospitals**
  - Way to acquire new patients

- **ACO**
  - Way to prevent patient leakage and external referrals

- **Private Practice**
  - A way to deal with after hour services

- **SNFs**
  - Way to prevent unnecessary patient transfers

- **Hospices**
  - A way to humanize the pain of care delivery

- **State Boards**
  - Safety of medical practice

- **State Associations**
  - Protect local physicians livelihood
The Tower of Babylon

The Term “Telehealth”
Does not exist.

For “Telehealth” see
Telemedicine or e-Health
Why is Ambiguity Such an Issue

Motivations

Bills

Scoring

Funding
An Analogy…

How would CBO Score Email?
Challenge #1: Complex Formula

**Access**
- Anytime, Anywhere
- Vs Care Fragmentation

**Cost**
- Avoid ER Visits
- Vs Over-Utilization

**Quality**
- Timely Access to Best Clinicians
- Vs Loss of Physical Exam
Challenge #2: Technology is a Moving Target

By the time the CBO does its calculation, it's obsolete.

- Phones
- Dedicated Stations
- Browsers with webcams
- Mobile Devices
- Inside other Applications
- Inside Medical Devices
Challenge #3: Jurisdiction Over The Practice of Medicine

- States vs. Federal Policy
  - FSMB - Cross-State Licensure
  - Medical Boards - jurisdiction on quality
  - Medical Associations – protecting the guild
  - Medicaid State Exemptions - payment
Challenge #4: What’s Included in Telehealth?

- Urgent Care On Your Phone
- Follow-up with Your Cancer Patient
- Tele-stroke
- Apple Heart Study
## Challenge #5: Mixed Roles

<table>
<thead>
<tr>
<th>WHO</th>
<th>WHAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employers</td>
<td>Purchased Coverage</td>
</tr>
<tr>
<td>Health Plans</td>
<td>Managed Healthcare Coverage and Risk</td>
</tr>
<tr>
<td>Delivery Systems</td>
<td>Care for Patients</td>
</tr>
<tr>
<td>Pharmacy and Retailers</td>
<td>Dispense Rx and Supplies</td>
</tr>
</tbody>
</table>

**The Old Days**

**Now**

- **Payer**: Empire + NewYork-Presbyterian
- **Employers**: American Express
- **Pharmacy**: Walgreens
- **Delivery System**: Payer
“altogether now” is not always a good thing...
Today’s Agenda

- The State of the Union
- Establishing Clarity
- Instruments of Change
3 Types of Telehealth

Acute Care Telehealth
- Typically On-demand care
- Success: Online Experience

Value to Consumers: Access, Convenience
Value to Payers: ER substitution

Follow-Up Telehealth
- Typically Scheduled visits with own Patients
- Success: Workflow Integration

Value to Patients: Care Continuity, Quality
Value to Providers: Readmission, Reduced Risk

Provider-to-Provider
- Typically Inpatient Consults
- Success: Load Balancing

Value to Patients: Timely Right Care
Value to Health Systems: staffing Cost Efficiency
Telehealth: Care Delivery Over Technology

- Acute Care Telehealth
  - Urgent Care
  - Behavioral Health
  - Dermatology

- Follow-Up Telehealth
  - Post Surgical Follow Up
  - Cancer Care
  - Chronic Patient Care

- Provider-to-Provider
  - Tele-Stroke, Tele-ICU
  - Tele-Psych
  - SNFs, Schools

Care Delivery over Technology
What’s Not Telehealth

Self Help
- Self assessment
- Triggered Content
- Home Biometrics
- Wellness Trackers

Data Services
- Monitoring
- Pop. Analytics
- AI
- Alerts and Feedback

Care Delivery over Technology

Acute Care Telehealth
- Urgent Care
- Behavioral Health
- Dermatology

Follow-Up Telehealth
- Post Surgical Follow Up
- Cancer Care
- Chronic Patient Care

Provider-to-Provider
- Tele-Stroke, Tele-ICU
- Tele-Psych
- SNFs, Schools
It’s Traditional Medical Practice

Care Delivery over Technology

*WHAT* CARE  *WHEN* DELIVERED  *WHY* DELIVERED  *BETWEEN* WHOM  *HOW* DELIVERED
From **Product**
Quick way to see a doctor

To **Competency**
Digital Distribution of Healthcare
Why is the leap so important?

Data as product

Data as competency
Why is the leap so important?

Focus on Books (a product)

Focus on Distribution (A competency)
Where Could We Go if We embraced Telehealth as a Competency
National Load-Balancing
Replenish the Clinician Pool

- Practice from Home
- As much as you like
- Whenever you like
Care Coordination Centers helping local PCPs deliver best-practice care of complex conditions
Complex Cancer?

Sloan Kettering
Connecting to Provider offices across U.S.
Health Insurance Starts Here!

Treatment Options

- ER Substitution
- PBM
- Network Management
- Gatekeeping
- Referral Management
National NIITB Programs

Enrollment

Detection

Intervention

Apple Heart Study

Apple has created an innovative research study using data from Apple Watch to accelerate discovery in heart science. We are conducting this study with Stanford Medicine to improve the technology used to identify irregular heart rhythms. Early diagnosis and treatment of irregular heart rhythms may prevent serious heart complications including strokes. Thank you for participating.

Irregular Heart Rhythm Observed

APPLE HEART STUDY

Tom Higgins
Graceful Aging at Home

- Stress/Depression Therapist
- Eating Disorders/Substance Abuse Nutrition/Social Work
- Coping/Compliance Others
- Others
Reimagine Patient “Support”

Endless Patient Support
Intractable Lower Back Pain
Talk Now

<table>
<thead>
<tr>
<th>Clinicians</th>
<th>Patients Like You</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jody Hyatte</td>
<td>Beth Patient</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>$50.00</td>
</tr>
<tr>
<td>Jim Teal</td>
<td>Laura Patient</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>$50.00</td>
</tr>
<tr>
<td>Lisa Rhea</td>
<td>Marie Patient</td>
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<tr>
<td>Chiropractor</td>
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<tr>
<td>Paul Milsap</td>
<td>Clair Patient</td>
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<tr>
<td>Chiropractor</td>
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Reimagine Patient “Support”
Healthcare as an Export

• We will be in a position to export healthcare
• Mayo and Cleveland Clinic are already opening campuses all over the world, leveraging their brand names
Not Without Challenges...

Quality

Zappos.com

PCI Credit Card Rules

Trust

PayPal

Shipment Tracking

Fulfillment

No Question Returns
Today’s Agenda

• The State of the Union

• The Future State of the Union

• Instruments of Change
Alignment is Key
#1 : Clear, Timeless Definition

**Telehealth**
is the delivery of care over technology
Telehealth
Is a logistical infrastructure for distribution of healthcare
Telehealth
Is a method of delivering Traditional care
Use Modifiers if needed, but not CPT codes
#4: There are no “Places of Service”

Its where the Internet Is

Remove “Originating Sites”

Remove “Geographies”

Repeal 1834M
#5: Like the embrace of EMRs, Incentives work!

Digital Distribution effects access, cost and quality.

Add Telehealth to Meaningful Use.
Proliferate the understanding of safe use of telehealth in medical practice

Introduce telehealth to Medical training curriculum and USMLE
18% of the electorate is unable to access telehealth

Make healthcare less painful
Are we there yet?
The Domino Effect