VideoHealth™ is the Future and the Future is Now
Integration of Telehealth
Understanding WHY we care,
Enables What and How we do it.

Eric I. Mitchell, MD, MA, FACPE, CPE
The **WHY** of DSRIP

• A key component of health care transformation is the provision of high-quality primary care for all Medicaid recipients, and uninsured, including children and high-needs patients. This project will address those providers who are not otherwise eligible for the necessary support or resources for practice advancement as well as those providers with multiple sites that wish to undergo a rapid transformation by achieving NCQA 2014 Level 3 Patient Centered Medical Homes (PCMHs) or Advanced Primary Care Models by the end of Demonstration Year 3 (DY 3).
Performing Provider Systems undertaking this DSRIP project, while focused on the full range of attributed Medicaid recipients and uninsured, should place special focus on ensuring children and parenting adults, and other high-needs populations have access to high-quality care, including integration of primary, specialty, behavioral and social care services.
The Delivery System Reform Incentive Payment (DSRIP) Program is one component of the New York's Comprehensive Medicaid Waiver as approved by the Centers for Medicare & Medicaid Services (CMS)
DSRIP cont.

• DSRIP is a demonstration program designed to result in better care for individuals (including access to care, quality of care, health outcomes), better health for the population, and lower costs by transitioning hospital funding to a model where payment is contingent on achieving health improvement goals. Outcomes not Volume!
DSRIP has evolved to provide temporary support to help states and providers implement delivery and payment reforms.

**Current State – Medicaid Payment Issues**
- In many states, low rates and "vanilla" managed care, still paying on a fee for service basis
- States expanding managed care looking for ways to preserve supplemental payments
- States seeking federal funds to help providers accomplish system transformation

**Evolution of DSRIP as a Payment Vehicle**
- Payments tied to self-sustaining delivery system improvement efforts
- Creates accountability for states and providers to improve health outcomes over time
- Long-term goal is to improve care/population health and achieve sustainability
### Accessing Transformation through Federal Initiatives

<table>
<thead>
<tr>
<th>State Innovation Models (SIM)</th>
<th>CMMI Innovation Grants</th>
<th>1115 Demonstration Waivers &amp; DSRIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Testing Grants</td>
<td>107 Grants – Round 1</td>
<td>7 State DSRIPs</td>
</tr>
<tr>
<td>35 Design Grants</td>
<td>39 Grants – Round 2</td>
<td></td>
</tr>
<tr>
<td>$900 million</td>
<td>$1.2 billion</td>
<td>$34.1 billion</td>
</tr>
</tbody>
</table>
Six Keys to DSRIP - The Why and What

<table>
<thead>
<tr>
<th>Goals</th>
<th><strong>Sustainable Transformation</strong>: Help support Medicaid providers to move along a path to value-based health care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding</td>
<td><strong>New Uses of Federal Funds</strong>: States are otherwise hard-pressed to secure funds for the infrastructure and other costs associated with delivery reform.</td>
</tr>
<tr>
<td>Targets</td>
<td><strong>Super Utilizers</strong>: State specified targets for improving the quality of care delivered and the distribution and efficiency of Medicaid dollars spent.</td>
</tr>
<tr>
<td>Emphasis</td>
<td><strong>Care Coordination</strong>: Ensure providers have the incentives and tools to coordinate care for Medicaid beneficiaries.</td>
</tr>
<tr>
<td>Payments</td>
<td><strong>Performance Based</strong>: DSRIP is an incentive program, not a grant program; providers receive funding if they reach process and outcome goals.</td>
</tr>
<tr>
<td>Measures</td>
<td><strong>Quality Counts</strong>: Participants in DSRIP initiatives must collect, assess, monitor, and report on quality measures.</td>
</tr>
</tbody>
</table>

**DSRIP is intended to be time limited, with investments leading to a self-sustaining, high-quality, efficient system of care for the Medicaid population**
Medicaid has also played a historic role of meeting care needs of special populations.

With ACA, Medicaid shifts to broad-based coverage.
Seven States are Implementing DSRIP Programs

- **California**
  - Approved in 2010 for $6.67b; renewed in 2015 for $7.46b

- **Texas**
  - Approved 2011 for $11.4b

- **Massachusetts (DSTI)**
  - Approved in 2011 for $630m; extended for 2015-2017 for $690m

- **Kansas**
  - Approved in 2014 for $6.42b
  - Approved in 2013 for $100m, implemented in 2015

- **New York**
  - Approved in 2016 for $150m
  - Approved in 2014 for $6.42b
  - Approved in 2012 for $666m

- **New Hampshire**
  - Approved in 2016 for $150m

- **Washington**
  - Plans to implement in 2016, pending waiver approval

- **New Jersey**
  - Approved in 2012 for $666m

- **Alabama**
  - Waiver pending

- **Illinois**
  - Waiver pending

DSRIP Fundamentals
Federal Blueprint to “Successful” DSRIP Programs

- Transformation of the Delivery System
- Financial Sustainability
- Meaningful Cost-Savings

Value-Based Payment Model: 90% value-based payments in managed care contracts by Year 5 and commitment from MCOs to support DSRIP ongoing

Statewide goal to reduce avoidable hospitalizations by 25% in 5 years

Formation of accountable, integrated provider networks participating in clinical projects that improve health in targeted areas
Pressure on State Budgets is Significant

Total expenditures on Medicaid are rising; impact on State General Funds varies

**Total State Expenditures by Function, FY 2014**

- Medicaid: 25.6%
- Corrections: 3.2%
- Public Assistance: 1.5%
- Higher Education: 10.5%
- Elementary & Secondary Education: 19.8%
- Transportation: 7.9%
- All Other: 31.5%

**Total General Fund Expenditures by Function, FY 2014**

- Medicaid: 19.3%
- Public Assistance: 1.4%
- Higher Education: 9.7%
- Elementary & Secondary Education: 35.0%
- Transportation: 0.6%
- All Other: 26.9%

*Medicaid expenditures expected to increase by 15% in FY15*

*State general funds Medicaid expenditures expected to increase by 4.8% in FY15*

*Source:* National Association of State Budget Officers State Expenditure Report
Growth in Medicaid Role and Market

Medicaid is now single largest source of health insurance in the nation

U.S. Health Insurance Enrollment by Source

Pre-ACA in 2013
- ESI: 47%
- Medicaid: 16%
- Medicare: 15%
- Uninsured: 14%
- Other Private: 6%

Projected in 2015
- ESI: 47%
- Medicaid: 22%
- Medicare: 15%
- Uninsured: 7%
- Other Private: 4%
- Exchanges: 4%

Source: National Health Expenditure Projections 2011-2021
YOUR NEW HEALTHCARE CONNECTION

• TELEHEALTH IS THE FUTURE AND THE FUTURE IS NOW (SB 7852)
• BRIDGING THE MEDICAL INSTITUTION WITH WORK & HOME
• CUTTING COST AND INCREASING WELL-BEING “TELE-WELL-BEING”
Medicaid Programs Undergoing Transformation

States are pursuing various combinations of reforms in their Medicaid programs that:

- Tie Medicaid service payments to delivery of value/outcome rather than volume of services
- Emphasize care management
- Integrate care across the continuum, particularly behavioral health, LTSS integration
- Align with broader healthcare reform efforts in the state
- Utilize support from the Federal government and other entities where appropriate
- Assure long-term Medicaid program sustainability

Elements of Transformation

- Medicaid Coverage Expansion
- Federal Transformation Support Vehicles
- Proactive Purchasing and Payment Reform
- Delivery System Redesign
Payment for Value Versus Payment for Services

Shifting from funder, to purchaser, to leader

- Increased use of **managed care** with expansion of covered benefits and high need populations; increased contracting requirements

- Shift from paying for volume to **paying for value** with focus on **integrating care** especially for physical and behavioral health and social supports

- **Aligning** public and private insurance; **leveraging Medicaid** to drive multi-payer reform
Core Drivers of DSRIP

✓ **Incentives:** funding earned based on *achieving specific performance levels*

✓ **Collaboration:** health and social service providers work together to design and deploy projects

✓ **Innovation:** bringing evidence-based delivery models to scale across communities

✓ **Outcomes:** success based on the impact of programs on patient outcomes and satisfaction vs. the volume of encounters
## A Future of Value-Based Payments
The State Vision... Build From & Reinforce DSRIP Transformation

### DSRIP Aim: Improve Core Population and Patient Outcomes

- ✔ Reduce potentially avoidable (re)admissions
- ✔ Reduce potentially avoidable ER visits
- ✔ Reduce other potentially avoidable complications (diabetes complications, patients at-risk for becoming multi-morbid, crisis stabilization)
- ✔ Improve Patient experience (CAHPS)

### Payment Reform Goal: Move to Value Based Payments

- ✔ By 2019, all MCOs must employ non-fee-for-service payment systems that reward value over volume for at least 90% of their provider payments
- ✔ CMS Waiver requirement
- ✔ Needed to ensure that delivery transformations will be sustainable
- ✔ Required to ensure that “value-destroying” care patterns (avoidable admissions, ED visits, etc) do not simply return when the DSRIP funding stops in 2020)
Scale and Speed... How “Big” & “Fast” are we going?

Project plans needed to balance “going big and going fast” with achievable goals.

- Projects with larger scales and faster speed have higher valuations.
- Higher valuation means more funds coming from NYS

- The PPS’ will be held to these goals for future payments. – are these goals achievable?
- PPS’ commits to set themselves and partners for success.
A Future of Value-Based Payments
Strategy... Three Care Models

**Integrated Primary Care**

**Characteristics**
- Continuous in nature
- Strongly population-focused
- Based in the community
- Prevention oriented
- Primary source of care for most everyday care needs

**Examples**
- Behavioral primary care, Patient-Centered Medical Homes (PCMH) and Advanced Primary Care (APC) models

**Episodic Care**

**Characteristics**
- Services for limited periods of time for a specific health problem or condition

**Examples**
- Medicaid maternity care

**Continuous Care**

**Characteristics**
- Needed when patients become chronically ill and they require ongoing, dedicated specialized services

**Examples**
- Involve evidence-based disease management for an individual condition (e.g., asthma, diabetes, renal care, and HIV/AIDS) or for co-morbid conditions.

Electronic Behavioral Health Assessments
The Problem: Doctor shortage, increased demand could crash health care system...CNN

70%

National Average Cost for Emergency Room visit

$1318

63%

Physician Access

of Americans report difficulty accessing their Primary Care Physicians on NIGHTS, WEEKENDS, and HOLIDAYS.

Physician Shortage

According to the Association of American Medical Colleges (AAMC), unless something changes rapidly, there will be a shortage of 45,000 primary care doctors in the United States (as well as a shortfall of 46,000 specialists) by 2020.

Emergency Room Visits

Studies show as much as 70% of all doctor office and emergency room visits are unnecessary and could be resolved with a consultation with a doctor by phone or email. The expense associated with these visits is being passed to payers, creating opportunity for companies offering efficient healthcare access solutions.

45,000

Average appointment wait times (IN DAYS) for five medical specialties included in the most recent Merritt Hawkins Survey

- Seattle 14.2
- Portland 14.4
- Minneapolis 19.8
- Detroit 12.0
- Denver 15.4
- Los Angeles 24.2
- San Diego 20.2
- Boston 46.9
- New York 19.2
- Philadelphia 27.0
- Washington D.C. 22.6
- Atlanta 11.2
- Dallas 19.2
- Houston 23.4
- Miami 15.4
COMMUNICATION NEW

REAL TIME

• Audio/video message

• Conference calls

• Mobility

FACE TO FACE
Global Telemedicine Market to Reach $21 Billion by 2020

U.S. Telemedicine Market to Reach $6.7 Billion by 2020

32 million consumers will gain access to coverage By 2019

96% of the country is NOT currently using Telemedicine
VideoHealth™ can significantly reduce employee healthcare cost

A recent survey of patients who were provided access to Telemedicine were asked...

“If you had not used Telemedicine, what would you have used?”

- **Primary Care Physician** ...........53%
- **Urgent Care** ............................23%
- **Emergency Room** .................16%
- **Specialist Visit** .......................2%
- **Did Nothing** ............................6%
Compare the Costs

Along with longer wait times, the average Primary Care Doctor visit costs $100, Specialists $130, Urgent Care Centers $155 and Emergency Rooms in excess of $1,300.

<table>
<thead>
<tr>
<th>Visit</th>
<th>Average Cost</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP Visit</td>
<td>$100</td>
<td>$100 SAVINGS</td>
</tr>
<tr>
<td>VideoHealth™</td>
<td>$0</td>
<td>$100 SAVINGS</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$130</td>
<td>$130 SAVINGS</td>
</tr>
<tr>
<td>VideoHealth™</td>
<td>$0</td>
<td>$130 SAVINGS</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>$155</td>
<td>$155 SAVINGS</td>
</tr>
<tr>
<td>VideoHealth™</td>
<td>$0</td>
<td>$155 SAVINGS</td>
</tr>
<tr>
<td>ER Visit</td>
<td>$1,300</td>
<td>$1,300 SAVINGS</td>
</tr>
</tbody>
</table>
Connecting (Old)

- No Conference calls
- Audio message only (words)
- No Mobility
How it Works

**CONNECT**
Patient calls a dedicated toll-free number or logs on to their member portal to schedule a consultation with a physician licensed in their state.

**TRIAGE**
Member speaks to a Care Coordinator who will triage and update the patient’s Electronic Health Record (EHR) along with all symptoms.

**CONSULT**
Member consults with Physician who recommends a treatment plan. If a prescription is necessary, it’s sent to the pharmacy of your choice.

**CARE CONTINUITY**
The doctor will update the member’s EHR immediately after the consultation. The patient has 24/7 secure access to their member portal.
The U.S. Hispanic population is increasing immensely.

Is your company in step and addressing the needs of this growing marketplace?

✔️ Nationwide network of U.S.-based Spanish speaking Physicians
✔️ English/Spanish secure member health portal/app
✔️ 24/7 Member support in Spanish
✔️ All system generated messages in Spanish

Hispanics will make up 40% of new workers over the next five years

UNINSURED HISPANICS
Have the highest uninsured rates of any racial or ethnic group in the U.S.
FAMILY CIRCLE

LOOKING FOR SOCIAL CONNECTIONS THAT WILL INCREASE OUR WELL-BEING

CAREGIVERS FROM NEAR AND AFAR WITH BARRIER FREE ACCESS—NO COMPUTER NEEDED

EMPOWERING THE PATIENT WITH TELEHEALTH
## Common Services Provided

### Common Conditions

- Cold / Flu
- Sinus Infection
- Upper Respiratory Infection
- Allergies
- Headache
- Bronchitis
- Stomach Ache / Diarrhea
- Fever
- Eye Infection
- Rash / Skin Infection
- Yeast Infection
- Small Wound
- Urinary Tract Infection

### Common Medications Prescribed

- Zithromax (Z-Pack)
- Amoxicillin
- Albuterol
- Augmentin
- Ibuprofen 800mg
- Azithromycin
- Keflex
- Lipitor
- Tamiflu
- Prednisone
- Levaquin
- Metformin
- Biaxin
- Flonase
- Diflucan
- Bacitracin
- Cipro
- Macrobid
- Pyridium

**Telemedicine addresses 73% of the top 25 most common conditions**

**Telemedicine physicians prescribe 82% of the top 25 most common medications**
With VideoHealth™, you can understand and strategically manage your systems healthcare investments, while also arming members with the tools they need to make smarter healthcare decisions.

**24/7 Nationwide Physician Access**
Round-the-clock access to consult with a doctor for advice, recommendations, and a diagnosis

**Private Label Platform**
Your look, your feel, our engine. Turn-key and customized solutions to create a unique experience

**Wearable Device Integration**
View wearable device data such as sleep, exercise, weight, nutrition, blood pressure, and blood glucose

**Cross-Platform Capability**
Access tools across multiple platforms to include mobile, tablets and desktop environments

**Advanced API Technology**
Our Integration Ready technology enhances the platform, creating a dynamic and extensible environment

**Cloud-based Telemedicine Platform**
Enterprise level tools that enable healthcare providers to directly engage with patients remotely

**Patient Engagement Tools**
Marketing Suite provides robust tools to create awareness and drive utilization

**Internationalization Framework**
Multilingual technology opening access to international clientele and launching with the Hispanic market
What Makes VideoHealth™ Different

- Proprietary systems built from the ground up
- 100% HIPAA compliant with quarterly audits
- Internal physician recruitment & credentialing
- Secure online patient portal
- No time limits on consultations
- Call-back time guarantee

- Custom White-Label Solutions
- Systems Integration Ready
- Wearable & Medical Device Integration
- Video & Mobile Technology
- No customer service outsourcing
- On-site bi-lingual and medically trained staff
- Spanish Portal and Website

New Services Starting 4Q 2016

- Proprietary Behavioral Health Platform
- Healthcare Fair Price Checker
- Rx Reminder
- Rx Fair Price Checker

- Patient Advocacy
- Symptom Checker
- Benefit Marketplace
- And more…
Wearable & Medical Device Engagement Engine

Data Generated and Collected:
- Patient population management
- Patient engagement programs
- Wellness challenges
- Community care coordination programs
Explanation of Benefits (EOB) are:

- Double edge sword—just data
- Doesn’t pay medical bills—just data
- Make your luck 777s’—limit data
- Don’t Crap out – control data
VideoHealth™ Technology

- Proprietary video collaboration software
- Supports application sharing, desktop sharing, movie sharing, file sharing, USB device sharing and remote camera control
- Supports extremely low bandwidth
- Requiring only a fraction of the bandwidth of Skype, WebEx, Polycom, Adobe, Cisco, etc.
- Works well over a 3G/EVDO cellular air card

Key Features

- One click application and desktop sharing with remote control and live annotation
- High resolution video & wideband audio
- Multiple Camera Support
- Drag & drop file transfer
- USB medical device sharing and virtualization
- All traffic is encrypted with FIPS 140-2 256 bit AES
- Large scale deployments with fortune 500 and military use.
Mobile Engagement – Phase 2 Initiative

- Access to online care at home, at work or on the go
- Video, Phone & Secure Messaging Consultations
- Complete Medical History
- Document Management
- **Available Q3 2016**
Adding Humanity to Technology

NEW WAYS TO TEACH "HEALTH LITERACY"

• OUT WITH OLD, IN WITH THE NEW
• OLD IS HEALTHCARE, NEW IS WELL-BEING
• CHRONIC DISEASE SYSTEM-VS-PREVENTION
DSRIP Domain Projects addressed by *Wireless Telemedicine* and *Behavioral Health Assessments* include:

- **2.a.i** – Create and integrated delivery system focused on evidence-based medicine and population health management
- **2.b.iii** – ED Care Triage for at risk populations
- **2.b.viii** - Hospital-Home Care Collaborative Solutions
- **2.c.ii** – Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services
- **2.d.i** – Expand access to community-based care special populations
- **3.a.i** - Integration of primary care & behavioral health services
- **3.a.ii** – Behavioral Health Community Crisis Stabilization Services
- **3.a.v** – Behavioral Interventions (BIP) in Nursing Homes
- **4.a.i** - Promote mental, emotional and behavioral well-being in communities.
- **4.a.ii** - Prevent Substance Abuse and Mental Emotional Behavioral Disorders
Bridging Humanity with Technology

• THE GOOD OLD DAYS-AGAIN

• BRINGING FAMILIES TOGETHER

• HOME IS WHERE THE HEART IS

• USING AUDIO-VIDEO
InSide Out

• THE “HOW” and the “WHAT” WILL CHANGE
  The tools of the trade change and technology is out front. Easy to use, plug and play, real time, etc.

• SOMETHINGS NEVER CHANGE,  THE WHY
  WHY is PREVENTION and Well-Being so important?
THANK YOU FOR A NEW DAY