



# TELMED GROUP

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

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# 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).

# WHY DSRIP, cont.

- 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.

# Delivery System Reform Incentive Payment (DSRIP) **The What**

- 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!

# Context for the Emergence of DSRIP

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



Payments tied to self-sustaining delivery system improvement efforts



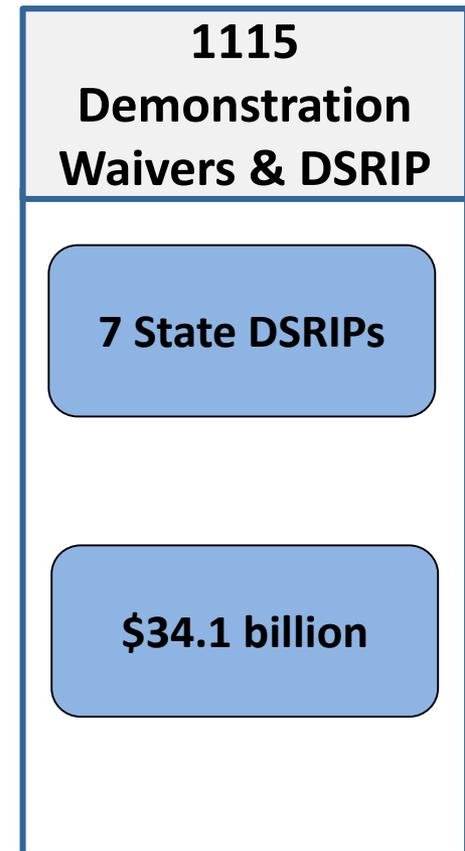
Creates accountability for states and providers to improve health outcomes over time



Long-term goal is to improve care/population health and achieve sustainability

## Evolution of DSRIP as a Payment Vehicle

# Accessing Transformation through Federal Initiatives



# Six Keys to DSRIP - The Why and What

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



***DSRIP is intended to be time limited, with investments leading to a self-sustaining, high-quality, efficient system of care for the Medicaid population***

# Key Turning Points in the History of Medicaid

**Expansions for  
Pregnant Women/  
De-Linked from  
Welfare**  
1984–1989

**Welfare Reform: Eligibility  
For Parents De-Linked  
from Welfare**  
1996

**ACA: Medicaid  
Eligibility and  
Enrollment  
Changes**  
2014

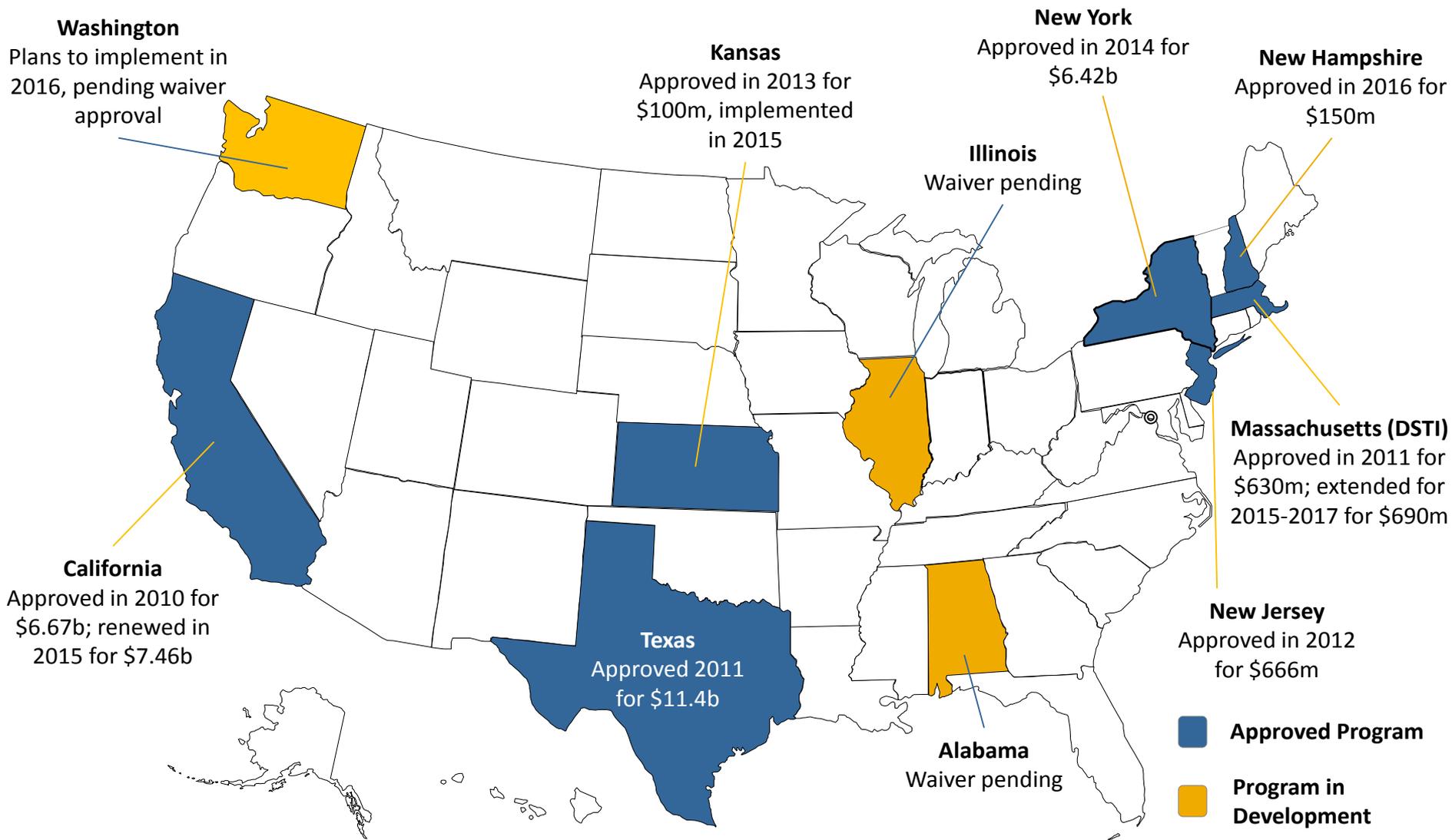
**Expansions for  
Children/De-Linked  
from Welfare**  
1988–1990

**CHIP Created/  
Medicaid Application Process  
Simplified for Children**  
1997+

Medicaid has also played a historic role of meeting care needs of *special populations*

With ACA, Medicaid shifts to broad-based coverage

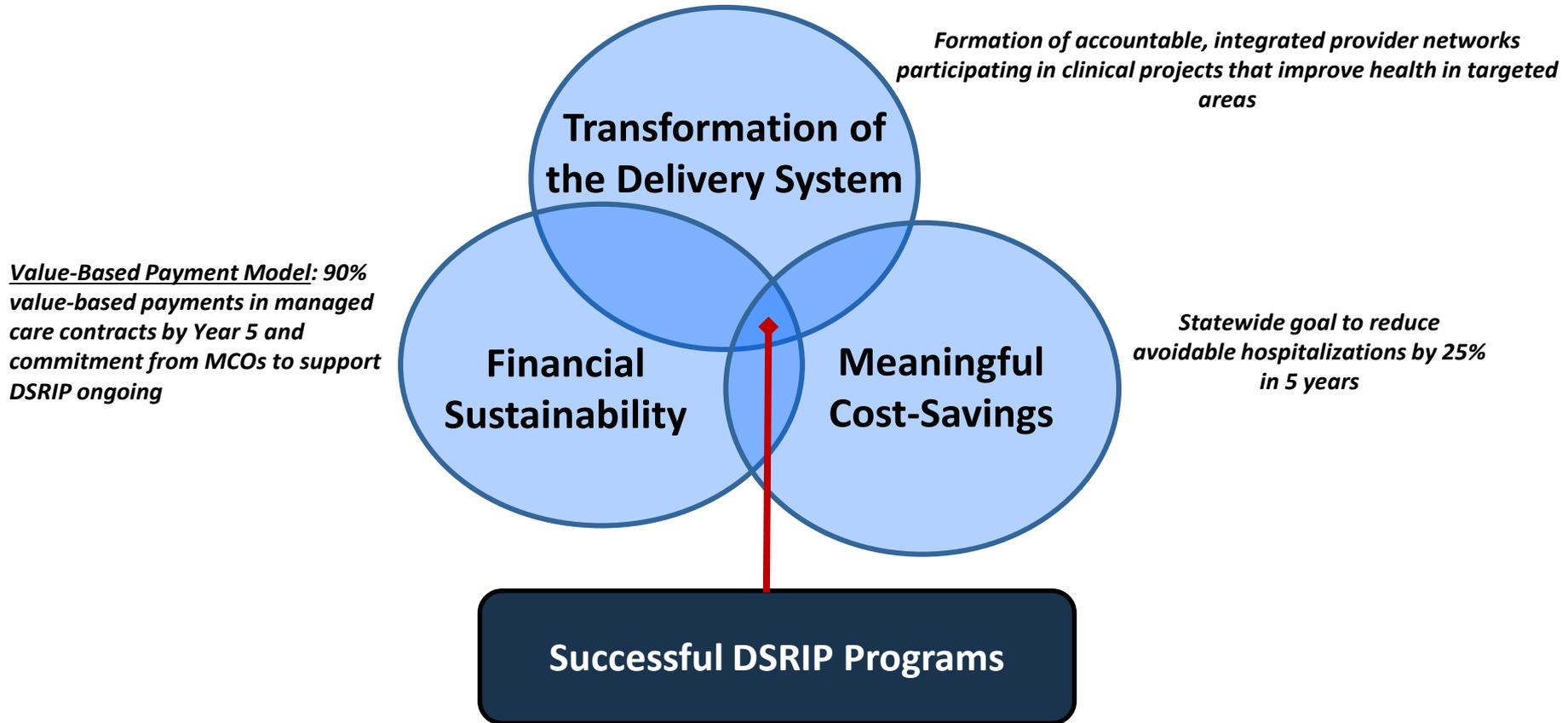
# Seven States are Implementing DSRIP Programs



Sources: Kaiser Family Foundation, 2015. *Key Themes from Delivery System Reform Incentive Payment Waivers in 4 States*. <http://kff.org/medicaid/issue-brief/key-themes-from-delivery-system-reform-incentive-payment-dsrp-waivers-in-4-states/>; America's Essential Hospitals, 2013. *Medicaid Payments to Incentive Delivery System Reform*. <http://essentialhospitals.org/wp-content/uploads/2014/02/FINAL-DSRIP-Presentation-12-17.pdf>; Department of Health and Human Services, 2015. <https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ca/medi-cal-2020/ca-medi-cal-2020-ca.pdf>; New York: [http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/](http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/).

# DSRIP Fundamentals

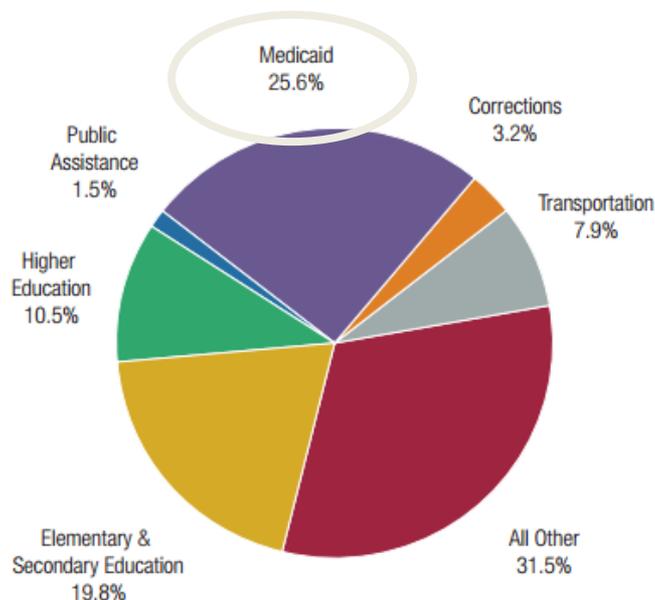
## Federal Blueprint to “Successful” DSRIP Programs



# Pressure on State Budgets is Significant

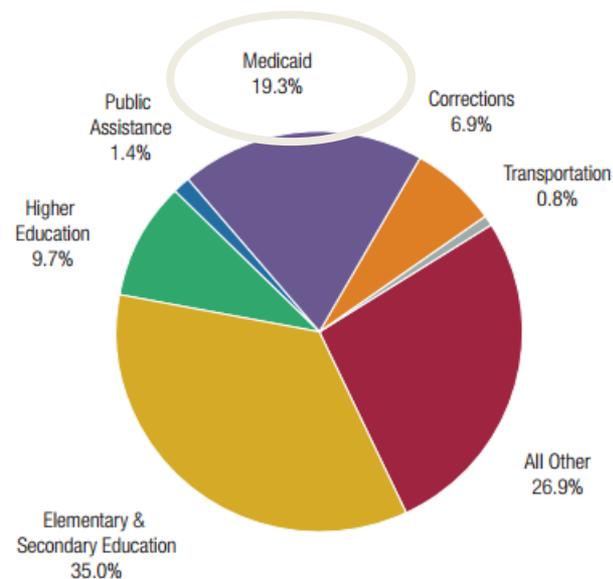
Total expenditures on Medicaid are rising; impact on State General Funds varies

### Total State Expenditures by Function, FY 2014



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

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

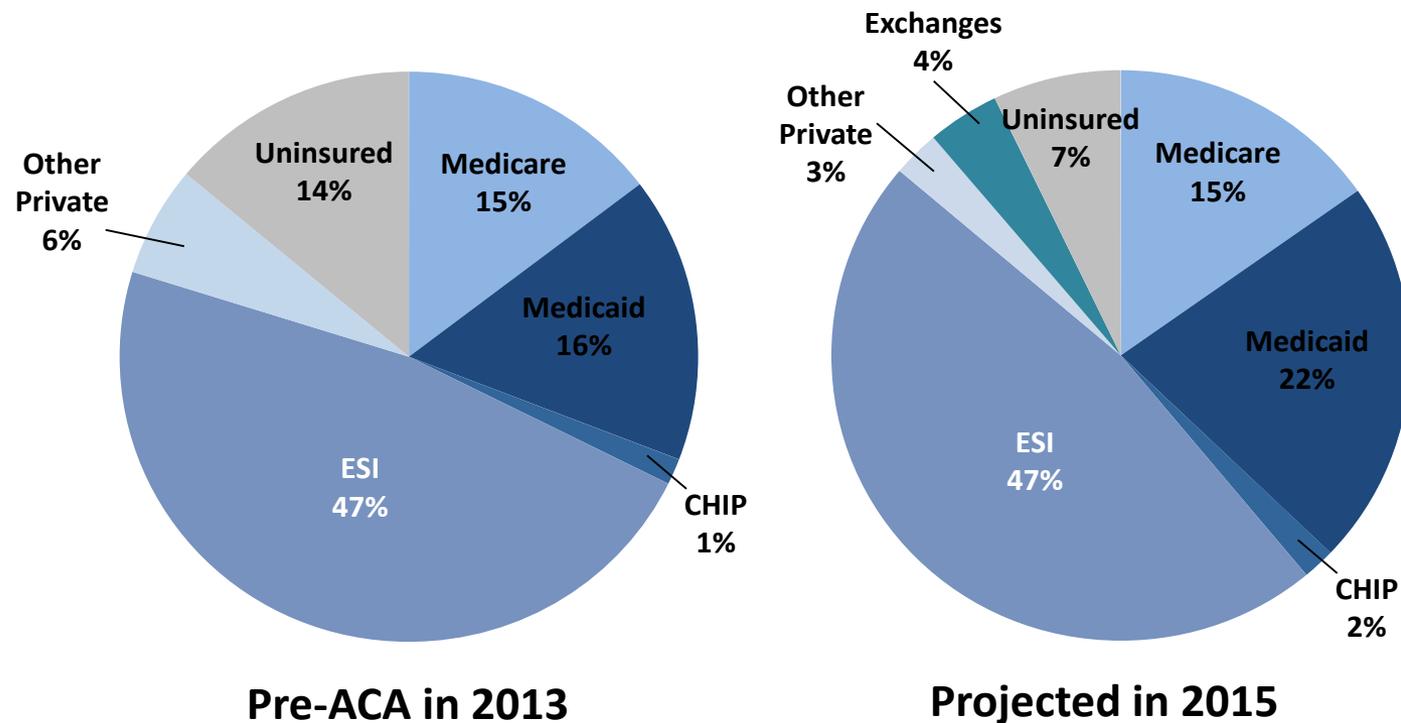


*State general funds Medicaid expenditures expected to increase by 4.8 % in FY15*

# 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



Source: National Health Expenditure Projections 2011-2021

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/Proj2011PDF.pdf>

# YOUR **NEW** HEALTHCARE CONNECTION

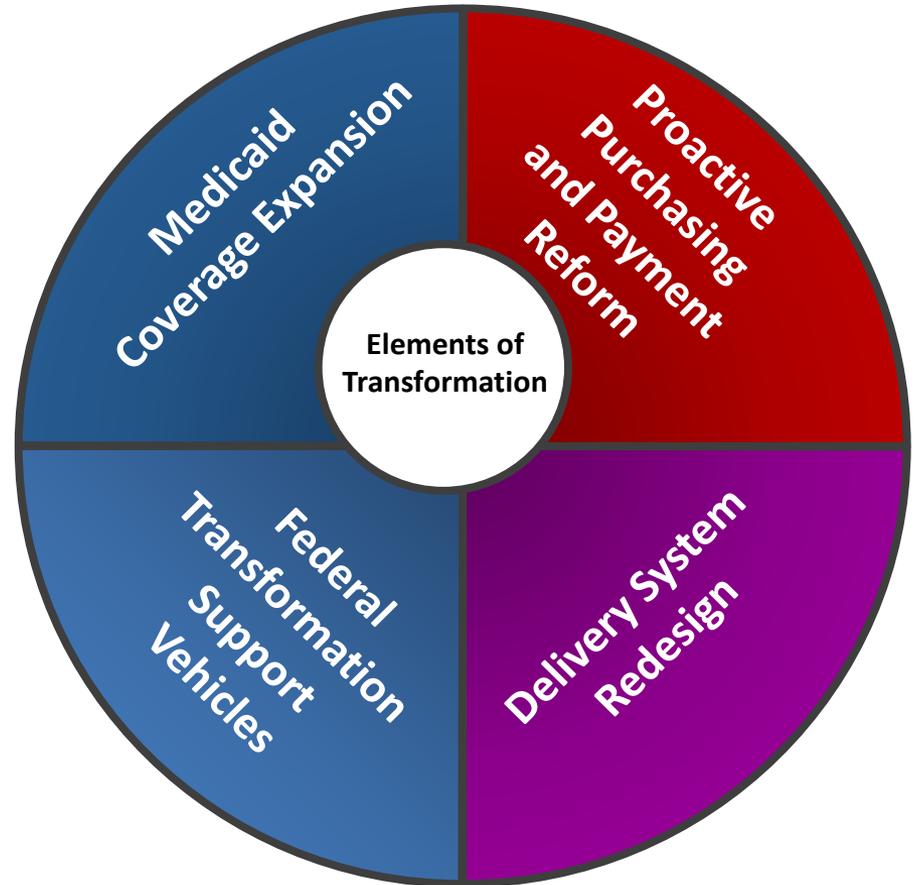
- TELEHEALTH IS THE FUTURE AND THE FUTURE IS NOW (SB 7852)
- BRIDGING THE MEDICAL INSTITUTION WITH WORK & HOME
- CUTTING COST AND INCREASING WELL-BEING “TELE-WELL-BEING”



# 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



# 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

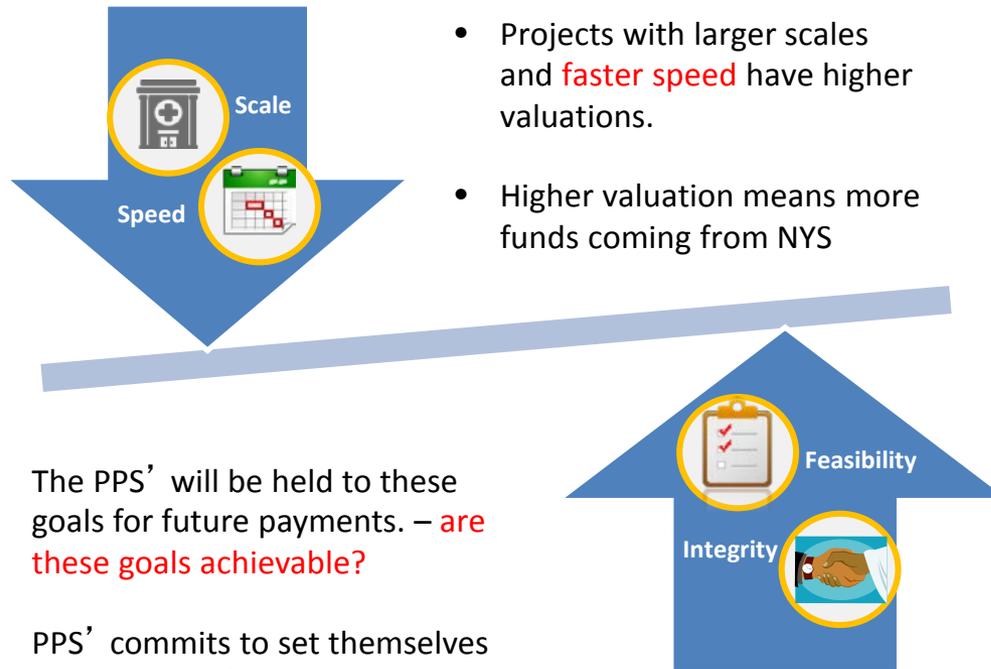
- ✓ **Reduce potentially avoidable (re)admissions**
- ✓ **Reduce potentially avoidable ER visits**
- ✓ **Reduce other potentially avoidable complications (diabetes complications, patients at-risk for becoming multi-morbid, crisis stabilization)**
- ✓ **Improve Patient experience (CAHPS)**

**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?

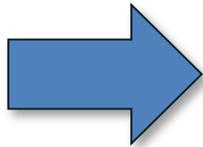
Project plans needed to balance “going big and going fast” with achievable goals.



# 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

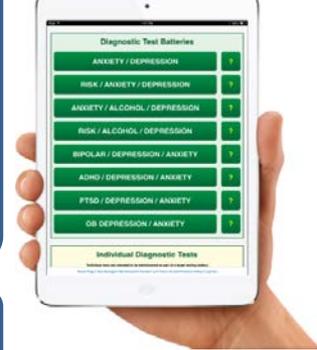
### Characteristics

- 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



## 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 e-mail. The expense associated with these visits is being passed to payers, creating opportunity for companies offering efficient healthcare access solutions.



National Average  
Cost for Emergency  
Room visit



## 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.



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



# COMMUNICATION NEW

## REAL TIME

- Audio/video message
- Conference calls
- Mobility

## FACE TO FACE



# DSRIP – Entering a fast-growing market



**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**



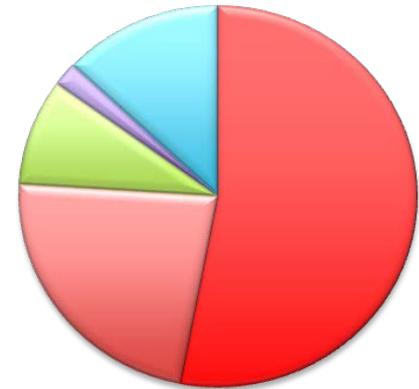
**of the country  
is **NOT**  
currently  
using  
Telemedicine**

# 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%**



- PCP Visit
- Urgent Care
- Emergency Room
- Specialist Visit

# Compare the Costs

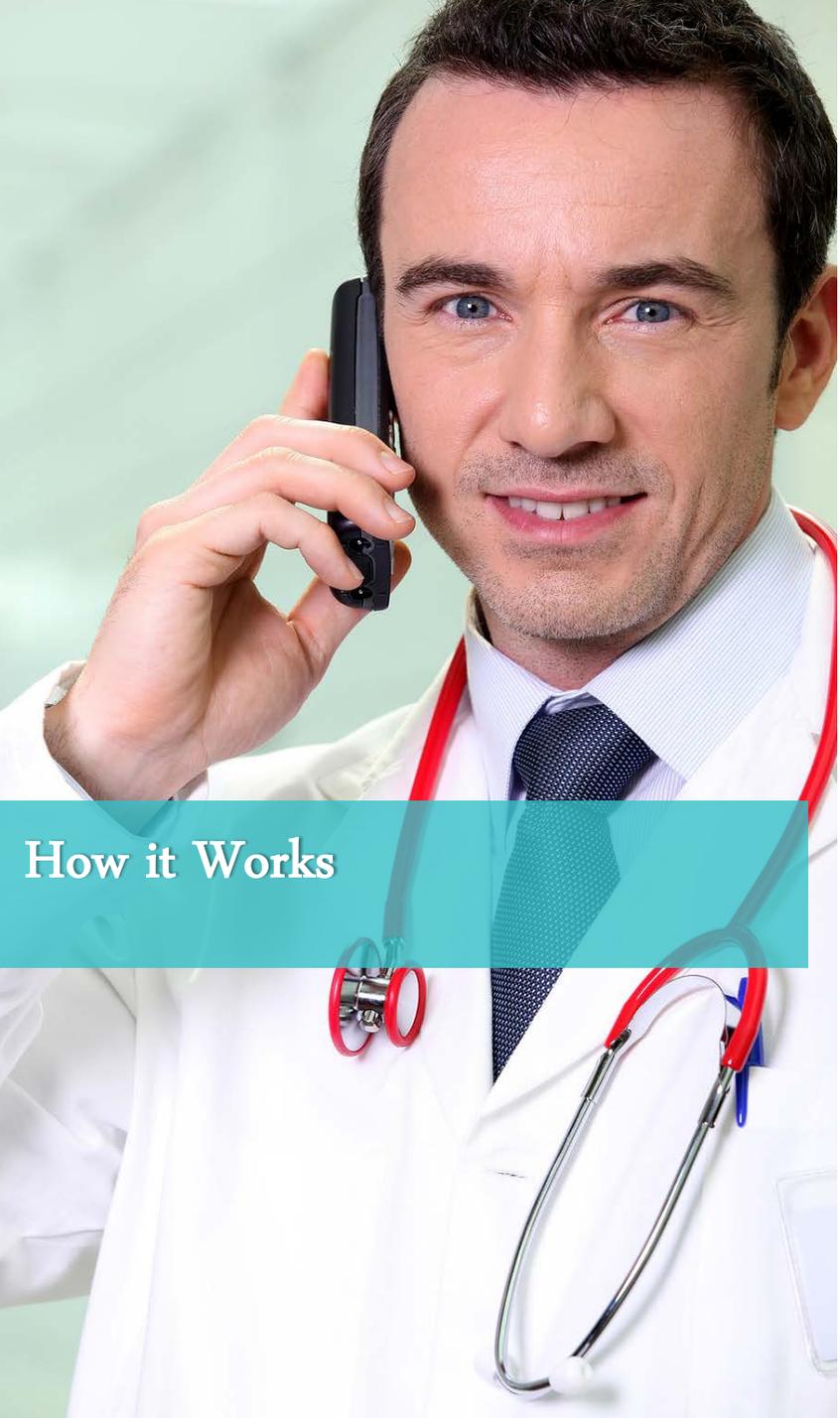
Along with longer wait times, the average Primary Care Doctor visit costs **\$100**, Specialists **\$130**, Urgent Care Centers **\$155** and Emergency Rooms in excess of **\$1,300**.



# 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.





Provide your employees or members with a complete  
Telemedicine Experience  
in Spanish.

## 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

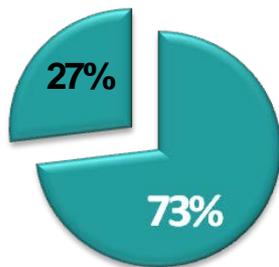


# Common Services Provided



## 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

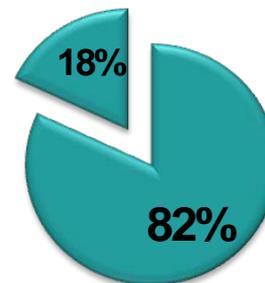


Telemedicine addresses 73% of the top 25 most common conditions



## Common Medications Prescribed

- ✓ Zithromax (Z-Pack)
- ✓ Amoxicillin
- ✓ Albuterol
- ✓ Augmentin
- ✓ Ibuprofen 800mg
- ✓ Azithromycin
- ✓ Keflex
- ✓ Lipitor
- ✓ Tamiflu
- ✓ Prednisone
- ✓ Metformin
- ✓ Flonase
- ✓ Diflucan
- ✓ Bactrim
- ✓ Cipro
- ✓ Lisinopril
- ✓ HCTZ
- ✓ Levaquin
- ✓ Biaxin
- ✓ Allegra
- ✓ Nasonex
- ✓ Tessalon
- ✓ Macrobid
- ✓ Pyridium



Telemedicine physicians prescribe 82% of the top 25 most common medications

# Platform Features

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

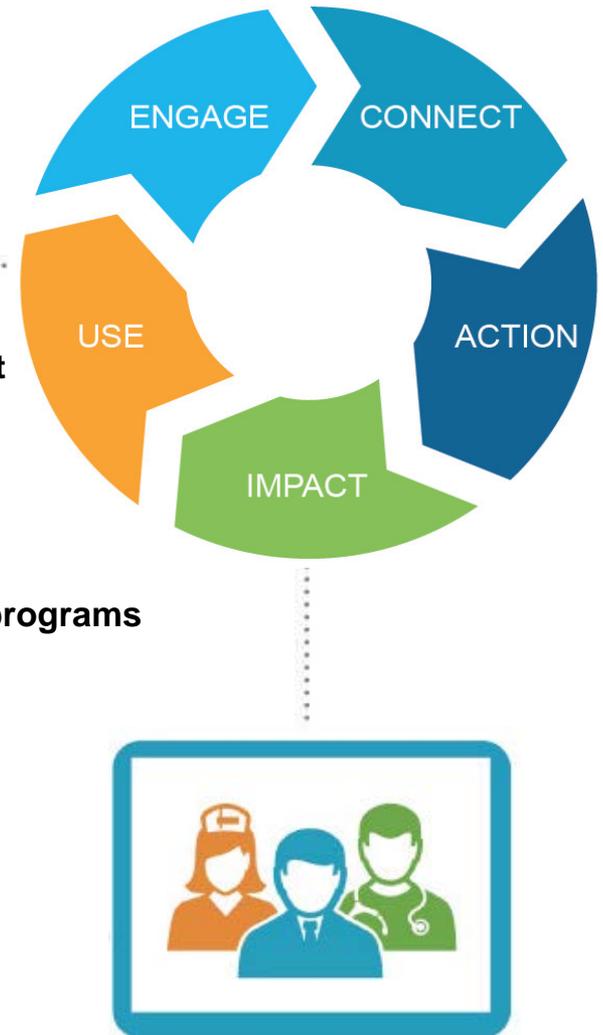
- Proprietary Behavioral Health Platform
- Patient Advocacy
- Healthcare Fair Price Checker
- Symptom Checker
- Rx Reminder
- Benefit Marketplace
- Rx Fair Price Checker
- And more...

# Wearable & Medical Device Engagement Engine



## Data Generated and Collected

- ✓ Patient population management
- ✓ Patient engagement programs
- ✓ Wellness challenges
- ✓ Community care coordination programs





# YOUR MEGAPHONE

Speak clearly and you will be heard

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

