



Seeing your doctor just got
a whole lot easier.

*Introducing remote exams and
telehealth visits from the comfort of home.*



Telehealth and a Home Device

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Who is Allied



- Physician Owned, Physician Led
- 150+ Providers
- 35+ Locations
- Primarily Pediatrics, Asthma, Allergist, Pulmonologist, Behavioral Health
- Same Technologies Used: EMR, PM, Additional Technologies



Why

Meet patients where they are!

The National Business Group on Health in 2016 surveyed 133 large companies employing 15 million Americans about their benefit practices: An astounding 90% said they expect to make at least some telemedicine services available to their workers in that year. By 2019, nearly all of them will.

If you don't
innovate fast,
disrupt your
industry, disrupt
yourself, you'll
be left behind.

- John Chambers
(Cisco)

If their PCP does not offer video visits

- 20% of consumers would switch to a PCP that offered video visits
- 26% in 18-34 year olds
- 34% for parents of children under 18



Average time from call to visit = 18.4 days (across all modalities)

Average in-office visit = 121 minutes (20 minutes spent seeing the doctor, remaining 101 minutes spent traveling to and from the office and sitting in the waiting room)

Average video visits = 15 minutes (5 minutes waiting and 8-10 minutes seeing the doctor)



Process

- The idea
- The committee
- The players
- The technology

Culture



- Forward Thinking
- Modern
- Advanced
- New Opportunities

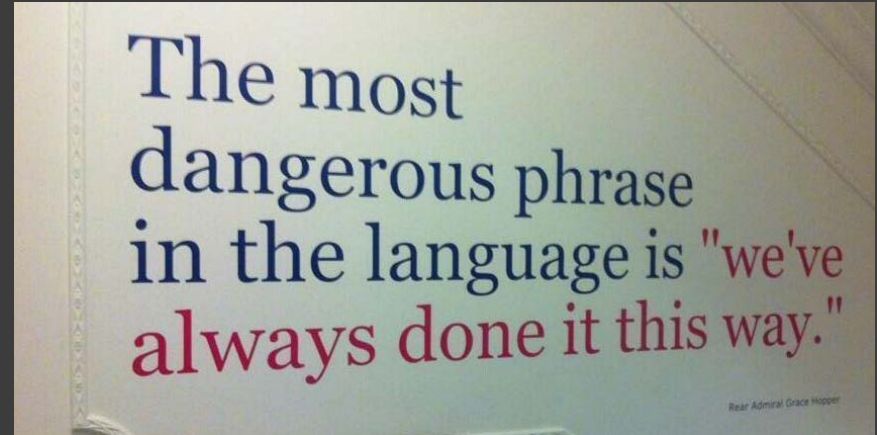


myalliedtelehealth

Powered by:



Telehealth & A Home Device



Challenges/Limitations



Barriers

Technology: Lack of devices,
Connectivity, Interoperability,
Compliance

Operational: Contracting, Resources
to train-patients, staff, providers,
Institutional interest, Federal/State
regulations (Medicaid), Licensing,
Sustainability of model, Expansion

Provider: Reimbursement, Provider
Interest, Lack of Provider Time

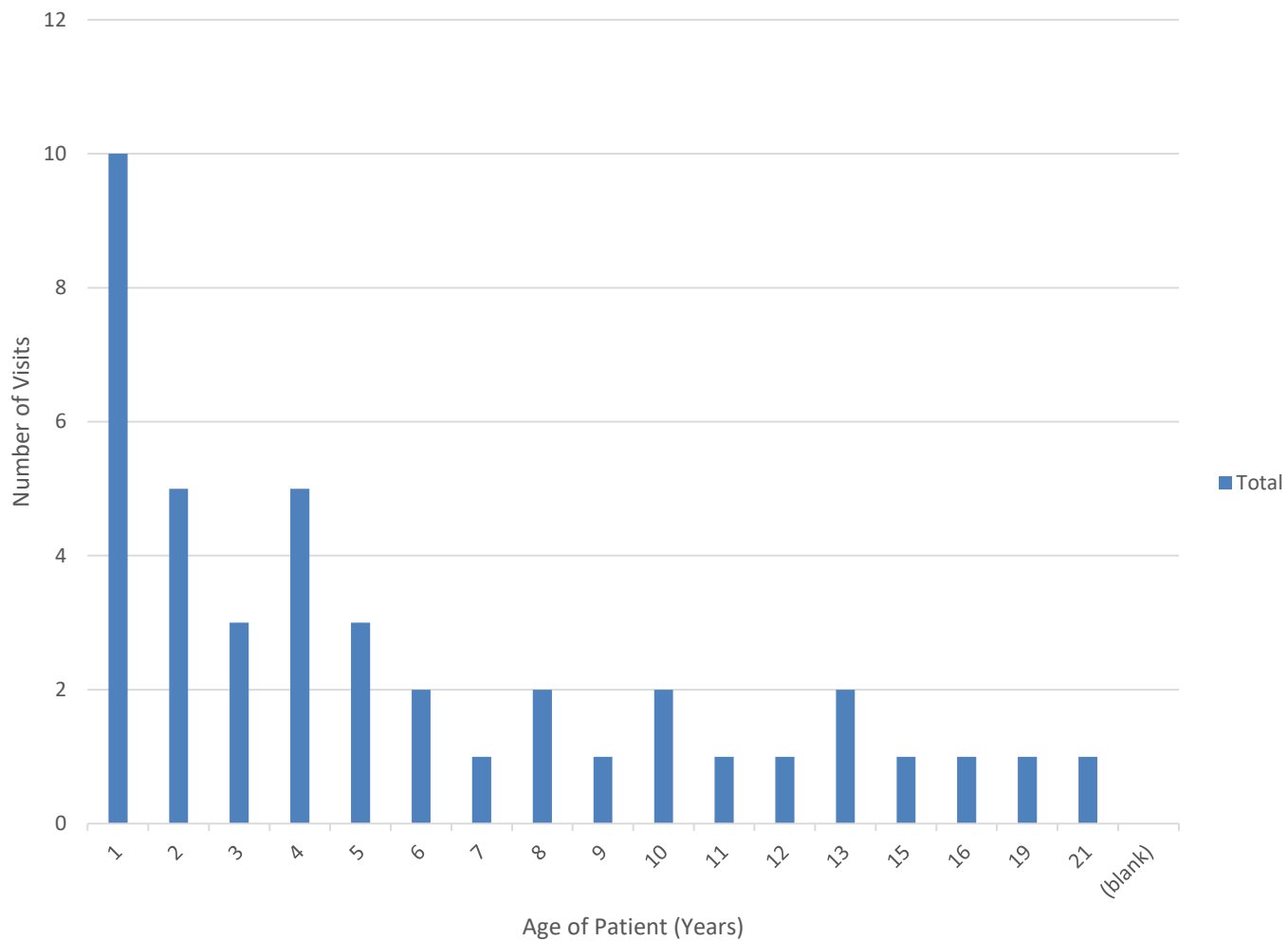
The Provider's Perspective



- APG MD participation:
 - CEO, CCO, CQO – Buy in from the leadership, participation from inception
 - Early Adopter Divisions
 - MD leadership, Motivated Office managers/staff, superuser model
 - Well orchestrated Demo
 - Well defined workflows, including MD and staff training
- Not without challenges: Reimbursement, Provider Interest, Lack of Provider Time, Program Expansion

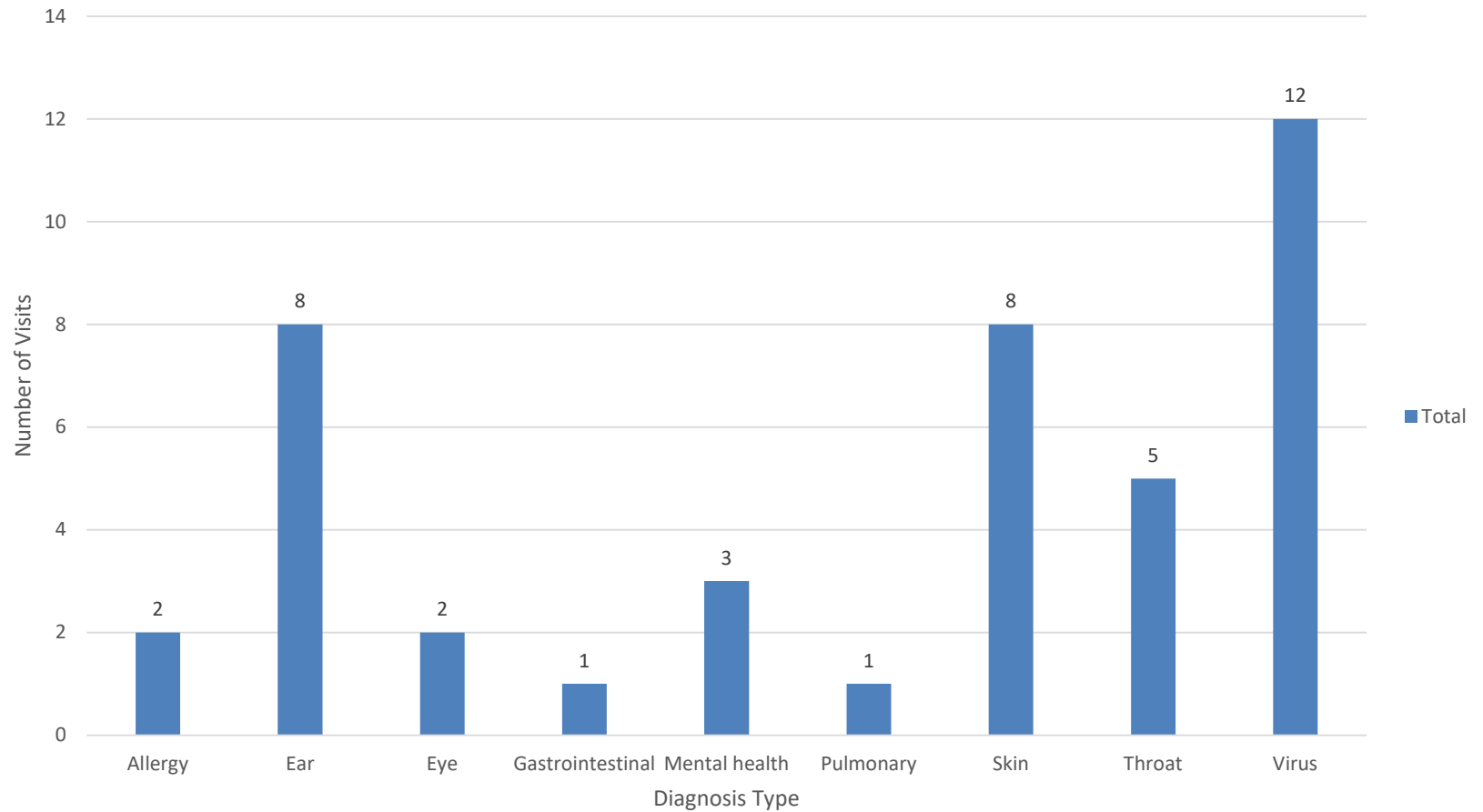


Visit Numbers by Age of Patient (Years)





Visit Number by Type of Problem

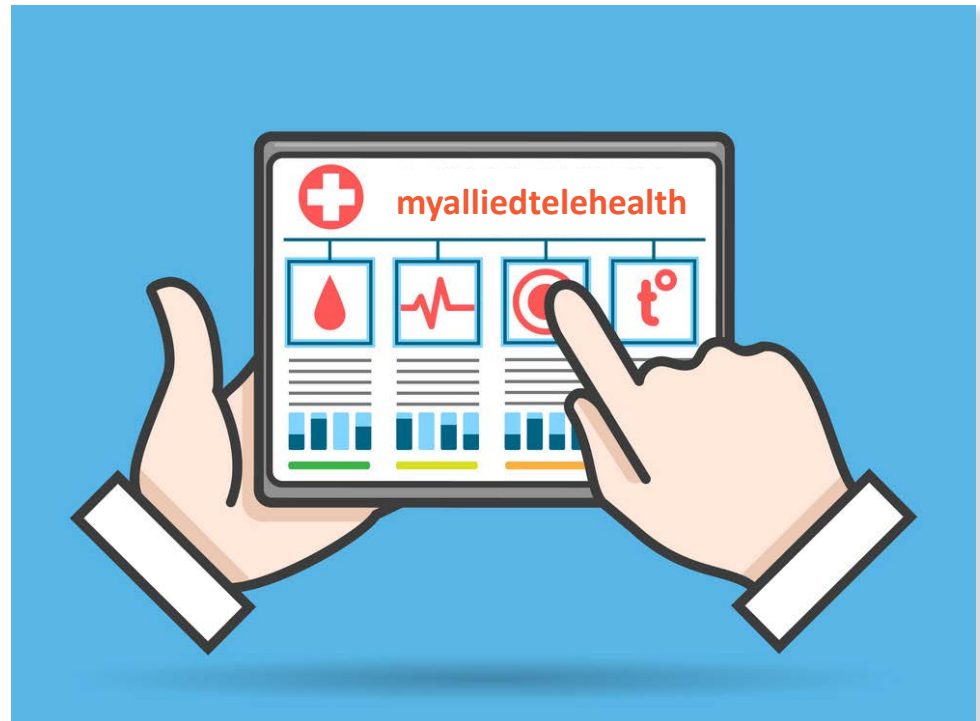


Technology



- 🔗 Mobile Friendly
- 🔗 Convenient
- 🔗 Flexible

- 🔗 Challenging??



Operational



Key Considerations

- Funding
- Credentialing
- Quality
- IT Management / Support- The patient is your User, not your well trained staff
- Workflow
- Compliance
- Training
- Communication

***Add Screen shots of EMR link**



Marketing

Our marketing plan included the following:

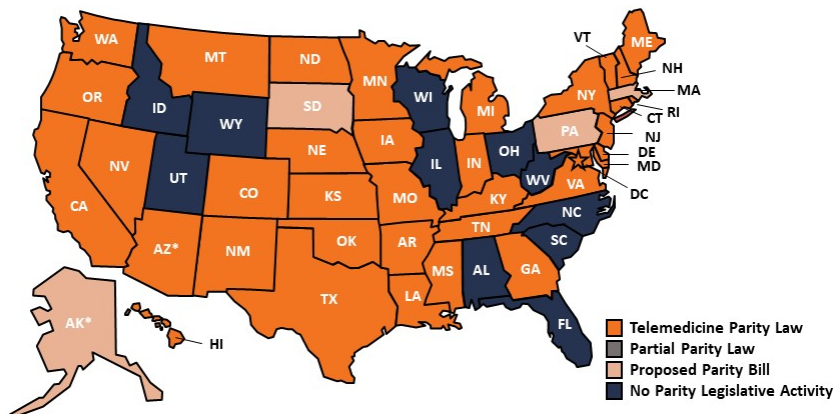
- 🔗 Big Push on Facebook (teaser videos, Grand announcement, Doctors, division staff shooting explainer videos)
- 🔗 Newsletters (2-3 on telehealth alone, included in quarterly newsletters)
- 🔗 Open House event at division
- 🔗 Kiosk (provided by E-Magid) which displays a Tyto/telemed commercial
- 🔗 PR (MetroParent, LIBN interview, News 12 shoot, Tyto on CBS morning)
- 🔗 Posters around the office
- 🔗 Telemedicine section on website
- 🔗 Digital Ads



Reimbursement & Insurance

- Know your state
- Know your carriers

States with Parity Laws for Private Insurance Coverage of Telemedicine (2018)



States with the year of enactment: Alaska (2016)*, Arizona (2013)*, Arkansas (2015), California (1996), Colorado (2001), Connecticut (2015), Delaware (2015), Georgia (2006), Hawaii (1999), Indiana (2015), Iowa (2018), Kentucky (2000), Louisiana (1995), Maine (2009), Maryland (2012), Michigan (2012), Minnesota (2015), Mississippi (2013), Missouri (2013), Montana (2013), **Nebraska (2017)**, Nevada (2015), New Hampshire (2009), **New Jersey (2017)**, New Mexico (2013), New York (2014), **North Dakota (2017)**, Oklahoma (1997), Oregon (2009), Rhode Island (2016), Tennessee (2014), Texas (1997), Vermont (2012), Virginia (2010), Washington (2015) and the District of Columbia (2013)

States with proposed legislation: In 2018, Alaska, Massachusetts, Pennsylvania, and South Dakota

*Coverage applies to certain health services.





Nutrition & Specialties

- One provider for all locations
- Quality
- Convenience



Afterhours

- o Access to care
- o Continuity of care
- o Quality healthcare
- o Meet your patients where they are
- o Competition



Schools

- Tyto Clinic
- All the same reasons as afterhours



Lesson Learned & Our Future



- Where did we begin
- Where are we today
- What have we changed
- What we plan to change



THANK YOU

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A Partnership for Unparalleled Care