Virtual Visits

Mary Graham
Director of Network Innovation & Education
Priority Health
A healthier approach to health care®
Michigan’s second largest health plan serving more than half a million people
Committed to improving the health and lives of our neighbors
Offer health plans for every stage of life — from the young to the young at heart.
Feature a network of more than 95% of health care providers in Michigan
Our stakeholders

- Plan
- Agent
- Employer
- Gov’t
- Provider
- Member/Patient
Provider engagement

- Accountable Care
  - Shared Savings/Risk
  - Clinical Collaboration

- Network Engagement
  - Business Plans
  - Transparency
  - Access

- Pay for Performance/Continuous Improvement
  - HEDIS/5 star
  - Patient Experience
  - Hospital incentives: safety, quality, efficiency

- Admin
  - Prior Auth, benefits, etc
  - Provider Education
  - Provider Manual and Web

- Operations
  - Claims/Payment
  - Enrollment
  - Credentialing and set-up
Access to Care and Patient Experience

Clinical Collaboration

Outcomes

Fair and Transparent Costs

Triple Aim

Cost

Experience

Economic Alignment

Continuous Quality Improvement
Access

Virtual visits: An opportunity for you and your patients

We want your patients who are our members to get the right health care at the right time. We also want to improve access to primary care. That’s why we’re giving our members 24/7/365 access to doctors via secure video chat or phone.

With virtual visits:
- You will have more time to see patients who need preventive care and/or treatment for chronic conditions.
- Our members have options other than the emergency room for nonemergency conditions, no matter what time of day it is.

Who are virtual visits for?
Virtual visits treat low-acuity conditions like:
- Fever
- Headache
- Rash
- Respiratory infections
- Sinus infections
- Sore throat

Virtual visits are not an alternative to primary care.
We have standard protocols in place with our vendor, MOLIVe™. When a member contacts MOLIVe, they:
- Are asked who their PCP is and if they tried to contact them first.
- Have details of their virtual visit faxed to their PCP.

Virtual visits support patient-centered medical homes
- Increased access to primary care, which is even more important as Medicaid expands to include additional people.
- Improved patient experience as more employers and patients are asking for virtual visit options.
- Improved PCPs with reporting of virtual visits from MOLIVe to a patient’s PCP

Costs for our members

Virtual visits are available for all Priority Health members.
Virtual visits are free for Medicare and Medicaid members.
All other members must pay their regular office visit copayment or if they have a deductible, visits are $45 before and $22.50 after the deductible.

Nearly 80% of our members have a health condition each year that could be treated using virtual visits.

40% of ER visits occur MONDAY – FRIDAY FROM 8 A.M. TO 6 P.M.
Transparency isn’t just to help people shop... it’s to engage
## Transparency

<table>
<thead>
<tr>
<th>Knee arthroscopy</th>
<th>Doctor</th>
<th>Facility</th>
<th>Your cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knee arthroscopy</td>
<td></td>
<td></td>
<td>Market price $3,500</td>
</tr>
<tr>
<td>Brad M. Smith, MD</td>
<td></td>
<td>XYZ facility</td>
<td>Price at this facility $2,105</td>
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<tr>
<td>Orthopedic surgeon</td>
<td></td>
<td>Any Town, MI</td>
<td>Individual deductible you’ll pay $646</td>
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<tr>
<td>616.555.8889</td>
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<td></td>
<td>Coinsurance you’ll pay $295</td>
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</table>

You’ll pay an estimated $941*  
See the math
Continuous improvement

### Quality Measures

<table>
<thead>
<tr>
<th>QUALITY MEASURES</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease Management</td>
<td></td>
</tr>
<tr>
<td>Blood pressure control</td>
<td></td>
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<tr>
<td>Cholesterol control</td>
<td></td>
</tr>
<tr>
<td>Diabetes care</td>
<td></td>
</tr>
<tr>
<td>Kidney disease screening</td>
<td></td>
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<tr>
<td>Medication monitoring</td>
<td></td>
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<tr>
<td>Preventive Health</td>
<td></td>
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<tr>
<td>Adolescent immunizations</td>
<td></td>
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<tr>
<td>BMI measurement</td>
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<tr>
<td>Breast cancer screening</td>
<td></td>
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<tr>
<td>Cervical cancer screening</td>
<td></td>
</tr>
<tr>
<td>Childhood immunizations</td>
<td></td>
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<tr>
<td>Chlamydia screening</td>
<td></td>
</tr>
<tr>
<td>Medication safety - e-prescribing</td>
<td></td>
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<tr>
<td>Well child visits</td>
<td></td>
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</tbody>
</table>

### 2015 PCP Incentive Program Quick Reference Guide

#### Clinical Outcomes

- **Cervical Cancer Screenings**: 20-44 years
- **Well Child Visits**: 0-15 months

#### 2014 Quality Award Recipients

These practices provide exceptional patient care.

- *Learn more.*

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PriorityHealth
# Economic alignment

## Total Cost of Care Arrangements
- Progressive gain and risk sharing based on continuous cost improvement.
- Examples:
  - Percent of premium as basis for sharing gain/risk
  - Medical cost trend as basis for sharing gain/risk

## Enhanced Fee for Service
- Market-based fee for service (FFS) payments enhanced to reward for clinical or service outcomes.
- Standardized within multiple regions
- Examples:
  - Enhanced fees for Medicare patient risk assessments
  - Aligning “virtual visits” with office visits

## Matching Payment Strategies with ACN Readiness

### Direct Clinical Program Support
- Reimburse incremental costs to start Home-Based Primary Care Programs
- Cover direct labor costs of care managers dedicated to complex PH members
- Provide in-kind care management support to assist with risk assessments
- Case rates for Oncology PCMHs

### Outcomes-Based Incentive Payments
- Retrospective payments linked to outcomes measured at the PCP, Hospital, ACN, or Ancillary level.
- Examples
  - Reaching target rates for preventive care
  - Reaching target reductions in PCP treatable ER visits
  - Payments to measure and improve patient satisfaction ratings
Clinical collaboration

Working with providers to change care delivery
Attack chronic disease

TOTAL SEGMENT COST: $2.5 BILLION
TOTAL CHRONIC COST: $1.4 BILLION

LEVEL 1
HEALTHY
51%

LEVEL 2
AT RISK chronic
17%

LEVEL 3
MODERATE severity chronic
15%

LEVEL 4
HIGH SEVERITY chronic
10%

LEVEL 5+
COMPLEX chronic and advanced illness
7%
Why virtual visits?
Respond to market

Improve access to care

Improve patient experience
Silicon Valley to healthcare: My, what a fine target you'll be

By Darius Tahir
2:30 pm, May 30 | Tags: Mobile Health/Medical Technology/Information Technology

Silicon Valley made an uncoordinated, unofficial like an awfully fine target for our techno-wizard use gadgetry and the Internet to gather ever more into the sector from below.

Samsung started with an announcement of a $1 billion partnership with the University of California, San Francisco. The Korean conglomerate isn’t alone; Apple, with its Worldwide Developers Conference coming Monday, is rumored to be unveiling its suite of health programs. Reportedly, the tech giant may be introducing its iWatch, a watch with accompanying health sensors, along with a Healthbook app that will collate and collect health data—including blood pressure, weight, steps taken and so on—in one convenient location. The firm has splurged on talent from the sensor sector—even hiring people in optics, for example—and the Food and Drug Administration.

The venture capitalists funding the next round of tech giants prominent venture capitalist and founder of Netscape, Marc Andreessen, is investing in his mammoth “Internet Trends 2014” report. It’s an overview of the interests of the tech community right now, and clearly healthcare is on its mind. The report declares that healthcare may be at an “inflection point” toward disruption.
80% of our members will have at least one event annually that could be treated through virtual visit services.
• Reviewed available solutions
• Selected MDLive
  - Founded in 2006
  - 24/7/365 availability
  - Board-certified network physicians
  - Medical treatment protocols
By the numbers
3,000+ members registered

902 visits with MDLIVE
Virtual visits with MDLive

- **2015 Visits**
- **2014 Visits**

<table>
<thead>
<tr>
<th>Month</th>
<th>2015 Visits</th>
<th>2014 Visits</th>
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<tbody>
<tr>
<td>Jan.</td>
<td>8</td>
<td>4</td>
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<tr>
<td>Feb.</td>
<td>14</td>
<td>1</td>
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<tr>
<td>March</td>
<td>46</td>
<td>109</td>
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<tr>
<td>April</td>
<td>134</td>
<td>48</td>
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<tr>
<td>May</td>
<td>23</td>
<td>38</td>
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<tr>
<td>June</td>
<td>27</td>
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<td>July</td>
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<tr>
<td>Aug.</td>
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<tr>
<td>Sept.</td>
<td>104</td>
<td>394</td>
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<tr>
<td>Oct.</td>
<td>508</td>
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</tr>
<tr>
<td>Nov.</td>
<td>104</td>
<td>508</td>
</tr>
<tr>
<td>Dec.</td>
<td>YTD</td>
<td>YTD</td>
</tr>
</tbody>
</table>

- **YTD 2015 / YE 2014**

**PriorityHealth**
Calls during practice hours: 7a-7p
- 68%

Visits with RX
- 53%

Peds visits (0-17 years)
- 12%

Based on CY2014 Data
Satisfaction with Visit

- Excellent: 65%
- Very Good: 25%
- Good: 6%
- Fair: 3%
- Poor: 1%

Where patients would have gone

- Urgent Care: 55%
- Emergency Room: 26%
- PCP: 11%
- Other: 8%

Based on CY2014 Data
Award Winning
Virtual visits wins
2014 MAHP Pinnacle Award
Goal = Network solutions
We pay for telemedicine

Priorityhealth.com/provider
>
Provider manual
>
Procedures and services
>
Telemedicine
Terms and types

Telemedicine

- Billable interactive clinical services
  - Remote/Hosted (synchronous)
  - Direct to Consumer (synchronous)
  - Store and Forward (asynchronous)

Telehealth

- Broader field of distance health activities (CME, etc.)
- Clinical remote monitoring (usually at home)
Telemedicine options

- Telemonitoring: Post discharge follow-up, cardio, diabetes, HTN, case management
- Tele-Education: CDE, lactation
- Compassionate Programs
- Tele-ED: Critical access consults with trauma centers and sub-specialist
- Teleconsults: Ophthalmology, Audiology, Stroke, Burn
- Translation/ASL services
Opportunities for providers

• More in-office visits for those who must be seen in-person
• Stay connected with your snowbirds
• Vacationing patients
Priority Health