Challenges and Opportunities of Telemedicine
The New York/New Jersey Regional Perspective

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A new kind of health insurance.
Hi, we’re Oscar, a new kind of health insurance company.
Technology is in our DNA. We were built to innovate.

We want the best possible customer experience.

Oscar’s goals are threefold:

1. Improve experience of care (Immediacy/Demand Fulfillment): Provide care at the moment it’s needed. “Like having a doctor in the family.”

2. Access/Cost: Improve access to care by offering a cost effective alternative to ED and Urgent Care for “common, uncomplicated conditions”. Why not in your own living room? Sure helps with my high deductible plan.

3. Transparency: Increase transparency by giving enrollees real time access to visit documentation in their personal Timeline. If I forget what the doctor told me, I can just look it up on Oscar.
Fast Facts

• Available 24/7; 365
• No limit on number of calls
• No cost share
• New members set up a “Doctor on Call” Account.
  • Medical History form pushed electronically to member at time of enrollment in plan. Information forwarded to Telemedicine provider who can access at time of consult.
  • Member gets to select preference for network pharmacy – also sent.
• Integrated with mobile app and web site.
• Physician uses EMR; E-prescribe.
• SOAP notes sent via API to Oscar in real time.
• Oscar posts visit documentation in member’s confidential secure portal (Timeline).
• Oscar RN’s monitor telemedicine visits daily and follow up as appropriate.

Tele-medicine physicians are board certified and licensed in the state in which they provide services.
How it works.
The customer experience
Oscar describes the telemedicine service to its enrollees through a series of simple and understandable frames on its enrollee portal.

In the figure right, Oscar affirms that the service is for common, uncomplicated conditions and advises NOT to use Doctor on Call for a serious medical emergency.

The website and mobile app guide enrollees to access the service.

Oscar’s Doctor on Call can help you with common ailments such as sinus infections, cold and flu symptoms, bronchitis, allergies, pink eye, and ear infections. You’ll typically talk to a doctor within nine minutes. You shouldn’t use Doctor on Call if you’re experiencing a serious medical emergency.
Critical information is confirmed immediately, prior to the call

Enrollees confirm:
• Current phone number
• State they are calling from
• Preferred pharmacy.

Again, enrollees are reminded that this service is not for a medical emergency.
Technology improves everything

Enrollees are asked if they would like to upload a picture of their problem, e.g. rash, bee sting, laceration, etc.
Setting realistic expectations; and then delivering, improves the experience

Once members request a call, a confirmation is returned providing the enrollee with information about the expected call back time.

Although the SLA calls for no more than a 60 minute response, calls are returned in an average of 9 minutes.
Transparency through the Oscar “Timeline”

Once a member engages in a telemedicine visit, information about the visit is posted on their confidential and secure Oscar web portal:

• Serves as a refresh of the reason for the visit and care instructions.
• Serves as historical record of the visit (date/time, physician, treatment).
• Member can share this information with their personal doctor.

Doctor on Call Consult

Right eye lid lower is red/sensitive x 3 days. No morning crusting, no pink eye. Swelling has gone down somewhat today. No change in vision. No photophobia.

Next steps

Hordeolum internum
warm compresses, erythromycin oint. f/u with ophtho if no improvement.

Prescription

Erythromycin 0.5% Ophthalmic Ointment
Take 1/2" app to affected eye 4 times a day

Call Details

Requested: 11:06 a.m.
Wait time: 5min
Call length: 10min
Offers a cost effective alternative to ED and Urgent Care.

Members are noticed on the Oscar website that the telemedicine visit is FREE, before the request a call.
Telemedicine is communicated through standard plan documents. The schedule of benefits displays information noting that the Telemedicine Program has no cost share.

<table>
<thead>
<tr>
<th>SECTION XXVI</th>
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<tbody>
<tr>
<td>OSCAR SIMPLE PLATINUM 1000 SCHEDULE OF BENEFITS</td>
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<tr>
<th>COST-SHARING</th>
<th>Participating Provider Member Responsibility for Cost-Sharing</th>
<th>Non-Participating Provider Member Responsibility for Cost-Sharing</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$1,000 $2,000</td>
<td>Non-Participating Provider services are not covered except as required for Emergency Care and Urgent Care.</td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Limit</td>
<td>$1,000 $2,000</td>
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<table>
<thead>
<tr>
<th>OFFICE VISITS</th>
<th>Participating Provider Member Responsibility for Cost-Sharing</th>
<th>Non-Participating Provider Member Responsibility for Cost-Sharing</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Office Visits (or Home Visits)</td>
<td>2 PCP Office visits with $0 Copayment not subject to Deductible; subsequent visits $0 Copayment after Deductible</td>
<td>Non-Participating Provider services are not covered and You pay the full cost</td>
<td>See benefit for description</td>
</tr>
<tr>
<td>Specialist Office Visits (or Home Visits)</td>
<td>$0 Copayment after Deductible</td>
<td>Non-Participating Provider services are not covered and You pay the full cost</td>
<td>See benefit for description</td>
</tr>
<tr>
<td>Telemedicine Program</td>
<td>$0 Copayment not subject to Deductible</td>
<td>Non-Participating Provider services are not covered and You pay the full cost</td>
<td>See benefit for description</td>
</tr>
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</table>
Results
How Oscar uses this data

An Oscar Registered Nurse reviews all telemedicine records DAILY and:
• Identifies referrals for Complex Case/Disease Management.
• Referrals through this route are faster than identification through traditional mechanisms, e.g. claims.
• Referrals to behavioral health.
• Referrals to Concierge Appointment Services for individuals who need to schedule a visit with an appropriate network provider.
• Triage of repeat callers for outreach by the medical management team.

• Patterns and Trends reviewed for:
  • Quality of Care/Medical Appropriateness, e.g. Appropriate use of antibiotics.
  • Temperature read on population health, e.g. flu.
  • Identify population knowledge deficits that informs patient education materials.
Results

» **STRONG UPTAKE**: Tele-medicine visits broadly adopted by Oscar enrollees. Over 27% of members have utilized tele-visits as of YTD August 31, 2015. Utilization remains within reasonable limits obviating concern of potential for over utilization given 24/7/365 free access to telemedicine.

» **APPROPRIATE USE OF SERVICE**: Top diagnoses are common, uncomplicated conditions. Top medications prescribed are antibiotics, anti-fungal and a cough suppressant.

» **STRONG SERVICE QUALITY**: YTD Avg. “Call Back” time of 10 minutes is significantly better than performance standard of 60 minutes.

» **EXCEPTIONAL ENROLLEE SATISFACTION**: 95% of enrollees rate Telemedicine service as Excellent or Good.

### Top Prescriptions

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<th>Top Dx</th>
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<tr>
<td>Azithromycin/Zithromax</td>
<td>Acute Sinusitis</td>
</tr>
<tr>
<td>Diflucan 150mg oral tablet</td>
<td>Acute Pharyngitis</td>
</tr>
<tr>
<td>Tessalon Perles</td>
<td>Acute Bronchitis</td>
</tr>
<tr>
<td></td>
<td>Med Refill</td>
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<td></td>
<td>Rash and other non-specific skin eruption</td>
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![Aug 31, 15 YTD](chart.png)

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<tr>
<td><strong>Consults</strong></td>
<td>7337</td>
</tr>
<tr>
<td><strong>Consults with Rx</strong></td>
<td>3167</td>
</tr>
<tr>
<td><strong>Total Rx</strong></td>
<td>4009*</td>
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</tbody>
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*1.27 drugs/prescribing consult
Results – 12 month analysis

Success story for “Other Upper Respiratory Infections” (ccs codes 126, which includes sinusitis, pharyngitis (sore throat) and laryngitis (loss of voice, sore throat)

• “Other Upper Respiratory Infections” are common in the population; Telemedicine handled 34% of cases in our member population, from:
  - 72% of members on Catastrophic plans (highest utilization) to
  - 13% of members on Gold plans (lowest utilization).

• In addition, members, who seek out Telemedicine are on average 7.7 years younger than members, who opt for the more conventional route (younger members typically select higher deductible plans).

• Telemedicine successfully resolved 87% percent of these calls. Resolution defined as no claim for subsequent service for the same condition, e.g. urgent care, ED, Hospital Admission, PCP, Specialist etc.

• Telemedicine is well suited to advise members on upper respiratory infections and a substantial proportion of members, with a bias towards members on high deductible plans, seek out Telemedicine.
Results – Condition Resolution

High resolution rates for common conditions.

• Members seem to make good judgments of what conditions are and are not appropriate for Telemedicine. Overall, for a range of conditions, Telemedicine is consulted and manages to resolve member issues.

• Telemedicine is most successful at resolving:
  • acute bronchitis (89%),
  • eye infections (87%), and
  • upper respiratory infections (87%).

• Members seek Telemedicine as an alternative to PCP’s or urgent care centers, with the exception of contusion, injuries due to external causes, abdominal pain, and non specific chest pain (higher utilization of ER, > 10%). For these conditions, telemedicine is likely to recommend ER, too.

• For all other conditions, if Telemedicine does not resolve the issue, members go to PCP’s or urgent care centers.
All Oscar plans have free 24/7 telemedicine

Common conditions are treated by telemedicine 40% of the time among younger members.
Telemedicine has demonstrable impact on costs

Win-win situation
Results

Estimated savings:

Based upon member self-reported data at the time of their telemedicine consult, YTD 2,713 member stated they would have gone to an ED to seek care if Telemedicine were not available to them.

Based on an average ED charge, and subtracting the cost of the telemedicine service – this equates to a savings of $3.95M in ED cost. We wonder how many averted ED visits might have also resulted in an inpatient admission.

Validation metrics on 2015 YTD data (as of August 2015) show a lower ED utilization than forecast. However, the data is directional at this time, since claim lags will supplant IBNR over time.
In summary

- Goals achieved.
  - Improved experience of care.
  - Increased access/decreased cost.
  - Increased Transparency
- No runaway utilization.
- Clinically appropriate care.
- High level of enrollee satisfaction.
- May be lowering total cost of care by replacing some ED/UC visits.
- Increases member engagement.
- Unexpected benefits
  - Trigger for Case Management
  - Referrals to behavioral health
  - Represents value to “young invincible’s”
- Next Steps:
  - Expand service to specialty types, e.g. Dermatology.
  - Could Centers of Excellence handle certain call types?
Thank You,

From the team at Oscar