

## An IDFS's approach to Telehealth & Innovation

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## The challenges of being both a Provider and Payor

- Fee for Service Reimbursement
- Switch from Volume to Value is slowly evolving
- Providers still expected to increase volumes
- Hospital still focused on census
- Payor side needs to cover more lives at lower cost



"Laughter is the best medicine, but your insurance only covers chuckles, snickers and giggles."



## Gradual Shift to "Pay for Performance"

- Pay-for-performance Models-
  - ACOs
  - Medical Home Programs
  - Global or bundled payments
  - Episode-of-care Reimbursement



# How to determine which innovations & Telehealth programs to support?

Does it enhance the Patient Is it consumer focused? **Experience?** Adopt What is the overall value to the **Innovation Does it support Population Health?** organization? **Does it support the Triple Aim** Does it overcome Physician/Specialist **Objectives?** shortages?



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Adult Symptoms Treated:							
Back pain	Birth control	Bronchitis	• Burn				
• Cold	Cold and flu     symptoms	• Cough	Diarrhea				
• Flu	Genital herpes	• Pink eye	Pneumonia				
Poison ivy	• Rash	• Red eye	• Scabies				
Seasonal allergies	• Shingles	• Sinus/cold symptoms	Sinus infection				
Sore throat	Strep throat	Urinary     symptoms	Vaginal irritation/discharge				
Pediatric Symptoms Treated:							
• cold	• cough	pink_eye					



### www.upmcAnywhereCare.com Visit Summary

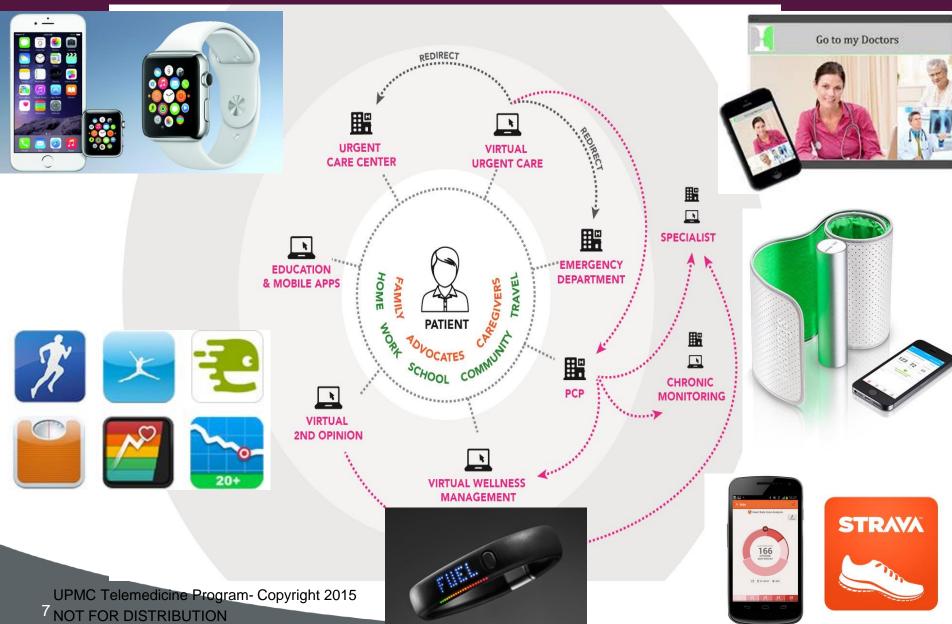
UPMC AnywhereCare Cumulative Visit Report 11/04/13 – 01/31/15							
	Total Visits Submitted	Total Adult Visits Submitted	Total Pediatric Visits Submitted	Clinically Inappropriate (NONEVISIT)	Total Visits Completed		
AnywhereCare Convenience (24/7/365 On-Demand, Virtual Visits )	3,511	3,473	38	647	2,533		
AnywhereCare Continuity (Established PCP eVisit)	436	431	5	41	363		
Total	3,947	3,904	43	688	3,248		

### Health Plan eVisit Pilot Program- DoHE Summary:

542 eVisits completed between November 4, 2013 - February 24, 2014

- 95% Commercial members
- 76% female
- 71% for respiratory conditions
- No evidence eVisit use is additive to the care continuum
- 4.83% resulted in subsequent care (ER, PCP, Urgi, or Retail visit) within 30 days
- eVisits were \$86.64 cheaper on average per episode of care, weighted by the current proportion of episodes at alternative places of service for the same diagnoses. [(\$289.89 \* 10.9%) + (\$107.63 \* 22.2%) + (\$47.23 \* 65.9%) + (\$12.48 \* 1.1%) = \$86.64]

# How Technology & Innovation may help to lead the healthcare transformation:



### Thank you!

### www.upmc.com/Telemedicine

