Telemedicine: The Future of People Caring for People

The National Academies of
Sciences • Engineering • Medicine
Roundtable on Quality Care for People with Serious Illness
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Our









To bring capable, compassionate care to everyone, everywhere in the face of serious

illness.

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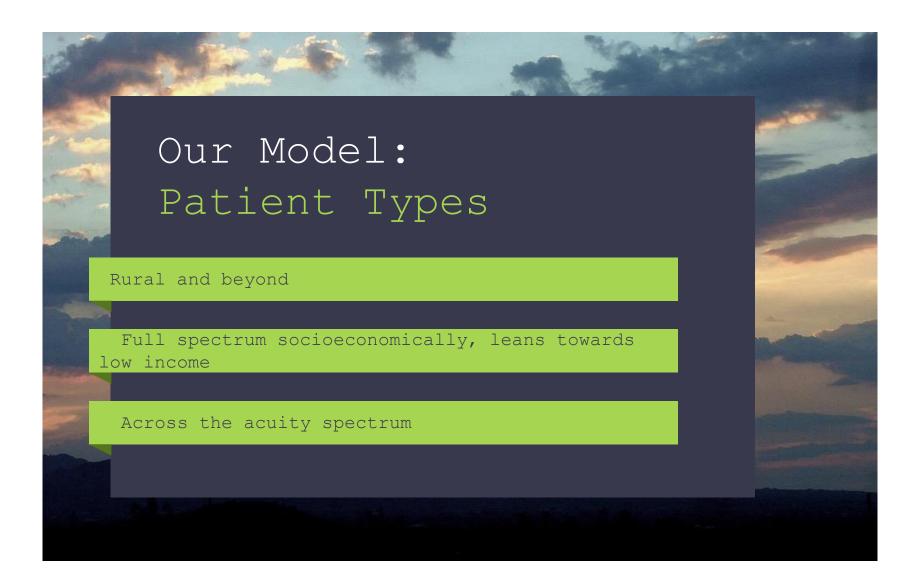
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Our Model: Staffing

ResolutionCare recognizes that there isn't any fundamental difference between the people we care for and the clinical and operational people providing that care.

We're not patient-centered, but people-centered.

- Interdisciplinary team consisting of: physicians, registered nurses, social workers, spiritual support, community health workers
- Team is nimble, empowered, and non-hierarchical.
- Value-based payment (VBP) compensates the full team to provide the right level of care at the right time
- Community health worker as a trusted, empowered team
 member



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Our Model: Reimbursement

Models

Value-Based Payment (VBP)

- Medicaid-MediCal Managed Care
 - o California SB 1004
 - o Defined Eligibility & Care Delivery Standards emerging from California Advanced Illness Collaborative (CAIC)
 - o Pilots testing different care delivery and payment models
 - o High intensity due to social determinants
- Commercial Insurers
 - o Blue Shield of California is a catalytic leader

The future of Medicare utilizing value-based payment for

Our Model: Settings of Care

Home is where we see
people (88%)
o In the Community coffee shops,
grocery stores,

neighborhoods

- Nursing Homes (8%)
- Hospital, when admitted









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Our Model: Telemedicine

Telemedicine 1.0, 2.0, 3.0, 4.0

- 20% of people we care for are utilizing telemedicine from their home or a non-clinical outpatient setting
- Barriers to use
- Opportunities to increase use
- VBP makes the model agnostic to medium/channel/setting and allows for innovation

Evidence of Impact on Quality and Cost: ResolutionCare Telemedicine Patient Survey Data

■ 88% like using telemedicine.

*Results from internal survey March 2017

"Video conferencing takes the delay out of my care."

"I don't have to leave my home for check-ins and minor issues."

"I was surprised how there was no delay. It was quicker because there was no driving to the doctor's office, no extra wait time to get my mom's meds."

slide/09 81% had no concerns with the majority...resQuiffcare.com their care being provided via

Evidence of Impact on Quality and Cost: Partnership Healthplan of California

Partners in Palliative Care Pilot Data

Findings:

- 95% of participants reported they received the best possible care from their Palliative Care team and would recommend the team to others.
- Cost of care for the three months before and after starting palliative care services was 33-50% less for pilot participants.
- Pilot patients were admitted to the hospital in the last 30 days of life nearly 40% less than non-pilot patients.
- The program showed approximately \$3 in hospital cost savings

 Slide/10 for every \$1 spent on the palliative care program.

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Developing:

Networks of Care

Partnering with:

- Payers
- Hospitals and Health Systems
- Hospices
- Communities
- Foundations
- Community Economic Development Agencies

Supporting:

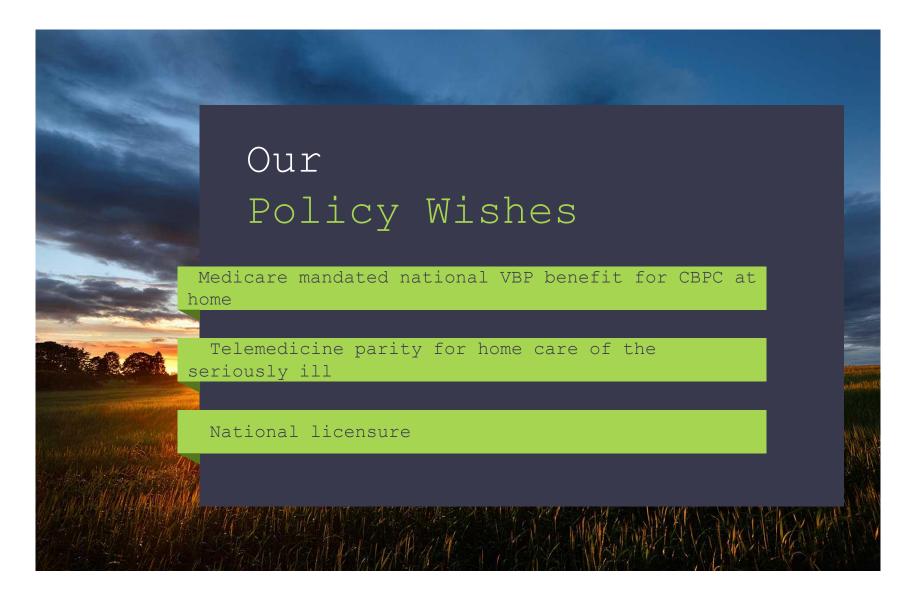
- Physician peers with consultation and education
- Under-served CBPC programs
- Hospice and CBPC development
- Specialty populations

Our
Opportunities
s
For Scale
and
Spread

Our Challenges For Scale and Spread

- Developing and sustaining culture in remote workforces
- Recruiting experienced and inspired palliative care providers for teams
- Referral development
- Creating an integrated palliative care technology platform
- Caring for people in need regardless of payer source

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THANK YOU

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