

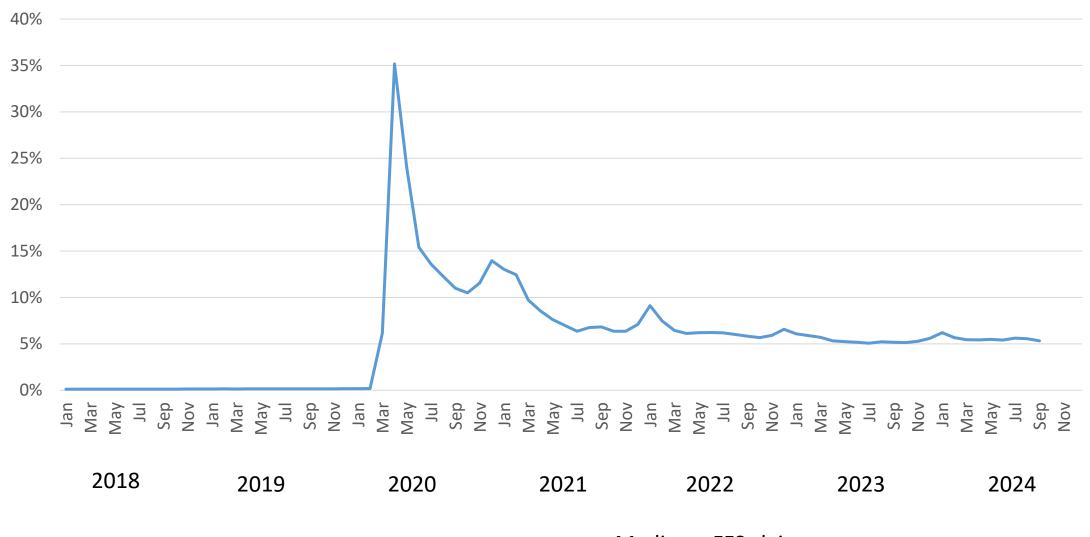
"Silver Lining" of the pandemic

- More patient centric model
- Improve outcomes
 - Better chronic illness management
- Save money
 - Care cheaper
 - Deter complications
- Improve access to those who struggle to get care
 - · Rural populations, disadvantaged

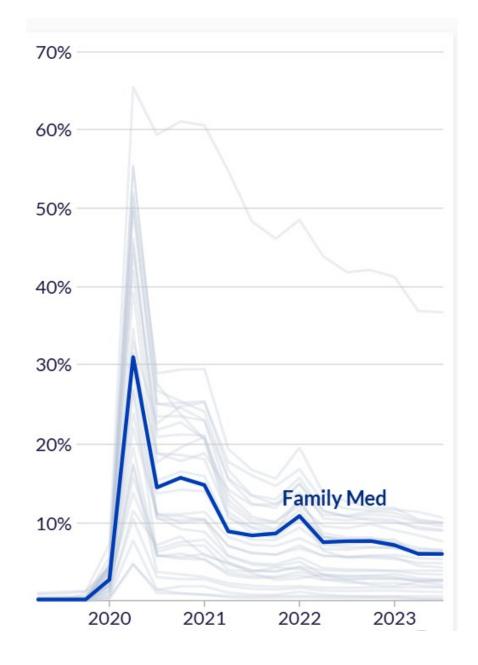
What happened?

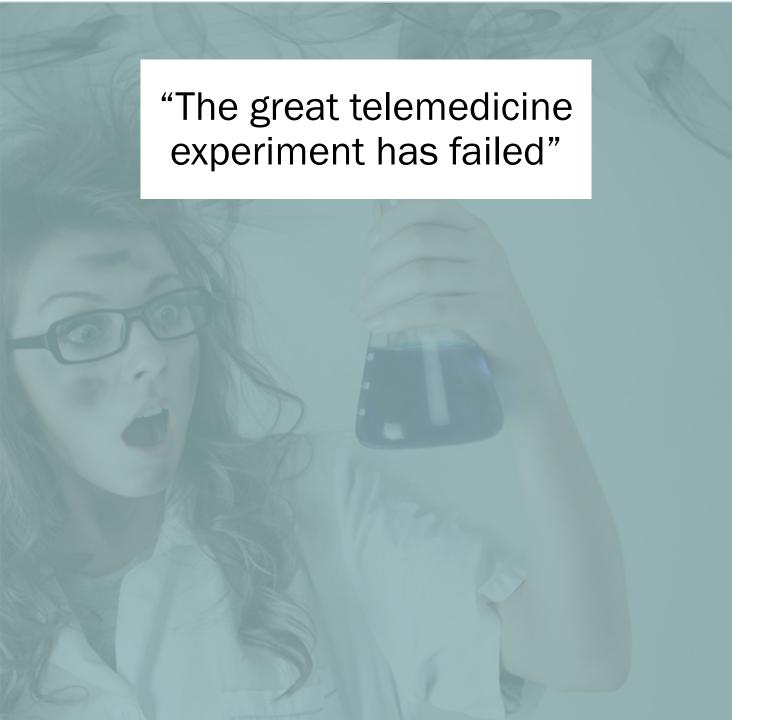


Use of telemedicine for outpatient care has waned from its initial peak



Use in primary care specialties just slightly above average





Most patients & MDs satisfied with video visits and want to remain an option

80% of MDs want small share of visits via telemedicine

64% of patients would prefer care in-person

Is ~5% of visits the "right" use of telemedicine?



The NEW ENGLAND JOURNAL of MEDICINE

Perspective July 5, 2012

Automated Hovering in Health Care — Watching Over the 5000 Hours

David A. Asch, M.D., M.B.A., Ralph W. Muller, M.A., and Kevin G. Volpp, M.D., Ph.D.

The dominant form of health care financing in the United States supports a reactive, visitbased model in which patients are seen when they become ill, typically during hospitalizations and at

ing care beyond hospitalization. And hospitals and health plans are developing "hot-spotter" approaches, deploying tailored and intensive attention to managing

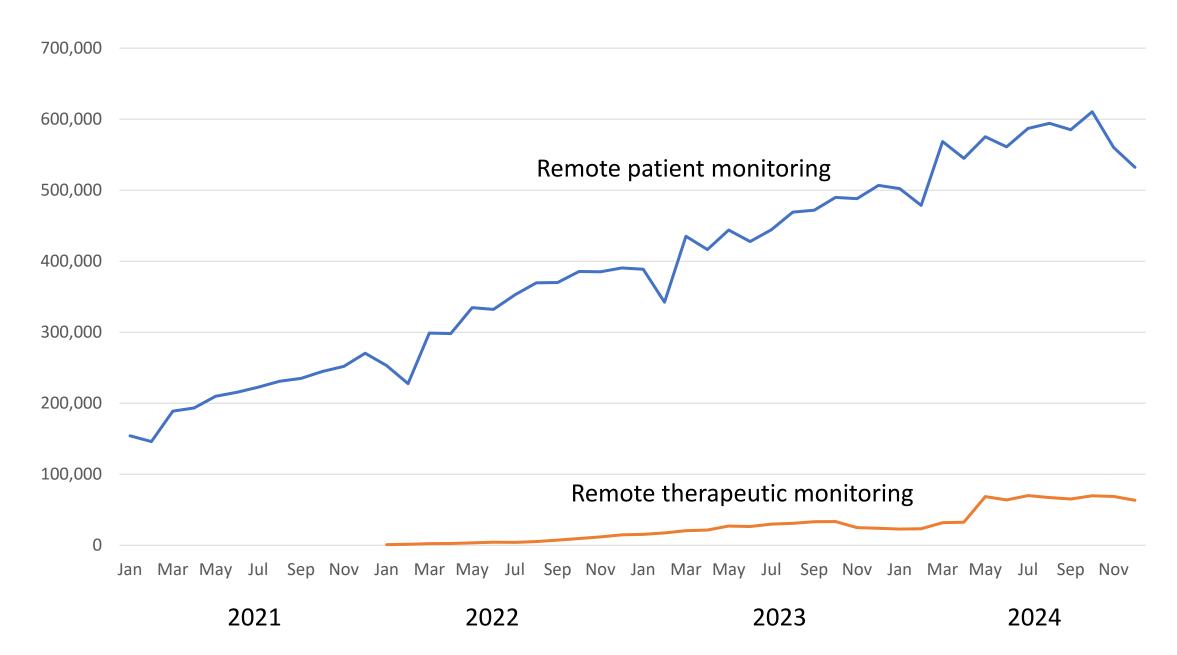
Reactive

- Patients seek care when they are sick
- Impetus on patient to know when to get care and where to get care

Proactive

- Collecting data during the 5000 hours
- Clinicians flag when care is needed

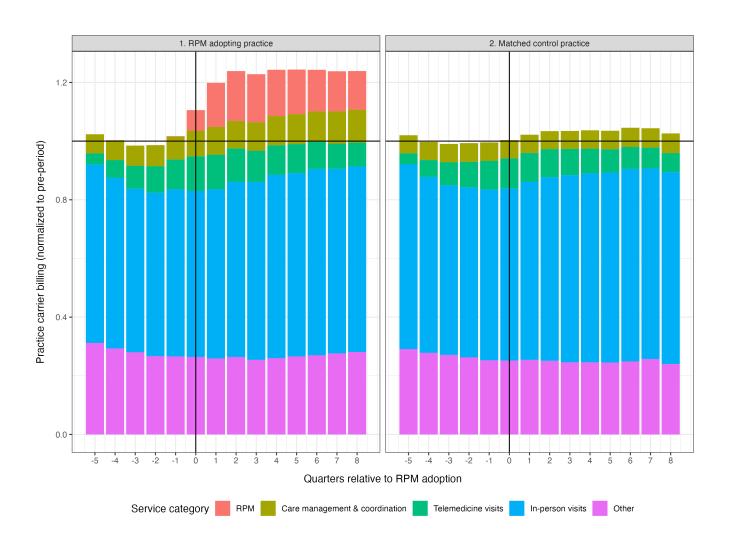
Growth of RPM & RTM



Contrast between video/phone visits & RPM

	Video/phone visits	RPM
Quality	Small improvements	More substantive improvements
Spending	1-2% increase in spending	7% increase in related spending
Access	Differentially used by urban patients and advantaged groups	Differentially used by disadvantaged groups

Revenue at practices up 20%+ with RPM



Take home points

Pandemic led to a sudden surge in use of telehealth. Patterns of use over last 5 years vary across different forms of telehealth

Despite great hope, impact of video/phone visits modest - improves quality & spending, may worsens disparities, no substantive increase in access

Other forms of telehealth may have more substantial impact on quality and access to care