Rusty Hofmann, MD

Professor of Radiology, Stanford University Medical Center Co-Founder, Grand Rounds



- He is Professor and Chief of Interventional Radiology at Stanford Medicine. Medical Director, Cardiac and Interventional Services
- Dr. Hofmann co-founded Grand Rounds with the goal of ensuring that access to state-of-the-art care is available to everyone, everywhere.
- Dr. Hofmann has a BS in Biology from University of Illinois, a MD from Ohio State University College of Medicine. He did his residency at Johns Hopkins where he was Chief Resident.

Disclosures

 Co-founder/BOD (equity holder and consultant) -Grand Rounds



y Hoyman Hong, MD Physical Medicine and Rehabilitation Trained at Hospital for Special Surgery

15 years of experience

😨 Steven Wiesner, MD Physical Medicine and Rehabilitation 90+ years of experience 90% patient retention Arzhang Zereshk Physical Medicine and Reh 10 years of experience Trained at Stanford University

"Time to take action into my own hands."



Amazon

Pharmacy and understanding the consumer



JPMorgan Chase

Leadership and commitment to improving health care of employees



Berkshire Hathaway

Risk and insurance

Topics for Discussion:

- Why is an interventional radiologist giving this talk?
- Employer perspective on second opinions and cancer centers of excellence
- Grand Rounds' approach lessons learned

Grand Rounds – Front Door to Healthcare



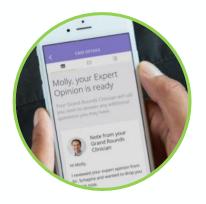
Treatment Decision Support

Fast access to licensed physicians for treatment decision support and triage



Office Visits

Concierge-style visits with high-quality in-network physicians



Expert Opinions

second opinions delivered by world-class physicians

56% of Americans access health care through their employer

RETAIL











TECH











FINANCIAL SERVICES

JPMORGAN CHASE & CO.

AEROSPACE



ENERGY





MANUFACTURING





TELECOM MEDIA

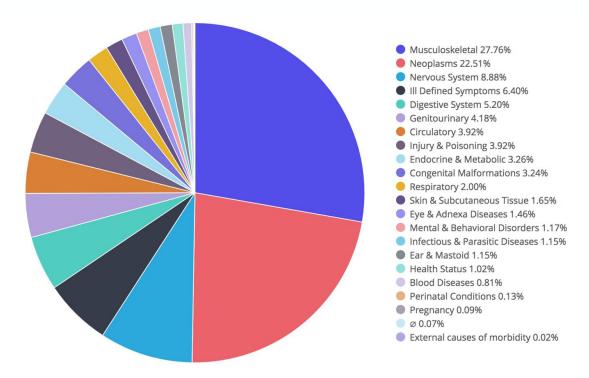


News Corp



3.5 Million Covered Lives

20% of Expert Opinions are for members with cancer



Oncology is top of mind for employers

- I want to provide the best support possible for my employees and their family members who have been diagnosed with cancer. As an employer, how can I help?
- Specialty pharmaceuticals are a concern for my organization.
- Oncology is one of many areas we need help, complicated by the fact that our employees live all across the country.

Cancer is the leading cause of long-term disability accounting for >10% of claims¹

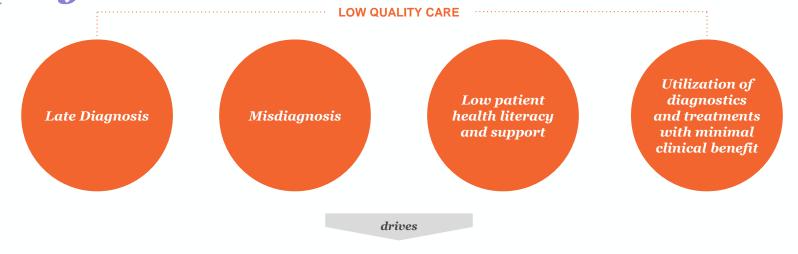
What we hear from employees with cancer

I feel **overwhelmed** at the doctor's office and I can't understand all of the technical terms my doctors are using.

There seem to be so many **options for treatment** and I don't know what is best for me. What are the risks/benefits?

Am I going to **survive**? What happens to other patients like me? Where can I go for **support**?

Low quality cancer care drives high cost for employers



HIGH ECONOMIC COST TO EMPLOYERS

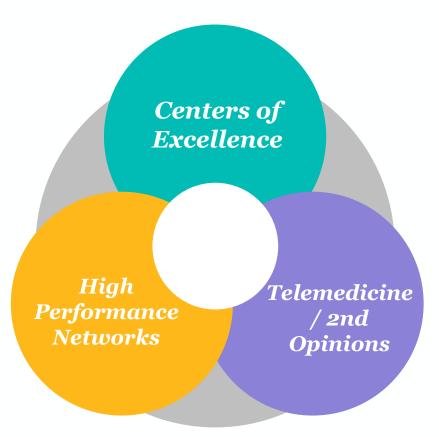
Cancer is the leading cause of long-term disability accounting for >10% of claims¹

The average total cost of care for a patient in active cancer treatment is \$131K²

Typical commercial population, <1% of members have claims for cancer;account for about 10% of all medical costs to employers¹

Treatment side effects compromise employee's ability to perform normal duties and drives high rates of absenteeism¹

Employers are deploying programs to address quality, cost, access to cancer care



https://www.willistowerswatson.com/en/press/2017/08/us-employers-expect-health-care-costs-to-rise-

<u>in-2018</u>

http://www.modernhealthcare.com/article/20161005 /NEWS/161009964

Centers of Excellence within Health Plans

Employers are experimenting w/ CoEs across complex conditions (ie. Onc, MSK)



Percentage of employers who provided access to CoEs in 2015



Percentage of employers who are currently using CoEs



Percentage of employers planning or considering to provide CoEs by 2019

What Employers Want = Grand Rounds' approach

Connecting members to the highest-quality care and comprehensive support

Early Detection

Connecting members to high quality primary care to catch cancer early

Right Diagnosis & **Treatment** Plan

Expert 2nd opinions Treatment Decision & pathology review to optimize treatment plan

Comprehensive Support

Support with physician-led care team and educational services

Quality Local Care

Streamlined access to leading cancer institutions & oncologists for inperson care.

Grand Rounds vs Center of Excellence

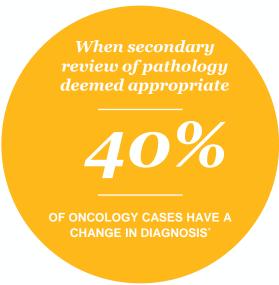
Grand Rounds offers a virtual and enhanced COE experience

	Grand Rounds	Cancer Center of Excellence
Physicians follow evidence- based guidelines	✓	✓
Remote expert second- opinion service offered	✓	
Care team support for care coordination, patient navigation & clinical questions		
Streamlined access to appointments	✓	
Gather all medical records before appointment	✓	✓

Expert Opinions in Oncology are largely focused on treatment plans



Correlation between secondary pathology and change in diagnosis



IN DIAGNOSIS'

- Grand Rounds in-house pathologist evaluates pathology report to determine whether expert pathology re-review is necessary
- Pathology re-review is conducted by field-leading pathologist (~5% of cases)

^{*}Pathology "re-review" required in approximately 5% of oncology cases where pathology included (~20% of oncology EOs). Re-review conducted by Field-Leading Expert Panel.

Our partners – Connecting cancer patients to in-person care

















COLUMBIA UNIVERSITY MEDICAL CENTER



Memorial Sloan Kettering Cancer Center











Conclusion:

• What is the employers' perspective on cancer care (and the rest of healthcare)?

Fired up, angry, and...

MOBILIZING!









Grand Rounds starts with the patient and physician match

Physicians

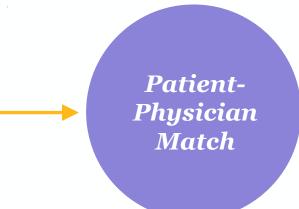
(Quality, right expertise, availability)

Patient Clinical Situation

(Medical history, condition and stage, urgency)

Non-Clinical Attributes

(Proximity, insurance, cultural preferences, gender / language)



Right Type of Doctor (Appropriate specialist)

Right Type of Service (Expert Opinion, Office Visit, Clinical Guide)

Right Support Level (Self-serve vs. care team involvement)