Presentation
TELEHEALTH: THE NEW FRONTIER

Helping to Achieve Superior Care for Vulnerable Individuals

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StationMD: A Healthcare Solution to Meet these Challenges and Support People with I/DD

- Founded by board certified emergency medicine doctors, telehealth pioneers
- Treat complex medical issues, thousands of encounters, COVID-19 experience
- Certified to provide specialized care to people with I/DD, multiple states
Committed to Pioneering Advancements for Individuals with I/DD

• Proud members/sponsors of:

• Featured speakers across the country

• JeffConnect-SEARCH2017
• Coleman Institute Conference
• American College of Emergency Physicians
• National Caregivers Conference
• The Arc’s 2018 National Conference
• The Arc of California 2019 Policy Conference
• 17th Annual AADMD Conference
• AAIDD 2019
• The Arc’s NCE 2019 Summer Leadership Institute
People with IDD and ER utilization

- People with IDD use the ER significantly more than other groups
- Individuals with IDD were more likely than individuals with no IDD to visit the ED (33.96% versus 20.28%, p < 0.0001).
- UK data showed people with IDD were twice as likely to use the ER, and more than five times likely for UTIs and pneumonias

Population Health Research Institute, St George’s University of London, United Kingdom
People with IDD and Hospitalizations

- People with IDD get hospitalized more frequently than other people
- Most due to seizures and pneumonia
- 5x more likely to contract COVID-19
- 5x increased mortality from COVID-19
- Gastrointestinal
- Mental Illness

COVID-19 and the IDD Population

- Background (virus, evolving situation)
- Transmission (droplet, PPE, social distancing)
- Symptoms (typical and varied)
- Vulnerable Populations and Challenges (local impact)
ER Experience for Individuals with I/DD

- Frightening for individuals with I/DD
- Trauma of Transport
- Exposure to Infections
  - COVID-19
- Disruption of Routine
- Missed Medication

General disruption, weeks to stabilize and puts many at risk
The Problem with the ER – Expensive yet Suboptimal Care

- Patient Trauma Exposure/Spread COVID-19
- Unspecialized Care Disruption of Routine
- Unnecessary Tests
- Unnecessary Hospitalizations

+ + = Suboptimal Care
+ = Excessive Costs
Challenges for Provider Organizations

- Regulatory compliance/Misinformation
- Meet complex care needs
- Staffing
  - Staff safety
  - Overtime pay
  - Shortages
Challenges for Staff

- Staff safety, Unexpectedly Extended Shifts
- Injuries from Decompensating Behavior
- Job Dissatisfaction
- Turnover
Benefits of Telemedicine in Caring for those with I/DD

Helps vulnerable populations lead healthy, independent, and productive lives.

- Expands Access to the Optimal Care SAFELY!
- Decreases Healthcare Costs
- Improves the lives of people with I/DD and their caregivers
## Causes of Frequent ER/Urgent Care Use for People with I/DD

<table>
<thead>
<tr>
<th>High Risk/Multiple Co-Morbidities</th>
<th>Lack of Access to Medical Care Otherwise</th>
<th>Regulatory Requirements</th>
<th>Primary Doctor Lacks Immediate Availability</th>
</tr>
</thead>
</table>

How can individuals with I/DD access personalized care in a non-disruptive and stable environment?
### How Telemedicine Can Help

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
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<tbody>
<tr>
<td>Lack of Access</td>
<td>Telehealth technology removes the Geographic Impediments</td>
</tr>
<tr>
<td>Suboptimal care for specialized needs</td>
<td>Utilize Doctors who have specialized I/DD training</td>
</tr>
<tr>
<td></td>
<td>Provide Access to medical records/database</td>
</tr>
<tr>
<td></td>
<td>Personalized care provided in safety of person’s own environment</td>
</tr>
<tr>
<td>Primary Care Evaluation Unavailable Off-Hours</td>
<td>Need availability 24 hours/day</td>
</tr>
<tr>
<td>Regulatory pressures</td>
<td>Need doctor evaluation immediately</td>
</tr>
<tr>
<td></td>
<td>Provide full documentation</td>
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## Telemedicine Should Augment but does not Replace Primary Care

<table>
<thead>
<tr>
<th>Telemedicine</th>
<th>Primary Care</th>
</tr>
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<tbody>
<tr>
<td>• Addresses high glucose readings with immediate medication adjustment</td>
<td>• Manages daily meds for chronic conditions (i.e., insulin regimen, cholesterol medications)</td>
</tr>
<tr>
<td>• Medication refills/clarification/reconciliation</td>
<td>• Prescribe long-term medications</td>
</tr>
</tbody>
</table>
| • Evaluates after an incident to meet regulatory requirements  
  • Performs regular “check-ins” as needed          | • Manages long-term goals of treatment                                      |
| • Handles urgent medical issues                   | • Monitors medical screening issues (i.e., colonoscopy)                     |
Other Tools that Help Augment Care

Immediate access at anytime to high-quality ER doctors, specially trained in the care of people with I/DD can make a significant impact along with:

- Proven treatment guidelines/COVID-19 updates
- Doctor training
- Quality reviews
- Educational series
Reporting/Data Analysis

Comprehensive reporting package is key to analyze trends

Monthly data by site

- Number of visits/calls by
  - Hour of Day
  - Day of Week
  - Physician
  - Outcome i.e. observe, transfer, etc.
  - Diagnosis

Comparison on before and after implementation data with regards to transfers to Emergency Departments and other regulatory reporting.
The StationMD Process Step-by-Step
Change in Condition

24 year-old female with CP, asthma
- Develops cough
- Fever of 101°F
- Oxygen saturation 90%

Activate

• Facility Staff initiates SMD encounter
• StationMD doctor reviews patient’s records and keeps staff safe and educated
Physician Assessment

- Telemedicine consultation initiated
- A physical exam is performed
Treat Patient

- Asthma exacerbation and Respiratory infection
- StationMD provider prescribes meds if needed
- Determine if further treatment/testing needed

Share Treatment Plan/Follow-up

- Follow-up exam by StationMD doctor
- Breath sounds show improvement. Patient comfortable. Oxygen 95% (monitored)
- Documentation in EHR, Primary Care Physician Notified

Unnecessary trip to ER avoided

If patient had not improved - StationMD would contact ER to expedite visit & review history
Other Typical Cases (not always emergent!)

Medication Refill

Medical question/medication reconciliation

Behavior change

Constipation
Clinical and Economic Outcomes
**Proven Outcomes**

85%

**Historical Data from Clients Demonstrates an 85% reduction in ED Transfers**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>% Observed in Place</th>
</tr>
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<tbody>
<tr>
<td>03/2016-12/2016</td>
<td>86.4%</td>
</tr>
<tr>
<td>01/2017-12/2017</td>
<td>86.0%</td>
</tr>
<tr>
<td>01/2018-12/2018</td>
<td>89.1%</td>
</tr>
<tr>
<td>01/2019-12/2019</td>
<td>87.2%</td>
</tr>
</tbody>
</table>

**87.2% of StationMD Clients with I/DD Are Treated in Place**
Most calls result in avoided ER transfers across diagnoses

Calls by Diagnosis and Outcome

- Most calls are for minor medical issues and trauma.
- ER visits are avoided for conditions like fever, dehydration, and gastrointestinal issues.
- The number of calls for conditions like pneumonia and sepsis is significantly lower, indicating fewer ER transfers.

Diagram showing the number of calls and avoided ED visits for various diagnoses.
## Significant Savings for Provider Agencies & Payers

**StationMD Telemedicine Estimated Cost Savings**

### Estimated I/DD Agency Savings

<table>
<thead>
<tr>
<th>Number of Consumers</th>
<th>Est. ED Visits in 12-month period</th>
<th>Est. Reduction in ED Visits</th>
</tr>
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<tbody>
<tr>
<td>200</td>
<td>440</td>
<td>374</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Site Loss of Bed Revenue*</th>
<th>~Cost of Site Bed/Night</th>
<th>Savings</th>
</tr>
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<tbody>
<tr>
<td>370 Nights</td>
<td>$500</td>
<td>$185,130</td>
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<table>
<thead>
<tr>
<th>Site Transportation Costs</th>
<th>~Cost of Transport</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>150</td>
<td>$500</td>
<td>$75,000</td>
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<table>
<thead>
<tr>
<th>Total Hrs. 1 Staff Member to Cover Avg. ED Visit</th>
<th>Staff Salary/Hr.</th>
<th>Savings</th>
</tr>
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<tbody>
<tr>
<td>1,870</td>
<td>$15</td>
<td>$28,050</td>
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### Estimated Payer Savings

- Estimated 123 of 374 ED Transfers were Avoided Hospital Admissions

<table>
<thead>
<tr>
<th>Averted ED Transfers</th>
<th>Average Cost/ED Visit</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>251</td>
<td>$1,000</td>
<td>$251,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Averted Hospital Admissions</th>
<th>Average Cost/Top DX w. Avg. LOS of 3 Nights</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>123</td>
<td>$15,000</td>
<td>$1,845,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Projected Annual Savings for Payer</th>
<th>$2,096,000</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total Projected Annual Savings for Agency</th>
<th>$288,180</th>
</tr>
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</table>

*Assumes 3-day LOS for admissions
Other Documents
I hope you are safe and well in these unprecedented times. I wanted to take a moment to introduce you to **StationMD Telehealth**. We have been providing quality medical care utilizing telehealth and remote solutions to the IDD community for several years. We have been privileged to serve this population with great results. The COVID-19 crisis has simply underscored the relevancy, value and urgency of our mission.

At **StationMD**, our board certified ER doctors have special training in addressing the challenges of these populations, creating a safer, superior and far less disruptive medical solution than a traumatic trip to the ER. Our clients get immediate access to physicians 24/7, filling the vast gaps in medical care that exist in these communities. We are dedicated and specially equipped to help our clients minimize risk during this critical time.

We all must take bold steps to ensure the safety of the IDD population and decrease the burden to our healthcare systems. Our solution is not merely a substitute, it is superior care to address gaps in care, from medication refills to asthma attacks, minor trauma, illnesses and much more. Our doctors have treated thousands of patients to date. We intend to use that experience to assist in any way we can during this health crisis.

During the crisis, we are keeping abreast of the latest CDC guidelines in order to keep your staff and individuals safe. In addition to the typical medical issues, **StationMD** can help with the following:

- determine who needs to be tested
- determine who needs hospital care
- determine who needs isolation / quarantine

If you would like to learn more about StationMD and how our services can benefit your organization, please contact Mario Bienvenue at 908-663 2929, x825 or mario.bienvenue@stationmd.com.

Thank you for your continued dedication in serving this vulnerable population. Now more than ever, our solution can save lives and help mitigate this crisis. Thank you and be safe.

Sincerely,

**Maulik M. Trivedi MD FACEP**

On a personal note, I am also an Emergency Medicine physician living and practicing in NYC. I can tell you the situation is worsening by the day. Our IDD population is especially hard hit and the importance of getting the word out is more important than ever ([NY Times article from yesterday](https://www.nytimes.com/2020/03/30/health/coronavirus-connectionIDD.html)). Telehealth solutions like ours are critical during the COVID 19 crisis.
Why StationMD?
StationMD delivers superior medical care to people with intellectual and developmental disabilities (I/DD) in their home settings employing telehealth. Our physicians have a special commitment to caring for people with I/DD and have dedicated training in this area. Using our telehealth solution, people with I/DD have access to our specially-trained ER doctors from the comfort of their home.

At StationMD, we have successfully reduced the costs associated with unnecessary ER transfers and hospital stays. These savings impact payers, residential facilities, providers, and family members.

Providing High-Quality Care in a Stable Environment
The trauma of transfer and exposure to infection aside, the ER can be particularly frightening and disorienting for individuals with I/DD. The daily routine of meals, activities, sleeping, and medications is disrupted as well.

How It Works

Cost Savings and Budget Impact
- Partners using StationMD typically see an **85% reduction** in ER transfers
- Annual Average Provider Savings per 100 individuals = **$49,000 - $108,000**
- Annual Average Payer Savings per 100 individuals = **$744,000 - $1,265,000**