

## How mHealth's Mobile-to-Mobile Platform can be Translated to the "Medical Home" Model



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## Disclosure Statement

Dr. Thornbury discloses ownership in Jobathco, Entp.  
which accounts for expenditures in medical technology.

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## Learning Objectives

1. Review the literature of mobile-to-mobile online care delivery.
2. Examine the implications of mTelehealth's impact on the each sector of the health economy.
3. Explain how health systems may translate mobile-to-mobile care delivery to drive sustainability in value-based reimbursement models.



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## Blockbuster or Netflix?

The culture that shops, banks, and buys books, movies, and music online---will conduct a portion of their healthcare online. The question is, "With whom will they conduct it?"



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## The Algebra of Mobile-to-Mobile

M2M → 4 min

4 min → PCMH

PCMH → Health Systems

Health Systems → Readmits/ED Misuse/CCM/HHC

Mature M2M System → 1<sup>st</sup> Gen Telemed/Retail Clinics  
?

## M2M Health Delivery : Will it work?

Solve a problem?

Does it save money?

## Patient

Play audio

Continue

## Provider

**Chief Complaint**  
Jill Atkins is a 42 year old female. Her reason for visit is "poison ivy".

**History of Present Illness**  
#1. "poison ivy"  
**Location**  
She reported: Skin rash located on the right arm. Rash confined to one region of body. Itching only in one place.  
She denied: Itching over many parts of body.

**Contact Info**  
jill@myemail.com  
Cell: (123)-456-7890

**Pharmacy**  
Pharmacy Rx (111)-123-4567

**Allergies**  
PCN

**Add'l Info**  
I do not tolerate pills well. Prefer capsules.

**Meds**  
MVI 1 QD  
Nuva Ring 1 Monthly  
Requip 0.5 mg Nightly

I've reviewed your medical information, and it sounds like you've developed a form of dermatitis or rash that commonly occurs when a person comes into contact with certain plants such as poison ivy, poison oak, or poison sumac. The exact cause of the rash is unimportant in such cases, as the treatment for all is the same.

I've sent your pharmacy a prescription for a mild steroid to apply to the affected area until the rash clears. I've also included prescriptions for a short course of oral steroids (cortisone) and an antihistamine, if needed. Applying an over-the-counter drying agent such as Ivy-Dry lotion or calamine lotion over the steroid cream should help as well.

Most dermatitis will respond to treatment rather quickly; however, if you don't improve, if the condition worsens, or if you generally feel unwell, then I'd like to see you in the office for an examination.

Media

Continue

Photo

Continue

Add Lib Item

Continue

## Primary Care Pilot Study Year-1 Data:

- 100% Safety Profile
- 97% Patient Satisfaction
- 90% Before 9:00pm
- 26% Repeated w/i 6mos

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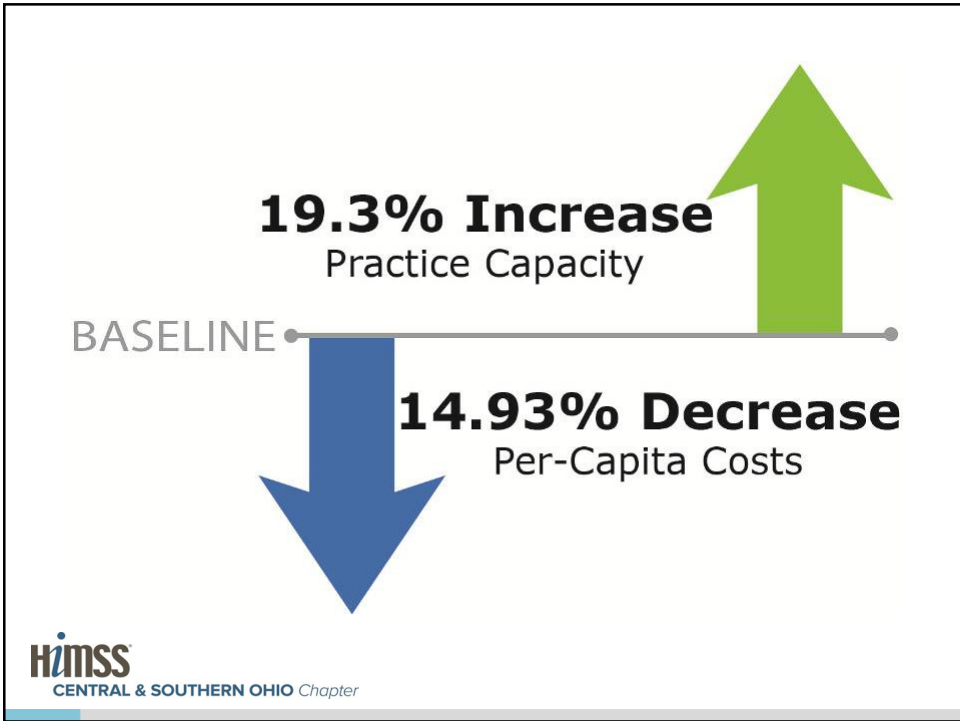
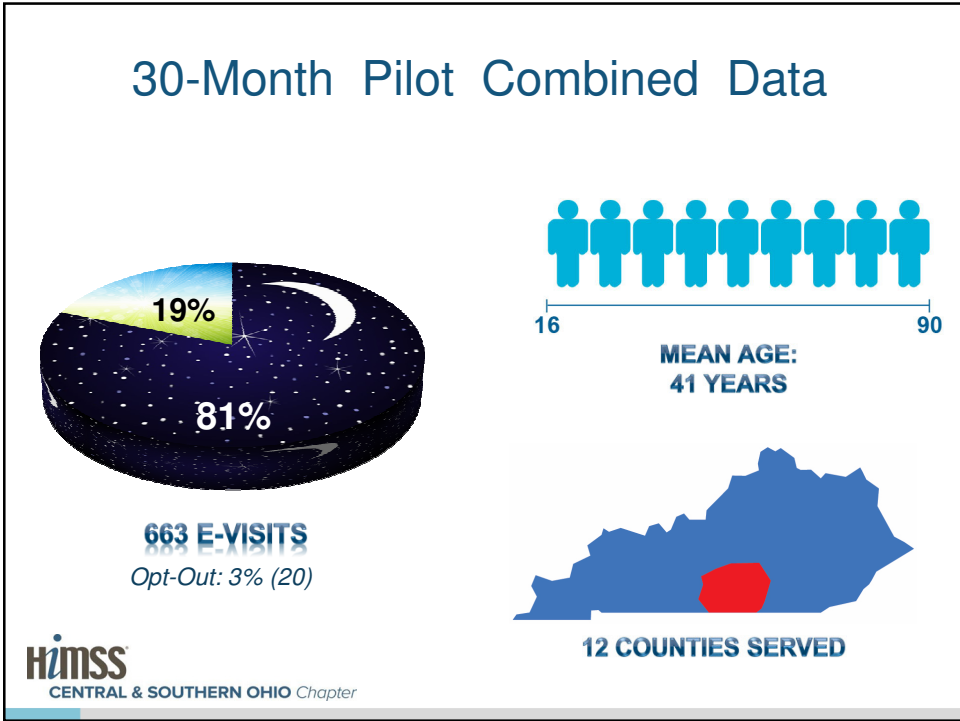
## Primary Care Pilot Study Year-2 Data:

- 80% Acute 20% Chronic Disease
- 81% e-Visit 19% phone-added
- 5 Appalachian Counties
- 1.7:1 Female to Male

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- 2% Opt-Out by MD





## PATIENT

- Care Wherever/Whenever
- Own Physician
- Less Disruptive
- Complete Treatment Plan



## PHYSICIAN

- Productive = ↑ ROI
- Lowers Liability
- Reimbursed for Intellectual Work
- Supports "Medical Home" Continuity

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## MEDICAL PRACTICE

- New Revenue Stream
- ↑ Productivity
- ↑ Patient Engagement
- ↑ QOL for Practice

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**HEALTH SYSTEM**

- Competitive Market Advantage
- ↓ ED Uncompensated Care
- ↓ Readmissions
- Patient PR/Marketing
- Supports MU 2+3 initiatives
- M2M Megatrend


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**INDUSTRY PARTNER**

- ↓ Health Costs
- ↓ Absenteeism/Presenteeism
- ↑ Team Member Productivity
- Easy to implement and use
- Advantages over 1<sup>st</sup> gen telemedicine

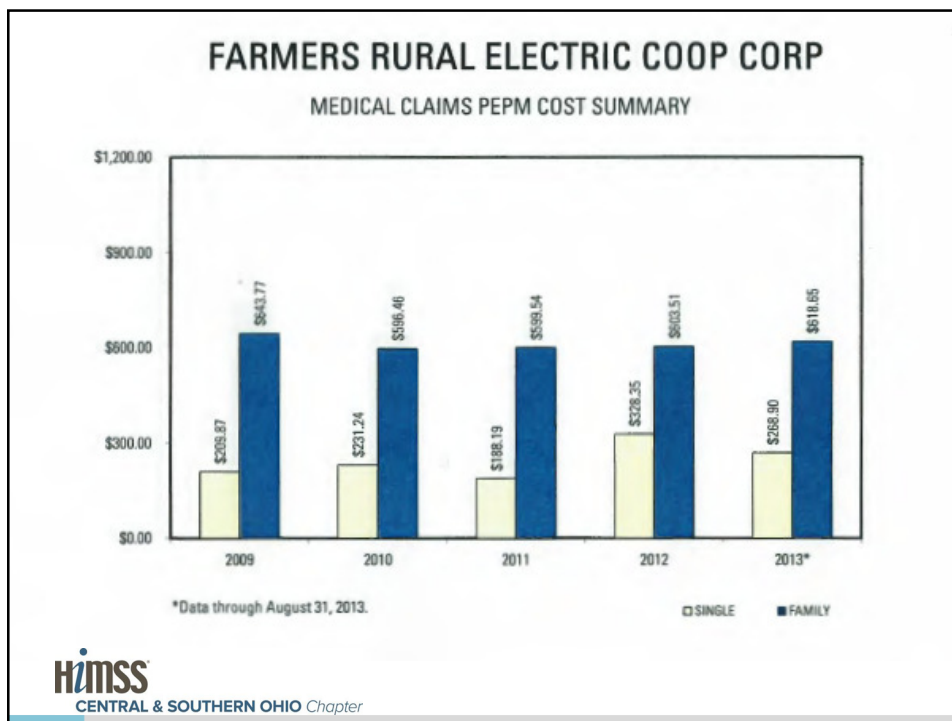
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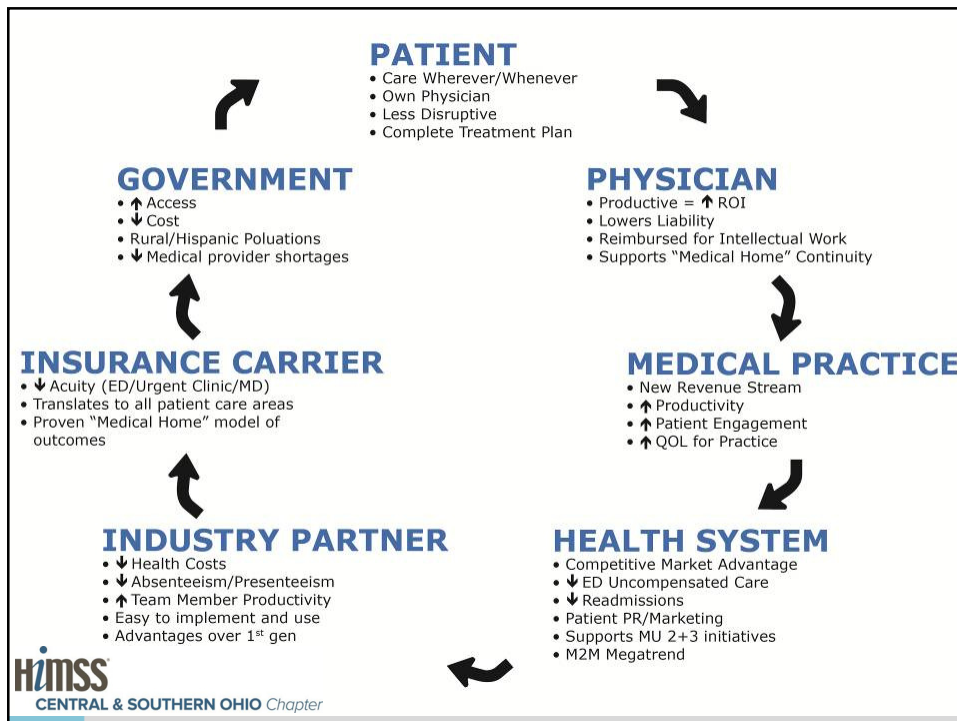
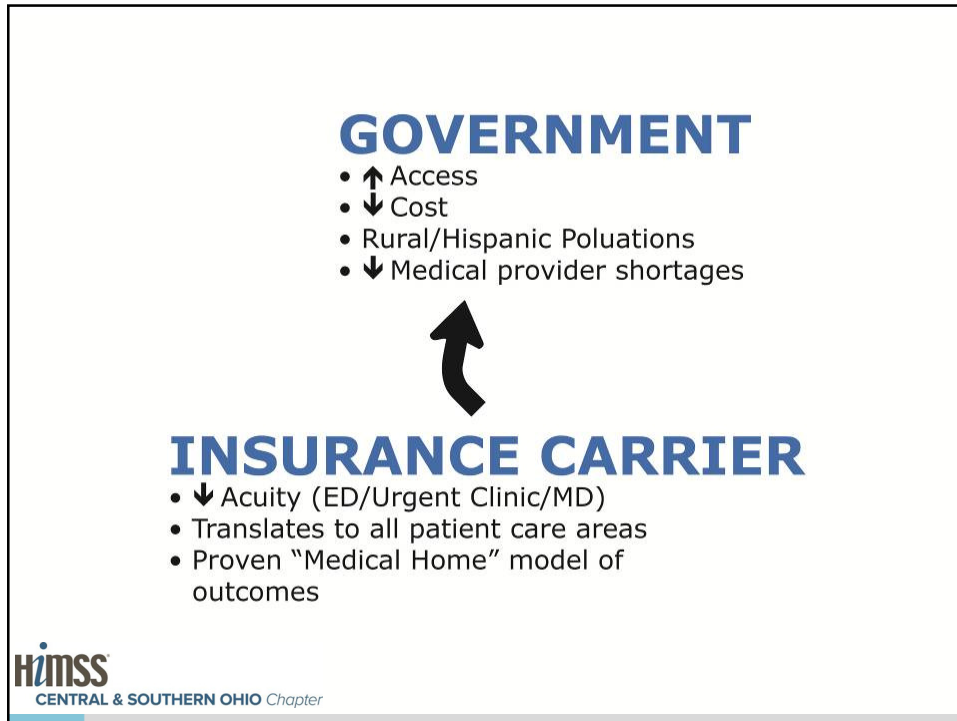
## INSURANCE CARRIER

- ↓ Acuity (ED/Urgent Clinic/MD)
- Translates to all patient care areas
- Proven "Medical Home" model of outcomes



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## Mobile-to-Mobile Efficiency

1. 1/3<sup>rd</sup> Time Any Telemedicine on Market
2. 200% More Efficient
  - Did not interrupt clinic. Did not interrupt family life.

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3. Primary Care => Chronic Disease
4. Practice can expand: “Two pies, not one”.
  - Captures the “80%” of care requests observed after-hours.
  - Office may expand patient panels to provide more care
  - Offers ability to see high-acuity patients care same day.

## Translated Benefits of mTelehealth

1. Reduced Hospital Re-Admissions
2. Divert E.D. Misuse
3. Reduced “No-Shows”
4. Transitional Care / Home Health f/u
5. Chronic Care Management
  - Extended Access                      Augmented Communications
6. Hyper-specific Marketing
  - “Walkie-Talkie” to Patient + Demographics
7. Primary Care → Specialty/Surgical Clinics

## Shifting Reimbursement Models

- CCM:
 

Arguably, the most important broadly applicable change CMS has made to primary care payment to date.

“Will allow provider to develop skill sets critical for **population management and value-based reimbursement.**”
- SGR:
 

“...instituting payment increases of 0.5% for five years while Medicare **transitions doctors to a new system that emphasizes quality care over volume of care.**”

## mTelehealth: The Triple Aim

1. Improves patient care experience
2. Reduces per-capita cost of care
3. Improves population health

*Institute for Healthcare Improvement*



## M2M Health Delivery : Will it work?

### Solve a problem?

- Improve Access
- Patient Convenience
- Keep Own Physician

### Does it save money?

- Lowers Health Costs
- Improves Productivity
- Stabilizes INS Premiums



## Peer-Reviewed Academic Citations

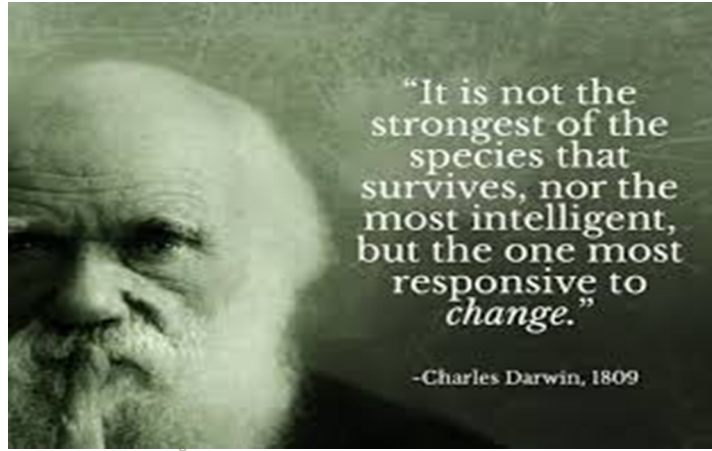
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Kindle : Book Sales  
 Online Banking : Finance  
 iTunes : Recording Industry  
 M2M : Healthcare



## Darwin's Law of Natural Selection



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**Thank you.**

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