Agenda

- **Welcome**
  - **Jennifer Covich Bordenick,** CEO, eHealth Initiative
- **Discussion & Comments**
  - **Lisa Ide, MD, MPH,** Chief Medical Officer, Zipnosis
  - **Steven Waldren, MD, MS,** Vice President and Chief Medical Informatics Officer, American Academy of Family Physicians
- **Q & A**

Housekeeping Issues

- All participants are muted
  - To ask a question or make a comment, please submit via the Q&A feature and we will address as many as possible after the presentations

- Technical difficulties:
  - Use the chat box and we will respond as soon as possible

- Questions:
  - Use Q&A feature

- Today's slides will be available for download on eHI's Resource page **www.ehidc.org/resources**

Our Mission

eHealth Initiative's mission is to serve as the industry leader convening executives from multi-stakeholder groups to identify best practices to transform healthcare through use of technology and innovation. eHI conducts, research, education and advocacy activities to support the transformation of healthcare.

Multi-stakeholder Leaders in Every Sector of Healthcare

Convening Healthcare Executives

Research & Identify Best Practices

Best Practice Committees Identify & Disseminate Success Stories

Value & Reimbursement

Technology & Analytics

Workflow for Providers and Patients

eHI
eHEALTH INITIATIVE

eHealth Resource Center Available With Best Practices & Findings

Best Practice Committees contribute to the eHealth Resource Center **www.ehidc.org/resources** which provides assistance, education and information to organizations transforming healthcare through the use of information, technology and innovation. The Resource Center is a compilation of reports, presentations, survey results, best practices and case studies from the last 16 years.

Virtual Care: Advancing Care Delivery

How the partnership between AAFP and Zipnosis is bringing the opportunities and benefits of virtual care to family practice.

Today's Presenters

Lisa Ide MD, MPH

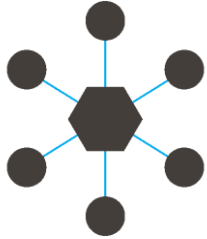**Chief Medical Officer**

Steven E. Waldren, MD, MS

VP & Chief Medical Informatics Officer

About AAFP

- Founded in 1947, the American Academy of Family Physicians **represents 131,400 physicians and medical students nationwide**, and it is the **only medical society devoted solely to primary care**.

- Family physicians conduct approximately **one in five of the total medical office visits** in the United States per year – more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families and communities.

- Family medicine's cornerstone is an ongoing and personal patient-physician relationship where **the family physician serves as the hub of each patient's integrated care team**. More Americans depend on family physicians than on any other medical specialty
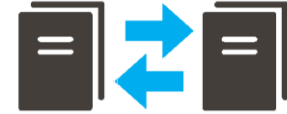
About Zipnosis

Comprehensive virtual care platform

Designed exclusively for provider organizations

Robust suite of integration options

Organic clinical decision support

Personalized care for diverse populations

Internal and outsourced staffing options

About Zipnosis

ANTIBIOTIC STEWARDSHIP

95%

Antibiotic prescribing guideline adherence

LIVE WITH MORE THAN

30

ORGANIZATIONS ACROSS

21

STATES

MEDICAL EXPERIENCE

140K+

Number of visits completed using the Zipnosis application

Industry leading multi-modal technology

zipnosis®

How Does Virtual Care Fit Into Healthcare?

Virtual Care Today

- Flexible, adaptable, and mobile

- Multi-modal (asynchronous, chat, video, etc.)

- Designed for optimal patient and provider experience

- Highly efficient for patients and providers

- Forward-looking; embraces technological advancement

61 percent — **Health systems that use multiple modalities in their virtual care service**

52 percent — **Health systems that have virtual care integrated with their EMR**

zipnosis®

Patient Expectations and Experience

Consumer expectations are driving change in healthcare.

**Anytime,
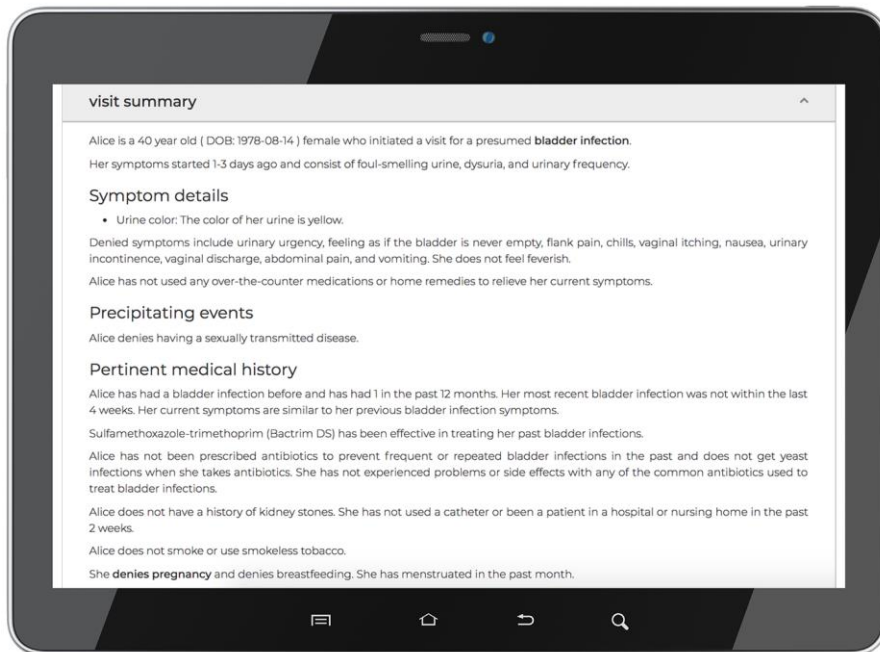Anywhere**

Connected

Results

**Cost
Conscious**

92% satisfaction rate for patients who received treatment via virtual care

The average patient is receiving a provider response **less than 15 minutes** after their interview.

zipnosis®

Provider Experience – Asynchronous

visit summary

Alice is a 40 year old (DOB: 1978-08-14) female who initiated a visit for a presumed **bladder infection**.

Her symptoms started 1-3 days ago and consist of foul-smelling urine, dysuria, and urinary frequency.

Symptom details
- Urine color: The color of her urine is yellow.

Denied symptoms include urinary urgency, feeling as if the bladder is never empty, flank pain, chills, vaginal itching, nausea, urinary incontinence, vaginal discharge, abdominal pain, and vomiting. She does not feel feverish.

Alice has not used any over-the-counter medications or home remedies to relieve her current symptoms.

Precipitating events

Alice denies having a sexually transmitted disease.

Pertinent medical history

Alice has had a bladder infection before and has had 1 in the past 12 months. Her most recent bladder infection was not within the last 4 weeks. Her current symptoms are similar to her previous bladder infection symptoms.

Sulfamethoxazole-trimethoprim (Bactrim DS) has been effective in treating her past bladder infections.

Alice has not been prescribed antibiotics to prevent frequent or repeated bladder infections in the past and does not get yeast infections when she takes antibiotics. She has not experienced problems or side effects with any of the common antibiotics used to treat bladder infections.

Alice does not have a history of kidney stones. She has not used a catheter or been a patient in a hospital or nursing home in the past 2 weeks.

Alice does not smoke or use smokeless tobacco.

She **denies pregnancy** and denies breastfeeding. She has menstruated in the past month.

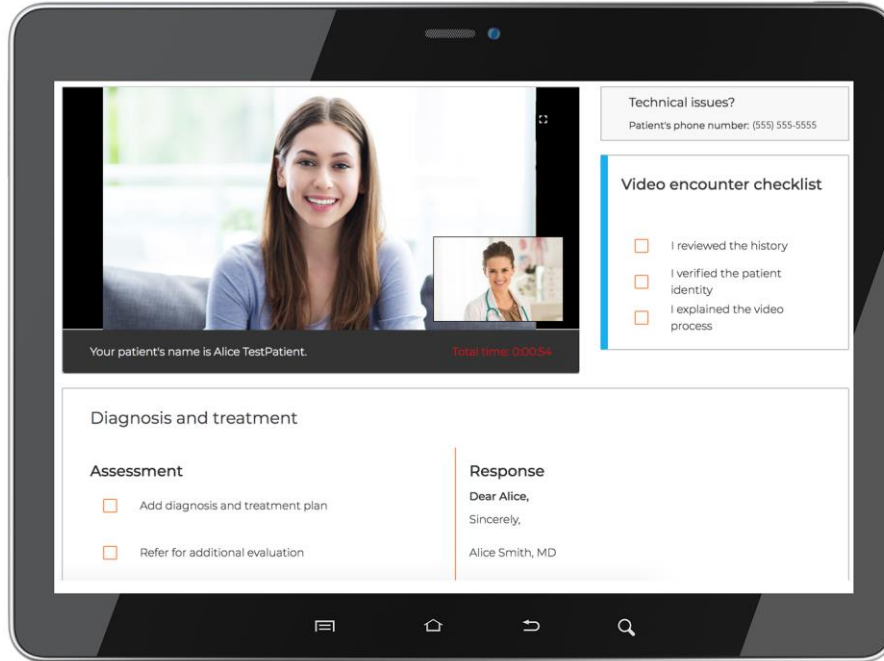**2 minutes** — Average asynchronous clinical work time

600 hours — Provider hours saved in one health system between 11/1/17 and 3/31/18

95 percent — Adherence to antibiotic prescribing guidelines

16

zipnosis®

Provider Experience - Synchronous

- Supports caring for patients with more complex needs

- Offers a wider range of diagnosis and prescribing options

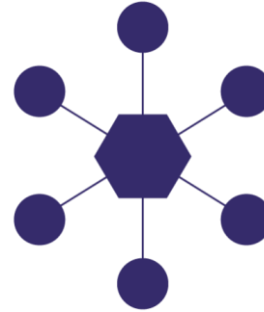- Provides patients with flexibility and choices

What's Happening in Virtual Care

Deeper systems integrations to support complex health system needs.

Broadening clinical use cases and increased ability to support a variety of interventions.
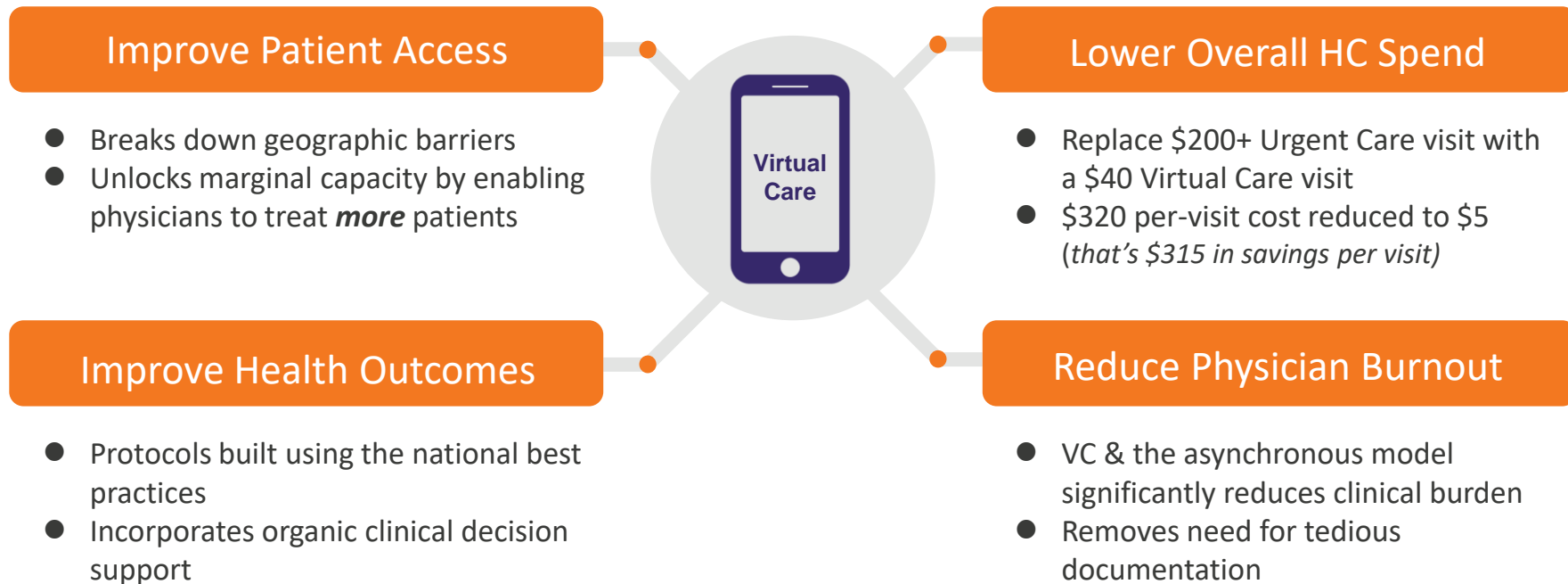
Streamlined vendor environment with fewer companies serving the market.

Improved Continuity of Care: Virtual Care becomes an integral part of the patient care experience.

zipnosis®

Meeting Challenges: The Quadruple Aim

Improve Patient Access

- Breaks down geographic barriers
- Unlocks marginal capacity by enabling physicians to treat *more* patients

Virtual Care

Lower Overall HC Spend

- Replace $200+ Urgent Care visit with a $40 Virtual Care visit
- $320 per-visit cost reduced to $5 (*that's $315 in savings per visit*)

Improve Health Outcomes

- Protocols built using the national best practices
- Incorporates organic clinical decision support

Reduce Physician Burnout

- VC & the asynchronous model significantly reduces clinical burden
- Removes need for tedious documentation

zipnosis®

Meeting Challenges: Provider Shortage

How Does Virtual Care Help?

- Significantly reduces time to diagnoses—as little as 2 minutes
- Reduces capacity burdens on in-person care
- Supports lower cost of care while meeting demand for convenience

Enterprise vs. Small Practices Motivations

Enterprise

- Improve patient experience
- Enhance market position
- Improve patient access
- Reduce cost of delivering care
- Increase provider productivity
- Support patient acquisition
- Match competitive offerings

Small Practices

- Generate clinical efficiencies to increase provider productivity
- Enable providers to effectively care for patient panel and even add new patients
- Support access, convenience and patient experience

zipnosis®

AAFP Virtual Care

AAFP & Zipnosis Partnership

Steven E. Waldren, MD, MS

November 1, 2018

AAFP

AMERICAN ACADEMY OF FAMILY PHYSICIANS

The Back Story…

- Why a virtual care platform?
  - Growth of telemedicine, telehealth, remote monitoring
  - Growth of value-based payment
  - Fragmentation of primary care with stand-alone direct to consumer telehealth models

- Goals
  - Ease the addition of virtual care services into traditional brick and mortar practices
  - Provide a solution to add virtual care not just a software package
  - Support evidence based care delivery
  - Empower small sized practices to implement and succeed with virtual care
  - Establish a platform for growth of virtual care as the transformation to value based payment continues

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Developing AAFP Virtual Care

- RFI process to identify likely partners
- Zipnosis had a great platform focused on enterprise organizations but check all the boxes and was focused on making telemedicine local and supporting a delightful workflow for physicians

- Establish a joint product that was designed for small practices
- Piloted the new product offering in typical family medicine practices across the US.
- Tweaked the product offering based on pilot feedback
- Launched the product to our membership

AAFP Virtual Care
Powered by Zipnosis

<u>Current</u>

- Retail on-boarding process for new subscribers
- Focus on asynchronous visits with ability for synchronous audio/video visits
- Evidence based support for key acute care diagnosis
- Marketing support for practices

<u>Future</u>

- Expand evidence based acute diagnosis treatment protocols
- Integrate additional Zipnosis Enterprise features
- Add support for chronic care management through virtual care
- Enhance integration for payment and EHRs

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Q & A

Lisa Ide, MD, MPH
Chief Medical Officer
Zipnosis

Steven Waldren, MD, MS
Vice President and Chief Medical Informatics Officer, American Academy of Family Physicians