



A Case for Telehealth...

CASE STUDY DOCUMENT

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Telehealth Case Study Report

WebDoctors Plus Telehealth Impacts Population Health and Savings

Why should employers want to see telehealth included in their health benefits package?

As for employers, the reasons to include telehealth in their health insurance benefits package are numerous and significant. They include:

Improved care. It's simply another option for employees, especially those who live in rural areas where nearby health care options are less prevalent.

Lower cost. Surveys show that the average cost of an emergency room visit is \$700, with urgent care visits averaging \$150. The average cost of a telehealth visit is \$40.

More convenience. Increasingly, telehealth access is 24/7. All you need is a smartphone, tablet or computer, and you can access care instantly.

Better health. Because it's quick, convenient and relatively low cost, employees are more likely to seek medical care when they need it, instead of putting it off until things become more serious — and expensive.

Higher productivity. A visit to the doctor or urgent care center can take half a day or more, which results in significant time away from work — at the expense of productivity. A telehealth visit takes mere minutes.

Better employee retention. With telehealth becoming more and more popular, employees are seeing it as a necessary part of their benefits package. If employers don't cover it, employees will notice.

Why is telemedicine as delivered by established companies failing to break the 2-3 percent utilization ceiling?

Offering care in a lower-cost venue only saves money if people use it. Although nearly 85 percent of those insured in the US currently have some remote access service provided through their job, utilization among employed Americans remains dismal. The ability to state, “we offer telemedicine” seems to have given payer-side executives a sense of relief that a requirement has been met, yet few are impressed with the ROI performance of national telemedicine platforms.

It makes sense that employers would want a telemedicine service to provide value to workers and the company. Yet despite the near-ubiquitous presence of telemedicine, this remains a massive unmet need. It all boils down to utilization.

These telemedicine companies haven't cracked the code of patient engagement with remote physicians. If utilization is low among plan beneficiaries with access these telemedicine platforms, re-utilization is even lower.

Return use is an indicator of patient satisfaction. Yet to date, people who use their platforms once are highly unlikely to use the service again. Anemic performance is the reason members of the established telemed companies are renewing contracts with no base charge to clients and are willing to operate at a loss in defense of their market share— renew with us at no cost, but with exclusivity, they tell customers who would otherwise cancel.

Just because they're willing to give the service away, doesn't mean it's meeting the needs of a hungry market. Keeping contracts alive despite non-use saves face for telemedicine companies and prevents payer-side executives from searching the market for solutions. As new platforms emerge that are based on continuity and integration, simply checking the telemedicine box isn't going to be enough to satisfy a market that believes telemedicine, or rather, virtual care, done right is the answer to savings and efficiency in health care.

The Solution: ProActive vs ReActive Care Model

We have done extensive research in this area and have found that one of the key reasons why utilization is low among varied employer groups (regardless of the industry, size of population, etc.) is clearly due to two key factors: lack of education, and engagement on the part of plan administrators as well as the telehealth physician network. For any telehealth program to meet any level of success in numbers, it is imperative that we as providers and program administrators re-program our typical care model to a *Proactive vs Reactive approach* (typically most current providers merely wait on request for consults).

We have strategically designed a program entitled- HealthWatch™ which aids in driving utilization percentages up, while significantly driving down cost and population health risk.

HealthWatch™ greatly enhances our 24/7 Virtual Care program. This proactive care program allows our care team to monitor the health and wellness of our members by utilizing proprietary brief health and lifestyle assessments, that are automatically generated amongst our patient population throughout the year- annually, providing us key data. This tool aids in the early detection of preventable health risk and disease, it educates our members on this benefit, as well as directs them to either the appropriate telehealth care solution within our system or directs them to their primary care physician if necessary.

Participation in this program *is completely voluntary*, however, it greatly impacts good healthy habits and member engagement in our program.

Rewards to Members

Engagement is key. This program provides rewards for various levels of engagement in either our telehealth platform or health/wellness initiatives (assessments, labs, etc.). **We are the only telehealth provider that funds our own reward program.** How can we do this? Simple. Our members' success is our success. As you utilize our benefit, save money, get healthy, and stay educated on health, and enjoy access to our 24/7/365 medical network of physicians, we know we will keep you happy as a customer for years to come. We want to be your premier choice in healthcare.

Individual Case Study Results

CLIENT Employer Group in the State of Texas

POPULATION SIZE 700 lives

The above referenced group is one of several that are utilizing our telehealth solution. This group has over 700 eligible employees (not including dependents). They are a self-funded group, and use our services in conjunction with their current health plan offering.

Since the inception of our telehealth program they have noted an approximate 15% reduction in employee sick days.

We have also noted feedback from within the employee population that they are more receptive to a virtual visit without the concern of meeting a deductible.

This company also from a management level works with us in remaining engaged in the education and promotional process. We hosted a variety of campaigns, not limited to; cold and flu season, allergy season, back to school, etc. We further noted a 100%-members satisfaction rating.

We've set 15-month ROI goals which were clearly met and exceeded. (*Approximately \$1.28 for every dollar invested*)

Approximately 83% of the consults were handled via telehealth.

Cost Transparency

Our pricing model is clearly designed to drive utilization, without the hidden utilization limitations, or renewal rate spikes- namely increases.

Our pricing is typically on a subscription basis. We have found this to be the most cost-effective pricing model, in our efforts to drive utilization. Since realistically all consults requested cannot be handled over the phone/secure video. We find it to be counterproductive in that case to charge a member a co-pay, just to refer them to their PCP where they are requested to pay another co-pay.

Our low per member per month rate, affords each member the opportunity to receive unlimited care on their terms with out the pain of a copay.



To learn more or to receive a free quote please contact us.
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