



Purpose-built telehealth outlook

Virtual health solutions to help drive better patient outcomes and boost revenue in 2020.



2020 is the year of a digital healthcare transformation.

The digital healthcare landscape is feeling a major change in 2020. Patient adoption of wearables is continuing its upward momentum, the world is beginning to assert dominance over personal healthcare records, and as a result of the COVID-19 pandemic, providers and patients alike are increasing their adoption of remote healthcare services. Telehealth is swiftly shifting from a nice-to-have option to becoming a required service line. While most virtual care solutions are utilized for urgent, but non-emergent medical

conditions, purpose-built programs are pushing the envelope and creating a marketplace of dedicated service lines across healthcare organizations and even other industries.

2020 is also the year hospitals and private practices began suffering financially. The pandemic has resulted in drastic hospital revenue losses, and practices have shuttered their doors due to reduced elective procedures and fearful patients hoping to avoid exposure. According to an [analysis by John Hopkins University](#), emergency department (ED) visits are down 40%, and outpatient volumes have fallen by 62%. This is where telemedicine holds a competitive advantage.

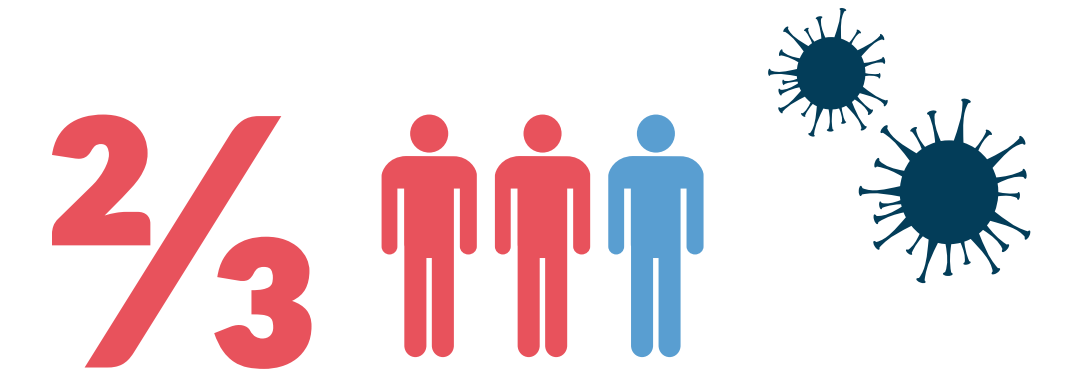


Telehealth is swiftly shifting from a nice-to-have option to becoming a required service line

Telehealth has long been touted as a revenue driver, but today, those profits are growing due to a shift in focus, changes in patient adoption and regulatory changes. Providers have been reimbursed at the same rate as in-person visits by both Centers for Medicare & Medicaid Services (CMS) and private payers, who have also waived co-pays for patients. In addition, two-thirds of respondents to a recent survey conducted by Sykes, an IT vendor, indicated that COVID-19 increased their willingness to try telehealth in the future.

Regardless of opportunity, success and growth are all about using the right vendor with a focus on the correct deliverable. Organizations now have more options in telehealth services than ever before. However, because these options do not offer purpose-built applications for each use case, they continue to further separate different service lines within a healthcare organization.

This telehealth outlook guide will cover the many use cases our partners have used to move their revenue needle forward – prior, during and post-COVID-19. Read through these unique opportunities to not only drive revenue but also to improve patient outcomes and become a leader in the evolving digital healthcare space.



of respondents said COVID-19 increased their willingness to try telehealth

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Community Virtual Health

Faced with limited budgets and resources to execute an integrated community-wide telehealth service, many hospitals and health systems find it challenging to build a virtual health program providing care coordination across an entire network of care.

The good news

These services are attainable and, when successfully implemented, are proven to increase both overall and downstream revenue.

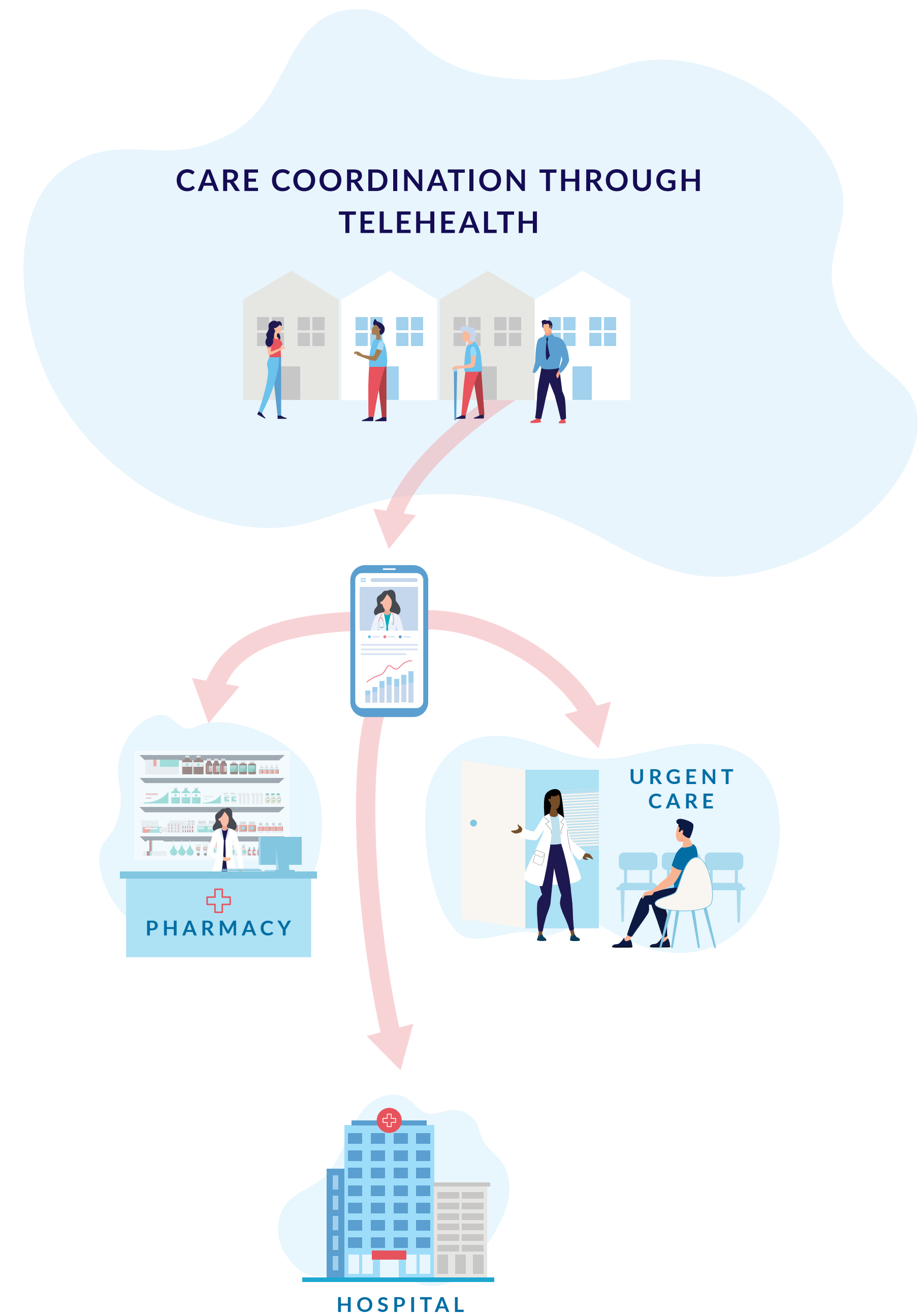
Even better

Most of these visits are now fully reimbursed, meaning you're doing less work for more return.

FOLLOW THE MAP

There is an underused, yet simple, way to create and encourage greater downstream revenue through telehealth: care coordination. Healthcare systems are historically difficult to navigate, but virtual care can mediate the challenges. With a comprehensive map of your network of care, virtual providers can direct new patients to the best place of in-person care, when necessary.

The process starts with a virtual care physician assessing the patient. If further care is necessary, the patient is automatically connected with follow-on care resources: anything from an in-network urgent care facility to



your system's orthopedic partner. Not only are they getting faster service, the positive experience resonates and increases the chance of patient loyalty.

Even easier

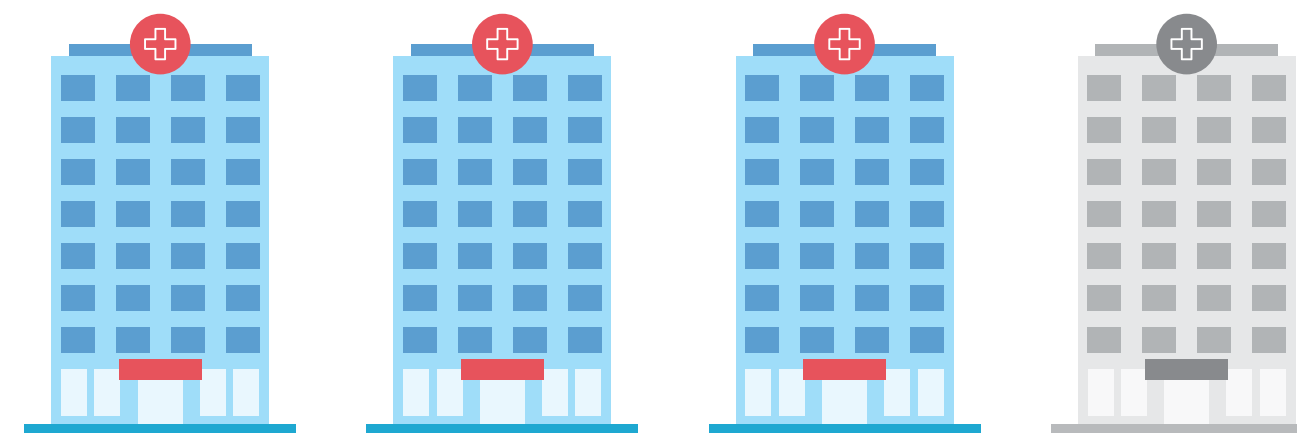
Primary care recommendations can happen anytime a patient registers for your virtual care service without a designated PCP resource.

According to the Advisory Board, each time your virtual care service treats a new patient, you can expect \$3,000 in annual downstream revenue from that encounter alone. Effectively customizing your care coordination maps is key.

NOW IS THE TIME

Telehealth has been on the minds of healthcare leadership teams for years. [According to the American Hospital Association](#), even in 2017, nearly 76% of hospitals had made telehealth a priority.

76%



In 2017, 76% of hospitals made telehealth a priority

\$7,413,600

downstream revenue potential for 1 Raleigh-based health system by treating over 2,400 new patients virtually throughout a 3-month period with RelyMD



Those organizations that had already done the legwork were in a better position to handle COVID-19 remotely. But that doesn't mean those without a telehealth plan should lose hope. With the coronavirus pandemic, telehealth is becoming a normal way to see a doctor. One could even argue that recent regulatory changes will help those without a pre-existing telehealth program achieve fast, cost-effective success.

In March 2020, CMS allowed for the expanded use of telehealth services that include codes CPT 99202 (for new patients) and CPT 99213 (for existing patients). In addition, most insurance providers are waiving patient co-pays

and reimbursing at in-patient rates. Rather than relying on high up-front costs to launch a service, many hospitals can capitalize on these in-patient rates by participating in a revenue share model that limits budgetary hurdles and decreases unknown risks.

MARCH 2020

CMS allowed for expanded use of telehealth services that include codes:

- **CPT 99202 (for new patients)**
- **CPT 99213 (for existing patients)**



A positive spin on COVID-19

COVID-19 has wreaked havoc on hospitals, health systems and private practices worldwide. Essential and elective needs, treatments and procedures are heightened. Yet, hospitals and healthcare practices are seeing less patient volume and as a result, less incoming revenue.

However, the pandemic has resulted in higher rates of telehealth usage that you can use to recoup the revenue loss. WakeMed, a Raleigh-based health system and RelyMD customer, initially launched their virtual urgent care service in June 2019 and maintained a steady increase in utilization. But over a 3-month period during the COVID-19 pandemic, the organization saw a spike in demand that resulted in a 4x growth.



To learn more about community virtual health solutions, visit relymd.com/community-virtual-health.

Case Study



The RelyMD medical team carefully created specific COVID-19 protocols to help WakeMed's patients seek remote care when experiencing flu-like symptoms, when concerned about potential exposure or when they simply wanted to avoid healthcare facilities. For mild symptoms, logging into WakeMed Virtual Urgent Care was encouraged. Physicians, who were immediately available, helped assess and guide over 4,000 patients to the most appropriate level of care over a 3-month period. WakeMed not only increased their utilization and helped patients avoid unnecessary exposure, they also kept their frontline workers safe.



>4,000

patients assessed and guided to the appropriate level of care

Employee Virtual Health

When telehealth is an integral part of employees' healthcare plans, employees can access medical care from home, avoiding unnecessary exposure to infection — protecting both your employees and patients. With stay-at-home measures and increasing concern about infection exposure during the COVID-19 pandemic, telehealth providers have seen up to a 50% increase in use a week.

Virtual healthcare for employees also gives organizations an opportunity to reduce healthcare spend. For each urgent care or ED visit that is avoided, you can expect to reduce claims costs by

\$193 and \$2,032, respectively.¹ When coupled with increases in utilization, employers are seeing more reductions in spend than ever before.

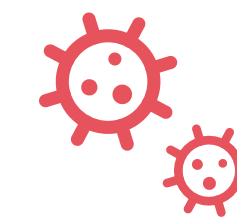
Telehealth services via RelyMD are being offered by more than 70 client organizations across multiple industries who, prior to the COVID-19 pandemic, had already achieved a nearly 16% utilization rate, 4x higher than the national average. Since the pandemic, these organizations have seen increased use and even greater reduction in healthcare costs.



DURING THE COVID-19 PANDEMIC



39% increase in RelyMD use by employee virtual health clients



79% of client employees used RelyMD to assess coronavirus-like symptoms

Take care of the people taking care of your patients

Protect your employees' health, improve employee engagement and provide innovative benefits that reduce healthcare spend — by providing convenient access to reliable, trusted medical care.

“

“The fact that they're truly able to see a provider in less than 10 minutes really makes our employees trust the service.”

Jimmy Person, Director of Human Resources at UNC Lenoir Health Care

OVER A 3-MONTH PERIOD DURING THE COVID-19 PANDEMIC



482 employees were sent for COVID-19 testing



\$212,886 in cost savings by keeping employees out of urgent care facilities



\$700,430 in cost savings by keeping employees out of the ED



To learn more about employee virtual health, visit relymd.com/employee-virtual-health.

Emergency Medical Virtual Healthcare

Emergency medical services (EMS) have long been overused for non-emergencies and repeatedly overused by the same patient population. One Missouri-based EMS provider reported that 600 EMS/ED utilizations came from just 22 patients.¹ One patient alone used the system 150 times in a year.

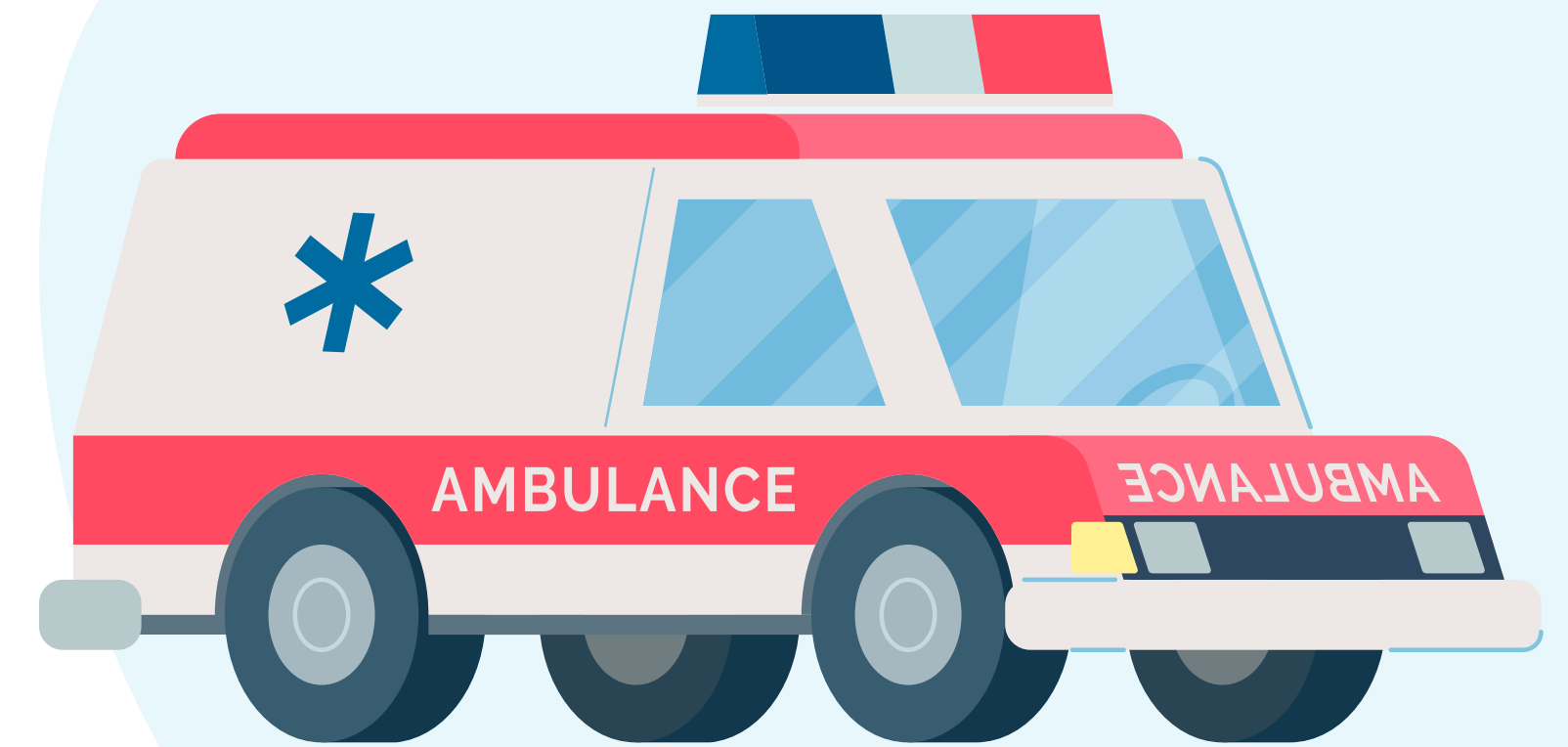
Emergency medical technicians (EMTs) face their own challenges. Because attending paramedics often have limited patient care options, patients remain destined for the ED. While EMTs can typically administer medication, they lack the authority and tools to create long-term care plans for non-emergent medical needs, beyond a ride to the

local hospital or healthcare system. In addition, EMS funding often requires a transport to qualify for payment, further instigating unnecessary admissions.

A new approach

Telehealth isn't just a better solution to emergent care. It's a new approach to conquering entrenched behavior that contributes to a lack of value-based care throughout the entire healthcare community: EMS, hospitals, primary care, home health and others.

Telehealth can connect patients and EMTs with emergency medicine physicians from the patient's location – anytime, anywhere.



90%



of unnecessary hospital transports were avoided in a pilot project with RelyMD and Wake County EMS

¹ Caspi H. Breaking the Cycle of Overuse. EMSWorld. 02/13/2014 <https://www.emsworld.com/article/11312047/breaking-cycle-overuse>

After reviewing vital signs remotely and asking the patient a series of questions, the remote physician makes an informed decision about the necessity of a trip to the ED via ambulance. If not, the doctor provides an alternate management plan (e.g., education, reassurance or prescription) or destination (e.g., urgent care). Ultimately, the patient and paramedic make the final decision regarding ED transport.

Emergency Triage, Treat, and Transport (ET3) Model

Even before the coronavirus pandemic started moving regulatory changes towards nationwide parity, CMS

recognized the need for change. The [Emergency Triage, Treat, and Transport \(ET3\) Model](#), a five-year payment model, was announced, which will provide greater flexibility to ambulance care teams to address the emergency health care needs of Medicare Fee-for-Service (FFS) beneficiaries following a 911 call.

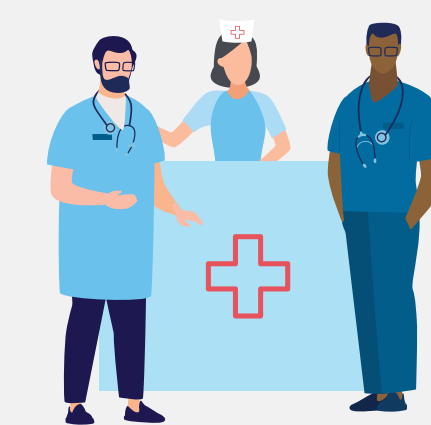
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“This program was successful and made a positive impact all around, providing on-the-spot-care through telemedicine is the right thing to do for low-acuity visits. It is a win-win for the medical community.”

Former Director, Wake County EMS

UNDER THE ET3 MODEL, THE CMS WILL PAY PARTICIPATING AMBULANCE SUPPLIERS AND PROVIDERS TO:

1. **Transport an individual to a hospital ED or other destination covered under the regulations**



2. **Transport to an alternative destination partner (such as a primary care doctor’s office or an urgent care clinic)**

3. **Provide treatment in place with a qualified health care partner, either on the scene or connected using telehealth**



To learn more about emergency medical virtual health, visit relymd.com/emergency-medical-virtual-health.

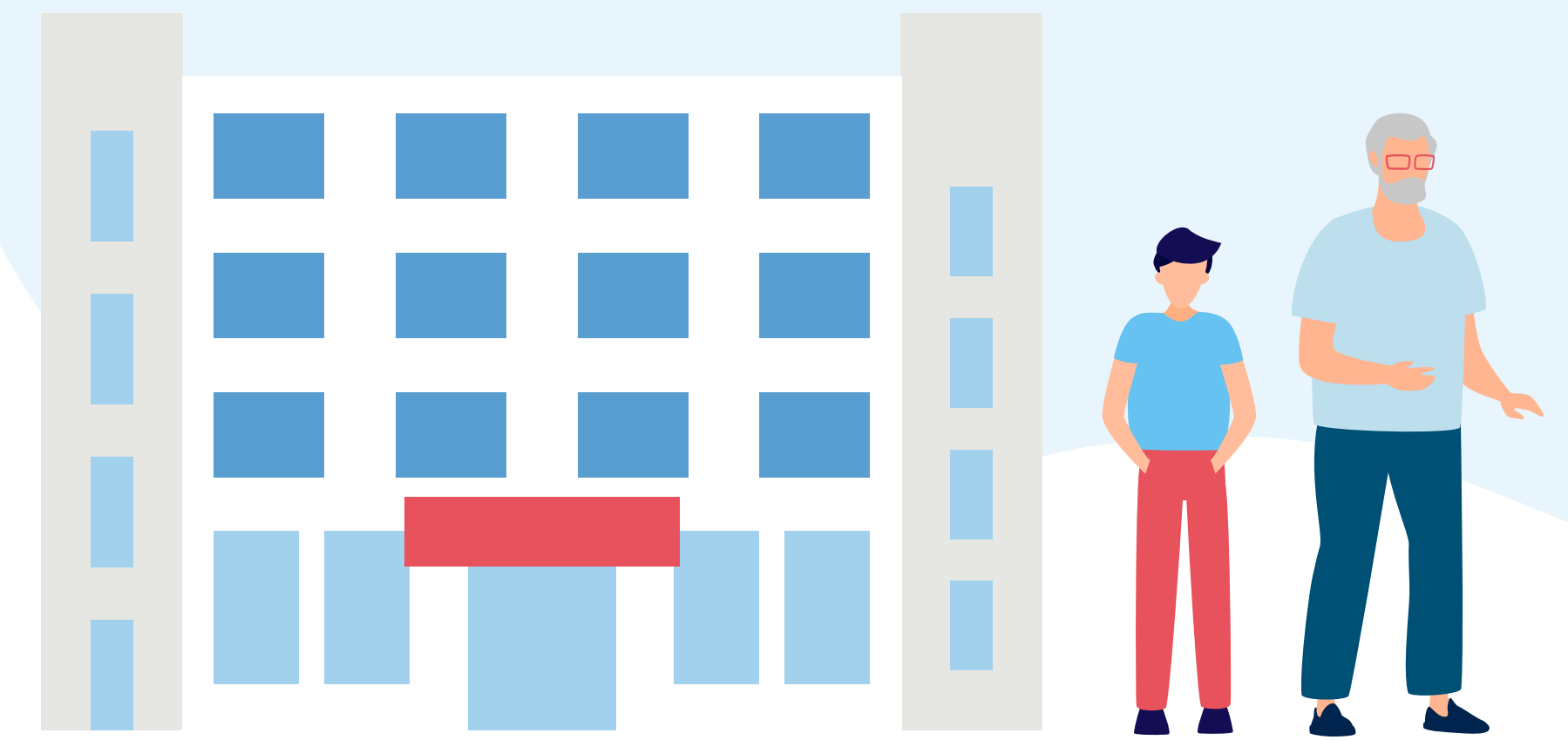
Virtual Healthcare for the Homeless

Homelessness is currently at an all-time high. Over 500,000 people are experiencing homelessness on any given night throughout the United States. Because of poor living standards and a lack of resources, homeless populations are typically more at risk of developing illnesses and long-term medical conditions. Historically, the homeless have relied on the ED and clinics for health care services due to unreliable transportation, inefficient means of communication and a lack of insurance.

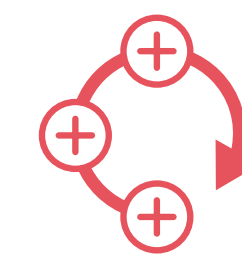
While long-term medical conditions require regular, ongoing care, short-term illnesses can also burden local health

systems. EDs are typically overwhelmed with low-acuity conditions that would fare better elsewhere and free up resources for true emergencies. In addition, ED visits are the most costly option for those without insurance.

The key is equipping local homeless shelters with 24/7 access to telehealth services. According to the [National Alliance to End Homelessness](#), 64% of the homeless have shelter.¹ Providing in-place, video-based care leads patients to seek care more frequently, improving overall healthcare outcomes; reduces the need for medical transport; and reduces costs for the patient and providers.



PROVIDING IN-PLACE, VIDEO-BASED CARE:



leads patients to seek care more frequently



reduces the need for medical transport



reduces costs for the patient and providers

¹ National Alliance to End Homelessness. State of Homelessness: 2020 Edition. <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/>

By partnering with leaders in regional healthcare ecosystems, both medical and financial effects extend from patients to healthcare systems. Health systems who partner with local community resources for the underserved manage low-acuity conditions better, reduce ED overuse and see fewer readmissions. In addition to helping promote value-based care across all populations, care coordination protocols help connect shelter residents with the right in-person care, when necessary, improving system-wide navigation and patient outcomes.

Coordinate across resources

Another example proving a community-wide healthcare ecosystem drives better outcomes is the collaboration between Raleigh-area homeless shelters and Wake County disaster management during the COVID-19 pandemic. To reduce the risk of infection, “Healthy Hotels” were established to move the homeless from shelters. Additional hotels were established for homeless people who tested positive or were being tested for COVID-19, providing a remote, safe quarantine situation.



“Healthy Hotels” in the Raleigh, NC area provide safe shelter for homeless people during the COVID-19 pandemic

If additional healthcare resources can be made available for homeless residents, multiple partners can benefit from a telehealth solution, making the initial investment even more promising.

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“It is both inefficient, and bit inhumane, to force homeless patients into the ER setting for treatment simply due to lack of better available options. Providing access for shelter patients to emergency room physicians through video visits was a key component of a timely, coordinated public health mitigation strategy implemented early in this pandemic to help better serve a vulnerable patient population.”

Dr. Brian Klausner, WakeMed’s Medical Director of Community Population Health



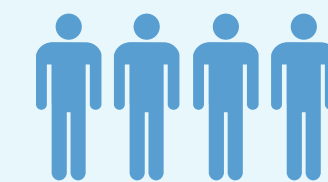
To learn more about virtual healthcare for the homeless, visit relymd.com/shelter-virtual-health.

Case Study

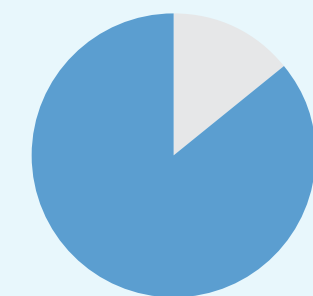
SUCCESS TAKES A COMMUNITY-WIDE PARTNERSHIP

Homeless shelters often operate on limited financial resources, so launching a telehealth program can seem unattainable. Strategic partnerships with a community focus can help make these programs successful for the patients, shelter and other local healthcare resources. Healing Transitions was among the first of 9 Raleigh-area shelters to implement telehealth within their facility through a WakeMed Foundation and RelyMD partnership.

In less than a year, the partnership has achieved:



400+ consults and helped



86% of patients avoid a visit to the emergency room

Disaster Management

Natural disasters, pandemics included, are demanding better availability of healthcare resources when traditional settings are compromised. Healthcare providers in the surrounding areas must partner together to serve the community at a greater capacity than normal. With so much uncertainty, it's no longer enough to only provide in-person healthcare services, which can worsen patient outcomes.

Instead, savvy disaster management departments located within the government sector are choosing to enlist telehealth for additional resources. You can bridge the gap of available care

by providing telehealth that's available anytime, anywhere – especially useful for emergency shelters when residents have been displaced. The ideal telehealth partner is one with a strong sense of community.

Displaced residents are stressed, are often transported to unfamiliar locations and have left behind important belongings – including necessary medications and healthcare supplies. With telehealth, the nursing staff at emergency shelters can assist with low-acuity medical conditions by conducting facilitated virtual visits that often include temporary prescription



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“Telehealth was a valuable resource that helped manage patients and protect our EMS system during Hurricane Florence. Without it, valuable resources would have been used inappropriately.”

Jose Cabanas

refills sent directly to pharmacies that offer delivery services. Diversions from the ED and urgent care facilities not only decrease overall healthcare spend but also limit the use of EMS — a resource that becomes more valuable during area-wide emergencies.

By implementing an on-demand telehealth service, you encourage better resource utilization and reduce overutilization of unnecessary high-cost services.



To learn more about disaster management, visit relymd.com.

Case Study

WAKE COUNTY INVESTS IN ACCESSIBLE CARE

In 2018 in North Carolina, Hurricane Florence flooded homes and displaced coastal residents. In response to evacuees sheltering in the Raleigh area, Wake County had to quickly establish emergency shelters and additional medical assistance for an unknown number of people.

Through an of-the-hour contract with the county, RelyMD physicians, assisted by nurses and paramedics in the temporary shelters, helped patients replace prescription medications, manage ongoing illnesses, address new injuries and even refer for treatment such as dialysis. Nimble service and physician-led teams allowed the service to be deployed and shelter staff to be trained in hours.

Over the 10 days the emergency shelters were open, the telehealth service:

- ✓ **Treated 95 patients**
- ✓ **Diverted 41% from being transported to an ED**
- ✓ **Diverted 5% from being transported to an urgent care facility**
- ✓ **Saved patients ~\$39,600 by avoiding unnecessary ED trips***

After Hurricane Florence, Wake County entered into an annual contract allowing on-demand telehealth services to always be accessed and including COVID-19 assistance. While quarantining at home, if the patient experienced a change in disease status, RelyMD acted as a resource to determine if additional care was needed and then coordinated care at the hospital with minimal exposure using teams that transferred the patient from the parking lot to the appropriate in-hospital location.

*using \$1,200 as the average cost of an ED visit

National movement to increase access to healthcare

Today's patients and consumers are demanding more convenient, accessible and coordinated care. As a result, there has been a national movement to break down barriers to high-quality, reliable care. This not only increases patient access but also provides additional revenue opportunities for healthcare organizations. Very soon, it will seem natural to see a doctor using the same digital tools you use to plan a trip, book a hotel or call a ride. By finding the right partner, you too can deliver reliable, trusted medical care that fosters healthier communities and workplaces.

RelyMD: A virtual health solution built with purpose.

Founded by a group of innovative emergency medicine physicians and healthcare entrepreneurs, we're on a mission to simplify people's lives by delivering reliable, trusted medical care anytime and anywhere, to ultimately foster healthier communities and workplaces.

Our journey began when co-founder and chief medical officer, Dr. Bobby Park, received a call about a cut that his niece had sustained. It was after hours for the pediatrician and urgent care center, and his sister didn't know if it required emergency care. Dr. Park was able to examine the wound via video on his smartphone, determine it wasn't serious, and provide care instructions. No emergency visit was necessary, saving his sister lots of time and money. And, voila! The idea for RelyMD was born.



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