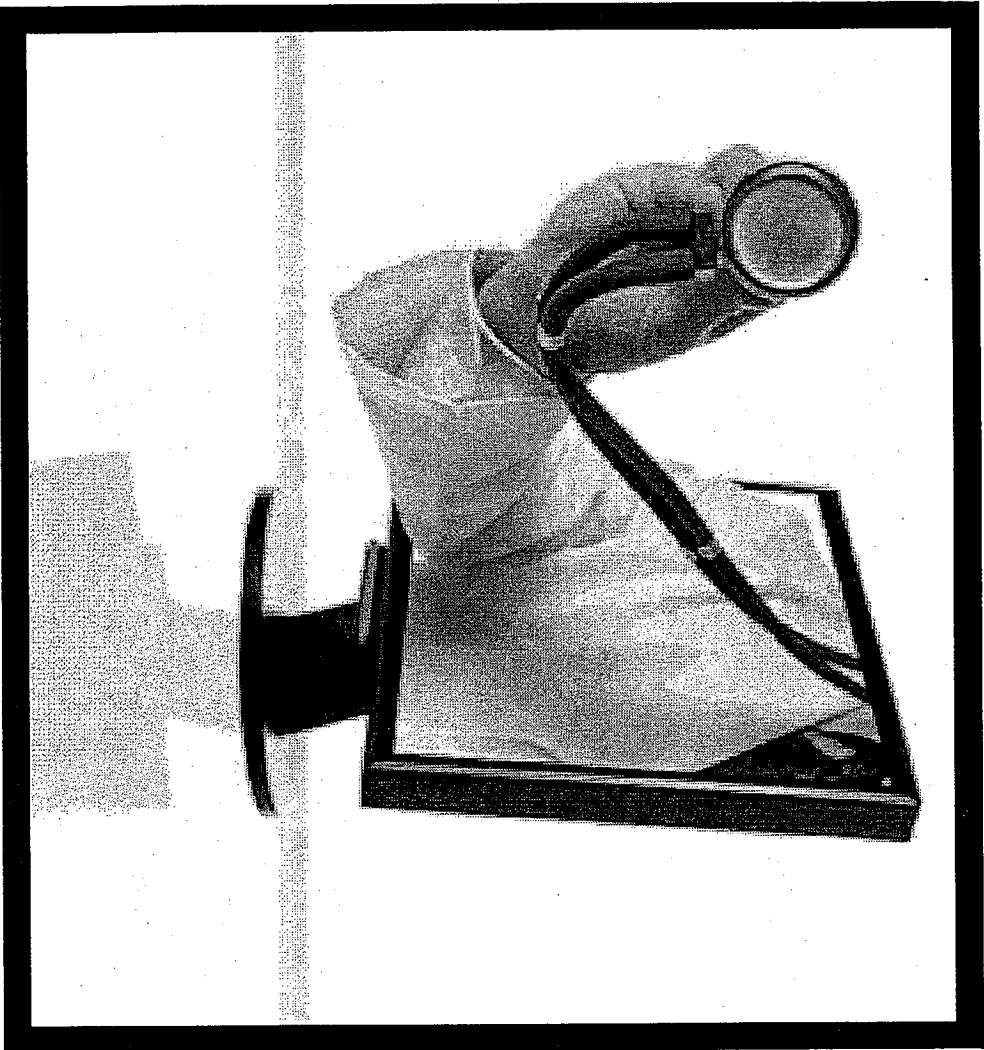


Virtual Health Care

Combining Telehealth eMentoring with
CME for Rural Populations



Agenda

- Introductions
- Virtual Health Care - Telehealth eMentoring
 - *A new avenue of healthcare delivery to empower rural clinicians*
 - *eMentorU*
 - *One to one mentorship delivered electronically to the rural provider and their patient in the rural community*
- Discussion
- Our Capabilities (About Us) – optional

Introductions

- Roger Cady, M.D.
 - Board certified family physician and headache specialist; Founder of Primary Care Network; Director of Headache Care Center and ClinVest
- Brad Hedrick, MS
 - Chief Information and Technology Officer of Primary Care Education and Banyan Group
- Kathleen Farmer, PsyD.
 - Neurophysiologist and Pain Management Specialist at Headache Care Center Springfield, MO Actively involved with Accreditation Council for Continuing Medical Education (ACCME)

MEDICAL EDUCATION AND MENTORING

“Medical education and mentoring, which range from the provision of continuing medical education credits for health professionals and special medical education seminars for targeted groups to interactive expert advice provided to another professional performing medical procedure.”

Changing Landscape of Healthcare in US

- Healthcare costs are projected to rise dramatically in the next decade
- Rural healthcare delivery is being threatened by fewer providers and cost containment efforts
- Retaining qualified rural clinicians is increasingly challenging
- Disease conditions expected to escalate healthcare expenditures are rising dramatically
- Medical training in chronic disease is lacking in medical training
- The most common chronic diseases are costing the US economy 1 trillion dollars ex. Obesity, smoking, pain management,
ref. Kaiser Healthcare Report

The next world-wide epidemic is not an infectious
disease...

It is obesity

Changing Landscape of Healthcare in KS

According to America's Health Rankings:

- High prevalence of many chronic diseases ex. obesity, COPD, pain, diabetes,
- Limited availability of primary care healthcare providers; FP, OB/GYN, psychologists/psychiatrists
- In the past year, the percentage of person's under 18 and in poverty increased from 18.0 to 23.1% adding a significant future burden to Medicaid
- In the past five years, diabetes increased from 6.9 to 8.4% of the adult population. Currently, 179,000 Kansas adults have diabetes.

Cost Projections for Obesity

- The Congressional Budget Office 2007 report:
- Per capita health expenditures for obese adults is 38% more than for normal weight adults
- If current trends continue, 103 million American adults will be considered obese by 2018
- The U.S. is expected to spend \$344 billion on health care costs attributable to obesity in 2018 translating into an increase of \$3,339 annually for every person considered obese over normal weight individuals
- Prevalence of obesity for the state of Kansas:
2008: 32.8% 2013: 38.8% 2018: 46.0%^[1]

[1] Thorpe, Kenneth E., National and State Estimates of the Impact of Obesity on Direct Health Care Expenses, United Health Foundation

We propose that viable solutions comes
from the heart of America...

Kansas

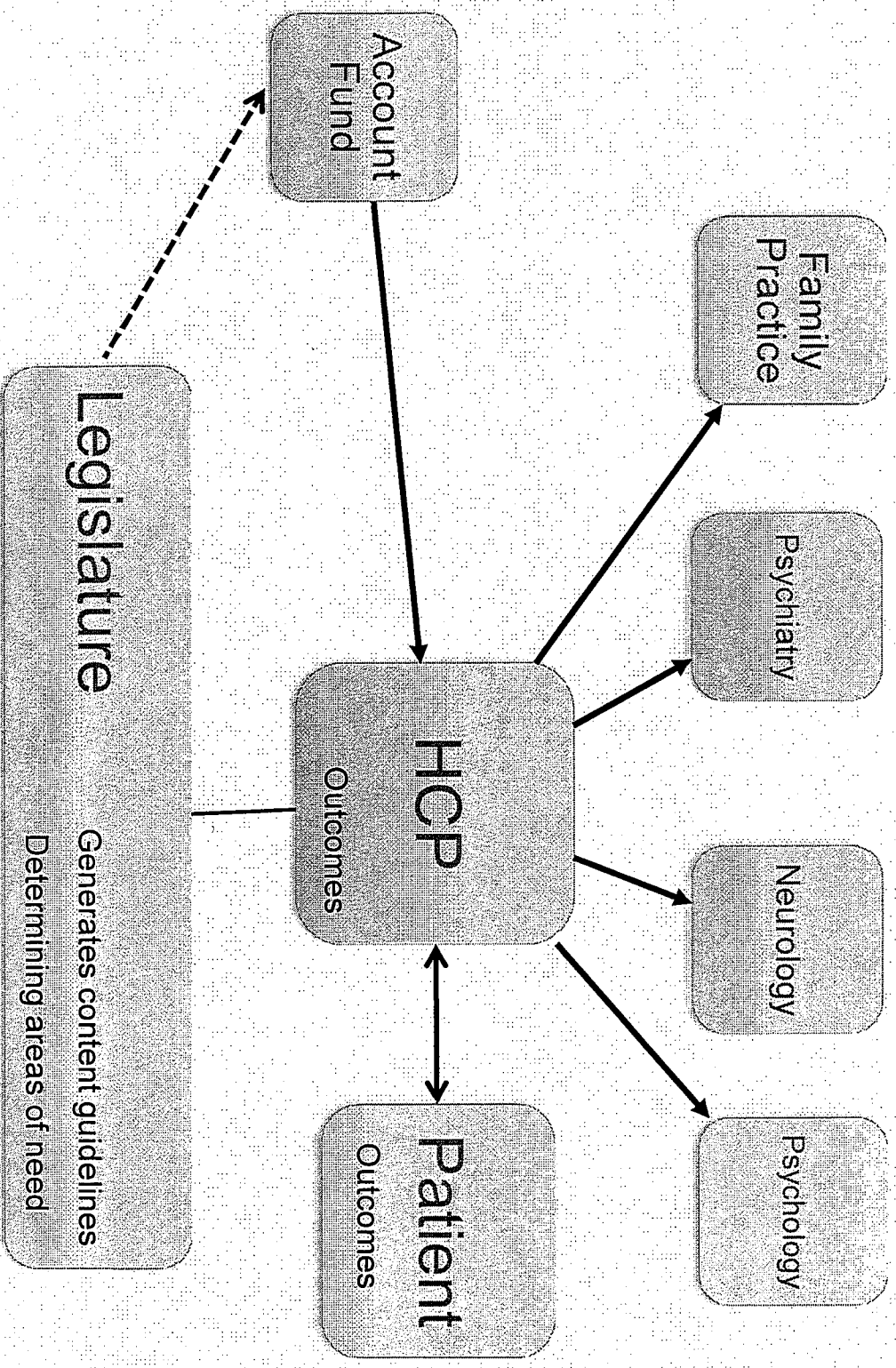
eMentorU
A Personalized Medical University
Without Walls

eMentorU

A University Without Walls

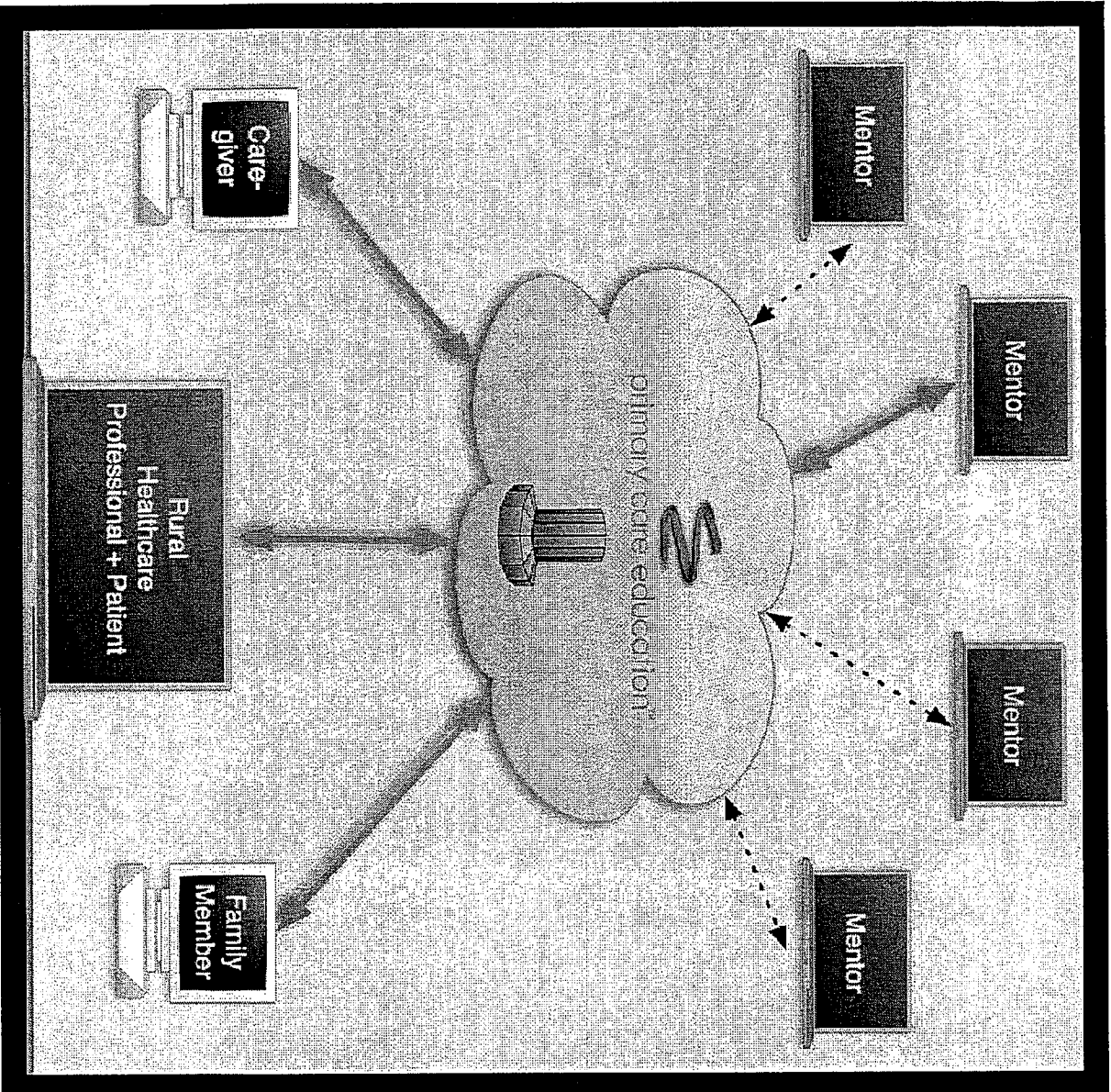
- Step 1: Legislator assigns educational priority based on medical needs of citizens and cost effective delivery of care
- Step 2: Building meaningful educational dialogue among rural HCP, their patients and specialists
- Step 3: Community-based electronic educational programs that develops primary, secondary, and tertiary strategies for specified disease states. (i.e. a village of care)
- Step 4: Outcome measures to determine success and needed improvement

University Without Walls

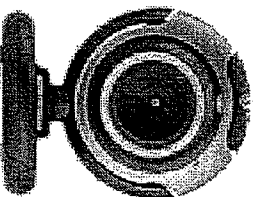


Solution

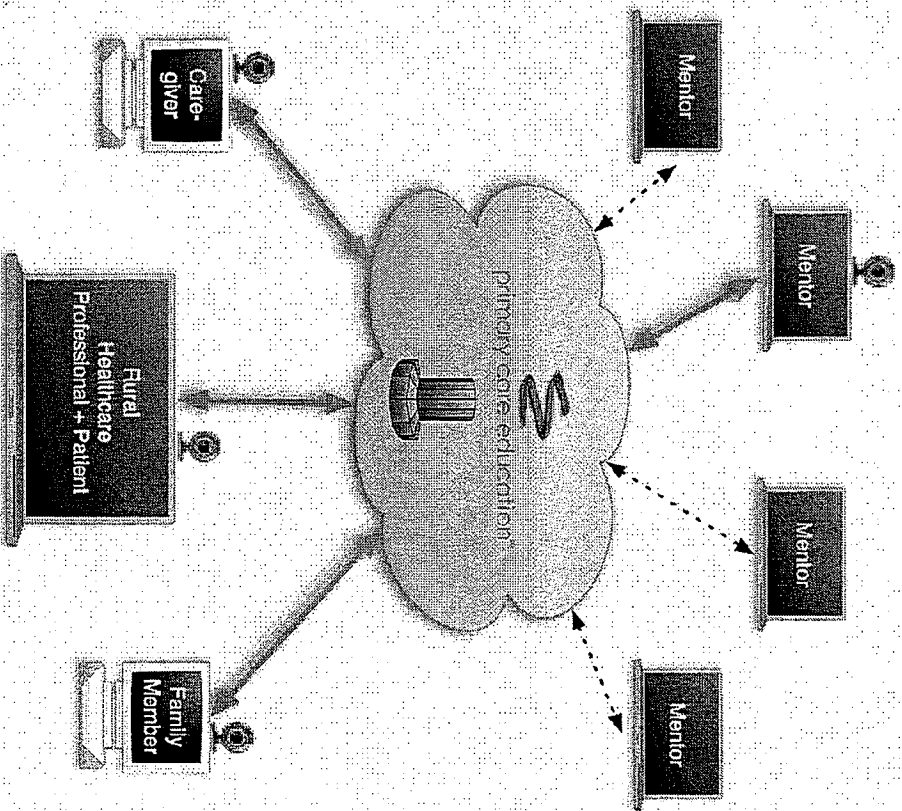
A Virtual Health Care Ecosystem



How it works

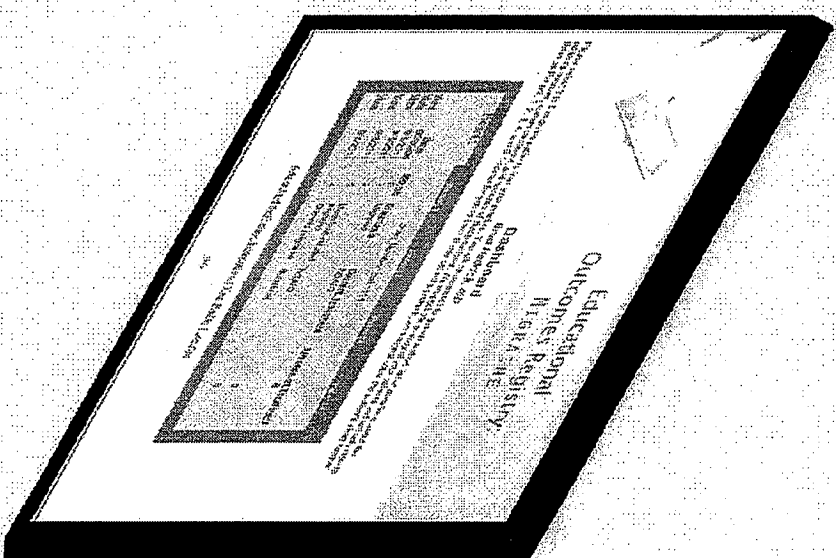


- Reach out to rural doctor's through a state-wide recruitment campaign
- Rural physician is invited to search and schedule a time with an expert through our web-based system
- A computer, web-cam, and internet connection is all that is required - no proprietary hardware or software
- Videoconferencing session may include patient and family from different geographic locations

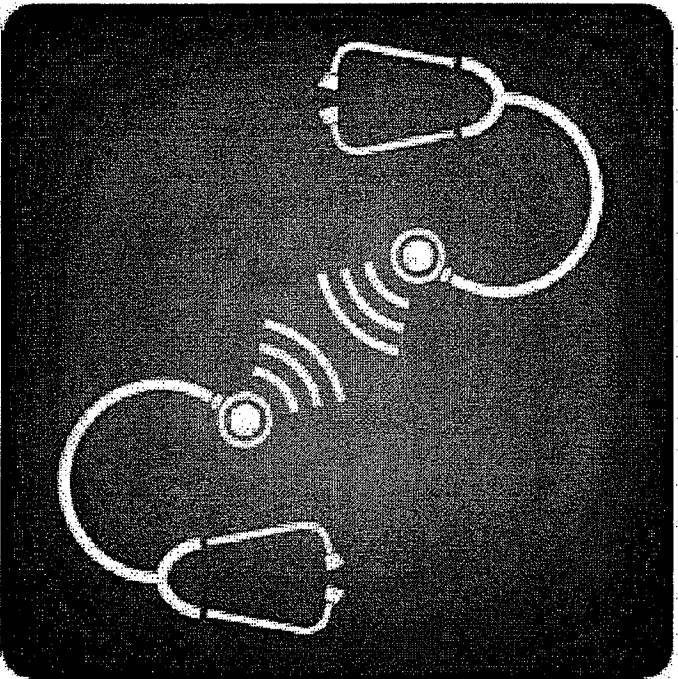


Giving the rural healthcare provider a choice

- Provide a "CME account" of up to \$1500 to specific healthcare professionals in targeted demographics
- Average video consult would be \$500/session earning providing up to 2 CME credit hours and a medical consultation
- Experts are chosen based on their area of expertise and would be part of a clinician-driven rating system
- Point of contact CME
 - Earn additional CME by participating in outcomes. Patient registry and surveys

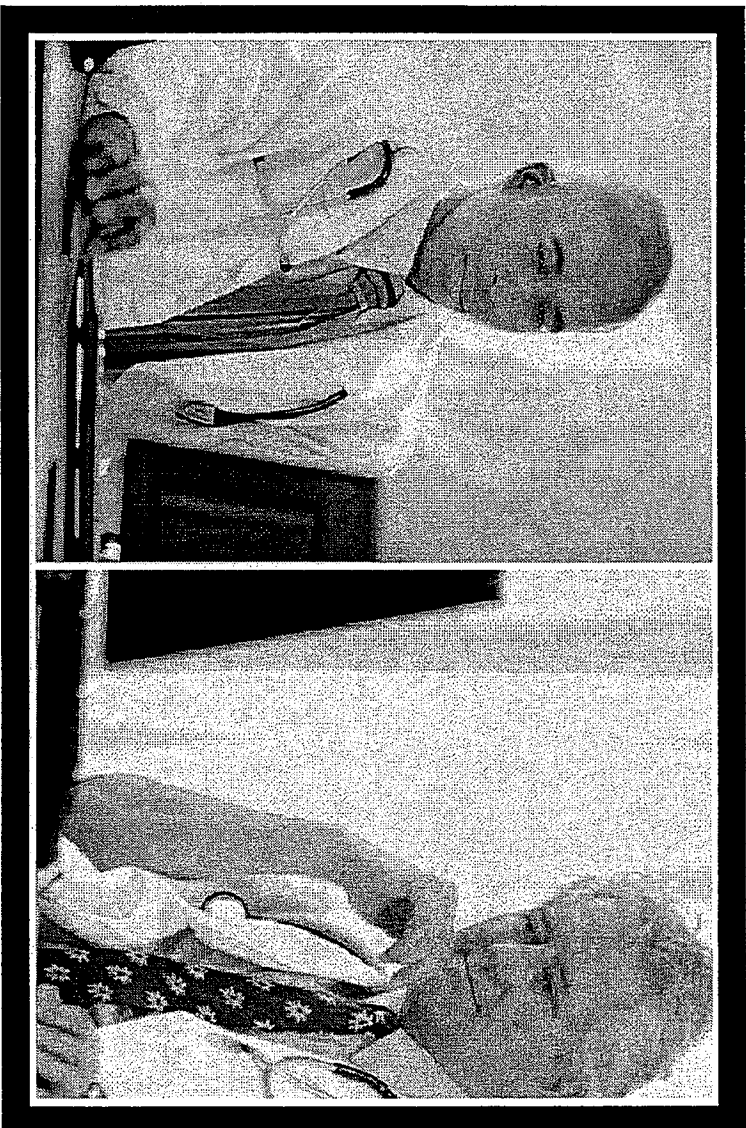


Benefits



- Valuable CME credit is awarded
- Patient healthcare is improved
- Leaving the community with a better trained healthcare professional

We connect the right healthcare professionals with the right disease education

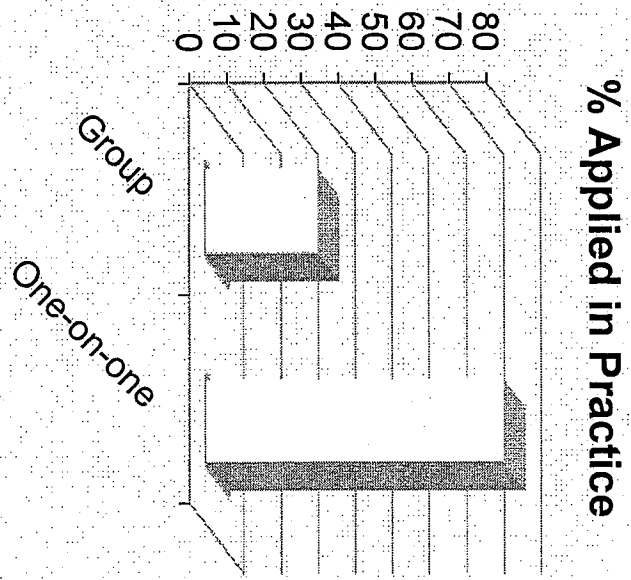


- Taking education and support where it's most needed: the rural outliers.
- A valuable resource - our growing network of members from across the United States
- Deliver education through proven technologies such as Cisco's Webex Training Center, or the more robust HealthPresence collaboration platform

One-on-One Education Makes a Difference

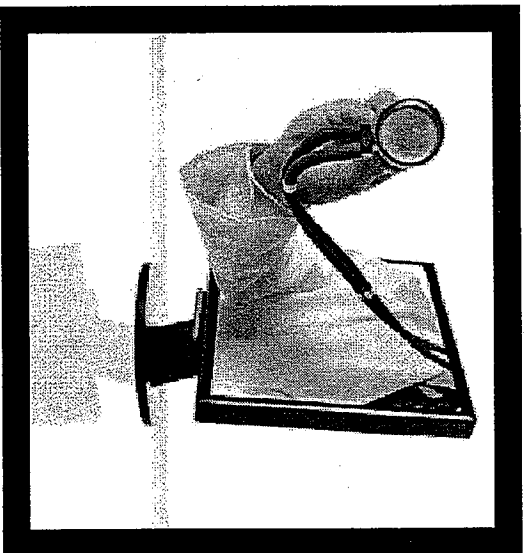
Findings from recent Botox preceptorship educational activities:

- With group-based workshops, only 30% leave as injectors
- With one-on-one-based workshops, 80+% become injectors



eMentorU Overcomes Barriers

- Improves the isolations inherent in rural practice
- Brings education to the community
 - Difficult to get time off and is cost prohibitive for rural doctors to attend live CME activities
 - Models discussions of medical problems that can uncomfortable subjects



“Telemedicine, particularly when used for applications such as continuing education, can help retain rural providers by overcoming feelings of isolation and fears of falling behind in knowledge of current best practices.”

“Technology-enabled” model of care

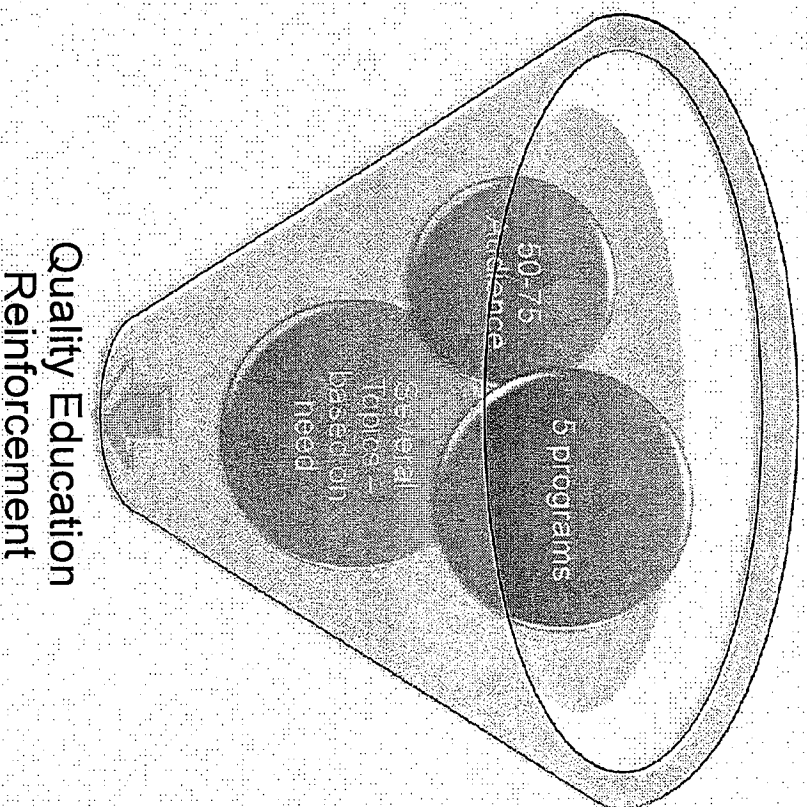
Includes three components:

- Secure messaging, guided form-based communication, two-way voice messaging, automated text messaging - manage patients' health passively
- **Internet telephony, videoconferencing** - manage patients' health in real time
- Remote-monitoring technology for continuous care of chronic disease patients

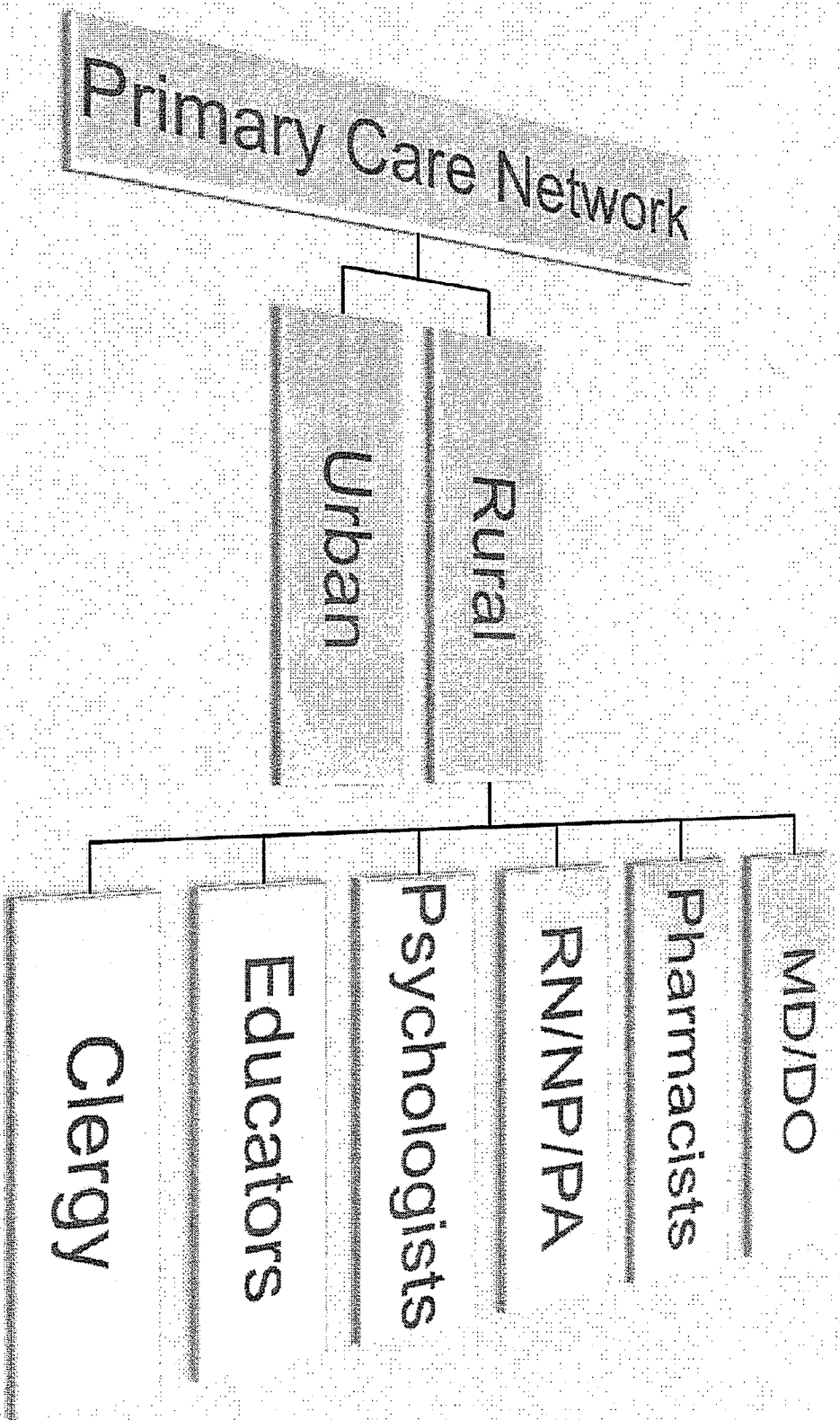
Reinforcing and Growing the eMentorU Educational message in Rural KS

A dual approach to individualized education

1. The videoconferencing consult between the patient, healthcare professional and mentor
2. Targeted educational webinars with timely topics that are driven by the informed legislative input



Creating a Village of Care



Incentive-based

- Qualified rural doctors selected to participate based on patient population
- Rural doctors do not pay for consultative CME services. They would be sponsored by the state Medicaid funds through a CME credit system for purchasing a consultation
- Giving the Medicaid program added value – turning the Medicaid patient into a practice asset – a source of quality education
- CME earned per mentoring session and webinar could be as much as 15 or more credit hours. Kansas requires all MD/DO's to earned 50 (cat 1 and 2) credits hours a year (preparation and follow-up)
- Supplementary education modules tailored to the rural physician's needs
- No travel costs to patient or provider

Outcome Measures

Clinicians will be asked to:

- Participate in patient – level outcomes surveys, questionnaires and patient registries
- Rate the effectiveness and satisfaction with educational format
- Advancing care today and reducing cost tomorrow.

Scope

- Train 50 rural healthcare providers on a single disease state that fits the state's needs
- Give accounts of \$1500 – an expense half of which would be recouped

Proven Models of Success

- 2nd.md
Patients connect with doctors via video conferencing for medical advice and information
- The University of New Mexico's Project ECHO
With the use of video conference technology, primary care providers are trained to treat complex disease
- Binaytara Foundation
U.S. physicians connect with physicians in Nepal via video to discuss difficult cases and provide education

Political opportunity for KS to lead America's healthcare
future through a novel and scientifically sound program that
is both outcomes-based and targeted to improve cost
effective healthcare

Discussion

www.primarycareed.com/kansas

For questions or comments email:
bhedrick@primarycareed.com

Capabilities

BANYAN GROUP TM

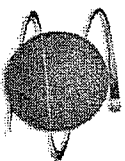
RESEARCH • CLINIC • EDUCATION

- Clinical care of patients
- Rich heritage of research
- Proven model of conducting research in remote practices
- From research design to statistical analysis
 - we can do it all

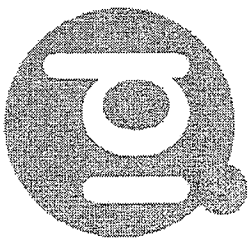
ARE



primary care education™

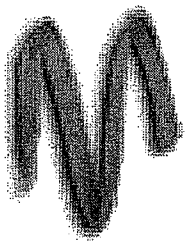


PRIMARY CARE NETWORK™



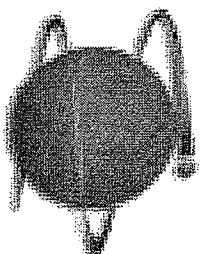
primary issues™

BEST Practices
in PRIMARY CARE

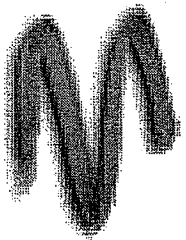


primary care education™

Since 1997, Primary Care Education and Primary Care Network have partnered to bring quality, patient-centered education to primary care audiences across the US through a variety of educational formats and...

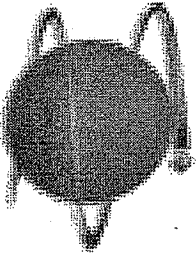


PRIMARY CARE NETWORK™



primary care education™

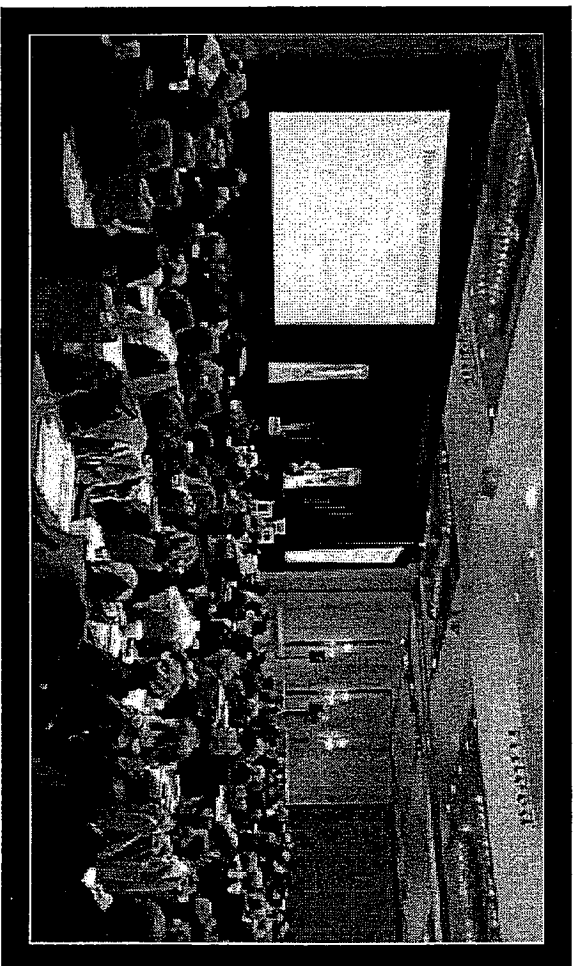
...have amassed a direct mail recruitment database of 178,450 primary care providers. Over 55,000 of the providers are opt-in members of Primary Care Network and receive weekly email communications.



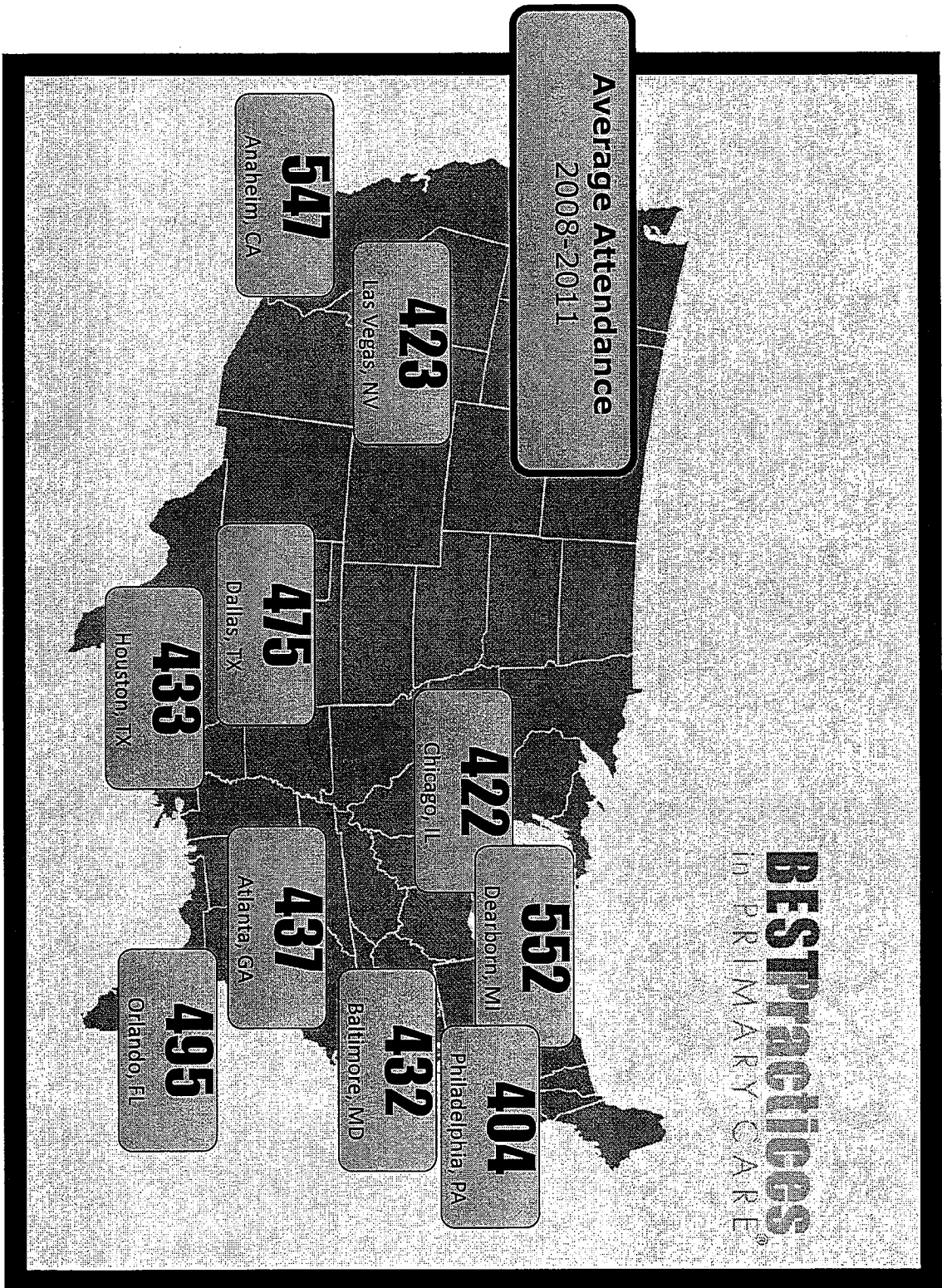
PRIMARY CARE NETWORK™

BESTPractices[®] in PRIMARY CARE

- Since 2003, Primary Care Education has conducted over 100 programs in a 2-day live, multi-topic format
- Each live program features
 - Avg. of 400+ primary care clinicians
 - Sequential learning solutions via Live-to-Online formats
 - Case-based presentations via video-cases or “live” standardized patients



BEST Practices
In PRIMARY CARE



2012 Locations

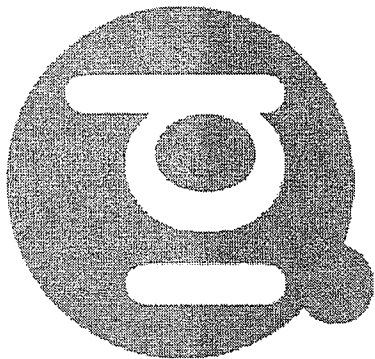
reaching the right learner

- 21 Average number of patients per day
- 4.5 Average days per week in practice
- 401,625 Patent visits impacted weekly
- 425 Average attendees per program

20,884,500*

Patient visits impacted annually

*Based on the anticipated attendance of 2012 activities and 2011 actual demographics.



primary issues™

Online Primary Care Community

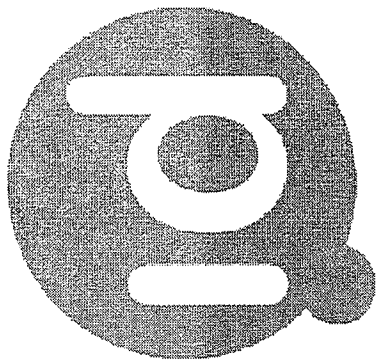
- CME and non-CME articles
- Marketed to opt-in database of over 140,000 clinicians
- Anticipate 500 CME certificates; 5,000 views per activity
- Sequential learning via Live-to-Online formats

primary issues™
Peer-to-Peer. Issues. Insights. Innovations.
Evolving Since 1999

HOME ABOUT CASE STUDIES POINT OF VIEW PRACTICE MANAGEMENT THE NEWS PARTNERSHIP

PEAS ALLERGY TESTS How safe is the new skin test for allergies? Learn about the new tests, their uses, and how to interpret the results.	FAMILIAL HYPERCHOLESTEROLEMIA Familial hypercholesterolemia (FH) is a genetic disorder that causes high cholesterol and increases the risk of heart disease.	AMINO ACIDS Amino acids are the building blocks of proteins. They are essential for many functions in the body, including muscle repair and enzyme production.	AMINO ACIDS Amino acids are the building blocks of proteins. They are essential for many functions in the body, including muscle repair and enzyme production.	BLEEDING AND PRIMAIDIA Bleeding and anemia are common conditions. Learn about the causes, symptoms, and treatments for these conditions.	CMS AND OBESITY The Centers for Medicare and Medicaid Services (CMS) has implemented several policies to address obesity in the Medicare population.	PROSTATE CANCER TX Prostate cancer is a common cancer in men. Learn about the different treatment options and how to choose the best one for your patient.	OC AND TB Ocular tuberculosis (OC) and tuberculosis (TB) are related conditions. Learn about the symptoms, diagnosis, and treatment of these conditions.	AMINO ACIDS Amino acids are the building blocks of proteins. They are essential for many functions in the body, including muscle repair and enzyme production.	BLEEDING AND PRIMAIDIA Bleeding and anemia are common conditions. Learn about the causes, symptoms, and treatments for these conditions.	CMS AND OBESITY The Centers for Medicare and Medicaid Services (CMS) has implemented several policies to address obesity in the Medicare population.	PROSTATE CANCER TX Prostate cancer is a common cancer in men. Learn about the different treatment options and how to choose the best one for your patient.	OC AND TB Ocular tuberculosis (OC) and tuberculosis (TB) are related conditions. Learn about the symptoms, diagnosis, and treatment of these conditions.
----------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------


Primary Care Network™
Copyright © 2013. Primary Care Network. All rights reserved.
primary care education



primary issues™

2011 YTD Growth

- Visits – 196%
- Unique Visits – 191%
- Page Views – 160%
- New Visitors – 157%
- Return Visit – 271%
- 236% Increase in CME issuance













**Your Community For Issues
That Matter in Primary Care**

Peer-to-Peer. Issues. Insights. Innovations.

Evolving Since 1999

HOME ABOUT CASE STUDIES POINT-TO-POINT PHOTODOCUMENT THE NEWS PRACTICANT

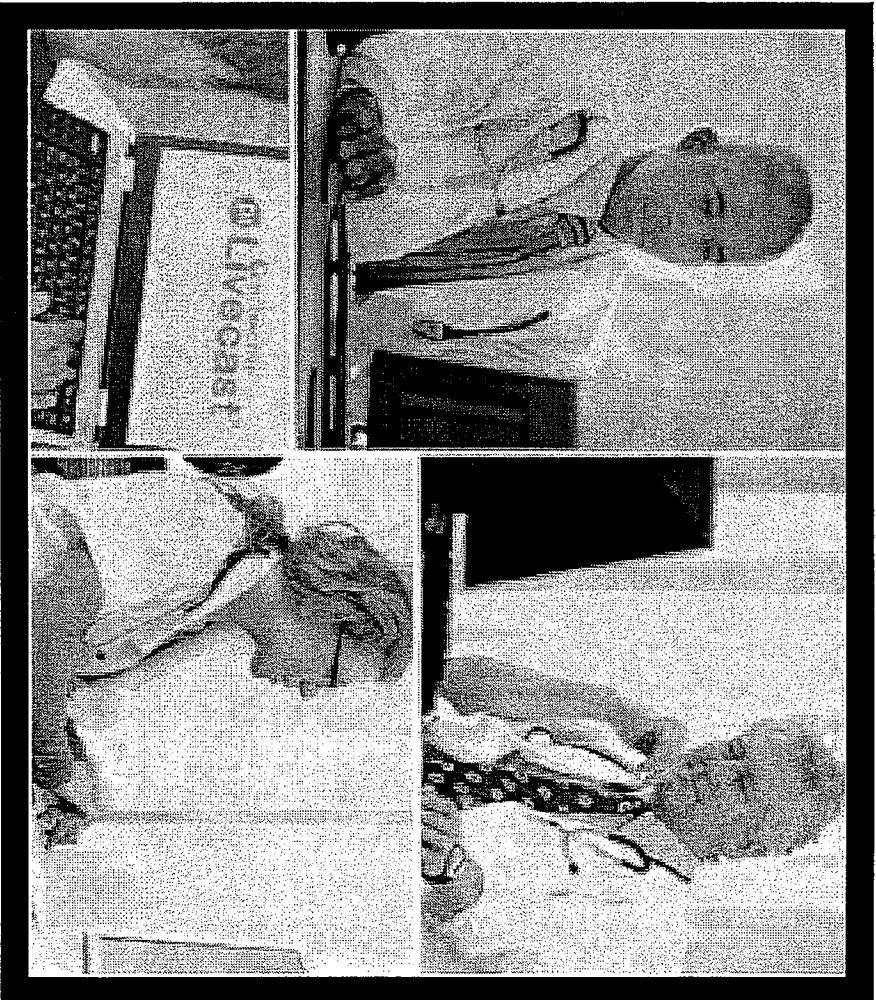
 <p>PEER ALERTS TESTS</p> <p>New peer report used 50% on blood glucose, cholesterol, prostate, thyroid, and treatment frequency.</p>	 <p>FAMILY HYPERCHOLESTEROLEMIA</p> <p>Family study in Familial Hypercholesterolemia (FH) at Fozz on Early Detection and Treatment to Prevent</p>	 <p>MIND AND CY ISSUES?</p> <p>Do increased blood glucose and insulin in adults with type 2 diabetes mean a new study</p>	 <p>PROSTATE CANCER TX</p> <p>Phase 3 random trial of docetaxel, enzalutamide, and abiraterone for hormone-sensitive prostate cancer. An</p>	 <p>ODC AND TB</p> <p>How can education for traveling nurses, travel nurses, and other medical</p>
 <p>MANQUINNESS</p> <p>Key findings in assessing primary care physicians' ability to use simulation-based training.</p>	 <p>BLEEDING AND PRADAXA</p> <p>FDA Issuing Warning of Bleeding Risk for Pradaxa (Eliquis) in the US. A recent large study demonstrates potential</p>	 <p>EMS AND OBESITY</p> <p>The National Association of EMS Educators (NAEMSE) has published a new position statement on the</p>	 <p>OLDER PATIENTS...</p> <p>Are Your Older Patients at Risk for Adverse Drug Events? A Study of 10,000 Older Patients</p>	 <p>EBITEL GUIDE</p> <p>Practice 511: How to Manage Your EBITEL System for Billing and Reporting Medical</p>

© 2011 Primary Issues. All rights reserved.

primary care education™

INTERACTIVE Livecast™

- Broader reach beyond live activities
- Recruitment can target specific markets or regions
- Up to an hour of education, including Q&A
- Anticipate 125 participants per Webcast
- Sequential learning via Live-to-Online formats



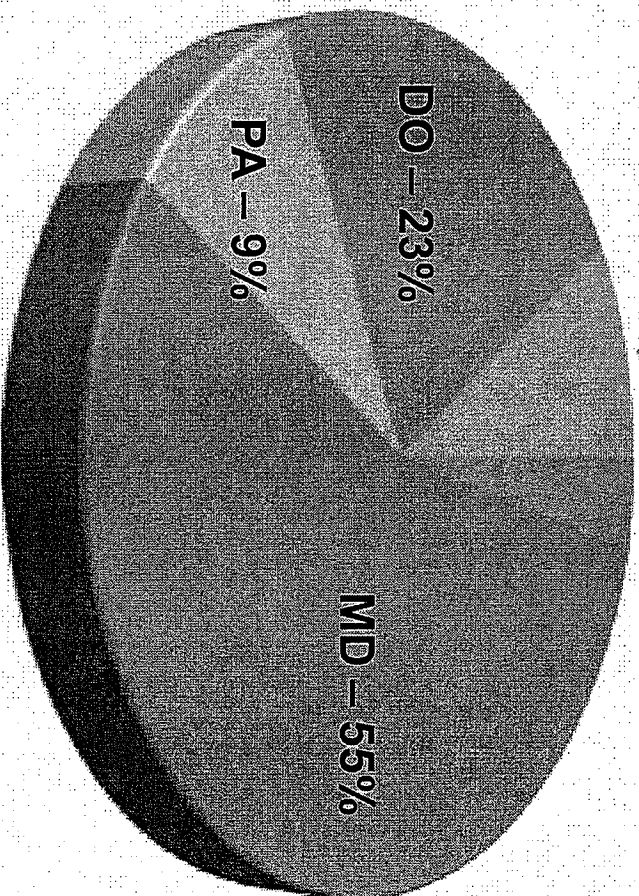
Live Interactive Webcast

Track record of successful distance learning

- Leveraging modern web-conferencing technology to bring our live education to a nation-wide audience
- 99% of the audience agreed or strongly agreed that the web-based educational was conducive to their learning experience

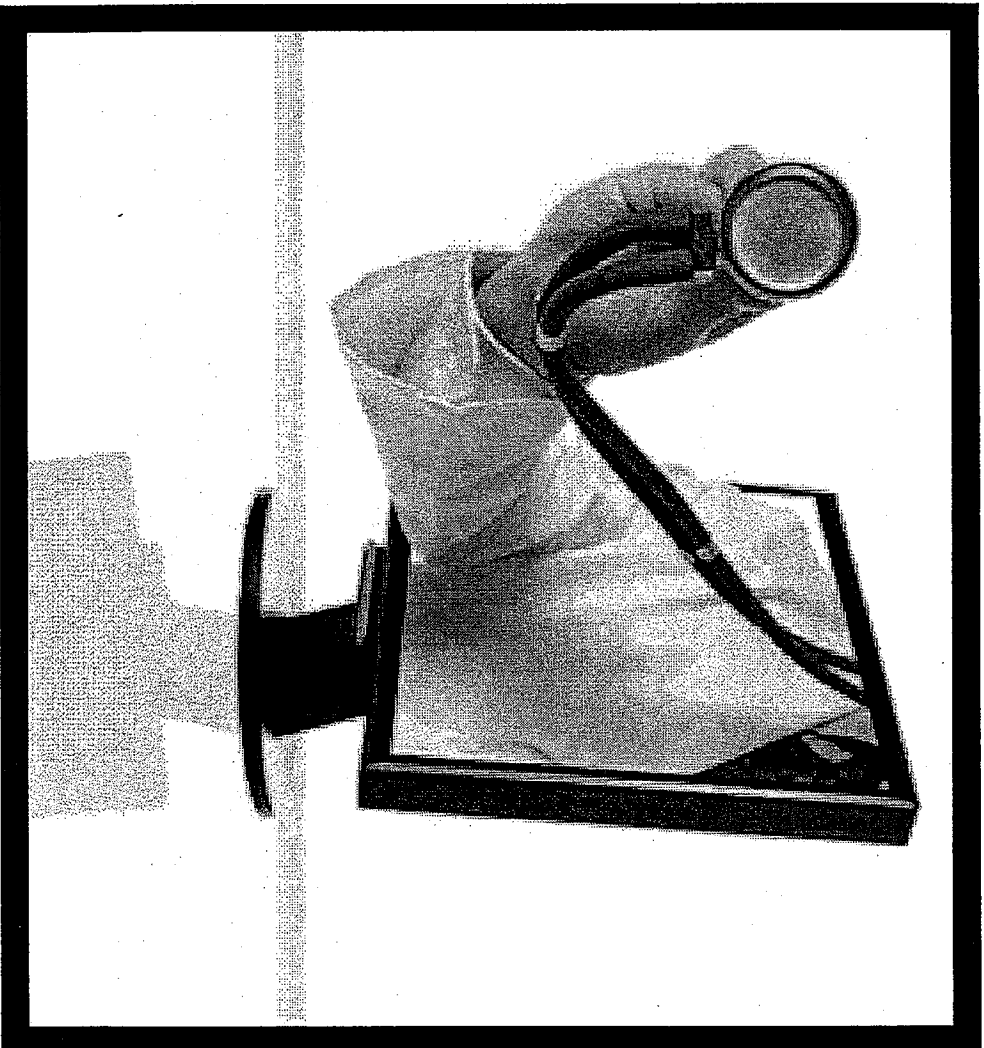
Attendee Breakdown By Degree

Other – 9% DO – 4%



Virtual Health Care

Combining Telehealth eMentoring with
CME in Rural Medicaid Populations



Wise Investment

- 50 doctors @ 150 consultations = (\$45k)
- Save in the cost of disease prevention
- Reduce hospital care and clinic care
- 30% of a HCP's population obese 3000 patients year
- 1000 patients would be impacted per HCP
- Improve outcome of only 100 of those patients would be at a savings of 300k for obesity
- Develop critical skills to help with their patient care and decision making

Cost Savings Calculation

- 80% of the 50 is 40 HCPS
- $75 \times 5 = 375 + 40 = 415$ HCPS seeing 3000 patient
1000 which are obese = 41,500 obese pts
- If 10% of those patients got back to normal we would
be saving 3k a year per patient. $4150 \times 3000 =$
 $\$12,450,00$

Budget

- Recruitment of 50 patients: \$100/head = 5k
- Website development: 75K
- Hosting, upkeep, content updates: 50K
- 50-70K for 3-4 webinars
- Administrative Cost 75K/year
- Total 275,000