Children’s Virtual Clinic - FAQs

What is MDLIVE and how does it work?

- MDLIVE is a telehealth service, providing consumers/patients with on-demand access to physicians who are board-certified in areas such as internal medicine, family practice and pediatrics. With MDLIVE, parents can connect with a doctor from home, office, or on the go, 24/7/365. Parents can visit with board-certified doctors either by phone, email or secure video link to help treat any non-emergency medical conditions. MDLIVE doctors can diagnose symptoms, prescribe medication, and send prescriptions to the pharmacy of choice.

- MDLIVE offers multiple access points through web and mobile platforms, including on-line chat, video, voice-over-IP, and secure messaging. MDLIVE’s mobile app is available on both iOS and Android versions. Unlike other direct to consumer services were patients wait for a clinician to respond or where patients have to perform a self-diagnosis; MDLIVE provides interaction and treatment recommendations directly with the clinician. Patients can choose from clinicians available at the time of the request or wait to speak to a specific clinician. The average response time is 10 minutes. MDLIVE’s nurse triage process results in 98% of visits being completed during the virtual encounter.

- MDLIVE was founded in 2006 and has become a leading provider of telehealth services in the United States. MDLIVE offers telehealth software solutions for online and on-demand healthcare with targeted customer groups being direct-to-consumers, large self-insured employers, payers, hospitals, physician practice groups and accountable care organizations. The company is headquartered in Sunrise, Florida and works with Board Certified physicians and therapists nationwide to provide 24/7 connected care.

What consumer demands/needs does MDLIVE help Children’s meet?

- Children’s will be first in region to offer 24/7 virtual visits to children of all ages Consumer demand for convenience –care when, where and how they want it.

- High deductible health plans influencing consumer spending

- Payers’ desire to reduce unnecessary emergency room utilization

- Employer’s desire to reduce healthcare costs and productivity losses

- Primary care clinician shortages in rural areas (AAP recommendations)

How does MDLIVE align with Children’s mission and strategic plan?

- Aligns with Children’s Care Delivery, Care Experience and Regional Growth strategic goals
  - Provide high quality, convenient and cost effective urgent care alternative options to pediatric patients and their families in our region
  - Grow regional footprint and market share
  - Attract unaffiliated, new patients,
  - Draw patients from retail, urgent care, and other virtual competitors
  - Appeal to payers and employers with expanded access and cost benefits
  - Protect Children’s primary care market share

- Increases stickiness for patients/families seeking access and convenience

- Strengthen regional affiliations with adult health care systems, employers, retail and payers

- Prepare Children’s for risk-based payment models (fee for service vs. value based model)

- Provide an appropriate, low cost alternative to unnecessary emergency room utilization
How does MDLIVE benefit Children’s and specifically our primary care clinics?

- MDLIVE offers a unique business opportunity through their Connected Care licensing which includes licensing of the technology platform and also exclusivity in the purchased territory. This opportunity allows Children’s to play offense now for our niche patient base, instead of defense later.
- MDLIVE is not intended to replace primary care physician for common or chronic conditions but provides an alternative to parents for episodic urgent care services such as ear infections, sore throats, fever and rashes.
- Provide new points of access to Children’s services
- Protection of current patient base from new competition for healthcare dollars (urgent care, retail, other direct to consumer products)
- Preparation for value based reimbursement models

Why are we implementing MDLIVE now?

- Growth in market share by providing new points of access to Children’s services and expansion of regional footprint
- Protection of current patient base from new competition for healthcare dollars (urgent care, retail, other direct to consumer products)
- Established and growing MDLIVE client population base
- Exclusivity in a leased territory whereby Children’s would open new referral pathways

What research has been done to justify this move?

- Estimated 60,000 lost visits annually (attributed to online/retail clinics)
- “The consulting firm Deloitte predicted in August [2014] that out of an average 600 million general practitioner appointments in the U.S. and Canada this year, up to 75 million could be e-visits. Even if only 30% to 40% of office visits are replaced by e-visits, that could make up a $50 to $60 billion market, Deloitte found.” [http://www.webmd.com/health-insurance/20141010/virtual-doctor-visits](http://www.webmd.com/health-insurance/20141010/virtual-doctor-visits)
- The U.S. market for telehealth is projected to increase eightfold with an annual growth rate of 56%. Revenues are projected to climb from $230 million in 2013 to $1.9 billion in 2018, according to IHS, a business research firm.
- It is estimated that 20% of episodic primary care visits (adult and pediatric) that can be conducted in a retail or urgent care space could also be conducted virtually. Preference for how consumers want to access care is split across platforms.
- 57 Percent of physicians are willing to see patients over video
- In a new survey more than two-thirds (68 percent) of the 6,856 respondents said that they were unfamiliar with telemedicine. But after reading a brief definition of telemedicine -- "being able to speak to a health care professional by phone or over the Internet ... get a diagnosis, advice on managing the issue, and if applicable, prescriptions for certain types of non-narcotic drugs" -- the majority (59 percent) said that they wanted to try a telemedicine service. The survey also indicated key primary attractors to telemedicine.
  - Individuals can receive medical care without travelling to a healthcare facility (53.9 percent)
  - Easy, around-the-clock access to medical help (50.5 percent)
  - No need to go to a physician's office for minor, reoccurring ailments like allergies (38.8 percent)
No need to pay for visit to physician, emergency room or urgent care clinic (35.5 percent)
No concerns about exposure to other's illnesses while in waiting rooms (21.1 percent)
Ability to receive medical care when taking time off work is not an option (17.2 percent)

A little more than one-third of respondents, 37.1 percent, said they would not or probably would not try telemedicine. The most common reasons for not wanting to try telemedicine were preference for their own physician (65.4 percent) and concerns with the quality of care (12.8 percent).

Who will be staffing MDLIVE for pediatrics?
- MDLIVE 24/7 provider network is comprised of physicians Board Certified in Internal Medicine, Family Practice, Emergency Medicine and Pediatrics. Currently, Children’s Hospital of Pittsburgh of UPMC is the pediatric service provider service for MDLIVE. MDLIVE protocols require consultations with a pediatrician for children less than 2 years of age. Language Line is available when an MDLIVE professional in the call center does not speak the language needed by the patient
- Ideally, Children’s will staff peak volume hours with our physicians. If you are interested in learning more about this opportunity, contact Kristi Moline, kristi.moline@childrensmn.org or 612-813-6861.

What if a patient needs to be seen in person?
- If, at any time during an encounter, the clinician feels the patient needs to be seen in person, the patient will be redirected to an in-person visit. (The clinician will still be compensated, and if warranted the patient will be offered a credit toward a future visit.)
- If immediate or follow up care is needed the MDLIVE or Children’s clinician will always refer the patient to the appropriate level of service and recommend to the patient that they reengage with their designated PCP. As part of the initial implementation phase, Children’s will build referral protocols and referral process to direct patients as needed to Children's services as their first option.
- MDLIVE 2014 referrals rates for pediatric care in MN and Western WI:
  - Emergency Room or Urgent Care: 4% (81 referrals/1870 visits)
  - Primary Care: 5.5% (104 referrals/1870 visits)

What percent of visits require primary care follow-up?
- 80-90% of the MDLIVE visits do not require additional follow-up. In MDLIVE’s experience, there are typically 3 types of visits:
  1.) patient requires immediate care in the ED
  2.) patient has a chronic condition and is in need of a medication refill (MDLIVE policy is to provide no more than a 30 day refill)
  3.) low acuity urgent care needs

How are patients referred to a primary care clinician?
- Patients are asked if they have a PCP. If yes, the patient is asked if they would like their medical record faxed to their PCP (80% of patients say no) if yes, then they are required to sign a medical records release waiver. If the patient indicates they do not have a PCP, they are asked if Children’s can reach out to them to offer services.
How does MDLIVE send details to the patient’s PCP?

- Patients can request their Medical Record via phone or email and they are sent a medical release form. Once the form is signed and returned to MDLIVE the Medical Record is sent to the specified recipient listed on the executed form.

Whose responsibility is it to follow up with patients if the MDLIVE clinician says the patient should see their PCP or other clinician?

- Always the patients’ responsibility.

What is the target market?

- Primary patient target = kids 0-17 years old. Children’s will provide episodic ill care to children 0-23 years of age with an option for adolescent patients (ages 18-23 years) to see a Children's or MDLIVE clinician. The primary target group is children 0-17 years of age with a base population of 1.5 million children ages 0-17 years(Truven Analytics-2014) residing in the proposed territory.
- Parents ages 21 – 45, focus on Millennial Moms
- MN and Western WI

Can teenagers conduct a visit on their own?

- MDLIVE has pediatricians on call 24/7/365. However, a parent or guardian must be present during any interactions involving minors. We ask parents to establish a child record under their account. Parents must be present on each call for children 18 or younger.

From a consumer perspective, how does MDLIVE work?

- Offer virtual (computer, app) appointments for kids ages 0-17 with licensed physicians
- Unlike other direct to consumer services where patients wait for a clinician to respond or where patients have to perform a self-diagnosis, MDLIVE software supports fast interaction and treatment recommendations directly with the clinician. Patients can choose from clinicians available at the time of the request or wait to speak to a specific clinician.
- MDLIVE’s nurse triage process results in 98% of visits being completed during the virtual encounter.
- The patient has the ability to request that a record of the visit be sent to his or her primary care provider.

What types of care is offered by MDLIVE?

- Routine illnesses and health concerns, including:
  - Acne
  - Allergies
  - Asthma
  - Bronchitis
  - Cold & Flu
  - Constipation
  - Diarrhea
  - Ear Infections
  - Fever
  - Headache
  - Insect Bites
- Joint Aches
- Nausea
- Pink Eye
- Rashes
- Sinus Infections
- Sore Throat

How much will it cost?
$49 cash basis visit
Insurance not accepted, unless part of employer group

Can MDLIVE be accessed on mobile devices?
- Yes, MDLIVE can be accessed on most mobile devices with an Internet connection. The MDLIVE App is available for download in the iTunes Store and the Google Play Store.

When should I use MDLIVE?
- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and even holidays
- If your primary care doctor is not available
- To request prescription refills (when appropriate - MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse)
- If traveling and in need of medical care

Should MDLIVE replace my primary care physician?
- No. While MDLIVE is not intended to replace your primary care doctor for common or chronic conditions, a virtual doctor’s appointment can sometimes substitute a doctor’s office, urgent care or an emergency room visit. MDLIVE may be particularly useful during hours when your doctor’s office is closed, or when you are traveling and need a reliable source of medical information.

What types of physicians provide MDLIVE coverage?
- Internal medicine, pediatrics, emergency medicine and hospitalists.
- Physicians must be state-licensed to practice in the state the patient is located in and are US Board Certified, and credentialled using NCQA and URAC guidelines. A background check with primary source verification through the National Physician Data Base (NPDB) and the American Medical Association (AMA) for medical licensure, training and education, work history and malpractice history is required.

When can a patient start using MDLIVE?
- They can start using MDLIVE immediately after activating their account. Once activated, they can browse doctor profiles, view available appointment times and schedule an appointment with the doctor of your choice. Filling out the medical history profile is required before to better prepare your MDLIVE doctor for your appointment.
What determines if a clinician completes a scheduled visit or recommends the patient go to urgent care, their primary care clinic or the emergency room?

- Physicians treat based on clinical guidelines, including the patient’s signs and symptoms, if the probability for diagnosis is high given clinical guidelines (most of which can be ascertained via a telemedicine consultation) physicians treat empirically.

Do clinicians have access to the patient’s health information?

- Within the MDLIVE platform, clinicians are able to see a patient’s self-reported medical history as well as any previous visits they may have had on the MDLIVE platform. If the patient is a part of a system that has a CCD interface then there will also be historical information retrieved from that patients previous visits within that particular health system.

Can a clinician prescribe medication as part of an MDLIVE appointment?

- Yes, if the MDLIVE doctor believes medication is needed, he or she can write a prescription for non-narcotic medications (i.e. no controlled substances), which can be sent directly to the pharmacy of your choice. Prescriptions will be sent electronically if a pharmacy is unable to receive e-prescriptions, a traditional prescription is generated for our doctors to sign and fax. All prescriptions are fully compliant and include all required information.

Is MDLIVE safe and private?

- Yes, MDLIVE is safe and private. MDLIVE is compliant with HIPAA (Health Insurance Portability and Accountability Act) and will only share your information with your selected doctor and pharmacy.

Where is MDLIVE available?

- MDLIVE is available throughout the United States (including Alaska and Hawaii). Covered dependents residing outside of the service areas may access MDLIVE at the same low co-pay, and you may access MDLIVE while traveling anywhere in the U.S. You must have a U.S. address and a U.S.-based phone number for the doctor to call back at the time of consultation. International consultations are advice-only.

How do patients sign up for MDLIVE or activate their MDLIVE account?

- Choose one of the following methods to easily activate the account:
  Go online and visit: MDLIVE.com
  Call our toll free number: 1-800-400-6354
  Download the free Mobile App, available on the iTunes store and Google Play

Can patients use MDLIVE if their health plan doesn’t cover the service?

- Yes. Patients who do not have insurance coverage pay MDLIVE’s standard consumer fee to receive a consultation.

How long do MDLIVE consults usually take?

- The current average consult time is 5.5 minutes, but there is no time limit per visit.

Can MDLIVE be accessed on mobile devices?

- Yes, MDLIVE can be accessed on most mobile devices with an Internet connection. The free MDLIVE App is available for download in the iTunes Store and the Google Play Store.
How is payment handled?
- A credit or debit card is needed to pay for the fee. MDLIVE accepts most major credit and debit cards. The card will be charged after the patient confirms their appointment.

Can patients use my medical flexible spending account to pay for my MDLIVE physician consultation?
- Any out-of-pocket expenses associated with the MDLIVE physician consultation (i.e., consultation copays, prescription copays, etc.) may be submitted by the patient for reimbursement if they have a health care flexible spending account. There is a CMS-1500 form in the patient portal that can be printed and submitted.

Can participants search clinicians by language?
- Yes, when you are on the "Find a Provider page" you can refine search by language. It is also listed in the physician’s profiles.

This is a working document and will be updated as we get more information. If you have questions you’d like addressed, please contact Kristi Moline, kristi.moline@childrensmn.org or 612-813-6861.