Telehealth after COVID

MedPAC Presentation

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NOVANT® HEALTH

Mission

Novant Health exists to improve the health of communities, one person at a time.

Vision

We, the Novant Health team, will deliver the most remarkable patient experience in every dimension, every time.

Values

Compassion
Courage
Diversity, Inclusion and Equity
Excellence
Safety
Teamwork

Our people

We are an inclusive team of purpose-driven people inspired and united by our passion to care for each other, our patients and our communities.

Our promise

We are relentlessly pursuing remarkable care every day — so you can expect the compassionate, expert, personal experience you deserve.

Our principles

Access for All • Human-Centered
Purposeful Innovation • World-Class Quality

N: NOVANT® HEALTH

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H Medical Centers

H Managed Medical Center

■ Physician offices

■ Imaging centers

North Carolina

South Carolina

Jefferson

Winston-Salem

Statesville

Thomasville

Triangle

Asheville

Mooresville

Salisbury

Fayetteville

Burgaw

Jacksonville

Charlotte

Wilmington

Bolivia

Columbia

Myrtle Beach

Charleston
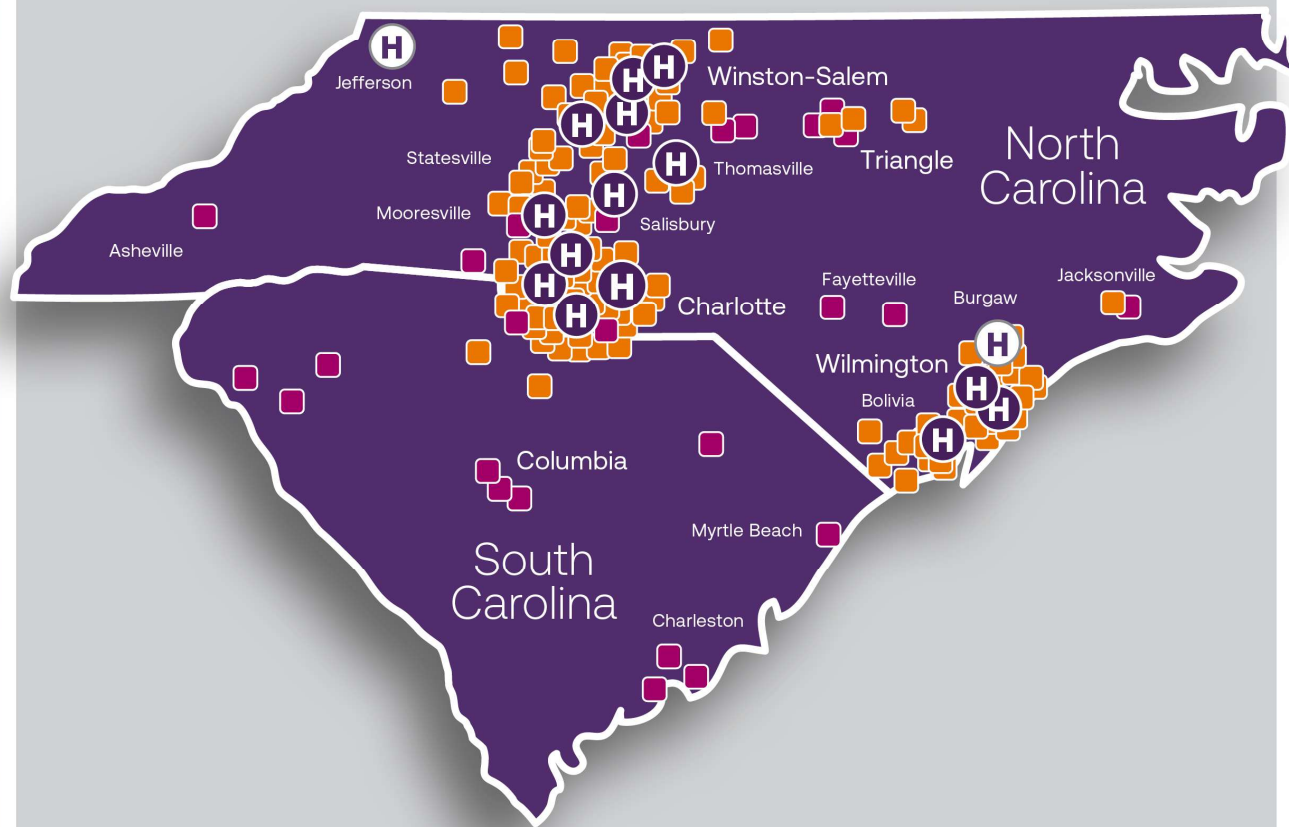
Historical Telehealth Experience

Novant Health was an early adopter in providing Telehealth visits which allowed for quick scaling of services during COVID. Visits have stabilized and remain a significant source of patient visits.

KEY STATS

2013 — Year Novant Health began video visits

2nd — Novant Health was the 2nd Epic EHR customer to adopt video visits

2,400 — Completed video visits between 2013 and 2020
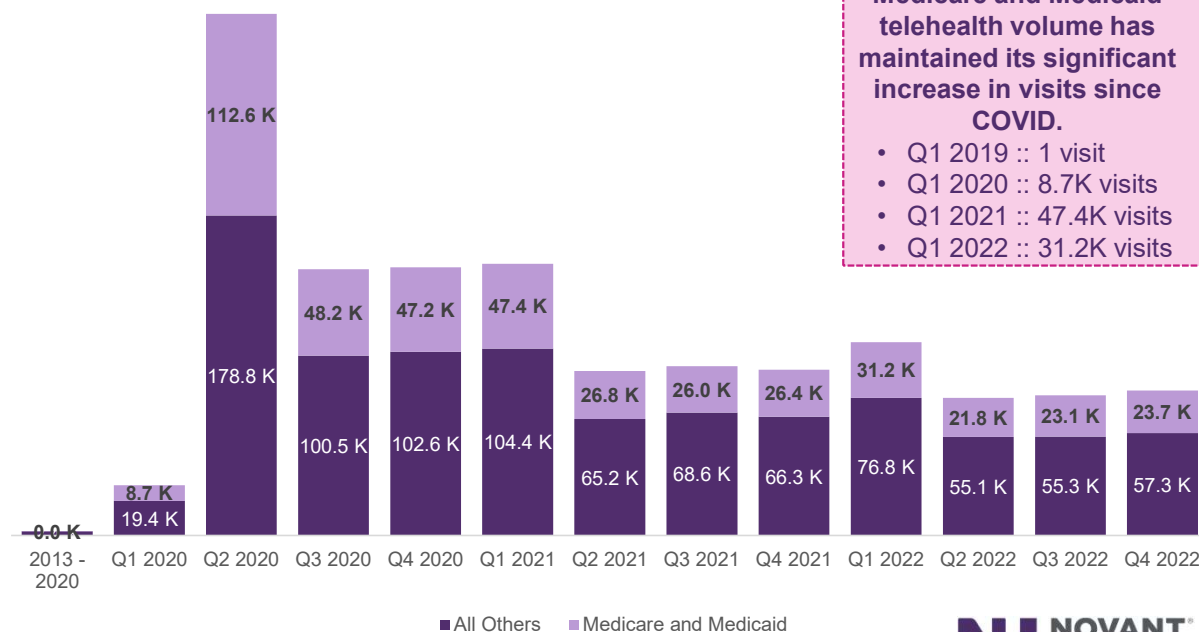
899% — Increase in telehealth visits during COVID

180% — Approximate increase from pre-COVID to current state telehealth volumes

VISITS BY QUARTER

Medicare and Medicaid telehealth volume has maintained its significant increase in visits since COVID.
- Q1 2019 :: 1 visit
- Q1 2020 :: 8.7K visits
- Q1 2021 :: 47.4K visits
- Q1 2022 :: 31.2K visits

Quarter	All Others	Medicare and Medicaid
2013 - 2020	0.0 K	
Q1 2020	19.4 K	8.7 K
Q2 2020	178.8 K	112.6 K
Q3 2020	100.5 K	48.2 K
Q4 2020	102.6 K	47.2 K
Q1 2021	104.4 K	47.4 K
Q2 2021	65.2 K	26.8 K
Q3 2021	68.6 K	26.0 K
Q4 2021	66.3 K	26.4 K
Q1 2022	76.8 K	31.2 K
Q2 2022	55.1 K	21.8 K
Q3 2022	55.3 K	23.1 K
Q4 2022	57.3 K	23.7 K

■ All Others ■ Medicare and Medicaid

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Novant Health Virtual Care Stats

Scheduled + On Demand Virtual Visits 2020 – Dec 2022

1.6M

Telehealth Patient Satisfaction - Net Promoter Score

82

Telehealth Visits by Type 2022

322K — Video Visits

70K — Telephonic

19K — E-Visits

Unique patients utilizing patient portal (MyChart) 2022

2.3M

Average # digital encounters per patient with a digital visit 2022

2.6

Oldest patient who had a virtual visit

103

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2022 Digital Care Group Quality Performance

Current Medications

100%

Goal: 98%

Lung Cancer Screening

76%

Goal: 65%

Depression Screening

95%

Goal: 85%

Hunger Vital Sign

90%

Goal: 85%

Blood Pressure Control

71%

Goal: 71%

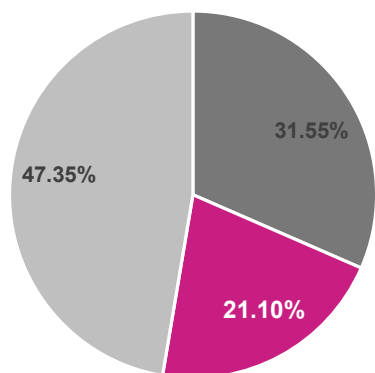**Antibiotics: URI**

95%

Goal: 95%

Fall Risk Screening

98%

Goal: 90%

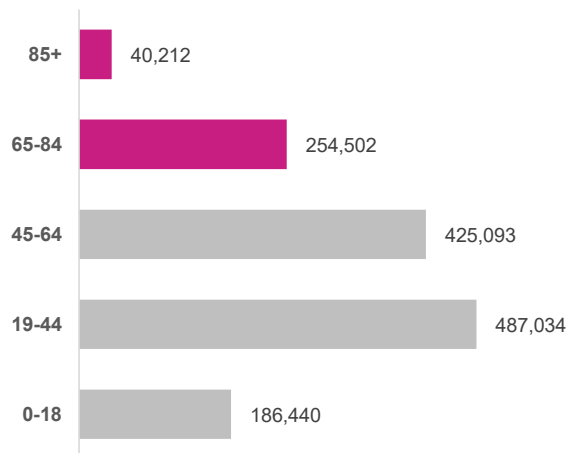Digital Care Delivery performance meets or exceeds all established goals

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2020-2022 Virtual Care Utilization

Payor Mix by Visit

- 47.35%
- 31.55%
- 21.10%

Legend:
- Top 5 Commercial Plans
- Medicare / Medicaid
- All Other Payors

Visits by Age

Age	Visits
85+	40,212
65-84	254,502
45-64	425,093
19-44	487,034
0-18	186,440

Medicare Age Eligible

Top Service Lines by Visits

#	2020	2021	2022
1	Community Medicine	Community Medicine	Community Medicine
2	Pediatrics	Behavioral Health	Behavioral Health
3	Behavioral Health	Pediatrics	Pediatrics

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Telehealth Associated Expenses

The provision of telehealth services is as labor-intensive and time-intensive as the provision of in-person services, except for acute on-demand virtual services. These services require significant technical and operational expenses such as an advanced patient portal, secure telehealth audio and video systems, cyber telehealth insurance, cybersecurity.

TELEHEALTH WORKFLOW

SCHEDULING	NURSE TRIAGE	PROVIDER VISIT	BILLING AND CODING	PATIENT EDUCATION
Scheduling is self-directed through a variety of means. Patient's appointment may require registration staff if the patient is scheduled by calling the office or if additional assistance is required.	Nursing contacts patient, reviews patient history, updates medications, documents home-recorded vital signs prior to the provider contacting the patient for the visit (same as rooming a patient face-to-face).	Provider obtains the history of present illness and associated symptoms through a detailed conversation. Provider will make the diagnosis, write prescriptions, send orders, follow-up and communicate results and plan of care.	Support staff is needed to support billing and coding services.	Patients may require education on effective use of technology and ensure a connection is made.

For comparable conditions, Telehealth provides the same level of care and requires the same level of effort as traditional in-person care.

$4.1M+ in annual technology and infrastructure costs

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