## Health Care Cost Advantage



Combining traditional telemedicine with in-home urgent care delivers higher quality care, at a lower cost and a better patient experience.

#### **Inclusive Care Matters**

When a patient seeks care for minor urgent conditions, they initiate an episode of care that often includes follow-up visits over a 21 day period. Researchers have investigated the total cost of a care episode across the traditional arenas of care: urgent care centers, primary care offices and emergency departments. The results show that following the first visit on Day 1, the rate of additional visits made for the original complaint ranged from 32% - 57% over the next 21 days.<sup>1, 2</sup> These follow-up visits cause the full cost of the episode to balloon to over \$800.

How does this compare to an episode of care with EZaccessMD? The patient experience is very different at EZaccessMD because of what is done on Day I. Often the initial consult leads to an in-home diagnostic test and then an immediate follow-up call from the doctor. This in-home testing and follow-up care, all done proactively by EZaccessMD, happens in 24% of our cases, significantly reducing the need for patients to travel to other settings for a follow-up.

## **Key Takeaways**

- When more care is done on Day I, it lowers the risk of an undetected serious illness, and avoids large healthcare expenses.
- When symptoms demand in-person care, having a in-home urgent care option shortens the 21-day episode of care, which lowers health care costs.
- Traditional Telemedicine is not always a complete care experience and can contribute to the typical 21-day episode of care cycle.

The proactive work at EZaccessMD results in far fewer trips made by patients to traditional care sites, in fact it happens only 7% of the time. Exhibit I shows the type and frequency of follow-up visits in all environments.

Exhibit I: Follow-up Care Rates By Venue

	EZaccessMD	Urgent Care	Primary	Emergency Dept.
Telehealth	4%	none	none	none
Mobile Visit	20%	none	none	none
Hospitalized	0.2%	1%	1%	2%
Emergency Dept.	1%	3%	2%	8%
UC, PCP, Other	6%	29%	30%	47%
Total Follow-up Rate	31%	32%	33%	57%

"My son needed an X-ray. The conversation with the doctor was arranged quickly and the tech came to do the X-ray in our house very promptly. He was friendly and efficient. The whole process was a great experience. Thank you EZaccessMD." Subscriber, Jan 2023

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#### **Inclusive Care Matters**

Because EZaccessMD's Per Employee Per Month (PEPM) rate is all inclusive, there are no additional charges for lab tests, x-rays, or reads from radiologists. As shown in Exhibit 2 (right), after accounting for the entire episode of care, including the 7% of cases referred to another setting, the cost at EZaccessMD is \$358, nearly two thirds less than the average \$866 in traditional care models.

Not only does our care model eliminate time spent traveling to and from the doctor's office, other arenas of care leave patients waiting for hours in a room with sick patients exposing them to more potential infections.

Exhibit 2. Expected Value of 21 Day Episode of Care Cost

	EZaccessMD	Traditional Care
Initial Cost	\$240	\$274
Telehealth	\$8	\$0
Mobile Visit	\$48	\$0
Hospitalized	\$38	\$136
Emergency Dept.	\$16	\$49
UC, PCP, Other	\$8	\$403
Total Costs	\$358	\$866

### Conclusion

#### **Savings Accumulate Quickly**

According to the economic analysis published in the Journal of Telemedicine and Telecare <sup>1</sup>:

"Virtual visits are an effective way to lower the total cost of care for patients with low acuity conditions."

Traditional care services cost employers an average of \$866 per employee, per episode of care. At EZaccessMD, employers pay an average of \$358 per employee, per episode of care therefore saving employers an average:

### \$508 Per Employee

Our industry-leading non-urgent care service starts with patient care on Day One. Coupled with an on-demand mobile solution, our patients receive faster care turn-around while making a positive impact of 137% ROI on your healthcare spend.



Learn more at: **EZaccessMD.com** 

Lovell, T. et al. (2019) 'Virtual vs traditional care settings for low-acuity urgent conditions: An economic analysis of cost and utilizationclasing data', Journal of Telemedicine and Telecare. doi: 10.1177/1357633X19861232.

<sup>2</sup> Gordon, A. et. al. (2019) Virtual Visits for Acute, Nonurgent Care: A Claims Analysis of Episode-Level Utilization J Med Internet Res. 2017 Feb; 19(2): e35. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5336603/