

**Telephone Medical Consults Answer the Call for Accessible, Affordable and Convenient Healthcare**

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## Executive Summary

America's healthcare facilities and medical professionals are perceived as the best in the world. Yet our healthcare system appears to be outdated or even broken, with persistent challenges regarding access to care, quality, affordability and convenience.

Keeping our nation competitive requires innovative approaches and initiatives from both public and private sectors. To meet our responsibility and provide healthcare for all Americans, including the most vulnerable citizens, we must confront the rising cost of care, strengthen the doctor-patient relationship with support for the medical home, and implement programs that deliver reliable, high-quality and reasonably priced healthcare to all who need it.

Today, telemedicine technology is stepping into this role. Through the use of advanced telecommunications and computer networking technologies, physicians are not only able to consult with one another but are also able to consult with patients, diagnose and treat specific medical problems. A physician with advanced and complicated telemedicine systems can actually perform complicated and invasive procedures on patients remotely located. Though once considered extraordinary and experimental, the practice of telemedicine is now considered to be effective and well accepted by both the medical community and the patients receiving the services.

The knowledge and skills gained in telemedicine programs are impacting routine care for non-emergency medical problems with telephone medical consults gaining momentum largely the result of consumer receptivity and cost-savings. Currently, more than 1.5 million Americans have access to this option with significant growth projected as more employers, health plans and other benefits payers recognize the opportunity for improving access to quality care and reducing expenditures.

*Telephone medical consults support these trends:*

- Equivalent healthcare outcomes at lower costs for participating Americans.
- Increased focus on personalized, private consultations that are high quality, affordable and easy to access.
- Streamlined, coordinated care through the use of an open, privacy-protected and Advanced Encryption Standard (AES) 128 Bit-encrypted Electronic Health Record (EHR).
- Widespread adoption of the medical home model and reliance upon primary care physicians.
- Timely care for rural Americans and the nearly one-in-four citizens who have problems missing work to see a doctor for routine medical services.
- Consumer centric programs and empowering individuals to purchase their own healthcare.
- Relieving pressures on overcrowded, understaffed hospital emergency rooms.
- Expanded practice options for physicians.

This document examines the role of telemedicine and specifically the telephone cross coverage model to deliver a practical, easy-to-implement and cost-effective solution to all adults – wherever they are located and regardless of their insurance coverage.

## Introduction

Hugo Gernsback's 1954 solution to the doctor shortage was the ultimate in bringing the patient to the overworked physician: "Teledoctor" was published as an updated version of the 1924 Radio Doctor. Since the penning of those two visionary documents, the science and practice of telemedicine has come a long way.

NASA flight surgeons' use of biometric telemetry from orbiting Gemini astronauts was arguably the first practical application of telemedicine. In the 1990s, various universities began offering physician-mediated video conferencing as a means of treating remote patients. These early experiments showed that quality medical care could be delivered through the use of telecommunications technology.

In the late 1990s, the University of Texas Medical Branch at Galveston (UTMB) started telemedicine specialty care and primary care clinics for the Texas Department of Criminal Justice (TDCJ). While the precise financial savings resulting from the establishment of these telemedicine clinics is still being quantified, the clinics are considered to be as cost effective and medically effective as traditional brick and mortar clinics when used to treat appropriate medical conditions.

The program was such a success, that the TDCJ instituted a full telemedicine clinic structure of its own. The project is now being considered by other prison systems as a way to both improve the quality of care, access to care and control the ever-growing healthcare cost of these institutions.

After observing the success of the TDCJ telemedicine primary care clinics, UTMB established primary care clinics to treat medically uninsured and corporate-based patient populations. As part of providing effective and efficient care to these patient populations, the use of telephonic consults was initiated. Patients and physicians found these telephonic consults to be very convenient and effective. Thus, many non-emergent medical issues can be managed and definitively treated via telephonic medical consults.

The telephone is a valuable tool in providing quality care to patients who cannot travel to see the doctor. The ubiquitous electronic medical records system ensures that subsequent physicians understand the problems and treatment plan, thus promoting a rational continuity of individualized patient care.

While physicians have relied upon telephone consults for decades as a means of connecting with patients, only recently has the concept been implemented on a national basis. Today, this model addresses illnesses that arise quickly and tend to run a brief course, typically 5-10 days.

Telephonic medical consults performed by qualified family practice physicians are now proving an affordable and efficient treatment option for routine medical care. This approach is particularly effective for acute, routine, episodic, self-limited and minor illnesses. With the use of a freely available portable medical record, these telephonic patient encounters support continuity of patient care and the evolution of a patient's medical home. In reality, telephonic following of chronic illnesses is also a very effective management system. Hypertension, diabetes, arthritis depression and obesity lend themselves well to telephonic supplemental medical management.

Telephone medical consults address routine medical conditions.

- Respiratory Infections
- Gastroenteritis
- Sinusitis
- Bronchitis
- Urinary Tract Infections
- Pharyngitis
- Seasonal Allergies
- ALSO: Prescription refills as appropriate and only for short-term of non-controlled substances

The telephone cross-coverage model, whereby physicians "cover" for one another via the telephone on a round-the-clock basis, emerges as one of the best examples of the power of telemedicine to make medical care more accessible and convenient to patients while maintaining quality and reducing costs. It is a straightforward approach, one that relies upon simple technology -- the telephone: a mobile ubiquitous staple in nearly every household or office in both urban and rural communities and one that is familiar, easy-to-use, and can be widely utilized without special training or orientation.

Whether a patient is in a rural or urban area, consultative medical care is always a phone call away. Looking ahead, telephone technology is likely to make telephone consults even easier, as capabilities for taking pictures or recording vital signs bring added dimensions to physician-patient communications. The 802.16 broadband wireless services (WiMAX) will bring high speed/broadband services to cell phones, enabling real-time video conferencing or monitoring a person's medical device in the near future.

Further enhancing physician and patient uptake of this telemedicine application is the increased adoption of electronic health records (EHRs). EHRs are helping to link together doctors, patients, and hospitals in seamless, digital environments, making it possible for a patient's records to be transferred quickly and accurately and with all necessary privacy protections. Widespread use of electronic health information is essential in the development of the medical home which will help Americans receive high-quality medical care, save lives and reduce medical errors and duplication of services. They are an essential component of any telemedicine model which endeavors to support the continuity of patient care across medical entities primary care physician (PCP) offices, emergency departments and hospital specialty clinics.

Patient satisfaction with the service is high. Following are commentaries from patients who are currently accessing telephone medical consults from TelaDoc Medical Services.<sup>1</sup>

- A 43-year-old man was experiencing a recurrent and routine sinus infection. He did not want to deal with the cost and inconvenience of going to the doctor. He just knew there had to be an easier option and happened upon an article about a telephone medical consult program. He went online, registered, and within an hour his prescription was ready.
- A busy executive running her own business has used the telephone medical consult three times since enrolling in October 2006. She did not have time to take off work and found this program to be a convenient way to address her medical needs. She was thrilled that she received a return call from the physician within 30 minutes.

Another example is a major urban school district which has purchased the telephonic patient consult program from TelaDoc, and is offering this option to its teaching staff. The school system understands that if a teacher needs to leave the classroom to see the doctor, then not only does the system incur the cost of sick leave for the teacher -- and the cost of a substitute teacher -- but also, and more importantly, it causes an interruption in the learning process of students. This school district clearly regards TelaDoc's phone consult and the \$35 consult fee well worth the investment.

TelaDoc reports that corporate acceptance of the program is even more robust, with many companies purchasing telemedicine services for their employees and making the service available during working hours. They are particularly effective for employees who travel such as truck drivers and sales staff who are often on the road and away from the state where they live.

Several large employers utilize the program to enhance their clinic operations which employ video consultation systems during their short hours of operation. The physicians conducting these clinics report using telephonic consults to meet the needs of staff who conduct business outside the office or who, for one reason or another, are unable to get the clinic. These visits keep these particular employees focused on their work-related tasks and attentive to their job responsibilities.

### ***Access to Care***

In today's world of highly specialized medical services, patients often find themselves confused as to where and how to seek required medical care. In some instances, they are not sure that professional medical care is required.

Rapid telephonic consultation with a completely objective practicing physician can help the patient seek appropriate care for particular medical issues. Often, patients turn to the emergency department (ED) simply because they have no alternative source for medical care. They visit the ED to determine if their

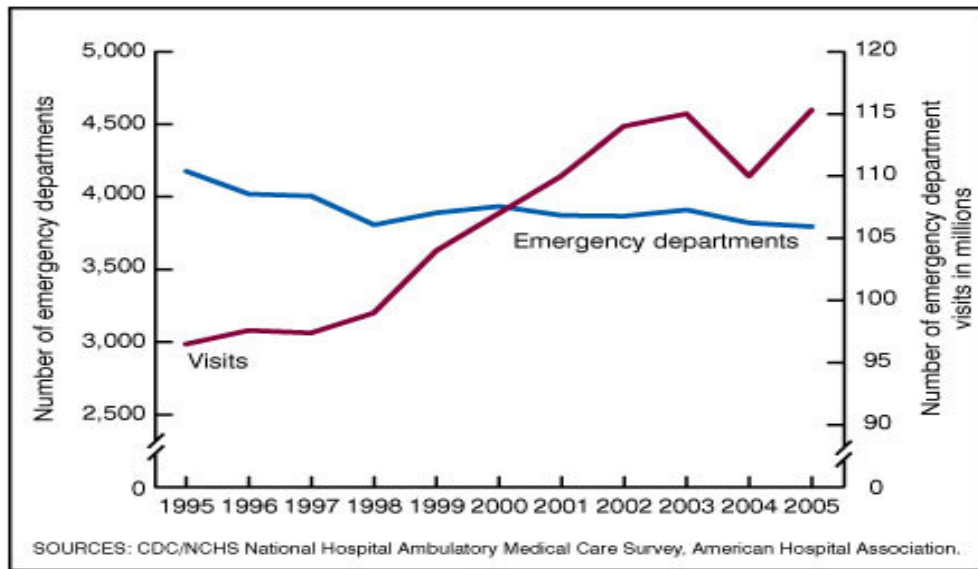
condition is dangerous or to see if they need medical intervention. Telephonic-based medical consults can and do provide access to highly skilled physicians 24 hours a day, seven days a week.

Timely attention to medical needs enables people to get well faster. If a person is traveling away from home for business or recreation and encounters difficulties in locating a physician for an illness or to refill a prescription, rapid telephonic consultation is extremely beneficial. There are numerous examples enhancing healthcare with telemedicine: The challenges confronting employees who cannot leave the worksite; caregivers who cannot leave their charge to get healthcare for themselves; rural residents without access to a local physician.

Whenever people encounter impediments to accessing care – for any of these reasons or because their primary care physician is not be available during weekends, evenings and holidays -- the physician telephone consult closes the gap.

Moreover, this telemedicine model also addresses the problems of disturbing increases in waiting times at emergency rooms nationwide, most recently documented by an analysis by researchers at the Cambridge Health Alliance and Harvard Medical School. They found that the median waiting time to see a physician in hospital emergency departments jumped from 22 minutes in 1997 to 30 minutes in 2004.<sup>2</sup>

National emergency room (ER) utilization data demonstrates what hospitals and health plans see daily: that ER visits continue to rise and show few signs of slowing. According to the National Hospital Ambulatory Medical Care Survey (NHAMCS), there were 110.2 million ER visits in 2004, and more than 25 percent were for non-urgent or unknown causes.<sup>3</sup>



**Figure 1. Trends in numbers of emergency departments and related visits: United States, 1995-2005**

Source: Nawar EW, Niska RW, Xu J. National Hospital Ambulatory Medical Care Survey: 2005 Emergency Department Summary. Advance data from vital and health statistics; no. 386. Hyattsville, MD: National Center for Health Statistics. 2007.

The researchers attribute the longer waits primarily to an increase in the number of inappropriate emergency room visits coupled with the closure of many emergency rooms. Both factors are driven by the sheer volume of uninsured patients and by those who have no primary care doctor flocking to the ER for routine coverage and clogging the system.

The opportunity for telephonic medical consults to relieve this situation is evident. Further, they carry the potential for saving the government Medicaid program significant amounts of money and improving access to care for patients served by the community health centers.

### ***Access to Care for Rural Residents***

One of the most promising applications of telephonic-based telemedicine is in rural communities where residents face a unique combination of factors that create disparities in healthcare not found in urban areas. Economic factors, cultural and social differences, educational shortcomings and the sheer isolation of living in remote rural areas all contribute to impediments to rural Americans leading normal, healthy lives.<sup>4</sup> These communities also suffer from inattention to these obstacles by their state and federal legislators.

The profile of rural residents as it relates to healthcare cost and access supports the need for a physician telephone consult program that can more rapidly deliver quality medical services at a reasonable cost and more readily ensure patient safety. With this model, there is no drive time to the nearest physician's office.

The relatively low cost of telephone medical consults is a valuable program component particularly in light of income thresholds and insurance coverage among rural residents. They resolve routine medical issues at a fraction of the cost of a normal visit to the urgent care facility, emergency room or the doctor's office, with a flat fee that is typically +/- \$35.00.

Rural residents may be plagued by a dearth of physicians, cumbersome travel requirements to access care as well as inadequate resources to pay for care. The introduction of a telephone consult program is a prescription for improved safety, quality care and better health. Finally, the program helps rural physicians who may practice without medical partners and use this service for cross coverage.

Characteristics of rural residents as they relate to health costs and access:

- Rural residents have greater transportation difficulties reaching healthcare providers, often traveling great distances to reach a doctor or hospital.
- Only about ten percent of physicians practice in rural America despite the fact that nearly one-fourth of the population lives in these areas.
- Rural residents are less likely to have employer-provided healthcare coverage or prescription drug coverage and the rural poor are less likely to be covered by Medicaid benefits than their urban counterparts.
- Rural residents tend to be poorer. On the average, the per capita income is \$7,417 lower than in urban areas, and rural Americans are more likely to live below the poverty level. The disparity in incomes is even greater for minorities living in rural areas.
- There are 2,157 Health Professional Shortage Areas (HPSA's) in rural and frontier areas of all states and US territories compared to 910 in urban areas.
- Hypertension was also higher in rural than urban areas (101.3 per 1,000 individuals in MSAs and 128.8 per 1,000 individuals in non-MSAs).
- Twenty percent of non-metropolitan counties lack mental health services versus five percent of metropolitan counties.
- Medicare payments to rural hospitals and physicians are dramatically less than those to their urban counterparts for equivalent services. This correlates closely with the fact that more than 470 rural hospitals have closed in the past 25 years. (National Rural Health Association, 2008).

### ***Convenience***

Telephone medical consults support healthcare consumerism with a proven solution that is easy to access. Leading programs allow Americans to either enroll directly or via an employer at any time

throughout the year, avoiding the constraints of an “open enrollment” period. Health Savings Accounts (HSA) dollars can be used towards consults and medications; a CMS 1500 receipt is provided directly to the individual to file for reimbursement or to apply towards a deductible.

Consumer-friendly services are available at any time and from anywhere – patients can be at home, in a hotel, car or in the office. Most programs also make a multi-lingual helpline available 24- hours a day. Workers find it especially convenient since they do not have to leave work to be treated for minor illnesses.

The model also lends itself to the self-reporting of medical histories in order to build an individual, unique EHR. People can utilize this personal health record to their own advantage and take it with them wherever they go.

This hassle-free platform reduces administrative burdens on doctors eliminating the need for physician offices to file or administer claims.

#### **Key benefits of telephone medical consults.**

- Access
- Quality
- Affordability
- Efficiency
- Convenience
- Patient satisfaction
- Productivity
- Early intervention in the disease process....reducing morbidity, mortality and saving money.

#### **Support for the Medical Home Model**

Champions of the “Medical Home” model – including the most revered medical associations – espouse fundamental changes in how primary care in America is financed and delivered.<sup>5</sup> The American College of Physicians sets forth these qualifications:

#### **Key criteria physicians and practices would meet to qualify as a medical home:**

- Primary care physicians would partner with patients to ensure that all of their healthcare is effectively managed and coordinated. Doctors would work with chronic disease patients to help them manage their own conditions and prevent avoidable complications.
- Physicians and their teams—not health plan case managers—would be in charge of coordinating chronic care.
- Physicians and practices would identify key quality indicators to demonstrate continuous improvement.
- Practices would use electronic health records and other information technologies to store all clinical data and test results. Physicians would also use computerized evidence-based clinical decision guidelines at the point of care (although the American College of Physicians model would not require fully implemented electronic health records).
- Physicians would provide—and be reimbursed for—non-urgent medical advice through e-mail and telephone consultations. Physicians would also team up with consultants and other healthcare professionals to provide the full spectrum of patient-centered services.
- Practices would use innovative scheduling systems to minimize delays in getting appointments. (American College of Physicians, 2008.)

With rapid adoption of the medical home, the telephone cross coverage platform exemplifies a physician-centered model which supports the personal physician as the primary coordinator of the entire medical team and any ancillary care.

Physicians providing service under this umbrella embody the concept of *whole person orientation*, working in concert with the primary care physician (PCP) as a “spoke in the wheel” of medical delivery. They do not replace the PCP -- rather, they enhance the role of the PCP in providing high quality care to the patient.

Care is coordinated and/or integrated, with all true emergencies directed to the hospital emergency room along with an EHR (when available) for optimal coordination and streamlining of care. By leveraging this model, in-office PCPs will be able to focus on more serious medical issues and make more appropriate use of medical resources such as ERs, urgent care centers and specialists.

Board-certified family physicians providing telephone consults are usually required to adhere to the quality and safety hallmarks of the medical home:

- They are trained in evidence-based medicine and utilize clinical decision-support tools as a guide for decision making.
- They accept accountability for continuous quality improvement through voluntary engagement in performance measurement and improvement.
- They actively engage patients in decision-making and encourage feedback to ensure patients' expectations are being met.
- In select models, they utilize information technology to support optimal patient care, performance measurement, patient education and enhanced communication.
- They participate in voluntary recognition processes to demonstrate that they have the capabilities to provide patient-centered services consistent with the medical home model.

### **Quality of Care**

As with all medical specialties and practices, quality of care is assured through a four-pronged approach. Physicians undergo general training in their practice area and then train for specific treatment modalities (in these cases, the practice of telemedicine and more specifically telephonic consults). To ensure that the trained physicians maintain a high level of competency, all practicing physicians must participate in specific yearly programs for Continuing Medical Education (CME). These physicians are also subject to a routine and ongoing process of peer review of their individual patient encounters. The process of credentialing is used to ensure that these quality indicators are completed, documented and up-to-date.

The quality of care delivered via telephone medical consults will rely upon careful and appropriate screening, educating and credentialing of physicians. The process begins with a clear understanding by the physician of the scope and goals of the telephone consultation process.

In general, this service is geared toward those minor medical illnesses that are acute, episodic, routine, non-recurring and self-limited in nature. It also must take into account the degree of risk involved in reaching a medical diagnosis and in some cases authorizing a prescription – although the medical complaints and the diagnoses may be simple in nature, the process by which the physician reaches a decision can be fairly complex.

The physician is constantly evaluating the nature of the chief complaint, the communicative abilities of the patient, the differential diagnosis, the attendant risk of the various options available at the time of the telephone encounter and is calling upon his/her experience as a clinician. Not all complaints lend themselves to telephone consultation and/or the dispensing of medications over the phone, but as all primary care physicians learn over years of practice, there is a large subset of patients that can be safely handled in this manner. Indeed, on any given night, thousands of cross-covering physicians do just that: they provide telephone consultation, advice, diagnoses and medications to patients of other physicians for whom they are covering that night.

Physicians appropriate for this type of decision making should be board certified or have qualified to sit for their board certification exams in family practice, emergency medicine and internal medicine. Each physician should be carefully credentialed and regularly re-credentialed, including an application process which covers education, work history, licensure (medical and Drug Enforcement Agency [DEA]), any disciplinary actions by a variety of sources, any malpractice events as well as general personal demographics.

A Quality Assurance (QA) review process should also be in place, providing additional evaluation of various facts which may trigger additional research as warranted to further clarify details. Physicians will be expected to undergo a training exam that highlights various aspects of the telephone consult experience from both the physician and patient perspectives.

Once physicians are performing telephone consults, they should be reviewed on a regular basis and, if appropriate, terminated for failure to meet standards of care. The following tools should be in place to ensure optimal performance:

- Daily random audits of the previous day's consults to identify general medical appropriateness. Any variances outside certain pre-defined parameters are flags for further investigation and action as warranted.
- Key issue audits conducted monthly to focus on specific issues that may be of particular importance in this environment or employer-specific audits as requested.
- Satisfaction survey results reporting patient satisfaction after their consults. Any issues arising out of this process should be specifically investigated and appropriate actions taken.
- Outcomes review of specific cases, chief complaints, and other benchmarks should also be reviewed regularly. These would be actual case-specific issues that arise and are deemed to warrant review outside the normal process described above.
- Outcome studies will help to determine effectiveness of the encounter. Data should be compared on a per physician basis to assure continued quality in the encounters.

**Reducing the Cost of Healthcare**

Recognizing that healthcare costs must be contained, proponents of medical telephone consults have developed fully transparent models which offer a flat rate fee schedule -- +/- \$35.00 per consult -- without any hidden expenses. This model mitigates high costs of visits to the ER, urgent care center or physician office. Determination of cost savings are possible by identifying where the patient would have gone if the telephonic consultation was not available.

**Table 1: Cost Comparison**

Place of Service	Average Cost	Total cost (range)
ER	\$1029	\$361-1262
Urgent Care	\$194	\$104-235
Physician Office*	\$153	

Sources: NC BlueCross BlueShield 2007; \*2007 Provider Economics/Wellmark

Furthermore, workplace productivity is enhanced: employees do not have to leave the office to consult with physicians and get timely treatment; workforce absenteeism is reduced since contagious diseases may be caught early, decreasing the probability of spreading infections to other employees; patients with pre-existing conditions do not forego receiving proper care for minor issues.

By addressing rising medical costs, this model offers a solution for minor medical problems and can play an important role in reducing the overall cost of health benefits -- which are crushing nearly every major national corporation.

## **Benefits to Family Practice Physicians and Primary Care Physicians**

Starting with the fundamentals of good medical practice and evidence-based medical guidelines, telephone consult models are based upon simplicity and efficiency, with goals for improving patient access to care and enhancing the role of primary care physicians.

Physicians now have the opportunity to augment their present income and have a new ability to bill for medical telephone consults. A PCP electing to participate with this type of program not only opens the potential for serving new patients representing additional revenues, but he or she may actually generate increased income from existing patients. The physician can opt to take consults during off-hours, allowing the doctor to be reimbursed for telephone consults with patients. This is an area that has eluded PCP to date.

Physicians appreciate the ease of 24/7/365 cross coverage, regular and timely reimbursement for services and, in some programs, malpractice coverage for all telephone consults. They like the option to practice with flexible hours, part-time or full-time. Select programs even offer a free EHR to all the physician's patients when the doctor participates with the company.

Telemedicine opens opportunities for:

- Disabled physicians who would like to continue practicing but are unable to commute
- Female physicians who are raising families and would like to work part-time from home
- Retired physicians seeking to remain active, but not on a full time basis
- Physicians who spend a period of time outside their home state – but would like to continue practicing.

## **Conclusion**

### ***Ideal Telemedicine Consultation Service***

The ideal telemedicine service gives the patient, physician and the payer the following advantages:

- Easy accessibility for the patient
- Quality care that is accountable with quality assurance at every level
- Board certified primary care physicians who return consultation requests in one hour
- Affordability for the patient and the payer
- Efficiency for the patient and the physician regardless of their location
- Convenience for the patient
- High patient satisfaction
- High productivity from a healthy work force that does not leave work for a doctor's appointment or ER visit
- Reliable searchable data of interactions that proves economic advantages
- Privacy-protected, portable and instantly accessible medical records to improve the quality of care given by the telemedicine doctor
- 24/7/365 coverage throughout the entire U.S.
- Rapid access for rural and urban populations
- Reasonable and rapid pay for physicians incentivized to work and covered for malpractice
- Allied in principals and practices of the American primary care professional organizations and with the medical home concept

Telemedicine introduces opportunities for improved access to healthcare services for all Americans – regardless of geography -- with lower costs and better outcomes. Telephone medical consults represent a new era in telemedicine; one that offers convenient options for consumers and more attractive pricing for health plans and benefits payers. It is a methodology that supports the medical home model with wide

appeal to primary care physicians. As consumers become increasingly more empowered to participate in the healthcare decision-making process, and as employers and government leaders continue to identify services that will improve quality with reduced spending, it is projected that the telephone consult model will enjoy rapid adoption nationwide.

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<sup>1</sup> TelaDoc Medical Services, 2008

<sup>2</sup> The New York Times, ***Emergency Room Delays***, January 19, 2008.

<sup>3</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; National Center for Health Statistics, Hyattsville, MD, 20782; 2007.

<sup>4</sup> National Rural Health Association, ***What's Different About Rural Healthcare?***; <http://199.237.254.34/about/sub/different.html>; 2008.

<sup>5</sup> Colwell, Janet, ***Key 'medical home' model elements hit the market***, American College of Physicians *Observer*; April 2006

## About the Center for Health Transformation

The Center for Health Transformation is a high-impact collaboration of private and public sector leaders committed to creating a 21st Century Intelligent Health System that saves lives and saves money for all Americans.

The Center is based on the following premise: Small changes or reactionary fixes to separate pieces of the current system have not and will not work. We need a system-wide transformation. Unlike other alliances, the Center unites stakeholders across the spectrum (providers, employers, vendors, trade associations, disease groups, think tanks) and government leaders at both the state and federal level to drive transformation according to a shared vision and key principles.

TelaDoc Medical Services was used as a model for understanding the concept of telephonic medical consults. With more than 1.2 million members, TelaDoc is one of the nation's leading telephone-based cross coverage and convenience-based providers. TelaDoc provides a network of board certified, state licensed primary care physicians that delivers cross coverage consultations for minor medical issues 24 hours a day, 7 days a week, and 365 days a year with typical response times under 30 minutes.

Systems like the one built by TelaDoc are bringing a brand new standard of care and delivery to our ailing healthcare system. While the bullet points below are excerpted from TelaDoc documents, it is clear that any free enterprise company can produce similar results.

- Rapid access to a primary care physician (via telephone). TelaDoc model has a *3 hours or it's free* guarantee.
- Telephonic cross coverage should handle acute, episodic, self-limited and minor illnesses; available to individuals age 12 or above.
- Fully portable Electronic Health Record (EHR) provided free to both patients and physicians, available 24/7, delivered on demand worldwide; fully CCR-compliant data structure.
- TelaDoc data has demonstrated that telephone consultations are typically 10 minutes vs. national average for office visits running 3-6 minutes.
- Patients with pre-existing conditions are welcome customers.
- Telephone-based services provide concierge-type medicine
- Because costs are well understood, telephone consultations come with a transparent and typically low price tag. (i.e., TelaDoc is \$35 per consultation)
- 96 percent of patients are happy with the service.
- Physicians can make more money working inside an efficient model.

**Table 2: Sample Physician Income Chart**

Sample Physician Income Chart						
	Consults per hour	Hours per Day	Days per Week	Weeks Vacation	Monthly Income	Annual Income
Physician 1	2	4	3	4	\$2,208	\$26,496
Physician 2	3	6	4	4	\$6,624	\$79,488
Physician 3	4	8	5	4	\$14,720	\$176,640
Physician 4	5	8	5	4	\$18,400	\$220,800
Physician 5	5	10	6	4	\$27,600	\$331,200

Source: TelaDoc Medical Services, 2008.

## About the Authors

### **Newt Gingrich, Ph.D.**

Former Speaker Newt Gingrich is the founder of the Center for Health Transformation, a collaboration of leaders dedicated to the creation of a 21<sup>st</sup> Century Intelligent Health System that saves lives and saves money. He is also the founder of the Gingrich Group, a communications and consulting firm specializing in transformational change, and serves as a political analyst for FOX News Network, a senior fellow at the American Enterprise Institute in Washington, D.C and a distinguished visiting fellow at the Hoover Institution at Stanford University in Palo Alto, California.

A highly sought-after public speaker and world-renowned strategist, Gingrich served as a Member of Congress for twenty years and as Speaker of the U.S. House of Representatives from 1995-1999. He is widely recognized as the chief architect of the Republican Contract with America and the key strategist and leader behind the 1994 Republican victory, which created the first GOP majority in Congress in forty years. Under his leadership, Congress passed welfare reform, the first balanced budget in a generation, and the first tax cuts in sixteen years. So far-reaching was his impact that *The Washington Times* called him “the indispensable leader,” and *Time* magazine, in naming him Man of the Year for 1995, said, “Leaders make things possible. Exceptional leaders make them inevitable. Newt Gingrich belongs in the category of the exceptional.”

Gingrich is the author of nine books including the bestsellers, *The Art of Transformation*, *Real Change*, *Winning the Future*, *Contract with America* as well as *Saving Lives and Saving Money*, which describes the Center for Health Transformation’s 21<sup>st</sup> Century Intelligent Health System.

### **Richard J. Boxer, M.D.**

#### **Chair of National Health Policy Council**

Dr. Boxer graduated from the University of Wisconsin-Madison with honors from both the undergraduate and medical schools. He served a residency in urology at U.C.L.A., is Professor of Clinical Urology, University of Miami, Clinical Professor in the Department of Family and Community Medicine and Clinical Professor in the Department of Health Policy at the Medical College of Wisconsin, as well as Clinical Professor the Department of Surgery/Urology at the University of Wisconsin in Madison. He has written over 40 scientific articles and chapters for books, won a national award for cancer research, was awarded a Presidential Citation from the American Urological Association for excellence in Urology, patented a medical device and has lectured around the world on treatment for cancer of the prostate gland and urinary tract. Doctor Boxer was honored as one the best urologists in Milwaukee by his peers in the only five surveys by the *Milwaukee Magazine* in 1987, 1991, 1996, 2000, and 2004. He was named among the top doctors in America in 1999 and 2003. He serves as Medical Director of two prostate cancer foundations, is the former Chair of Surgery at St. Michael and Mt. Sinai Hospitals, past president of the Milwaukee Urological Society, and an advisor to Medicare. Dr. Boxer was a Section Editor for *Oncology Spectrums*, reviews scientific articles for the *Archives of Internal Medicine*, *Urology*, *The Journal of Urology*, and *Oncology*. He has been invited to deliver over 35 keynote lectures. Dr. Boxer is presently or has been on the Board of Directors of sixteen philanthropic organizations and he is National Chairman of the National Health Policy Council.

### **Byron Brooks, M.D.**

George Byron Brooks, BS, EE, MD, is one of the world’s leading telemedicine practitioners. Dr. Brooks has conducted more than 20,000 telemedicine clinical sessions, and sees more patients via telemedicine than virtually all other telemedicine doctors have seen during their entire career.

Brooks studied electrical engineering at the U.S. Air Force Academy and the University of Tennessee. As an engineer, Brooks served as a technical advisor and analyst for the Department of Defense, the Strategic Defense Initiative Project Office, NASA and several intelligence agencies. Brooks also served as Chief Operations Officer for Internet Global Services during the construction of the Telares VOIP network.

Following medical school, Brooks became a U.S. Air Force flight surgeon and currently is a Major in the USAFR. He has patents pending in the area of Internet-based medical devices. He has served as medical director of a 50 bed step-down facility for the Texas Department of Criminal Justice, managed care unit. Dr. Brooks is currently a clinical assistant professor in the Department of Preventive Medicine and Community Health at the University of Texas Medical Branch at Galveston (UTMB). Dr. Brooks also serves as a Clinical Assistant Professor in the Department of General Internal Medicine at UTMB. Dr. Brooks currently conducts four weekly primary care telemedicine clinics and trains new doctors in the science and art of telemedicine patient care. Dr. Brooks is the co founder of TelaDoc Medical Services.