



First Choice Telehealth offers these examples to illustrate the uses and benefits of its service. In each case, names and facts have been changed to protect patient privacy. Telehealth is not suitable for use in every clinical situation; your provider is in the best position to judge and is responsible for deciding whether, in your case, telehealth is an appropriate form of care. Even if your case seems to you to resemble one of these examples, your provider must make this decision; FCT cannot do so, nor can you yourself. Even where telemedicine is a reasonable approach to a clinical problem, human biology / psychology is complex, healthcare is an art as opposed to a science, and no one can guarantee that telehealth care, even of the highest quality, will benefit everyone every time. To learn more about the risks and benefits of telehealth, consult your provider.



Example 1

Jessica is a 33-year-old mother of 3 with a full-time job. Her pediatrician, **Dr. Kahn**, has been taking care of her children since they were born. **Dr. Kahn** knows her and her children well and takes good care of them. With three children, they see **Dr. Kahn** fairly often even though the children are generally quite healthy. When one of the kids needs to see the doctor, **Jessica** has to arrange to get time off from work, arrange for someone to pick the other two kids up after school and arrange for a sitter. **Jessica** has been missing a lot of work this winter for the typical problems that children have during the winter – colds, flu, bronchitis, sinus infections, etc. **Jessica**'s boss has expressed his concern that she is missing too much work and **Jessica** has started to feel uncomfortable about her job security, knowing that at some point they might let her go and find someone else who missed less work. If she loses her job she also loses her health insurance and then things would get pretty rocky pretty fast. She has heard of telehealth from a news program but is skeptical of dealing with a company that she does not know and a doctor that does not know her children's medical history.

Recently she was at **Dr. Kahn**'s office with her youngest, **Justin**. **Jessica** mentioned that she was worried about her job and **Dr. Kahn** told her that he belonged to a co-op that provided telehealth options for just such a situation. He arranged for staff to give her a hand out from First Choice Telehealth. When **Jessica** got home she input the link to the service and in a matter of moments she had set up her own account with **Dr. Kahn** and saved the link to her favorites on her smart phone.

The next time she needed to consult with the pediatrician, instead of calling and making an appointment, she clicked the link and sent a secure message to **Dr. K** asking if this was the sort of thing that could be managed without an actual in-person appointment. Staff returned her text promptly and asked some questions about the problem. Her son **Justin** had a rash and it

was spreading. **Dr. Kahn** asked her to send pictures of the rash and she quickly snapped a few pics and sent them off.

A half hour later she got word that Dr. Kahn recognized the rash and had called in a prescription to the pharmacy. The total cost billed to her credit card was thirty dollars, but it saved her a \$30 copay, \$20 for the babysitter, the time and gas required to drive to the appointment, the stress of missed work, the hassles of getting the child to the office, the difficulty keeping him occupied in the waiting room until he was called for his appointment, and the need to drive home again. She ended up saving money, saving time and getting faster service.

Had Jessica used another telehealth provider, she would probably have been connected to whichever doctor was free at the time and willing to take the call. He may or may not have been a pediatrician. He would not have known her child and she would probably have had to provide a lengthy medical history or, much worse, the provider may have skipped the history. The provider would have been less comfortable about writing a prescription for a patient that he did not know, and may instead have encouraged Jessica to simply wait and see if Justin got better. The charge may well have been more because many telemedicine services impose minimum charges; they also usually require a video conference that in Dr. Kahn's judgment wasn't necessary in this case.

Example 2

Margaret is a 62-year-old secretary. She had set up an account with First Choice the last time she saw her cardiologist, **Dr. Kline**. A few weeks later she was at work on a Wednesday morning when she started having some palpitations and wasn't feeling quite right. Margaret thought about just ignoring it. She figured that it would probably just go away, but then she remembered that she had the option of asking her cardiologist about it. She texted the office and someone at the office asked if she could be available for a brief video conference in about ten minutes. She took a break and entered the "virtual waiting room" on her cell phone. A few minutes later, between patients, **Dr. Kline** showed up on video on her phone and asked her a few questions. He could tell by her color that she didn't look right. She also displayed some other signs that concerned him. Dr. Kline determined that she should go immediately to the hospital. Margaret arranged for a coworker to drive her to the hospital where Dr. Kline had already arranged a direct admission. This allowed her to circumvent the ER.



A few tests confirmed his suspicion and treatment was arranged that likely saved her life. Margaret acknowledged that without the convenience of First Choice Telehealth she probably would not have bothered to deal with her palpitations. Dr. Kline said that there was a good chance that she would not have made it through the day had she put it off. At the very least,

Margaret avoided a long wait at the emergency room. Both she and Dr. Kline were skeptical about whether she would have survived the wait.

The cost of the phone video conference? One fourth the price of her ER copay at 75\$. A good deal compared to the alternatives.



Example 3

Maurice is a 76-year-old retired farmer. He is widowed, has no children and is trying to avoid moving to a managed care facility. **Maurice** has emphysema and diabetes and doesn't always remember to take his insulin. He has had a few incidents where, owing to changes in mental status related to forgetting to take his meds, he had to be taken to the hospital. He had home health care for a while, but the cost was prohibitive, and Maurice likes his privacy; he didn't like the intrusiveness of daily visits. He also lives in a rural area that is removed from the nearest home care service and he had to pay an extra fee for the transportation. Maurice knows that he may eventually end up in a facility, but wants to stay in his home as long as possible. He has already chosen a facility, so that when the time comes, the arrangements are already settled.

Meanwhile, the arrangement is that Maurice has a special iPad provided by the facility and every morning and evening someone from the facility contacts him to make sure that he is all right and is taking his med. The cost is around \$450 per month, but this is less than a daily caretaker visit, and he has more privacy this way. The cost is also far less than if he lived at the facility. Since they started this arrangement, Maurice has had no further hospital admissions, which also saves money and reduces risk.

All told, Maurice is saving thousands per year and gets to spend his time in his own home, the family farm of three generations. The family is relieved that they don't have to worry so much about him, and he is establishing relationships with the staff at the facility. So, when Maurice does have to make the move, he won't feel as though he is dealing with all strangers.

Moreover, family members have signed releases so that they can talk to Maurice's doctors and nurses at any time. Everyone uses First Choice Telehealth communication, which permits communication that conforms to legal privacy requirements, provides records of their contact information, and helps to keep Maurice's clinical records up to standards. Family members with medical surrogate status can even check his clinical chart to make sure that all is well. That capability provides great peace of mind not only to the patient but also to the family and providers alike knowing that he is ok.

Example 4

Tucker is a 29-year-old construction foreman. Like many men, he sees himself as very busy and pretty tough, and he tends to put off taking care of his health. He also has a hard time getting off work, because he works long hours on big projects where he is expected to make sure that the project stays on track and that workers remain productive.



Last week Tucker cut his arm and just kept working. Since then, the wound has not been healing very well, and today at work he noticed that it was getting pretty red and hurting more. He was also feeling weak and had lost his appetite. His wife wanted him to go to the ER, but he pointed out that waits at the ER can be hours long, a trip to the ER is expensive, and they may not even do much about it.

His wife remembered that they had signed up for First Choice and asked him to at least send a secure message and a picture of his wound to their primary care physician, **Dr. Adams**. About ten minutes after Tucker sent the picture and message, he got a response from Dr. Adams telling him that he needed to leave work and come to the office ASAP. The picture suggested possible blood poisoning, and Tucker would need an in-person examination, and some blood work, and would likely require both a prescription and a shot. Tucker felt confident that he was doing the right thing now, not taking time off when he didn't really need to do so. When he heard that the doctor had already seen the picture of Tucker's wound and was concerned, his supervisor was supportive as well.

Tucker felt much better the next day. He was able to return to work in a couple of days, he had avoided getting sicker, he had avoided potential workers' comp hassles, and he had avoided any issues with his supervisor. The cost for the telehealth secure message was \$25, far less than an ER visit and far more time efficient.