

## Comparing Traditional Cross Coverage to Telemedicine

**Physician Selection:** In traditional cross coverage, the patient's physician selects the cross coverage doctor, whereas in telemedicine, the patient's employer, health plan and/or health system and ultimately the patient him/herself selects the cross coverage physician or physician group. With traditional cross coverage, physicians are selected based on geography, relationship and similar criteria. At Teladoc, all physicians are selected and credentialed based solely on demonstrated experience and expertise in their respective field. Teladoc has the highest credentialing standards in the industry and Teladoc is the only company in existence to have achieved NCQA Certification for its credentialing program.

**Prior In Person Visit:** In both cases, the patient has typically had a prior in person visit with his/her own PCP, but the covering physician has typically never had a prior in person visit with the patient.

**Range of Diagnosis and Treatment:** In traditional cross coverage, there is no limitation on what the physician may choose to treat remotely. In telemedicine, physicians are limited to treating only common, uncomplicated medical problems, where the likelihood of post treatment complications is vanishingly small. Teladoc provides the medical liability coverage for all of its physicians nationwide. After performing 500,000 consultations over the past 12 years, there has never been a liability claim in the history of the company.

**Prescribing:** In traditional cross coverage, there is no limitation on which drugs a physician may prescribe. In telemedicine, the prescribing of DEA controlled substances, psychoactive drugs and lifestyle drugs is strictly prohibited.

**Patient Medical Record:** In theory, with traditional cross coverage, the covering physician may have access to the patient's EMR. In practice, this record is rarely ever retrieved and reviewed prior to the cross covering physician contacting the patient. In telemedicine, 100% of the time, the patient must provide a complete personal health record, often times supported by the medical history provided by the patient's health plan. Through the telemedicine platform, the patient must provide the EMR and the physician must review each data element in the EMR before the real time consultation is arranged.

**Evidence Based Medicine:** In traditional cross coverage, the physician treats based solely on his or her skills and experience. At Teladoc, we have created a proprietary series of 103 evidence based clinical practice guidelines for the remote treatment of common, uncomplicated medical problems. Physicians are trained on these prior to being allowed to provide consults.

**Quality Assurance:** In traditional cross coverage, there is typically no quality assurance oversight. At Teladoc, there is a rigorous quality assurance oversight program where 10% of all physician consults are reviewed by a physician staffed peer review committee, with individual physician monitoring and intervention where appropriate. Further, all patients are formally surveyed following consultation and any dissatisfaction is immediately investigated by the QA Committee.

**In summary,** one could easily argue that the clinical quality associated with a telemedicine visit is superior to that of a traditional cross coverage consultation. However, it is Teladoc's stated position that a telemedicine consultation, given the parameters referenced here, is at least equal in clinical quality to a traditional cross coverage encounter.

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