

Summary of Phone Conversation with Dr. Lewis Levy, Teladoc Chief Medical Officer, and Dr. David Harrison, Teladoc Medical Director and VP of Clinical Quality, Clinical Operations at Best Doctors

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Commissioner Stephen E. Follansbee, MD, San Francisco Health Services Board

Mission Statement: Unchanged after acquisition of Best Doctors by WebMD into new company, Teladoc.

Process: at the time the client initiates a request for second opinion, the client is assigned to a RN and a physician to review the initial request, contact the client, gather the primary source data and reports, forward to the appropriate specialist, review the report from the specialist, write a Clinical Summary, and forward the report and Clinical Summary to the client. The client generally has direct contact with the RN and/or physician assigned the case, but not the reviewing specialist. However, the name of the reviewer specialist is released to the client, who has the option at his or her own initiative, to establish a patient-doctor relationship independent of Best Doctors.

Clinical impact assessment:

All cases are judged on a 4 point scale for clinical impact on diagnosis and treatment: none, mild, moderate, major. This assessment is rendered twice: once by an Impact Assessment team composed of employees of Best Doctors, and a second time by an approximately 200 member MD Committee of contracted physicians from a variety of specialties and practice sites. There was reassurance that the two assessments are generally in agreement. The data that have been reported to the HSB at Q1 and Q3 intervals were aggregate data on mild to major changes.

Client satisfaction: 30 days after clinical report and summary are forwarded to the client, an e-mail is sent to assess satisfaction. On a scale of 1-10, a score of 7 or greater is considered satisfied. At 30 days there is an additional question asked on whether the report and recommendations were forwarded to the local treating provider and whether the treatment plan was accepted. If there is no response to this e-mail at 60 days, a second e-mail is sent. If there is no response to this, two phone calls are made by a RN to attempt to have the satisfaction questionnaire answered. This is being done in-house currently. There are plans to outsource this to an independent contractor in the future. Reported data will include fail to respond number.

Financial assessment: is based on whether the recommendations were presented and accepted or not by the client and his or her treating provider. This is not assessed beyond the initial client satisfaction survey, unless the client voluntarily calls to offer additional follow-up at a later date.

Clinical follow-up: the client is instructed in how to present the report and clinical summary to the treating physician. The responsible nurse or MD for the case is available to discuss the case with the local physician, with the member's permission.

Quality Assurance: the process, reports, case summary, and analyses are monitored within Best Doctors for quality and consistency. Since the consultation is considered to be a virtual Second Opinion, without a directly established doctor-patient relationship, there is no medical-legal liability. The issue of impact of misdiagnosis and/or mistreatment at the point of care was discussed. There is currently no process in place to see that these issues are forwarded to responsible parties for further analysis or root cause determination.

Value of Best Doctors according to Dr. Levy and Dr. Harrison in a sophisticated medical community, such as Boston, Philadelphia, Chicago, Dallas, or San Francisco: The value is based on 3 components:

1. Best Doctors commitment to gathering all the clinical information, which may not be centralized, also referred to as data aggregation. This is to solve the issue of responsible local physicians not having the time or ability to gather all the relevant data from the sources on their own.
2. Best Doctors commitment to clinical synthesis and communication to the client, which may entail extended phone calls, in a time frame not allotted to treating clinicians. This is to solve the issue of local physicians not having enough time necessary to see and follow-up with patients, due to multiple practice constraints.
3. Best Doctors commitment to navigation of clinical consultation to the Best of the Best, a specialist not just in the general subspecialty, but someone with expertise in the particular diagnosis or problem involving that client. This is to solve the problem of referring physicians or clients themselves not understanding the availability or having the expertise to contact the correct subspecialist for consultation on his or her own.

Current Agreement: the personnel at Best Doctors will work with the staff of HSS to develop and provide reports that more clearly describe the impact of the services provided, as well as assessments of client satisfaction and utilization.