


| | | | |
|--|-------------------------------|---|-------------------------------------|
| MHIF FEATURED STUDY: COVID-PACT | | OPEN AND ENROLLING: EPIC message: <i>Research MHIF Patient Referral</i> | |
| CONDITION: Critically-ill patients hospitalized with COVID-19 | PI: Retu Saxena, MD | RESEARCH CONTACT: Stephanie Ebnet, RN Stephanie.Ebnet@allina.com 612-863-6286 | SPONSOR: TIMI Study Group |
| DESCRIPTION: Phase 2/3, randomized, open-label strategy trial to evaluate the efficacy and safety of antithrombotic therapy for prevention of arterial and venous thrombotic complications in critically-ill patients with COVID-19. Subjects are randomized to standard dose prophylactic versus therapeutic dose anticoagulation (Heparin or Lovenox) and antiplatelet (Plavix) versus no antiplatelet therapy. Subjects are followed for 28 days or until discharge (whichever occurs first). Several trials of anticoagulant intensity in COVID-19 have been completed, but the results of these trials have not yet resolved the uncertainty regarding the optimal dosing of anticoagulant therapy and not led to changes in professional society guidelines from those in place. | | | |
| CRITERIA LIST/ QUALIFICATIONS: | | | |
| <u>Inclusion:</u> <ul style="list-style-type: none">• ≥ 18 years old• Acute infection with SARS-CoV2• Currently admitted to the ICU or receiving ICU level cares ≤ 96 hours | | <u>Exclusion:</u> <ul style="list-style-type: none">• Ongoing (>48 hours) or planned full-dose anticoagulation• Ongoing or planned treatment with dual antiplatelet therapy• Contraindication to antithrombotic therapy or high risk of bleeding• History of heparin-induced thrombocytopenia• Ischemic stroke within the past 2 weeks• Pregnancy | |
| <small>EMPLOYEE COMMUNICATIONS</small> Keeping the beat | |  | |

MHIF FEATURED STUDY:
ACTIV-3

OPEN AND ENROLLING:

EPIC message: Research MHIF Patient Referral

| | | | |
|---|--------------------------------|---|--|
| CONDITION: Patients hospitalized for COVID-19 | PI: Jay Traverse, MD | RESEARCH CONTACT: Irena Davies Irena.Davies@allina.com 612-863-4393 | SPONSOR: The University of Minnesota |
|---|--------------------------------|---|--|

DESCRIPTION: Phase 3 adaptive, double-blind, randomized placebo-controlled platform trial to evaluate the safety and efficacy of multiple investigational agents aimed at modifying the host immune response to SARS-CoV-2 infection or directly enhancing viral control in order to limit disease progression in patients hospitalized with COVID-19. Subjects are randomized to investigational agents available at our site versus placebo and receive single IV infusion. Subjects are followed for a total of 18 months with scheduled lab draws and follow-up visits.

CRITERIA LIST/ QUALIFICATIONS:

Inclusion:

- ≥ 18 years old
- Positive nucleic acid test (NAT) confirming SARS-CoV-2 infection ≤ 3 days of randomization **OR** positive NAT **and** progressive disease
- Symptoms attributable to COVID-19 first started within 12 days before randomization
- Requires admission for inpatient hospital acute medical care for COVID-19 infection

Exclusion:

- Received any SARS-CoV-2 hVIG, convalescent plasma, or SARS-CoV-2 neutralizing monoclonal antibody anytime prior to admission
- Not willing to abstain from participation in other COVID-19 treatment trials until after Day 5 (with approval from study leadership)
- Presence at enrollment for stroke, meningitis, encephalitis, myelitis, MI, myocarditis, pericarditis, symptomatic CHF, arterial or deep vein thrombosis or PE
- Current requirement for invasive mechanical ventilation, ECMO, mechanical ventilator support, vasopressor therapy, initiation of RRT



Cardiovascular Telemedicine: The MHI TeleHeart Program

Marc Newell, MD, FACC, FSCCT
Josh Buckler, MD, FAHA, FACC
9/13/2021



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Outline

- Why do TeleHealth in Cardiology?
- MHI Outreach Program and the MHI TeleHeart Program
- MHI TeleHeart Growth
- Pandemic Effect
- The Impact of Medicare
- A Vision for MHI TeleHeart
- Questions?



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Why Do TeleHealth in Cardiology?

- Need for Cardiology Care has increased and will continue as the US population ages (and it is aging rapidly)
- Number of Cardiologists trained is not increasing
- Nur
- How
- A
- S
- H

| Year | Percentage of total population |
|-------|--------------------------------|
| 1950 | 8% |
| 1960 | 9% |
| 1970 | 10% |
| 1980 | 11.3% |
| 1990 | 12.5% |
| 2000 | 12.4% |
| 2010 | 13.1% |
| 2018 | 16% |
| 2019 | 16.5% |
| 2020* | 16.9% |
| 2030* | 20.6% |
| 2040* | 21.6% |
| 2050* | 22% |

© Statista 2021

1 IN 4 CARDIOLOGISTS
(26.5%) is now over the age of 61

aggering

the right place – i.e. at

Population Predictions for Seniors and Children
Population values in millions

Chart: U.S. News & World Report - Source: U.S. Census Bureau - Get the data

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Why Do TeleHealth in Cardiology?

- Patient Access is already an issue and has been – even in our network
 - In 2014:
 - New Ulm had a 6 week outpatient wait time for any cardiology visit
 - Blue Earth had an 8 week outpatient wait time for any cardiology visit
- Opportunity to Impact Care Across the Spectrum:
 - Telehealth is about relationships, not technology!
 - Benefits are felt across the care continuum
 - Patients
 - Highest quality care, closer to home
 - Right patient, right time, right place
 - Rural Partner Sites
 - Increased access to specialists
 - Increased access to care
 - Specialists
 - Increased visits with much less travel
 - More access to sites = more access to the “right” patients

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The American Heart Association has recognized the need

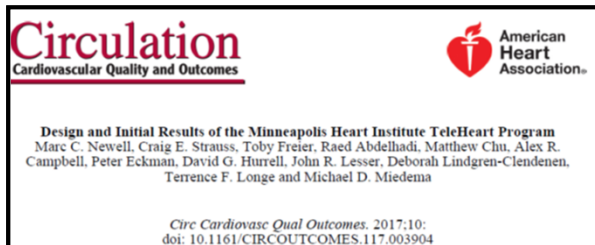
- AHA Policy Statement published in Feb 2017:
 - “telehealth is critically important in the future of cardiac care—both to reduce the burden of disease and costs”

Circulation 2017 135:e24-44.



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Getting the Word Out



- First to publish on program design and results (above)
- Opening program presentation at MedAxiom CV Transforum Fall 2018
- Keynote address at Virtual HealthCare Congress January 2019
- Part of the planning committee (Deb LC) and presentation team for the American College of Cardiology’s first TeleHealth Conference May 2020



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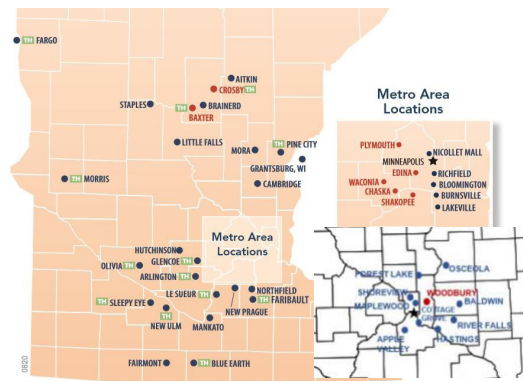
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MHI Locations



45 outreach sites

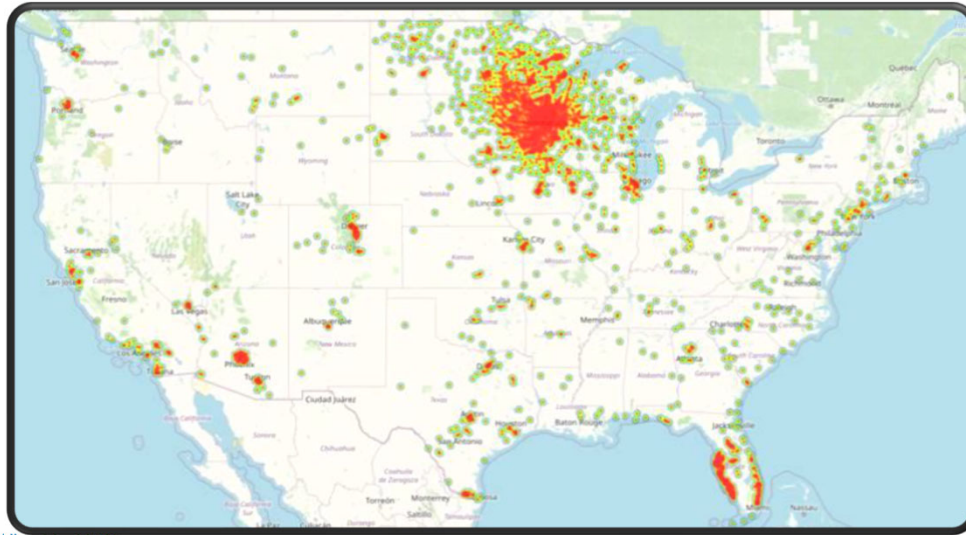
Largest Cardiology Outreach Network in the US

- Cardiovascular services are offered five days a week.
- Cardiovascular and/or diagnostic services are offered at local clinics. Days and hours vary by location.
- ★ Minneapolis Heart Institute® at Abbott Northwestern Hospital. Physicians are available 24/7 to provide inpatient and emergency care.
- TeleHeart services offered.



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Heat Map of Zip Codes for MHI Outpatient Visits 2018-2020



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TeleHeart “Legacy” Sites

- New Ulm Medical Center (NUMC) 6/11/2014
- Renville Co Hospital and Clinics (Olivia) 8/11/2014
- Cambridge Medical Center 10/16/2014
- Faribault Clinic 10/22/2014
- United Hospital District – Blue Earth 7/22/2015



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Site Expansion

- 2015 MHI Baxter - **Subspecialty services** (EP, AHF, Vascular)
- 2016 First Light-Pine City, Advanced HF – legacy sites,
- 2017 Morris sites, Naples, Fairmont, Glencoe, Essentia – Fargo (AHF)
- 2018 **Bridge Clinic (HF)** - NUMC and FARI; EP monthly at NUMC and FARI; Crosby satellite to Baxter
- 2019 Pre-cursor for in-person presence for St Joes Brainerd, Sanford –Fargo (AHF)
- 2020 Springfield spoke site for NUMC as hub
- 2021 MHI/Ridgeview Joint Venture (LeSueur and Arlington)



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Site dissolution and transitions

- Site Dissolution
 - Cambridge – 3/2017
 - Glencoe – 6/2019
 - Center for Specialty Care – Fairmont – 2019?
 - Naples – Jun 2020
- Site Transition (in person and TeleHeart to TeleHeart only)
 - Olivia 2017
 - Morris 2020



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2021 Sites - Current

- NUMC
 - Springfield
- Olivia Hospital and Clinic (HealthPartners) – TELEHEART only
- Faribault
- UHBE (United Hospital District)
- Baxter
 - Crosby
- Pine City (Welia) – TELEHEART only
- Fargo (Essentia) – TELEHEART only
- Morris – Stevens Comm Med Ctr – TELEHEART only
- PRAIRIE Ridge – Morris (Lake Region HC) – TELEHEART only
- Sleepy Eye Medical Ctr
- MHI/Ridgeview – LeSueur and Arlington – TELEHEART only



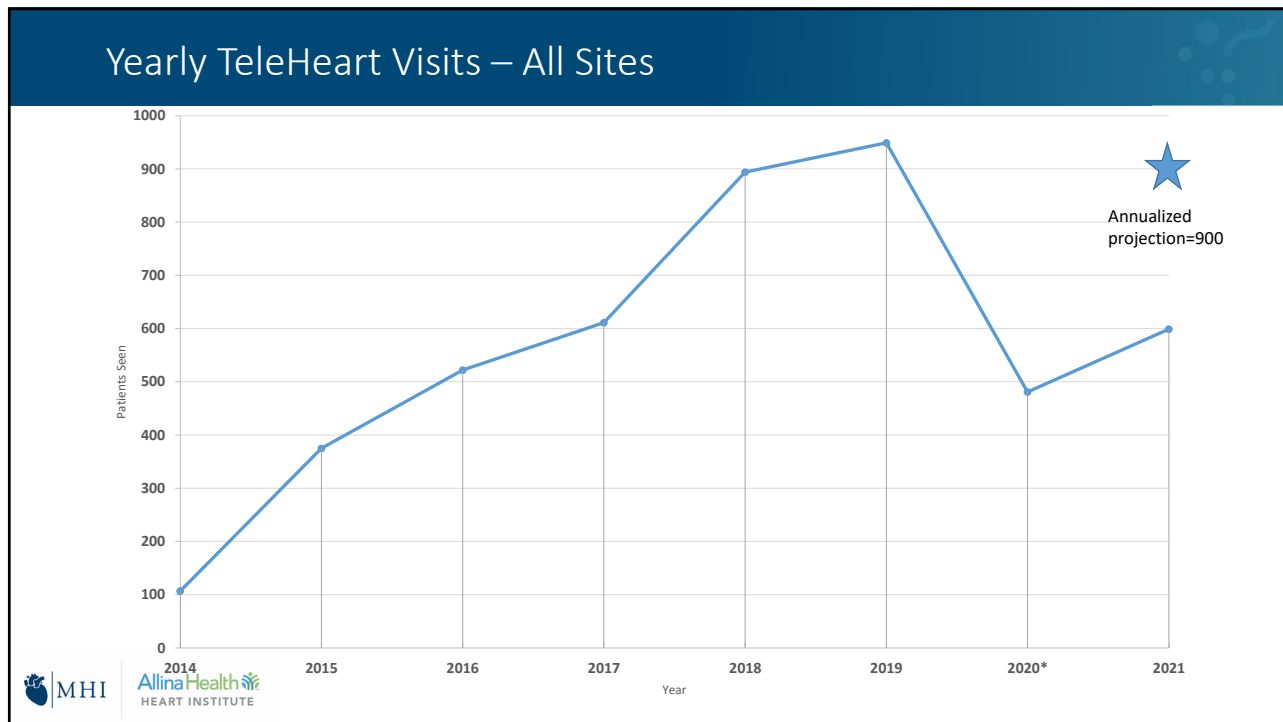
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TeleHeart Program Expansion

- 2014 Consults only
- 2015 Follow up visits added, subspecialty service consults
- 2016 Cardiac Pre-op Clearance
- 2017 DOT cardiac clearance
- 2018 Bridge Clinic
- 2019 NP follow up teleheart visit pilot, virtual visits
- 2020 COVID-19 pandemic (virtual video visits becomes own entity)
- 2021 **NP follow up teleheart visit expansion**

MHI | AllinaHealth HEART INSTITUTE

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Additional Programmatic Information

- **ASAP and Consult visits are higher with this access than traditional clinics**
 - 53% “New” visits via TeleHeart vs 22% “New” in traditional outreach clinic
 - 23% of consults are done by subspecialists
- **Wait Times**
 - Consistently less than 2 weeks at TeleHeart sites...
- **Patient Satisfaction**
 - Tracked closely since program inception
 - 96% report same as or better than in-person visit
 - 98% recommend visit type to others
 - 99% made it easier for them to see a cardiologist today
 - 95% felt at ease using TeleHeart to see a cardiologist
- **Quality Tracking**
 - Quarterly reviews
 - Yearly Site Visits



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Outline

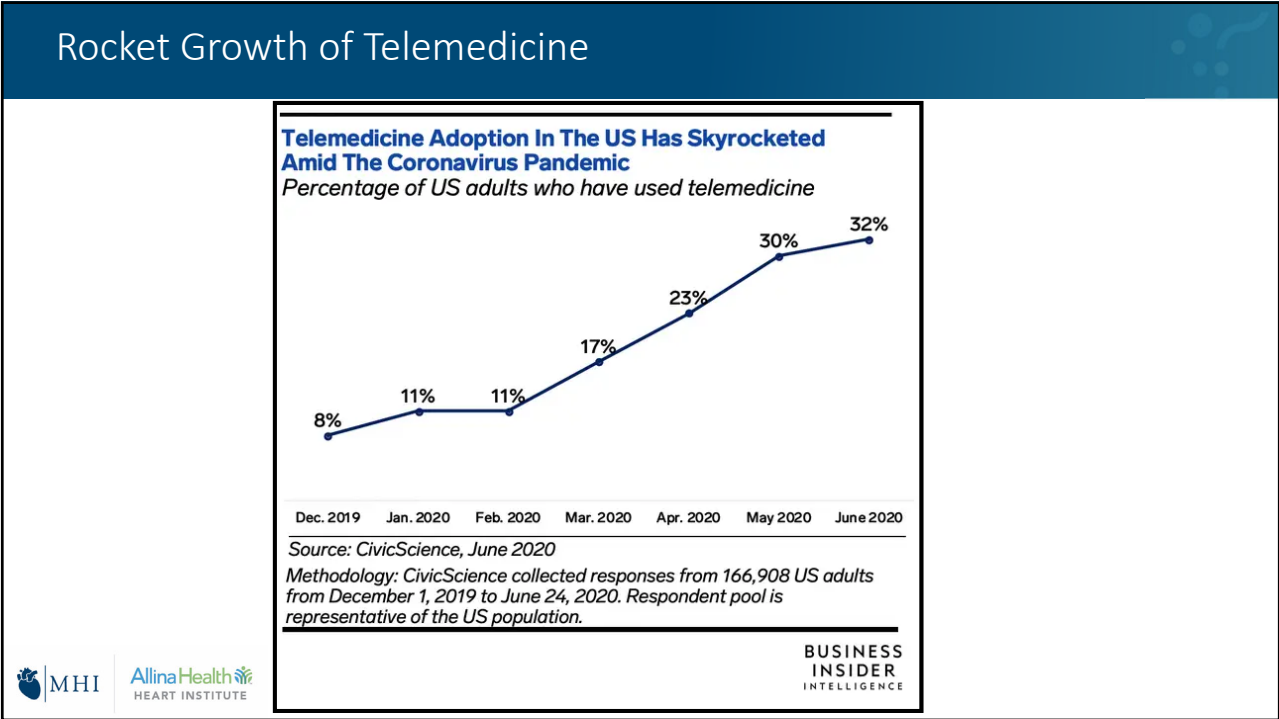
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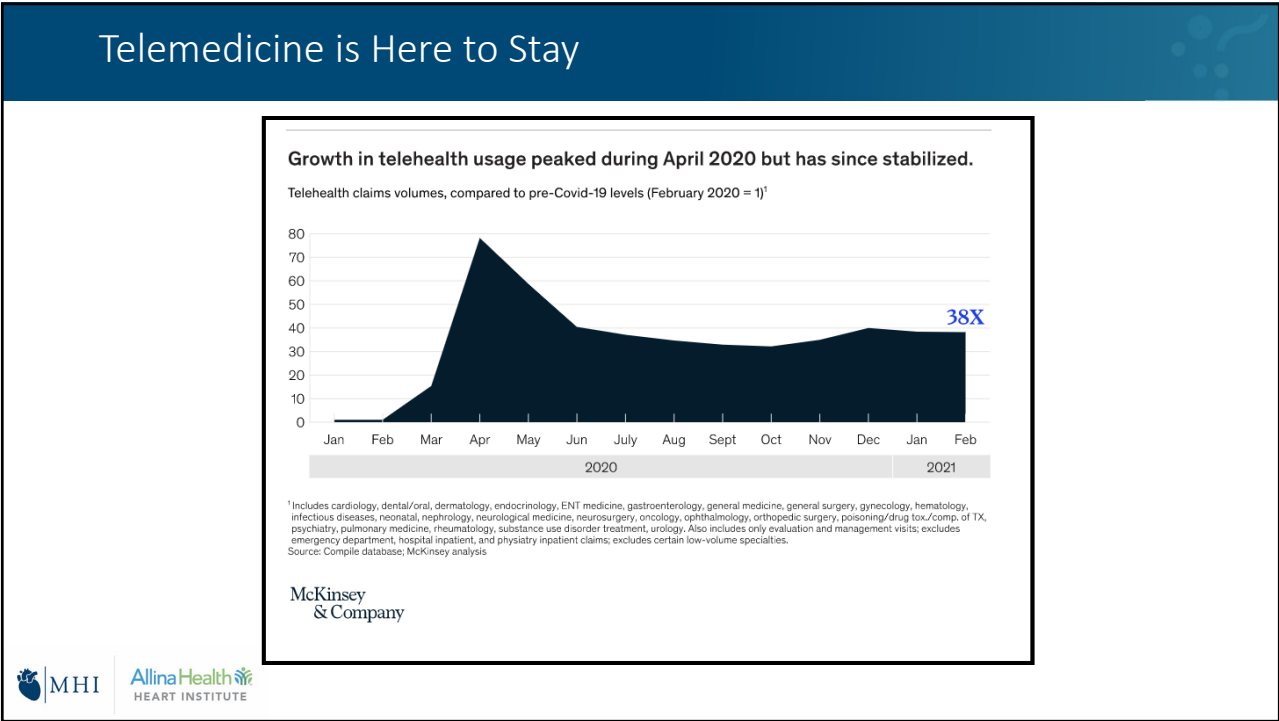
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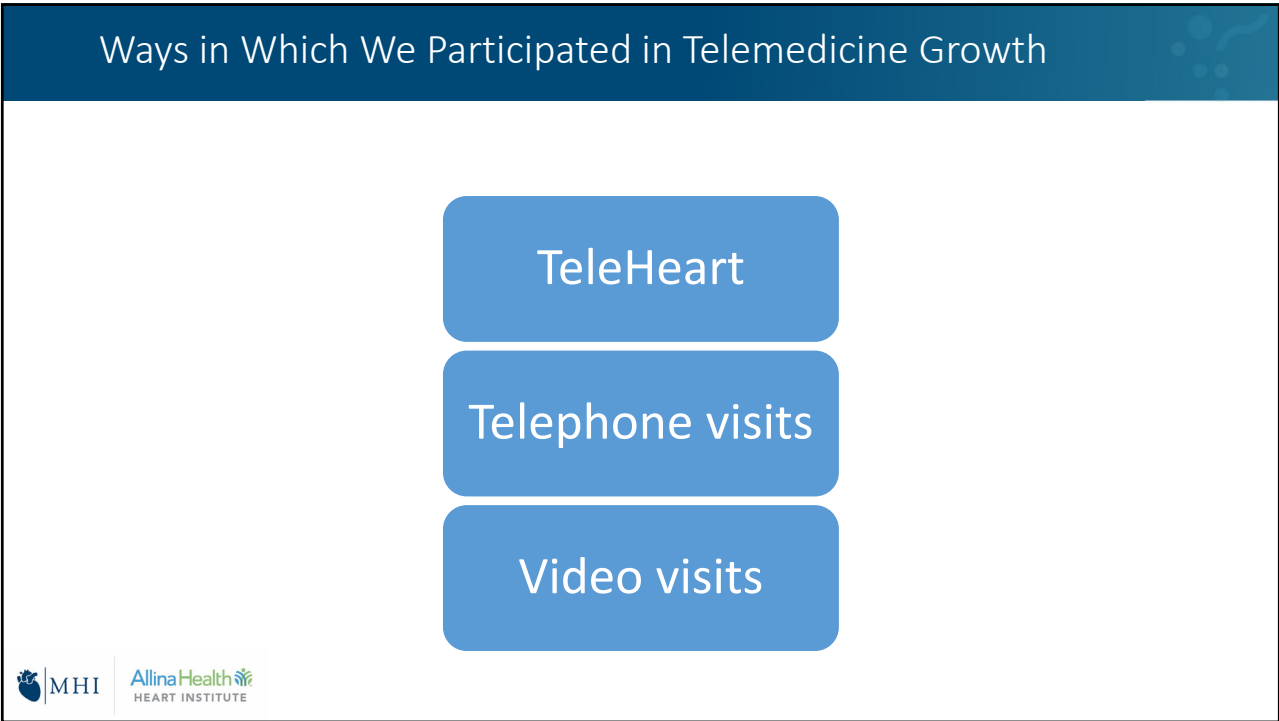
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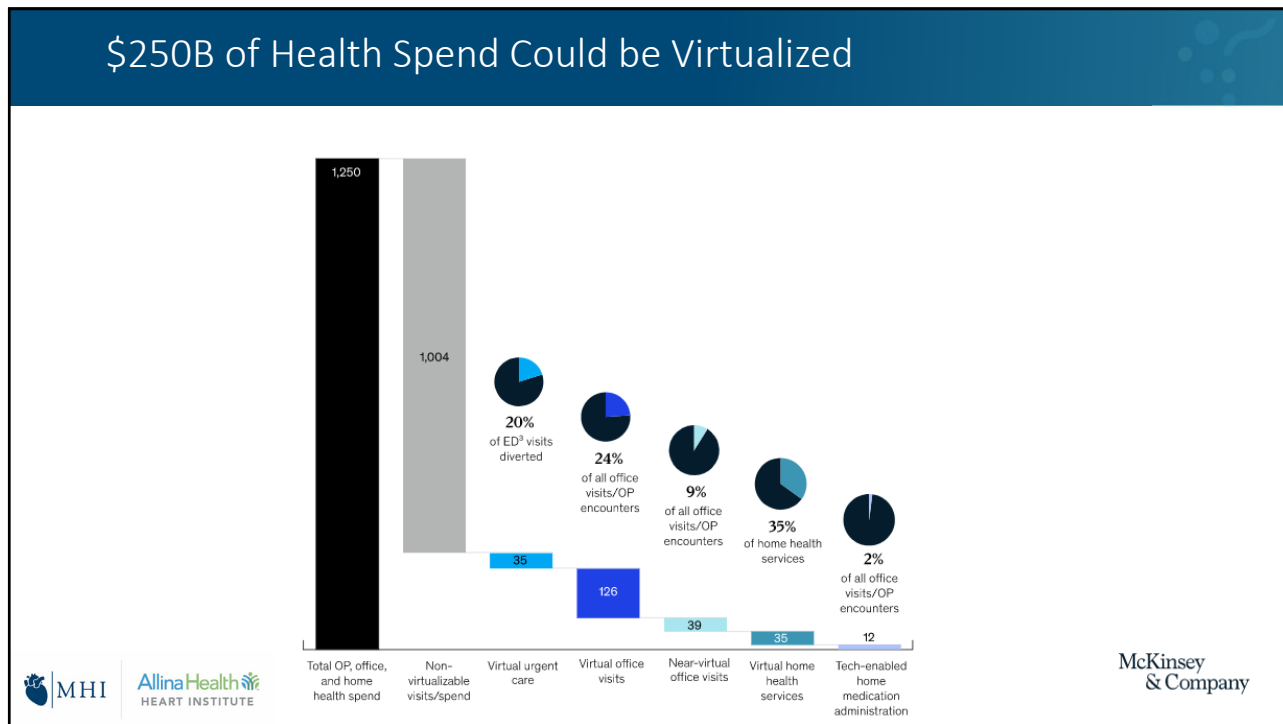
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Logos: MHI, Allina Health HEART INSTITUTE

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Medicare Telehealth Coverage

| | Description |
|------------|--|
| Category 1 | Services similar to professional consultations, office visits, and office psychiatry services that are currently on the list of telehealth services |
| Category 2 | Services not similar to the current list of telehealth services. |
| Category 3 | Services added to the Medicare telehealth list during the public health emergency (PHE) for the COVID-19 pandemic (that will remain on the list through the calendar year in which the PHE ends) |



Courtesy of Cathie Biga, CEO MedAxiom

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Category 3 Medicare TeleHealth Services for PHE/COVID

- Temporary addition of services
 - Cardiac rehab
 - Hospital and Observation Admit/Progress/Discharge
 - ER visit
 - Critical Care
 - Phone visits
 - Home Visits, New Patients



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Flexibilities Set to Expire

- Waiver of HPSA and MUA requirements
- Waiver allowing patient to be located in their own home
- Expiration of ability to provide and bill for “audio only” services

- CMS may create a new G code (G2252)
 - Effective after the end of the PHE
 - “11-20 minute audio only”
 - Only used if the physician/practitioner is not able to have an in-person or audiovisual visit



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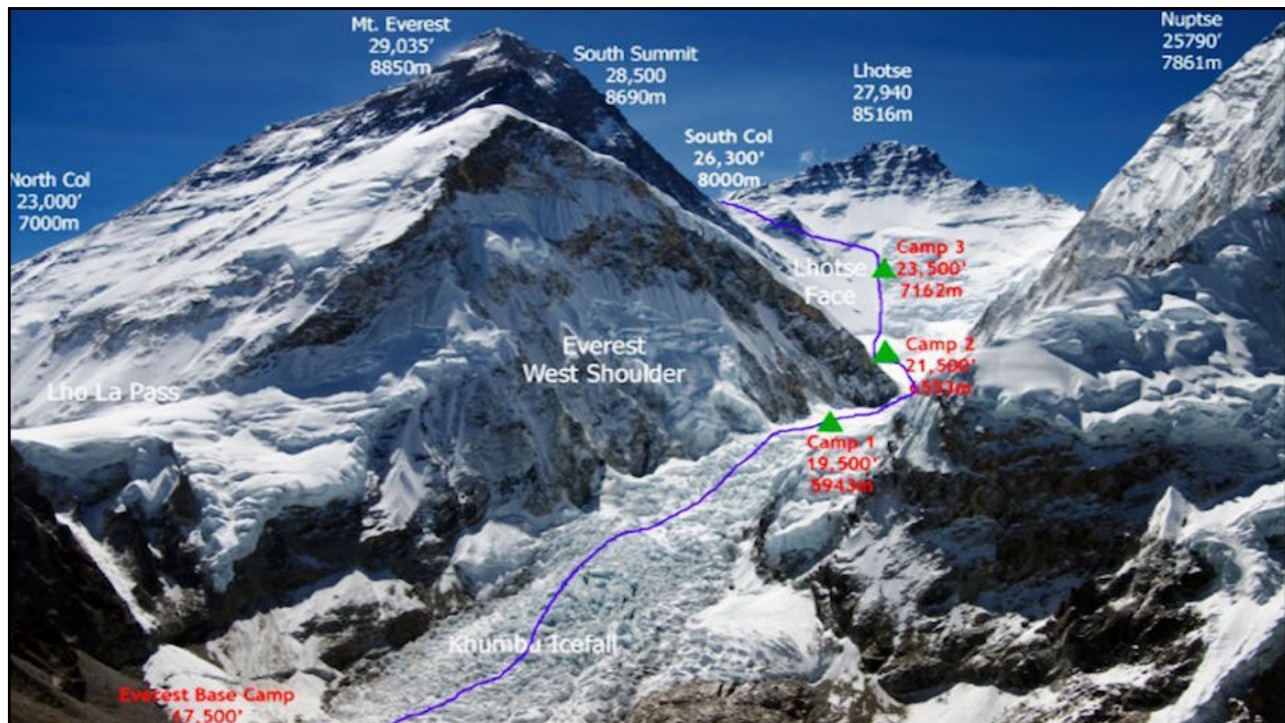
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US Digital Health Ecosystem



| INCUMBENT PAYERS | STARTUP PAYERS | INCUMBENT PROVIDERS |
|---|--|--|
| INCUMBENT PAYERS Anthem, CENTENE Corporation, HIGHMARK, Cigna, aetna, Humana, KAISER PERMANENTE | STARTUP PAYERS bright, clover HEALTH, oscar, zipari, DevotedHealth, Stride, bind | INCUMBENT PROVIDERS Intermountain Healthcare, Cleveland Clinic, Geisinger, MAYO CLINIC, Johns Hopkins Medicine, Northwell Health |
| STARTUP PROVIDERS 98point6, one MEDICAL GROUP, honor, iora primary care, OAK STREET HEALTH, PALADINA | DISTRIBUTORS MCKESSON, amazon, CardinalHealth, AmerisourceBergen, MEDLINE | RETAIL CLINICS Walmart, RITE AID, Walgreens, CVS Health, Kroger |
| GOVERNMENT PAYERS VA, U.S. Department of Veterans Affairs, CMS | CONSUMER DEVICES AliveCor, fitbit, apple, amazon alexa | |
| TELEMEDICINE CareClix, dr. on demand, MDLIVE, snapivd, Teladoc, HealthTap, American Well, zipnosis, GE Healthcare | | MEDICAL DEVICES dexcom, ResMed, Intuitive Surgical, Senseonics, Medtronic, Livongo, PHILIPS |
| BUSINESS INSIDER INTELLIGENCE | | |

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Keys to Success

- Keep workflows simple and similar to current clinical care
- Combine in-person and digital clinical practice
- Optimal Patient Experience
 - Simple, intuitive
- Optimal Provider Experience
 - Efficient, supported, simple, flexible
- Standardize and minimize technology across the system





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MHI TeleHeart Program – A Vision

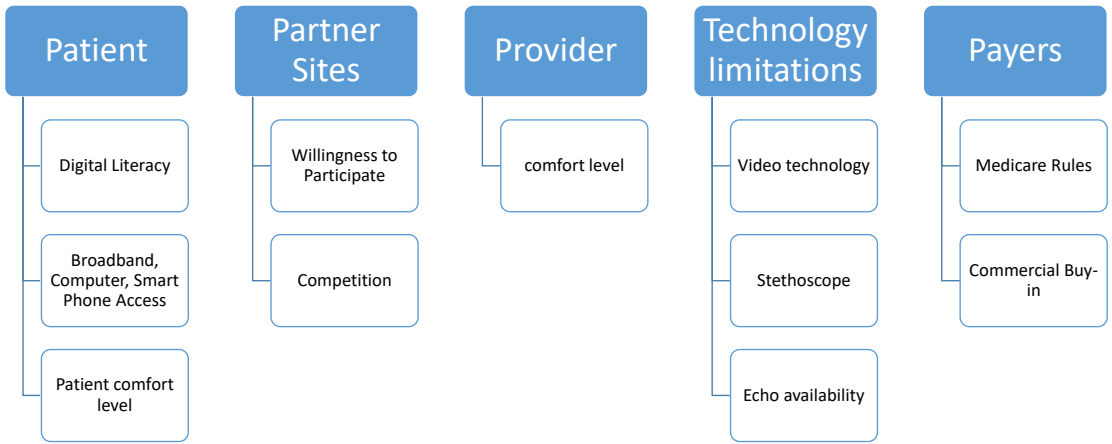
Continue to provide the same high level services we have always provided

- Expand Service
- Include Inpatient and ER
- Reduce “multitasking”
- Allow options for “originating site”
- Partner with other Allina groups
- Partner with industry and insurance




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Hurdles



- Patient**
 - Digital Literacy
 - Broadband, Computer, Smart Phone Access
 - Patient comfort level
- Partner Sites**
 - Willingness to Participate
 - Competition
- Provider**
 - comfort level
- Technology limitations**
 - Video technology
 - Stethoscope
 - Echo availability
- Payers**
 - Medicare Rules
 - Commercial Buy-in



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Technology Future

- Virtual/Augmented Reality
- Tele-collaboration
- Improved tele-stethoscope
- Real time rhythm analysis
- POC ultrasound
- Remote Rounding



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Summary

- Telehealth is a key initiative in specialty (cardiac) care for the future
 - Access to specialists
 - Touches
- Telehealth can help providers
 - Cardiology specialists and proceduralists can triage patients appropriately
 - Rural MDs gain additional access to specialists
- Programmatic growth is feasible
- The pandemic has accelerated interest from health systems, patients, and business
- We are just ascending... let's get to the mountaintop!



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Thank You!!

- MHI Physicians:
 - Bob Hauser, Peter Eckman, Raed Abdelhadi
 - Non-invasive MDs conducting visits: Bae, Bennett (HF), Bradley, Buckler, Burns, Campbell, Cavalcante, Cheng, Chu, Fraser, Grey, Harris, Hurrell, Jay, Knickelbine, Lesser, Lin, Miedema, Newell, Orlandi, Saxena, Strauss, Tamene, Thiessen
- Allina TeleHealth Team:
 - Barb Andreasen
 - Deb Lindgren-Clendenen
 - Sharaz Mohammed
 - Michael Domski
- MHI TeleHeart Team:
 - Sarah Borchardt
 - Pam Glick, Beth Cairns, Jen Jopp, Tamara Langeberg
- MHI Outreach Team:
 - Anil Poullose
 - RJ Dahiya
 - Chris Leighton
 - Mike Berger
 - Andrea Berg



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