OUR COMMITMENT TO INNOVATION
MEDTRONIC: A RICH HISTORY OF INNOVATION
AND THERE IS MORE TO COME

1949
MEDTRONIC IS FOUNDED

1957
CREATED FIRST BATTERY-OPERATED EXTERNAL PACEMAKER

1960
EXPANDED INTO DIABETES CARE

1977
EXPANDED INTO NEURO-STIMULATION

1979
ESTABLISHED THE MEDTRONIC FOUNDATION

1983
INTRODUCED PROSTHETIC HEART VALVE

1999
INTRODUCED THE WORLD’S SMALLEST IMPLANTABLE SPINAL CORD STIMULATOR

2001
INTRODUCED THE WORLD’S SMALLEST PACEMAKER AND THE FIRST HYBRID CLOSED LOOP INSULIN DELIVERY SYSTEM

2002
INTRODUCED FIRST REMOTE MONITORING SYSTEM

2001
EXPANDED INTO SPINAL CARE

2015
ACQUIRED COVIDIEN

2016
INTRODUCED FIRST REMOTE MONITORING SYSTEM

2017
LAUNCHED MAZOR X STEALTH EDITION SYSTEM FOR ROBOTIC-ASSISTED SPINE SURGERY

2019
INTRODUCED THE WORLD’S SMALLEST IMPLANTABLE SPINAL CORD STIMULATOR
LINQ II IMPLANTABLE CARDIAC MONITOR
GOING BEYOND THE DEVICE: DATA, INSIGHTS, CLINICAL ACTION, PATIENT SELF MANAGEMENT, OUTCOMES

INCREASED CONNECTIVITY
BlueSync technology within LINQ II ICM enables secure, wireless communication via Bluetooth® Low Energy without compromising device longevity.*

1. Reveal LINQ Mobile Manager
2. LINQ II device
3. MyCareLink Heart™ mobile app on patient’s smartphone or tablet, or
4. MyCareLink Relay™ home communicator for bedside use
5. CareLink™ Network
6. Medtronic Stay Connected™, Get Connected, and Medtronic FocusOn™ Monitoring Service†

*BlueSync technology is provided by BlueSync, Inc., a wholly owned subsidiary of Medtronic.
†Medtronic FocusOn™ Monitoring Service is provided by Medtronic Monitoring Inc., a wholly owned subsidiary of Medtronic.

ATIAF total time per day
This trend data is based on a count of 2-minute periods when an ATIAF episode is detected or in progress.

Ventricular rate during ATIAF
The daily average ventricular rate is derived from the number of ventricular beats during ATIAF episodes and the total time in ATIAF for that day.

Average ventricular rate
The average day and night heart rates are derived from the sum and number of R-R intervals during the periods defined as "day" and "night.

Patient activity
The sum of patient activity in hours per day.

Heart rate variability
Median ventricular interval calculated every 5 minutes.

Clinical and patient data are fictitious and for demonstration purposes only.
GI GENIUS
INTELLIGENCE DRIVES BETTER OUTCOMES

ARTIFICIAL INTELLIGENCE. REAL RESULTS.

GI Genius™ intelligent endoscopy module is your ever-vigilant second observer — designed to help you and your patients.

Second observers during colonoscopy can improve adenoma detection rate (ADR).1 Endoscopists with higher ADR during screening colonoscopy more effectively reduce the risk of colorectal cancer.2 AI-assisted colonoscopy can increase ADR by identifying missed lesions and helping endoscopists detect the undetected.3

+30%3
relative increase in ADR

+50%3
more likely to detect multiple polyps

+50%4
more likely to detect the dissection line

Gi Genius™ intelligent endoscopy module
is trained to help automatically detect colorectal polyps regardless of shape, size, and morphology3. The Gi Genius™ intelligent endoscopy module has a 99.7 percent sensitivity rate and less than 1 percent false activations.4 It also performs real-time analysis, 82 percent faster than the endoscopist.5

Watch AI in action


SEAMLESS INTEGRATION. UNIVERSAL COMPATIBILITY.

1. Your existing endoscopy tower and high-definition endoscope is all you need to integrate with the Gi Genius™ intelligent endoscopy module.
2. Gi Genius™ intelligent endoscopy module can be easily integrated with existing brands of endoscopic processors (Olympus, Fujifilm, Pentax).
3. Gi Genius™ intelligent endoscopy module simply connects to the existing endoscopic video processor and display monitor.
4. Turn on Gi Genius™ intelligent endoscopy module and immediately experience the benefits of AI without changing any part of your procedure.

Medtronic
Further, Together

HLC Webinar July 2021
MEDTRONIC CARE MANAGEMENT SERVICES
REMOTE PATIENT MONITORING FOR THE PATIENT CENTERED HOME

Addressing issues before they worsen

In 2019, nurse Sara Wheeler reviewed Deloise’s data and noticed her blood pressure was dropping to ranges below those set by her doctor. Sara informed Deloise’s cardiologist, who then made a medication change that resolved the issue.

Another time, Sara saw that Deloise’s blood glucose was not under control. “She was having a terrible time monitoring her blood sugars because her fingers were calloused from finger sticks,” explains Sara. “I spoke with Deloise’s doctor about alternate approaches to monitoring blood glucose levels based on her treatment plan. Her doctor prescribed a continuous glucose monitoring (CGM) device that would monitor her blood glucose throughout the day without her having to prick her fingers.”

Within a couple of weeks, Deloise received the CGM, and with Sara’s coaching began using it. “It’s been a game-changer for her,” says Sara. Deloise’s view PASS nurse, Heather Burke, who recently took over Deloise’s care agrees: “Both her blood pressure and her blood glucose have been within the ranges set by her doctor, but we still check in on her with courtesy calls to let her know we’re here to support her.”

PASS nurses don’t just focus on symptoms or conditions, however; they take a holistic look at a patient’s lifestyle, encouraging healthy choices to extend and improve their lives. In this case, Sara worked with Deloise on her eating habits to help stabilize her blood sugar and Deloise qualified for meal delivery services from Canton Akron Area Agency on Aging and Disabilities. “Sara explained the importance of making sure I do the right thing for my health; she’s very helpful in answering my questions. She educates me about my symptoms when I feel dizzy; she encourages me.”
ASK: SYNC TECHNOLOGY INNOVATION AND POLICY INNOVATION

- **Digital Health Policy Opportunities: Data Technology and Regulatory**
  - **REGULATORY:** Many new, innovative treatment options are software-based. The FDA will need to create a viable pathway to review, approve, and monitor software-based technologies such as those with AI/ML.
  - **INTEROPERABILITY:** Further implementation and expansion of health data interoperability is needed to allow for systems to speak to one another and offer real-time treatment solutions for patients.
  - **DATA PRIVACY:** In order to continue to innovate and improve treatments that are data-driven, access to and use of personal health information is key. Data privacy and security frameworks will need to contemplate a balanced approach to safeguarding individuals’ data while also allowing data to be used for R&D, clinical trials, and treatment delivery.

- **Digital Health Policy Opportunities: Medicare Coverage and Payment**
  - Advancements in digital health, such as hardware, software, and advanced analytics, may serve as alternatives to and enhancements of medical technology-based therapies, diagnostics, and other services/solutions.
  - However, existing Medicare coverage and payment mechanisms are limited by statute, and where there is flexibility, often have not kept pace with the growing role of digital health technologies. For example:
    - **Remote Services Beyond RPM:** CMS response to the COVID PHE allows for services previously performed in-person by the physician, such as neurostimulator device management, to be performed on a remote basis; will Medicare payment policies will support continued innovation after the PHE?
    - **Advances in Software/AI/Algorithms:** Can be used to improve functionality, unlock new capabilities in technologies already in use by patients, and facilitate clinical trials.
    - **Durable Medical Equipment (DME):** CMS may have the authority to cover as DME supply, but thus far has not taken action to do so.
    - **Implanted Devices:** Lack of clear benefit category to facilitate payment, even if software unlock would obviate the need for a device replacement.
    - **Capital Equipment:** Addition of AI functionality has been recognized through New Technology Add-On Payments (NTAP) for the inpatient hospital setting, but other payment systems are lagging.
A comprehensive approach to delivering high quality virtual care

Dr. Lewis Levy
Chief Medical Officer
Public Policy and Strategic Partnerships
Teladoc Health
July 28, 2021
Agenda

1. Quality Overview
2. Whole Person Care
3. Policy Priorities
Quality Overview
At Teladoc Health, we are committed to unsurpassed quality.

And we define quality broadly...

Source: Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the 21st Century*, 2001
Quality of care

Safe
Timely
Effective
Efficient
Patient centered
Equitable

High-Quality Clinicians

Teladoc HEALTH

Quality Improvement
Quality Vigilance

Source: Institute of Medicine, Crossing the Quality Chasm: A New Health System for the 21st Century, 2001
Selecting and supporting high-quality clinicians

The Teladoc Health Medical Network

**Telemedicine Practice**
- Deliver high-quality care virtually
- Meet patients where they're at
- Credentialed & monitored
- General medicine, pediatrics, dermatology, & behavioral health

**Global Expert Panel**
- Leading experts in over 450 sub-specialties
- Extensive clinical knowledge & sound medical judgment
- Advise & support patients on their best care path

**Staff Clinicians**
- Mission-driven team
- Seeking to produce better outcomes for more people
- Creating standards & raising the bar on quality in the virtual care ecosystem

**Teladoc Health Medical Leadership**

**Global Medical Advisory Board**

**Quality of Care and Patient Safety Committee**
Quality: Research and thought leadership

- First Patient Safety Organization dedicated to quality improvement in virtual care
- NQF Technology and Transformation Subcommittee of National Quality Task Force
- URAC Accreditation
- AHRQ/NIH University of Southern California Grant: Antibiotic Stewardship
- AHRQ/Harvard Medical School Division of Primary Care/Teladoc Health: Closing the Loop
- Partnership with Thomas Jefferson – first academic fellowship in virtual care
- Partnership with Cincinnati Children’s – first pediatric specific licensable telehealth platform
Whole Person Care
Teladoc Health Overview

Virtual Care Delivery

- 70M+ U.S. lives with access to legacy Teladoc Health solutions
- 10.6M Visits delivered by Teladoc Health clinicians & therapists in 2020
- >40% Fortune 500 companies using Teladoc Health

Provider Enablement

- 11K+ Care locations as of 4Q20
- 3.5M+ Visits enabled by Teladoc Health platform solutions in 2020
- ~600 Health system clients

Chronic Care Empowerment

- 540K+ People with chronic conditions served as of 3Q20
- 1B+ Member data points
- 20+ Integrations like Dexcom, Apple Health Kit, etc.
Delivering whole-person care that spans every stage in a person’s health journey.
Americans have chronic conditions, according to National Alliance on Mental Illness approximately 180 million are living with behavioral health issues.

1. As of 2014.
2. According to National Alliance on Mental Illness approximately 180 million are living with behavioral health issues.
Costs of Multiple Conditions

Annual cost per person

- No conditions: $1,600
- Hypertension only: $6,600
- Prediabetes: $7,000
- Diabetes only: $9,100
- Prediabetes + Behavioral Health: $10,300
- Diabetes + Hypertension: $18,100
- Diabetes + Hypertension + Behavioral Health: $34,800

Number of conditions

- 0
- 1
- 2
- 3

More than 75% of older adults experience at least two chronic conditions.

Source: data on file (DS-4266)
Today’s Approach Isn’t Working

The traditional acute care model doesn’t fit the 24/7/365 needs of people living with chronic conditions. Patients are growing less patient with a broken system.

0.1% Annual time in healthcare setting

5 waking hours or 0.1% of year\(^1\)

99.9% Time alone outside the healthcare system

5,000 waking hours or 99.9% of year\(^1\)

- Lack of economic and personal support for whole-person treatment
- People expect a consumer-first experience like in other industries
- Data is disconnected and out-of-date
- Healthcare providers are overwhelmed and under-resourced

Whole-person care starts with primary care

Members with primary care physicians:

- Have their issues identified earlier and more effectively\(^1\)
- Are more likely to be referred to the appropriate specialist\(^2\)
- Have better care coordination with specialists\(^5\)
- Have better medication adherence\(^4\)
- Have better chronic disease management\(^6\)
- Are more likely to follow through with appointments\(^3\)
- Gain better health outcomes at lower cost of care\(^7\)
The need for virtual care has never been greater

There is a decline in screenings and preventive care which leads to costlier healthcare over time

- 78% of surveyed clinicians report preventive and chronic care are being deferred or delayed by patients
- 60% of members who are high-cost today, were not high-cost 12 months ago
- 60% of workforce experiencing mental health issues

2 Source: https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.htm#tab8-33A
Delivering the right care at the right time
High-quality health support accessible anytime, anywhere

- **EXPERTS**
- **SPECIALISTS**
- **PRIMARY CARE PHYSICIANS**
- **NURSES AND THERAPISTS**
- **HEALTH COACHES**
- **DIGITAL THERAPEUTICS**

**CLINICAL QUALITY**
- Evidence-based practices
- Quality measurement and improvement

**PERSONALIZED PREDICTIVE ANALYTICS**
- AI-driven behavior change: Health Nudges™
- Data integration
Policy Priorities
Government Payer Telehealth Payment and Coverage

• Congress must reform 1834(m) of the Social Security Act and permanently eliminate the geographic and originating site requirements to enable Medicare beneficiaries to access telehealth services outside of federally designated rural areas and, importantly, from home.

• As Congress should avoid imposing requirements for a prior in-person visit or limits on the type of technology that may be used for a telehealth encounter.

• Congress should not limit Medicare beneficiaries’ access to telephone-based communications, which has proven safe and effective across a range of use cases during the COVID-19 pandemic.

• Key bills:
  • H.R.1332/S. 368 - Telehealth Modernization Act
  • H.R.2903/S. 1512 - CONNECT for Health Act
  • H.R.4058/S. 2061- Telemental Health Care Access Act of 2021
Government Payer Telehealth Payment and Coverage

• CMS should permanently allow Medicare Advantage organizations to use telehealth, including both real-time interactive video and audio, for the purposes of risk adjustment.
  o Key bill:
    • H.R. 2166 - Ensuring Parity in MA and PACE for Audio-Only Telehealth Act of 2021
• Congress and CMS should expand support for asynchronous telehealth technologies, including remote patient monitoring, to ensure beneficiaries are not limited to accessing virtual care via real-time video.
  o Key bills:
    • H.R.4347- Analyzing the Duration of Remote Monitoring Services Act of 2021
    • H.R. 4008/S. 2110 - Increasing Rural Telehealth Access Act of 2021
Telehealth for Commercially-Insured Individuals

• Congress should designate standalone telehealth as an ERISA excepted benefit to ensure that virtual services can be offered as a supplement to employees and dependents who are eligible for traditional group health coverage and to employees – and their dependents – who are ineligible for employer group health coverage.

• Congress should permanently allow pre-deductible coverage for telehealth and other remote care services for high-deductible health plans (HDHPs) paired with a health savings account (HSA).
  
  ○ Key bills:
  • S. 1704 - Telehealth Expansion Act of 2021
  • S.2097 - TELEHEALTH HSA Act of 2021
Dr. Lewis Levy
Chief Medical Officer
Public Policy and Strategic Partnerships
Teladoc Health
governmentaffairs@teladoc.com
Marshfield Clinic Health System Today

**System**
- 60 Locations in 39 Communities
- $2.6 Billion Revenue
- 11,000+ Employees
- $724+ Million Community Benefit

**Care Delivery**
- 92 Specialties
- 1,200 Medical Providers
- 9 Hospitals including a children’s hospital
- $2.0 Billion Care Delivery Revenue

**Health Plan**
- 200,000+ Members served by Security Health Plan
- $1.3 Billion Premium Revenue

- OUR MISSION -
WE ENRICH LIVES
OUR DRIVING FORCE:
  Mission
  Vision
  Values

OUR MISSION
we enrich lives
...to create healthy communities through accessible, affordable, compassionate health care.

OUR VISION
we will innovate
...and define the future of health care for generations and will be the consumer’s first choice for health care.

OUR VALUES
PATIENT-CENTERED: We listen, serve and put the needs of the patient first.
TRUST: We earn trust through honesty, integrity, respect and compassion.
TEAMWORK: We work together, respecting each other and our professional roles.
EXCELLENCE: Through research, education and best practice, we deliver exceptional quality.
AFFORDABILITY: We are accountable as we manage resources and deliver value-based care.
Telehealth Growth at MCHS
2018 - 2021

- 2018: 65,713
- 2019: 66,622
- 2020: 194,796
- 2021: 220,746
Remote Hospitalist Rounding

- NP Hospitalists onsite
- MD hospitalists Rounds 1x/day on patients remotely
- MD Hospitalists available for consults on-demand

- Launched 5/10/21
- 100+ Completed sessions

- Strong/Positive initial response from clinicians and patients
What are the Challenges?

- Patient awareness around options for healthcare
- Provider and staff workflows
- Scheduling and verification of technical capabilities
- Broadband in rural areas
- Technical support for patients
- Platforms that are integrated, efficient, reliable and compliant
- Uncertainty in durations of coverage by payers
Looking to the future...

- Need for parity in coverage that is consistent across groups served
- What is the right balance and how do we structure access?
- The new disparity in healthcare...technology and broadband access
  - Not a rural vs. urban issue
    - Reduce travel
    - Reduce time away from work
    - Flexibility in scheduling/accessing care
- Need to align platforms and integrate TH/virtual care into routine workflows
- Post visit planning to drive utilization
Agenda:

1. Introduction
2. Telehealth Utilization Increase
3. Anthem Telehealth Innovation
4. Policy Advancement

David P. Pryor MD
RVP Medical Director
Anthem Commercial Accounts
Access to Quality Care

95% of physicians
96% of hospitals

1 in 8 Americans or
43 million total medical members in affiliated health plans
more than 116 million total lives served

Q4 2020 data

Mission:

Values: Leadership ♦ Community ♦ Integrity ♦ Agility ♦ Diversity
Telehealth Utilization Increase

Substantial increase in medical and behavioral health (BH) visits starting March 2020

- 80x higher use of BH telehealth 2020 vs. 2019

Physician experience*:
- 60% started telehealth in earnest within the last 12 months
- 69% are motivated to increase telehealth use in their practice
- 80% indicate that telehealth improved the timeliness of care for their patients

*COVID 19 Telehealth Impact Study
Work Group of the COVID-19 Healthcare Coalition
Innovations in the Marketplace today emphasize the need for policy changes for wider adoption and access.

Our digital kiosk program has been deployed to frontline clinics to enhance access to specialty telehealth, eliminate language barriers, and improve culturally appropriate care for patients through on-demand services like interpreters available in multiple languages within 16 seconds.

Our telehealth kits program has been deployed through partner hospitals in rural areas to help patients and physicians stay in touch post-discharge for COVID 19. We have also shared such kits with our chronic care members to help them better manage their healthcare in conjunction with their care teams.
Telehealth Policy Initiatives Under Way

- COVID flexibilities and telehealth
- HIE – how to make information sharing work
- E-consults
- Broadband infrastructure and WiFi hotspots
- Quality reporting; In-home monitoring and feedback
- Mobile Provider Access
- Digital First approaches
- Behavioral Health Integration & Crisis Interventions
Looking Forward

Addressing current barriers:
• H.R. 2166/S. 150, would allow for Medicare coverage of diagnoses collected through audio-only telehealth during the COVID-19 public health emergency.
• Access to broadband

Flexibilities addressing barriers to accessing care that should be made permanent Post-PHE:
• Elimination of geographic limitations and restrictions (provider shortage area, exclusion of services from patient’s home, interstate licensure restrictions);
• Elimination of clinical permissibility restrictions (in-person visit requirements, provider-patient relationship establishment, prohibitions on prescribing)
Thank you!