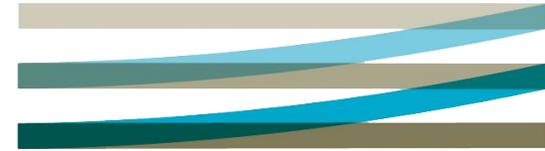


*Specialized  
Telehealth:  
A Game  
Changer for the  
Disability  
Community*





**BENCHMARK**  
HUMAN SERVICES



**Maulik Trivedi, MD, FACEP**  
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StationMD

# *STATION MD*

MAULIK M. TRIVEDI, MD, FACEP



# StationMD:

## A Healthcare Solution to Support People with I/DD

Founded by emergency room doctors

Specially focused / trained on vulnerable populations such as those with I/DD and Behavioral Health challenges

21 states, 35,000 lives covered



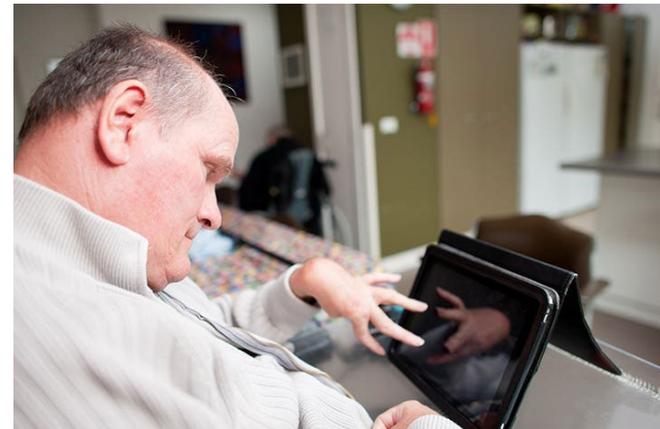
# Causes of Frequent ER/Urgent Care Use for People with I/DD

High  
Risk/Multiple  
Co-Morbidities

Lack of Access  
to Medical Care  
Otherwise

Regulatory  
Requirements

Primary Doctor  
Lacks  
Immediate  
Availability



**How can individuals with I/DD access personalized care in a non-disruptive and stable environment?**

# ER Experience for Individuals with I/DD



- **Frightening for individuals with I/DD**
- **Trauma of transport**
- **Exposure to infection—COVID 19**
- **Disruption of routine**
- **Missed medication**

General disruption, weeks to stabilize and puts many at risk

# The Problem with the ER: Expensive yet Suboptimal Care

Patient Trauma  
Exposure/Spread  
COVID-19

+

Unspecialized Care  
Disruption of  
Routine

=

Suboptimal Care

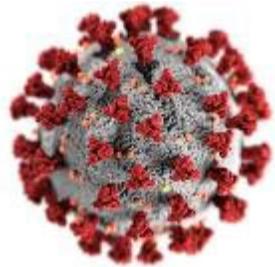
Unnecessary Tests

+

Unnecessary  
Hospitalizations

=

Excessive Costs



COMMENTARY

# The Devastating Impact of Covid-19 on Individuals with Intellectual Disabilities in the United States

A study across 547 U.S. health care organizations finds that individuals with intellectual disabilities are at substantially increased risk of dying from Covid-19.

## Summary

A cross-sectional study of 64,858,460 patients across 547 health care organizations reveals that having an intellectual disability was the strongest independent risk factor for presenting with a Covid-19 diagnosis and the strongest independent risk factor other than age for Covid-19 mortality. Screening for Covid-19, care coordination, and vaccination efforts should be intense within this population that is less able to consistently use masks and socially distance.

# Telemedicine is here to stay

**Health**

Telehealth Has Radically Changed the Way We Go to the Doctor—and We Have the Pandemic to Thank for That



The pandemic ushered in a 'new era of medicine': These telehealth trends are likely here to stay

**SLATE**

Telehealth Has Been Good in the Pandemic. It Could Be Great Long Term.



Congress must ensure telehealth access after pandemic's over

We cannot lose sight of the *importance* of telehealth for more vulnerable populations, such as those with I/DD

# How Telemedicine Can Help

## *Problem*

- Lack of access
- Suboptimal care for special needs
- Primary care unavailable in off hours
- Regulator pressures



## *Solution*

- Telehealth removes geographic impediments
- Connect to doctors with specialized I/DD training
- Provide access to medical records/database
- Personalized care provided in safety of person's own environment
- Available 24/7
- Need doctor evaluation immediately
- Provide full documentation

# StationConnect Platform

- 24/7 Client Portal Access
- Data Access
- HIPAA Compliant Care Coordination
- Electronic Health Record

**StationMD Consultations**

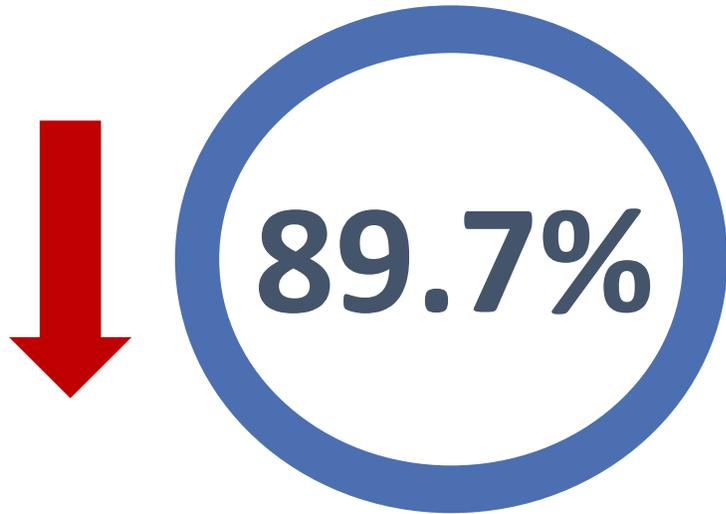
From:  To:   
 Sort:  Order:  Limit to site:  Limit to Admission Followup:  [Change Sorting](#) [Download Excel](#)

Site	Call Time ↑	Patient	Providers	Clinical	Notes	Updates
Nursing Home 1 (basic)	6/30/19 1:35 AM EDT	Five, Erik (81808) DOB: 3/4/1955, age 66	<b>PMD:</b> maginao <b>SMD:</b> Sang Lee	<b>CC:</b> Altered mentation <b>Dx:</b> None <b>Outcome:</b> ED Transfer	1. <a href="#">Progress Note</a>	Admitted: <input type="text" value="Yes"/> <input type="text" value="No"/> <a href="#">Concerns</a>
Nursing Home 1 (basic)	7/11/19 3:08 AM EDT	Five, Erik (81808) DOB: 3/4/1955, age 66	<b>PMD:</b> argento <b>SMD:</b> SMD Doctor One	<b>CC:</b> Altered mentation <b>Dx:</b> Chest pain, unspecified (R079); <b>Outcome:</b> ED Transfer	1. <a href="#">Progress Note</a>	Admitted: <input type="text" value="Yes"/> <input type="text" value="No"/> <a href="#">Concerns</a>
Nursing Home 1 (basic)	7/18/19 11:41 AM EDT	Calichman, Meghan (1) DOB: 11/21/1970, age 50	<b>PMD:</b> s <b>SMD:</b> SMD Doctor One	<b>CC:</b> Test <b>Dx:</b> Chest pain, unspecified (R079); <b>Outcome:</b> Observe	1. <a href="#">Progress Note</a>	<a href="#">Concerns</a>
Nursing Home 1 (basic)	8/28/19 8:02 PM EDT	test, forms (123) DOB: 11/21/1970, age 50	<b>PMD:</b> smith <b>SMD:</b> SMD Doctor One	<b>CC:</b> form test <b>Dx:</b> Chest pain, unspecified (R079); <b>Outcome:</b> Observe	1. <a href="#">Letter: Return to program</a>	<a href="#">Concerns</a>
Nursing Home 1 (basic)	12/29/19 9:35 PM EST	Test, Calichman (12345678) DOB: 11/21/1970, age 50	<b>PMD:</b> [object Object] <b>SMD:</b> SMD Doctor One	<b>CC:</b> test <b>Dx:</b> None <b>Outcome:</b> Observe	1. <a href="#">Progress Note</a> 2. <a href="#">Progress Note</a>	<a href="#">Concerns</a>
Nursing Home 1 (basic)	1/24/20 9:36 AM EST	test, forms (123) DOB: 11/21/1970, age 50	<b>PMD:</b> na <b>SMD:</b> Jason Boulware	<b>CC:</b> na <b>Dx:</b> Impacted cerumen, bilateral (H6123); <b>Outcome:</b> ED Transfer	1. <a href="#">Progress Note</a>	Admitted: <input type="text" value="Yes"/> <input type="text" value="No"/> <a href="#">please select</a> <a href="#">Concerns</a>
Nursing Home 1 (basic)	8/20/20 12:16 PM EDT	Test, Concerns (SMD099141652) DOB: 12/19/2003, age 17	<b>PMD:</b> marco <b>SMD:</b> SMD Doctor One	<b>CC:</b> High blood pressure <b>Dx:</b> Bradycardia, unspecified (R001); Abrasion, left lower leg, initial encounter (S80812A); Chest pain, unspecified (R079); Epileptic seizures related to external causes, not intractable, with status epilepticus (G40501); Anxiety disorder, unspecified (F419); <b>Outcome:</b> Observe	1. <a href="#">Progress Note</a>	<a href="#">Concerns</a>

***CLINICAL &  
ECONOMIC  
OUTCOMES***



## Proven Outcomes

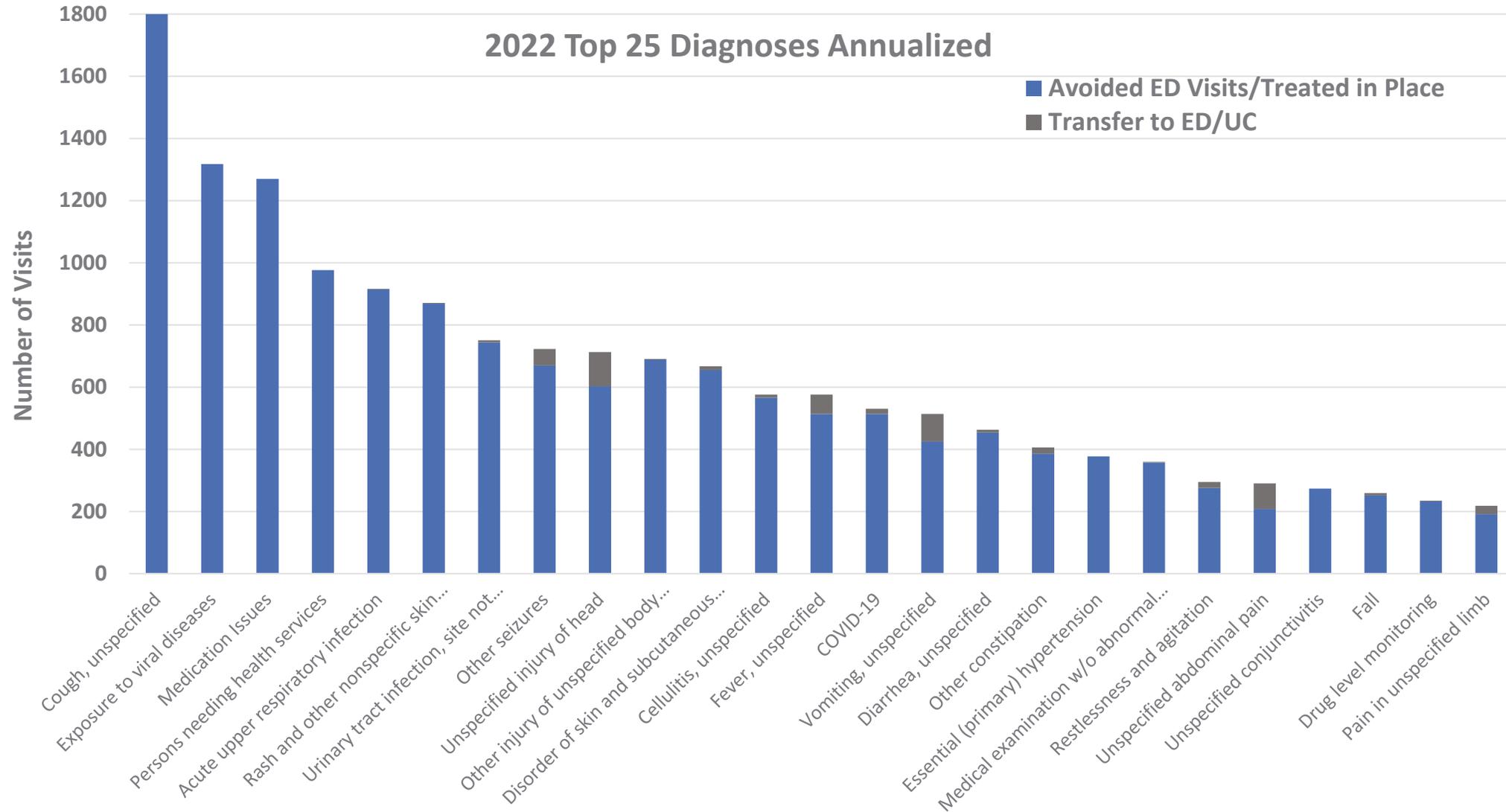


Data from all clients shows an average 89.7% treat in place rate reducing ER and Urgent Care transfers

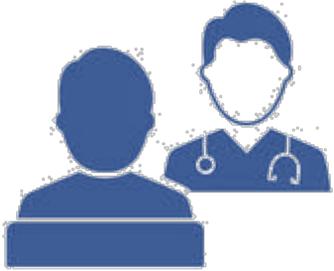
March 2016-March 2023	
StationMD Visits by Outcome	
Time Period	% Treated in Place
2016	86.4%
2017	86.0%
2018	89.1%
2019	87.2%
2020	89.0%
2021	93.3%
2022	93.0%
2023	94.0%

**89.7% of StationMD Clients with IDD Are Treated in Place**

# Most calls result in avoided ER transfers across diagnoses



# StationMD Users Report Satisfaction



## Individuals

- 96% were happy with their StationMD visit
- 94% would recommend StationMD to a family or friend
- 84% prefer to use StationMD vs. venturing out to seek medical care



## DSPs/Caregivers

- 70% feel more job satisfaction with access to StationMD
- 77% feel they get answers to health questions through StationMD
- 77% feel access to StationMD improves the lives of their clients

# New York State MCO Telemedicine Partnership with StationMD

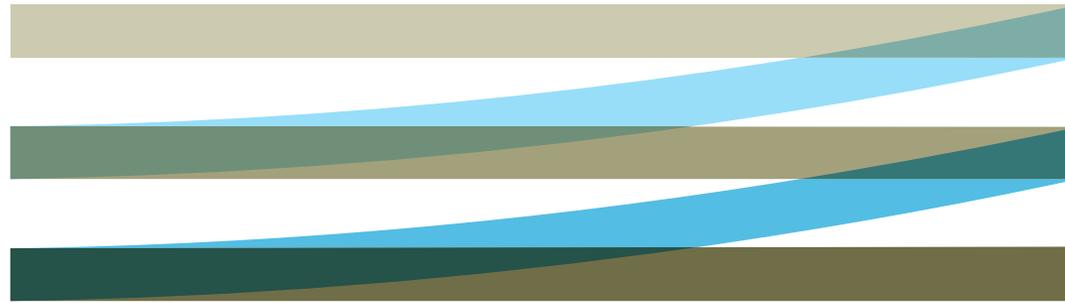
-  1,100 individuals covered by the partnership
-  There were 537 calls to StationMD in 10 months
-  Avoided spending up to \$17,600 in transportation costs
-  Avoided spending between ~\$1.45M - \$2.1M in ER and hospitalization costs
-  Achieved savings of ~\$1,300 - \$1,900 per member on medical costs
-  StationMD was able to resolve 90% of patients' medical matters in place, without transferring them to an ER

# Pennsylvania Provider Agency Telemedicine Partnership with StationMD

-  May 2021, agency launched a telehealth pilot in 22 residences
-  55 telemedicine visits were logged in 7 months
-  87% of patients were treated in place avoiding unnecessary transfer to the ER
-  Avoided 32 unnecessary ER visits and 25 urgent care visits
-  Achieved a cost savings of **\$49,000 in 7 months** (an estimated **\$82,000 annually**)
-  Expanded service to all 40 residences following success of the pilot

# New York Provider Agency Telemedicine Partnership with StationMD

-  November 2020, agency launched telehealth pilot in 28 of its 42 residences, prioritizing services for the most medically frail and chronically ill
-  Conducted 174 StationMD medical consultations in 6 months
-  157 (or ~90%) were treated without transfer to the ER
-  August 2020, agency expanded service to all 42 homes and 240 people based on pilot success
-  Achieved a **total cost savings of \$15,000 over 6 months and \$30,000 annually**



# **BENCHMARK**

HUMAN SERVICES

**Connecting People to Potential**

**Sarah Chestnut**

National Director, Business Development Strategies



## ABOUT US

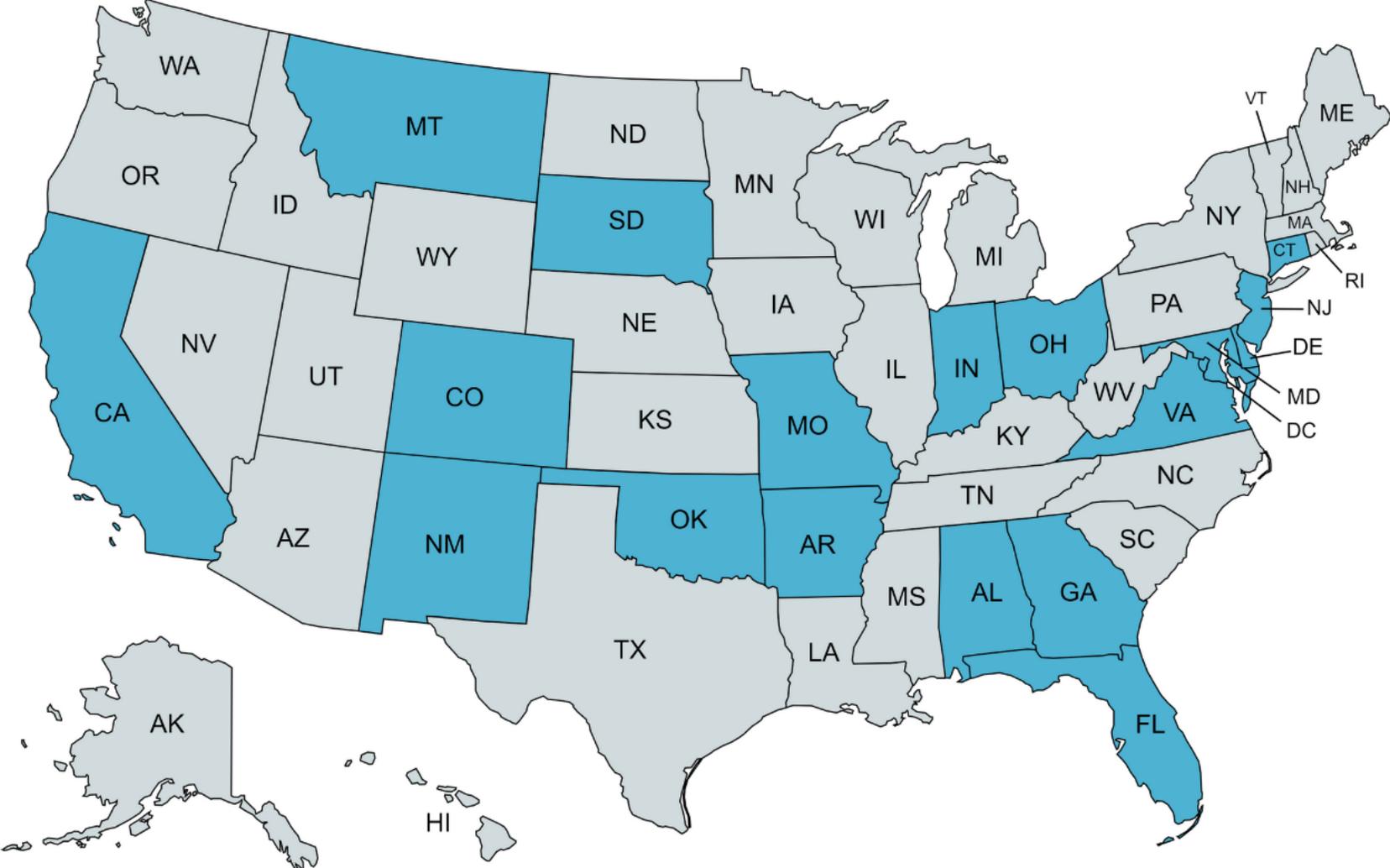
- Founded in 1960
- Headquartered in Fort Wayne, IN
- For-profit organization with non-profit roots
- 3,100+ team members
- 15,000 children and adults served annually throughout the United States
- Supporting people at home, at work, and in the community
- Consultation with state governments, health plans, and private organizations

## MISSION

We help people live as independently as possible, be included in the community, and reach their full potential.

# GEOGRAPHIC FOOTPRINT

## Direct & Consultative Services



Note:  
Service array  
differs by  
state

**RESIDENTIAL  
SERVICES**

**CRISIS  
RESPONSE**

**CRISIS  
RESPITE**

**EMPLOYMENT  
&  
VOCATIONAL  
SERVICES**

**DAY  
SERVICES**

**AUTISM &  
BEHAVIORAL  
SERVICES**

**CASE  
MANAGEMENT**

**EARLY  
INTERVENTION/  
INFANT &  
TODDLER**

**PEDIATRIC  
HOME  
HEALTHCARE**

**FAMILY  
PRESERVATION/  
FOSTER CARE  
DIVERSION**

**DIRECT SERVICES**

**CRISIS  
INTERVENTION**

**ADVANCING  
CRISIS CARE &  
ENHANCING  
SUPPORT  
SYSTEMS  
(ACCESS)**

**INDIVIDUALIZED  
LIVING  
PLANS**

**COMMUNITY  
TRANSITION**

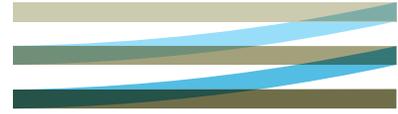
**COMMUNITY  
PARTNERSHIPS**

**SPECIALIZED  
RESIDENTIAL  
SUPPORT**

**CHILDREN &  
FAMILY  
SERVICES**

**CASE  
MANAGEMENT/  
CARE  
COORDINATION**

**ACTIVE CONSULTING SOLUTIONS  
FOR COMPLEX NEEDS**



**BENCHMARK**  
HUMAN SERVICES

# OHIO & MISSOURI PROGRAMS

# BENCHMARK OHIO



## Services offered

- Residential Services
- Day Services

## Locations

- Dublin, OH
- Lima, OH
- St. Marys, OH
- West Chester, OH

# BENCHMARK MISSOURI



## Services offered

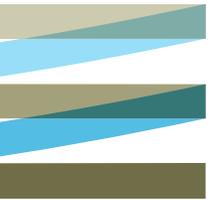
- Residential Services
- Day Services
- Early Intervention Services

## Location

- St. Louis, MO

*OUTCOMES  
DATA*



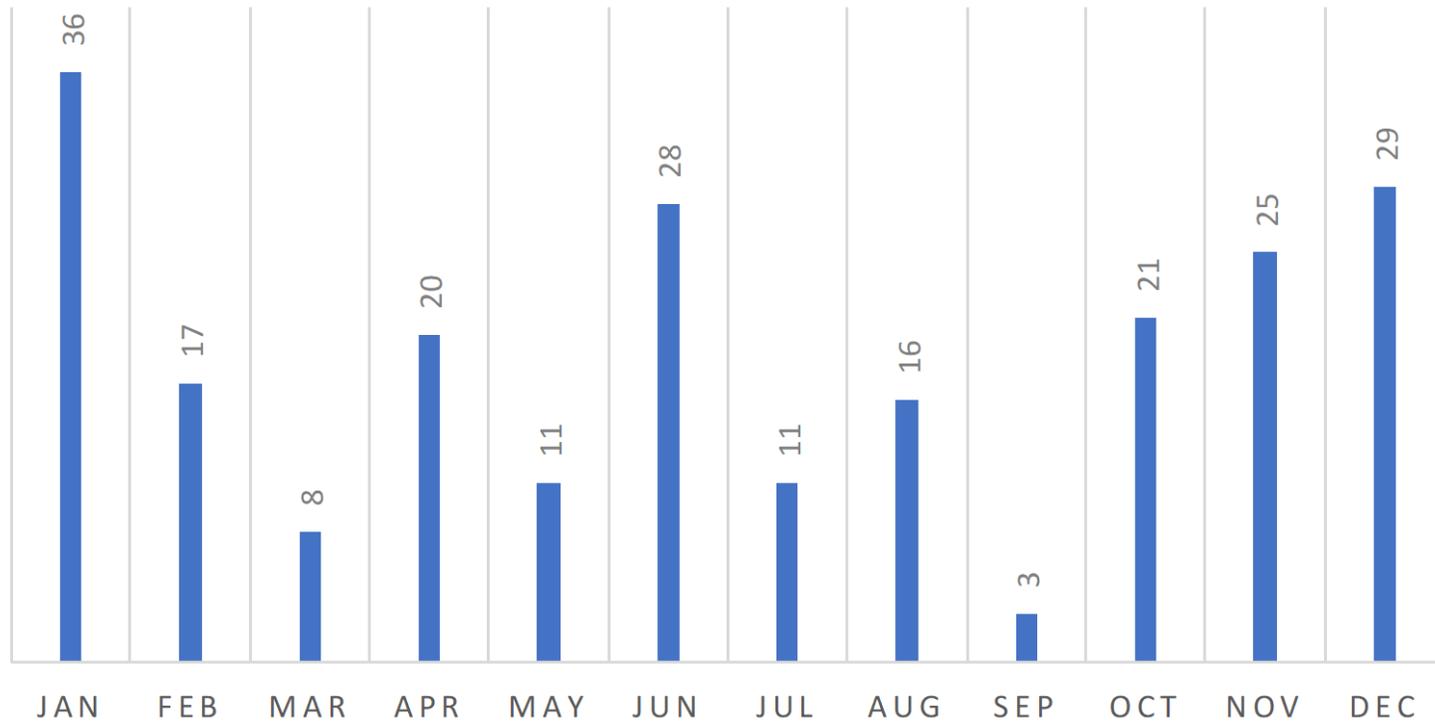


**BENCHMARK**  
HUMAN SERVICES



StationMD

## CALLS BY MONTH

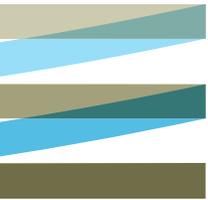


Ohio



Missouri



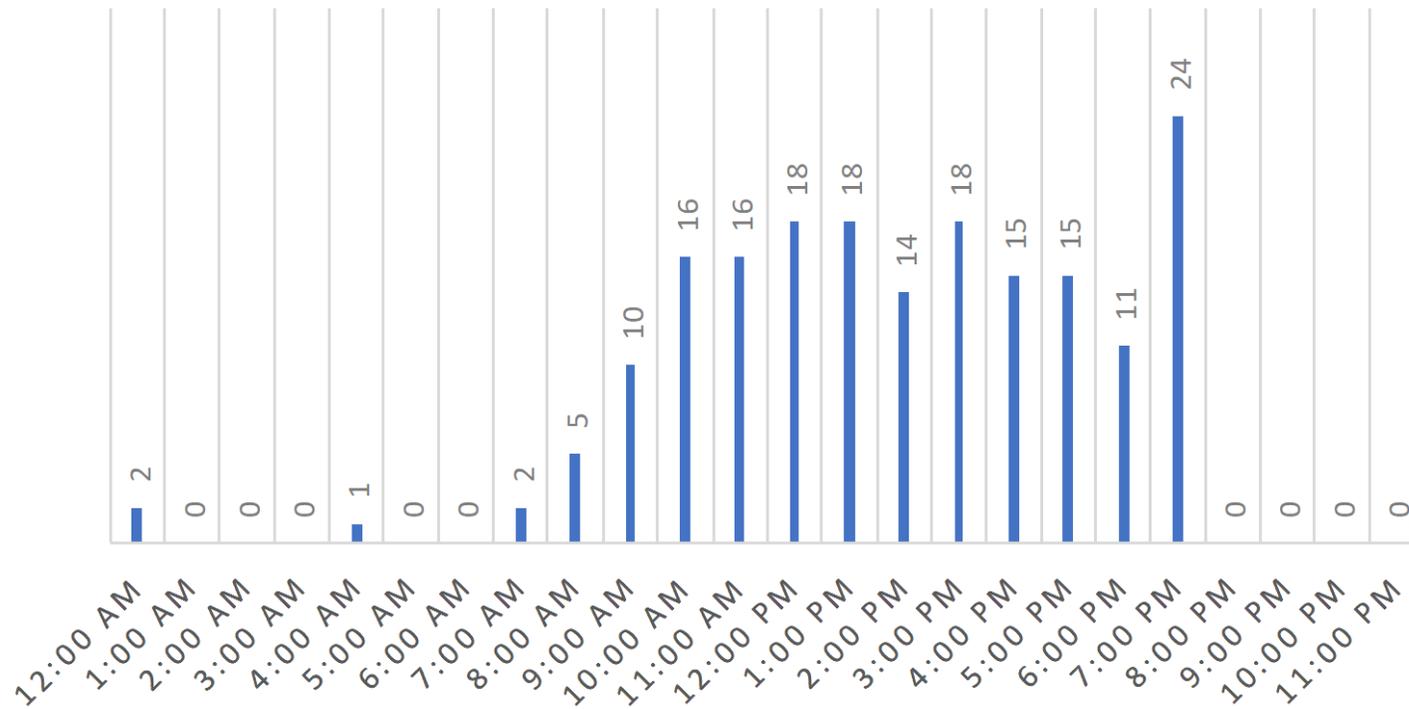


**BENCHMARK**  
HUMAN SERVICES



StationMD

## CALLS BY TIME OF DAY

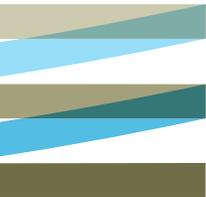


Ohio



Missouri



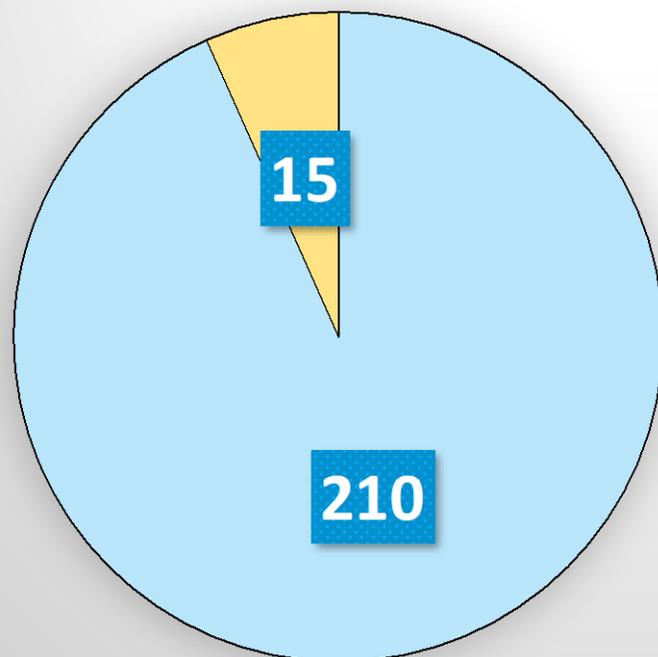


**BENCHMARK**  
HUMAN SERVICES

+

StationMD

TOTAL APPOINTMENTS (n=225)



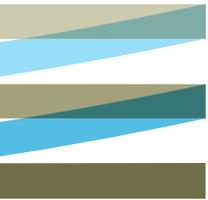
- TELEHEALTH
- TRADITIONAL VISIT

Ohio



Missouri





**BENCHMARK**  
HUMAN SERVICES

+

StationMD

**93%**

**“93% of calls did not require visiting a doctor’s office, Urgent Care or Emergency Department.”**

Ohio



Missouri



*Integrated Care  
Model*



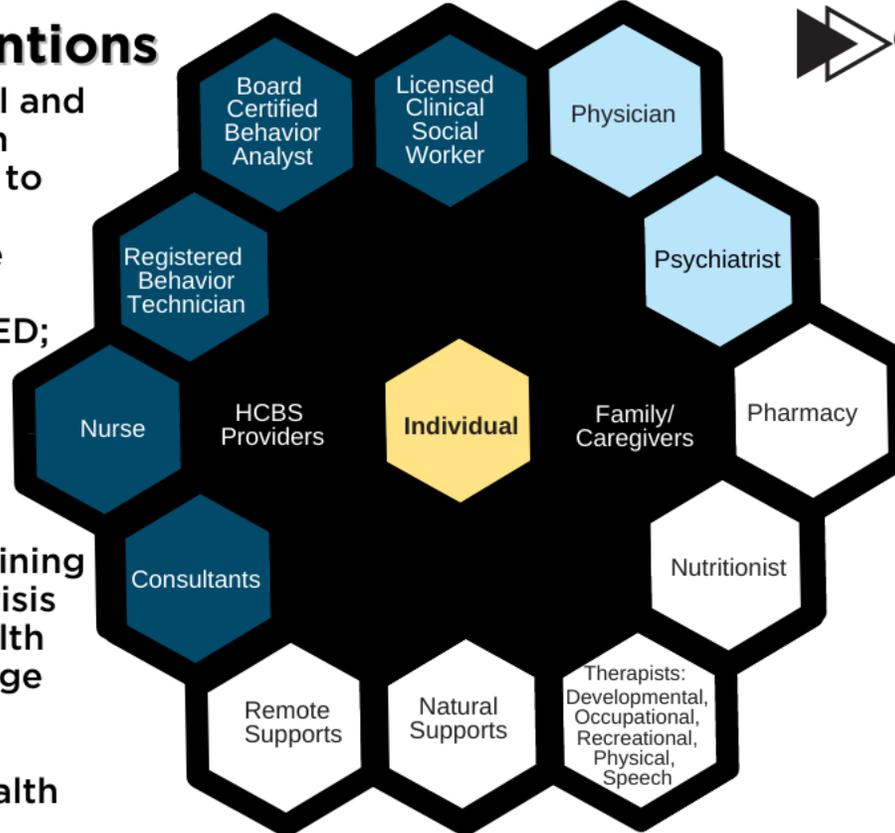
**TYPICAL  
TRAJECTORY**



**Crisis**

**Interventions**

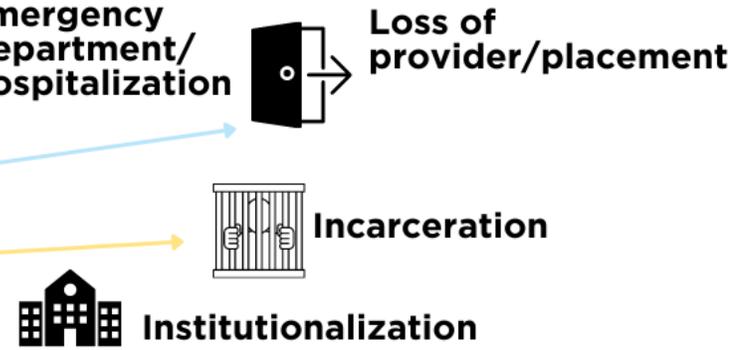
- Specialized medical and clinical consultation
- On-demand access to specially-trained physicians from the comfort of home
- Warm handoffs to ED; aftercare follow-up
- Comprehensive assessments
- In-person staff/caregiver coaching and customized training
- 24/7 on-demand crisis support via telehealth
- Expedite and manage LOC transitions
- Address social determinants of health



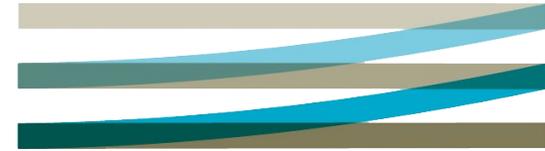
**Outcomes**

- Decreased costs
- Decreased ED utilization
- Decreased medical and psychiatric hospitalization
- Increased individual and family satisfaction with care
  - Increased provider performance and staff competency to support individuals with complex needs
- Step down to less intensive care and supports and more typical levels of Medicaid funding
- Employment, meaningful experiences and activities, community engagement

**Outcomes**



- Benchmark
- StationMD
- Partner Support Network



**BENCHMARK**  
HUMAN SERVICES



**Maulik Trivedi, MD, FACEP**  
*Co-Founder & CSO*  
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**Sarah Chestnut, MSW**  
*National Director,  
Business Development*  
[schestnut@benchmarkhs.com](mailto:schestnut@benchmarkhs.com)

*THANK YOU*

