



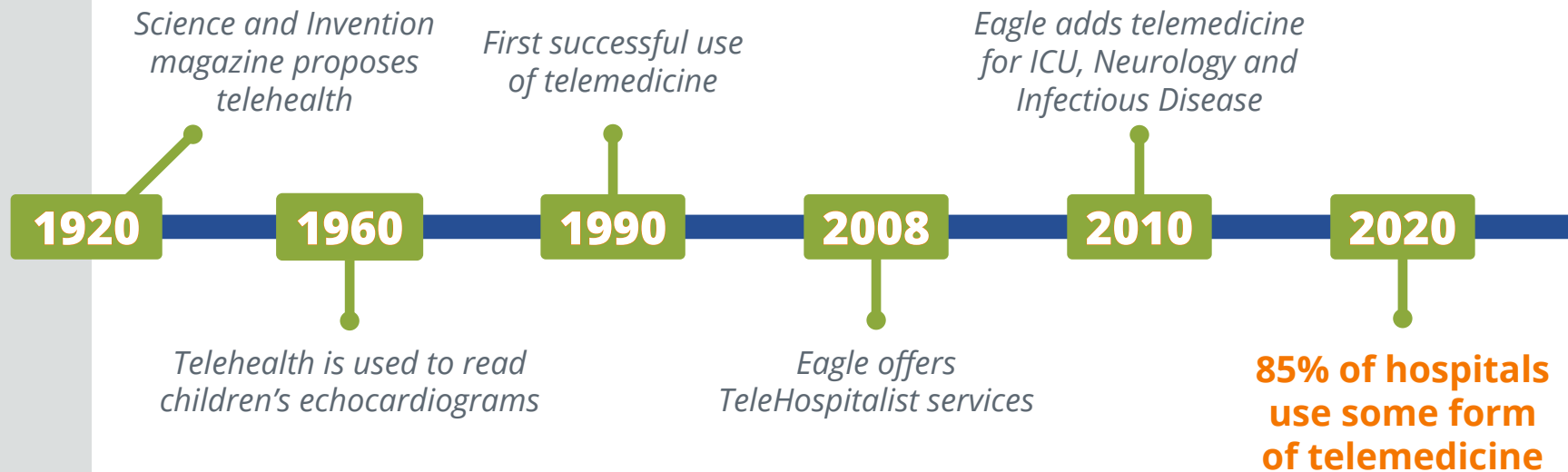
FACT vs FICTION

1



FICTION

"Telemedicine is too new."



Providing care at 200+ hospitals in 23 states and offering specialties including: TeleCardiology, Tele-GI, TeleHospitalist, Tele-ICU, Tele-ID, Tele-MFM, TeleNephrology, TeleNeurology, TeleOncology, TelePediatrics, TelePsychiatry, TelePulmonology, TeleStroke and TeleRheumatology

2



FICTION

“Inpatient telemedicine is only for rural hospitals.”

FACT

Everyone deserves access to specialty care, but access to specialists is limited due to a physician shortage in the U.S.

FACT

Rural, urban and suburban hospitals are adopting telemedicine services at the **same** pace. In some cases, telemedicine has been adopted **faster** at metropolitan hospitals than at rural hospitals.



By 2014, 32% of urban hospitals were using telemedicine services.

- More likely to have multiple departments using telemedicine
- Most common specialties: Cardiology, Neurology/Stroke, Pediatrics



By 2014, 34% of rural hospitals were using telemedicine services.

- Telemedicine was most often used in the Emergency Department



3



FICTION

"You can't examine a patient using telemedicine."

FACT

Eagle's virtual physical exam is comprehensive.

FACT

TeleHospitalists develop trust with on-site nurses who serve as the "hands of the doctor" during the patient exam.



Telemedicine Provider

- Trained in virtual exam protocols & e-stethoscope protocols
- Correlates the patient's heart rhythm and rate
- Detects abdominal, lung & heart abnormalities, including atrial fibrillation with e-stethoscope
- Performs eye, lung, skin & neurological exam using camera zoom features



On-site Nurse

- Positions cart and camera for optimal visual examination by the TeleHospitalist
- Applies e-stethoscope to abdomen, lungs & heart
- Performs abdominal palpation exam to evaluate tenderness



4



FACT

“Telemedicine providers can’t perform procedures.”

FACT

It’s true, remote providers can’t physically touch a patient, but they can assist with several types of procedures and conditions.



Tele-ICU or TeleHospitalist Guides On-Site Intubation:

- *Works with on-site staff to diagnose the need for intubation*
- *Coordinates intubation by on-site anesthesiologist or emergency room physician*
- *Sets and manages ventilator with the support of ICU nurses*



- *Detects A-fib via e-stethoscope while electronically monitoring patient’s pulse*
- *Orders ECG, when necessary, reviews results and prescribes treatment*



Diagnose & Treat Sepsis

- *Receives real-time patient data, vital signs, labwork & test results*
- *Examines & communicates with the patient via audio & video cart*
- *Further patient analysis & seroradiographic results by using secure access to the hospital’s EMR*
- *Orders antibiotics, IV fluids, transfer to ICU or additional treatment*



5



FICTION

"You can't manage a Code Blue using telemedicine"

FACT

Eagle TeleHospitalists supervise Code Blue protocols, call out orders to each team member at every step, and monitor all patient biometrics.

