

# COMPREHENSIVE SECOND OPINION

## BEFORE, DURING AND AFTER - MORE THAN JUST A SECOND OPINION

### CRITICAL ILLNESS REMOTE SECOND OPINION

In Canada, second opinion services have become commoditized. They provide peace of mind at time of purchase by offering a Remote Second Opinion (RSO) from the United States. The low incidence rate of Critical Illness (5/1000), further reduces usage since policyholders must a) recall that they have the second opinion service available and b) be interested to access the service. The number of individuals who ultimately access a second opinion service is consequently substantially lower than 5 per1000.



### REQUIRES ROBUST HEALTHCARE FOUNDATION

Critical Illness Remote Second Opinions were designed for global markets with more efficient, effective, engaged healthcare systems than are commonly found in Canada. For a high quality of care and policyholder experience, Canadians need additional services to support the system's shortcomings;

- Pre-diagnosis services and support to arrive at a diagnosis promptly
- Care Management support in preparing the medical file for a well focussed Second Opinion
- Rapid RSO in order to meet tight staging and treatment timelines
- Post RSO Care Management to elevate the quality of care delivered in Canada in line with what is proposed in the RSO
- Ongoing, Post RSO psycho-social follow up throughout all stages of the illness
- A resource network compensating for the scarcity of local resources to implement the RSO plan

MedExtra increases policyholder utilization; value and satisfaction can be achieved by elevating the value of Remote Second Opinion services.

### INNOVATION IN CRITICAL ILLNESS - MORE THAN JUST A SECOND OPINION

A Remote Second Opinion Service properly designed for the Canadian market addresses more than the 5 people in 1000 who befall a Critical Illness. MedExtra's Program supports the many times more people who have a *suspicion* of a Critical Illness, all of them from the first suspicion, through diagnosis, staging, treatment, and ongoing follow up.

When faced with a Critical Illness, Canadians need more to ensure that they arrive at a prompt high quality treatment plan with comprehensive and ongoing follow up for their illness. MedExtra's Critical Illness Care Management and Remote Second Opinion service provides;

- Support **Before** Diagnosis - Accelerate or 'rule out' a CI diagnosis  
Critical illnesses can take weeks and even months to diagnose. MedExtra's administrative support, Care Management and Provider network compress the time to diagnosis, treatment and claim of any indemnity.
- Support **During** the RSO process - Optimize the Second Opinion with Care Management  
To further elevate the quality of the Remote Second Opinion and its value for policyholders, MedExtra closely manages the administrative and medical aspects of the Remote Second Opinion process:
  - Retrieve the medical record
  - Craft a comprehensive and detailed Medical Case Summary (MCS)
  - Review MCS to ensure appropriate investigations staging, diagnosis
  - Craft the appropriate medical questions for the RSO
  - Discuss the summary and questions with the client
  - Review recommendations of RSO with the Client
  - Craft additional questions and discuss the case with the local MDs if required
  - Liaison with the treating physicians and other medical professionals throughout treatment and recovery

- Support **After** Diagnosis - Coordinate a higher standard of care, follow up & psycho-social support  
There are substantial differences between the care in Canada and the higher standard held at world leading institutions. Canadian physicians are often ill equipped to implement RSO's, which are likely to call for resources or care not readily available in Canada.

Along with a diagnosis of an illness come many questions, concerns and worries. MedExtra's Care Managers provide members with ongoing patient, compassionate support and information along with liaison with the treating medical team.

- Remote Second Opinion service  
Since 2001 MedExtra has been providing Remote Second Opinions through such institutions as Dana Farber Cancer Center, Massachusetts General Hospital, Memorial Sloan Kettering, MD Anderson Cancer Center. These institutions are the resources of choice since they are consistently at the top of the objective ranking prepared by US News and World Report. For intricate cases, MedExtra seeks out the world's leading specialists to gain their input to the cutting edge treatment options available.
- Access to resources that may not be readily available locally  
MedExtra has relationships throughout Canada, the United States and the world with physicians, clinics, diagnostic imaging clinics, networks and hospitals. In most cases the answer to a client's question or access to the scarce resource is resolved through a quick phone call.
- Multiple disease coverage  
Since MedExtra is not insurance, our services are not cancelled once a claim is made. Members continue to have a resource to turn to in the event they befall a second disease.

#### A TRULY 'INTEGRATED' SOLUTION

MedExtra's Care Management process and provider network address the challenges of integrating an American solution with the Canadian Healthcare system. As a complement to a Canadian CI product, MedExtra augments the value of coverage by increasing utilization, raising the quality of the Remote Second Opinion and improving access to scarce resources. This enables individuals to go from first suspicion to final resolution as quickly and effectively as possible with compassion and efficiency.

#### WHAT MEDEXTRA DOES

Since 1999 MedExtra has been helping Canadians solve their medical problems. MedExtra is the Canadian leader in developing healthcare solutions focused on Return on Investment for plan sponsors. MedExtra's core competence is in facilitating access to health care by leveraging IT, Care Management and our network of health care providers for efficient, effective and engaged healthcare (E<sup>3</sup> Healthcare Solutions). Our experience is in developing and delivering a menu of off the shelf or custom, per member, per month service packages costing pennies a day and providing strong, immediate and ongoing ROI, scope of use and employee satisfaction.

#### E<sup>3</sup> THE MEDEXTRA CARE MANAGEMENT SOLUTION

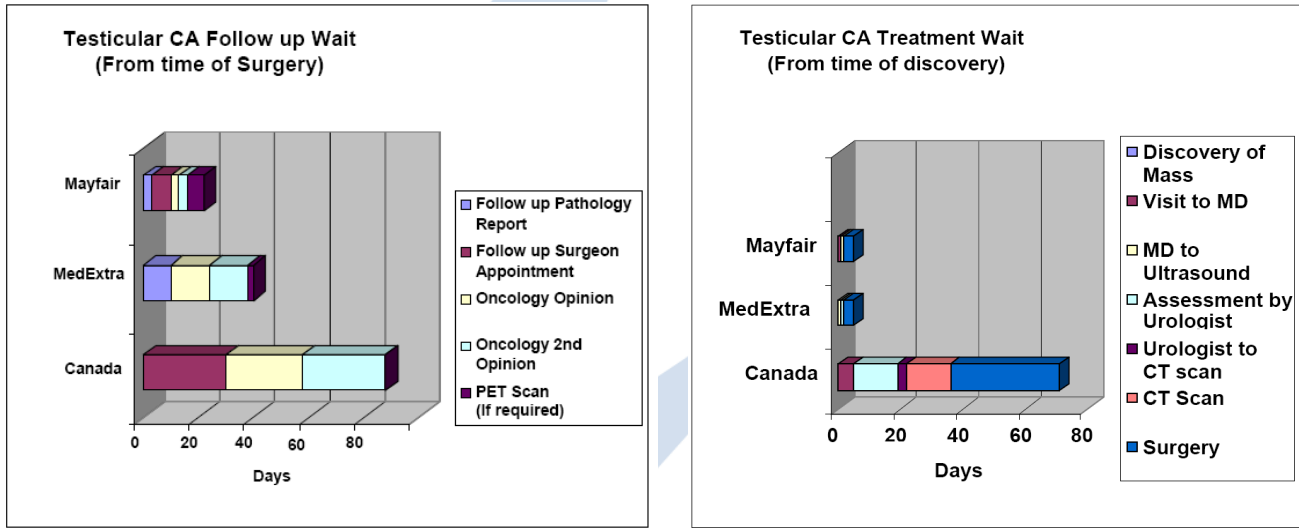
MedExtra's efficient, engaged, effective Care Management process, supported by our robust network provides individuals the comprehensive resources needed to overcome the shortcomings of Canadian healthcare system;

- Compression of time to diagnosis and treatment
- Access to global leaders for Evidence Based Medicine
- Coordination of a higher standard of care
- Facilitated access to scarce resources through a vast provider network
- Quarterbacking of Evidence Based Medicine in Canada
- Medical and psycho-social support from suspicion of a Critical Illness through to follow up





## BILLY MAYFAIR'S CANCER TREATMENT vs. THE AVERAGE CANADIAN



Billy Mayfair is an American professional golfer who was diagnosed with testicular cancer while playing at Glen Abbey in August 2006. Within 2 weeks, he was back on the golf course at the PGA Championship having had surgery, surgical follow up and an oncology assessment. In Canada the process from diagnosis to treatment and oncology assessment is much longer - often stretching to 12 weeks.

MedExtra compresses the time to diagnosis, treatment and follow up to 4 weeks through our Care Management and resource network.

### SNAPSHOT OF CANADIAN HEALTHCARE - WHY CRITICAL ILLNESS RSO SUPPORT IS NEEDED

A 2005 Fraser Institute report compared the availability of healthcare resources in Canada to the other Organization for Economic Development (OECD) countries and revealed the following;

- Physicians per capita - Canada ranked 24 out of 27 ranked countries
- Available medical technology - Canada ranked 17 out of 21 ranked countries

As a result of these, and other factors, in 2007 waiting times from GP to Specialist to Treatment exceeds 15 weeks across Canada.

### EVIDENCE VERSUS SCARCITY BASED MEDICINE

The gold standard in quality healthcare is Evidence-Based Medicine (EBM), defined as follows;

*"The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research."*<sup>1</sup>

The Implementation of Evidence Based Medicine requires considerable resources:

- Professional staffing
- Modern infrastructure
- Up to date diagnostic and treatment technology
- Funding

1 David Sackett, et al. "Evidence Based Medicine: What It Is and What It Isn't," BMJ 312, no.7023 (1996).

Regrettably, these are lacking in Canada, and medicine here is more aptly described as Scarcity-Based Medicine:

*“The formulation and execution of diagnostic and treatment plans based on community available resources, with secondary regard to external clinical evidence from systematic research.”*

### SCARCITY BASED MEDICINE

Instead of the ‘best’ care, Canadians tend to receive the care that is available. Physicians are reluctant to ‘use’ scarce advanced diagnostics to rule out a Critical Illness, they tend to wait and observe, often letting weeks and months go by before aggressively pursuing the diagnosis of a Critical Illness. These delays can mean the difference between life and death. Regardless of the outcome, increased delay to treatment also increases the psychological impact of the disease.

In the example cited above, as a result of Scarcity Based Medicine there is an increased wait of weeks or months for diagnosis, treatment and follow up.

### THE HEALTHCARE CONSUMER EXPERIENCE - THE CONTINUUM OF CARE

The healthcare system dispenses care step by step over a period of time. For the individual faced with a medical issue the continuum of care spans the first suspicion through to final resolution. For the individual, the lack of engagement from system’s piece-meal approach is troubling.

The efficient and effective movement of an individual along this continuum is dependant on a series of complex, inter-related medical and administrative tasks. Traditionally this was managed by the trusted and engaged Family Physician. Family Physicians are not widely available today and current healthcare professionals cannot effectively provide these services. When faced with a Critical Illness most individuals are left on their own to navigate the complexities of modern medicine.

The rapidity in which Billy Mayfair moved from first suspicion to final resolution is illustrative of the power of an engaged healthcare quarterback to assist a patient along the continuum of care.

### EFFECTS OF THE SHORTCOMINGS OF THE CANADIAN HEALTHCARE SYSTEM

The shortcomings of Canadian healthcare impact along the entire continuum of care, from first suspicion to final resolution and follow up;

- Delayed diagnosis and treatment
- Poorer outcomes
- Reduced quality of care
- Scarcity based medicine
- Lack of psycho-social support
- Increased stress for patients and families
- Substantial time demands on families and caregivers

### THE IMPACT ON POLICYHOLDERS

The shortcomings of Canadian healthcare impact the entire continuum of care and reduce the value of CI products.

- Diagnosis and Indemnity - Delayed due to scarce diagnostic resources and Physician mentality
- Support - Lack of medical and psycho-social support
- RSO Initiation - Delayed by poor physician compliance and administrative delays
- RSO Implementation - Hampered by Scarcity Based Medicine
- Treatment - Hindered by lack of resources, and lack of physician engagement
- Post Treatment Follow Up - Limited