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Issue: January 6, 2014



The doctor has a new address.

Telepsychiatry Platform for Patients in Rural Areas



Samir Malik - CEO

1DocWay is an innovative Telepsychiatry platform built to better connect hospitals with the patients in and around their community. We offer patients in underserved areas a better experience accessing the care they need, and provide hospitals an opportunity to expand their footprint and offer their services to a much broader population base.

1DocWay provides a HIPAA-compliant video chat platform that transforms any room with a webcam and internet connection into a doctor's office. We help connect patients with psychiatrists quickly and easily, eliminating all the headaches (travel time, wait time, paperwork, etc.) associated with the traditional office visits of the past.

Interview conducted by: Lynn Fosse, Senior Editor, CEOCFO Magazine

CEOCFO: Mr. Malik, what is the concept behind 1DocWay?

Mr. Malik: 1DocWay is an online doctor's office. We help patients in rural areas to use our software in order to see a physician online. Using our software, patients can schedule appointments, do video assessments with their physicians, receive their medications online and schedule follow-up visits. We build all the tools required for a doctor to see a patient and put them on the web. Our focus is on mental health, and we target patients living in rural America.

CEOCFO: How do you facilitate the one-on-one feeling, particularly in something like mental health, where the in-person experience brings something to the table? How do you match that against the need to have an experience with a health professional?

Mr. Malik: There is a lot of truth in what you are saying, and as a result, we have an adoption bias in our user base. We are really only capturing the patients who have pre-selected themselves as being comfortable receiving care by a telemedicine. What we notice is that adoption increases within a community over time. For example, one of the first projects we worked with was a residential facility where there were about 30 people living who needed mental health services. Initially, only one of them wanted to try this out. As soon as that first patient came out of the session and started talking to the others, within a week everybody else had signed up for an appointment. We certainly have an education battle to fight in order to help people become aware of the benefits of telemedicine, but we find that by providing good care to patients, they end up being spokespeople for our work as well.

CEOCFO: Would the people using your system tend to be using telemedicine for other areas of healthcare as well?

Mr. Malik: Typically, the answer is no, in part because telemedicine has not yet taken off to the point where it exists in so many settings. Right now, when we come into a community, we are typically the first telemedicine provider there. There are some instances where patients do have experience with remote monitoring technology, but those are certainly more rare.

CEOCFO: How do you decide where you target for your services?

Mr. Malik: We focus on a couple areas. The first is community needs, and we have some good data that describes the density of behavioral health services. We will go target areas where behavioral health services are in a deficit, or where we know that patients are seeking ways to access mental health providers. Often times, this points us to rural areas, the Midwest or the South, but not so much densely populated places like the East Coast. The second thing we look at is reimbursability. We also know that patients do not want to see a change in the financing of their healthcare. We need to make sure that their insurance is covering telemedicine services. We target communities with insurance providers that already reimburse our services rather than force patients to pay out of pocket.

CEOCFO: Are there many insurance companies that are embracing telemedicine today or is it still on the cutting edge?

Mr. Malik: That is the key question for the whole market. The truth is that all of Medicare reimburses for our services nationwide, and 44 Medicaid programs also reimburse for our services. Nineteen states require commercial payers to

reimburse for telepsychiatry services. This was not the case two years ago when we first started the company, but over time more and more payers are embracing reimbursement for telepsychiatry, and we see the curve to continue to bend positively.

CEOCFO: *Are there many other companies specializing in this area?*

Mr. Malik: It depends on how we focused we go. In the telemedicine space at large, there are hundreds of competitors doing many different applications for video sessions to computerized sessions to remote monitoring to patient self-guided education platforms. Within mental health or psychiatry itself, there are a handful of other players, and it is still diverse. Some people focus on therapy, and we focus on psychiatry. Lastly, when you look at the intersection of providing mental health into rural settings, then we are just one of the few, and other providers in the state are Cisco, Polycom and the people who are building those very large telemedicine and telemedicine reaches.

“While building a business, we are also improving access to care for thousands of patients across the country who would not otherwise have it. In doing so, we are helping them get healthier faster. We believe we sit at the intersection of the triple aim of healthcare; improving access, improving quality and reducing costs. There are not that many companies that sit at that same intersection, and that is what makes us exciting.” - Samir Malik

CEOCFO: *How do you attract doctors to the program?*

Mr. Malik: Initially when we started the company, we tried reaching out to physicians one on one and ended up finding out that it was easier to work with hospital systems that could then encourage their team of physicians to use this in batches. We have been selling mostly to hospitals that then encourage and direct physicians to use this product.

CEOCFO: *Are your clients or patients able to select a physician? How do you match a patient with whoever might seem most appropriate for them or whom they feel comfortable with?*

Mr. Malik: We will match a physician and a patient based on their needs. Child psychiatry is different from geriatric psychiatry and substance abuse treatment is different from mental health treatment, so based on the needs of the given community, we will match up the appropriately trained physician.

CEOCFO: *What have you put together on the back end technology wise to facilitate a smooth experience for everyone?*

Mr. Malik: One thing we asked our physicians early on when we were getting the platform up and running is whether or not they would use Skype to use the telemedicine sessions. We found out pretty quickly that Skype created more work than problems it solved. Skype did not allow physicians to document their sessions or schedule appointments. It was not built for a healthcare setting; it was built for a social, conversational setting. We built the tools around a video chat platform that makes a delivery of telemedicine easier. Things like giving a patient an ability to see a physician's calendar and schedule their own appointment remotely or giving a physician the ability to receive lab reports that a patient uploads online while giving the patient the ability to print out prescriptions that a doctor writes for them using our software. All these are tools that basic video conferencing solutions do not offer, which we had to build in in order to make this technology work in this setting.

CEOCFO: *What else changed from the original concept?*

Mr. Malik: A couple things. One of the biggest ones was that it is hard to get healthcare providers to change their behavior. When we tried selling our software just to doctors and their practices, we were fighting inertia. Doctors were already practicing a certain way, and it was hard to get them to change. That forced us to work with hospitals that have other ways of influencing doctors and encouraging them to try new things. Additionally, we found that the need for an electronic medical record such that a doctor could have access and documentation almost instantaneously was tantamount. This is something we had not thought about early on, but we needed to provide tools for physicians so that they could document the session without any hassle immediately during or after the session. Reimbursement was always a big one for us; understanding what was going to be reimbursed and what was not. Of course, the reimbursement landscape has changed over time, but that is something we have been watching since day one.

CEOCFO: *How is business these days?*

Mr. Malik: The company is growing. We have now treated 6,000 patients in five different states, and we continue to add physicians from different hospitals to our network. Our goal is to expand the services we offer. We know that there are tens of thousands and millions more patients who need to be serviced, and we just need to be out there as quickly as we can to meet the needs.

CEOCFO: *Are you funded to make that growth push?*

Mr. Malik: We started our company out of an incubator in New York City called Trident Ventures. They provided some initial suite capital to help us get going, and since then, we have been operating off of clients' revenue.

CEOCFO: *Why pay attention to 1DocWay? What sets the company apart?*

Mr. Malik: Healthcare is changing. It is a very exciting time to be on the inside and seeing what is happening in the healthcare environment. There are many companies doing very interesting things; all chipping away at this transformation. We believe that what we are doing is both part of the transformation and socially impactful. While building a business, we are also improving access to care for thousands of patients across the country who would not otherwise have it. In doing so, we are helping them get healthier faster. We believe we sit at the intersection of the triple aim of healthcare; improving access, improving quality and reducing costs. There are not that many companies that sit at that same intersection, and that is what makes us exciting.

BIO: Samir Malik is CEO and Co-Founder of 1DocWay. Samir previously worked in hospital administration and at McKinsey & Co.



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