Telehealth, virtual, digital and non-traditional care

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Shifting consumer preferences is expected to drive increased telehealth utilization

CONSUMER DEMAND

- Demand for digital healthcare tools is expected to increase, with highest growth in video telemedicine—35% CAGR over next 5 years

- 88% of consumers using telehealth for the first time during COVID-19 would do so again, with 20% of consumers preferring virtual over in-person care

- Nearly 70% of those with chronic conditions think that a virtual solution would help with treatment adherence, including nearly 60% over the age of 45

POTENTIAL CARE DELIVERED VIRTUALLY

50%

Primary Care

85%

Behavioral Health
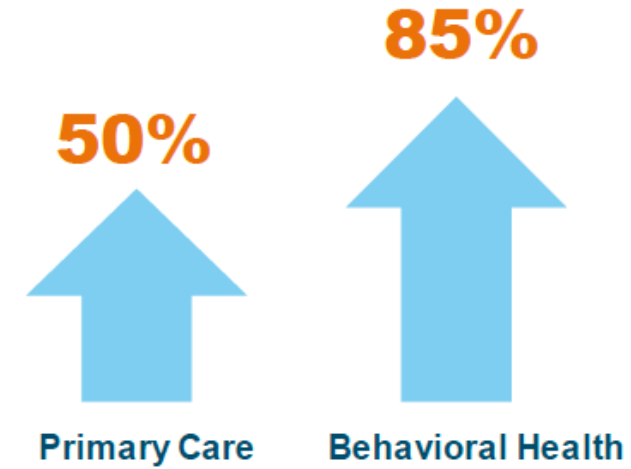
- Telehealth expected to streamline, augment, or replace healthcare tasks across the full continuum of care (e.g., in-patient, retail/out-patient, and home care settings)

Virtual care - more than just a video conference

Telehealth

Human-to-human care between a member and provider via phone, video, or text

Care on Demand Primary Care	Care on Demand Tele-Urgent
Tele-Behavioral Health	Ancillary (PT, Pharmacy, etc.)
Expert Medical Opinion	E-Specialty Consultation

Digital

Use of digital tools to share information or interact with members

Convenient Care 24/7/365	Asynchronous Care 24/7/365
Devices and trackers	Text, Chat
Behavioral Change (nudges)	

In-Home

Human-to-human care or coordination from the member's home

Hospitalization at Home	Home based urgent care
In-home assessment	Home Infusions
Remote monitored PT	

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Strategic framework

Increase Access to Care

- Provide access to convenient, on demand (24/7) care including out-of-state licensure limitations

- Expand access for underserved areas (rural, urban) and vulnerable members (home bound, high cost)

- Identify targeted virtual care solutions across the care spectrum

- Align benefit options to optimize care, quality, and cost for members and employers

Improve Population Health

- Efficiently integrate provider, carrier, and vendor data within the health ecosystem

- Push notifications to for care opportunities to close care gaps

- Implement early interventions for targeted populations in a less intensive healthcare setting

- Give providers access to data to enable care coordination, continuity, and quality outcomes

Avoid low value care

- Telehealth can be too convenient

- Fee for service model unlikely to reduce costs

- Payments should match costs to provide service

- Continuation of fee for service model will hinder value-based payment model adoption

- Incorporate virtual care into Value Based Agreements to drive improved health outcomes

Flexibility and Confidentiality

- Need to allow plans to have payment flexibility to better match community needs

- Need to reimaging telehealth within a value-based payment model

- Align with HIPPA standards and guardrails against fraud and abuse

- Need to expand consumer access especially for vulnerable populations including funding broadband and telehealth tools.