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PATIENT-CENTERED VIRTUAL CARE

Connecting Patients and Hospitals in a Post-Pandemic Environment

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Connecting Patients and Hospitals in a Post-Pandemic Environment

Two external forces are buffeting hospitals and health systems across the country and accelerating their adoption of digital health technologies and virtual care delivery models. The first are nontraditional health care players who are offering digital health tools and independent virtual care options directly to consumers, bypassing the traditional continuum of care offered by hospitals and health systems. The second is the COVID-19 pandemic that has forced hospitals and health systems to quickly pivot to digital health tools like remote monitoring and virtual care models like telemedicine to provide care to patients who don't need — or don't want — in-person care. The dual pressures on hospitals and health systems create a host of challenges moving forward in a post-pandemic health care world. Among them are losing patients to nontraditional health care players, segmenting patient populations by clinical need and digital readiness, building and implementing digital health and virtual care models tailored to each of those segments and overcoming internal and external roadblocks such as managing change and payer reimbursement policies respectively, to compete in the new health care economy. This executive dialogue explores the forces, challenges and solutions to defining and developing consumer-centered virtual care.

KEY TAKEAWAYS

1. Patients' trust in providers, whether they're traditional or nontraditional, is earned over time and built on relationships. If hospitals and health systems don't want to lose patients to nontraditional players in the digital health and virtual care space, their own digital health and virtual care models must earn patients' trust over time and be built on relationships.

2. The way to build patients' trust in the digital health and virtual care models offered by hospitals and health systems is to segment patients by their acute and chronic medical needs and by their digital readiness in terms of internet access and ability to use various technologies. Then hospitals and health systems must customize their new care models for each of those distinct patient segments.

3. Hospitals and health systems must aggressively monitor the progress of their new digital health and virtual care models using the right performance measures. That information will enable organizations to take their patient-centered virtual care models to the next level as well as demonstrate their value to health plans and other payers, and obtain reimbursement parity with in-person care.

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MODERATOR: *(Andy Shin, American Hospital Association):* **I'd like to start this discussion on patient-centered virtual care with the topic of trust. We've seen more and more nontraditional players offer digital or virtual care solutions directly to consumers. Do you think these nontraditional players will earn a position of trust with consumers like the trust that hospitals, health systems, physicians, nurses and others historically have earned with their patients?**

ANGELA YOCHEM *(Novant Health):* Trust is something that we've seen pivot across various aspects of our society over the past few years. Health care is not immune to that as public sentiments and appetites evolve rapidly. We as traditional health care providers should not feel as secure as we once did. Will nontraditional players steal that trust from us? I wouldn't place a bet one way or the other as things are more volatile now than ever before.

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— Russ Gronewold —

JULIE WASHINGTON *(Trinity Health):* When I think of trust, I think of two things. First, trust is earned. So, it takes time and consistency to solidify. Second, trust is based on a relationship. If the relationship between nontraditional players and consumers is simply transactional and sporadic, then they won't earn that trust. They'll get revenue, and they'll get some share of the market. But they won't build brand loyalty and have staying power. What hospitals and health systems should and do offer is the overall care experience for each patient. That includes building relationships with doctors and treating the whole patient — physically, mentally and spiritually.

RUSS GRONEWOLD *(Bryan Health):* Let's not pretend that our patients haven't had relationships with nontraditional players before who have earned their trust. They have and they do. Think about the local pharmacist in a small town who probably sees your patients more than your doctors do during the year. We as hospitals and health systems need to start stratifying our patient populations by who needs and trusts different levels and types of care at different points in their lives. Patients with chronic conditions need a consistent relationship with the same provider over time. Patients without chronic conditions and who are otherwise healthy don't, and they prefer interactions that are transactional, less expensive, more convenient and likely digital or virtual. At the same time, you need to be ready when the needs of those patients suddenly change, and they need to trust a traditional provider. We need to brand ourselves differently to those patients who don't think they need us now, so we're top of mind when they do. It's always been something hospitals and health systems have needed to do, but it's going to be more important now as more nontraditional players come into our markets.

MODERATOR: Let's pick up on this idea of patient segmentation and why that's important to the success of new care delivery models, especially patient-centered virtual and digital care. What's the connection?

LISA SHANNON *(Allina Health):* 'One size fits all' is not the right solution regardless of the care delivery model or setting. We all have diverse patient populations with different needs, and we need to segment those populations based on those needs and tailor our approaches accordingly. It's not one approach but multiple approaches based on those segments, especially with virtual and digital care. Things like internet access, access to smartphones, tablets and laptops and the ability to use those tools

vary by patient, race, ethnicity or age, by community or neighborhood and by socio-economic status. We need to meet these patients where they are. We can't take anything for granted.

KATIE KRIENER *(Atrium Health)*: It really connects back to the trust issue we talked about earlier. Historically, we've earned patients' trust by offering the full continuum of high-quality, in-person care. With COVID-19, we've shown that we can extend that continuum almost overnight with virtual care offerings. That has opened the door for even higher patient expectations for creating innovative models that deliver care the way patients want it delivered, not the way hospitals and health systems think care should be delivered. We need to understand each patient in the same way Amazon understands each of its customers. Then we need to build individualized digital or virtual care models if we want to keep earning their trust. We want them to access and use these new models.

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— Katie Kriener —

BRIAN HASSELFELD, M.D. *(Johns Hopkins Medicine)*: If a patient wants a single transaction to solve a single problem, then convenience probably is going to be the deciding factor with the patient going to a nontraditional player. Think flu shot. But if the patient expects continuity of care or expects repeat transactions, then there's an expectation that the provider, traditional or otherwise, knows the patient. Do you know me? How do you treat me when I come back? That's why data integration is important. That's why data interoperability is important. They're critical to developing patient-focused virtual care models that know each patient and can offer consistent, high-quality experiences with each repeat encounter.

NICK PATEL, M.D. *(Prisma Health):* I agree that you must earn the trust of your patients, and building that trust takes time. This applies internally as well as we develop virtual care models for each segment of our patient populations. You must build trust in virtual care within your system and with your own leaders so you can speak with a singular vision of virtual care to your community. The fact is that our patient populations are changing. Our millennials outnumber our baby boomers or will soon. Millennials want a retail experience. They want an on-demand experience. Everything is what they want, when they want it; and, when they want it, it's at their leisure. We must help our administrators, our physicians, our nurses and our staff adapt. They don't want their open appointments reserved for online access for patients. They don't want patients to call them, text them or email them anytime they want. But that's the future, and the future is now. We must change our definition of 'traditional' caregiving and what that looks like. We must change how we train our doctors and nurses.

MODERATOR: **You've identified several challenges to building a successful patient-centered virtual care model — data integration, data interoperability, pushback from clinicians. Are there other obstacles and how can hospitals and health systems overcome them?**

DEBBIE WELLE-POWELL *(Essentia Health)*: Our challenge is meeting patients where they are, and I mean that in many different ways — medically with chronic illnesses, geographically in isolated or rural areas, behaviorally, emotionally and socio-economically. All those pieces make up the whole of a patient's health, and we need to care

for them holistically. The first step is integrating data, including social determinants of health data, from multiple sources to get a complete picture of each patient. The second step is creating virtual care models that match those pictures. That's why we're doing virtual visits. We're doing remote patient monitoring and we're moving into hospital-at-home care. Virtual care gives us the ability to meet our patients where they are holistically.

HARSH TRIVEDI, M.D. *(Sheppard Pratt)*: First, let me say that I don't think consumers have as much loyalty to our hospitals and health systems as we think they do. Second, all these nontraditional players we're talking about don't carry around a lot of the internal baggage that we do. They're building new care models based on what consumers want right out of the gate. They don't have to change. We have to change. If we're going to compete, our change-management processes need to keep pace so we can stay abreast of what's happening. We all pivoted because of COVID-19. When the pandemic ends, we're truly going to be challenged by health care consumerism. Patients are never going to back to the pre-COVID-19 days of dealing with the complexities of our systems. It's something we'll have to reckon with sooner than later.

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— Harsh Trivedi, M.D. —

ERIC LISTON *(Intermountain)*: I agree with Dr. Trivedi. What COVID-19 has done is to tell us, 'You need to go faster.' We've been doing telehealth since 2014, and prior to the pandemic, we had done maybe a couple of million visits. Since COVID-19, we've done more than a million in less than one year. COVID certainly did put things on steroids. If we just sit back after the pandemic ends, we're going to fail. We need to invest more in digital. And we need to drop the idea that we can build it all ourselves or that we can do it all ourselves or that we can figure it out all by ourselves. That's impossible. The solution is building partnerships with nontraditional players and best-of-breed digital health and virtual care technology companies. Let's offer the best chatbot. Let's offer the best remote monitoring. Let's offer the best video solution. You can go faster by being smart and finding the right partners to make that happen.

MODERATOR: I want to go back to a point Dr. Patel made about physicians redefining how they practice medicine. We know there's a looming physician shortage, particularly in primary care. How does virtual care play into that? And taking it a few steps further, how do we measure the value of virtual care and demonstrate that value to payers?

BRUCE BRANDES *(Teladoc Health):* I think we all can agree that telemedicine is here to stay. But telemedicine as it exists today is simply a better version of a one-to-one episode of care between a patient and his or her physician in terms of convenience, cost and, during COVID-19, safety. It doesn't do anything to address the manpower issue other than possibly squeezing in more virtual visits. We need to leverage digital technology to create a one-to-many experience that transforms the virtual care model and drives more value. Where do we go from here? How do we do that? That's the challenge.

YOCHEM: What services we provide to our consumers and how we are paid for those services are two different things, although they're inextricably linked. When we talk about digital care, we separate it into two buckets: digital medicine, which is AI-enhanced capabilities that enable us to short-circuit

traditional processes and provide care in a more precise, fast and personalized way; and digital health, which is providing care through nontraditional channels like virtual visits, wearable technologies and kiosks in retail settings. Now, how do we fund digital health and how do we get paid for it? There is some revenue to be had from traditional payer sources, but payer appetites to pay for digital care continue to evolve rapidly as they learn more about it. There are many moving parts, and it will be interesting to see how it all shakes out.

WELLE-POWELL: The conversations we're having with payers start like this: 'When are you going to lower your charges for video on-demand visits? You're not in an office and you don't have a waiting room.' Then we explain that their member went to the emergency department, went home with a remote-monitoring device and wasn't admitted to the hospital, saving them tens of thousands of dollars. It's not about the unit price for a digital transaction. It's about the total cost of an episode of care and the value that digital and virtual care brings to that episode of care. We need to support that with data, and we need to incorporate that approach into our risk-based contracts with payers.

KRIENER: I agree with Debbie. Digital and virtual technologies are methods or tactics. They're not the care itself. They're a means to transform our business model. If we're paying for value or paying for outcomes, how we do it shouldn't matter.

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"We need to leverage digital technology to create a one-to-many experience that transforms the virtual care model and drives more value."

— Bruce Brandes —

In-person or virtual. On-site or remote. Unfortunately, state licensing laws and regulations and payer reimbursement policies haven't kept up with these innovations, which means how we get paid hasn't kept up. But we're talking about it at local, state and federal levels, and we hope we'll be able to chip away at some of these payment parity barriers.

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About Teladoc Health

Teladoc Health empowers all people everywhere to live their healthiest lives by transforming the health care experience. As the world leader in whole-person virtual care, Teladoc Health uses proprietary health signals and personalized interactions to drive better health outcomes across the full continuum of care, at every stage in a person's health journey. Ranked best in KLAS for Virtual Care Platforms in 2020, Teladoc Health leverages more than a decade of expertise and data-driven insights to meet the growing virtual care needs of consumers and health care professionals.

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