

What's next at the intersection of virtual primary care and in-person care

Highlights from our interview with Troy Russell, MD



Today's healthcare consumers are disconnecting from traditional primary care, but at the same time we see more and more people adopting and being satisfied with virtual care experiences. So how can in-person care and virtual primary care work together toward more people getting the care they need? We recently asked Teladoc Health's Dr. Troy Russell to explain how longitudinal primary care, both through virtual interactions and in-person visits, leads to better health outcomes and increased cost savings—and ultimately how the two care delivery models can coexist.

Dr. Russell received his MD and MPH from the University of Texas and completed his residency at Georgetown University – Providence Hospital in Washington DC. He is board certified in Family Medicine and Obesity Medicine, and has dedicated his practice to delivering care in both Federally Qualified Health Centers and academic settings.

Q: How does virtual primary care currently function best in connection with in-person care?

A virtual-first primary care model functions best when it is paired with strong, integrated in-person solutions to address the “last-mile” needs of patients when clinically appropriate. When that integration happens, health plans and employers provide an offering that delivers on clinical quality and helps advance health equity.

Congestive heart failure (CHF) care illustrates this point well. CHF management extends across all care settings and requires different interventions for different presentations. The coordinated data and technology integration in virtual primary care allows a virtual care team to identify early signs of CHF exacerbations and directs patients to clinically appropriate in-person care. Virtual solutions that lack a comprehensive system and technology integration strategy may fail to fully realize the advantages of virtual primary care and miss opportunities for improved preventive care and disease management.



Troy Russell, MD, MPH,
Regional Medical Director
of Primary360
Teladoc Health



When properly implemented, virtual-first primary care services can improve quality and health equity while reducing overall costs.

Q: Virtual care is here to stay, but in what shape and in what relationship with in-person care do you see virtual care evolving?

First off, I completely agree that telemedicine is here to stay. Second, I'd expect the relationship between virtual care and in-person care to continue to evolve in the upcoming years, similarly to traditional outpatient and inpatient care, where solutions previously only offered in inpatient settings are now routinely performed in an ambulatory clinic. I also anticipate better-developed, more integrated products to address "last-mile" solutions that expand the scope of care offered in the virtual environment.

Q: What are the things that health plans and employers can do or look for as they look to refine their virtual primary care strategies?

It's important to explore the scope of the virtual primary care program being offered, and what exactly is being addressed virtually versus in person. I'd suggest exploring what other high-quality, wraparound virtual services are being offered, such as mental healthcare, and if they easily integrate with the primary care service. Look for a solution that:

- provides a range of high-quality clinical care, ensuring clinical excellence and consistency, with rigorous training and review policies
- coordinates with existing care clinics and with referrals to in-network, in-person care
- delivers value beyond traditional brick-and-mortar primary care services



[Listen to the entire discussion](#) with Dr. Russell to hear more about how virtual primary care could help your organization and the people you support.

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