



Here to stay: amplifying the value of virtual care for Medicare and Medicaid beyond COVID-19

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The pivot toward virtual care was well underway prior to the current pandemic, thanks to validation from early adopters that telehealth could positively impact both quality and cost. The transformation became turbocharged in recent months, fueled by consumer demand, community-based “safer at home” orders and passage of the HEALTH Act of 2020, which expanded

Medicare coverage for select telehealth services. Plus, virtual care more than ably filled the vacuum created when providers and health systems became overwhelmed by COVID patients—in fact, it served as the only option enabling them to care for patients at all.

“Telehealth services have been a lifeline for more than 9 million seniors during the COVID pandemic,” noted Krista Drobac, executive director of the Alliance for Connected Care,¹ which launched a task force with the American Telemedicine Association and the National Committee for Quality Assurance (NCQA) to help lawmakers navigate next steps with virtual care.

Most healthcare stakeholders—from patients to providers to health plans—responded to this new environment quickly. In doing so, they discovered the value of telehealth for Medicare and Medicaid populations was expansive, and that provider and patient acceptance greatly exceeded expectations. The early days of 2020 delivered long-overdue evidence for virtual care as a critical component of truly integrated patient care, rather than a nice-to-have response to episodic health needs. In collaboration with traditional bricks-and-mortar systems, telemedicine provides a secure virtual front door to the spectrum of health services patients need.

With the sudden COVID-fueled demand for telehealth triaged, health plans are now assessing how to best develop the infrastructure and services for sustainable and successful virtual care models. Health plans that serve Medicare and Medicaid populations need to evaluate and execute especially quickly, considering how many of these members may have delayed routine care during the pandemic—compounding existing gaps and inconsistencies that sometimes characterize this population’s care routine. These members are also among the most vulnerable to highly infectious diseases like COVID (necessitating avoidance of public areas like waiting rooms) while often suffering from chronic conditions and comorbidities that need ongoing management. More than 75% of people admitted to hospital with COVID had preexisting health conditions. Additionally, uncertain times and unexpected stressors have fueled a greater incidence of mental health concerns among this population.

Analytics and customization drive success

It is critical that health plans serving Medicare and Medicaid populations establish strategies to fully leverage telemedicine—particularly given the current dynamics of the economy and its impact on the workforce. Industry experts predict a substantial shift from commercial coverage to individual and government plan membership in upcoming months as a result of unemployment rates over 15% in many U.S. cities. In the early months of the pandemic, more than 30 million individuals in the U.S. applied for job-loss benefits, according to *Health Affairs*,² and Medicaid enrollment increased by at least 2.3 million Americans, per research conducted at the University of Minnesota.³

Data-driven optimization accelerates progress so health plans can build their virtual care strategy to meet both plan and member needs. [A partnership with Teladoc Health](#) to leverage predictive models that highlight patterns, segments or condition areas of greatest concern enables health plans to define high-impact opportunities and build specific benefits to modify how individuals access care, improve outcomes and reduce the cost of care.

Teladoc Health—which currently provides virtual care to Medicare and Medicaid populations in all 50 U.S. states and supports more than 20,000 virtual visits each day—offers comprehensive virtual care, including general medical, mental healthcare, caregiving, nutrition, back care, dermatology, chronic and complex condition management and expert medical services with expert second opinions, high-acuity remote care from hospital to home and integrated, longitudinal care.

[Health New England](#), a regional health plan and Teladoc Health partner with 161,000 members, including Medicare Advantage and Medicaid managed care populations, recognized a significant disruption of member treatment for behavioral health issues in the early days of the coronavirus crisis—which resulted in higher-cost interventions such as inpatient care. “Utilization of outpatient behavioral health services was down 60 to 70% across the Commonwealth of Massachusetts in the first three weeks of the crisis,” said Robert Azeez, M.Ed., behavioral health manager. Azeez and Teladoc Health quickly assessed the problem and responded with rapid implementation of a virtual behavioral health solution.

“Our broad behavioral health network is providing care now in very innovative ways.” He adds that 85% of all behavior claims now are submitted as virtual visits. “We saw a need to react quickly and help change the model,” Azeez says.

Practical tools to address dynamic needs like virtual primary care

In addition to “rapid response” situations like Health New England experienced, Teladoc Health likewise offers strategic support for health plans seeking to add resources, flexibility and convenience for their members. “Both organizations collaboratively accomplished the rollout of a telehealth solution to Geisinger Health Plan members within a week from concept to seeing members,” says Michael Balakier, director of vendor relations, Geisinger Health Plan. “This is an example of two organizations working together toward a common goal of providing care to those people that need it most.”

One significant need that surfaced during the pandemic has been integrated, comprehensive care and whole-person wellness, anchored by essential virtual primary care. Statistics gathered while the industry battled COVID are disheartening: A survey conducted by Fierce Healthcare⁴ found primary care physicians reporting a 42% decrease in primary care office visits, with fewer than 10% noting they have been able to stabilize their practices and only 13% saying they have been able to find a “new normal” in the protracted crisis.

Further, nearly 80% of survey respondents say patients are deferring or delaying preventive and chronic care. The JAMA Network similarly found a 46% decline in cancer detection during the pandemic, noting, “The delay in diagnosis will likely lead to presentation at more advanced stages and poorer clinical outcomes.”⁵

This creates an opportunity—if not a mandate—for health plans to create strong virtual primary care offerings, particularly for Medicare and Medicaid populations so dependent upon these services. Industry experts have concluded that today’s environment provides an undeniable impetus for health plans to change the dynamics of primary care, leveraging virtual solutions that provide a low-cost, critical access point for members while offering a unified approach for services typically delivered in a fragmented manner. Caring for individuals in this type of longitudinal relationship with a virtual care team helps to accomplish the Quadruple Aim of improving medical quality, cost, and member and provider experience.

“Virtual primary care is the right thing to do because it combines everything the consumers want from the healthcare system: convenience, access, better outcomes and lower cost,” said Matt Eyles, CEO of AHIP. “It’s a tremendous platform for us to build upon for the future.”

Virtual access via platforms like Teladoc Health, enabled by smart technologies such as remote monitoring, artificial intelligence (AI) and data analytics, can drive a powerful and necessary paradigm shift. In fact, Teladoc Health launched a pilot virtual primary care project in Spring 2020. Within months, patients were diagnosed with more than 170 clinical conditions within the pilot population and saw an upsurge in preventive screenings—none of which patients had planned to undergo before the virtual primary care visit. More than 10% of the visits resulted in members receiving a new diagnosis of diabetes or hypertension and being equipped with tools and virtual referrals to help manage their conditions.

Further, through its [Virtual Primary Care program](#), Teladoc Health will enable physicians to close gaps in care through preventive and coordinated care available at times and in locations convenient for patients. Integrated into the offering is mental healthcare and access to specialist referrals. In addition, providers can gather risk adjustment data and take advantage of the Centers for Medicare & Medicaid Services’ recent telehealth risk adjustment waiver. Integration with a Virtual Care Center of Excellence is also well underway, with Teladoc Health leveraging its network of 50,000 clinical specialists around the globe. The Virtual Care Center of Excellence will provide enhanced access to experts with a proven history of providing expert medical opinions, as well as specialty referrals within the virtual primary care model.

Breaking through with engagement science

Effective member engagement is as important to virtual care success as customized plan designs. This is especially true for Medicare and Medicaid members, who may experience housing instability, other Social Determinants of Health (SDOH) and who may frequently switch plans to secure benefits that best suit their immediate needs.

Changing member behavior so they begin to use a virtual approach as the front door to healthcare requires frequent touch points across a variety of channels, as well as engagement science for continuous improvement and to ensure ongoing adoption by first-time users. Teladoc Health equips health plans with a wide variety of tools as part of its sophisticated “surround sound” member engagement approach, with an emphasis on three highly defined areas:

- Eligibility awareness and supporting education: Benefits include 24/7 access to virtual care for a wide range of services, often with no copay
- Moment-of-need awareness: Telehealth services are available for the members’ immediate situation
- Education about high-quality and resolution: Building confidence that virtual care can deliver satisfactory outcomes

One southwest health plan, for example, launched a highly effective campaign prior to the pandemic that saw these results:

- 150%+ more registrations
- 108%+ more general medicine visits
- 1,302%+ more dermatology visits
- 360%+ more mental health visits

To achieve these improvements, this plan partnered with Teladoc Health to drive member awareness and adoption using its engagement engine and following best practice guidelines that included:

- **Welcome letters** sent immediately following go-live with virtual care
- **Virtual care messaging** embedded in existing and ongoing touch points, including local community events, member handbooks and care manager communications
- **High-utilizers identified** and targeted with an emergency room diversion campaign
- **Internal training and tools** reminded staff that the virtual care option is available and should be offered as an equally weighted access to traditional care options
- **Integrated provider campaigns** designed to encourage decreased ER use across continuity-of-care and Teladoc Health Virtual Medical Home” workflows
- **Nurse advice lines** leveraged as a “warm handoff” to virtual care
- **Engagement integrated** into overall medication management approach
- **Members targeted** who would most find virtual care beneficial

Other organizations, such as Health Partners Plans in Pennsylvania, underscore the importance of communications that reinforce the value of virtual care. “We have found that an individualized approach from our care management teams is the most effective way to ensure members are signing up for and utilizing Teladoc Health,” says Cathy McCarron, RN, BSN, CPHQ, vice president of clinical programs for Medicaid/CHIP.

Training and feedback key to virtual care providers

Also critical to virtual care for Medicare and Medicaid populations is ensuring the member’s experience is exceptional. Virtual care requires clinicians to use an additional skill set compared to what they use in traditional face-to-face encounters. Not only do network providers need new training to extract information and communicate details about medical conditions effectively, but they also need to adapt their style to build rapport in a new environment (often the patient’s home). This is especially true with Medicare and Medicaid beneficiaries who might not be as comfortable with remote technologies as other populations.

How well a network executes virtual care appointments can have a significant impact on a wide variety of quality measures, including Net Promoter Scores (NPS), Medicare Advantage Star ratings and HEDIS measures. These publicly available metrics drive public perception of a plan’s quality, which in turn affects enrollment, retention and financial stability.

It is in health plans’ best interest to evaluate how well the high-touch aspects of its virtual care programs are performing, in addition to how the high-tech platforms function. Teladoc Health offers customers a wide variety of tools to enhance the member experience as visits unfold, but also to conduct post-encounter assessments for continuous improvement. These include training in effective video communications, feedback surveys and peer coaching.

Teladoc Health reports that nearly 60% of patients accessing its virtual care platform during COVID are first-time users, some attracted by a \$0 copay model. It is clear that delivering a high-quality, convenient and satisfying encounter is critical to ensure repeat telehealth visits. In addition, a positive experience motivates patients to access multiple services and products virtually, further improving engagement, adoption and utilization.

There is little question that the value of virtual care to Medicare and Medicaid populations has been proven or that it is poised to accelerate and expand in the near term. "COVID opened the entire healthcare community to the idea of telemedicine, and it is here to stay," noted Geri Boone, RN, BSN, MSM, vice president of clinical programs for Medicare with Health Partners Plans.

Virtual care, as it equips providers with tools to care for the whole person beyond their physical and mental well-being, has created novel opportunities to improve outcomes and promote holistic member health. Ultimately, this trajectory leads to a higher quality of life for members while reducing the overall cost to insure them. Partners like Teladoc Health, which has conducted virtual care visits for Medicare and Medicaid members in all 50 U.S. states, are able to assist health plans as they respond to this evolving market, introducing innovative and scalable solutions for greater success.

The Teladoc Health Medical Group, with board-certified and state-licensed care providers, enables payers to maintain in-network care for members and increased reimbursement for the health plan. Quality is further assured via the Teladoc Health Global Medical Advisory Board and Teladoc Health Quality of Care and Patient Safety Committee, establishment of the industry's first-even Patient Safety Organization for virtual care, the Utilization Review Accreditation Commission's (URAC) telehealth accreditation through its Telehealth Accreditation Program, National Committee for Quality Assurance (NCQA) accreditation, and multiple grant programs to study and establish industry-wide guidelines on various topics, such as antibiotic stewardship.

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