Teladoc HEALTH

HEALTH PLAN INSIGHTS

Powering a virtual-first approach with primary care at the center

In April 2022, Teladoc Health conducted a roundtable discussion with health plan leaders from across the industry to talk about what they see as the opportunities and challenges of virtual care.

Key takeaways

1. With virtual care, we have the opportunity to transform the patient-provider relationship
2. Member education is important for driving engagement in virtual primary care
3. Interoperability is key to simplifying virtual care

Health plan participants:

- Director of Medicaid Programs
- Vice President, Provider Partnerships
- Director of Product Strategy
- Leader of Quality and Risk Adjustment
- Vice President, Provider Network and Transformation
- Senior Director of Value and Stakeholder Experience
- Medical Director
- Vice President, Health Transformation Acceleration
- Chief Medical Officer, Government Programs

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How are you transforming your approach to virtual care today?

Director of Medicaid Programs: We're working to transform care delivery at the highest level and scale, including real-time interactions with the care team—especially mental health providers. We want to become a "one-stop shop" and create a whole different way to experience healthcare. **Our goal is to rebrand and breathe new life into the patient-provider relationship.**

For example, with Medicare Advantage virtual care is aligned with value-based care models and two-sided risk for accountability, so it's appropriate to build in shared accountability. Providers are concerned about keeping up with coding and attribution driven by the visit. And, current payment models present challenges.

Leader of Quality and Risk Adjustment: We need to simplify the administrative part of virtual-first so that we can take the burden off the member and make is easier for everyone to use. We're also trying to break the pattern of ER-use behavior and get away from defaulting to high-cost options. The larger healthcare systems have more potential for reach—**interoperability is key.**

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>
> **–Director of Medicaid Programs**

Director of Product Strategy: Some members don't believe that virtual care is viable or as high quality as in-person care, so **we need more patient education for these populations.** But we've seen that the new technologies help us better understand a member's medical history and help to reduce the burden for care providers.

Vice President Health Transformation Acceleration: **Cost containment is important for Medicaid, and it needs to have ROI to show in-year savings.** With population health, it often takes more than one year to demonstrate that savings. We're looking at hybrid vendor contracts, but there are unique challenges in each state with Medicaid providers and the model cannot be implemented across all states the same way.

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> We have a new virtual care program to catch folks who don't have a PCP (primary care physician), who are lost in ER follow-up or who do not take care of themselves. We connect them with good lower-cost specialists and PCPs to manage chronic conditions that need to be addressed now.
>
> **–Medical Director**

For these vulnerable Medicaid populations, inter-operability is valuable, and we need the connection to their medical home or specialty care instead of just scanning charts. The government is trying to push providers and payers in the right direction but there's still much to do. It will be of necessary to see the full value come to fruition and to make it easier for brick-and-mortar providers to communicate.

In the evolution of your overall virtual care strategy, what role is primary care playing, or going to play, to address a wide range of whole-person needs?

Director of Medicaid Programs: We have many Medicare Advantage members that will stay aligned with their brick-and-mortar PCP teams, but **there's a rising demand for an alternative and we must be able to deliver on this.** Virtual care is good for rebalancing capacity restraints, so we don't see it as being a major disruption. We've been educating members that virtual care is a way to facilitate care as quickly, or faster, than you'd get in traditional settings. This alleviates some patients' concerns.

Vice President of Provider Partnerships: Offering Virtual Primary Care (VPC) as a product has had barriers for adoption. For example, asking folks to commit for an entire plan year without first trying it wasn't working. Then we pivoted to incentivizing it as an offering without a year-long commitment, which made it more appealing for brokers and employers.

As the VPC model grows, we need to provide access to many people to try it—then offer it as a product in the long term. From a benefits perspective, the market has set the standard as $0, so we need to meet that to be competitive because employers and members expect this. We need to find other areas of

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savings for the overall cost of care. When we tested this with brokers and employers, convenience and cost were most important.

Director of Product Strategy: The HMO model with virtual primary care increases access anytime, anywhere and makes it easier to incent individuals to engage. **We position this as a concierge high-touch experience versus a low-cost alternative.** But it's a balancing act: the intention is to grow the market versus take away from one or the other. **How do we increase members with PCP relationships?** This is the most important message. And the key value driver is to use this as a mechanism to bring down cost.

Senior Director of Value and Stakeholder Experience: We need to educate members that a virtual PCP can be a real PCP visit. One health plan that we know of offered a virtual-first primary care plan due to the three-month wait to see a PCP in person. This provided low friction to trying virtual care and helped push utilization and adoption. **Access is a huge piece, but the experience has to be transformative.**

There are barriers to virtual care due to training. If we train the older population to use it, they will because telemedicine makes their experience more easily accessible and pleasant. But how do we balance virtual care with supporting our brick-and-mortar network?

Medical Director: We're having conversations about how to best offer telehealth to Medicaid and government lines of business. We have a new virtual care program to catch folks who don't have a PCP, who are lost in ER follow-up or who do not take care of themselves. We connect them with good lower-cost specialists and PCPs to manage chronic conditions that need to be addressed now. **It's important for patients to understand what a telehealth visit is and what it means. We need to disclose how the care is going to work for both the PCP and patient.**

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Right now, there's a lot of burnout due to the pandemic. And layering in more complexity creates even more work for everyone. We need to figure out how to make virtual care easy for members and the brick-and-mortar doctors we rely on locally.

–Vice President, Health Transformation Acceleration

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