

EXECUTIVE DIALOGUE

RESILIENCY + RECOVERY



## PATIENT-CENTERED VIRTUAL CARE

Connecting Patients and Hospitals  
in a Post-pandemic Environment

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# PATIENT-CENTERED VIRTUAL CARE

## 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 such as 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.

## PARTICIPANTS



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**MODERATOR: Andy Shin**  
/ CHIEF OPERATING OFFICER,  
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**American Hospital Association** | Chicago, Illinois

**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 YOCHER** *(Novant Health):* Trust is something that we've seen shift across various aspects of our society over the past few years — consumers are sharing more of their data in return for the convenience of the apps on their phones, while simultaneously shifting away from trusting entities with expertise and authority. Health care is not immune to that trend as public sentiments and appetites evolve rapidly, so we as traditional health care providers should not feel as secure as we once did. We must work to earn and keep the trust of our communities, now more than ever before. Will nontraditional players, like one-off wellness apps, steal the trust of our patients away from us? I wouldn't place a bet one way or the other as things are more volatile now than ever. On the other hand, I believe that the changing landscape offers the traditional players an opportunity to engage differently with their patients and communities, and ultimately be more effective in improving overall health of their communities as a result. And that is a great way to gain and retain trust.

**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 GRONWOLD** *(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

**"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."**

— Russ Gronewold —



**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 being at the center of trust, which we discussed earlier. Historically, we've earned patients' trust by offering the full continuum of high-quality, connected care, both in-person and virtually. With COVID-19, we've seen a massive acceleration in the use of telehealth across the full continuum, as we expanded virtual care access at a time when our patient's ability to see a provider in person was severely limited. That opened the door of new patient expectations for creating innovative models that deliver care the way patients want it delivered, not necessarily the way hospitals and health systems believe care should be delivered. We must know our patients in the same way Amazon knows each of its customers and create the choice of in-person, digital or virtual care models when and where patients need

it — close to home or in the home. They must be able to easily access these new models to continue earning their trust.

**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.

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— Katie Kriener —

**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 system leadership, but also with your providers so you can speak with a singular vision of virtual care delivery 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-themed, on-demand experience. Millennials are accustomed to an on-demand model, and they want that model emulated in health care. We must help our administrators, our physicians, our nurses and our staff adapt. Not all providers support open appointments bookable online for patients.

Historically, providers don't want patients to have an 'easy button' to call them, text them or email them anytime they want. But that's the future, and now we must look at the future. We must redefine our care model and move away from 'traditional' caregiving to a consumer-based one. In order to achieve this goal, we must not only change priorities of our leadership but also change how we train our future 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*): Virtual care has allowed us to meet patients where they are, at home and safe. For the care model, this means many different approaches — medically treating patients with chronic illnesses through virtual visits and remote patient monitoring, 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 claims data with EHR, 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 support one's health care needs. In addition to the virtual visits, we've reached out to our patients through MyChart with a service guide and access to resources they may need such as a behavioral visit, food, transportation and advance care planning. This has allowed our patients to decide what is best for them and to

follow up as necessary. The pandemic has created a new way of providing care at home. Through the learnings of virtual care, we are advancing discussions with CMS regarding the Acute Hospital at Home Waiver program. This is not an extension of home care, rather hospital at home fundamentally changes the way we deliver inpatient care at home for low-risk patients. It's transformative.

**HARSH TRIVEDI, M.D.** (*Sheppard Pratt*): The entire health care industry has pivoted because of COVID-19. When the pandemic ends, we're truly going to be challenged by health care consumerism. Patients will have had more decision power due to more accessible options like telehealth, and they will be reluctant to return to the pre-COVID-19 days of dealing with the complexities of our systems. It's something we'll have to address sooner rather than later to ensure that we have viable solutions that result in meaningful population impact.

The patient experience is a primary driver of consumer loyalty. If our hospitals and health systems fail to deliver on new expectations for patient experience, we are susceptible to disruptive entrants into the market. Many of the nontraditional players in the health care space have the technological prowess and ability to scale at a faster pace than hospitals and health systems. They're building new care models based on what consumers want right out of the gate. We need to find the right solutions and deliver the programs and services to help people thrive if we're going to compete. Our change-management processes need to keep pace so we can stay abreast of what's happening and provide innovative solutions that deliver better care and outcomes in our communities.

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— Harsh Trivedi, M.D. —

**ERIC LISTON** (*Intermountain Healthcare*): 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 nearly a million visits. Since COVID-19, we’ve done more than a million in less than one year. COVID certainly 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.


**YOICHEM:** 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. Ultimately, all members of the health care community will see the benefits of a fuller continuum of care, which will include virtual health enhancements. But 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: Our employers are asking, ‘When are you going to lower the reimbursement for telemedicine, virtual visits and 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 (perhaps as in the past), saving them tens of thousands of dollars. We can demonstrate true savings by appropriately reduced utilization plus the patient is happier at home. We argue, it’s not about the unit price for a digital transaction.

“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 bring to that episode of care.”

— Debbie Welle-Powell —



**“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 —



It’s about the total cost of an episode of care and the value that digital and virtual care bring to that episode of care. We support these conversations with data, and incorporate that approach into our risk-based contracts with payers, which creates an alignment in incentives.

**KRIENER:** Care is care. Therefore, that which is delivered virtually is a method or tactic by which we can reach, and care for, our patients and communities. Digital and virtual technologies are not the care itself. We know that virtual care delivery alone will not transform, but it is an enabler of transforming business models and consumer strategies that can improve access, experience and cost of care. If we’re paying for value or paying for outcomes, how we do it shouldn’t matter — in-person or virtual, on-site or remote. Historically, 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. However, we are now in a period of reevaluation of regulations and policies at the state and federal levels, and also with payers. We have a tremendous opportunity to define the next phase of telehealth legislation — partnering with many organizations such as the AHA to influence core policy, with the data that shows how essential the regulatory relief provisions are during the current public health emergency. We hope we can chip away at some of the historical barriers.



A woman is holding a baby wrapped in a blanket. She is looking at a laptop screen. The image is in a blue-tinted, monochromatic style.

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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.

For more information visit:

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