

## Next Level Virtual Care

Acting on opportunities based on insights  
**Pre and Post Covid-19 Pandemic**

### Covid-19 Gave Telehealth a Shot in the Arm

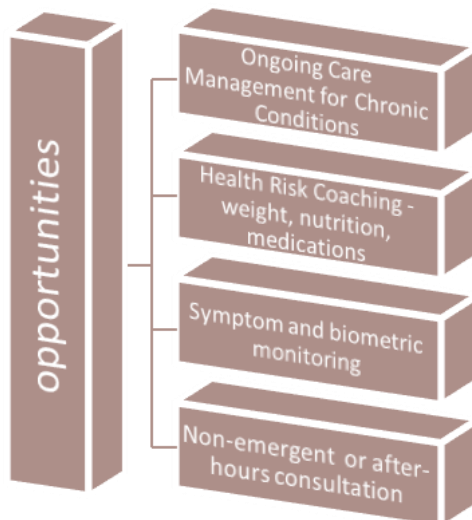
**2017-2019** – average 5 visits/1,000 members

**2020** – 1,028 visits/1,000 members

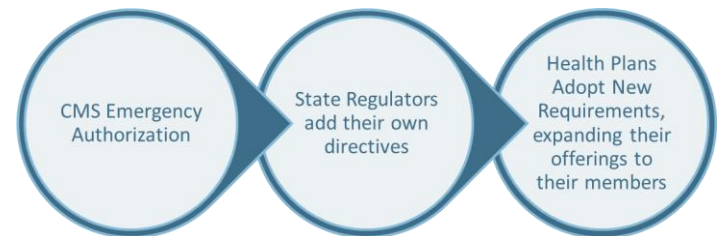
**Data Source:** CMS LDS Data Part C eligible/non-Dual/non-HMO for Telehealth EM

#### Paving a path forward

It can be said that it took a pandemic to wake up the U.S. health care system to the full potential of telehealth in addressing a host of different opportunities to improve access, efficacy of care delivery and improved patient experience and outcomes. Lessons learned during the pandemic will help shape health strategies for years to come.



### What actions were taken at the outset of the pandemic (2020) driving greater adoption



- ✓ Adjusting telehealth reimbursement for providers
- ✓ Removal of geographic restrictions for patients and providers
- ✓ Expanding types of providers approved to deliver virtual care via Telehealth
- ✓ Relaxed licensure requirements so providers may provide care outside prescribed service area

These actions were further adopted by State Regulators and Payer Health Plans, in combined efforts to facilitate continued safe (social distanced) access to medical care during the height of the pandemic.

But what will the future hold, as post-pandemic life resumes and most people begin to adapt to what the “new normal” will be?



## Analytic Insight – Geographic classification distribution (increase in telehealth visits) across urban versus rural communities

**Data Source:** CMS LDS Data Part C eligible/non-Dual/non-HMO for Telehealth EM

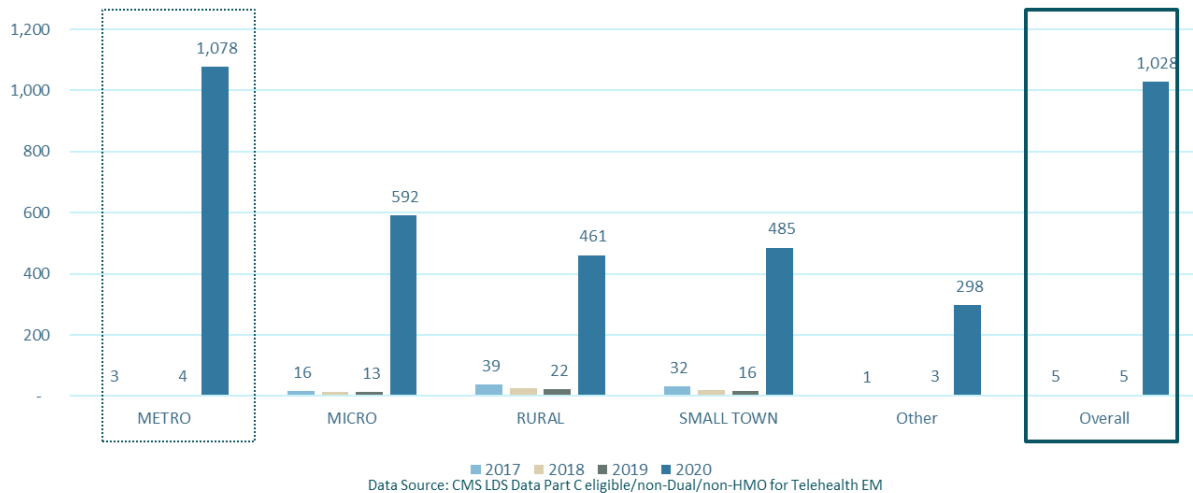
One of the surprising findings was how utilization increases distributed across geographic communities. While there was a significant increase in the use of telehealth in 2020 versus 2017-2019 across the board, urban or “metro” communities saw the greatest jump in number of visits/1000.

**Note –** Results apply to an over 65 population (given data is from a Medicare eligible population) and this may have implications for applicability to a broader population.

**Urban areas hit harder with Covid-19 infections during much of 2020 –** imposition of tougher restrictions in these hard hit areas may explain some of the observed results.

**Patients in more rural communities do continue to struggle with access to technology and/or broadband service.**

Telehealth Visits Per Thousand Medicare Fee For Service Members



To put this into context, it is instructive to think back to earlier considerations driving interest in delivery of care via telehealth modalities. One of the primary benefits being to provide an option to address access to care inequities in rural communities - particularly for individuals without a relationship with a primary provider for important ongoing care management, nor ability to receive follow up specialty care when required. Telehealth could be a useful adjunct to fill in those gaps. Urban (metro) areas do not have the same access issues and thus less impetus to overcome barriers to adoption of virtual care, all things considered.

The fact that patients and providers in metro areas so readily took advantage of telehealth to offset the need for in-office visits during the height of the pandemic bodes well for continued adoption moving forward, in spite of the barriers that may still exist post pandemic. Will this experience during the pandemic pave the way toward continued acceptance? What will it take to address lingering concerns?

What can health care payer data pre and post pandemic tell us about ways in which actual utilization of telehealth unfolded, versus what we might have expected – and what this means moving forward?

### Potential barriers to continued adoption of telehealth post pandemic:

#### Providers

**Providers** still wary of reimbursement – will more permanent integration of telehealth into their practice erode income? Will it generate better or worse patient outcomes?

#### Patients

**Patients** may still retain questions about privacy and quality of care. Cultural acceptance among certain populations may persist.

#### Payers

**Payers** have not yet seen enough data to be thoroughly convinced about ROI and cost of ongoing efforts to sustain patient (member) engagement

These are all considerations that should be taken into account when thinking about the best approach for integrating telehealth into every day clinical practice and protocols

### Additional questions that should be addressed via ongoing analysis include:

- ✓ Does care delivered virtually result in same or better outcomes?
- ✓ Does a virtual visit substitute for or occur in addition to an in-office visit (does that vary by reason for visit)?
- ✓ Are patients using telehealth in greater frequency than in-person visits overall (demand) for same/similar condition?