



Value-based providers see the cost and convenience benefits of telehealth

By Kathy Driscoll, MSN, RN, Senior VP and Chief Nursing Officer

Telehealth, previously something of a novelty in care delivery, vaulted to the primary means of connectivity between physicians and their patients during the pandemic.

Though its use leveled off in the latter part of 2020, the approach remains a key piece of physicians' care delivery, particularly among those in value-based arrangements.

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Particularly during the initial uptick of cases in the outbreak, providers in such contracts used telehealth at rates nearly double that of practitioners in non-value-based agreements, according to a study of health maintenance organization (HMO) members between March 1 and Sept. 30 by Humana Health Research. The reason: Those in the value-based space had more at stake tied to patient well-being.

“Telehealth lets us deliver on the promise of the value of primary care being integrated in the journey of the patient,” said Michael Michetti, senior vice president of clinical operations for Mercy Health system, a value-based provider. “You’re not just a place that person goes. You’re more of a partner and there with the patient in their home to get them to the right level of care.”

Within the shared-savings categories of the value-based primary care continuum, adoption happened at an even quicker pace among physicians at the greatest risk level, according to the research. In late April, the peak of use, value-based physicians used the technology at a rate of 50.1 telehealth visits per 1,000 members per week compared to 9.3 visits per 1,000 within the non-value-based space.

Additionally, many of those value-based practices were helped by having the infrastructure, technology and management systems in place at the start of the COVID-19 outbreak, interviews with study participants revealed.

Lower telemedicine rates within non-value-based care came despite those organizations facing the strongest near-term financial incentive to increase telemedicine use.

Patterns of outpatient care shifted drastically during the early stages of the COVID-19 pandemic, with deferred in-person care leading to substantial revenue losses for many non-value-based primary care organizations. The shift created a strong financial incentive to move to telemedicine visits, especially among value-based organizations focused on quality and continuity over quantity of care.



Though the study period examined telehealth use between January and September, the trend among value-based practices continued through the remainder of the year and remains a connection tool for physicians as the pandemic persists or some patients prefer the platform's convenience.

Physicians also found that they could schedule telehealth visits with confidence. Just 7.5% of those virtual visits haven't happened during the pandemic due to a patient no-show, lower than both the no-show rate of 36.1% for in-office appointments and a pre-pandemic in-office no-show rate of 29.8%, according to separate research by the National Library of Medicine.



The rise of telehealth in 2020 also exposed inequitable care stemming from lack of access for seniors across the country, many of whom had either no device to use for a virtual visit, no connectivity or both. To help remove barriers, several practices provided iPads to many in need. One practice, Mountain Comprehensive Healthcare Corp. in rural eastern Kentucky, put internet hotspots in their parking lot next to iPad stations for patients to connect with physicians.

To help clear access hurdles for Medicare Advantage members, Humana has teamed with the non-profit organization Older Adults Technology Services, known as OATS, to get more seniors online with improved technology access and engagement.

OATS recently received a \$3 million investment from The Humana Foundation, the philanthropic arm of Humana Inc., to establish and lead a consortium for accessible internet connections for older adults. Aging Connected will focus on bringing high-speed internet to more than a million seniors by 2022 and will support equitable access to technology, helping older adults access critical digital health tools and maintain social connectedness.

Even with patients who possess technology to conduct telehealth visits, physicians interviewed anonymously for the Humana study said they often have played dual roles during the pandemic: healthcare provider and technical support agent. Either the physicians or their staff members coached and walked patients through how to successfully conduct a virtual visit.

Additionally, telehealth spurred operational efficiency. One physician interviewed created block scheduling for telehealth and in-person visits, so he wasn't bouncing back and forth between an exam room and a computer screen.



Physicians also said they believe telehealth is here to stay and should be treated as a critical, permanent piece of care delivery that should be reflected in reimbursement, with telehealth compensated as an in-person office visit. The Centers for Medicare & Medicaid Services has yet to rule on doing so permanently.

Since the release of COVID-19 vaccines, a number of providers, while continuing to use telemedicine, are changing their approach as in-person visits rise. For instance, some are no longer writing prescriptions for certain conditions until patients can be seen physically. Others are using the momentum of telemedicine's acceptance to expand virtual offerings.

[Mercy Health](#), looking to capitalize on convenience for patients and enhance the customer experience, built the ExpressCare platform. Though being piloted with staff members, the tool, accessible via an app, enables users to fill out a brief questionnaire. Those answers prompt a personalized escalation path that connects them to the proper provider. The system presents physicians with the chief complaint, dialogue of the virtual conversation, and suggested treatment.

Michetti describes ExpressCare as a front door to virtual care that puts control in patients' hands.

“It breaks that boundary of time and space,” he said. “Even telehealth is bound by the time there is a person on video and structured by a schedule. This platform lets patients be asynchronous. Whenever they want to start the encounter, they can start that conversation. Then we pick it up.”