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Telehealth: Industry Trends and Predictions for 2020

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Objectives

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Defining Telehealth

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What is "Telehealth"?

Technology functions in health care

Documentation, data storage	Predictive analytics	**Communication, remote consultation**	Robotics, surgical support	Virtual, augmented reality

Telehealth represents the interactive, electronic exchange of information for the purpose of diagnosis, intervention, or ongoing care management between a patient and/or health care providers situated remotely.

Patient-to-provider	Telehealth modalities	Provider-to-provider
Virtual visits	Real-time virtual visits	E-consults
Wearables	Remote patient monitoring	Implantables
Secure messaging	Asynchronous store-and-forward	Second opinion consults

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

Defining Telehealth

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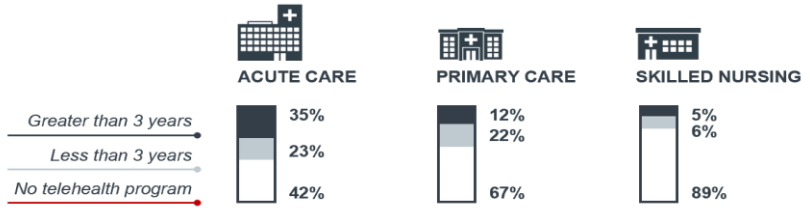
Provider Use of Telehealth

- Stroke, mental health, and primary care remain top uses of telehealth

Telehealth program maturity, by care setting

REACH Health, 2018 U.S. Telemedicine Industry Survey



83%

Health care executives responding that they were likely to invest in telehealth in 2017

Top specialty applications

Stroke | Psychiatry | Neurology | Radiology | Pediatrics

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

Drivers of Telehealth Use

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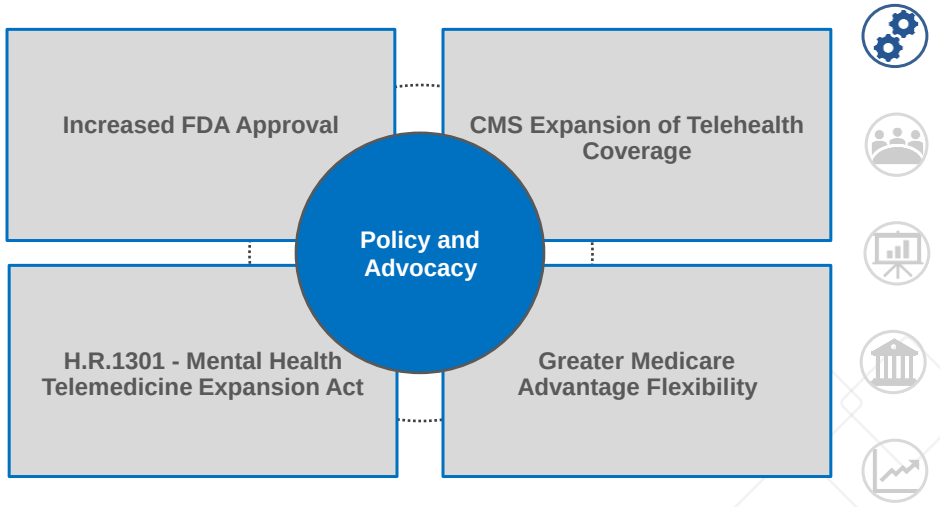
Policy and Advocacy



Drivers of Telehealth Use

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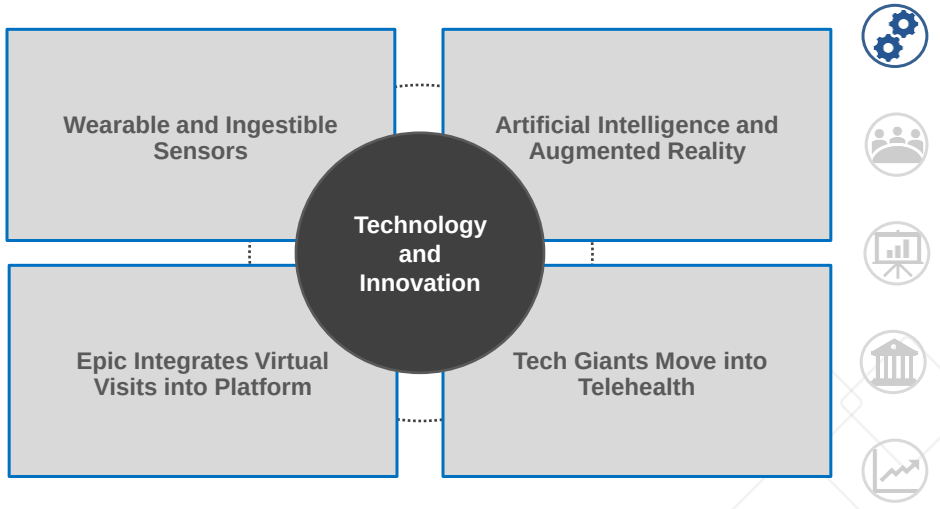
Technology and Innovation



Drivers of Telehealth Use

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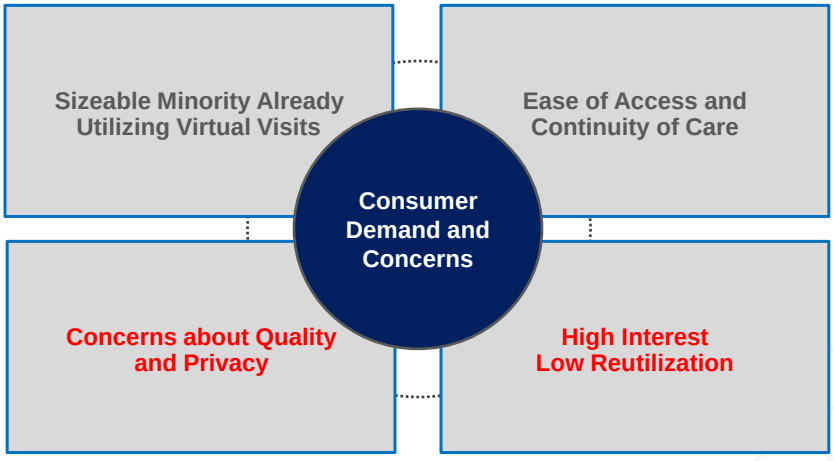
Consumer Demand and Concerns



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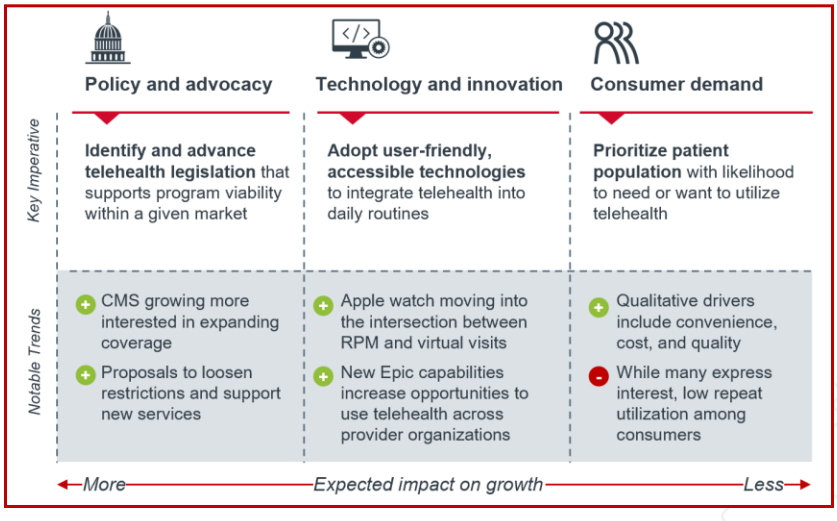
Summary of Demand Drivers



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Major Players and Priorities

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Overview of Major Players and Priorities

Lines between partners, competitors often blurred

Employers

Promotion of workplace health; decreased absenteeism

Payers

Reduced cost and utilization; promotion of preventive services

Provider organizations

Enhanced competitive market position; new patient capture; transfer avoidance

Clinically integrated networks

Reduced total cost of care; improved quality and operational efficiencies

Vendors and developers

Profit-enhancing partnerships; market share

Retailers

Deepening presence in the healthcare delivery market

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Employers

Telehealth interest grows with desire to curb costs, absenteeism

Employee absence, demonstrable loss

$226B

Cost of absenteeism to U.S. employers[1]

The case for savings

$6B

Estimated savings among US employers with at least 1,000 employees with virtual consults versus escalated care options[2]

Embracing telehealth to contain costs[3]

51%

Large employers that identify virtual health solutions as their top health care initiative in 2019

26%

Large employers that financially incentivize telehealth utilization

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

Source: Greenwell, C, Worker Illness and Injury Costs US Employers $225.8 Billion Annually, CDC Foundation (2015); Emerman, E, Large U.S. Employers Project Health Benefit Cost Increases to Hold Steady at 6% in 2017, National Business Group on Health (2018); Current Telemedicine Technology Could Mean Big Savings Towers Watson (2014); Service Line Strategy Advisor research and analysis.

Major Players and Priorities

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Payers

Payers move from new market entrants to strategic stakeholders

2002
BCBS of California and Massachusetts became among the first payers to partner with a telehealth vendor

2006
Cigna and **Aetna** began offering telehealth through a vendor partnership

2014
Humana launches telehealth initiatives for its members

January 2018
UnitedHealthcare launched a glucose management pilot program that makes **wearables** available to MA patients

August 2018
Cigna became an **investor** in MDLive

October 2018
Humana finalized agreements to give MA patients in-home RPM technology as well as virtual visits with home care providers

Market entrants…

…Become strategic stakeholders

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

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Large systems grow across state lines

- **Competitive Brand Differentiation**
- **Untapped Geographies**
- **Education and Collaboration**
- **Clinical Research**

Systems use Brand Differentiation to Attract Patients and Build Shares

Walgreens — New York Presbyterian
Offers second opinion services for most specialties and subspecialties to patients in most states via Walgreens Find Care Now online marketplace[1]

Cleveland Clinic
Administers telemedicine services, including second opinion services, pediatric adoption, and nutritional consults, to international facilities in Toronto, Abu Dhabi

Mercy Health
Mercy Virtual, a stand-alone tele-hospital provides remote support to hospitals at the University of North Carolina and Pennsylvania State University

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

Major Players and Priorities

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Provider Organizations – Small Systems

Smaller systems aim to beat provider shortages through telehealth

Drivers of provider shortages across service lines

	Insufficient provider volumes	Disproportionate regional concentrations	Low rates of insurance acceptance	High share of physicians aging into retirement
Frequently affected service lines	Pediatric subspecialists	Neurologists	Psychiatrists	Physicians overall
	46.9%	11.4 vs. 2.2	25% vs 10%	>1 in 3
	Reported vacancies of >12 months among hospital-based developmental pediatricians, nationally[1]	Neurologists per 100,000 people in Washington DC vs. Wyoming[2]	Share of respondents using an out of network mental health specialist vs. medical specialist[3]	Share of all active physicians who will be 65 or older by 2030[4]

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

Source: Workforce Shortage Fact Sheet, Children's Hospital Association; American Academy of Neurology, Insights Report (2018); Out-of-Network, Out-of-Pocket, Out-of-Options, National Alliance on Mental Illness (2016); Mann, S, Research Shows Shortage of More than 100,000 Doctors by 2030, Association of Medical Colleges (2017); Service Line Strategy Advisor research and analysis.

Major Players and Priorities

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Clinically Integrated Networks (CINs)

Telehealth combats issues of particular relevance to CINs

CIN challenge		*Telehealth's matching value proposition*
Variability in patient care	→	Coordination among primary and specialty care providers; enhanced access
Outcomes analytics	→	Continual generation of mineable data; remote monitoring capabilities across care settings
High-quality, manageable cost	→	Timely, reliable, and efficient treatment and ongoing care management

> "One-third of the time when the patient is in the primary care physician's office, we're actually able to connect the specialist with the primary care physician and the patient…that's better quality, that's greater convenience, and certainly it's better outcomes with care immediately."
>
> *Dr. Robert Pearl, Executive Director and CEO, Permanente Medical Group*

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

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Vendors and Developers

Telehealth M&A Activity 2018-19

1. **Teladoc acquired international virtual care provider Advance Medical in Spring 2018**
   - Allow Teladoc to develop and expand its global market into Latin America and Asia Pacifica
2. **AmWell acquired Avizia in Spring 2018**
   - Expand American Well's acute care capabilities and give them access to Avizia's hospital-based cart lineup and custom workflow software for over 40 specialties
3. **InTouch acquired Reach Health in Spring 2018, taking on Reach's 200 health system customers**
   - Broadens InTouch's footprint and expands services and capability to cover programs across the continuum of care

CareClix

dr on demand

my elemedicine.com

Teladoc HEALTH

iclinic THE VIRTUAL HOSPITAL

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

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Retailers

Walmart

Walmart and Doctor on Demand

CVS pharmacy

CVS and Teladoc

RITE AID

Rite Aid and InTouch Health

T-Mobile

T-Mobile, The VA, and Philips

Walgreens

Walgreens and MD Live

Microsoft

Microsoft and Walgreens

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

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Retailers

Former Apple CEO: Remote patient monitoring, telehealth will drive future of healthcare

Jackie Drees - Thursday, July 18th, 2019 Print | Email

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Advancements in health sensory technology will pave the way for remote patient monitoring and telehealth to dominate the future of healthcare, according to former Apple CEO John Sculley, who shared his viewpoint in *Fortune*.

There are two specific trends that will drive a major shift in the healthcare sector over the course of the next decade: a decrease in the number of available hospital beds and an increase in healthcare super users, which is a small percent of the population that uses the more than half of all the money spent on healthcare across the country, Mr. Sculley wrote.

The rise in telehealth services will result from advanced sensors, which will allow virtual care to push beyond urgent care situations. With telehealth, providing care to chronically ill patients in their own homes "will become mainstream practice," according to Mr. Sculley. Additionally, remote monitoring capabilities will continue to flourish, which will lead to fewer patients being re-admitted back to the hospital after discharge.

As for tech giants like Apple, Google and Amazon, Mr. Sculley predicts Apple will continue to add sensor-based applications to its Apple Watch and may even eventually launch a subscription service that can virtually connect Apple Watch users to their physicians. Google could develop medical sensors that work with its artificial intelligence-powered voice assistant to create an automated patient caregiver for home-based patients; and Amazon could continue improving its Alexa voice assistant to provide chronic care to patients at home, Mr. Sculley wrote.

https://www.beckershospitalreview.com/healthcare-information-technology/former-apple-ceo-remote-patient-monitoring-telehealth-will-drive-future-of-healthcare.html

Major Players and Priorities

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Retailers

Will Amazon's telemedicine program spread beyond employees?

Laura Dyrda (Twitter) - Friday, September 27th, 2019 Print | Email

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Amazon launched a virtual health program earlier this week to employees, offering telemedicine as well as in-person healthcare services.

The program allows employees to contact healthcare providers through its mobile app or website, and they can text nurses and receive prescriptions through the platform. While the services are only available to employees, analysts predict it could spread.

As reported by *Barron's*, Jailendra Singh, Credit Suisse analyst, wrote in a note: "If the Amazon Care program is a success, the company is likely to have all willingness to expand its offerings to the broader U.S. market. Historically, Amazon has experimented with new products on its employees first, before broadening them out to the general population…Bottom line, the telemedicine industry is another addition to the list of industries for which every Amazon move will now be closely watched."

Daniel Grosslight of SVB Leerink was also cited in the report. He wrote in a note that Amazon could partner with telehealth vendors to manage the network and be a potential new source of revenue. He also wrote that he "would not be surprised" if Apple and Google launched similar platforms.

https://www.beckershospitalreview.com/telehealth/will-amazon-s-telemedicine-program-spread-beyond-employees.html

Trends and Reimbursement

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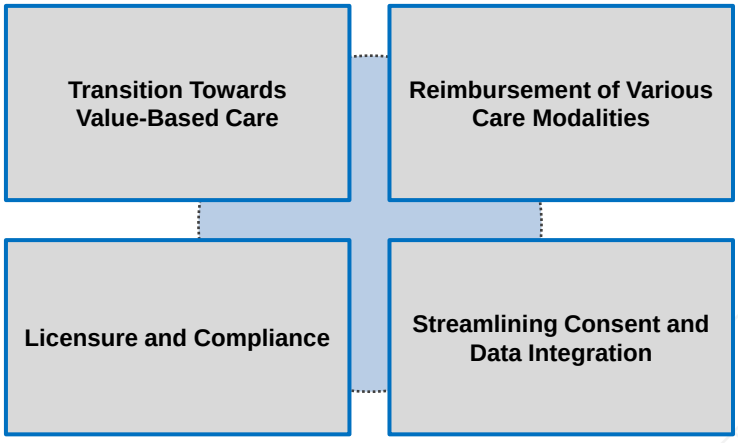
Market Challenges



https://www.statnews.com/2019/10/21/telehealth-rapid-expansion-offers-challenges/
https://www.beckershospitalreview.com/telehealth/5-challenges-hindering-telehealth-market-growth.html

Trends and Reimbursement

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Low Reimbursement for Top-Volume CPT Codes

2019 Medicare reimbursement rates for telehealth codes[1]

CPT Code	2017 volume	2019 non-facility reimbursement	2019 facility reimbursement
99214	118,030	$110.28	$80.01
99213	100,293	$75.32	$51.90
90832	55,973	$68.47	$63.43
90792	16,974	$157.49	$144.52
99309	15,839	$92.98	$92.98
99212	15,260	$45.77	$25.95

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

Trends and Reimbursement

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Modalities of Telehealth Services Promote Value-Based Care

Telehealth-enabled imperatives for growth, value-based care goals

	Growth	Value-based care
Real-time virtual visits	❑ Enhance patient access and convenience ❑ Attract and retain new patients	❑ Reduce costs by shifting patients to lower cost settings ❑ Cut patient/provider travel time
Remote patient monitoring	❑ Differentiate from competitors ❑ Align with consumer interest in technology	❑ Reduce avoidable emergency department utilization and 30-day readmissions
Asynchronous store-and-forward	❑ Reduce wait time to next appointment and no-show rates ❑ Achieve operational efficiencies	❑ Increase patient activation and engagement ❑ Expand specialist coverage

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

Trends and Reimbursement

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Virtual Visits

Downstream revenue and patient satisfaction show most promise

Metrics	Proven results	Growth?	VB care?
Cost savings	• 24.2% reduction in psychiatric hospitalizations in a study of 100,000 VA patients using on-demand video visits		☑
Downstream revenue	• 30% of patients seek in-person follow up care within 21 days of a virtual urgent care visit • A 500-bed rural health system in the northeast served 50 new bariatrics patients per year, bringing in an estimated annual revenue of $700,000 from new system patients	☑	
Patient satisfaction	• AveraNow program gets average 4.71/5 star score • In HBR study, 97% patient satisfaction after first visit; 74% of patients felt that the virtual visit improved their relationship with their provider	☑	

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

Trends and Reimbursement

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Remote Patient Monitoring

Improves care adherence, reduces unnecessary health care utilization

Metrics	Proven results	Growth?	VB care?
Care adherence	• 65% of new mothers reported blood pressure data for 5-7 days post discharge, compared to <5 % of new mothers nationally who attend post-natal visits		☑
Readmissions, cost-savings	• Geisinger lowered odds of readmission at 30 days by 44% when CHF[1] patients were enrolled in RPM relative to earlier periods when not enrolled; estimated ROI is 3.3, with 11% cost savings during study period		☑
Unplanned hospitalizations	• In VA study of chemotherapy patients, pilot group had 57% fewer unplanned hospitalizations and 97% fewer unplanned clinic visits compared to the control group		☑

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

Trends and Reimbursement

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Asynchronous Store and Forward

Business case lies in avoidable (or more affordable) referrals

Metrics	Proven results	Growth?	VB care?
Cost savings	• The total cost for teledermatology referrals was $89,523 or $460 per participant; this reflected an $82 difference in per-participant costs, which was statistically significant • After their first 40,000 cases, HealthPartners' Virtuwell reported savings of $88 per episode		☑
Capacity/ throughput gains	• In one HBR study, when a sending physician intended to refer a patient to a specialist but first virtually consulted a specialist in that field, about 50% of the time the referral was avoided • Out of 36 primary care physicians' referrals, 69% of e-consultations were resolved without a visit to a cardiologist		☑
Downstream revenue	• 34% of non-system patients who used MultiCare's e-visit program sought in-person care from MultiCare within 12 months of their e-visit	☑	

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

Trends and Reimbursement

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Current Reimbursement in Virginia

	Store and Forward	Live Virtual Interactions	Remote Monitoring
MEDICARE	✖ Medicare does not reimburse for store-and-forward services, except for CMS demonstration programs in Alaska and Hawaii.	✔ Medicare will reimburse for real-time audio and video interactions between eligible providers and patients at select, predominantly rural, care sites.	✔ Medicare will reimburse for 30-minutes or more of monthly remote patient monitoring services per patient.
MEDICAID	✔ Virginia Medicaid covers diabetic retinopathy screening, dermatology and select radiology codes by store-and-forward.	✔ Virginia Medicaid reimburses live virtual interactions under all fee-for-service and managed care plans; there is no Medicaid parity law.	✔ Virginia provides coverage for continuous glucose monitoring for members with Type 1 or Type 2 diabetes or pregnant women injecting insulin.

https://www.cchpca.org/sites/default/files/2019-05/cchp_report_MASTER_spring_2019_FINAL.pdf
https://www.advisory.com/-/media/Advisory-com/Research/MIC/Resources/2017/2018-Telehealth-State-Policy-Profiles.pdf#page=139

Licensure and Compliance

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Licensure and Compliance Challenges

- Interstate Credentialing
- Streamlining Consent and Data Integration
- Malpractice

https://www.beckershospitalreview.com/telehealth/6-telehealth-policy-barriers-to-watch-out-for.html

Licensure and Compliance

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Virginia Professional Regulations

Professional Regulation/Health & Safety

Definitions

Telemedicine services means the use of electronic technology or media, including interactive audio or video for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. 'Telemedicine services' does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

Source: *VA Code Annotated Sec. 38.2-3418.16 & Sec. 54.1-3303. (Accessed Apr. 2019).*

Consent

Informed consent must be obtained and maintained.

Source: *Telemedicine Guidance. Doc. # 85-12. VA Board of Medicine. P. 3 (October 28, 2018). (Accessed Apr. 2019).*

https://www.cchpca.org/sites/default/files/2019-02/TELEHEALTH%20POLICY%20BARRIERS%202019%20FINAL.pdf

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Virginia Professional Regulations

Online Prescribing

(Effective until July 1, 2020) Practitioners prescribing controlled substances must have a "bona fide" relationship with the patient.

Requirements:

- Obtaining a medical or drug history;
- Informing the patient about the benefits and risks of the drug;
- Conducting a patient exam, either physically or by the use of instrumentation and diagnostic equipment, through which images and medical records may be transmitted electronically.

Practitioners can also prescribe Schedule II-V controlled substances under certain circumstances. Additional requirements apply for the prescription of Schedule VI controlled substances via telemedicine.

Source: *VA Board of Medicine. Telemedicine Guidance Document: 85-12. p. 4 (Oct. 2018) & VA Code Annotated Sec. 54.1-3303. (Accessed Apr. 2019).*

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Virginia Professional Regulations

Cross-State Licensing

VA is a member of the Nurses Licensure Compact.

Source: *Nurse Licensure Compact (Accessed Apr. 2019).*

Miscellaneous

Telemedicine Guidance from VA Medical Board

- Prescribing via telemedicine is at the discretion of the prescribing practitioner.
- Informed consent must be obtained and maintained.
- See guidance for additional requirements.

Source: *VA Board of Medicine. Telemedicine Guidance Document: 85-12. p. 3 (Oct. 2018). (Accessed Apr. 2019).*

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Interstate Credentialing

Specialty Licenses	• Nine states issue special licenses related to telehealth • Could allow an out-of-state provider to be granted privileges
Interstate Medical Licensure Compact	• Twenty-nine states, D.C., and the territory of Guam have all adopted the Federations of State Medical Board's Interstate Medical Licensure Compact (excluding Virginia)
Nurses Licensure Compact	• Thirty-one state members (including Virginia)
Physical Therapy Compact	• Twenty-five members (excluding Virginia)
Psychology Interjurisdictional Compact	• Nine members (excluding Virginia)

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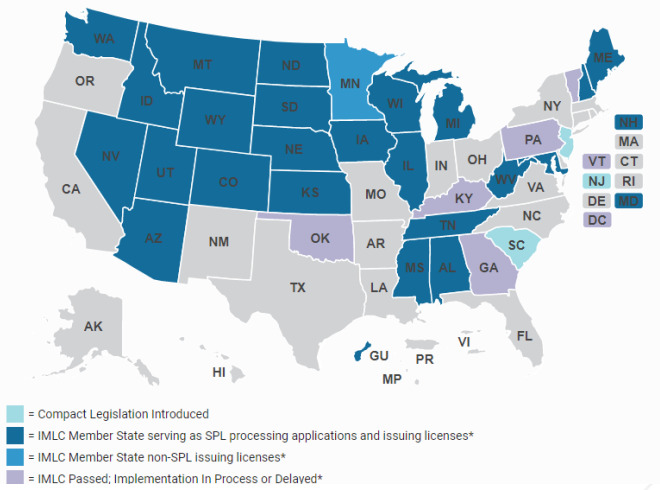
Interstate Credentialing



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Streamlining Consent and Data Integration

- Consent and Data Integration Issues
  - Increasing system complexity and interaction of multiple systems
  - Level of Health IT capability impacts functionality of telehealth program
    - Example: electronic transfer v. need to manually transfer and enter patient data
  - Key Considerations
    - Function
    - Integration
    - Network interoperability – including medical devices, EHR/EMR, personal health records
    - Usability
    - Reliance on software
    - Security
    - Technology management
    - Assurance
    - Certification

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2993051/

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Malpractice

- Unauthorized medical practice can result in disciplinary action in the physician's own state and potential prosecution for unlicensed medical practice in the patient's state

Differing Standards of Care

- Liability laws
- Statutes of limitations
- Standards of care
- Damage caps

https://www.natlawreview.com/article/doctor-medical-malpractice-issues-age-telemedicine

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Malpractice Insurance

- Unresolved jurisdictional issues – difficult for insurance companies to assess financial risks
- Providers should confirm that medical malpractice policies tailored for in-office encounters include telemedicine
- Many malpractice policies exclude unlicensed activities – physicians must understand state licensing provisions and coverage requirements in other states

https://www.natlawreview.com/article/doctor-medical-malpractice-issues-age-telemedicine

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Telehealth Policy Profile for Virginia

Geographic & Patient Setting Requirements	✔	• Eligible originating sites for Medicaid reimbursement include provider offices, local education agencies, rural health clinics, federally qualified health centers, hospitals, nursing facilities, health department clinics, renal units, community services boards, and residential treatment centers
Licensure & Eligible Practitioners	✔	• Providers must be licensed in Virginia • Effective March 2016, licensed providers may be located outside of Virginia, but must be located within the continental US to deliver telemedicine services; providers of psychiatric services must be physically present in Virginia during the telemedicine encounter • Eligible providers include physicians, nurse practitioners, nurse midwives, psychiatrists, psychiatric clinical nurse specialists, psychiatric nurse practitioners, marriage and family therapists, school psychologists, substance abuse practitioners, clinical nurse specialists, clinical psychologists, clinical social workers, and local education agencies (for speech therapy) • One of a few states to include specific Medicaid coverage of obstetric and gynecological services, including ultrasounds
Patient Informed Consent & Telepresenter	✔	• Virginia's guidance document on telemedicine dictates that evidence of appropriate patient informed consent must be obtained and maintained in the patient's medical record • For Medicaid, telepresenter must attend the consultation with a patient unless the reason for a telepresenter's absence is documented in patient record notes

https://www.cchpca.org/sites/default/files/2019-02/TELEHEALTH%20POLICY%20BARRIERS%202019%20FINAL.pdf

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Telehealth Policy Profile for Virginia

Prescribing & Practice Standards	✔	• Law permits the use of telemedicine to remotely prescribe Schedule VI controlled substances under certain conditions • Practitioners must obtain medical or drug history and conduct patient examination before prescribing remotely • Physician-patient relationship can be established via telehealth
Care Innovations	✔+	• With a child receiving speech therapy, Virginia offers reimbursement for the speech-language pathologist at the distant site and a qualified school aide serving as a telepresenter at the originating site • The Center for Telehealth of the University of Virginia and the Virginia Telehealth Network will establish a telehealth pilot program to expand access to and improve the coordination and quality of health care services in rural and medically underserved areas through the use of telehealth services

Evaluation Key

✔+ *VERY SUPPORTIVE*	✔ *SOMEWHAT SUPPORTIVE*	✖ *NOT SUPPORTIVE*
Few barriers to adoption	Few/decreasing barriers to adoption	Many barriers to adoption

https://www.cchpca.org/sites/default/files/2019-02/TELEHEALTH%20POLICY%20BARRIERS%202019%20FINAL.pdf

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Future of Telehealth

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Policy Trends

Increased Participation in Interstate Licensure Compacts	Potential Restructuring of Telehealth Reimbursement to Bundle Payments	Bipartisian Budget Act of 2018 Implementation for Risk-Based Programs

CMS gets creative in order to expand telehealth coverage

Key CMS decision

Create new virtual services that are explicitly NOT considered to meet the technical definition of "Medicare telehealth services"

Impact

New virtual services are not subject to Medicare telehealth service restrictions on:

- Modality
- Patient location
- Care site

Implication

CMS looking for opportunities to expand telehealth coverage within bounds of their legal authority

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

Future of Telehealth

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Technology Trends

Industry trends pushing adoption of virtual technologies along

	Technology feature	Function	Example use
Established	• Camera • Video • Bluetooth peripherals	• Image capture • Audio-visual conferencing • Manual biometric data collection	• Teledermatology store-and-forward • Primary and urgent care virtual visits • Monitoring CHF and COPD patients
Emerging	• Smartphone, wearable-based sensors • Ingestible sensors	• Manual and automatic biometric data collection • Automatic biometric data collection	• Monitoring heart rate, steps, food intake, etc. • Digestible pill for tracking medication adherence
Experimental	• Artificial intelligence and machine learning • Virtual and augmented reality	• Diagnosis and treatment recommendations • Simulated therapy	• Imaging interpretations • Chat bot for mental health • Provider training • Tele-rehabilitation

Adapted from https://www.advisory.com/research/market-innovation-center/resources/2018/telehealth-industry-trends

Future of Telehealth

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Technology Trends

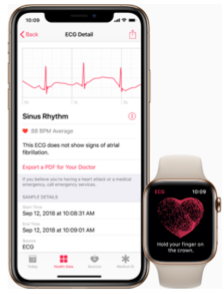
Apple watch uses RPM to drive virtual visits downstream

Apple watch generating telehealth volumes

In September 2018, the **FDA approved** the Apple watch as a tool for detecting one of the leading causes of stroke

To test these "built-in ECG" capabilities, Stanford launched a study with **400,000 participants**

If the apple watch detects complications in any of the participants, they get a **free follow-up virtual visit from American Well**



Negotiations to watch:

- Because of its potential to create **cost savings** by preventing strokes, this new capability has led to discussions about providing **subsidized Apple watches** to members of certain insurance plans
- To date, Apple has had conversations with CMS about possibilities within **Medicare Advantage**, and has signed deals with **Aetna and United Healthcare**

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Consumer Trends

Drivers for consumer utilization

- Long wait times to next appointment
- Transportation constraints; convenience
- Privacy concerns
- Multiple follow-up visits

Although no single lever to drastically improve participation

Patient telehealth adoption drivers include…

Convenience	Cost sensitivity	Quality guarantee	Physician trust	Word of mouth
Guarantee of timely access to services, particularly during traditional business hours	Financial incentives or cost savings provided to encourage patient participation	Availability of refund based on quality of care and patient experience	Endorsement from regular primary care provider for virtual visit option	Availability of refund based on quality of care and patient experience

Patients are definitely/probably willing to try virtual visits if…

Market Innovation Center Consumer Choice Survey, n=4,879

40%	39%	37%	35%	28%
No wait time for telehealth provider	The virtual visit will cost less than an in-person visit	Virtual visit comes with a satisfaction guarantee	In-person provider discusses virtual care prior to visit	Friend, colleague or family member recommends it

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Key Takeaways

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- Increased telehealth use based on policy, technology, and demand
- Major market players driving expansion of telehealth
- Changes in reimbursement present uncertainties and opportunities
- Licensure and compliance challenges prevent seamless adoption of telehealth
- Technology and consumers driving the telehealth movement forward

Questions?

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