

Top of Mind™

Exchange

Telehealth

Beyond the Pandemic

November 2020



Center for
Connected
Medicine

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Forward

The mission of the Center for Connected Medicine (CCM) is to connect and inspire leaders and innovators who want to advance health care and serve as a resource for information on the future of digital health.

In October 2020, the CCM convened a group of telehealth leaders for a virtual roundtable on telehealth sustainability, value, and measurement. The invitation-only *Top of Mind Exchange: Telehealth* virtual roundtable was moderated by Senator William H. Frist, MD, and included senior-most leaders from all corners of health care — from provider, to payer, to policymaker, to advocate, to technology leader.

These executives came together to raise needs, share progress, and partake in a candid discussion about what’s “top of mind” in telehealth for the year to come. This e-book summarizes key points from their discussion.

For the purposes of the virtual roundtable and this e-book, the term ‘telehealth’ is interchangeable with ‘telemedicine,’ and encompasses a wide definition of remote health care facilitated by technology.

Top of Mind Exchange: Telehealth falls within the CCM’s annual fall *Top of Mind* program. This year, the program includes a virtual roundtable series, a research report, a webinar, and a virtual summit exploring the impact of the pandemic on health system innovation priorities and in particular three essential technologies: telehealth, revenue cycle management, and AI. You can learn more at: connectedmed.com/digital-health.

The CCM extends deep appreciation to the participants of *Top of Mind Exchange: Telehealth* and to the *Top of Mind Advisory Committee* for strategic guidance and support that made the roundtable possible. Please read on for insights from the virtual roundtable and the list of participants.

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Introduction

This e-book summarizes key points that drove discussion during the Center for Connected Medicine (CCM) *Top of Mind Exchange: Telehealth* virtual roundtable. It endeavors to provide a window into the mindsets, work, and needs of leaders at the helm of digital health.

The executives who participated in *Top of Mind Exchange: Telehealth* started and ended the virtual roundtable emphasizing the opportunities of this moment. The impact of the COVID-19 pandemic on health care culture and the utilization of technology in health care is unprecedented.

Health system leaders are obtaining data and experience to help them invest in a longer-term strategy that more fully integrates technology. Regulators can assess how waived policies encouraged access to care and utilization of telehealth. Patients and clinicians have greater familiarity with virtual care. Some participants suggested these trends – reduced regulations and greater access – have created a ‘pull’ force for telehealth beyond the pandemic.

Participants resoundingly acknowledged the need for research and data analysis and agree that the industry faces an opportunity to evolve standards of care. The group expressed that this is an important time for value-based care, even suggesting the ultimate opportunity of this period may be in developing a “glide path” toward a value construct health system.

Top of Mind Exchange:
Telehealth exposed optimism within the highest echelons of the industry for building a stronger, more resilient health care system.
Read on for the hard work underway, and ahead, that pave the way for such optimism.

Roundtable Participants

The following executives participated in *Top of Mind Exchange: Telehealth*. The CCM extends its most sincere thanks to these inspiring health care leaders for sharing for their expertise, perspectives, and experience.



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(opening remarks and facilitator)



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Opening Remarks

Senator William H. Frist, MD, recalls when his father, a cardiologist, used remote technology to support physicians in rural towns. Sixty years ago, through a rotary telephone and electrocardiogram device, Dr. Frist, Sr. could read patients' EKGs and provide counsel from his home, no matter the time of night or day.

This early example of physician-to-physician tele-consult made an impression on Senator Frist, who went on to become a physician himself, and later was elected to the U.S. Senate, where he supported initiatives to use telemedicine to provide care to Native Americans who experienced inadequate access to health care.

After serving two terms in the U.S. Senate, one of which he served as Senate Majority Leader, Senator Frist remains passionate about health care and at the helm of telehealth, serving on the boards of Teladoc and Smile Direct Club.

During his opening remarks, Senator Frist set the foundation for a discussion about the future of telehealth, noting the following:

- **Early telehealth benefits are visible.**

Several months into a massive transition in the delivery of care, we're already seeing early benefits of telehealth, such as increased mental health access; improved patient convenience and experience; and service to areas with provider shortages.¹

- **Physician and patient comfort with telehealth has risen.**

A McKinsey study published in May 2020 reported 64% percent of providers are more comfortable with telehealth now than they were before the pandemic.²

Similarly, Americans are increasingly at ease with virtual visits, with one survey showing 74% of consumers are comfortable using telemedicine to have a conversation with a doctor.

Building on this foundation, Senator Frist led the group through an energetic, candid discussion on the long-term viability of telehealth beyond the pandemic.

¹ Forbes, [Virtual Care Advances Are The Silver Lining Of COVID-19. Here's How We Make Them Permanent](#), June 2020

² McKinsey, [Telehealth: A quarter-trillion-dollar post-COVID-19 reality?](#) May 2020

Discussion Topic: Sustainability

Overview

Top of Mind Exchange: Telehealth approached telehealth sustainability as the building, scaling, and long-term viability of robust, effective telehealth programs, and solvency in financing such programs.

The discussion took an optimistic and driven stance that with the rise of telehealth during the pandemic, the industry has an opportunity to evolve and enhance the standard of care — forced utilization, clinician and patient familiarity, and early benefits of virtual care all raise the stakes for technology in health care.

There was unanimous agreement that the pandemic served as ‘gas to the fire,’ exacerbating and illuminating problems that had existed in health care before the pandemic. For example, inadequate access to certain services like behavioral health, or to specialists; disparities in care that jog race lines; and the short-comings of fee-for-service financing — which led to plummeting revenue for providers when the pandemic froze in-person care for a period of time in spring 2020.

Numerous participants expressed confidence that the significance of telehealth will compound exponentially in a value-based health care system.

Yet while some participants believe health care delivery has been permanently changed by the pandemic, others were wary to say the industry is guaranteed to experience significant transformation. These individuals expressed the belief that modification of funding models will continue to be slow-moving, viewing the pandemic as a catalyst, but not anticipating rapid results. This group anticipates ongoing misalignment of incentives will continue to challenge investment in, and the sustainability of, telehealth beyond the pandemic.

Valuable Perspectives

Participants identified the following as fundamental to the sustainability of telehealth:

1. **Integration:** the combination of virtual and physical health care operating models, and improved technological/systems integration begetting top-notch user experience
2. **Precision:** the use of digital tools to navigate to the right level of care, and utilization of the right tools to interact with diverse patient populations
3. **Payment and regulatory compliance:** the financial viability of virtual care, and streamlining to make regulatory compliance more manageable

Integration: the combination of virtual and physical health care operating models, and improved technological/systems integration begetting top-notch user experience

The group identified this point in time as an opportunity to reimagine what's possible for health care. What became clear is that the sustainability of telehealth is difficult to disassociate from a fuller discussion about the integration of technology in health care, and an even more macro discussion about how health care is financed in the United States.

Starting with the technology: The group unanimously believes the future of health care is an integrated model incorporating telehealth, digital health tools, and in-person care. Participants suggested telehealth risks being pigeonholed to video visits, but that asynchronous and non-broadband/internet-dependent services are also critical — especially for reaching and providing care to minority and underprivileged populations.

Participants suggested investment in telehealth will enable providers to meet evolved patient expectations; remain competitive; and ultimately establish new standards of care. Insofar as reimagining health care and establishing new standards of care, numerous participants emphasized the need for data.

Research is imperative. Foremost, telehealth must be sustained relative to its ability to create high quality clinical outcomes. Because of the pandemic, telehealth crossed a threshold: for the first time, there is momentum (intent) and scale (data) to permit evaluation of the right balance between face-to-face and virtual patient visits in the clinical outcomes space.

The group also raised innovative, collaborative telehealth-based opportunities as an example of reimagining what's possible for health care. Project ECHO one-ups a clinician-to-clinician tele-consult model through *telementoring* between specialists and community physicians. Results published in a *New England Journal of Medicine* study found “hepatitis C care provided by **Project ECHO** trained community providers was as good as care provided by specialists at a university.”³ This program puts telehealth as a means to increase access to high quality care in a new light.

³ [New England Journal of Medicine, Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers](#), June 2011

Precision: the use of digital tools to navigate to the right level of care, and utilization of the right tools to interact with diverse patient populations

During the pandemic, many health care organizations used technology like chatbots to disseminate information, support symptom detection, and triage patients by directing them to the best site for care.⁴⁵ In looking at sustained telehealth after the pandemic, one participant from an integrated payer-provider system outlined a vision to continue to use technology to:

- anticipate patient needs;
- direct patients to the right site of care; and
- escalate care only when necessary.

Technology used in this way, that is, technology that offers the lightest possible touch to achieve the right level of engagement and care, lends toward capitated models and value-based care and makes pinpointing the financial value of telehealth complex in a fee-for-service world where delivery of health care services, rather than outcomes, drive revenue.

This example of “precision,” made possible by technology, drives home the point that telehealth is more than video visits. It’s AI-powered chat bots that can support, give information to, and/or triage patients. It’s outreach and reminder programs using channels best preferred by patients, whether that’s voice, text, in-app communications, email or other. It’s also urgent or ambulatory care video visits.

But the point is: sustained telehealth begets precision in care — and that looks like many tools joining the toolbox to provide improved care, enhanced experience, and optimally, lower costs to the patient and the system.

While many of the technologies noted above were available and possibly even in use prior to the pandemic, participants suggested there used to be more friction. Tools may not have been fully integrated within operational workflows or IT systems. The pandemic pushed momentum in aligning and integrating tools across the care continuum to ensure (digital) precision navigation to the right site of care.

⁴ Harvard Business Review, [How Hospitals Are Using AI to Battle Covid-19](#), May 2020

⁵ Nature, [Chatbots in the fight against the COVID-19 pandemic](#), May 2020

Payment and regulatory compliance: the financial viability of virtual care, and streamlining to make regulatory compliance more manageable

In discussing the financial sustainability of telehealth, much of the conversation focused on the concept of ‘payment parity.’ But several individuals made it clear that payment discourse should also encompass the financial models that control top-down market forces in health care — this being an opportunity to solidify value-based models and move away from volume-based models.

With regard to regulation governing reimbursement, the group emphasized that during this time, payment parity is absolutely necessary and that during this time, payment parity — that is, the same level of reimbursement for telemedicine as in-person visits — is absolutely necessary and should continue throughout the course of the pandemic.

However, there was consensus that a lack of insight into what will become of the emergency rules and waivers pertaining to telehealth following the pandemic challenges long-term planning and investment in telehealth.

Looking beyond the pandemic, some participants felt telehealth should not be billed akin to in-person care. The rationale being digitalization has driven down prices in other industries and leaders should expect market forces to have the same impact on the price of telehealth. The portentous undercurrent for traditional health care providers was: if providers do not get this right, what the market will bare will make the decision, and poor provider pricing could become an open door for digital disruptors.

Another key point of discussion pertaining to regulation and payment is the regulatory complexity surrounding telehealth. A participant summarized that telehealth faces laws and regulation at the federal and state levels; federal regulation focuses more on reimbursement and fraud, and state regulation typically focuses on the practice of medicine, how services can be delivered, and licensing.

As conversation pointed to the opportunity for improved standards of care through integration of telehealth, the group discussed the pandemic as an opportunity to streamline and improve telehealth regulation. One example that was raised is the historic precedent of geographic division for regulation (i.e., at the state level, and also private payer policies following geographic distribution). While all 50 states now permit the physician-patient relationship to be established via telehealth, discussion suggested that a more unified approach in other areas would enhance the sustainability of telehealth.

Next Steps and Points of Importance

- **Substantiate the clinical value of telehealth by studying and publishing on clinical outcomes in telemedicine and/or integrated models that blend in-person with virtual care.** The industry needs more research on appropriate uses of virtual care. Telling telehealth success stories effectively will build the case for sustained telehealth beyond the pandemic.
- **Author disease-specific guidelines on effective integration of virtual and face-to-face care to improve standards of care.** Disease-specific recommendations on a clinically effective combination of virtual and face-to-face care would be powerful in sustaining and advancing telehealth.
- **Make permanent a telehealth-conducive regulatory environment that includes adequate reimbursement and streamlines/reconsiders geography-based regulation to make compliance more straightforward.** Regulation, especially pertaining to payment and licensing, is a significant factor in the sustained viability of telehealth. Sustained telehealth beyond the pandemic is largely dependent on a favorable regulatory environment that ensures financial viability (reimbursement by payers).
- **Price telehealth competitively.** What the market will bare may influence how health systems price telehealth such as video visits.

Discussion Topic: Telehealth Value and Measurement

Overview

In looking at the value of telehealth, the group discussed revenue; the more macro view encompassing downstream benefits like patient and clinician satisfaction and engagement; and potential for greater population health through improved access to care for underserved populations.

Some participants in leadership positions on the provider side identified visible financial value — revenue — as the biggest challenge for telehealth. In the traditional, direct way revenue has been calculated at many health systems, often with business units having distinct bottom lines and financial targets, telehealth struggles. There hasn't been a lot of revenue.

Participants pointed to cost avoidance, quality improvement, and the creation of value for other parts of the organization during the value discussion. But even then, institutions operating within a predominantly fee-for-service model may experience friction because the financial value of telehealth has been so illusive, even across these indirect (and possibly more difficult to track) areas.

Simply put, some participants felt the shift to value-based measurement, as opposed to fee-for-service, is undeniably underway — but without being fully “there yet,” the demonstrable value of telehealth from a financial standpoint will continue to lag, challenging traditional providers, especially.

Other participants shared examples where telehealth is creating efficiencies or new revenue streams for their health systems. Both stand up as examples of serving the financial bottom line under today's predominantly fee-for-service payment model.

Even though the pandemic laid bare the faults of fee-for-service that the industry has butted against for years, one participant expressed that the burden of proof lies within a capitated payment model, where institutions are responsible for the health of a population. Several participants stated that more research and communication of success stories are needed to demonstrate that this model delivers lower costs and acceptable quality and clinical outcomes.

Another participant suggested that while the paramount measurement relates to the evaluation of in-person vs. virtual care (or in-person care vs. an integrated model that incorporates virtual care), the question within a value-based system will focus on the interplay between remote monitoring and video visits; this expert noted deals and mergers in this space are teeing up the epoch to come. For example, in August 2020, Teladoc and Livongo merged, creating “a global leader in consumer centered virtual care”⁶ and in fall 2019, UnitedHealth subsidiary Optum purchased remote patient monitoring company Vivify.

⁶ Teladoc, [Teladoc Health and Livongo Merge to Create New Standard in Global Healthcare Delivery](#), Access and Experience, August 2020

Valuable Perspectives

The group discussed the following points as fundamental to telehealth value and measurement:

1. **Think programmatically:** new programs, greater efficiency for existing programs, and same-day care are a few places health systems are seeing value from telehealth
2. **Prioritize data:** provider and patient satisfaction, clinical outcomes, and consumer-focused metrics like convenience (time or money saved) are all important in demonstrating value from telehealth

Think programmatically: new programs, greater efficiency for existing programs, and same-day care are a few places health systems are seeing value from telehealth

Some participants indicated there is tremendous opportunity for health systems to ‘think programmatically’ about telehealth. One participant emphasized that working in lockstep with operational leaders has been critical to successfully incorporating telehealth, and building new telehealth programs, at their institution.

Below are some of the areas participant organizations are taking a programmatic approach to incorporating telehealth:

- Creation of new virtual care and hybrid care programs
- Increasing efficiency within existing programs (i.e., specialty care)
- Virtualizing care for patients with chronic conditions
- Increasing virtual visits for ambulatory care
- Building same-day urgent care virtual visit capacity

Several of the above approaches fit within a fee-for-service model, like the creation of new programs (i.e., generating new revenue streams), or using telehealth to free up physician specialist capacity for re-deployment against more complex tertiary care needs (i.e., higher billing opportunities). Other approaches discussed, such as virtualizing chronic care, are apt to positively serve population health but best serve provider profitability in a capitated or value-based care model.⁷

One participant shared how their institution created a program that virtualized hypertension and hyperlipidemia management using non-physician ‘navigators’ who follow evidence-based pathways and have clinician oversight and involvement,

⁷ Health Affairs, [Establishing A Value-Based ‘New Normal’ For Telehealth](#), October 2020

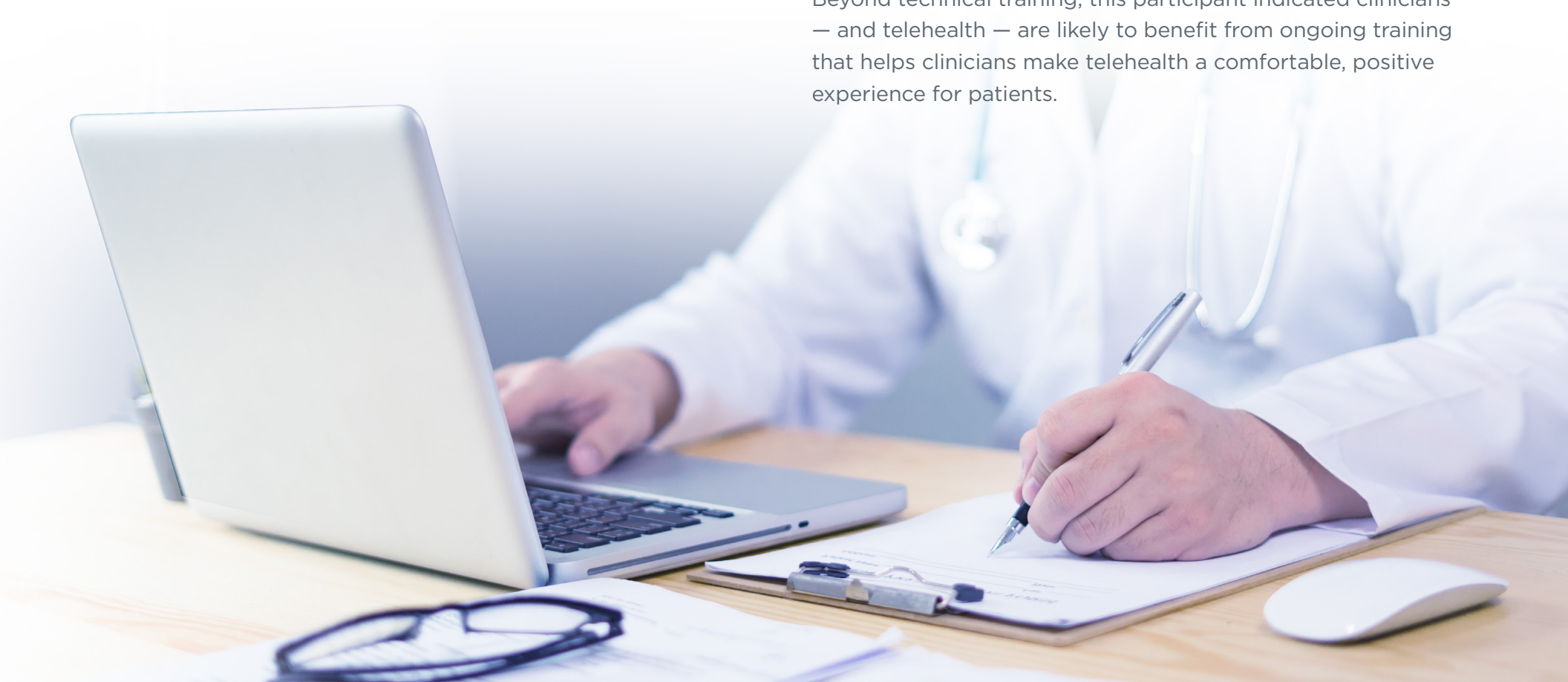
as needed. The program utilizes a number of virtual care technologies, and has been successful in helping patients manage high blood pressure and meet hyperlipidemia targets.

To create greater efficiencies within existing programs, participants shared they are reviewing how digital health tools like electronic patient-reported outcomes and digital directives (e.g., email reminder to have labs drawn) can be used to permit clinicians to use their time more efficiently, and may even reduce the clinician 'technology burden' that has been associated with burnout.

Participants expressed awe for telehealth's power to scale. Pulling what one participant called the 'same-day growth lever' highlights the ability of virtual care to scale in ways physical, onsite, in-person services cannot.

Though telehealth was rapidly scaled and widely utilized in 2020, one participant suggested ongoing clinician training is a must. This individual suggested that the success of telehealth is dependent on positive health outcomes and financial viability, but also positive patient experiences.

Beyond technical training, this participant indicated clinicians – and telehealth – are likely to benefit from ongoing training that helps clinicians make telehealth a comfortable, positive experience for patients.



Prioritize data: provider and patient satisfaction, clinical outcomes, and consumer-focused metrics like convenience (time or money saved) are all important in demonstrating value from telehealth

One participant suggested the value of telehealth is measured differently, based on who you are in the health care scheme. Today, a patient may measure the value of telehealth in convenience: not having to take time off work, commute to a physical appointment, or wait days for an appointment. In the future, a difference in cost may be a factor.

This participant indicated payers assess telehealth value based on HEDIS metrics, the total cost of care and readmissions, and policy. Providers look at access to new or existing patients, ability to reduce risk and clinician burnout, and where hospitals can fill in gaps in clinical service lines. Regardless of which metrics you care most about, the need for data collection, study, and evaluation was an overarching point that arose often during *Top of Mind Exchange: Telehealth*.

Within the context of programmatic opportunity for telehealth at health systems, some participants shared their health systems are currently reviewing the ambulatory encounters their teams executed virtually during the pandemic, working to assess which were appropriate for virtual care, and might take a virtual care precedent in the future.

Insofar as the financial value of telehealth, several participants suggested the real ‘savings’ of telehealth may be most visible in small, specialty groups; the thinking was that these practice groups may be appropriate for virtual care, including remote monitoring, and that rigorous clinical and financial analysis will be necessary to draw conclusions.

Several participants reminded the group that while evaluation of clinical outcomes and financial viability of telehealth are crucial, so too is paying attention to the consumer. One participant noted that in addition to capturing and measuring patient satisfaction with telehealth, their health system is also observing intent, motivation, and behavior — seeking to deploy the best possible user experience.

Next Steps and Points of Importance

- **Think programmatically and rigorously track outcomes.** The potential of telehealth to transform the delivery of care, and transform measurement, is largely unknown. Measure user experience and behavior in addition to clinical and financial outcomes.
- **Work with executive leadership and finance and accounting colleagues to get backing for telehealth investment with long-term strategy in mind, even if subsidizing is a near-term reality.** Depending on how providers get paid today, the financial value of telehealth may be difficult to measure, but telehealth, especially remote monitoring, is ripe for a value-based care model and its significance will compound exponentially if the industry continues to move in this direction.
- **Research cost and outcomes in capitated contracts.** More data and success stories around capitated payment will support the shift to value-based care and continued investment in and growth of telehealth.

Thank you

Thank you for reading this summary of the Center for Connected Medicine *Top of Mind Exchange: Telehealth* virtual roundtable. For more digital health resources and to get involved with the CCM, please visit connectedmed.com.

Contributors

The experts below participated in *Top of Mind Exchange: Telehealth*. Thank you for sharing your insights, represented in this e-book, and for your leadership in the industry.

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Center for
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The Center for Connected Medicine (CCM) connects and inspires leaders and innovators who want to advance health care. Collaborating with a network of experts, we serve as a resource for information and events focused on the future of digital health. Established in 2009, the Pittsburgh-based CCM is supported by UPMC and Nokia. Join us at connectedmed.com.

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Telehealth

