

The Marathon After The Sprint

Ensuring Value in the Future of Telehealth



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Thank you to the selfless individuals who are putting themselves at risk to
successfully defeat this pandemic

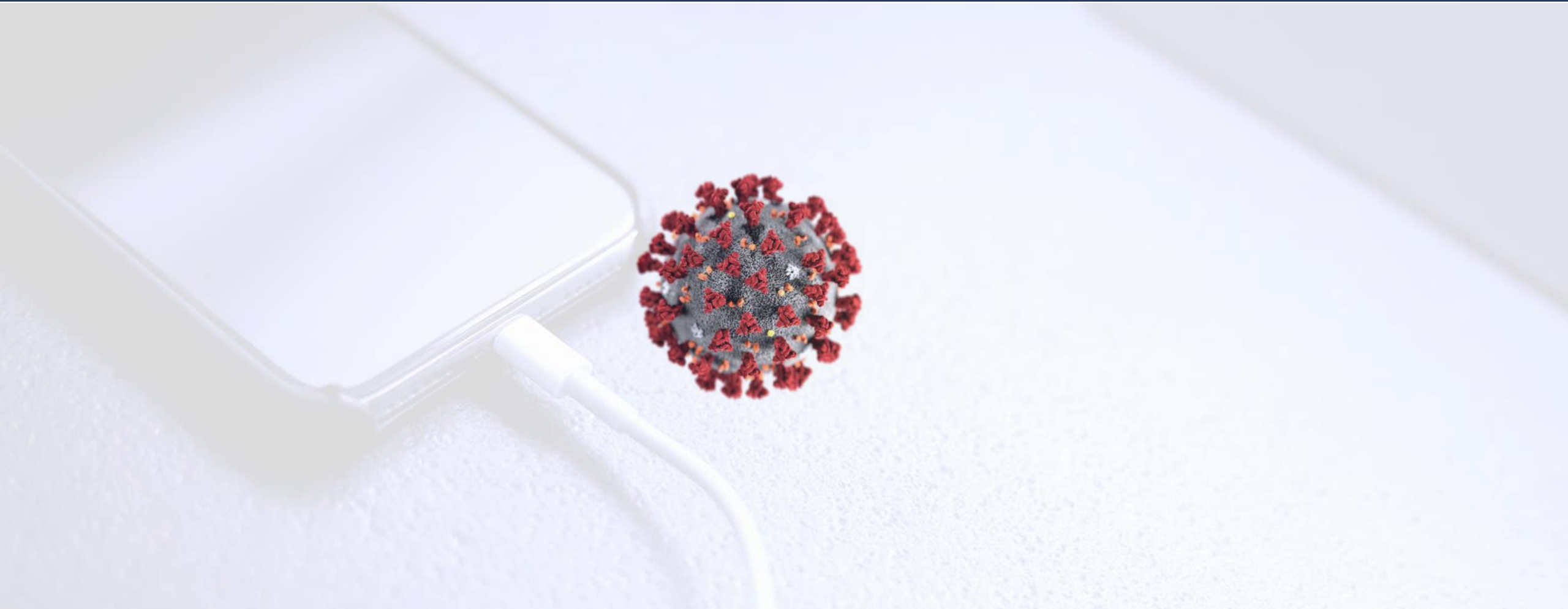


Health Care Costs Are a Top Issue For Purchasers and Policymakers:

Solutions must protect consumers, reward providers and preserve innovation

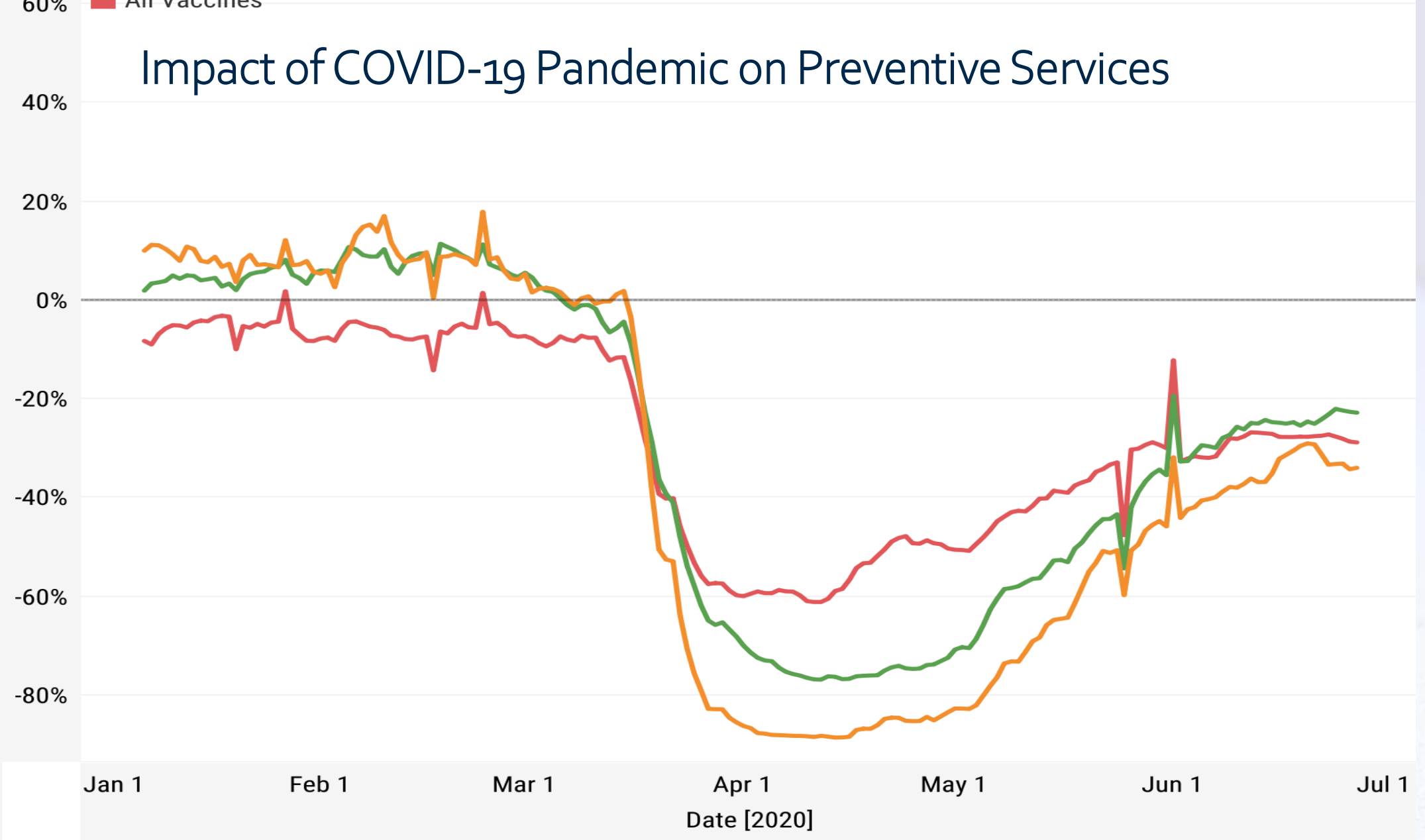
- Everyone (almost) agrees there is enough money in the US health care system; we just spend it on the wrong services and in the wrong places
- Policy deliberations focus primarily on alternative payment and pricing models
- Moving from a volume-driven to value-based system requires a change in both how we pay for care and how we engage consumers to seek care

Then Came Coronavirus...



- All Colonoscopies
- All Mammograms
- All Vaccines

Impact of COVID-19 Pandemic on Preventive Services



LOW-VALUE CARE

A silver lining to COVID-19: Fewer low-value elective procedures



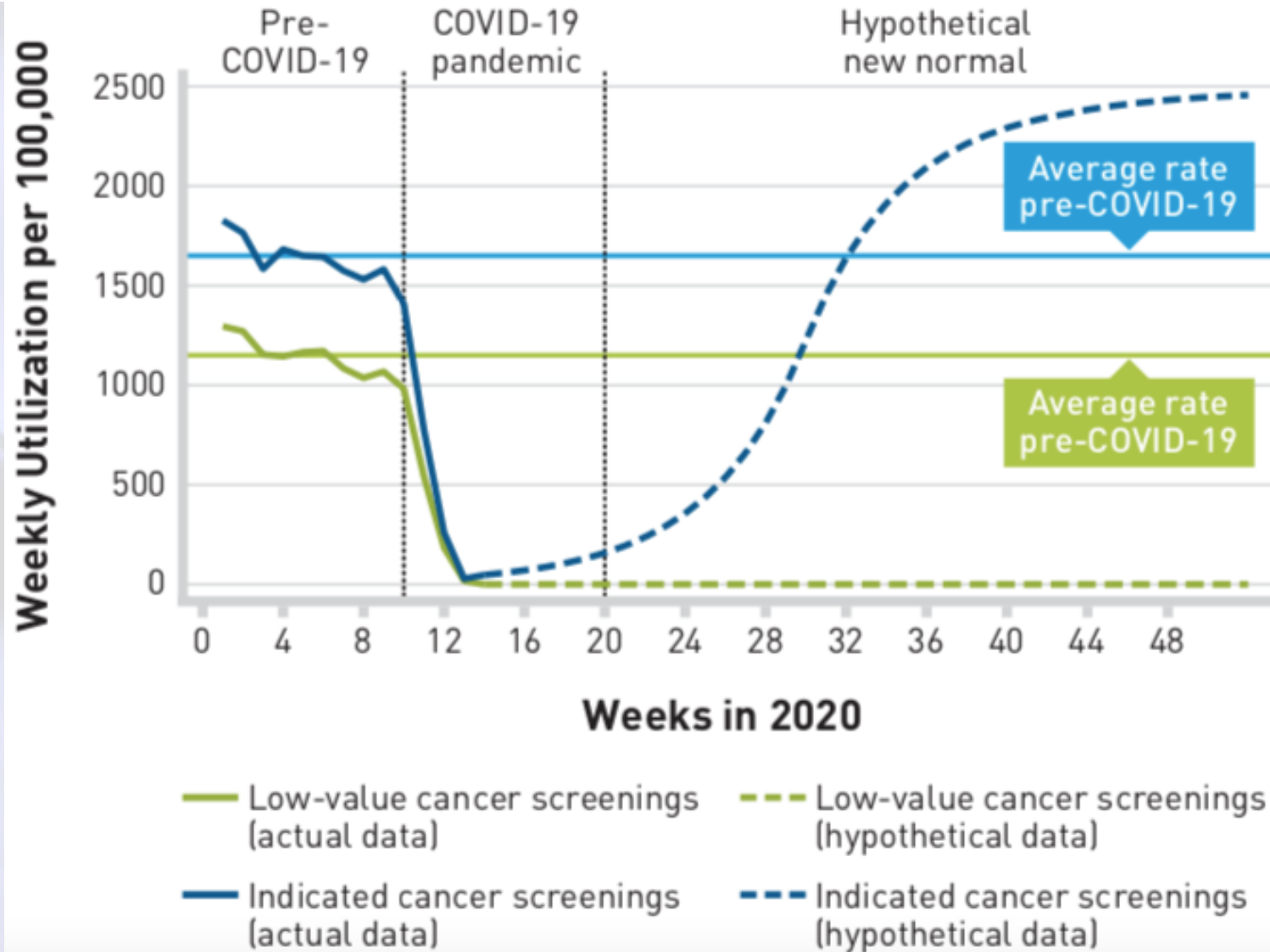
The Onion 
@TheOnion



Patient Rushed Into Unnecessary Surgery To Save Cash-Strapped Hospital bit.ly/314r3zN

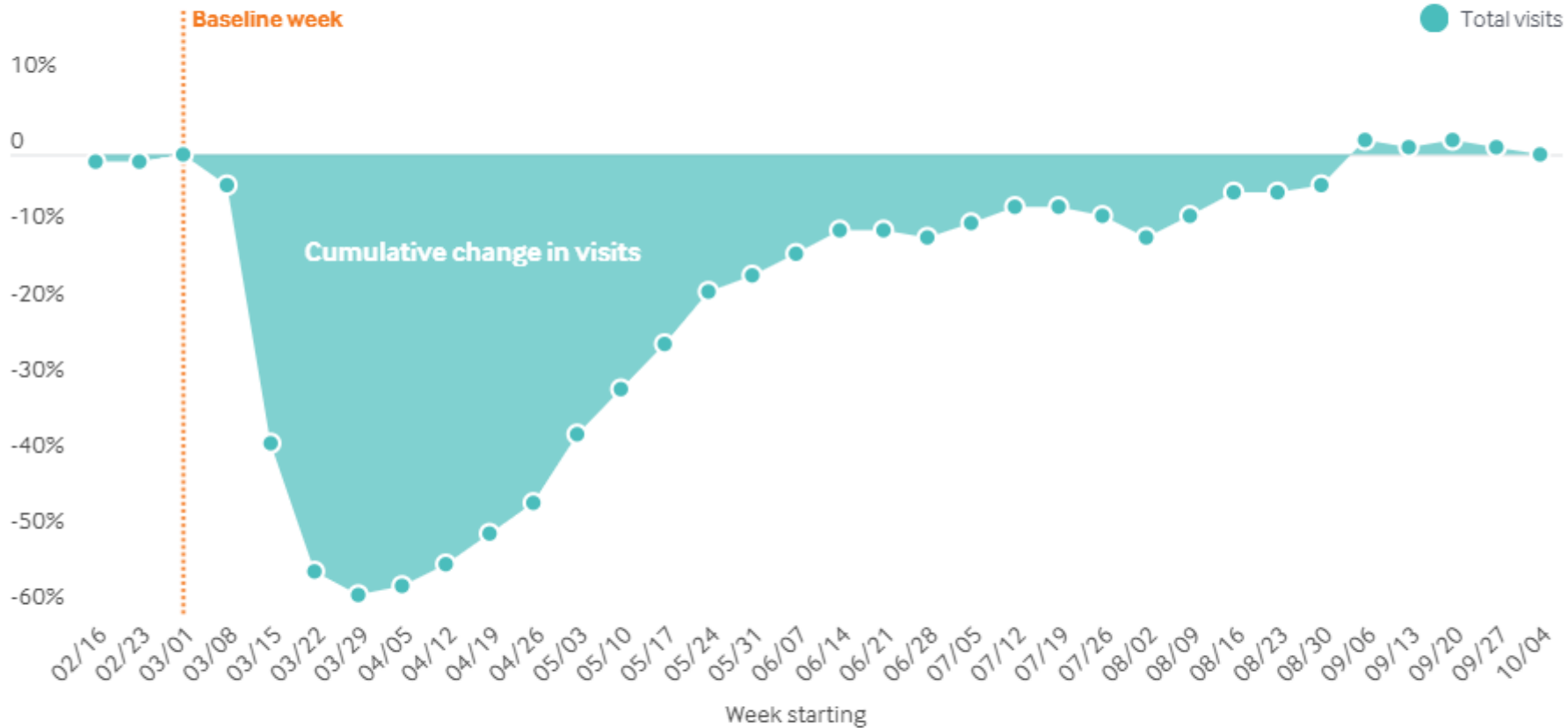


Crisis Into Opportunity: Can COVID-19 Help Set a Path to Improved Health Care Efficiency?



Visits to ambulatory providers fell nearly 60 percent by early April. Since then visits have rebounded, returning in the past month to prepandemic levels.

Percent change in visits from baseline



[Download data](#)

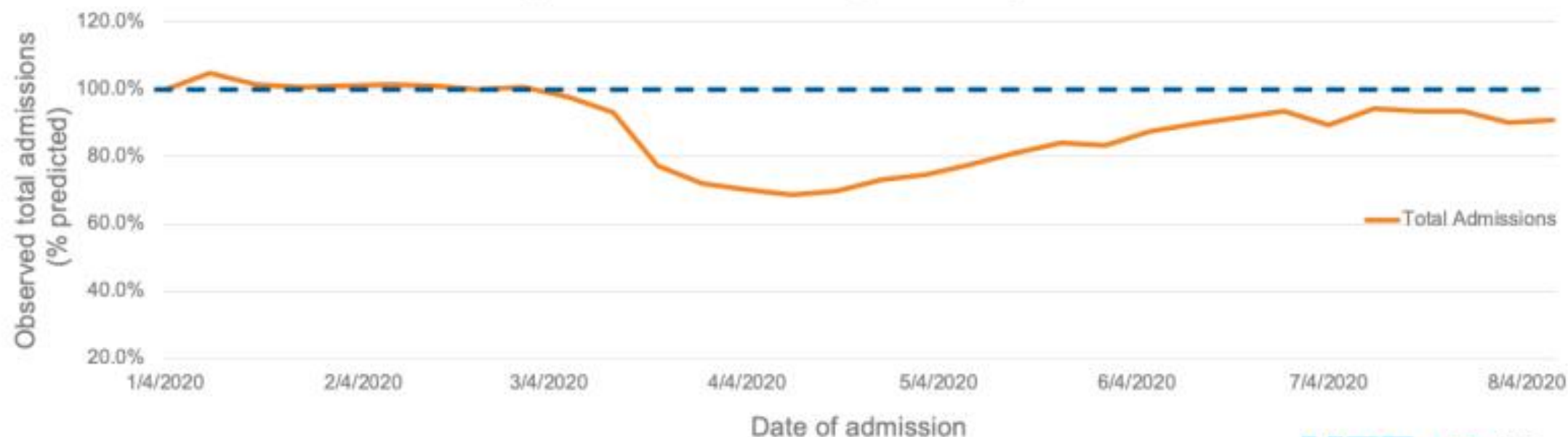
Note: Data are presented as a percentage change in the number of visits in a given week from the baseline week (March 1–7).

Source: Ateev Mehrotra et al., *The Impact of the COVID-19 Pandemic on Outpatient Care: Visits Return to Prepandemic Levels, but Not for All Providers and Patients* (Commonwealth Fund, Oct. 2020). <https://doi.org/10.26099/41xy-9m57>

Figure 1

Overall Admissions Decreased in March and April but Were Back at About 95% of Predicted Admissions by July 2020

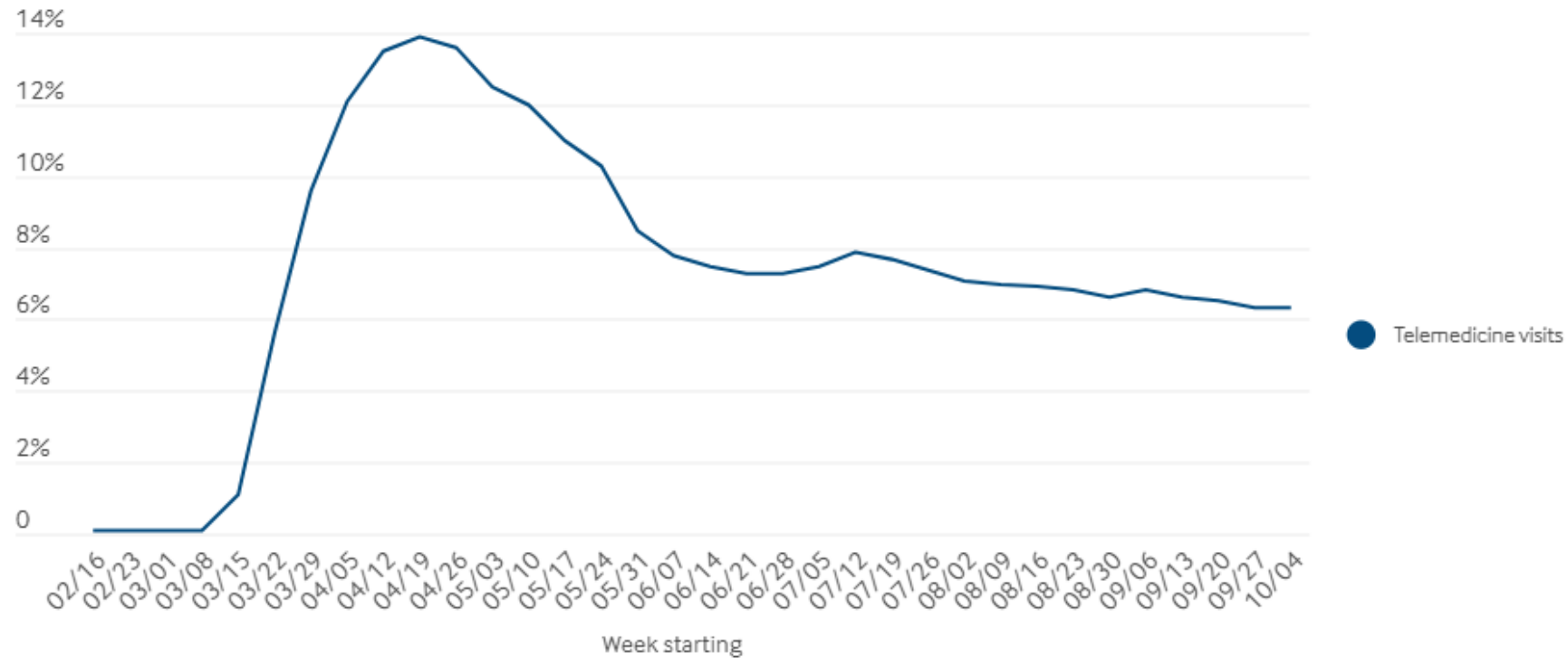
Trend in observed total admissions as a percent of predicted admissions
(Dec. 29, 2019 – Aug. 8, 2020)



SOURCE: Epic and KFF analysis of Epic Health Record System COVID-19 related data as of September 2020.

The percentage of all visits via telemedicine visits is slowly declining from its April peak. But it continues to be well above the prepandemic baseline of very few telemedicine visits.

Number of telehealth visits in a given week as a percent of baseline total visits



 Download data

Data are presented as a percentage: the number of telemedicine visits in a given week is the numerator, while the number of visits in the baseline week (March 1–7) is the denominator. Telemedicine includes both telephone and video visits.

Source: Ateev Mehrotra et al., *The Impact of the COVID-19 Pandemic on Outpatient Care: Visits Return to Prepandemic Levels, but Not for All Providers and Patients* (Commonwealth Fund, Oct. 2020). <https://doi.org/10.26099/41xy-9m57>

Crisis Into Opportunity: Can COVID-19 Help Set a Path to Improved Health Care Efficiency?

- Build on existing alternative payment models that base reimbursement on patient-centered outcomes; increase reimbursement for high-value services and reduce or cease payment for known low-value care
- Align patient cost-sharing with the value of the underlying services; reduce out of pocket cost on high-value services and increase patient cost on low-value care
- Use value-based principles to leverage the widespread adoption of telehealth

Ensuring Value in the Future of Telehealth

POLICY & RESEARCH AGENDAS



HealthAffairs TOPICS JOURNAL BLOG

Establishing A Value-Based 'New Normal' For Telehealth

Christina Cutter, Nicholas L. Berlin, A. Mark Fendrick

OCTOBER 8, 2020 10.1377/hblog20201006.638022



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CATALYSTS FOR WIDESPREAD TELEHEALTH ADOPTION

NECESSITY



REGULATORY



PAYMENT

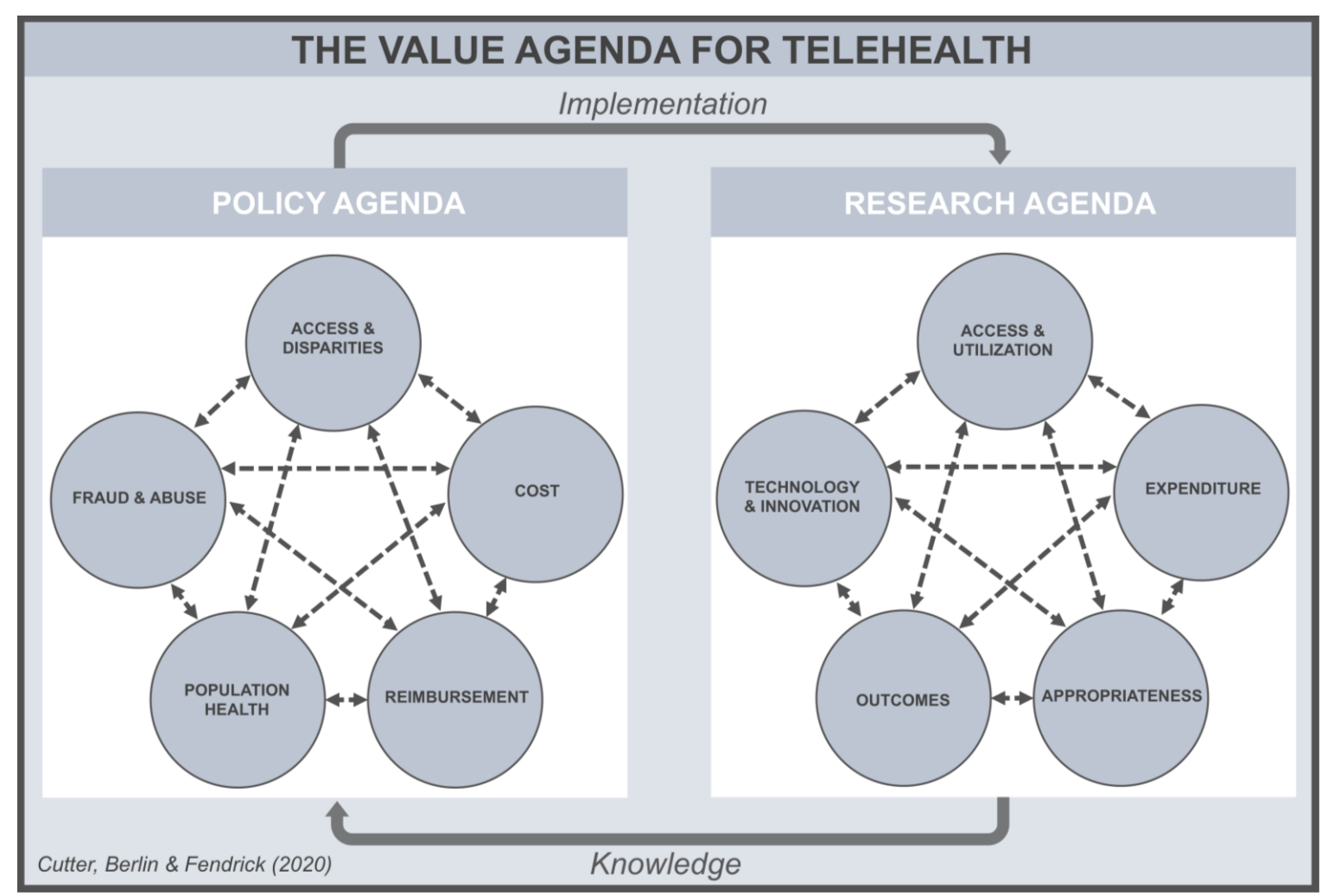


BENEFIT DESIGN



Capitalize on this natural experiment to advance value-based care

THE VALUE AGENDA FOR TELEHEALTH



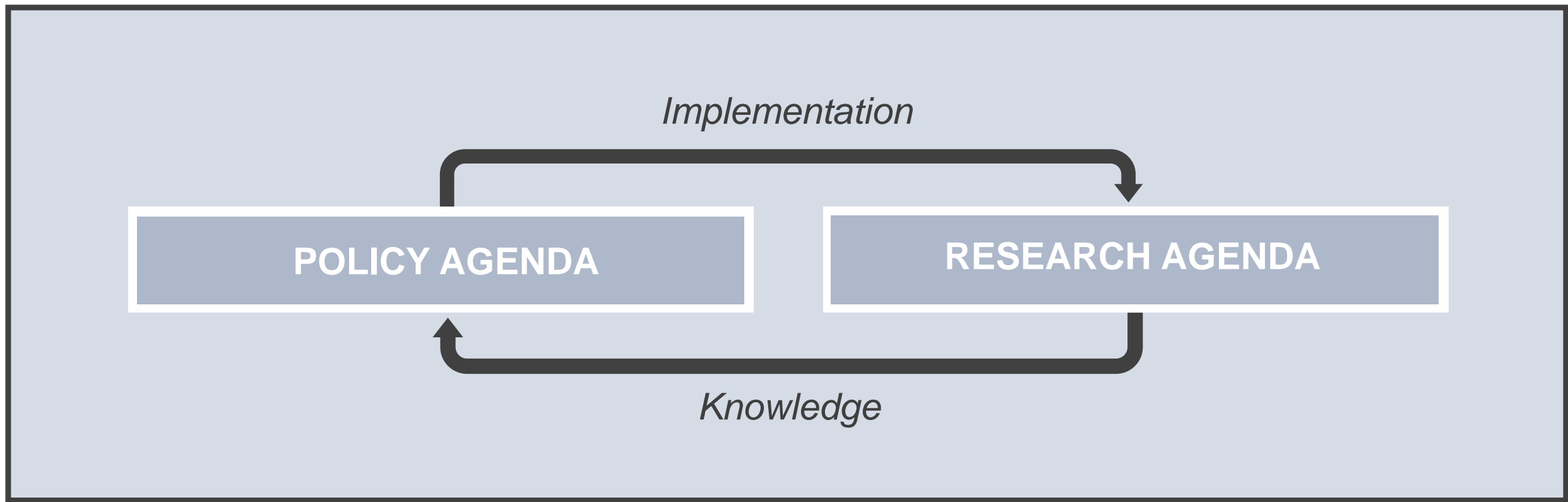
I. LEARNING SYSTEM

II. POLICY AGENDA

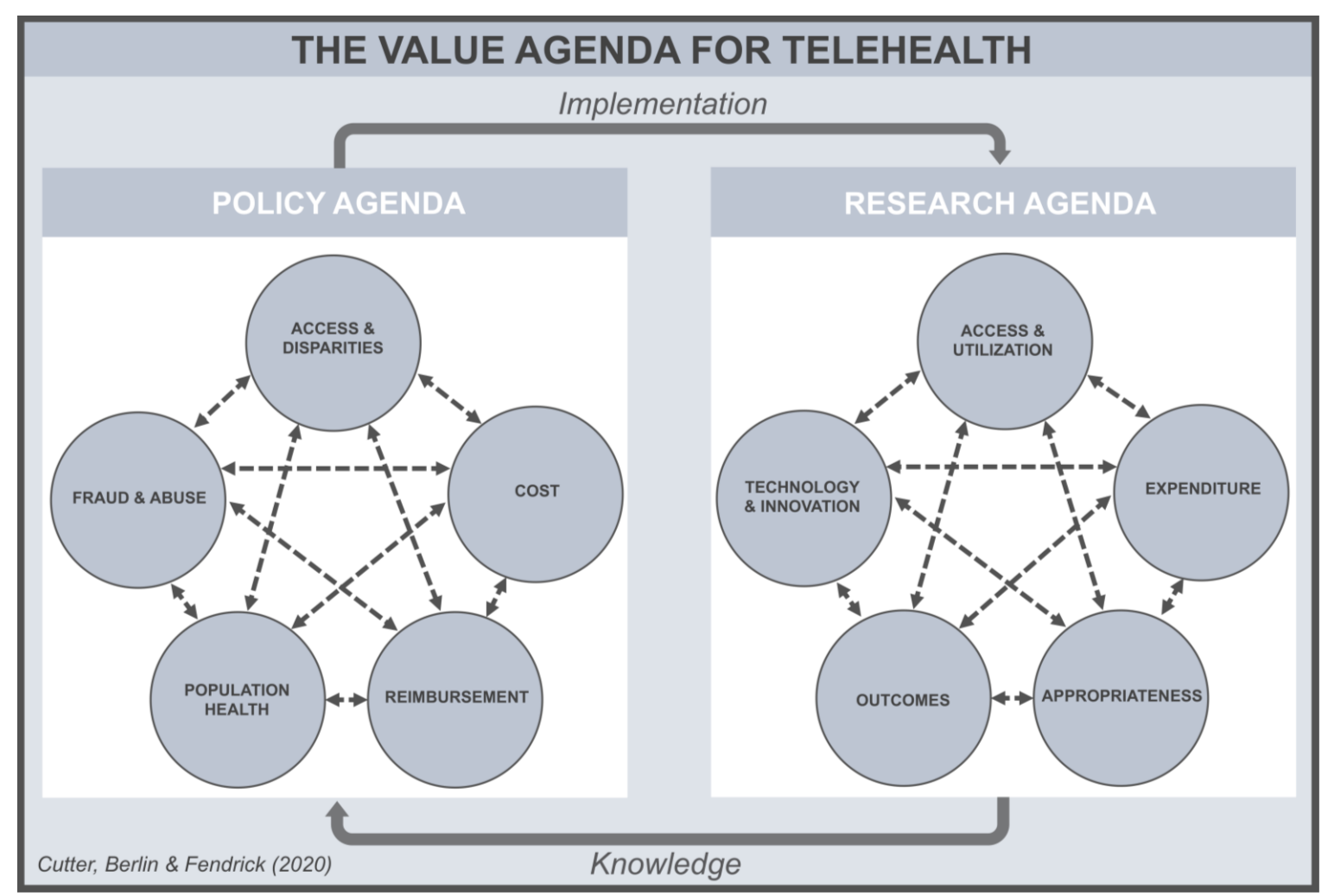
III. RESEARCH AGENDA

THE VALUE AGENDA FOR TELEHEALTH

I. CONTINUOUS LEARNING SYSTEM



THE VALUE AGENDA FOR TELEHEALTH



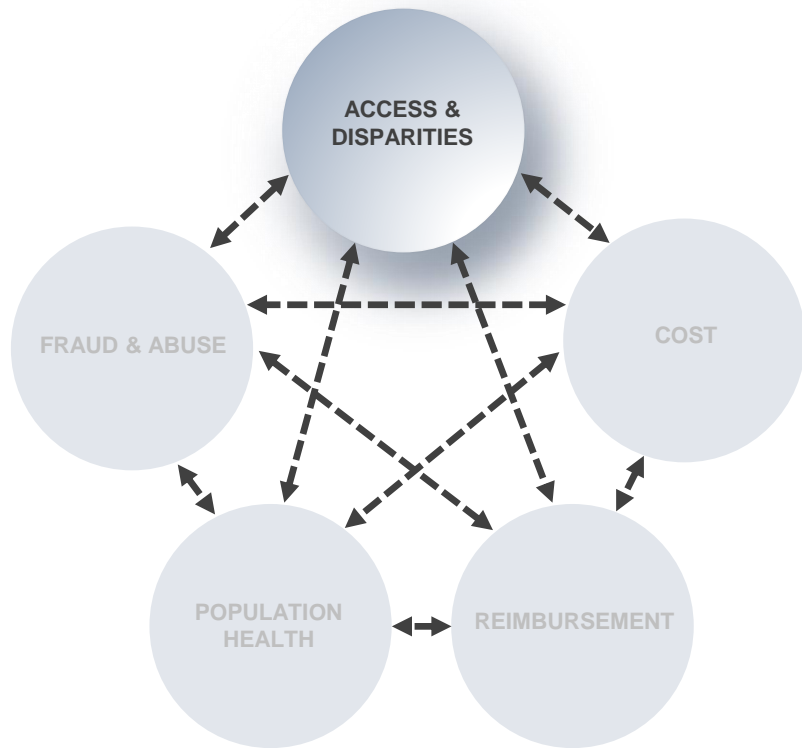
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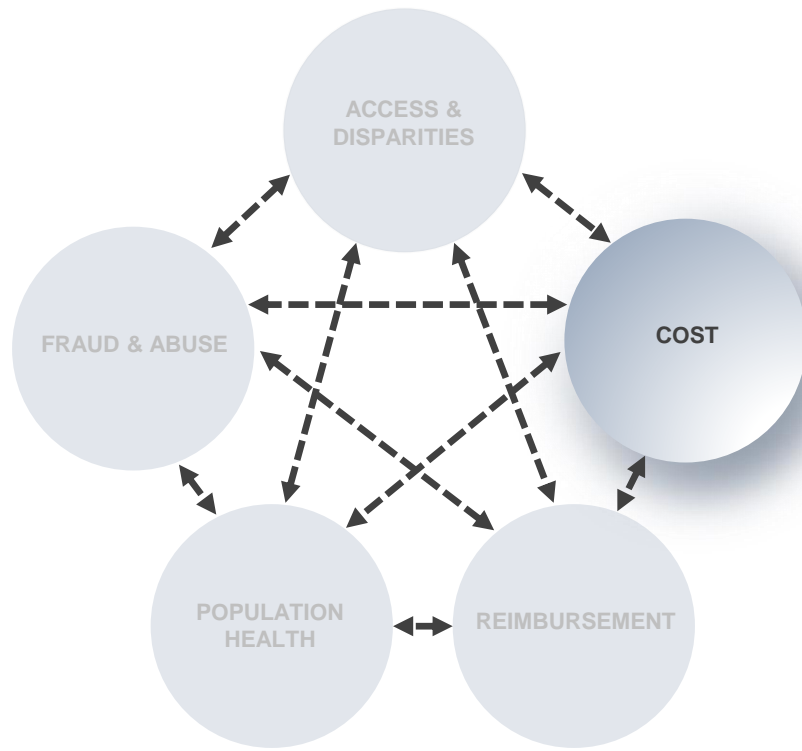
II. POLICY AGENDA



1. Recognize and bridge the **digital divide**

THE VALUE AGENDA FOR TELEHEALTH

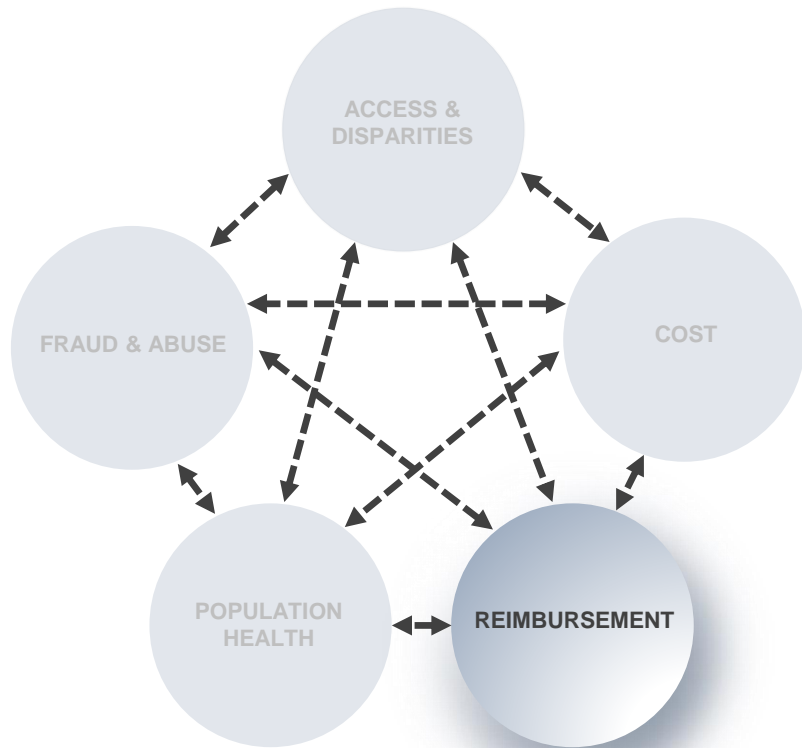
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1. Recognize and bridge the **digital divide**
2. Align expanded use policies with **payment reform** initiatives

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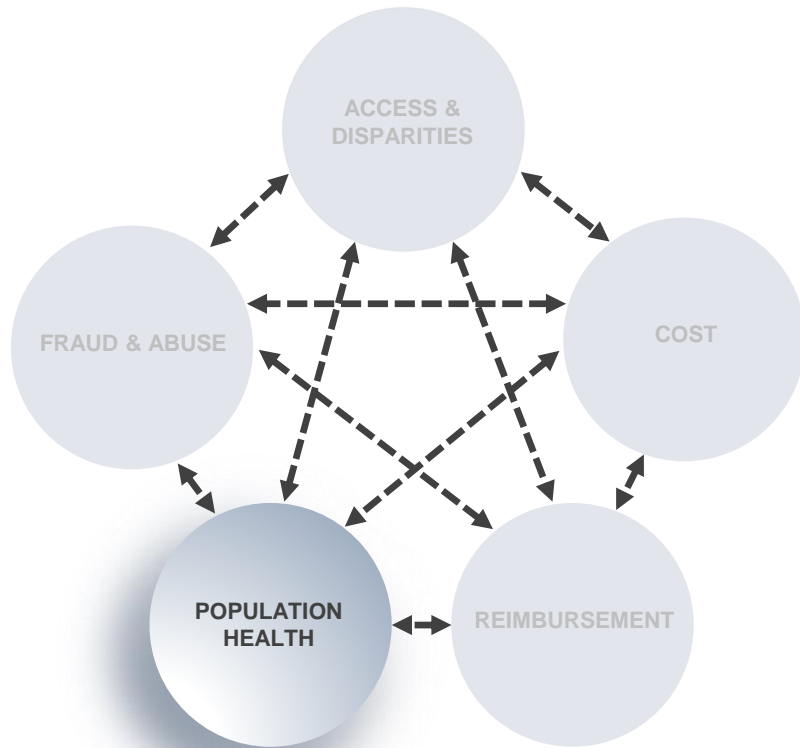
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3. Leverage principles of **value-based insurance design (V-BID)**

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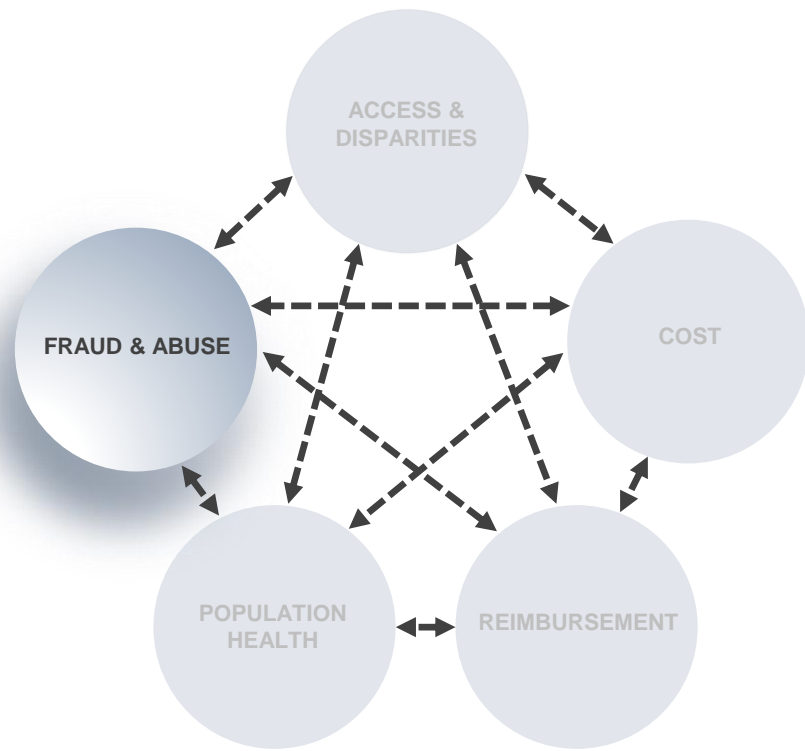
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4. Support **population health**

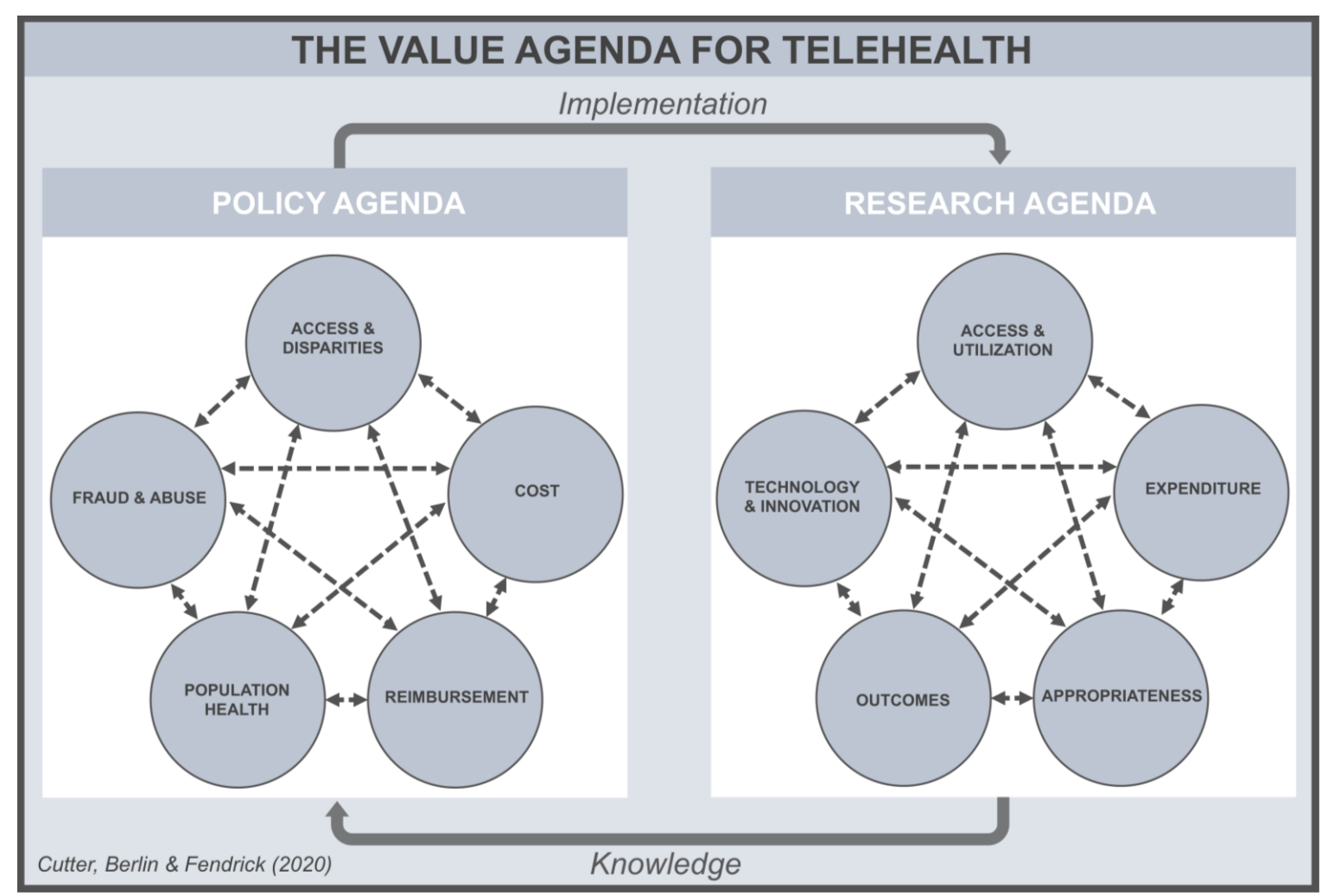
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3. Leverage principles of **value-based insurance design (V-BID)**
4. Support **population health**
5. Strengthen protections against **fraud** and **abuse**

THE VALUE AGENDA FOR TELEHEALTH



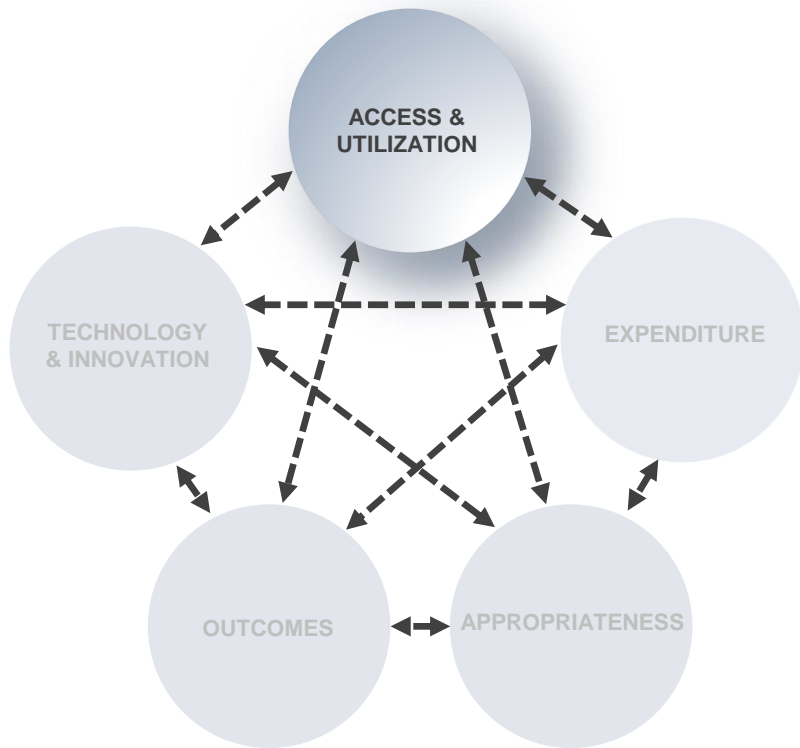
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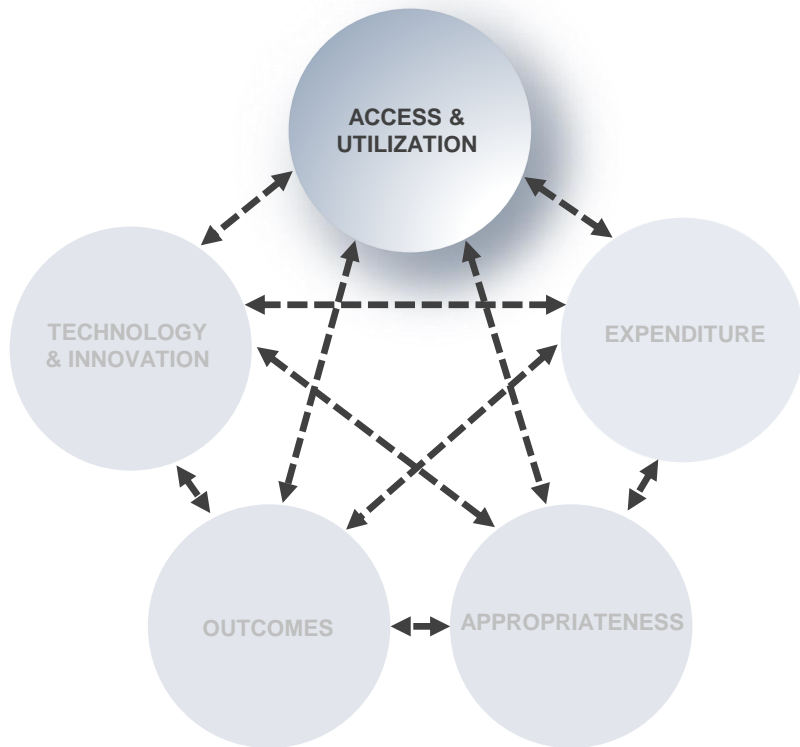
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1. Understand telehealth impact on **access** and **utilization**

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People who **WOULD have** consumed healthcare before the widespread adoption of telehealth

“Converters”

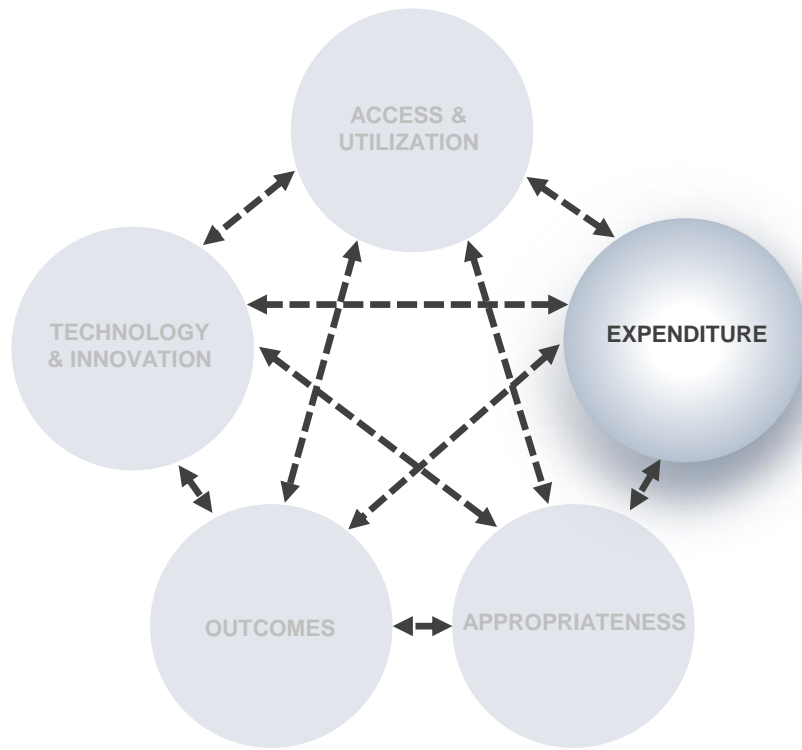


People who **WOULD NOT have** consumed healthcare before the widespread adoption of telehealth

“Newcomers”

THE VALUE AGENDA FOR TELEHEALTH

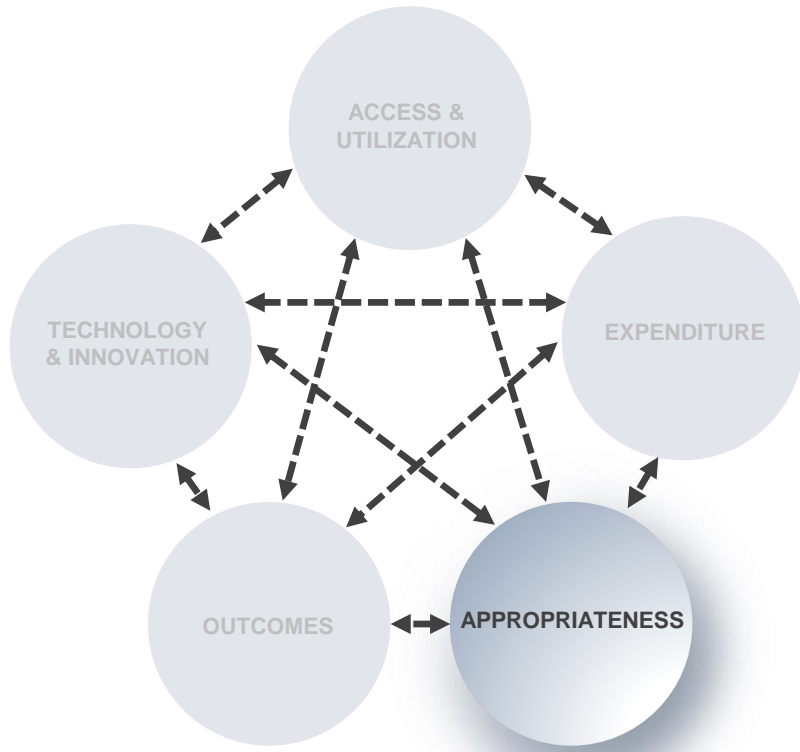
III. RESEARCH AGENDA



1. Understand telehealth impact on **access** and **utilization**
2. Assess cost per case presentation and aggregate **expenditure**

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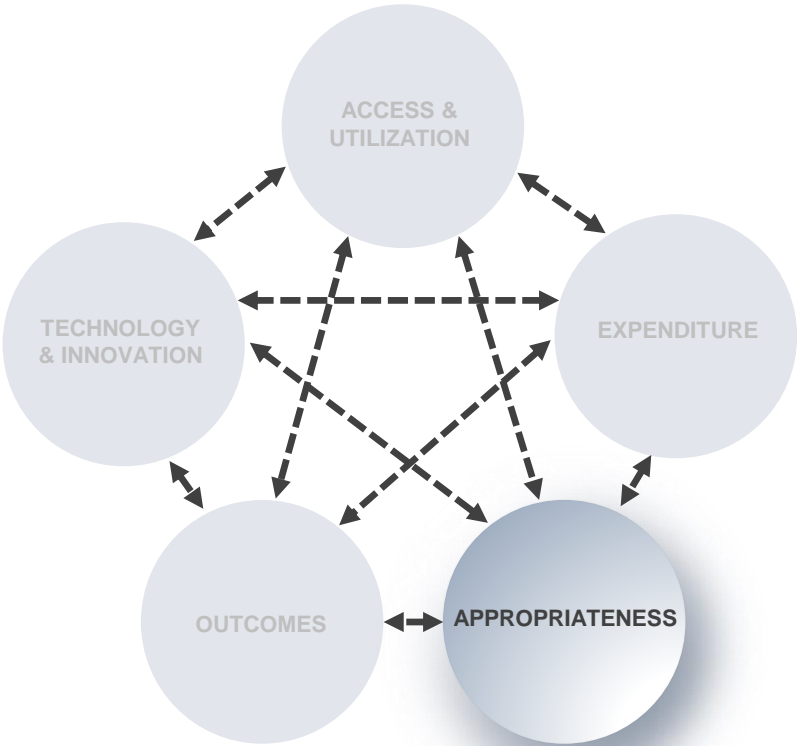
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1. Understand telehealth impact on **access** and **utilization**
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3. Evaluate telehealth influence on **appropriateness** of care

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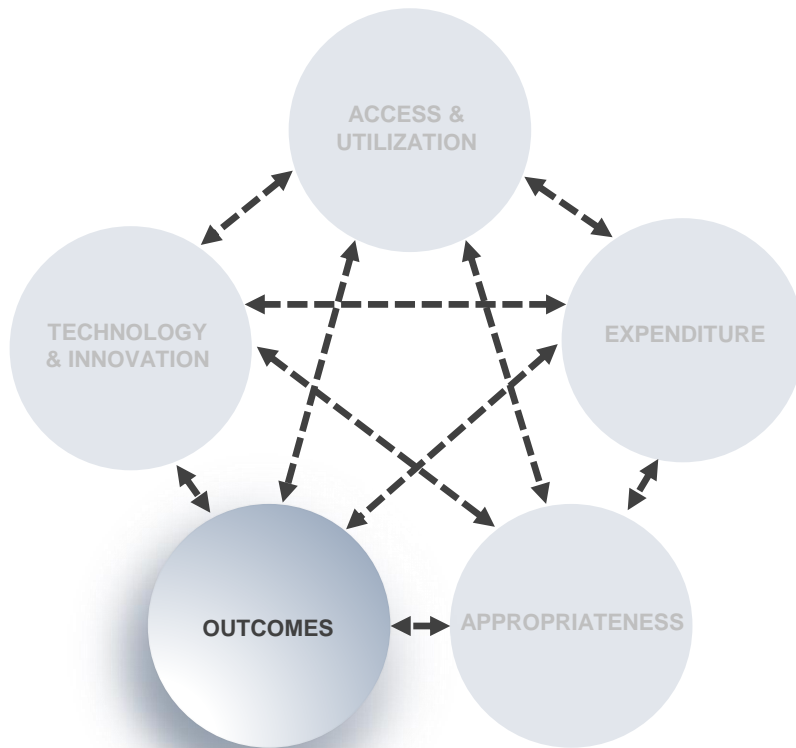
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		Care-Seeking Behavior [§]	
Healthcare Services [*]		Converter receiving high-value care	Newcomer receiving high-value care
		Converter receiving low-value care	Newcomer receiving low-value care

^{*}Per-clinical case presentation, [§]Person may be a "Converter" or "Newcomer" and receive high- or low-value care for different clinical case presentations across time

THE VALUE AGENDA FOR TELEHEALTH

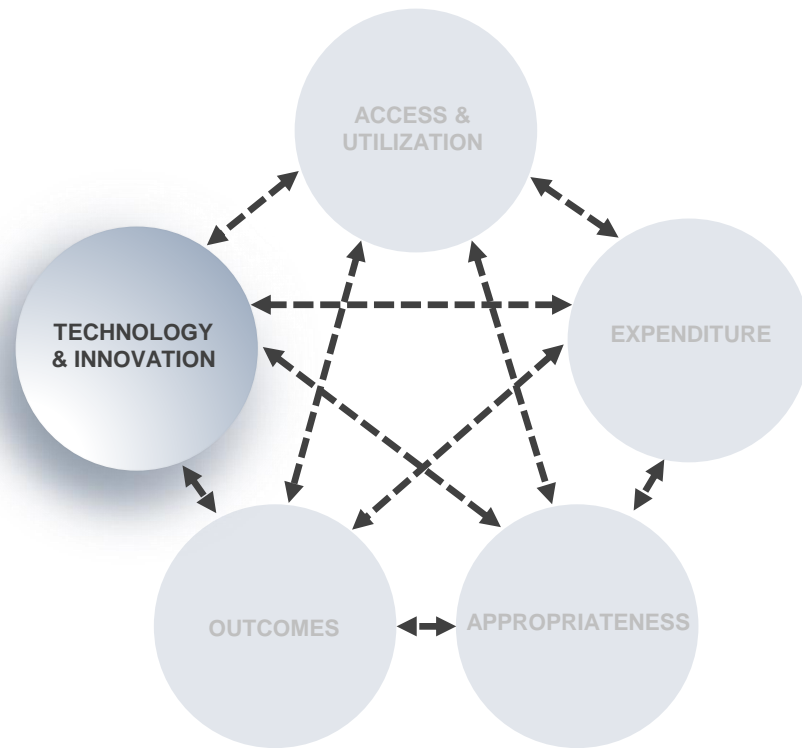
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4. Measure **outcomes** across settings

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1. Understand telehealth impact on **access** and **utilization**
2. Assess cost per case presentation and aggregate **expenditure**
3. Evaluate telehealth influence on **appropriateness** of care
4. Measure **outcomes** across settings
5. Explore telehealth **technologies** that improve **value**

THE NEW NORMAL OF TELEHEALTH: NEXT STEPS

SUPPORT

Infrastructure required to support and sustain **equitable care delivery**?

MEASURE

Operationalize platforms that enable measurement of important outcomes?

DISRUPT

Value agenda as a **pivotal strategy** for growth and disruptive innovation?

ALIGN

Dominant approach to **align stakeholders** around value-based care delivery?

Galvanize stakeholders to optimize healthcare value

