

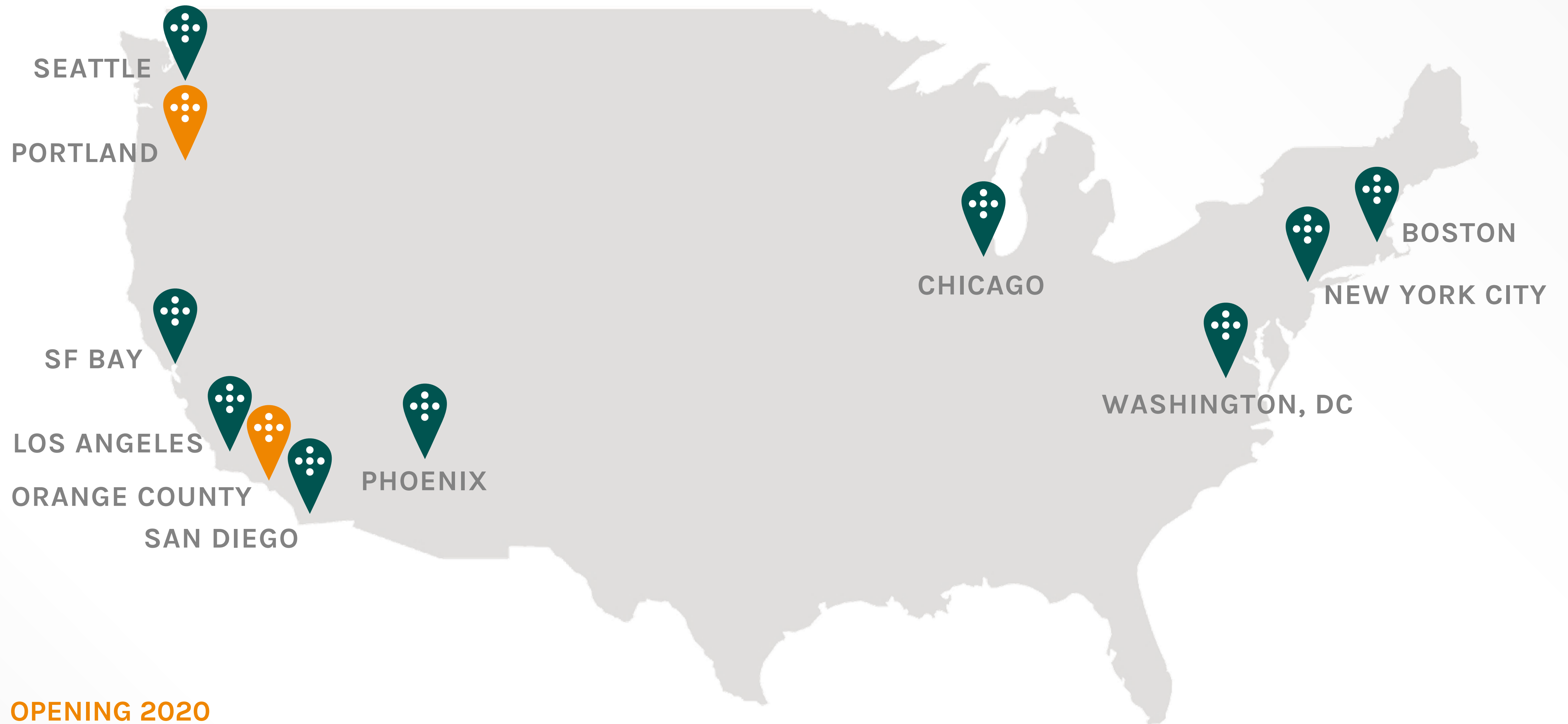
# Developing Virtual Care Strategies that Advance the Quadruple Aim

**Paul Cohen, VP Strategy, One Medical**

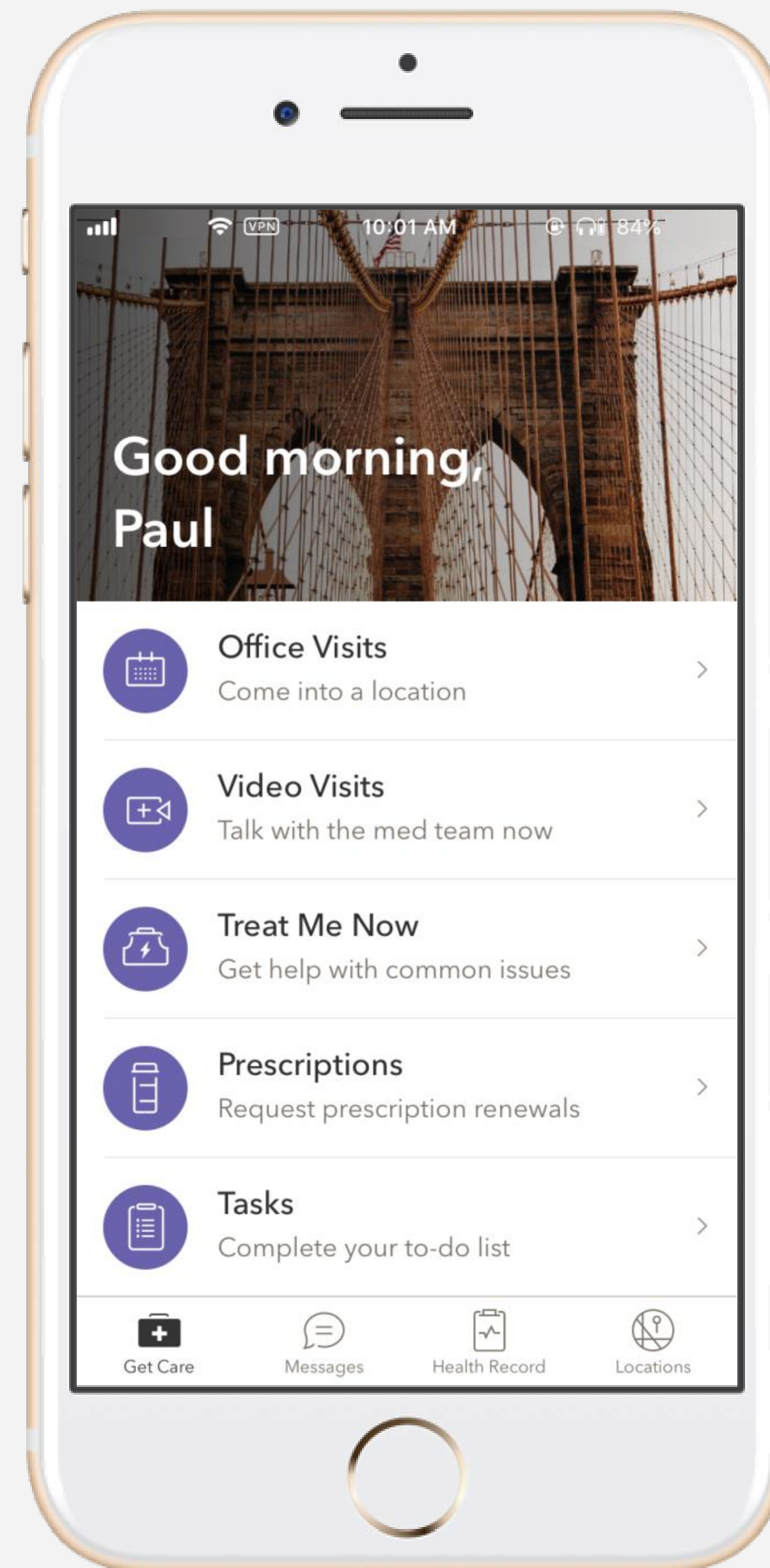
**William Kimbrough, MD, National Virtual Medical Director, One Medical**

# Learning Objectives

- Understand the broad spectrum of virtual care/telemedicine opportunities and associated reimbursement models.
- Identify high-potential virtual care initiatives within a variety of strategic contexts.
- Develop an innovative virtual care strategy that takes advantage of consumer trends, meets the needs of multiple stakeholders, and advances organizational growth objectives.









# Virtual Care Landscape

1. Intros & Context
2. Virtual Care Landscape
3. Virtual Care Opportunities
4. Lessons Learned
5. Q&A

# Virtual Care Matrix

<b>Async</b>	E-consults	Remote monitoring Store and forward Messages
	TeleICU	Realtime chat Phone Video visits
<b>Provider to Provider</b>		<b>Patient to Provider</b>



# Everyone's Getting into Virtual

## Incumbents

## New Entrants

Health Systems

Retail

D2C

OTC Pharma

Tech & AI



Health Plans

Humana + dr+ on demand

hims  
hers  
roman  
Keeps  
NURX.



Walmart



98point6  
babylon  
buoy



Med Plus Insurance. Void Where Prohibited.  
Plan Provided by Med Plus Discounts.

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# What's Driving Growth?

## Tailwinds

**Demand for access & convenience** *Most consumers dissatisfied with access*

**Rise in patient responsibility** *30-40% of commercial market is on HDHP<sup>1</sup>*

**Favorable benefit treatment** *Virtual visit patient cost  $\approx$  office visit copay<sup>2</sup>*

## Headwinds

*Not emedded in existing patient flows or mindset* **Weak consumer habit**

*Current approaches fragment in-person care* **Poor integration**

<sup>1</sup> Kaiser Family Foundation Employer Health Benefits 2018 Annual Survey

<sup>2</sup> Direct Path 2018 Medical Plan Trends and Observations Report

# Reimbursement Landscape: Medicare

Async	E-consults ✓	Remote monitoring ✓ Store and forward ~ Messages ✗
Sync	TeleICU ~	Realtime chat ✗ Phone ~ Video visits ✗
Provider to Provider		Patient to Provider

✓ Most

~ Some

✗ Few or none



# Reimbursement Landscape: Commercial

Async	E-consults ~	Remote monitoring ~ Store and forward X Messages X
Sync	TeleICU ~	Realtime chat X Phone X Video visits ✓
Provider to Provider		Patient to Provider

✓ Most

~ Some

X Few or none

# Some Legal Considerations

**This is not legal advice. Consult your own counsel.**

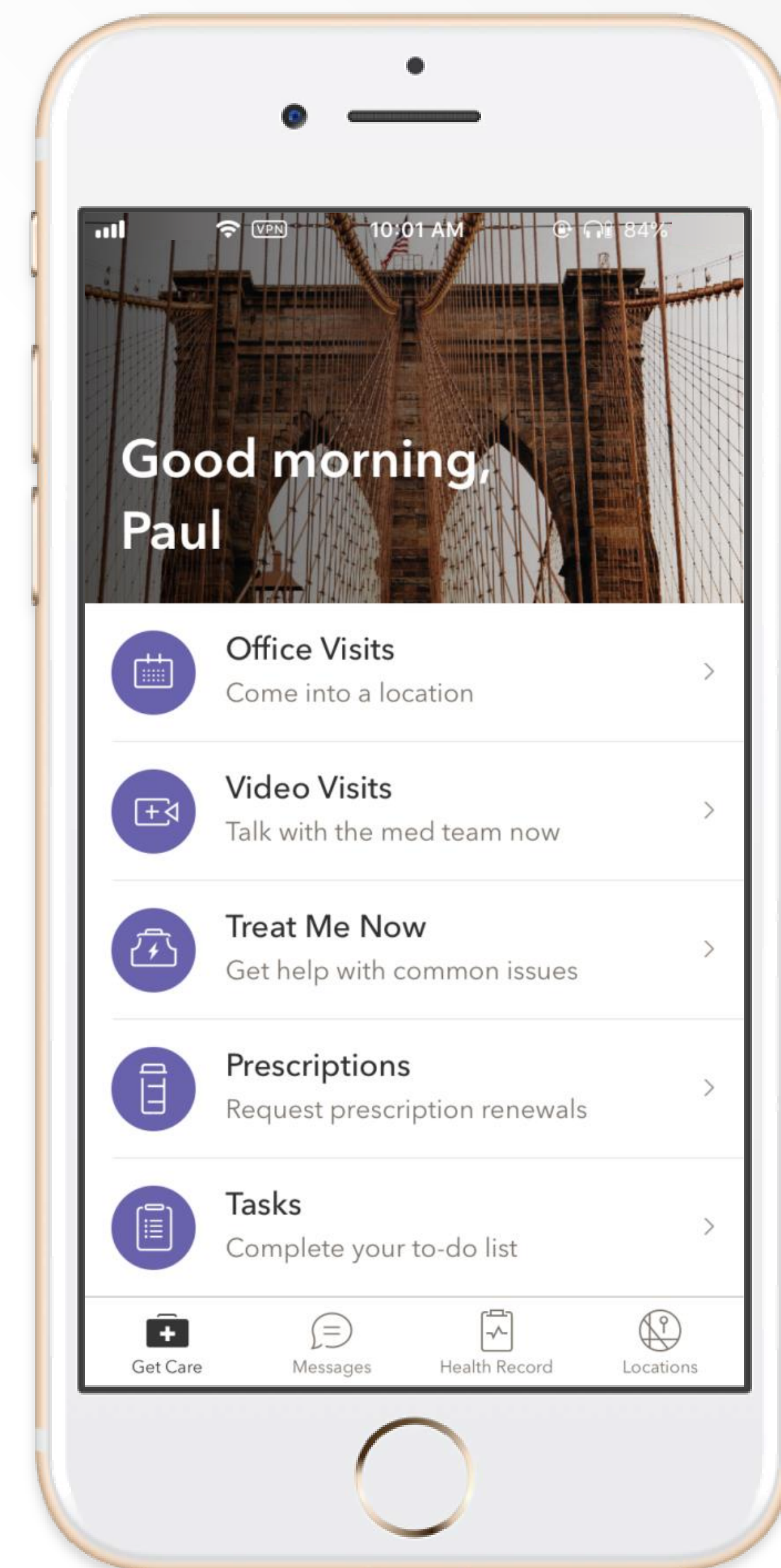
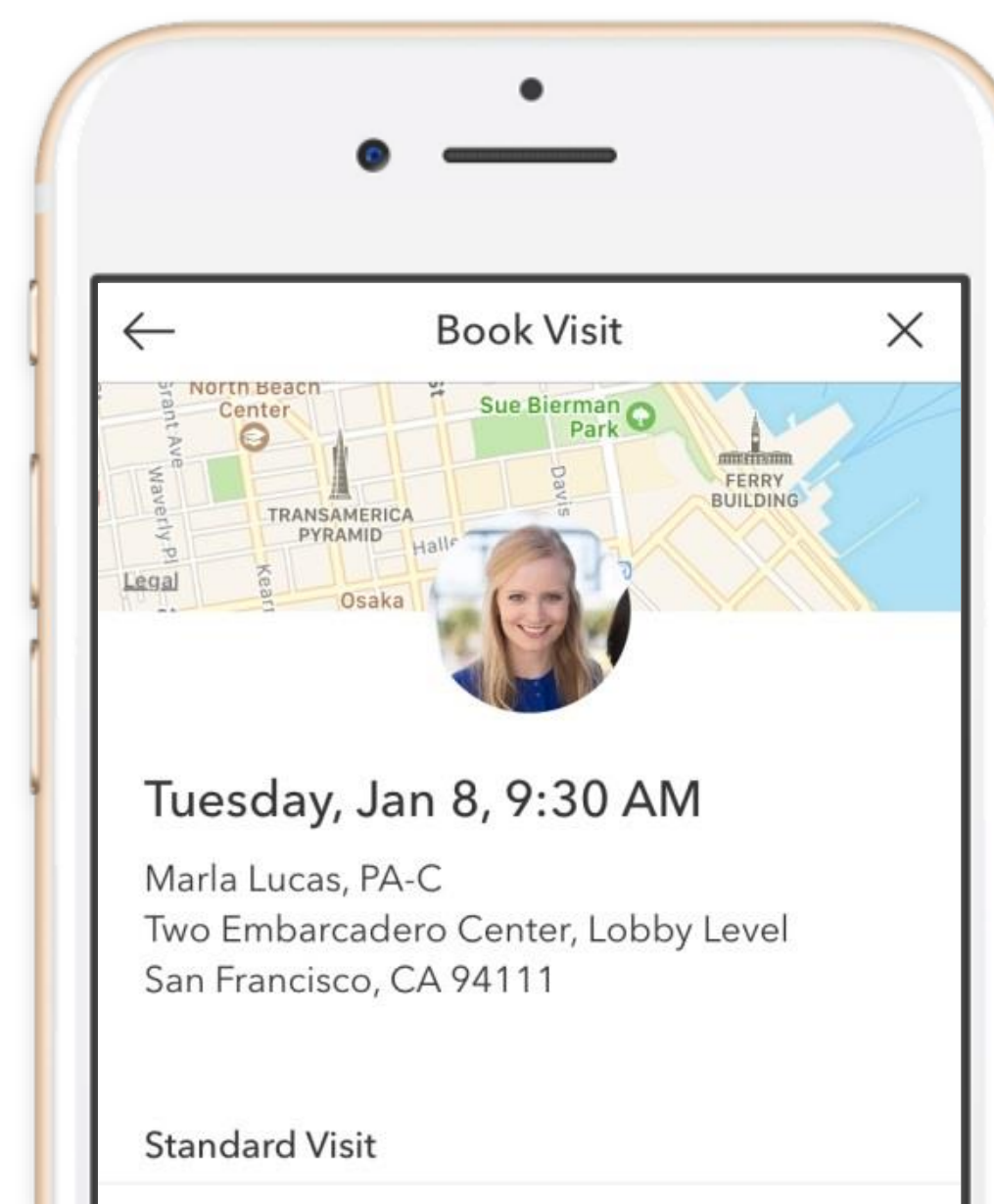
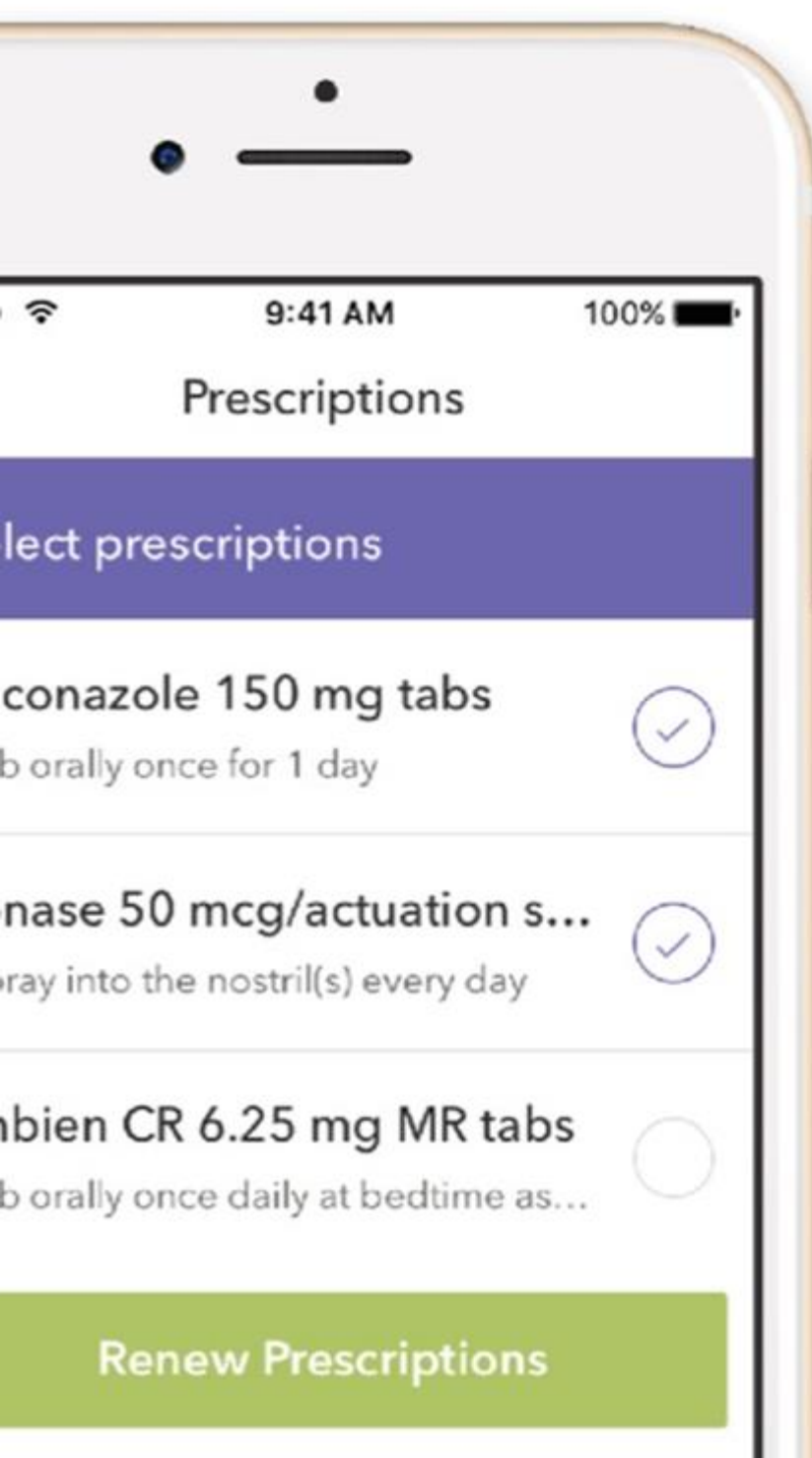
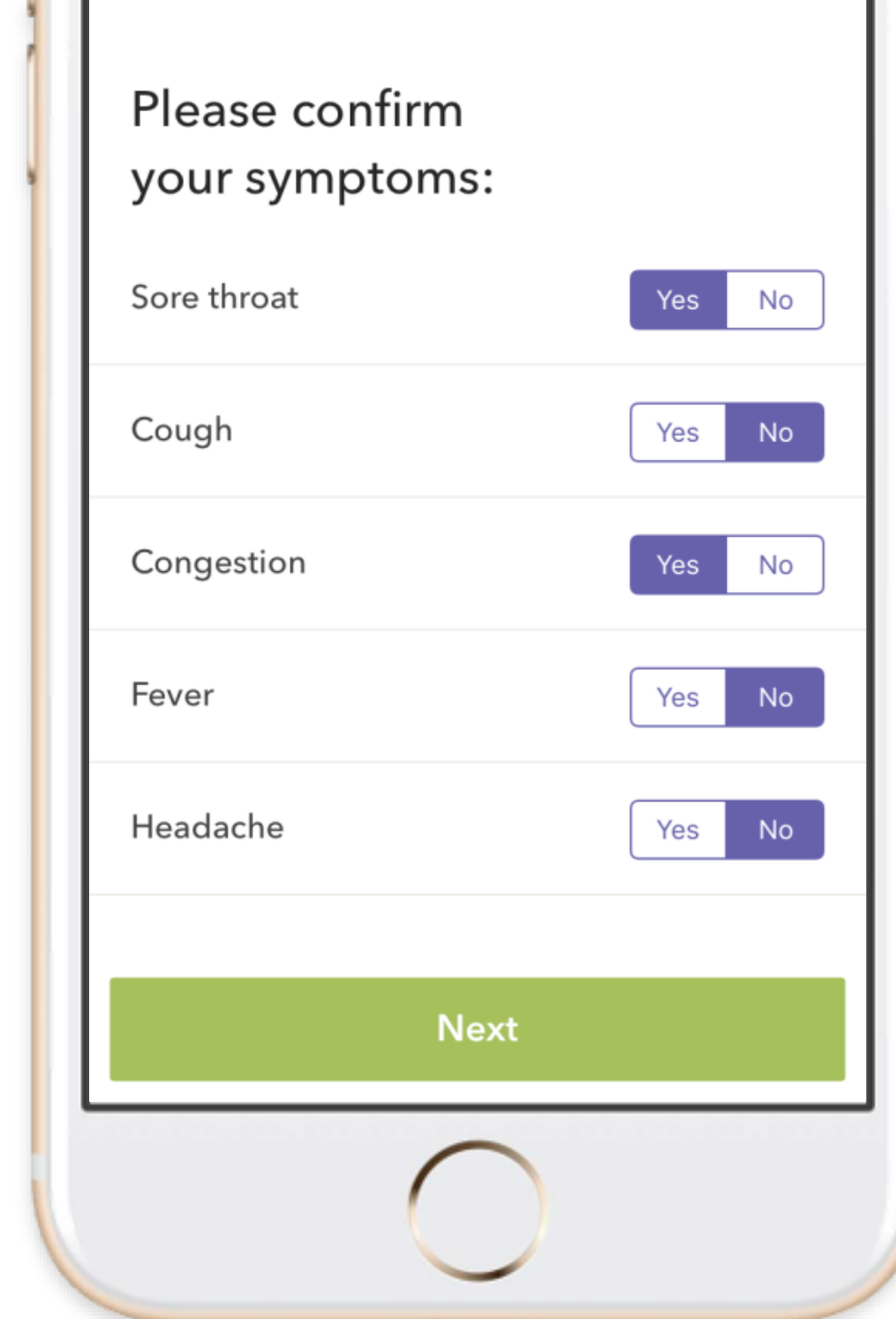
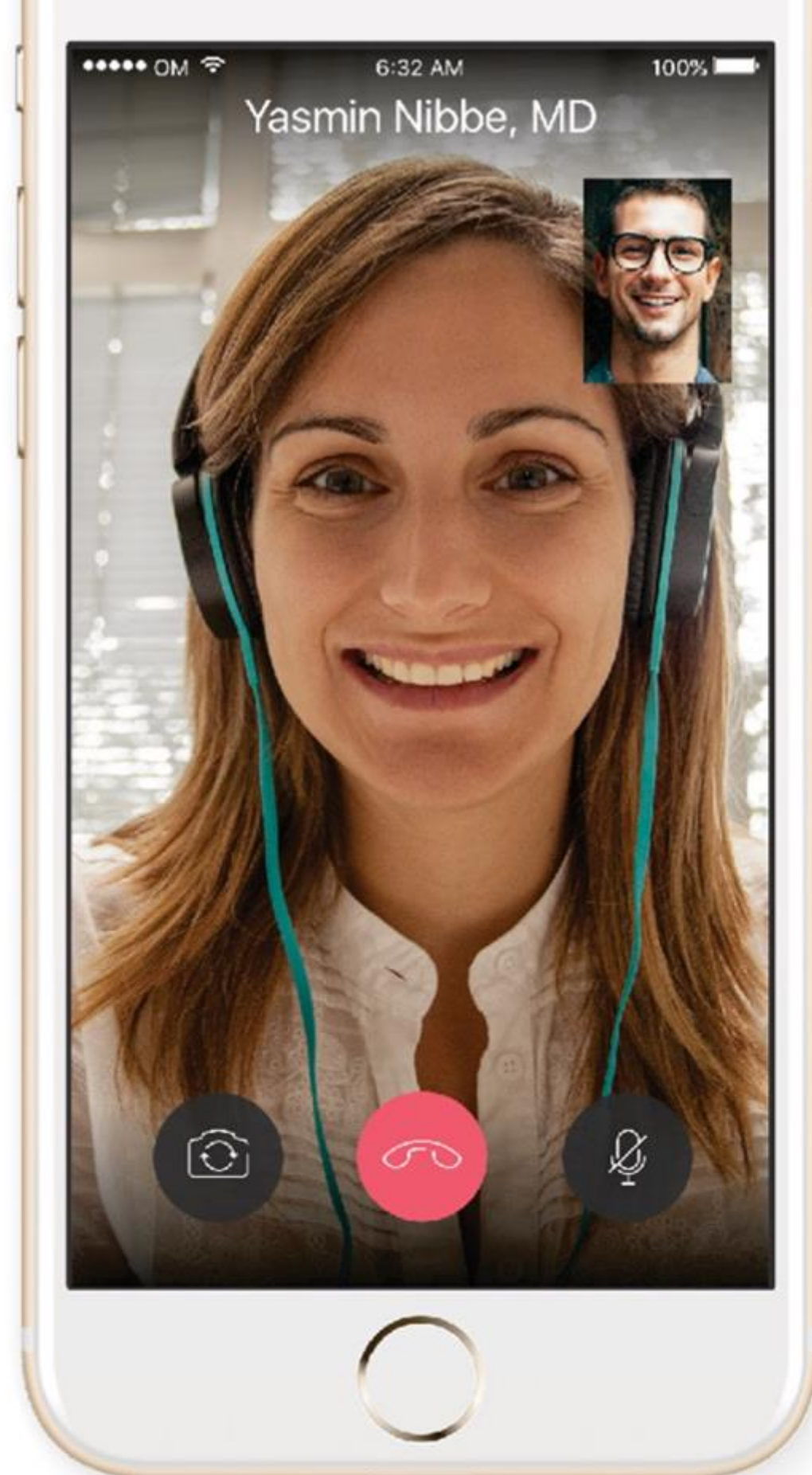
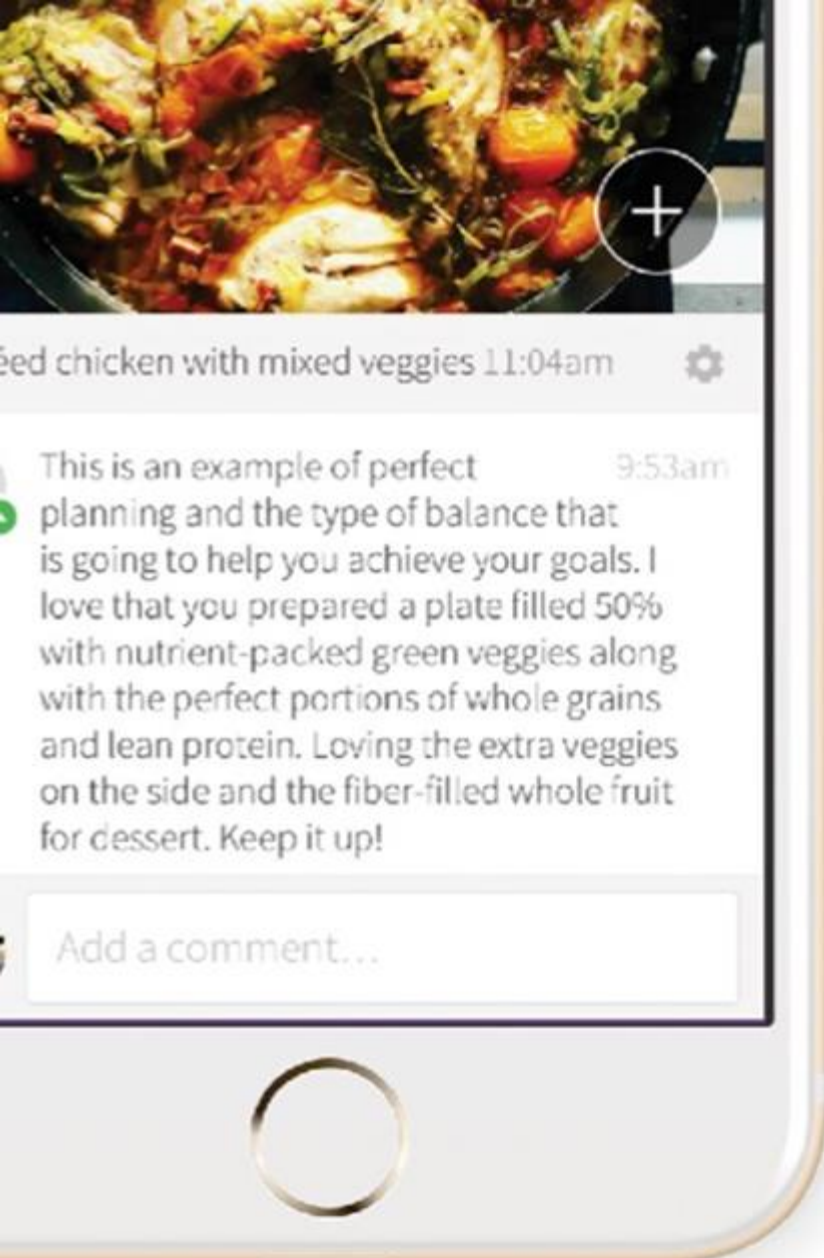
- Establishing care (face-to-face)
- Patient consent (care, billing)
- Scope of practice (e.g., form-based prescribing)
- Surcharge (FFS vs. cash)
- HDHP/HSAs (first dollar coverage)
- Parity (coverage vs. payment)



# Virtual Care Landscape

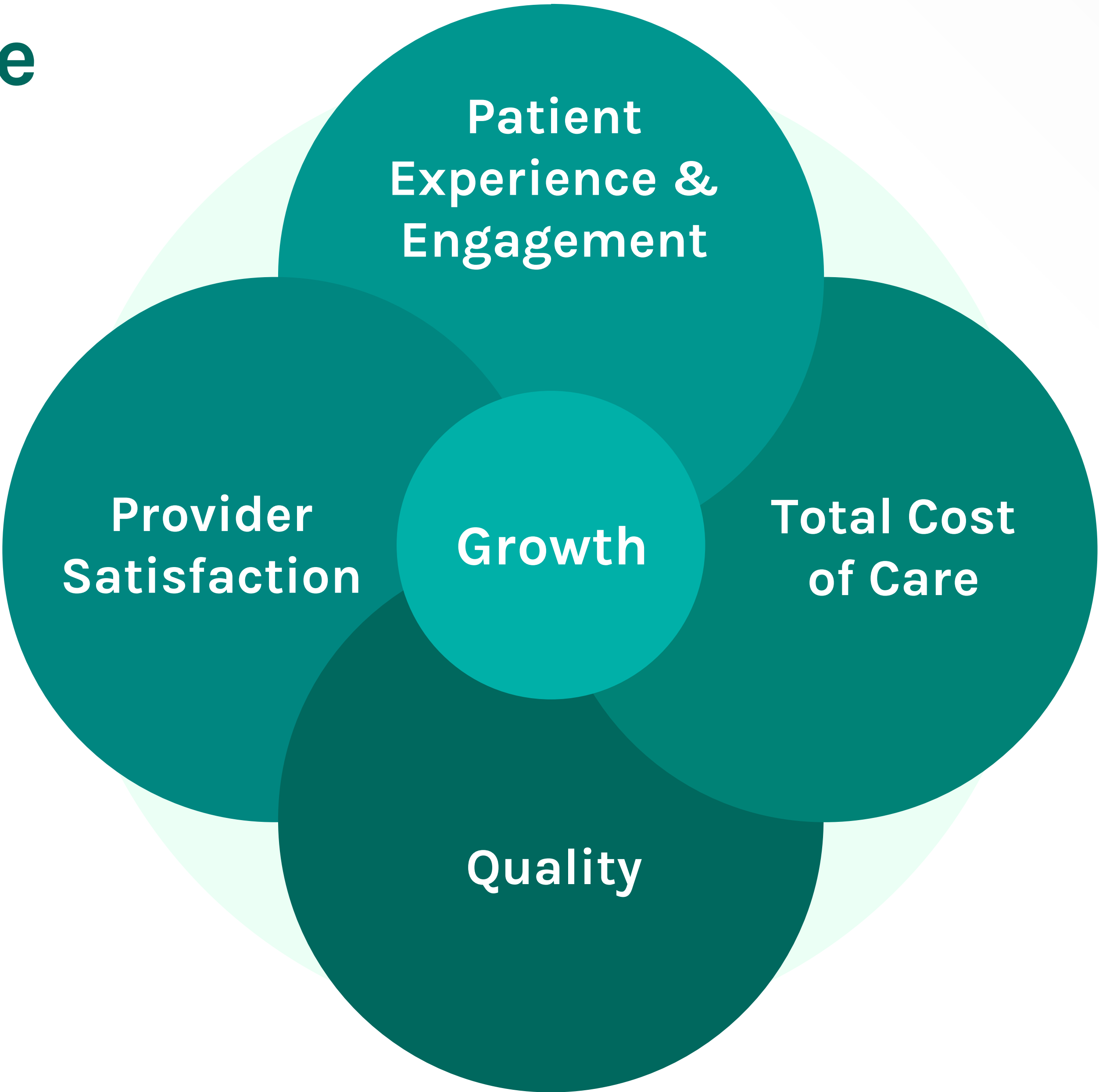
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# Quadruple Aim



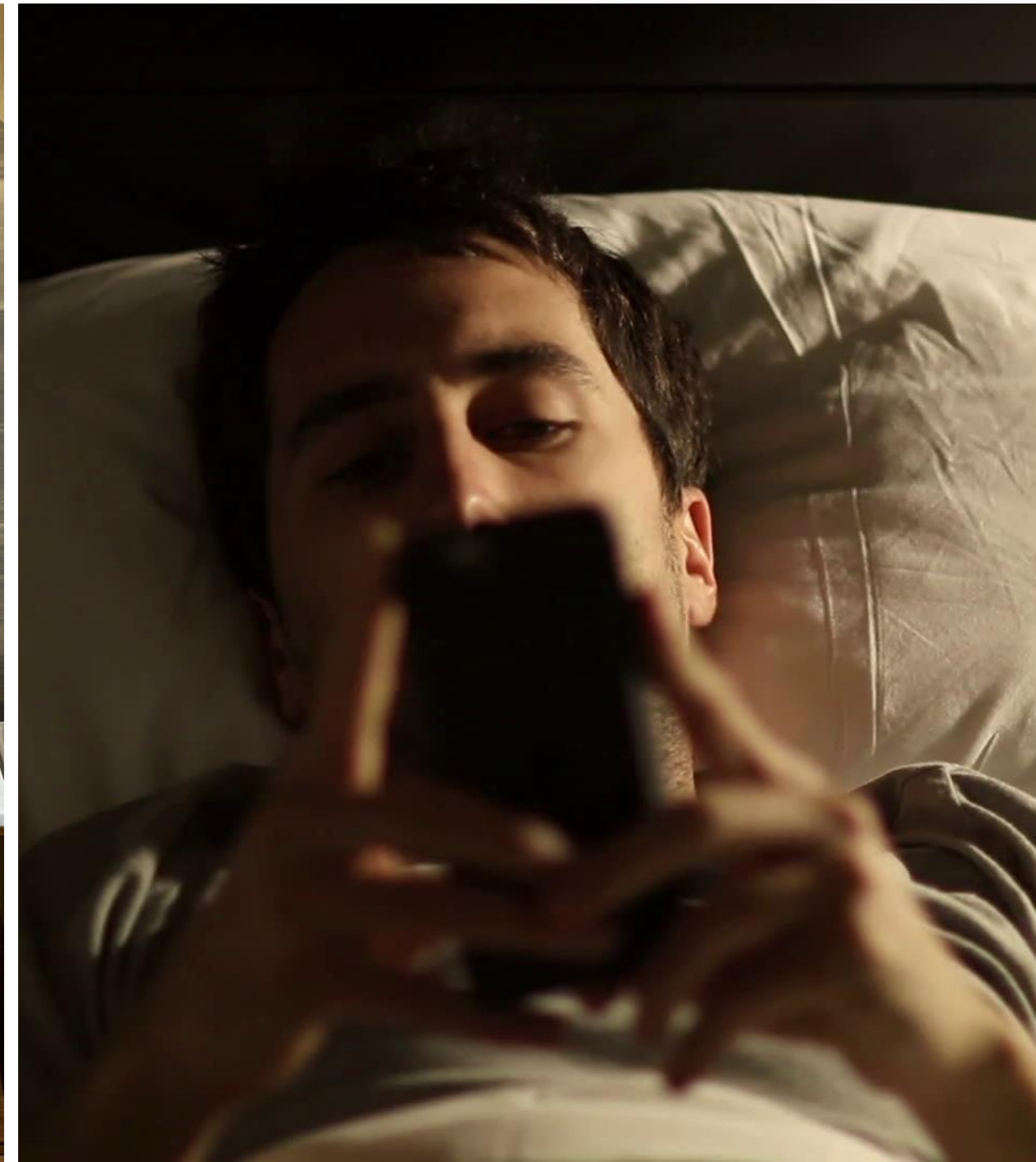
# Patient Engagement & Satisfaction

Incumbents  
struggling to adapt

- Not convenient nor high access today
- Hard to change behavior across locations, departments, service lines



# Patient Engagement & Satisfaction





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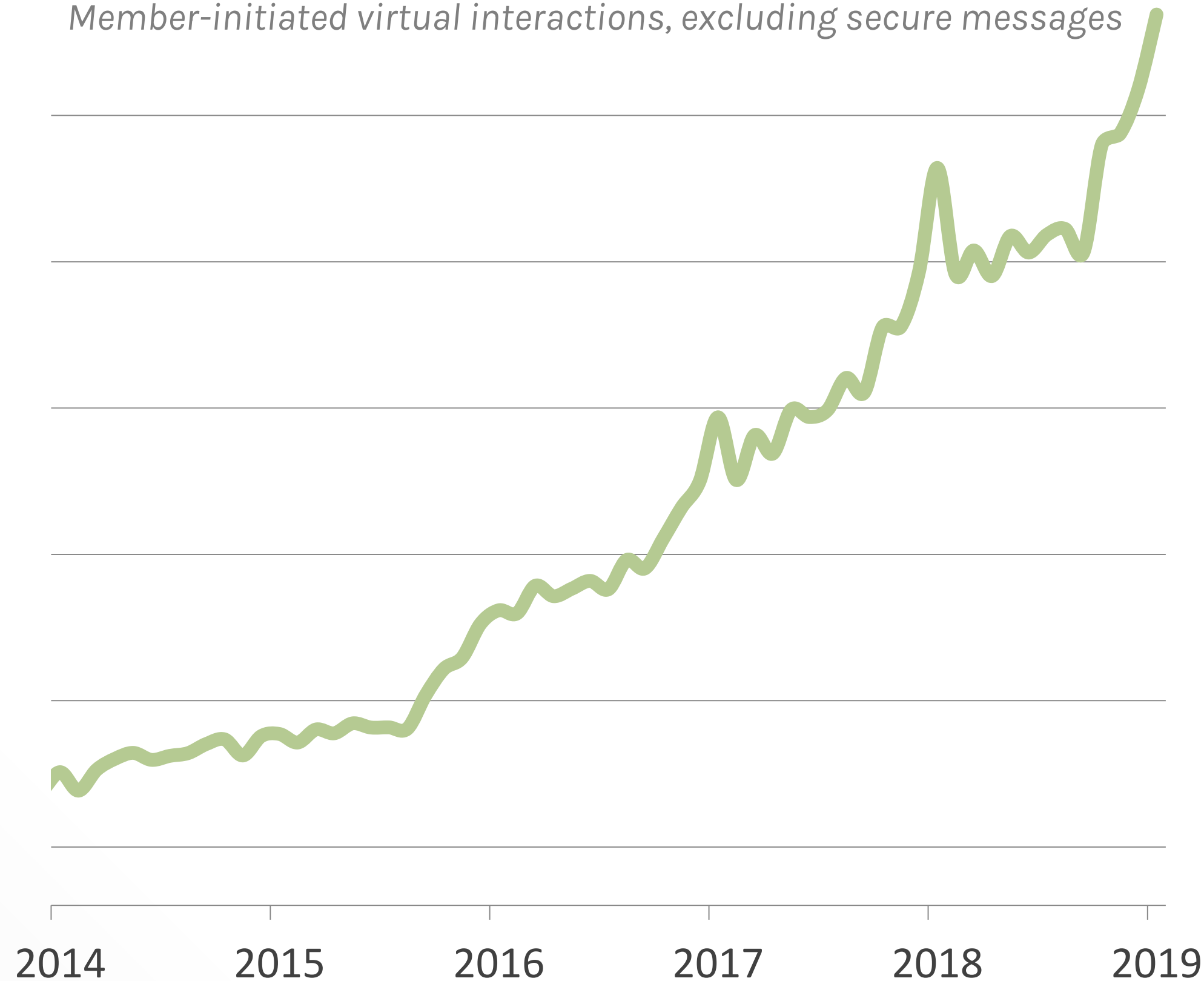
Virtual as a  
differentiator &  
bright spot

- People want easy access to high-quality care
- The lowest friction channels will win
- Surprise & delight with experience and access
- “Leapfrog strategy” with brand halo benefits

# Patient Engagement & Satisfaction

## 15x utilization growth in 5 years

Member-initiated virtual interactions, excluding secure messages



## Virtual satisfaction rivals in-office

Average post-video rating  
of 4.9 out of 5 stars



Average time from video  
request to pickup

<2 minutes

## Raving fans

[@onemedical](#) —> just got an appointment  
followup task on my iPhone checking in with  
me about how I'm feeling  
[#changinghealthcare](#) [#thankyou](#)

Being able to FaceTime your doctor is  
literally the best thing ever. S/O [@onemedical](#)

Thank you [@onemedical](#) for the easy,  
efficient [#videovisit](#), I \*never\* send these kind  
of tweets... but DAMN.



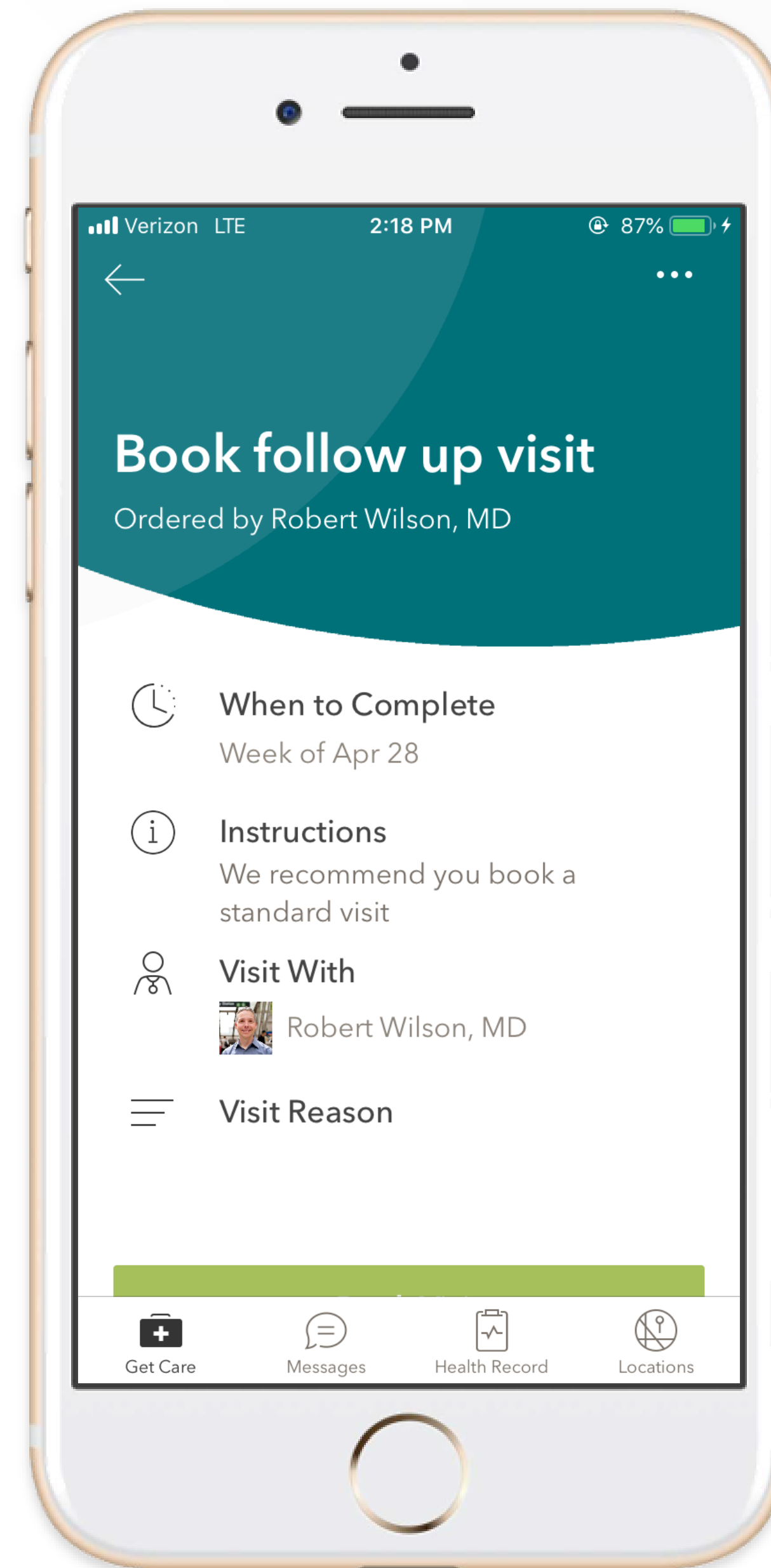
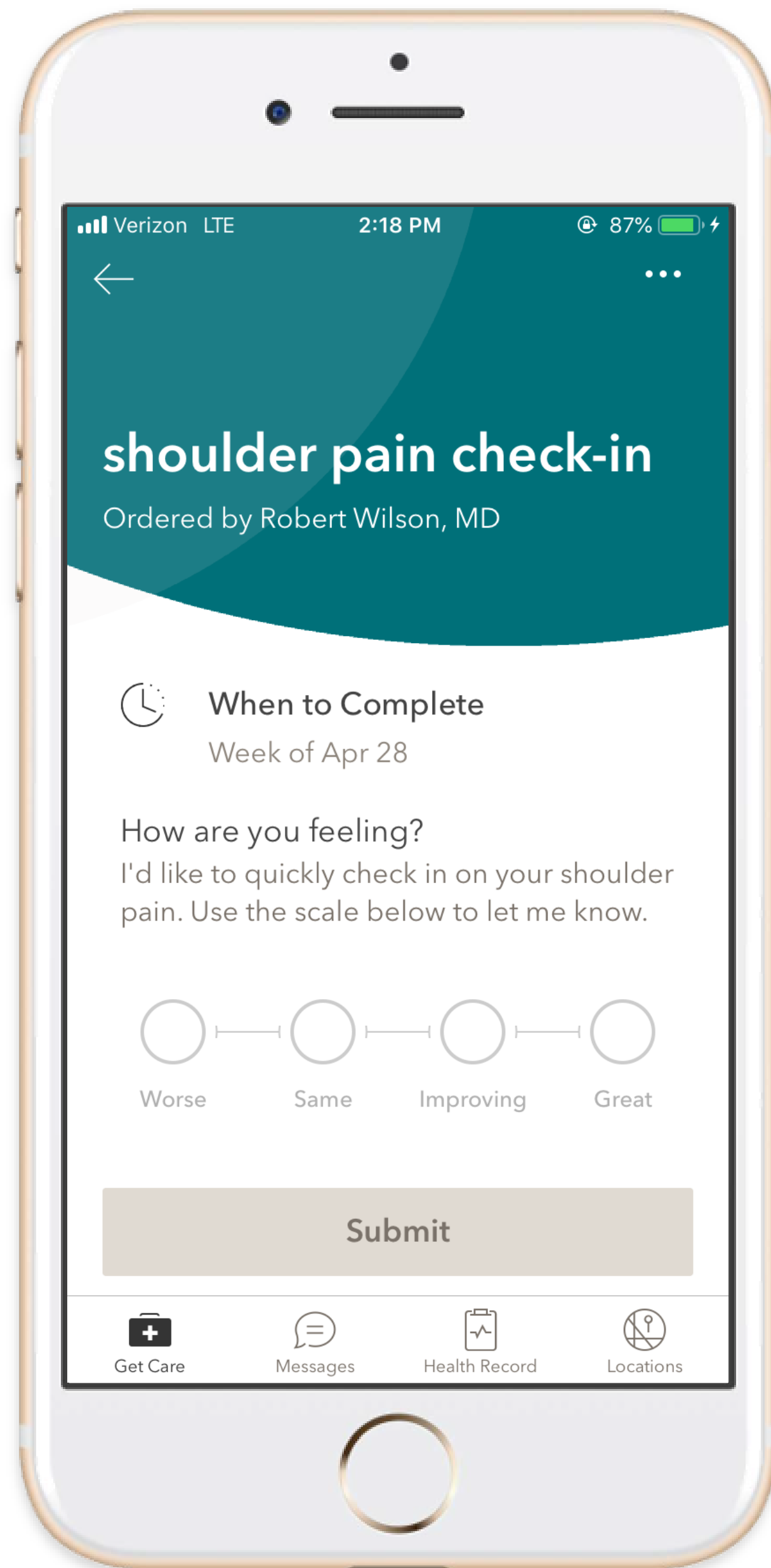
# Cost

- **High access to primary care reduces emergency care**
  - 8% ER reduction — down to 10.4% avoidable ER visit rate
  - 89% lower urgent care use
  - 26% of ER/admits contact us first
  - 58% of video visits occur outside of traditional office hours
- **Avoiding unnecessary/low acuity primary care office visits**
  - 80% of virtual interactions for URI symptoms resolved virtually
  - Digital dermatology feature for simple skin concerns
- **Avoiding unnecessary referrals**
  - Virtual curbsides: 60% YoY reduction in cardiology referrals with increased acuity of case mix seen by cardiologist
  - 19% lower specialty episode costs compared to other similar practices

**Net 5-10% total cost savings, partially driven by virtual care**

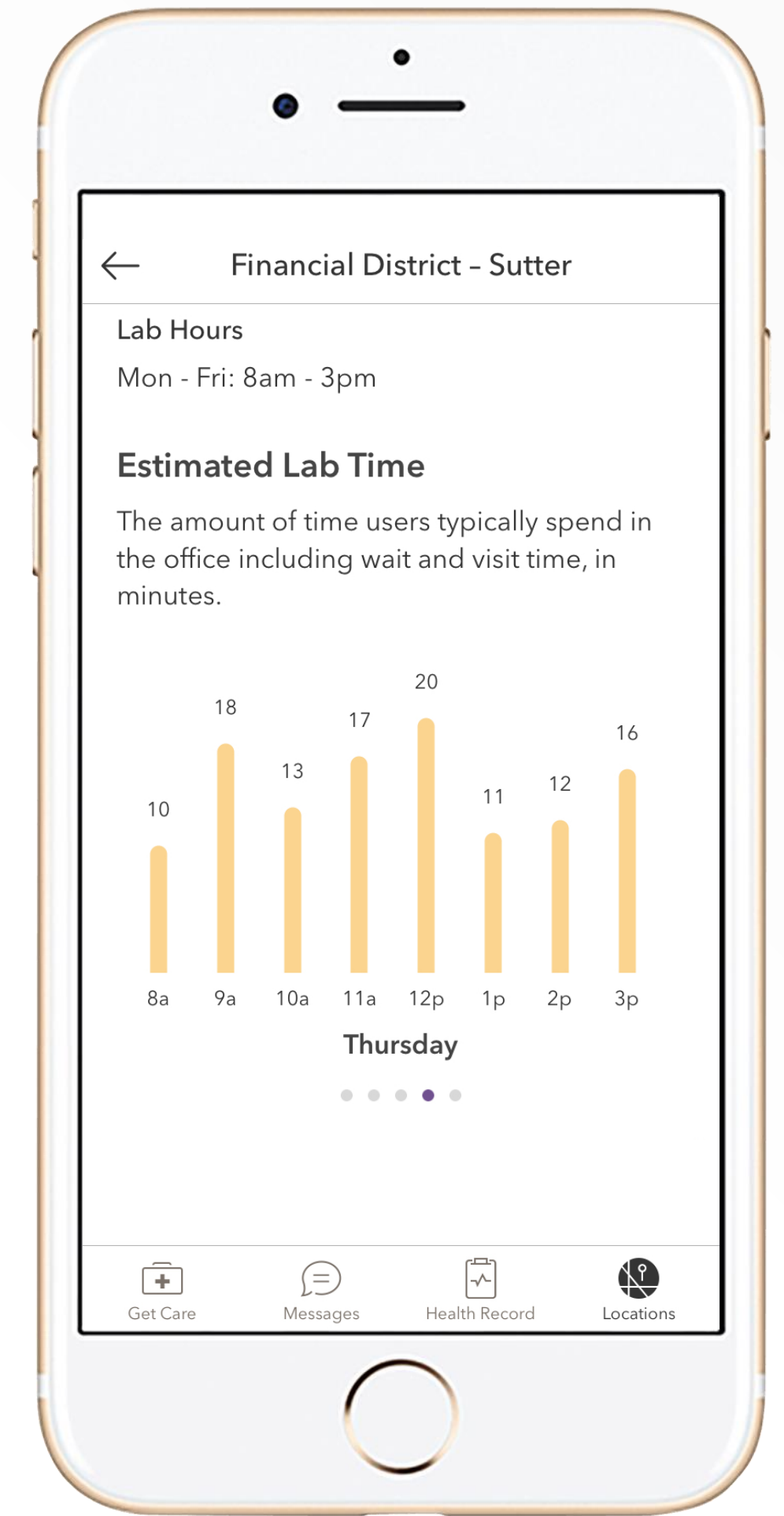
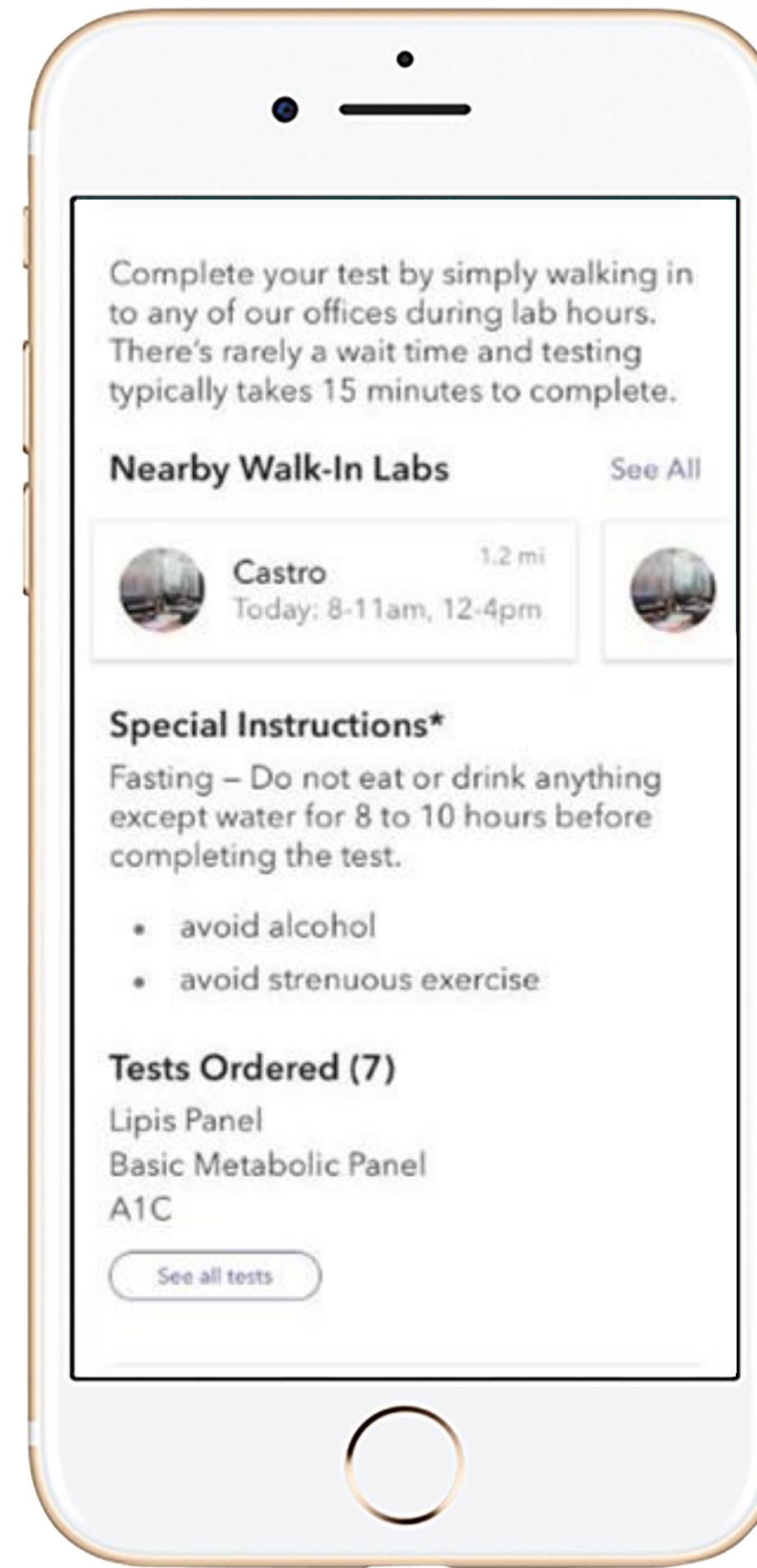
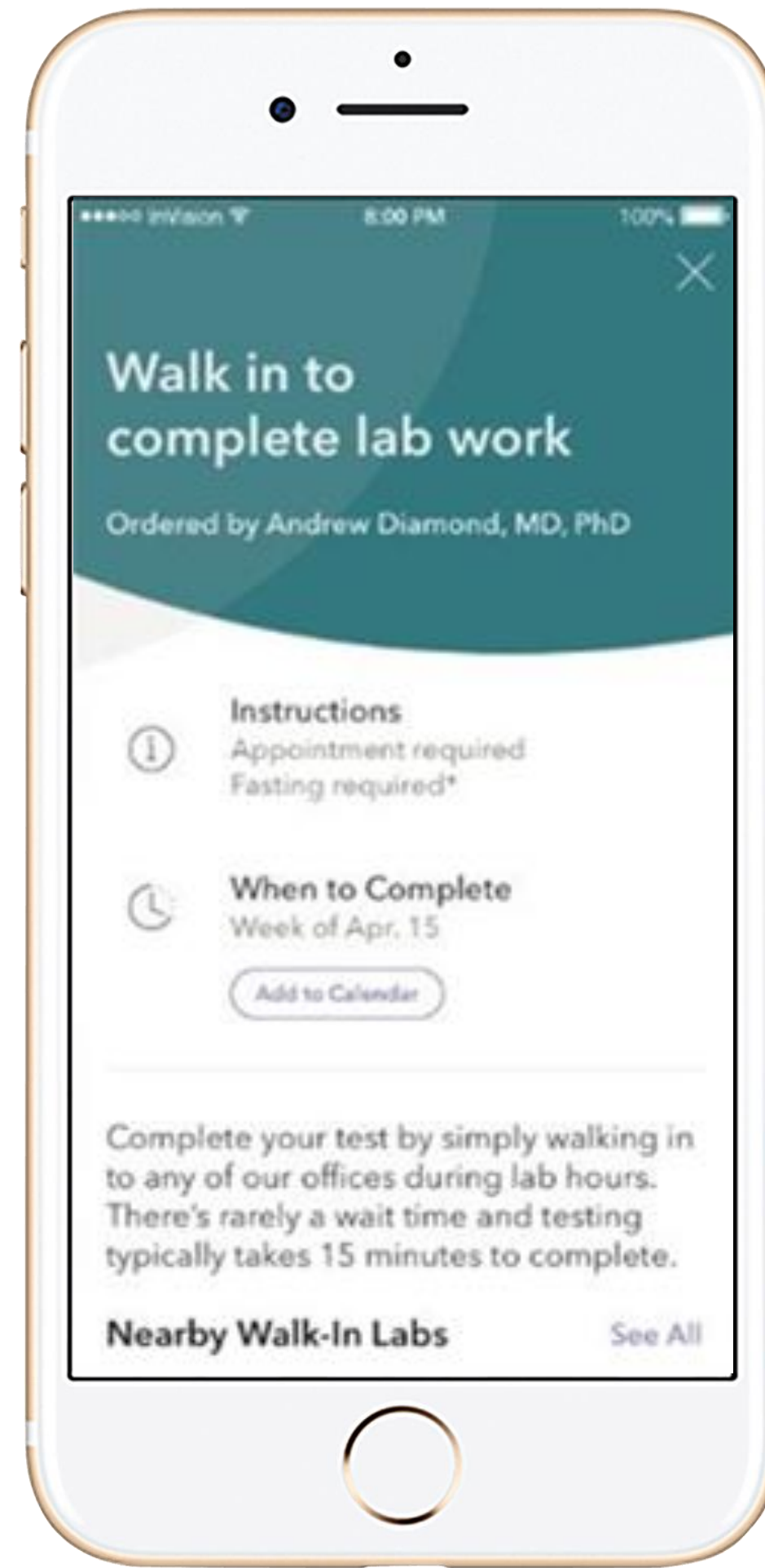
# Quality

- **Leverage virtual care teams for QI**
  - 90th %ile HEDIS scores
- **Tasks system**
  - Engaging over 50% of members every month digitally
  - Use to drive key quality measures: diabetes/A1c (lab tasks), flu vaccine (vaccine reminders), abnormal pap follow-ups (reminder tasks)
  - Proactive depression screening
- **Post-visit follow ups & patient-reported outcomes measures (PROMs)**
  - Proactive check-in pushed to patients after interactions for common concerns (URI, digestive concerns) to allow them to flag whether symptoms have resolved or not





# Driving Quality via Virtual



# Provider Satisfaction

- **Virtual provider satisfaction**
  - Highest team engagement in company
  - Varied workflows throughout day
  - Wide range of case mixes
  - Schedules allow for part-time clinic job to keep in-person skills current
  - Reduced reliance on urban market hiring
- **In-office provider satisfaction impact**
  - Not on call
  - Smaller backlog of work accumulation when not in office
  - Increased clinical complexity of case mix
  - High provider retention

**Drives engagement for both virtual and in-office providers**

# Growth

1. Unblock Growth
2. Create Capacity
3. Acquire New Patients



# Unblock Growth



## Clinician hiring or affiliation

- Easier to hire
- Job satisfaction



## Capital asset leverage

- Leverage existing offices to serve more patients
- Better IRR, less cash to breakeven, smaller CapEx budget, move faster

# Create Capacity



**Office visit  
capacity**



**Acuity  
improvement**

- Shifting to virtual frees up schedules for more visits
- Shifting 10% to virtual  $\approx$  4-6% new patient capacity
- Curbside consults can eliminate 20%+ of certain specialty visits
- Shift low-acuity visits out of office and create room for higher acuity
- Acuity shift  $\approx$  revenue shift

# Acquire New Patients



## **New front door for consumers**

- Dominant use: virtual urgent care
- High consumer acceptance (80%+)
- Branded experiences with referral to in-office providers
- Segment-specific experiences



# Acquire New Patients

## New Patients

- Not a top 3 reason to sign up
- Rated as 3-4x more important for working professionals than other segments

## Existing Patients

- Main benefit? Equally as important availability.
- Reason to select a PCP? Mid rating.

**Once you try it, you like it, but expect other providers to have it**

# Acquire New Patients



**New front door  
for consumers**

- Dominant use: virtual urgent care
- High consumer acceptance (80%+)
- Branded experiences with referral to in-office providers
- Rural catchment
- Segment-specific experiences



**New front door  
for PCPs**

- Curbsides or e-consults as a time saver  $\pm$  revenue driver

# Virtual Care Landscape

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# Lessons Learned

- What makes it work:
  - Integrated (clicks and bricks, unified medical chart, tech/app)
  - Advanced Practice Providers
  - Panel size support
- Seasonality: Demand in-office and virtual goes together
- Combatting misconceptions: patient preferences, liability, reimbursement, limitations
- Phone is still valuable
- Video needs vs. preferences (i.e., even if patient doesn't need video, they might prefer it)

# Common Pitfalls

- Tech stack and integration
- Experienced virtual provider rarity
- Reimbursement issues (contracts, networks, payment)
- Virtual scope clinical alignment (what belongs in office vs. virtual)
- Policy landscape (gray spaces)
- Appropriate routing (patient-initiated vs. provider-initiated)
- Medicare impact

# Q & A

**Please be sure to complete the session  
evaluation on the mobile app**



# Paul Cohen

**VP, Strategy, One Medical / [pcohen@onemedical.com](mailto:pcohen@onemedical.com)**

Paul is VP of Strategy at One Medical, one of the largest independent primary care delivery systems in the country. He leads the design and commercialization of new products, services, and partnerships, including telemedicine, diagnostics, genomics, and behavioral health.

Paul previously built One Medical's value-based business and led the organization to generate substantial total cost of care savings. He previously worked in healthcare private equity and covered practice management, telemedicine, telebehavioral health, navigation, and employer-sponsored care.

Paul has a BA, summa cum laude and with distinction, in cognitive science from Yale, and is a published researcher in the field of behavioral economics.

# Will Kimbrough, MD

**National Virtual Medical Director, One Medical / [wkimbrough@onemedical.com](mailto:wkimbrough@onemedical.com)**

Will is the National Virtual Medical Director and Senior Medical Director of Clinical Services at One Medical. He manages the virtual provider team that is comprised of nearly 150 advanced practice providers and RNs located throughout the US.

Will works with other teams in One Medical to expand the range of services offered both in-person and virtually, while increasing quality and decreasing cost to the healthcare system.

Will earned his MD from Georgetown University, and a Master's in Public Health from the London School of Hygiene. He completed his residency in Primary Care Internal Medicine at NYU. He worked in public health research and as a doctor in the National Health System in the UK prior to joining One Medical.

# References

Kaiser Family Foundation Employer Health Benefits 2018 Annual Survey [↗](#)

Direct Path 2018 Medical Plan Trends and Observations Report [↗](#)