Health Plans' Perceptions of The Value of Virtual Care

Introduction

The often used interchangeable terms of "telemedicine", "telehealth", and "virtual care" refer to the use of electronic information and telecommunications technologies to enable long-distance clinical health care, patient and professional health-related education, public health, and health administration. Integrating virtual health into the care delivery process has the potential to strengthen the patient-provider relationship, improve health care maintenance, increase patient satisfaction and avoid the unnecessary and costly visits to the emergency departments and urgent care facilities. Consumer groups, providers, and health plans all see the expanded use of virtual care as means to give patients better access to high-quality, affordable health care. Telehealth services make it easy for patients to connect with the health care providers via secure video or messaging from their computer or mobile device.

Responding to the demand from employers and members and recognizing the virtual care potential in augmenting the care delivery, health plans have been adding virtual services to their plan offerings (1,2). In some cases, health plans use their internal capabilities to develop and maintain the proprietary virtual care platforms, while many other plans are working with independent vendors that have an existing infrastructure and an established virtual network of providers. By increasing patient access to providers through convenient digital tools and enabling the remote monitoring, health plans hope to improve outcomes and reduce unnecessary visits to the emergency department (3,4,5).

Federal government and most states developed specific policies on promotion and provision of virtual services that demonstrate a variety of legislative and regulatory approaches (6,7).

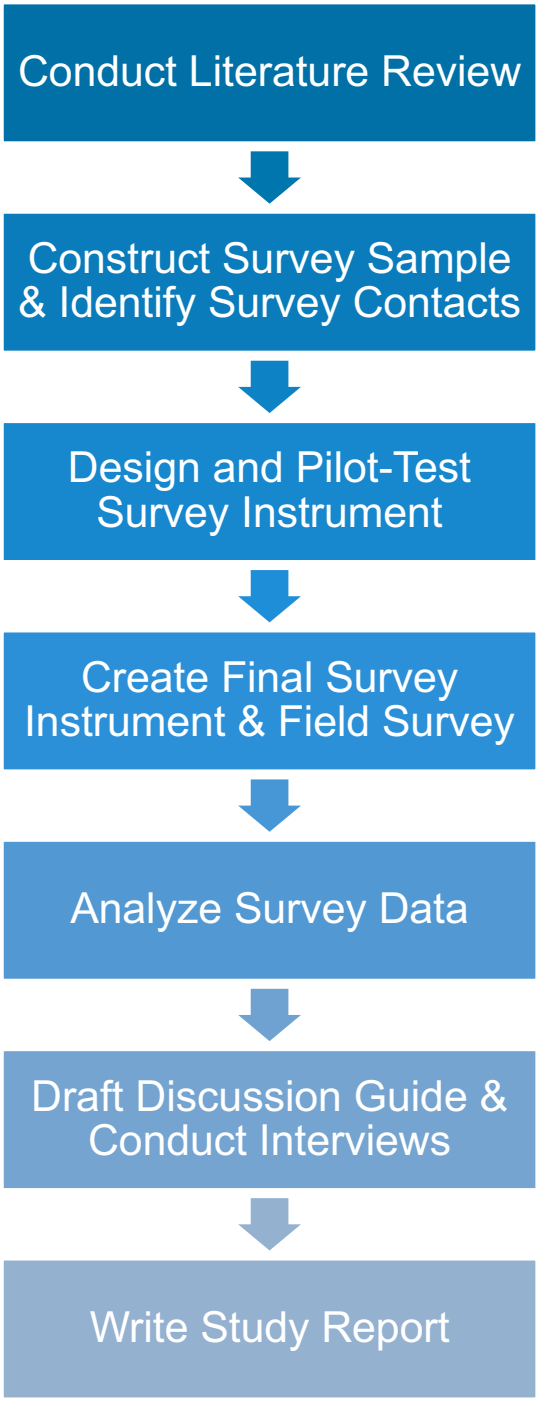
Virtual care could be especially helpful in providing convenient and fast access to care for patients in rural areas (8,9,10), seniors (11,12), behavioral care patients (13,14), people with mobility concerns (15), and post-surgery patients (16). Virtual care delivery could not only become a helpful tool for medical providers but can also facilitate the implementation of commonly-used health plan-based programs, such as prevention and wellness (17) or medication management (18).

Integrating virtual care in health plan disease management and case management programs has the potential to better address social determinants of health and better serve the needs of plan members from diverse cultural and linguistic populations (19).

Study Methodology

To effectively address the study objectives, we used a mixed methods approach that combined a literature review, a survey of health plans, and structured qualitative interviews. Such an approach enabled us to systematically characterize the "current state" of virtual care programs in the commercial, Medicare Advantage (MA), and Medicaid Managed Care (MMC) populations and gain a nuanced understanding of the successes, challenges, and barriers. Figure 1 shows the key steps in our methodology.

Figure 1. Key Methodological Steps



Literature Review

As a first step in developing our survey questionnaire, we conducted a preliminary literature review of health plan virtual care activities by using PubMed, health plan press-releases and trade publications.

The purpose of the literature review literature was to examine the methodology and results of studies on virtual care activities of health plans and employers. Such a review helped guide the development of the survey instrument.

In addition to reviewing the literature, during August and September 2018, we also conducted informal, unstructured interviews with internal AHIP experts and virtual care program staff of three health insurance plans aimed at learning about recent developments in virtual care programs.

Survey Development

The survey questionnaire was developed based on the literature review, input from the subject experts (virtual care solution vendors) and internal experts, and preliminary health plan interviews described above. Table 1 shows the key focus areas for the survey. Based on the literature review and preliminary interviews with health plans we defined virtual care for the purposes of this study as any interactions between a member and a health care provider that are performed outside a physical face-to-face care setting. This can include interactions by phone, video, mobile app, and other communication methods.

Table 1: Survey Focus Areas

Health Plan Perceptions of virtual care	Focus Areas
Health plan profile	• Status of virtual care services offerings • The length of virtual care services provision • Details of virtual care programs by product type
Virtual Care Program Characteristics	• Motivations of offering virtual care • Incentives and value-based design • Medical care that could be offered virtually • Benefits of virtual care programs Program evaluation including observed outcomes, evaluation methods etc. • Challenges and lessons learned in implementing virtual care
Integration of virtual care in plan's operations	• Effect of virtual care on specific health plan departments • Current status of health plan virtual care offerings • Perception of virtual care by members, employers, providers and regulatory agencies
Experiences and positions of plans not currently providing virtual care	• Reasons for not offering virtual care services • Potential approaches to virtual care implementation

The final survey instrument consisted of 28 questions for Commercial plans, 24 questions – for Medicare Advantage plans, and 25 questions for Medicaid plans. Not all survey participants were asked all survey questions because the survey included skip-patterns based on specific plan responses to certain questions.

The Qualtrics® online survey tool was used to develop and deploy a web-based survey. We invited four plans to pilot test the survey in September 2018. Participation in the pilot and provision of feedback was voluntary. We requested feedback from the pilot-test participants on ease of answering the survey, comprehensiveness of survey questions, appropriateness of survey length, and time needed to complete the survey.

Survey Sample

Our sampling frame was the national directory of commercial health insurance plans derived from the Atlantic Information Services (AIS) *Directory of Health Plans: 2017.* In our selection process, we used the definition of a health plan as given in *AIS's Directory of Health Plans: 2017*: health insurance company operating in the U.S. that offers some type of risk-based, primary care health insurance product based on a regional provider network. The unit of sampling was the corporate entity, i.e., subsidiaries of a corporation were not asked to submit their responses separately. Table 2 lists the exclusion criteria used to construct the sample.

Table 2 – Exclusion Criteria for Survey Sample

Exclusion Criteria	Rationale
Health insurance companies operating outside of 50 states, District of Columbia and Puerto Rico	The health insurance organization working in the smaller unincorporated territories of the United States (Guam, Virgin Islands, etc.) operate in a very distinct regulatory and social environment. The information collected from them would have limited applicability to the broader population of health plans and their members.
Leased preferred provider (PPO) networks (organizations that do not provide health insurance products directly to individuals or employers but instead build the provider networks and lease them to other health plans).	Leased preferred provider networks are not involved in designing or implementing virtual care activities.
Health insurance companies that offer only specialty care (e.g. behavioral care).	Specialty care companies offer health care services for a limited number of health conditions via contracts with health insurance plans or self-insured employers. These companies do not provide the full suite of medical benefits and therefore not included as part of the study.
Subsidiaries of health plans	Our experience has shown that virtual care strategies and programs are established at the corporate level. Health plans in our study sample were given the option of submitting a separate response for their subsidiary based on their knowledge of programs.
Health plans that were listed as separate corporate entities in *AIS's Directory of Health Plans: 2017* but at the time of the survey ceased to operate, had been acquired by other insurers, or had been in the liquidation stage.	Our experience has shown that virtual care strategies and programs are established at the corporate level.
Health plans with the commercial enrollment of less than 10,000 according to the data from *AIS's Directory of Health Plans: 2017.*	Our experience working with the plans of this size has shown that the low enrollment numbers frequently indicate an unusually structured insurance product or a niche market. Given the specialized nature of these plans we excluded them from our sample. The total enrollment in the excluded plans on the 2017 AIS Directory is less than 1% of the total health plan enrollment, which makes the effect of their exclusion negligible.

These exclusion criteria resulted in a sampling frame of 216 health plans who were invited to participate in the survey. Since health plans often offer multiple type of health insurance plans (Commercial, Medicare Advantage, and Medicaid) and responding on all plans offered could place an extensive burden on the survey respondents

and slow down the response time we asked health plans to respond on the product type (Commercial, Medicare Advantage, or Medicaid) that accounted for the majority of the plan's enrollment based on the *AIS's Directory of Health Plans: 2017* data.

Since Medicare Advantage plans are frequently offered by insurer companies that also offer other insurance products with the larger overall enrollment, 6 plans with the preponderance of Commercial enrollment were asked to report on their virtual care activities based on their Medicare Advantage enrollment. This ensured that the experiences of large insurers offering Medicare Advantage insurance could be captured alongside with smaller plans that predominantly or exclusively focus on Medicare Advantage coverage. Overall, we asked 117 plans to respond on virtual care experiences in their Commercial population, 73 – Medicaid, and 26 – in their Medicare Advantage population.

We fielded the survey via email to the sample of health plans using a key informant approach. Potential survey respondents were unidentified based on the internal AHIP databases of health plan staff, analysis of health plans websites and plan-specific news coverage related to offering virtual care. AHIP staff contacted potential survey respondents with knowledge of their health plan operations in the two weeks prior to the survey and asked them to confirm that they would be the best survey contact for their plan or, if not, to recommend other plan staff, who were involved in their plan's virtual care efforts, to be the survey respondent.

Data collection occurred between October 2018 and January 2019. We made multiple outreach attempts via telephone and email to encourage participation in the survey.

Survey Response Rate

Seventy-four (74) health plans responded to the survey and described their telehealth practices. Responding plans covered a combined (commercial, MA, and MMC) total of 118 million lives, as of the beginning of 2017 (see Table 3).

Table 3. Survey Statistics

	Commercial	Medicare Advantage	Medicaid
Responding plans by reported product	48	13	13
Response rate by reported product	41%	50%	18%
Reported product enrollment in responding plans, million lives	96	9	13
Reported products enrollment as a share of the national managed care enrollment in reported products	49%	46%	22%

By line of business, responding health plans had the response rate of 41% for Commercial plans, 50% for Medicare Advantage and 18% for Medicaid plans. Thus, the survey responses describe virtual care activities of insurers providing coverage to 43% of the national managed care population (based on the statistics from *AIS's Directory of Health Plans: 2017)*. The health plans who submitted survey responses reflected the diversity of the modern health plan industry: they operated in all 50 states, included plans of all types (for profit, not-for profit, integrated model, provider-owned etc.) and varied in the size of their total enrollment from tens-of-thousands to millions of members.

Data Analysis

We analyzed the survey responses by calculating frequencies and percentages for each survey question. As some health plans did not respond to all survey questions, the denominator for calculating percentages among the questions varied. The analysis of survey responses was conducted using the statistical package SAS Enterprise Guide 6.1 and Microsoft Excel 2016.

Health Plans Interviews

Following the analysis of the survey data, we conducted structured follow-up interviews with a subsample of the survey participants. The purpose of these interviews was to attain a deeper understanding of the goals for health plans' virtual care programs, specific interventions used, and program evaluation results. The interviews were conducted with the representatives from 13 health plans. We selected plans for the interviews based on the following two criteria: product type for which they submitted a survey response (5 Commercial, 4 Medicare, and 4 Medicaid plans), and the length of the virtual care use by the plan (not currently using – 3 plans, virtual care use of less than 3 years - 7 plans, and virtual care use of 3 years or more – 3 plans). By assuring enough representation in each of those groups we aimed to provide an opportunity for staff of health plans of different types and different degree of involvement in the virtual care provision to communicate their experiences, attitudes and lessons learned. Respondents were from all levels of their organizations from managers to directors to senior management. All respondents had worked in healthcare for at least ten years, with the majority having over twenty years of experience.

The interview guide was created based on survey responses and included 12 questions focusing on the place and importance of virtual care in plan's operations, plan-specific virtual care adoption and implementation experience, limits to using virtual care, and program evaluation results. Interviews were conducted by phone and lasted 45 minutes.

The study interviews were conducted in January and February of 2019. Prior to the interview the survey respondents at the health plans selected for the interviews received an email invitation describing the purpose of the interview and its planned duration along with the interview guide. Each of the interviewees received assurances of voluntary participation, confidentiality of individual responses and suppression of any plan-identifying information. All of the potential interview candidates were offered an option of receiving a $100 American Express gift cards for interview participation.

The interviews were conducted by the AHIP research team, consisting of one moderator and one note-taker. The interviews were conducted as telephone-based semi-structured interviews. Respondents were encouraged to express their attitudes, opinions and recollections freely. If needed, additional questions were asked to solicit health plans responses to the specific areas not covered during their original response to the interview question or to further clarify plan responses.

The analysis of the interview data was conducted to supplement the findings of the survey. The analysis was conducted by a two-person team and was focused on identifying common themes as well as unique aspects of health plan virtual care activities.

Study Limitations

While a sizable proportion of health plans responded to the survey, the response rate was markedly lower for Medicaid plans, which calls for caution in any generalizations based of their survey responses. Additionally, 50 state governments create unique combinations of regulatory environment and contractual priorities for Medicaid plans operating in different states; thus, our study approach may have not been adequate for capturing some unique experiences and limitations of virtual care use in managed Medicaid. Finally, this study represents the views of health plans and does not include the perspectives of providers or health plan members.

Survey Results

Part I. Questions Asked in Same Format For All Plan Types.

1. Is your company currently offering virtual care for members?

Response Options	Commercial, %	Medicare Advantage, %	Medicaid, %
Yes	94	92	62
No, but considering	6	8	31
No	0	0	8

2. For how long has your organization been offering virtual care for your (responding) **line of business?**

Response Options	Commercial, %	Medicare Advantage, %	Medicaid, %
Less than one year	4	25	25
About 1-2 years	31	33	25
About 3-5 years	47	25	38
For over 5 years	18	17	13

3. Please indicate where you feel your organization currently is in regard to offering virtual care for your customers *(where "Initial Exploration" =0; "Established Regular Service" =50; and "Fully-Assessed & Proven Value"=100)*:

Product type	Average Score
Commercial, fully insured	64
Commercial, self-insured	60
Medicare Advantage	53
Medicaid	39

4. Please indicate below which of the following groups might possibly play a role in the management of virtual care?

Response options are displayed in the descending order of "Lead role" by Commercial plans

Response Options	Lead Role, %			Supporting Role, %		
	Commercial	Medicare Advantage	Medicaid	Commercial	Medicare Advantage	Medicaid
Commercialization	77	45	40	23	55	60
Clinical Affairs	44	55	60	56	45	40
Provider Relations	33	27	70	67	73	30
Member Relations	26	27	20	74	73	80

5. Do you currently utilize benefit designs that include incentives for the virtual use of care?

Response Options	Commercial, %	Medicare Advantage, %	Medicaid, %
Yes	67	55	25
No, but considering	27	27	33
No	7	18	42
Not sure	0	0	0

6. Overall, for your …(reporting) **line of business, about how much of your current healthcare related spending is in value-based Alternative Payment Models (APMs) versus traditional, fee-for service?**

Spending in APMs	Commercial, %	Medicare Advantage, %	Medicaid, %
0%	9	18	0
1-25%	67	9	73
26-50%	11	9	18
51-75%	7	27	9
76-100%	7	36	0

7. With respect to your Alternative Payment Model contracts, about how many are with primary care physicians or practices versus specialists?

Average % Reported

Response Options	Commercial	Medicare Advantage	Medicaid
Percentage of APMs with primary care physicians:	72	87	76
Percentage of APMs with specialist physicians:	28	13	24

8. Please indicate your level of agreement below where you see virtual care as having a beneficial impact on value-based agreements with providers:

Response options are displayed in the descending order by Commercial plans

The percentage values for the "Disagree" and "Unsure" responses are not displayed

Response Options	Agree, %		
	Commercial	Medicare Advantage	Medicaid
Serve as a useful component of a shared-saving strategy	88	89	73
Help reduce the provision of wasteful/unnecessary care	85	89	91
Improve appropriate care measures	73	89	91
Play an important role in bundled or episodic payment approaches	56	56	64
Ensure improved coordination of care among a team of providers	54	67	64
Better capture important quality of care data	46	67	45
Help better define the attributable patient population	29	44	64

9. Looking forward, do you see the overall importance of virtual care …

Response Options	Commercial, %	Medicare Advantage, %	Medicaid, %
Increasing	95	100	100
Decreasing	0	0	0
Remaining about the same	5	0	0
Not sure	0	0	0

10. Please rank below how virtual care could be improved (where 1= most important and 9= least important area for improvement):

Response options are displayed in the descending order of importance by Commercial plans

Response Options	Average Rank (lower rank indicates higher importance)		
	Commercial	Medicare Advantage	Medicaid
Better member awareness	2.5	3.6	2.7
Greater breadth of services	4.1	3.7	5.5
Actuarial support to demonstrate value	4.4	5.1	5.5
Simplified consult processes by providers	5.3	6.5	4.5
Simplified scheduling and communication between members and providers	5.3	5.7	4.8
Clarity on clinical guidelines and limits	5.4	4.4	5.3
Clear clinical outcomes	5.7	5.0	4.9
Suggestions for new virtual-based plan designs	5.7	6.1	6.7
Simplified implementation and management	6.5	4.9	4.9

Part II. Questions Containing Different Response Options by Plan Type.

11. Please indicate below if you agree (or disagree) with the following statements: "Virtual care…"

Response options are displayed in the descending order of agreement by Commercial plans

The percentage values for the "Not sure" responses are not displayed

Virtual care…	Agree, %			Disagree, %		
	Commercial	Medicare Advantage	Medicaid	Commercial	Medicare Advantage	Medicaid
Type of Care						
Augments our care management strategy for complex case care	73	82	70	14	0	0
Can easily replace over half of the primary care office visits made today	33	45	50	33	9	10
Is not appropriate for most specialty care needs	16	18	0	61	55	80
Only makes sense for episodic care	9	0	10	84	82	90
Is a useful tool for end-of-life care		73			0	

Virtual care…	Agree, %			Disagree, %		
	Commercial	Medicare Advantage	Medicaid	Commercial	Medicare Advantage	Medicaid
Facilitates access to use of LTSS (Long Term Services & Supports)			50			10
Clinical Quality and Outcomes						
Complements our existing service offerings	98	91	100	0	0	0
Helps reduce wasteful, unnecessary care and oftentimes, expensive care	88	82	80	5	0	0
Is used as a valuable care strategy	88	73	100	5	0	0
Is a useful tool for collecting clinical quality measures as part of an APM	47	55	60	7	9	0
Leads to higher quality clinical outcomes	33	45	80	5	0	0
Member Engagement and Satisfaction						
Once used, can oftentimes lead members to become regular virtual care users	81	91	78	5	0	11
Is a valuable component of our member communications strategy	72	73	80	9	0	0
Has helped improve overall member satisfaction	63	73	70	9	0	0
Has helped improve member awareness and utilization of their benefits	44	64	40	16	0	10
Has, in general, improved overall member engagement	42	64	70	19	0	0
Allows for regular communication with family caregivers of home hospice patients		64			0	
Access						
Expands our ability to provide quality healthcare to more members	93	100	90	2	0	0

Virtual care…	Agree, %			Disagree, %		
	Commercial	Medicare Advantage	Medicaid	Commercial	Medicare Advantage	Medicaid
Is a cost-effective alternative to in-person office visits	91	73	100	5	9	0
Is increasingly being requested by our customers	74	73	70	19	18	0
Can be used as an entry point to route members toward the right type of care	88	91	100	10	9	0
Likely requires additional in-person follow-up visits	14	45	0	63	18	70
Facilitates care access for our infirmed members		73			0	
Improves access for enrollees who have limited or no paid sick time			100			0
Helps alleviate transportation challenges of enrollees			89			0
Physician Network						
Helps to broaden our provider networks	84	82	90	5	0	0
Enables primary care providers to use time with patients more efficiently	72	82	80	9	0	10
Is a useful tool for coordinating care with other providers and services	49	82	50	9	0	0
Strengthens and supports payer-provider collaboration	42	64	40	12	9	10
Is a useful tool for coordinating care with social services			80			10

12. Of the services below, mark which aspect of the ones you consider to be types of care or interactions that can be handled "virtually":

Response options are displayed in the descending order of assessment values by Commercial plans. Full response options names are "Assessment/ Diagnosis", "Treatment/ Care", and "Monitoring/ Medication Management". The percentage values for the "Unsure" responses are not displayed.

SERVICES	Commercial, %			Medicare Advantage, %			Medicaid, %		
	Assessment	Treatment	Monitor.	Assessment	Treatment	Monitor.	Assessment	Treatment	Monitor.
Acute care (non-emergency)	77	80	61	82	91	45	92	77	54
Behavioral health	73	84	77	55	91	82	85	92	92
Dermatology	73	66	59	64	55	36	85	92	77
Wellness coaching	73	75	66	55	73	73	85	85	77
Pediatric care	68	71	57				100	92	85
Nutritional coaching	66	71	64	64	73	82	69	77	69
Chronic care	39	66	73	27	73	73	77	69	92
Sexual health care	36	36	48	27	36	36	77	69	54
Complex care	25	27	50	18	45	82	46	31	62
Critical care (emergency)	18	18	14	9	9	27	15	8	23
Physical therapy	14	30	30	27	27	27	15	8	15
Occupational therapy	14	25	32	18	27	27	15	8	15
Surgical care (pre- and post-discharge)	7	16	48	18	27	45	38	38	46
Orthopedic care	7	11	36	9	9	36	23	15	23
Obstetric care	5	11	36				46	31	62
Hospice care				27	36	45			
Dementia/ suspected Alzheimer's Disease				18	27	45			
Fall prevention				36	36	64			

13. For those types of care or interactions above that can be handled "virtually", as of today, what is your organization's status in implementing these services?

Note: the percentages are calculated on the subset of respondents who reported in the previous question that this type of care/interactions can be handled "virtually".

Response options are displayed in the descending order of implementation by Commercial plans

The percentage values for the "No, Not implementing" and "Unsure" responses are not displayed

Response Options	Yes, implementing, %			No, but considering, %		
	Commercial	Medicare Advantage	Medicaid	Commercial	Medicare Advantage	Medicaid
Acute care (non-emergency)	90	55	64	8	27	18
Behavioral health	74	90	82	19	10	9
Pediatric care	66		42	16		33
Wellness coaching	49	56	45	31	44	36
Nutritional coaching	47	56	11	28	44	33
Dermatology	43	71	40	46	14	40
Chronic care	41	78	36	50	11	36
Complex care	30	67	38	52	11	50
Sexual health care	24	25	11	20	50	33
Surgical care (pre-and post-discharge)	21	40	13	25	40	25
Obstetric care	19		25	13		25
Critical care (emergency)	15	25	33	23	25	33
Orthopedic care	11	40	33	32	40	0
Occupational therapy	5	0	0	26	67	0
Physical therapy	0	0	0	25	67	0
Dementia/suspected Alzheimer's Disease		40			40	
Hospice care		40			20	
Fall prevention		43			57	

14. Please indicate below, which of the following groups are aware of the value of virtual care:

Response options are displayed in the descending order of awareness by Commercial plans

The percentage values for the "Not sure" responses are not displayed

Response Options	Aware, %			Not aware, %		
	Commercial	Medicare Advantage	Medicaid	Commercial	Medicare Advantage	Medicaid
Your large employer customers	84			2		
Your members	61	64	64	16	18	18
Your small employer customers	57			16		
In-network primary care physicians	43	64	64	30	27	9
In-network specialist physicians	34	45	45	32	27	18
Home health agencies		73	18		9	9
Hospice facilities		45			36	
Social services providers		36			9	

15. On the scale below, move the slider to indicate how strongly the value of virtual care is perceived by the following: *(where "No value" =0 and "Great value"=100)*:

Response options are displayed in the descending order by Commercial plans

Response Options	Average value		
	Commercial	Medicare Advantage	Medicaid
Your large employer customers	74		
Your small employer customers	66		
Your members	63	58	54
In-network primary care physicians	55	54	46
In-network specialist physicians	52	46	40
Home health agencies		41	54
Hospice facilities		53	
Social services providers			54

16. On the scale below, move the slider to indicate the level of satisfaction with the current state of your virtual care offering by the following stakeholders: *(where "Very Dissatisfied" =0; "Neither" =50; and "Very Satisfied"=100)*:

Response options are displayed in the descending order by Commercial plans

Response Options	Average value		
	Commercial	Medicare Advantage	Medicaid
Your members	68	63	81
Your large employer customers	64		
Your small employer customers	63		
In-network primary care physicians	49	54	53
In-network specialist physicians	43	45	50
Home health agencies		38	65
Hospice facilities		24	
Social services providers			80

17. Please indicate and rank below your top three motivations for offering virtual care ,

Primary Motivation, %

Response options are displayed in the descending order by fully-insured Commercial plans

Response Options	Commercial		Medicare Advantage	Medicaid
	Fully insured	Self-insured		
Realize return-on-investment and/or cost reductions	32	44	8	13
Make care convenient to access on an "as needed" basis for members	27	22	0	0
Increase access to high-quality care	15	11	50	25
Offer modern, innovative health benefits to members	7	8	0	13
Boost employee productivity	5	8		
Useful strategy to ensure appropriate care delivery based upon the members' needs (i.e. to "triage" cases before utilizing an in-person office visit).	5	6	17	13
Meet growing demand/feedback for virtual care services from members	5	6	8	25
Improve clinical outcomes/health of members	0	0	17	0
Recognize value of including virtual care to overall employee benefits strategy	5	0		
Meet contractual requirements of state agencies				13

Top Three Motivations Combined, %

Response options are displayed in the descending order by fully-insured Commercial plans

Response Options	Commercial		Medicare Advantage	Medicaid
	Fully insured	Self-insured		
Make care convenient to access on an "as needed" basis for members	71	64	50	25
Realize return-on-investment and/or cost reductions	46	58	17	25
Offer modern, innovative health benefits to members	43	22	42	25
Increase access to high-quality care	29	36	67	50
Meet growing demand/feedback for virtual care services from members	27	28	25	25
Useful strategy to ensure appropriate care delivery based upon the members' needs (i.e. to "triage" cases before utilizing an in-person office visit).	27	25	25	13
Boost employee productivity	22	36		
Recognize value of including virtual care to overall employee benefits strategy	17	22		
Improve clinical outcomes/health of members	17	8	75	88
Meet contractual requirements of state agencies				13

18. Of the challenges to establishing and growing virtual care offerings, listed below, which do you anticipate having a major impact, a minor impact, or no impact at all?

Response options are displayed in the descending order of major by Commercial plans

The percentage values for the "No impact" responses are not displayed

Response Options	Major impact, %			Major and minor impact combined, %		
	Commercial	Medicare Advantage	Medicaid	Commercial	Medicare Advantage	Medicaid
Engaging members to use virtual care	87	63	91	97	100	100
Developing the health plans' virtual care strategy	79	75	55	97	100	91
Implementing the health plans' virtual care strategy	70	88	73	95	100	100
Marketing/communications to increase virtual care visits	66	67	64	100	89	91
Engaging network providers to deliver virtual care services	64	56	45	95	89	100

Response Options	Major impact, %			Major and minor impact combined, %		
	Commercial	Medicare Advantage	Medicaid	Commercial	Medicare Advantage	Medicaid
Demonstrating ROI of the health plans' virtual care strategy	61	63	55	95	100	100
Gaining approval of the health plans' virtual care strategy	55	44	45	89	77	100
Engaging employers to offer virtual care	50			84		
Creating incentive system to increase virtual care visits	44	44	45	92	89	91
Virtual care use cases	29	25	27	20	89	82
Virtual care clinical quality standards	28	63	27	8	89	100
Virtual care privacy/data security	27	63	27	16	100	91
Virtual care data integration	17	63	9	11	100	100
Regulatory or statutory landscape not conducive to offering virtual care services as part of the basic benefit		70			70	100
Comfort/familiarity Medicare Advantage members have using today's technology		63			100	
Members' long history of traditional face-to-face meetings with healthcare providers		56			100	

19. In your opinion, of the challenges that you indicated in the previous question, rank the level of difficulty in overcoming each.

Response options are displayed in the descending order of the difficulty to overcome by Commercial plans

The percentage values for the "Not sure" responses are not displayed

Response Options	Difficult to overcome, %			Easy to overcome, %		
	Commercial	Medicare Advantage	Medicaid	Commercial	Medicare Advantage	Medicaid
Engaging network providers to deliver virtual care services	78	63	64	19	38	36
Engaging members to use virtual care	58	63	45	29	38	55
Demonstrating ROI of the health plans' virtual care strategy	56	50	55	36	50	45
Virtual care data integration	55	63	36	27	38	55
Gaining approval of the health plans' virtual care strategy	44	0	27	53	86	64
Implementing the health plans' virtual care strategy	40	38	18	57	63	73
Developing the health plans' virtual care strategy	38	38	20	62	63	70
Virtual care clinical quality standards	21	0	18	56	86	73
Creating incentive system to increase virtual care visits	17	13	10	67	88	90
Marketing/communications to increase virtual care visits	14	13	0	84	88	100
Engaging employers to offer virtual care	13			88		
Virtual care privacy/data security	13	38	10	59	50	90
Virtual care use cases	3	29	0	79	71	78
Members' long history of traditional face-to-face meetings with healthcare providers		67			33	
Comfort/familiarity Medicare Advantage members have using today's technology		63			38	
Regulatory or statutory landscape not conducive to offering virtual care services as part of the basic benefit		57	55		38	45

20. As your commercial health plan evaluates virtual care possibilities, which factors are priorities for your organization?

Response options are displayed in the descending order of top priority by Commercial plans

The percentage values for the "Not a priority" responses are not displayed

Response Options	Top priority, %			Top and low priorities combined, %		
	Commercial	Medicare Advantage	Medicaid	Commercial	Medicare Advantage	Medicaid
Increase member engagement	94	100	100	100	100	100
Increase member satisfaction	94	89	100	100	100	100
Simplify member experience	86	100	100	100	100	100
Expand access to behavioral health care	84	100	91	97	100	100
Reduce cost of care	84	90	73	100	100	100
Increase market differentiation	81	78	70	92	100	100
Measure return-on-investment	74	67	55	94	100	91
Expand access to general medical care	71	100	91	92	100	100
Deliver greater value to plan sponsors	66	44	50	91	88	80
Improve health outcomes	62	100	91	100	100	100
Offer innovative plan designs	62	90	44	89	100	89
Ensure data privacy/security	60	100	55	86	100	100
Improve quality of care	59	100	91	97	100	100
Expand benefit offerings	51	89	78	89	100	100
Expand access to specialty medical care	49	100	64	95	100	91
Increase provider satisfaction	46	80	45	86	100	91
Strengthen payer-provider relationships	46	67	45	83	100	82
Ensure data integration	38	78	36	88	100	100
Enable APMs or shared risk models	35	89	18	79	100	100
Reduce physician burnout	20	50	18	63	80	63

Response Options	Top priority, %			Top and low priorities combined, %		
	Commercial	Medicare Advantage	Medicaid	Commercial	Medicare Advantage	Medicaid
Expand access to hospice care		67		100		
Expand access to social services			36			82
Address social determinants of health			60			80

Part III. Questions Applicable to Specific Plan Type.

21. As of today, please indicate below for which COMMERCIAL customers you are offering virtual care:

Only Commercial plans responded to this question

Response Options	%
Fully-insured customers only	11
Self-insured customers only	7
Both fully-insured and self-insured customers	82

22. Based upon your organization's definitions, please enter a typical range of full-time employees by company size:

Only Commercial plans responded to this question

Response Options	Low (avg.)	High (avg.)
Small employers	5	68
Medium employers	68	350
Large employers	297	1,968
Very large employers	2,882	N/A

23. For your self-insured customers, how commonly is virtual care offered by the company size?

Only Commercial plans responded to this question

Response Options	%
Small employers	67
Medium employers	66
Large employers	70
Very large employers	72

24. For your fully-insured customers, how commonly is virtual care offered by the company size?

Only Commercial plans responded to this question

Response Options	Virtual care offered, %
Small employers	94
Medium employers	96
Large employers	93
Very large employers	95

25. As of today, please indicate below for which MEDICARE ADVANTAGE plans you are offering virtual care: *Please check all that apply*

Only Medicare Advantage plans responded to this question

Offer:	%
Medicare Advantage Plans (Non-SNP)	83
Chronic-Condition Special Needs Plans (C-SNP)	42
Institutional Special Needs Plans (I-SNP)	0
Dual-Eligible Special Needs Plans (D-SNP)	67

26. What types of Medicaid plans/contracts do you currently administer? *Please check all that apply*

Only Medicaid plans responded to this question

Administer:	%
Medicaid Managed Care plan, general Medicaid population	100
Children/SCHIP plan	50
Medicaid expansion plan	25
Medicare dual-eligible beneficiaries (duals) plan	25
Aged, blind and disabled plan	38
Long-term care plan	25
Specialty care	25
Other (please specify)	0

Summary of Interviews

Following the completion of the survey, the AHIP staff conducted 13 follow-up interviews with select survey participants to obtain an in-depth understanding of health plans' virtual care activities. The interview participants came from a broad range of positions, including a CEO, medical directors, strategic innovation leaders, and virtual health program management.

Current Situation and Future of Virtual Care in Healthcare

All interview respondents thought that virtual care in care delivery has been on the upswing and will continue to expand and that health plans have no choice of "staying away and not getting in the game". Commercial plans are expanding their telehealth offerings following requests from employers and brokers, while many Medicaid plans offer telehealth to differentiate themselves from the rest of the competitors in securing contracts. The landscape of Medicare Advantage plans' virtual care activities will be significantly reshaped following the expected regulatory changes that would ease current restrictions, but plans are already using virtual care to make care more convenient for Medicare beneficiaries, especially for those with multiple comorbidities and mobility challenges.

According to the respondents, the adoption of virtual care in the next several years will be driven not only by the increasing payor demand, but also by advances in the communication and remote diagnostic technologies, and by health plan members becoming increasingly technology-savvy and comfortable in using apps, artificial intelligence and remote access to providers.

Most of the subjects saw virtual care in the near future not simply as a convenience option, but as a driver for the upcoming profound transformation of primary care, urgent care, and care management. One of the interviewees noted that the almost universal adoption of the Internet and cell phones irrevocably changed almost all industries, and that healthcare currently is "ten years behind everybody else" and ripe for disruption.

This transformation will not be automatic, occurring without any concerted efforts by healthcare stakeholders and will not happen overnight. The tipping point, where the expectations of providers and health plan members for care delivery change has not been reached yet but it is not that far away. As one of our respondents remarked, current expectations about the role of virtual care is a good example of the validity of Bill Gates' observation that we always overestimate the amount of change in the next two years but underestimate the amount of change in the next ten.

Adoption of Virtual Care: Successes and Barriers

We interviewed respondents from health plans sharply different in the scope and length of virtual care use: from plans that have been utilizing virtual care for greater than five years and in multiple settings to the plan that just started using telehealth two months ago as a limited pilot program. Remarkably, almost all of them considered their implementation experience so far as positive, despite the ever-present challenges and barriers.

Our subjects communicated the paramount importance of securing the support of senior leadership prior to the implementation of virtual care. One of them noted that there was very little progress implementing virtual care within their plan until a new leadership team that supported virtual care was installed. Another respondent said that things change as soon as your Chief Medical Officer buys into the promise of virtual care.

The successful implementation of virtual care services requires careful prior research in selecting the best modes of delivery and focal points. Several plans mentioned the importance of initially starting small and acquiring the necessary experience before broadening the scope of their virtual care offerings.

Another common theme was the importance of choosing a virtual care vendor among many currently present in the market (working with an outside vendor was by far a more popular option than developing virtual care capabilities internally). Several respondents shared with us that their virtual care deployment was quick and relatively pain-free because their chosen vendor had a vast experience of working with health plans and preemptively addressed most common potential pain points.

Finally, our interviews revealed that in every case the final implementation of virtual care led to unique solutions. There was no place for the one-size-fits-all approach: the differences in the plan size, type, level of integration, geographic location, provider contracts, regulatory environment, and payor and member expectations led to the eventual establishment of very different virtual care delivery systems.

Virtual Care and Medical Care Providers

There was a broad agreement among all interview subjects that the successful implementation of virtual care is not possible without in-network providers embracing the challenges and opportunities that it brings. The amount of provider buy-in often depended on the structure of their contractual arrangements and the geographic characteristics of their practice area.

Our interviewees repeatedly stressed the importance of providers being able to capture the virtual care-generated benefits and savings in their contracts, with capitation and value-based contracts often mentioned as being conducive to the expansion of telehealth. Also, providers in rural areas tend to be historically more accustomed to the virtual care delivery.

Some of the providers are more technologically savvy, while some are not and strongly prefer maintaining the traditional, face-to-face visit routine in their practices. One of our interviewed plans operates in the area where providers are so bound to the traditional care model, that after unsuccessfully trying to engage the local provider community it had to go instead with the vendor-provided virtual doctor panel (although it does hope to reengage local providers in virtual care in the future).

Also, providers are often do not have time to try and “play” with different technological solutions and evaluate their features. Several of our respondents stressed the importance of physician champions in generating the provider buy-in: those are physicians who have successfully integrated virtual care in their own practice, saw real, tangible benefits and are ready to share their experience with their peers.

Multiple subjects shared with us that providers commonly do not want to deal with the multiple virtual care systems from different insurers, and that the medical groups that had already adopted their own virtual care platforms strongly preferred continuing working with them. Thus, to achieve success in the virtual care adoption, health plans had to take into account provider concerns and preferences and be flexible.

Among the main provider concerns, according to our respondents, were the integration of their medical and prescription data with the data of the providers in the virtual care panels, assurance of the care continuity, and the access to flexible and reliable remote diagnostic tools.

Even when providers embrace virtual care, insurers cannot assume that they will make the transition on their own. Providers and their staff need to receive platform-specific training and ongoing technical support. Additionally, providers need some time to work out a typical virtual visit routine that would allow them to deliver care fast, safely and efficiently.

Member Virtual Care Expectations

Our interview participants repeatedly stressed the importance of the continuous member-focused virtual care promotion: many members simply are not aware of their insurer offering virtual care options, and even one-time virtual care users need to be repeatedly reminded about the possibility of using virtual care until they establish a new pattern in their care expectations.

Other main barriers to the wider member adoption of virtual care are their low level of comfort with technology (although, it has been slowly changing) and the poor quality of the Internet and cell phone coverage in some areas.

All our respondents mentioned a high levels of patient satisfaction for their virtual care visits, with the main concerns being the proper credentialing of providers and the inability of virtual care providers to prescribe controlled substances.

Health Plan Experience

Based on our interviews, a successful implementation of virtual care in the health plan operations commonly proceeds through similar stages:

1. Securing senior leadership support
2. Defining the virtual care strategy and selecting the virtual care vendor (or, less frequently, developing internal solutions)
3. Securing the buy-in of the in-network providers, modifying provider contracts and providing platform-specific training.
4. Changing internal plan processes and operations
5. Promoting virtual care options to members and employers
6. Evaluating the initial results of virtual care implementation and making the necessary corrections.

Plans use a variety of virtual care delivery methods depending on their circumstances. Some insurers organize the virtual care delivery through their regular primary provider network, while others use a national virtual provider panel offered by a vendor. Some plans limit the scope of virtual care to the urgent care of low acuity (colds, flu), while others expand virtual care to disease management, post-discharge care coordination etc. Also, several plans use telehealth as a point of initial triage.

While frequently virtual care application was limited to urgent care and primary care, some plans expanded it to include care provided by specialists, most commonly the behavioral care providers. Finally, several plans used telehealth to provide primary doctors with an opportunity to receive a consultation from a specialist or a second opinion: they reported a high level of provider satisfaction with that option but stressed the importance of devising a reimbursement system conducive to this type of doctor-to-doctor exchanges.

The most frequently mentioned lessons in virtual care implementation were:

- The importance of data integration of face-to-face and virtual visits
- The disruptive potential of virtual care for health plan's disease management, care management and case management programs: the implementers need to anticipate it and have a specific plan on how to integrate them.
- The need to demonstrate positive impact of virtual care through savings and/or improved satisfaction and quality of care: at minimum, virtual care programs need to pay for themselves.
- Having a member engagement/education plan in place to increase awareness and drive utilization.

Our interviews also highlighted specific virtual care-related challenges experienced by plans of different types.

Commercial plans commonly had more established virtual care programs due to a high level of demand from employers and members and less restrictive regulatory environment. They were also under more pressure to demonstrate the program-related savings to employers and brokers. Commercial plans' respondents reported that they see a natural market for virtual care in their younger members who are often very comfortable with the use of technology. Many of younger commercial plan members do not have strong patient-provider or plan-member relationships and virtual care may assist in their establishment.

The use of virtual care in ***Medicaid managed care*** is highly dependent on the state-specific regulatory environment and state agency level of interest. It has a high potential in reducing the rate of visit no-shows and in decreasing the inappropriate ER utilization. Medicaid plans use (or are planning to use) virtual care to address the complex needs of people with behavioral problems and substance abuse. They also see potential of virtual care in helping to connect Medicaid members with social services. However, funding for virtual care remains allusive.

The current use of virtual care by ***Medicare Advantage*** plans is often more limited compared to Commercial. This is due to the markedly lower level of comfort with technology among Medicare beneficiaries and to restrictive federal regulations. However, our respondents felt that the upcoming, younger generation of Medicare beneficiaries is significantly more comfortable with the technology and the Medicare regulatory environment is changing. Medicare plans often shape their virtual care around remote monitoring, coordination of care, and post-discharge follow-up.

Looking Ahead

Our interview participants were optimistic about the future of virtual care in health plan activities. They felt that the plans made a long-term commitment to invest in that area and that the benefits will be progressively accruing over time as plans gain experience, streamline their operations and integrate virtual care in their operations across the entire organization. Many view their virtual care offerings as an increasingly important source of competitive advantage.

They felt that it takes some time to shape the virtual care offerings in a way that reflects the right balance between member expectations, position of local provider community, and available technological capabilities.

In the meantime, the interviewed health plan staff expressed a high degree of interest in virtual case studies, best practices, and communities of learning.

Interview Quotes

1. **In some respects, one could view virtual care as simply a way for a health plan member to avoid having to travel to the doctor's office; however, what other possible ways do you think this technology could be used beyond just the provision of healthcare? How can it be best and most fully utilized, so-to-speak?**

Plan Type	Respondent	Quote:
Medicare Plan A	Product Manager	*"For us, the major driver of virtual care use is convenience for members. How much of a pain point is it for members to get to the hospital--- that's what will drive adoption of virtual care."*
		"We see a lot of potential in the areas of behavioral health and post-operative follow-up. Two areas that are important to our Medicare population and that telemedicine could be very helpful."
Medicare Plan B	Medical Director	*"I think that telehealth will essentially take-over primary care. The fundamental issue that we don't have enough primary care physicians in this country and virtual care can be the solution."*
		"Today we are at a point where, using Blue Tooth enabled tools and augmented reality, allows the patient to use a number of diagnostic tools that are then transmitted to the physician connected from the virtual care network."
Medicare Plan C	Innovation Head	*"We see virtual care as a tool for scaling our provider workforce, especially in areas like palliative care and behavioral care. . .it's also very useful for involving specialists in post-discharge care."*
		"Lately, we have been exploring using virtual care in assisting paramedics on calls, so that they can treat patients at home instead of bringing them in."
		"We have a large duals population and we see telehealth as increasing patient engagement through extra touches and as a specialized tool for serving members with complex medical needs."
		"We often think telemedicine is about patient-to-provider interactions, but it is also useful for provider-to-provider interactions--- virtual care can provide support from specialists to our overwhelmed PCPs."
Medicare Plan D	Strategic Initiatives	*"We think that offering telehealth as a care option provides a level of convenience to our senior members, many of whom can no longer drive; but, what is sometimes forgotten, is that it can help family caregivers as well. Often, it is the children of our senior members, many of whom are*

Plan Type	Respondent	Quote:
		still working, that have to accompany their parents to their doctor's appointments as well."
		"We also think of virtual care as a hassle-free, traveling urgent care center. By that I mean, many of our members, especially recent retirees, do a lot of traveling. They are taking those big vacations that they always dreamed about or visiting the grandchildren in another state. If they become ill, they can tap into our virtual network much more easily than trying to figure out if they can visit a local urgent care center."
Medicaid Plan A	Department Head	*"We don't really have telehealth right now. We are behind the curve on this. We are on a 1-2 year track towards implementing telehealth. Right now, our telehealth offering is limited to doctor-to-doctor interactions--- usually a primary care physician consulting with a specialist. That feature is very popular."*
		"We see a lot of potential in terms of allowing access to specialist among our rural members, who are a very underserved group. I could also see telehealth creating a face-to-face experience for members enrolled in our case management/care management programs."
		"In the world of Medicaid, I see a high-level of comfort using texting to communicate with members, which was different from my experiences in commercial insurance. Many Medicaid members may not have a stable home address so reaching them via mail is difficult, but almost everyone has a smartphone."
		"I see telehealth being an important tool to help us address a number of social determinants of health factors."
Medicaid Plan B	Medical Director	*"We have been running a provider-to-provider "eConsult" service for about one year now and seeing a lot of use. But we are not there yet in terms of patient-to-provider functionality. There are a lot of barriers in the way of that right now."*
		"Going forward, I would love to have a virtual care service that could help us manage substance use disorders or medication-assisted therapy. I could also see it playing an important role in allowing for at home sleep studies. That would be great."
Medicaid Plan C	Network Management	*"In addition to primary care, we have a telepsychiatry offering but we also have remote patient monitoring, substance abuse treatment, eConsult service, and access to a virtual network of specialists. As this evolves, we see virtual care as something that ultimately offers our members choices--- choices about how they wish to receive care."*
		"We have found that telehealth is a valuable tool to address some of the more 'Medicaid-specific' access issues, such as challenges of childcare, inadequate transportation, language or cultural barriers. . . all of which limit access to medical care."
Medicaid Plan D	CEO	*"We view virtual care as an important to member convenience. It allows our Medicaid providers to see patients in the most convenient setting for them. It helps us address many of the social determinants of health related barriers to care. For example, patients that lack good transportation. For many of our members living in more rural settings, virtual care helps eliminate the need for what can end up being a whole*

Plan Type	Respondent	Quote:
		day trip to see the doctor. This has really helped cut-down the number of no-show visits."
Commercial Plan A	Marketing Manager	*"We continue to see tremendous use for telehealth beyond what we have in place today. It definitely saves a lot of time spent visiting a doctor, and especially during the workday. We are currently looking at expanding its use into dermatology and as part of our care management program. We are also looking at using it as an education tool for our members. We feel like we are only just getting started."*
		"We are definitely looking at other uses. We see it helping in member engagement, population health, and are experimenting with a health coaching function as well."
Commercial Plan B	Telehealth Manager	*"We want to drive disease management and care management through virtual care. We focus mainly on remote monitoring, scheduling appointments, and chronic care management."*
		"We are not so much concerned about telehealth potentially generating two visits instead of one. We are more interested in the quality of the follow-up care because we have found that the quality of that initial virtual visit is the most important factor in whether or not members will use telehealth repeatedly."
		"We see huge potential for post-surgical follow-up uses of telehealth: you do not want to put a person after their orthopedic surgery back in a car and drive them all the way to the doctor for a follow-up visit."
Commercial Plan C	Medical Director	*"We are mainly using virtual care to avoid utilization of urgent care and emergency rooms for non-emergencies; and more generally, as something that offer convenience for our members."*
Commercial Plan D	Population Health Mgmt.	*"We are focused on using telehealth for general primary care and pediatric care. However, we are looking to expand into behavioral care and later, for chronic condition management. But we are still relatively new to virtual care, so, still testing it out at this point."*
Commercial Plan E	Care Delivery Strategy	*"We see a lot of value in avoiding a trip to the doctor's office. Not only the convenience but the time away from work travelling to the doctor's office, waiting in the waiting room, seeing the doctor, and then returning home or to the office. Overall, virtual has to be having a beneficial impact on productivity, although I'm not aware of any formal studies looking at that."*
		"We have eConsult policies in place for doctors that allows them to utilize and bill for doctor-to-doctor consultations or second opinions. We have found this helps with adoption by providers."

2. **As you think about virtual care, in general, what might be some of the limits to its use, in a medical or non-medical context:**

Plan Type	Respondent	Quote:
Medicare Plan A	Product Manager	*"The biggest limit to adoption in our experience is the Medicare reimbursement rate--- providers want full reimbursement."*
		"Another challenge is that members do not realize that they need virtual care. Payers need to do a better job in marketing this service to their members."
Medicare Plan B	Medical Director	*"Right now we have a really hard time with labs and imaging. . .also, any exam that requires palpation is not really doable virtually. Some would also say, something like 'chest pain' is challenging virtually."*
		"In a non-medical context, you can build an EMR into a telehealth platform, but I do not know about any platform on the market that efficiently integrates it."
Medicare Plan C	Innovation Head	*"Our biggest barrier, in a non-medical context, is the availability of high-quality cellular and Wi-Fi service. You simply cannot implement virtual care if calls keep getting dropped and people need to keep re-dialing. They get frustrated and quit."*
		"You cannot use virtual care in areas with inadequate Wi-Fi coverage or cell phone coverage---- and that ties to the social determinants of health, and a lot of our poor population and rural populations live there."
Medicare Plan D	Strategic Initiatives	*"So much of healthcare is becoming increasingly integrated. You really cannot afford to have parallel tracks of care, virtual and face-to-face. There needs to be better integration between the two care delivery approaches."*
		"The average age of our members is in their late-70s, so, for us, getting members comfortable with using virtual is still a big challenge that has limited its uptake. However, with newly-entering MA members, those closer to 65 years-old, they are very comfortable with the technology."
Medicaid Plan A	Department Head	*"Getting clinical teams comfortable with a virtual venue. I find that physicians are really getting comfortable with it but nurses are still somewhat hesitant and tend to fall back to familiar ways of delivering care."*
		"I don't hear a lot about what kind of structure or rules should be in place around telehealth. Like, who should be allowed to use it or when are the times when you should not use virtual approaches to make a diagnosis."
		"States are supportive of telehealth, but they do not provide any financial incentives, which really limits the amount of activity that can go into expanding virtual care. My state's position can best be described as 'watchful-waiting'."
Medicaid Plan B	Medical Director	*"There are a lot of challenges. We work a lot with FQHCs and they are just not set-up to provide virtual care. If the docs at the FQHCs have to cover virtual calls, especially during off hours, who pays for it? There really isn't any funding available and CMS payment methodologies is not well-developed yet for these virtual visits. Reimbursement is a big issue."*
		"Another problem we encounter relates to some of the unique aspects of our Medicaid population. We deal with a diverse group representing a variety of cultures and languages. Not sure a virtual platform is cut-out to handle the broad diversity of our membership."

Plan Type	Respondent	Quote:
Medicaid Plan C	Network Management	*"In a medical context, providers need to clearly see the benefits of telehealth for them, such as the ability to reduce the rate of no-shows by being able to quickly reach-out to their patient virtually instead. Providers have to be involved if this is going to be successful."*
		"Often virtual care platforms do not seem to be created with the needs of Medicaid members in mind. For example, many Medicaid members do not have email addresses, which they need to register. Or the platform might ask for a credit card number and many Medicaid members do not have one. In general, it seems that many platforms out there are designed with the more affluent patients in mind coming from a more stable population."
Medicaid Plan D	CEO	*"I think today there are certainly some technological limits to diagnostic ability of a virtual visit; however, those barriers are easing. When you look at some of the innovations like remote stethoscopes and blood pressure cuffs, those changes are already happening."*
		"In a non-medical context, our archaic physician licensing structures can be a barrier. Right now, our in-network physicians cannot provide virtual care to a member who lives in a neighboring state. This is a real problem for those members living near state borders."
Commercial Plan A	Marketing Manager	*"Member awareness is definitely a huge barrier to telehealth utilization. In a recent survey of our plan members, only 1 in 5 members were aware of our virtual care offerings.*
		"We find many doctors worry about the quality of care provided via telehealth. For this to work, we really need all healthcare stakeholders to embrace it and we are just not there yet."
Commercial Plan B	Telehealth Manager	*"I think that vendors should be good stewards. Some of them are pushing the overutilization of telehealth, and I worry that doing so is playing right into the hands of the critics. Telehealth should be the type of care that is not only convenient for patients but also saves the payers some money."*
Commercial Plan C	Population Health Mgmt.	*"I think the biggest roadblock is the regulatory environment around telehealth. Regulatory restrictions and physician licensing requirements can hamper what we are doing---- we see this even more so in our Medicare business as well."*
Commercial Plan E	Care Delivery Strategy	*"In a medical context, I think those clinical services that really require touching. So, physical therapy comes to mind. Or surgical procedures---- I don't think we are there yet."*
		"In a non-medical context, I think that member awareness is the biggest challenge. So many folks do not even realize that their plan covers virtual visits. But when people actually use it, they really like it."
		"Generally speaking, when you are promoting telehealth to people, in that moment, they are not really needing it. The problem is how to promote virtual care to people at the time of their need--- when they feel sick and are trying to decide what to do about it."
		"Also, we have found that some members are 'suspicious' of virtual care providers. They have the opinion that maybe these physicians are of a lower-quality or they are just using telehealth because they failed to get

Plan Type	Respondent	Quote:
		patients to come to their office. We have to reassure our plan members that our virtual docs have the same credentials and training as our face-to-face network."

3. **Despite these limits, overall, do you see increasing use (or decreasing use) of virtual care across the industry, going forward? Or is this all still somewhat untested at this point?**

   a. **What selling-points are relevant when considering proposals such as telehealth? Alternatively, what concerns are relevant when considering such proposals?**

Plan Type	Respondent	Quote:
Medicare Plan A	Product Manager	*"I think we are past the point of telehealth 'losing steam' and see its use increasing. The question now is do you create your own system versus going with a vendor."*
		"The hospitals know that their doctors may have to deal with 20 different payers and don't want to use 4-5 different virtual care platforms--- using a single app provided by the hospital is easier for providers. But I worry that hospitals just don't have enough resources to create their own sophisticated platforms."
		"In analyzing virtual care systems, we really look at what is the timeline for the platform; what medium it uses and how does it integrate with other plan processes and technologies."
Medicare Plan B	Medical Director	*"I see telehealth increasing, especially with companies like Google and Amazon trying to get into this space. Virtual care will increasingly be attached to AI and chatbots that would increasingly work as a primary triage and patient education tool. Chatbots will just get better and help with a lot of the history taking--- which will free-up a lot of physician time."*
		"I think that one mistake that plans can make when assessing a new virtual care offering is not fully-understanding the limitations of what virtual care can do--- the expectations and reality are sometimes out of sync."
Medicare Plan C	Innovation Head	*"Telehealth is definitely on the upswing: if you want to be an efficient provider, you have to embrace it at some point."*
		"I think one of its biggest selling points, is that virtual care allows us to provide high-value care within the constraints of our plan premiums."
Medicare Plan D	Strategic Initiatives	*"Growth of telehealth in Medicare is going to be driven by members who are closer to 65 years old today. And for those who are approaching retirement age, many of them are growing used to virtual care offering from their employer's insurance and they will be expecting that to continue into their retirement years."*
Medicaid Plan A	Department Head	*"It is definitely on the upswing, especially among the truly devoted. But the adoption rates may be slower than some would expect. But definitely increasing."*
		"We really need a solid portfolio of fully-integrated solutions from a vendor that is easy to learn by the doctors and nurses. There are so many

Plan Type	Respondent	Quote:
		piecemeal solutions in the market place offered by different vendors. It is a major challenge and priority for our plan"
		"One thing that I don't hear about from vendors is can their platform integrate foreign language services. How can it accommodate the needs of people from different cultures and speaking different languages--- our population is very diverse."
Medicaid Plan C	Network Management	*"The use of telehealth is really just beginning: new concepts of virtual care; and new devices becoming progressively less-expensive, are making virtual care increasingly more cost-efficient. . . .it takes time, but these cultural shifts in using technology for health are happening and enabling the vast use of telehealth."*
Medicaid Plan D	CEO	*"I think within the next several years, today's disruptive technologies will mature, patient populations will embrace virtual approaches, and there will be a strong pull from plan members to change the typical office-based care delivery models."*
		"It really feels like we are fast-approaching a major tipping-point."
Commercial Plan A	Marketing Manager	*"I see telehealth exploding across all sorts of markets, especially for disease-specific solutions likes diabetes or hypertension. There are so many options out there that I also see health plans acting as stewards to review available apps and tools, testing them, and then recommending certain ones to their members."*
		"I think an important selling feature is that the patient needs to see that it is more like an office visit and not simply similar to a nurse hotline, for example."
Commercial Plan B	Telehealth Manager	*"I am confident that the use of telehealth is going to increase, especially in remote monitoring."*
Commercial Plan C	Medical Director	*"We hope that telehealth use will increase. . . however, our members' telehealth utilization peaked within about two years after its rollout and I don't know why. Right now, it's pretty much plateaued for us."*
Commercial Plan D	Population Health Mgmt.	*"In general, it is definitely increasing--- and quite rapidly it seems. With our members, about 60% of virtual visits are between 8am-4pm on weekdays; so, obviously, there are some difficulties for our members obtaining care when quickly needed at their regular doctor's offices. That will just drive continued demand."*
Commercial Plan E	Care Delivery Strategy	*"It is going to grow. The utilization of virtual care among our employer accounts has been tripling every year; however, to be fair, that utilization was starting at some pretty low baseline levels. And you have to keep promoting the service to maintain that level of use."*

4. **Like any technology there is always a question about how much of its use is "technology-push" versus "market-pull". I'm curious as to how much of the growth in virtual care use, as you scan the healthcare industry, is a function of demand from employers or their employees, or even providers? How much of it is simply a fact of living in a world where this technology is now feasible?**

Plan Type	Respondent	Quote:
Medicare Plan A	Product Manager	*"Gradually the increase in convenience for the older population will be driving telehealth adoption. For older adults, for follow-up care, we are already there. They are receptive to it."*
		"I see the most value in telehealth over the next three years in the Medicare Advantage population. We've been observing a big change in members getting more active and digitally-inclined compared to even five years ago."
		"Today's cohort of seniors who will be entering the Medicare system over the next 3-5 years are increasingly more tech-savvy. We are spending a lot of time trying to figure out what is the virtual care entrance point for these future Medicare Advantage members. Are they comfortable using desktop computers, tablets, or mobile apps on a smartphone? What does 'tech-savvy' really mean for this group?"
		"The Medicare Advantage enrollee's level of comfort with different technologies will ultimately determine the mode of the virtual care delivery."
Medicare Plan B	Medical Director	*"The bottom line: this is where the country is going. The technology is 'catching-up' and becoming increasingly more reliable and affordable."*
Medicare Plan C	Innovation Head	*"In our state, for the duals, the state is definitely pushing for it. Where telehealth care provide good quality and affordability, everyone wants it."*
Medicare Plan D	Strategic Initiatives	*"We recently started offering this as a supplemental benefit, in part, because in our local market, it is highly-competitive, and you need to offer things like virtual care in order to stand-out. It is one source of competitive advantage for us."*
Attribution?		*"For our younger beneficiaries, they are very comfortable with technology. They shop online at Amazon and use Uber so they are increasingly interested in virtual care. We are also mindful of those approaching retirement, who have commercial coverage today, but will be looking for a continuation of virtual care offering in their MA plans."*
Medicaid Plan A	Department Head	*"Our state is supportive but not really pushing for this, although they see the value of the technology for sure. But in the end, right now, there is just no funding available for it."*
Medicaid Plan B	Medical Director	*"Really, the 'push' for this is going to ultimately come from the patients themselves, once they grow more comfortable with the technology. Right now, there really isn't a lot of pressure coming from the state to do this."*
Medicaid Plan C	Network Management	*"The Medicaid contract market is very competitive and it has become increasingly clear that a health plan really needs to have a good telehealth offering in order to stand-out among all of the other plans bidding for a given state's Medicaid contract."*
Medicaid Plan D	CEO	*"As long as the 'push' for telemedicine is coming from vendors and payors, then it's not going to change the situation significantly. Virtual care will really take root when the patient population starts seeing its value, usefulness, and embraces it. Then everything is going change very quickly."*
		". . .for virtual care use to really increase, you need seamless integration of remote diagnostics, triage nurse, doctors experienced in virtual care,

Plan Type	Respondent	Quote:
		pharmacy ordering, etc. All of these tools exist but they do not always work well together."
Commercial Plan A	Marketing Manager	*"In our area there is definitely market pull from the employers and self-insured groups, mainly to increase convenience and productivity. Large groups are very interested in virtual as well and want to know how to get people to use it---- unfortunately, right now, we don't have a good answer for them."*
Commercial Plan B	Telehealth Manager	*"We continue to see strong demand from employers, especially the self-funded groups. But so far, utilization is low among employees which makes it tough to show the employers that they are saving money using telehealth."*
Commercial Plan C	Medical Director	*"We have been offering telehealth for many years now as we see it as a convenience for our members. Our self-funded groups like telehealth being offered and most of them select it. Telehealth is a standard offering for our fully-funded groups"*
Commercial Plan D	Population Health Mgmt.	*"We are a bit different from other commercial plans in that a lot of our business is in the individual market with some small groups. So, there is no real employer demand. It's more about member convenience and better care access, especially for our more rural members. The convenience factor is particularly important to our self-employed members."*
Commercial Plan E	Care Delivery Strategy	*"The original demand for telehealth was very much from employers. They were motivated by the potential cost-savings. That and they realize the productivity gains by not having employees out of the office to attend in-person office visits. So, very much a "market-pull" process."*
Attribution?		*"Among some of our employers, there has been some concern that docs might be using virtual care approaches, initially, to acquire new patients to see in the office. For some of the larger group practices that have built their own virtual care services, "new patient acquisition" is one of the key metrics they track."*

5. ***What kind of feedback are you hearing from providers regarding using virtual care approaches to seeing patients? Are there providers that refuse to use it? Of those that do use virtual care, are they using it mostly as a means to triage patients or initially screen them and then follow-up in person; or, do they have (some) patients that could be diagnosed and treated entirely using virtual care?***

    a. ***It seems that virtual care might be a useful tool to allow providers to use their limited resources more efficiently, would you agree with that?***

Plan Type	Respondent	Quote:
Medicare Plan A	Product Manager	*"I think that it varies a lot depending upon the patient population. Like in our over-65 Medicare members, when its used it is mainly as a 'follow-up tool'. But in adults, say 18- 35 years old, we are seeing docs using virtual to treat all the way through--- end-to-end."*
		"For those that are not readily adopting it, I think that it just comes down to reimbursement rates not being there for them."
Medicare Plan B	Medical Director	*"There is definitely a mix in the level of enthusiasm. For some, there is a fear of missing something or overlooking an alert from a telehealth platform that could have legal consequences for them. Also, it's hard for some of them to adapt to a virtual approach."*
		"I think there is also a general trust issue, especially with respect to remote diagnostic tools--- how reliable are the readings or if AI is involved, how much to trust what that algorithm is telling you. . . .Many doctors will not trust tools that they have not had a chance to play with and most physicians don't have the time to test out these tools, so they don't trust them. . . you really need to have another physician act as a 'champion' that can explain to their peers how and when this technology will, and will not, work."
		"In the fee-for-service world, there is a feeling that virtual care takes away higher-paid in-person visits. However, for our MA capitated docs, they are more receptive to telehealth since it can help them better manage their patients."
Medicare Plan C	Innovation Head	*"There are always some providers who are not on board. Their first thought is that virtual care is going to add more work and why should I change my well-established processes?"*
		"When you start integrating telehealth into your plan's operations, you should expect some provider discomfort: you have to train people to be virtual providers and not just assume that providers will effortlessly transition on their own."
		"In terms of the providers who have embraced virtual care, I think they tend to use it as a 'bridge' that strengthens the patient-provider relationship, in addition to in-person visits."
Medicare Plan D	Strategic Initiatives	*"It depends. For some of our docs in capitated contracts, they do not want to 'lose control' of their patients to a virtual care doc. Since there is no integration between virtual and face-to-face encounters, they are cool to virtual care. However, for those groups that are also seeing a large number of commercial patients, they are much more open to it, because*

Plan Type	Respondent	Quote:
		they see virtual as a tool to provide a triaging function and thus lighten their patient loads."
Medicaid Plan A	Department Head	*"We are seeing physicians increasingly getting comfortable with it. It's really just a matter of time. But they remain concerned about reimbursement. Docs see this like Urgent Care Centers--- something that might take revenue away from them."*
Medicaid Plan B	Medical Director	*"I get the sense that providers are still not fully-comfortable with virtual just yet. I think they have some 'medico-legal' concerns like 'what if I missed something during the virtual visit that I should have caught? Could that come back to haunt me?'*
		"I also think, and this is just my theory, that some providers don't believe the 'hype' around virtual. There is a growing problem of physician burnout and they were told for years that, for example, electronic health records would make their lives so much easier but EHRs have just added to their stress levels and now along comes virtual and it looks like another thing they have to deal with. I think there is a certain amount of distrust of virtual among the provider community."
Medicaid Plan C	Network Management	*"For Medicaid members, primary care provider groups that can accommodate our members' unique language and cultural issues is really important. Not every provider group can handle that. So, we see a lot of use of our eConsult service so that the member can stay with their primary care provider and maintain that unique relationship while still being able engage with specialist, whom for linguistic or cultural reasons, maybe would not have been as effective."*
Medicaid Plan D	CEO	*"Changes brought by virtual care are very disruptive for doctors and to some extent, most of that change is coming from outside of the provider community. Part of the challenge is having 'physician Champions' for virtual care use so that demand starts coming from inside the provider community. I think, right now, conventional thinking among doctors is that they do not really see a need for virtual care."*
		"I think that many of the new generation, remote diagnostic tools coming to the market may change provider attitudes to telehealth---- it can really expand the engagement with patients, especially with more urgent cases."
Commercial Plan A	Marketing Manager	*"About 2.5 years ago, we went with a vendor to provide behavioral health and urgent care services virtually because there was no interest among the local physician community. Recently, we have started seeing growing interest among local docs to provide those telehealth services themselves."*
Commercial Plan B	Telehealth Manager	*"Doctors were concerned early-on in our telehealth policy development. They really had to be sold on the potential decrease in claims and increase in patient satisfaction. Fortunately, we were able to show them published data demonstrating the clinical value of telehealth from other health plans."*
Commercial Plan C	Medical Director	*"Because telehealth does not replace primary care visits and helps avoid ER or urgent care visits, most of our providers have not complained about virtual care. However, they do complain about not being paid as much for a face-to-face visit."*

Plan Type	Respondent	Quote:
Commercial Plan D	Population Health Mgmt.	*"Initially, our network providers were absolutely not supportive of telehealth, but eventually they realized that the patients want it. It's happening anyway and they need to get on board. Especially the large group practices are moving into telehealth because they realized that they would be losing a large part of the visit market if they ignored it."*
Commercial Plan E	Care Delivery Strategy	*"The main problem that our providers have with using telehealth boils down to the patient's ability to take the same diagnostic data points virtually as those occurring during an in-office visit. Doctors are not trained on how to practice virtually, so they need to make some adjustments. In fact, many of them will complain initially that virtual visits take longer."*

6. **Again, with respect to your interactions with your providers, do you see virtual care technology as a useful tool, for both providers and plans, in managing an APM contract? How so?**

Plan Type	Respondent	Quote:
Medicare Plan B	Medical Director	*"We do have value-based contracts and I think that virtual care impacts those contract a lot because often you are trying to drive down admissions and ER utilization, and virtual care provides greater access to care, better management, and ultimately, reduced ER use."*
		"We are very focused on getting data from the plan to the bedside. . . this approach has facilitated things like better medication adherence and other quality metrics that ultimately, has helped our star-ratings."
Medicare Plan C	Innovation Head	*"We are a risk-adjusted, capitated, high-touch system, so with capitation, there really is no concern about generating extra visits via telehealth: it is all about outcomes, not care utilization."*
Medicaid Plan A	Department Head	*"A lot of our APM contracts are focused on preventive care services; so, I'm not sure that telehealth will have much of an impact for our situation. But, I guess, depending on the metric, like readmission rates or ED visit ratios, there might be some value in virtual care there."*
Medicaid Plan B	Medical Director	*"I think if it can be shown that virtual visits are really causing some type of cost-saving or contributing to shared-savings incentives, then yes, I think that there could be a role of virtual care."*
Commercial Plan A	Marketing Manager	*"We are very active in value-based contracting and in order to facilitate the uptake and use of virtual care, we had to exclude it from our value-based contracts. Many physicians were concerned that a patient having a virtual visit would count against them, sort of like one of their patients going to an urgent care center."*
Commercial Plan B	Telehealth Manager	*"We have developed some value-based reimbursement around having remote management and telehealth capabilities. We reward those practices who have developed advanced remote monitoring capabilities. We have an ongoing study looking at remote monitoring of blood pressure, for example."*
Commercial Plan D	Care Delivery Strategy	*"We perceive it as a tool that provider can use to manage their populations and possibly lower the cost of care. But we do not push it. It's left up to the providers. Providers have a lot of leeway as to how they are going to hit their value-based targets."*

7. **About how long ago did your plan begin adopting virtual care? OK, thinking back on that time, was the adoption and implementation of virtual care challenging to fit into your established operation? Or was it particularly disruptive to your plan's operations?**

   a. **What portions of the organization were the 'internal champions' for implementing virtual care then? Were there portions of the organization that were more skeptical?**

Plan Type	Respondent	Quote:
Medicare Plan A	Product Manager	*"Our biggest champions are the sales and marketing teams; the folks overseeing supplemental benefits; and the IT engineers, who are interested in the integration of the technology. Also, probably our CFO who is interested in potential cost-savings."*
		"Our clinical group are the most apprehensive due to payment issues and the complexity of potentially dealing with multiple platforms."
Medicare Plan B	Medical Director	*"We made a commitment to virtual care about four years ago in order to bring the future into now. We did a lot of focus groups to really understand the needs of our senior population and understand how they would want care delivered. From that we selected our vendors and the initial implementation went very well--- it wasn't really disruptive at all."*
Medicare Plan C	Innovation Head	*"We have been using telehealth, mainly in behavioral health, for over three years and launching a broader program this year. The 'champions' were myself and our hospice care and behavioral health care specialists, who saw it as a way to overcome high patient loads. Our senior leadership voiced support for it but it was kind of a lower-priority item for them.*
		"We had a new CMO come on board who was a big supporter and that really helped get it off the ground. The CMO's support is a key component in implementing telehealth."
		"Virtual care IS disruptive--- and it should be--- but it is a 'good disruption' because it leads to better care."
Medicare Plan D	Strategic Initiatives	*"We began implementing our virtual care offering in mid-2018 and launched it on January 1st. Our virtual care vendor has been in this business for a while; so, was able to implement our system very easily. It was not very disruptive to our operations at all."*
		"No one was really against developing a virtual care offering. I think that we were all pretty much in agreement. Champions were definitely the Sales teams, product management teams, and my strategy team. I think that it really just comes down to affordability for the plans because everyone sees the value of it."
Medicaid Plan A	Department Head	*"We are still evaluating building out a telehealth function at this time; so, can't say for sure how challenging it will be to establish. Within our plan, overall there is interest in virtual care with no real skeptics. Some groups are kind of "neutral-ish" on the idea. I would say the provider contracting group is particularly interested in it."*
Medicaid Plan C	Network Management	*"We have been using telehealth for six years now and member satisfaction rates remain high. We have no limits on the numbers of telehealth visits, and in fact, from time-to-time, we might refer some*

Plan Type	Respondent	Quote:
		members to our case-management group if we notice a lot of telehealth visits from them, just to make sure they are doing OK."
Medicaid Plan D	CEO	*"We have been using telehealth for about five years now but it is still not being used frequently enough to be considered 'disruptive' at this point. It requires a lot of reminders. We need to keep reminding patients about virtual care opportunities every 6-8 months, or else we see utilization dropping off. However, when we do launch a member engagement effort around telehealth we do see a bump up in use. So, they are receptive to it, but it will just take time before it becomes 'normal behavior' for them."*
Commercial Plan A	Marketing Manager	*"Internally, our marketing department was the one pushing for virtual care offerings; and our clinical quality group were probably a bit more skeptical. Also our provider relations teams were skeptical as well claiming that providers just didn't want this."*
		"Implementation and roll-out of virtual medicine was easy--- the hard part was gaining internal acceptance. Initially there were some skeptics for sure but we countered their criticism with data."
Commercial Plan B	Telehealth Manager	*"We have been offering telehealth for over five years now. Our internal processes were a large challenge when implementing virtual care: it impacts member eligibility; claims processing; differing reimbursement and patient cost-sharing issues across multiple products was also a challenge."*
		"I would say our benefit design people were the most doubtful in the beginning. To their minds, telehealth services should not be covered since there would never be enough utilization to justify the investment in the needed infrastructure--- fortunately, we were getting very positive feedback from patients at the time."
Commercial Plan C	Medical Director	*"We began discussing telehealth about eight years ago; however, the senior management at that time was not fully committed to it and so it never really progressed. When we had a new management team come in three years ago, they were really supportive and our telehealth program really took off after that. The implementation went very smoothly."*
Commercial Plan D	Population Health Mgmt.	*"We started our telehealth service about two years ago in general primary care and pediatrics. Overall, we all pretty much saw the need and value. I don't recall any one group be against it. We can see it eventually expanding into some other clinical uses, as well. We worked with an outside vendor and the implementation went fine. No real problems."*
		"When we initially launched the telehealth service we undertook a big promotion effort; however, we have not done much since then. I think that our senior management is very supportive of our current telehealth offering; however, for some of the future directions and uses, I do not see a lot of support from them just yet."
Commercial Plan E	Care Delivery Strategy	*"We started about six years ago, mainly in response to demand from our large group employers and brokers. Three years ago we expanded our telehealth services across all of our lines of business. It took us about three months to implement and then another month or so to test*

Plan Type	Respondent	Quote:
		it out, incorporate into provider contracts, and get our sales teams up to speed. It was a lot of work but it proceeded pretty well."
Attribution?		*"Initially, our sales teams were big champions of developing virtual care because they were hearing about it more and more from their employers and brokers. I think our senior management quickly embraced it as well because they saw it as having an overall positive impact on member convenience."*
Attribution?		*"Skeptics were probably the actuaries and underwriters. They tried to calculate the precise value of virtual care but with low utilization that is pretty tough to do. Also, a lot of the virtual care use is pretty routine, low-cost stuff--- which further challenges calculating the value of it."*

8. **As we have been discussing, virtual care technologies can be utilized across a variety of clinical and non-clinical functions, when you think about a typical health plan's operations, are there areas (or departments) within a plan that are more actively involved with virtual care, relative to other areas?**

Plan Type	Respondent	Quote:
Medicare Plan A	Product Manager	*"For us, right now, a big area of focus is the integration of nurse call lines so that the nurse can easily schedule something during the call, say, for a clinical follow-up or a behavioral health referral. We see a lot of value for this platform in these types of cases and could get people thinking more about its capabilities."*
Commercial Plan D	Population Health Mgmt	*"One area that is not involved at all, is our customer service department. That is one area that we need to integrate better than what we have done."*
Commercial Plan E	Care Delivery Strategy	*"Early-on, we made sure to integrate our front-line customer service folks. We developed an entire training, including 'trigger words', for when the customer service staff should pitch the potential of using telehealth during their interactions with the member. We even gave awards to the customer service reps for pitching telehealth most frequently."*

9. **We have been speaking about virtual care in terms of a plan member's relationship with their healthcare provider; and in terms, of a health plan's relationship with its provider network. I am curious if you see virtual care playing a role in terms of a health plan's relationship with its members? Or having an impact on member satisfaction with a health plan; or as an out-reach tool for case management; or helping to educate plan members. Is there a customer service or member engagement type of use for virtual care?**

Plan Type	Respondent	Quote:
Medicare Plan A	Product Manager	*"Member engagement and customer service has a huge potential for telehealth. We are not currently doing it for these areas but would like to explore the possibility."*
		"I could see us having our customer service teams being able to leverage off of a member calling in with a routine benefits question and then setting up an in-network referral for them. Sort of moving towards 'on-demand care'."
Medicare Plan B	Medical Director	*"Common feedback from members usually notes how quickly we are able to respond to their needs or solve their problems. Sometimes, we encounter unrealistic expectations from members, like prescribing narcotics to them remotely--- we legally can't do that. But otherwise, member satisfaction is high."*
		"I would say that we have good, steady utilization currently--- especially among our high-touch patients."
Medicare Plan C	Innovation Head	*"Our duals have been very accepting of it to the point that we feel comfortable that our broader membership will embrace it as well. Satisfaction levels have consistently been close to 100% and what we are hearing, is that what is important to them (members) is that it's an add-on and not a substitute for their regular care."*
Medicare Plan D	Strategic Initiatives	*"Our virtual care offering is still very new; so, we have only limited feedback, but it's been very positive. We went live on January 1st and we already have one member who has used it four times! I think there may be some misconceptions out there about seniors and their interest levels with technology but we have already seen many of them using our telehealth offering."*
Medicaid Plan A	Department Head	*"We have community workers in people's homes. It would be fantastic if they could introduce patients to their care manager back at the plan over some type of face-to-face link. Also, that community worker could use virtual visits to their homes to check in on them and make sure they are doing OK. I see that being particularly helpful with our ABD population or folks with behavioral problems."*
Medicaid Plan B	Medical Director	*"It has been shown over the years that continuity of the relationship between doctor and patient can lead to better health outcomes for the patient and I can see virtual care as possibly disrupting that relationship somewhat. I mean it does provide convenience and speed of access but you do give away some of the value of a long term relationship with the same PCP. So I can see that having an impact on member satisfaction to some extent."*
Medicaid Plan D	CEO	*"Patient satisfaction with telehealth has always been very high. Our challenge remains utilization which remains low in our Medicaid population."*

Plan Type	Respondent	Quote:
Commercial Plan A	Marketing Manager	*"Members are very satisfied. They give our virtual care service a 3.95 out of 4.0 on our satisfaction surveys. We also received a lot of positive feedback from health plan staff who used it and really liked it. Those positive testimonials really helped increase acceptance within the plan--- especially early-on."*
Commercial Plan B	Telehealth Manager	*"We tend to focus on medical uses but we are building a program around allied health professionals to use telehealth. We piloted dieticians on our platform to help patients with diabetes. We are also exploring health coaching, especially for high-touch frail members."*
Commercial Plan C	Medical Director	*"We survey our members and about 20% fill out the survey. Overall feedback is very positive among those that have used telehealth. Most tried to contact their PCP and did not hear back from them. Interestingly, we have found that most (over 60%) of our members telehealth visits are occurring during the PCP's regular office hours! Our telehealth platform gives our members access to a doc within five minutes."*
Commercial Plan D	Population Health Mgmt.	*"Our telehealth offering is still pretty new, so, we do not yet have any formal studies; however, overall the feedback from members has been very positive. Over 90% of telehealth users rated their experiences as being 'excellent' or 'very good'. Of course there are always going to be some negative feedback, but that has been less than 5% of members."*
Commercial Plan E	Care Delivery Strategy	*"We have years of experience now and we consistently see member satisfaction levels of about 90% rating their virtual visit as "good" or "very good". The feedback is consistently positive."*

10. How important is the demonstration of the value of virtual care to the decision-makers within a typical health plan? Is there a need to demonstrate the ROI of supporting a telehealth service?

Plan Type	Respondent	Quote:
Medicare Plan A	Product Manager	*"For me, the most important thing is not ROI but member retention and growth, as the metric. It is important to demonstrate ROI. A lot of vendors are good about showcasing their product features but either don't show us ROI over time, or their ROI models are based upon some unrealistic assumptions."*
Medicare Plan C	Innovation Head	*"Instead of ROI, we look at patient-provider satisfaction and the reduction in our MLR. Even with our complex population, patients are stabilizing and becoming more independent with extensive use of telemedicine. The key is continuity of visits with the same provider."*
Medicare Plan D	Strategic Initiatives	*"At this early a stage, we are mainly focused on demonstrating cost-reductions. It's too soon to conduct any type of formal ROI analysis. We also are interested in showing cost-savings to win over our capitated medical groups, because right now, telehealth is on our dime while, say, and ER diversion saves the capitated groups money."*
Medicaid Plan A	Department Head	*"I think that the conversation should be less about ROI and more about the broader impact of the virtual care implementation. More important is the story that the vendor can tell based upon their previous implementation of their platform."*

Plan Type	Respondent	Quote:
Medicaid Plan B	Medical Director	*"It is a critical piece for sure. Like our eConsult service is beginning to show that we can head-off an office visit to a specialist and just have the primary manage the patient with the specialist's support. But I think that it's important to demonstrate ROI but not just in terms of dollars and cents--- it can also return better clinical quality or outcomes; or better care access. Those are all good things too."*
Medicaid Plan C	Network Management	*"Telehealth implementation requires significant, up-front investments and fees and if there is not enough member utilization, it becomes prohibitively expensive. It's hard to explain to a state regulator why a telehealth visit costs $1000."*
		"However, if we can show that telehealth visits replace ER visits or other more expensive visits, then that is pretty impactful. Also, showing that telehealth visits for a particular member may, initially, be high because historically that member was not able to access regular care; however, once we can get their health stabilized and their disease state better managed, then, that helps demonstrate the value of virtual care too."
Medicaid Plan D	CEO	*"I think if we can expand on reliable, remote diagnostic tools then we will see greater adoption by providers and greater utilization by patients. I think this will be true especially for the more complex patients. I think that will then flow-through to ROI, which right now is not high."*
Commercial Plan A	Marketing Manager	*"It's not hard to calculate the savings from telehealth if you ask the member "where would you have sought care otherwise?" Luckily, we have many years of data now to show the impact of virtual. It really is not enough to just show 3-6 months of telehealth utilization."*
Commercial Plan B	Telehealth Manager	*"We do have an ROI model but we are not quite there yet with our data. The ROIs that I've seen tend to be presented by vendors and it is harder to get an honest read on that. The vendor models tend to rely on assumptions that are quite different from our experiences. They are usually based on fast-growing, technologically-savvy areas with favorable local infrastructures and regulatory environments--- and our area is just not like that."*
Commercial Plan C	Medical Director	*"Now that telehealth utilization appears to be plateauing, some skepticism is creeping back-in, internally. Despite our ROI calculations indicating that, while we are not saving millions of dollars as we had originally expected, at least our program pays for itself. Most of the return comes in the form of ER or urgent care center visits being diverted to virtual."*
Commercial Plan D	Population Health Mgmt	*"We are monitoring its performance, however, to some degree, we are already sold-on-telehealth. Last year, our claims costs went down. Admittedly, that could be due to multiple factors, but we believe that implementing telehealth probably had something to do with that."*
		"In our initial estimates of breakeven for implementing telehealth services, we used a very conservative estimate of member utilization of the new virtual care service. However, today, we are seeing use running at rates that are twice as high! So, we consider it to be a success so far."

Plan Type	Respondent	Quote:
Commercial Plan E	Care Delivery Strategy	*"ROI is important; however, our executive leadership sees the convenience value of it and remains very supportive of the program. I don't have to work too hard to convince our bosses."*
		"In addition to the time savings for the patient, we also recognize that patients are not exposed to other communicable diseases waiting at the doctor's offices. We also see great value in expanding access to other specialists and effectively, broadening our networks, especially for rural members. These aren't the types of things that easily fit into an ROI calculation but they are valuable all the same."

11. **In the early days of telemedicine, there were some questions or uncertainties regarding the quality of care delivered virtually vs. the quality of care received via traditional, in-person office visits. Do you feel that uncertainty regarding clinical quality is as big of an issue today among health plans or have those concerns been largely put to rest?**

Plan Type	Respondent	Quote:
Medicare Plan A	Product Manager	*"I think that it's been largely put to rest in most clinical settings."*
Medicare Plan B	Medical Director	*"I think that it depends on the chief complaint. For more medically-complex patients, I think it's still an open question but in more simple, limited disease, it's been largely put to rest."*
Medicare Plan D	Strategic Initiatives	*"We have found that having Board-Certified physicians is a big help. It is true that many seniors are more trusting of the care they will receive during a face-to-face visit; however, being able to show them that the physicians in our virtual network have the same levels of training and certification helps convince them that a virtual visit will be on a par with a traditional face-to-face encounter."*
Medicaid Plan B	Medical Director	*"I think reservations still exist among providers. And I think among patients as well, particularly older patients are not fully comfortable with virtual visits yet."*
Medicaid Plan D	CEO	*"I think that the question varies depending on the disease state. But overall, I think the critiques always want to compare virtual care, or any other new care approaches, to a model of perfect care. But in reality, the conventional care models have their shortcomings too."*
Commercial Plan A	Marketing Manager	*"Internally, I think we have turned a corner with the detractors who argued that virtual care leads to lower quality care. However, externally, I think we still have a lot of work to do to convince the local physician community--- even though they cannot always explain exactly why they are uncomfortable with telemedicine approaches."*
Commercial Plan B	Telehealth Manager	*"I think what would be very helpful is some study that examines the use of telehealth in chronic care management. A lot of the clinical studies have focused on acute care scenarios, which are helpful; but whether or not telehealth can lead to better clinical outcomes, or decreased cost of care, or improved member experiences in the chronic setting has been done as far as I am aware."*
Commercial Plan C	Medical Director	*"I do not see any differences in the quality of care delivered via telehealth; but, most of our visits are low-acuity. More importantly*

Plan Type	Respondent	Quote:
		though, our patients are comfortable with the quality of the docs and the care they receive."
Commercial Plan D	Population Health Mgmt.	*"I think there are still some questions out there. But when we started this, we really did our homework and we are comfortable that our vendor is really following the current clinical guidelines and thinking and not using telehealth visits in those cases where maybe a face-to-face visit would have been more appropriate."*
Commercial Plan E	Care Delivery Strategy	*"Overall, we are comfortable that the quality is comparable between the two for a given care scenario. I think the bigger problem is that, at least among some members, there is a perception that care during a face-to-face visit is more thorough than virtual. But that tends to be more perception than reality."*

12. Capture/confirm demographics of subject(s):

A) **Medicare Plan A:** Manager level; working in health insurance industry for about six years; worked in healthcare previously in an academic setting.

B) **Medicare Plan B:** Senior Medical Director overseeing data science and virtual care; practicing physician in Internal Medicine; employed in the health insurance industry for ten years.

C) **Medicare Plan C:** Head of Clinical Innovation; practicing physician focused on palliative care; employed by current health plan for ten years.

D) **Medicare Plan D:** Head of Strategic Initiative; has worked in Medicare Managed Care for over 30 years; with current health plan for over ten years.

E) **Medicaid Plan A:** Department Head; working in health insurance industry for over 30 years; leads group of over 100 direct-reports

F) **Medicaid Plan B:** Medical Director; working for over six years in Medicaid plan; spent over twenty years practicing medicine, mainly in FQHCs.

G) **Medicaid Plan C:** Director level; working in Provider Network Management for current health plan for over twenty years. Trained physician.

H) **Medicaid Plan D:** Head of current plan for over twenty years; About thirty years of experience in health insurance industry.

I) **Commercial Plan A:** Marketing Manager; has been working for over eight years in new products and new care innovations areas for the same health plan.

J) **Commercial Plan B:** Telehealth Manager; has been working for over five years with their health plan; previously, worked for over twenty years as a nurse in a variety of acute care settings and hospital administrative roles

K) **Commercial Plan C:** Medical Director; working in health insurance industry for over 20 years; previously practiced internal medicine for five years.

L) **Commercial Plan D:** Head of Population Health team; worked for three health plans; trained as a nurse and worked in various provider roles & settings; over thirty years combined (provider and payor) experience.

M) **Commercial Plan E:** Head of Care Delivery Strategy team; has worked for almost twenty years with current health plan in various roles; in current role for the last four years.

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Sponsored by Teladoc Health, under AHIP's sponsored survey program, the survey included health insurance providers serving consumers in commercial, Medicare Advantage, and Medicaid Managed Care programs.

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