Virtual Care Delivers Value

More consumers of all ages are using new technologies like smartphones and expect the convenience these technologies offer. In addition to consumer convenience, these new technologies offer providers additional tools to manage care for specific patient populations, such as complex chronic care patients, rural patients, and patients with mobility issues, as well as oversee broader population health management. That's why insurance providers are increasingly offering virtual care services for patients and providers.

To analyze the current availability and landscape of virtual care programs, also referred to as telemedicine or telehealth, AHIP surveyed its member health insurance providers.[1] The results were clear — Virtual care is widely and readily available to most patients through their health plans.

Key Takeaways

Health insurance providers are rapidly adopting virtual care.

For nearly 100% of all plans surveyed, the importance of virtual care is increasing. The vast majority of commercial (94%) and Medicare Advantage plans (92%) are currently offering virtual care services and the vast majority of Medicaid managed care plans (93%) are currently either offering or considering offering such services. Plans reported that these virtual care programs can be used for a variety of conditions and services, with acute care (non-emergency) and behavioral health care being among the most common types of care that respondents reported can be handled "virtually."

Types of Care that Can Be Handled "Virtually"

	Assessment/Diagnosis	Treatment/Care	Monitor/Medication Management
COMMERCIAL			
Acute Care	77%	**80%**	61%
Behavioral Health	73%	**84%**	77%
Dermatology	73%	66%	**77%**
MEDICARE ADVANTAGE			
Acute Care	82%	**91%**	45%
Dermatology	**64%**	55%	36%
Behavioral Health	55%	**91%**	82%
MEDICAID			
Pediatric Care	**100%**	92%	85%
Acute Care	**92%**	77%	54%
Behavioral Health	85%	**92%**	**92%**

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1   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.

Improving patient outcomes and enhancing access to care are key reasons for virtual care adoption.

Improving health outcomes, making care more convenient and overall increasing access to high quality care for patients are key drivers for the adoption of virtual care across commercial, Medicare Advantage, and Medicaid managed care plans. Insurance providers also noted that the ability to offer modern, innovative health benefits were high priorities when implementing virtual care options.

Top Virtual Care Priorities

COMMERCIAL	MEDICARE ADVANTAGE	MEDICAID
1. Increase patient engagement	1. Increase patient engagement	1. Increase patient engagement
2. Increase patient satisfaction	2. Simplify patient experience	2. Increase patient satisfaction
3. Simplify patient experience	3. Expand access to behavioral health care	3. Simplify patient experience
✔ Expand access to behavioral health care	✔ Expand access to general medical care	✔ Expand access to behavioral health care
✔ Reduce cost of care	✔ Improve health outcomes	✔ Expand access to general medical care
✔ Increase market differentiation	✔ Ensure data privacy/security	✔ Improve health outcomes
✔ Measure return-on-investment	✔ Improve quality of care	✔ Improve quality of care
✔ Expand access to general medical care	✔ Expand access to specialty medical care	✔ Expand benefit offerings

However, some challenges to fully operationalizing virtual care still exist including patient engagement, technical execution, and regulation.

Both commercial (87%) and Medicaid managed care plans (91%) reported that engaging patients to use virtual care was a key challenge toward full adoption and integration of these programs.[2] Additionally, of note, Medicare Advantage plans identified implementing the plans' virtual care strategy (88%) and a regulatory landscape not conducive to offering virtual care services as a basic benefit (70%) as key barriers.

The vast majority of health insurance providers recognize the multi-faceted value virtual care brings to patients and providers.

All insurance providers, across a variety of plans (Medicare Advantage, Commercial, Medicaid managed care), reported the benefits of virtual care were wide ranging — including increased access, improved health outcomes, increased patient satisfaction, and more coordinated care management.

Value of Virtual Care Across Domains

	COMMERCIAL	MEDICARE ADVANTAGE	MEDICAID
Expands ability to provide quality care to more members	93%	100%	90%
Helps to broaden provider networks	84%	82%	90%
Helps reduce wasteful, unnecessary care and oftentimes, expensive care	88%	82%	80%
Can be used as entry point to route members towards the right type of care	88%	91%	100%
Once used, can oftentimes lead patients to become regular virtual care users	81%	91%	78%
Is a cost-effective alternative to in-person office visits	91%	73%	100%

2 https://www.teladoc.com/knowledgecenter/health-plans-investing-in-virtual-care/

Conclusion

Virtual care has emerged as a new platform that improves access by removing traditional barriers to health care such as distance, mobility, and time constraints. For certain conditions, virtual care is as effective as in-person visits with potential for cost savings, real benefits to provider efficiency, and better management of chronic conditions. Health insurance providers recognize the value of virtual care for patients, including augmenting access, driving down costs and making care more convenient. Addressing challenges, such as patient engagement and the regulatory landscape, will be critical to maximizing the potential for virtual care as it is increasingly integrated into care delivery.

The full survey methodology and results can be found here: www.ahip.org/Virtual-Care-Delivers-Value

More information on virtual care, existing challenges and specific policy recommendations can be found here: https://www.ahip.org/wp-content/uploads/FactSheet_Telehealth-030719.pdf