2017 Telehealth Industry Trends
Ready-to-Use Presentation Slides

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Recent Developments in Telehealth Expansion

1. Industry Players and Adoption Drivers

2. Challenges and Insights on Program Implementation
### Over 50 Years of Advancements in Telemedicine

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960s</td>
<td>NASA and others undertake telehealth research initiative to remotely monitor astronaut health</td>
</tr>
<tr>
<td>1970</td>
<td>“Telemedicine” coined as a term</td>
</tr>
<tr>
<td>1973</td>
<td>The American Journal of Psychiatry publishes major article on telepsychiatry</td>
</tr>
<tr>
<td>1973</td>
<td>The American Journal of Psychiatry publishes major article on telepsychiatry</td>
</tr>
<tr>
<td>1993</td>
<td>American Telemedicine Association is founded</td>
</tr>
<tr>
<td>Late 1980s</td>
<td>US Military implements telemedicine technology in several natural disasters and conflicts</td>
</tr>
<tr>
<td>2016</td>
<td>Kaiser Permanente conducts more than half of all patient encounters virtually</td>
</tr>
<tr>
<td>2017</td>
<td>Major telehealth vendor conducts two millionth virtual visit</td>
</tr>
</tbody>
</table>

Limited Consensus on the Definition of “Telehealth”

Unlike General “Technology,” Telehealth Suggests Interactive Component

Defining Telehealth

The use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status.

_The American Telemedicine Association (ATA)_

Telehealth represents the interactive, electronic exchange of information for the purpose of diagnosis, intervention, or ongoing care management between a patient and/or health care providers situated remotely.

_The Advisory Board Company_

Advisory Board Definition Excludes Static Technologies

<table>
<thead>
<tr>
<th>Interactive (Included)</th>
<th>Static (Not Included)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real-time virtual visits</td>
<td>Education modules (non-interactive)</td>
</tr>
<tr>
<td>Remote patient monitoring</td>
<td>Diagnostic algorithms</td>
</tr>
<tr>
<td>Asynchronous store-and-forward</td>
<td>EMR/patient portal documentation</td>
</tr>
</tbody>
</table>

Benefits Differ by Organization Goals, Intended Use

Markers of Success Extend Beyond Direct Revenue

Mapping Telehealth Applications to Potential Benefits

**Real-time Virtual Visits**
- Enhanced rural access
- Improved patient convenience
- New patient capture and retention of existing patients
- Expanded provider capacity
- Reduced provider travel time
- Cost avoidance from replacing in-person encounters and avoiding unnecessary care

**Remote Patient Monitoring**
- Reduced emergency department utilization, patient readmissions
- Improved patient management of chronic, comorbid conditions
- Reductions in patient mortality

**Store-and-Forward**
- Extended hours of specialist support
- Expanded provider capacity
- Improved patient experience
- Reduced wait time to next appointment
- Improved operational efficiencies

For additional guidance, check out our infographic, "Telehealth technology isn't enough. Start with the ‘Why’ and plan for the ‘How’"
Majority of Providers Use Some Form of Telehealth

Hospitals and Health Systems Lead in Telehealth Adoption

Results from May 2016 Avizia Survey

“Closing the Telehealth Gap,” n=371

63%
Health care providers using telehealth in some form

Hospitals and Health Systems 72%
Physician Groups and Clinics 52%
Other Provider Organizations 36%

1) Ambulatory centers, nursing homes, etc.

Telehealth Represents a Top Priority in 2017

Telehealth Will Continue Transition into a Mainstream Service Offering

Telemedicine as Strategic Priority


- 44% Top priority
- 22% High priority
- 25% Medium priority
- 9% Low priority

+10%
Increase in “Top Priority” response between 2015 and 2016

Administrators Tend to Manage Telehealth Initiatives

Analysis from Advisory Board Member Telehealth Inquiries

The Expert Center Telehealth Requests

- 2015: 301
- 2016: 368

18% increase in telehealth questions from Advisory Board Company members (2015-2016)

Telehealth Questions Submitted to ABC by Role of Asker

- Strategic Planners: 77%
- Clinical Leaders: 15%
- IT Professionals: 4%
- Telehealth-Specific Role: 4%

Sources: Advisory Board research and analysis.

What Are Your Peers Asking about Telehealth?

Inquiries Span from Planning Insights to Actionable Guidance

Strategic planners want to know about telehealth industry trends…

While clinical leaders are more interested in program implementation.

77% Questions from strategic planners focusing on general telehealth education

53% Questions from clinical leaders focusing on specific program guidance

For more information, visit “4 key insights from your 669 telehealth questions”

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3. Challenges and Insights on Program Implementation
Multiple Groups Vie for Ready Access to Virtual Care

Division by Demand or Supply Position, Telehealth Objectives

Lines between Partner and Competitor Often Blurred in Telehealth Networks

**Demand-Side**

**Patients**
- Enhanced access to and convenience of health care services

**Employers**
- Promotion of workplace health; decreased absenteeism

**Payers**
- Reduced cost and utilization; promotion of preventive services

**Small Hospitals (e.g., CAHs)**
- Access to specialist expertise; transfer avoidance

**Supply-Side**

**Large Provider Organizations**
- Enhanced competitive market position; new patient capture

**Clinically Integrated Networks**
- Reduced total cost of care; improved quality and operational efficiencies

**Vendors and Developers**
- Profit-enhancing partnerships; market share
Consumers Willing Under Certain Circumstances

Although No Single Lever to Drastically Improve Participation

Patient telehealth adoption drivers include…

- **Convenience**
  Guarantee of timely access to services, particularly during traditional business hours

- **Cost sensitivity**
  Financial incentives or cost savings provided to encourage patient participation

- **Quality guarantee**
  Availability of refund based on quality of care and patient experience

- **Physician trust**
  Endorsement from regular primary care provider for virtual visit option

- **Word of mouth**
  Availability of refund based on quality of care and patient experience

Patients are definitely/probably willing to try virtual visits if…

*Market Innovation Center Consumer Choice Survey, n=4,879*

- **40%**
  No wait time for telehealth provider

- **39%**
  The virtual visit will cost less than an in-person visit

- **37%**
  Virtual visit comes with a satisfaction guarantee

- **35%**
  In-person provider discusses virtual care prior to visit

- **28%**
  Friend, colleague or family member recommends it
But Only If Quality, Efficacy, and Security Are Assured

Shift Will Require Shift in Both Attitude and Access to Technology

Top 5 Concerns Among Consumers

Market Innovation Center Consumer Choice Survey  
n=4,879

1. “Quality of the care I will receive”

2. “Possibility that the provider cannot diagnose me or treat me virtually and I will have to go into a physical clinic anyway”

3. “Security of my health information”

4. “Lack of personal connection with the provider”

5. “Cost of the virtual visit is too high”

Seniors Disproportionately Impacted by Technology Requirements

Adults 65+ report that they are 3 times less likely to have the technology they need to do a virtual visit, relative to younger cohorts.
Employers Empower Workforce Health

Telehealth Interest Grows with Desire to Curb Costs, Absenteeism

Employee Absence, Demonstrable Loss

$226B

Cost of absenteeism to U.S. employers

The Case for Savings

$6B

Estimated savings among US employers with at least 1,000 employees with virtual consults versus escalated care options

Embracing Telehealth to Contain Costs

70% → 90%

Large employers offering telehealth services in 2016

Large employers planning to offer telehealth services in 2017

Employee Absence, Demonstrable Loss

Cost of absenteeism to U.S. employers

The Case for Savings

Estimated savings among US employers with at least 1,000 employees with virtual consults versus escalated care options

To Slow Rising Costs, Payers Seek New Care Models

Novel Partnerships in the Industry, Expansions into Telebehavioral Health

Notable New or Expanded Telehealth Services in 2016

- **Jan**
  - **UnitedHealthcare**: Grows virtual visit platform to employer-sponsored and individual plan participants; expands remote patient monitoring program

- **Mar**
  - **CareFirst**: Establishes “CareFirst Video Visit,” available to all members

- **Sept**
  - **Cigna**: Expands into telebehavioral health via American Well

- **Oct**
  - **Aetna**: Announced mHealth and remote patient monitoring investment with Apple
  - **Humana**: Partners with MDLive to offer primary care and behavioral telehealth in new states

$126

Average cost savings for commercial payer based on virtual versus in-person visit for an acute condition

20%

Primary/urgent care visits that are clinically appropriate to shift to virtual care platform


1) Yamamoto (December 2014).

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Smaller, Community Spokes Look to Beat Shortages

Hospitals Seek On-Demand Specialists, Resources for Patients

Drivers of Provider Shortages across Service Lines

2) Avitzur O (2010).

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Insufficient Provider Volumes
Disproportionate Regional Concentrations
Low Rates of Insurance Acceptance
Resident Programs Do Not Meet Rate of Retirement

Frequently Affected Service Lines

Pediatric Subspecialists
Neurologists
Psychiatrists
Pathologists

Reported vacancies of >12 months among hospital-based pediatric general surgeons, nationally

29.9%

Neurologists per 100,000 people in Washington DC vs. Wyoming

11.02 vs. 1.78

Psychiatrists accepting private insurance vs. other specialists

55% vs. 85%

Deficit of pathology residency positions to meet demand in 2030

8.1%

Hub Sites Offer Consults, Expand Their Markets

Hub-Spoke Model Maps Excess Provider Capacity with Patient Need

**Hub Sites**
- Academic medical centers (AMCs), multi-specialty provider groups

**Spoke Sites**
- Rural hospitals, critical access hospitals

Expand the reach of in-demand specialist expertise and leverage excess capacity among provider workforce to **increase billable activity** and **increase downstream referrals**

Mitigate **patient access issues**, provider shortages, and network leakage to tertiary care centers

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### Business Models for Hub-Spoke Telehealth Networks

<table>
<thead>
<tr>
<th>More common in competitive markets</th>
<th>More common in collaborative markets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set-up, equipment fee, plus contract fee for utilization</td>
<td>Flat annual contract for set number of visits + per click fee for additional volume</td>
</tr>
<tr>
<td>Flat annual or multi-year contract fee; often low or paid for by grant support at CAHs</td>
<td>No fee, expected downstream return from transferred patients</td>
</tr>
<tr>
<td>Per consult or per bed fee (ICU, ED)</td>
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</tr>
</tbody>
</table>
CINs Harness Telehealth for Population Health

Telehealth Serves as a Valuable Tool in Risk-Based Payment Models

Telehealth Combats Issues of Particular Relevance to CINs

CIN Challenge

Variability in patient care

Telehealth’s matching value proposition

Coordination among primary and specialty care providers; enhanced access

Outcomes analytics

Continual generation of mineable data; remote monitoring capabilities across care settings

High-quality, manageable cost

Timely, reliable, and efficient treatment and ongoing care management

"One-third of the time when the patient is in the primary care physician's office, we're actually able to connect the specialist with the primary care physician and the patient...that's better quality, that's greater convenience, and certainly it's better outcomes with care immediately.”

Dr. Robert Pearl,
Executive Director and CEO,
Permanente Medical Group

For Telehealth Platforms, Most Buy Instead of Build

Vendors Supply Telehealth Capabilities Across All Stakeholder Groups

<table>
<thead>
<tr>
<th>Virtual Visits (Primary Care)</th>
<th>Virtual Visits (Specialty Care)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examples:</strong> TelaDoc, AmericanWell, MDLive, Doctor on Demand</td>
<td><strong>Examples:</strong> Specialists On Call, Avizia, Vidyo, Carena Inc.</td>
</tr>
<tr>
<td><strong>Value Proposition:</strong> Cost-effective, low-acuity primary or behavioral health care delivered by competent, trustworthy providers 24/7/365 on a user-friendly platform</td>
<td><strong>Value Proposition:</strong> 24/7 specialist consultations offering guidance to support ED and other physicians, facilitate care planning and treatment, and prevent accidents</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remote Patient Monitoring</th>
<th>Store-and-Forward Messaging</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examples:</strong> Care Innovations (Intel), McKesson, Philips Healthcare, REACH Health</td>
<td><strong>Examples:</strong> MedWeb, mdPortal, AMD Global Telemedicine, EMR platforms</td>
</tr>
<tr>
<td><strong>Value Proposition:</strong> Collection and transmission of varied patient data and health information for use in population health management and patient education</td>
<td><strong>Value Proposition:</strong> Asynchronous messaging provider-provider or patient-provider that allows for seamless text and image transmission and analysis</td>
</tr>
</tbody>
</table>
Pick the Platform That Care Teams Will Actually Use

Standardized Criteria Necessary to Compare Across Multiple Vendors

Key Considerations in Vendor Selection

- Does the vendor have the necessary **technical capabilities**?
  - Customization
  - Automation
  - Capital Management

- Will the vendor provide a **high-quality experience**?
  - Testing
  - Support
  - Liability
  - Payment structures

- What will the **partnership dynamics** be with this particular vendor?
  - Ownership expectations
  - Operational and legal responsibilities
  - Metrics for success

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**Checklist of Vendor Selection Criteria**

- Does the vendor allow for customizable or branded content?
- Can multiple devices be integrated with this offering?
- Does the technology offered by the vendor automatically map patient encounters to their EHR?
- Does the vendor offer cloud-based updates for ease of installation?
- Does the vendor have established beta testing procedures, metrics, and timelines?

For the complete version of the **Technology Vendor Worksheet**, please visit: [www.advisory.com](http://www.advisory.com) or contact your Dedicated Advisor.
1. Recent Developments in Telehealth Expansion

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3. Challenges and Insights on Program Implementation
## Telehealth Can Be Difficult to Plan and Implement

Consider External and Internal Factors When Investing in Telehealth

### Challenges to Market Favorability

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursement and Funding Availability</td>
<td>89%</td>
</tr>
<tr>
<td>Managed care, Medicare, and/or Medicaid</td>
<td></td>
</tr>
<tr>
<td>reimbursement</td>
<td></td>
</tr>
<tr>
<td>Regulatory and Compliance Standards</td>
<td>87%</td>
</tr>
<tr>
<td>Physician credentialing and/or licensing</td>
<td></td>
</tr>
</tbody>
</table>

### Challenges to Organizational Readiness

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective Setting</td>
<td>70%</td>
</tr>
<tr>
<td>Lack of executive support</td>
<td></td>
</tr>
<tr>
<td>Staffing</td>
<td>91%</td>
</tr>
<tr>
<td>Physician acceptance</td>
<td></td>
</tr>
<tr>
<td>Workflow Development</td>
<td>83%</td>
</tr>
<tr>
<td>Lack of specialist or physician coverage</td>
<td></td>
</tr>
<tr>
<td>Patient Education and Marketing</td>
<td>83%</td>
</tr>
<tr>
<td>Patient acceptance</td>
<td></td>
</tr>
</tbody>
</table>

*REACH Health March 2016 Survey Responses on “Telemedicine Program Challenges“ (n=309)*

Projections Agree on Growth, But How Aggressive?

Key Distinction Lies in Growth Rate Compared to Visit Volumes

Year-Over-Year Medicare Reimbursement for Telehealth Services

In millions of dollars

<table>
<thead>
<tr>
<th>Year</th>
<th>Reimbursement in Millions of Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>$2.5</td>
</tr>
<tr>
<td>2007</td>
<td>$3.0</td>
</tr>
<tr>
<td>2008</td>
<td>$4.0</td>
</tr>
<tr>
<td>2009</td>
<td>$5.0</td>
</tr>
<tr>
<td>2010</td>
<td>$6.0</td>
</tr>
<tr>
<td>2011</td>
<td>$7.0</td>
</tr>
<tr>
<td>2012</td>
<td>$8.0</td>
</tr>
<tr>
<td>2013</td>
<td>$9.0</td>
</tr>
<tr>
<td>2014</td>
<td>$17.6</td>
</tr>
<tr>
<td>2015</td>
<td>$20.0</td>
</tr>
</tbody>
</table>

604% Growth

$13.9M

2014 Medicare reimbursements under its Part B telehealth benefit

0.0023%

Percent of total 2014 Medicare Part B reimbursements spent on telehealth services


1) CMS data.
2) 2015 HIS Analytics report.
Specific Regulations Limit Medicare Reimbursement

Reimbursement Favors Virtual Visits in Rural Health Care Facilities

Core Eligibility Requirements for Medicare Reimbursement

1. Geographic Location of Originating Site
   - Must be provided to an eligible beneficiary in an eligible site
   - Site must be located in:
     1. A Health Professional Shortage Area outside of a Metropolitan Statistical Area
     2. A rural census tract (even within an MSA)
     3. A county outside of an MSA

2. Type of Health Provider at Distant Site
   - Physician
   - Nurse practitioner
   - Physician assistant
   - Nurse midwife
   - Clinical nurse specialist
   - Clinical psychologist and clinical social worker (limitations apply)
   - Certified registered nurse anesthetist
   - Registered dietitian or nutrition professional

3. Type of Institution for Originating Site
   - Office of a physician or practitioner
   - Hospital
   - Critical access hospitals
   - Rural health clinic
   - Federally Qualified Health Centers
   - Skilled nursing facility
   - Hospital-based dialysis center
   - Community mental health center

Are You Eligible?
Visit the HRSA “Medicare Telehealth Payment Eligibility Analyzer” [website](#).
CMS Encourages Population Health by Waiving Some Restrictions

**Telehealth Rule Waiver Removes Major Limitations on Originating Sites**

**Originating Site Geographic Restrictions**
Waiver eliminates restriction for receiving services in a rural area (non-MSA, HPSA, or rural census tract)

**Originating Site Facility Restrictions**
Waiver allows patients to receive care in their homes (some exclusions apply)

### Medicaid and Commercial Payer Rules Differ

#### Some States More Supportive by Removing Restrictions to Payment

<table>
<thead>
<tr>
<th>Eligible Technologies</th>
<th>Setting Requirements</th>
<th>Type of Service</th>
<th>Commercial Parity Laws</th>
<th>Payer-Led Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Many states cover two-way audio and video encounters</td>
<td>- Type of setting and location of patient at time of encounter</td>
<td>- Some states limit the services for which they offer reimbursement to chronic disease or behavioral/mental health</td>
<td>- The majority of states have commercial parity legislation in place</td>
<td>- Individual payers may choose to include telehealth services in benefit packages regardless of state laws</td>
</tr>
<tr>
<td>- Most states do not include store and forward in their definitions of telehealth</td>
<td>- The most supportive states have no geographic requirements for reimbursement</td>
<td>- Many states limit reimbursement to teleradiology or emergency services</td>
<td>- State statute requiring commercial payers to reimburse for eligible telehealth services at the same rate as in-person services</td>
<td>- Some payers offer their own telehealth services or partner with vendors (e.g., United HealthCare &amp; MDLive)</td>
</tr>
<tr>
<td>- Some states cover remote patient monitoring or home health, usually for specific conditions like CHF, COPD, or end-stage renal disease</td>
<td>- Some states limit the site where the patient may be located to clinics or schools</td>
<td>- Most states limit the types of providers that are eligible to conduct specific services</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>- Few states allow the home as an eligible patient site</td>
<td></td>
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</tr>
</tbody>
</table>
Policy & Reimbursement Support Varies by State

Variable Coverage and Practice Standards Lead to Uneven Adoption

LEVEL OF STATE SUPPORT

CRITERIA

Medicaid Reimbursement
Commercial Reimbursement
Geographic & Patient Setting Requirements
Licensure & Eligible Practitioners
Patient Informed Consent & Telepresenter
Prescribing & Practice Standards
Care Innovation

How much does your state support telehealth?
Download your state’s policy profile here.
# Legislation Places Telehealth in National Spotlight

## Three Uniquely Bipartisan Solutions Push for Advances in Virtual Care

<table>
<thead>
<tr>
<th>Mandate</th>
<th>21st Century Cures Act</th>
<th>The ECHO Act</th>
<th>CHRONIC Care Act of 2017¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth as an innovative care delivery model for special populations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Research on the use of telehealth and barriers to implementation</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>Telehealth for managing chronic illness and HPSAs</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Exploration of CMS payment policies and procedures</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Primary concern and legislative focus on telehealth</td>
<td>X</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>Removal of Medicare geographic and setting limitations for payment</td>
<td>X</td>
<td>X</td>
<td>✓</td>
</tr>
</tbody>
</table>


¹ Pending legislation. Proposed in the Senate on April 6, 2017.
2. Regulatory and Compliance Standards

Compliance Standards Can Be Overly Burdensome

Licensing, Credentialing, and Privileging Consume Time and Resources

**State licensure laws** vary across state lines, inhibiting the creation of multi-state or national telehealth networks

- States have the discretion to determine required licensing for out-of-state physicians to practice telemedicine for a patient located in the state
- Telemedicine practitioners often must apply for multiple state licenses, creating large administrative and financial burdens

**Privileging standards** across health care organizations requires duplicative review processes for distant site providers

- Privileging is the process of granting authorization for a practitioner to provide services at an organization

The **Interstate Medical Licensure Compact** established by the Federation of State Medical Boards creates reciprocity across states

- The compact is intended to expedite the process for physicians to apply for licensure in other participating states
- As of April 2016, 18 state legislatures have joined the licensure compact\(^1\)

In 2011, CMS enacted “proxy credentialing” which allows originating sites to rely on the credentialing standards of the distant site provider

- Allows spoke sites to expedite collaboration with specialists who are credentialed by another hospital

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With So Many Options, Where to Begin?

More Than Money at Stake with Telehealth Strategic Planning

Common Roadblocks to Effective Telehealth Program Development

- Unclear which telehealth investments will yield strategic value
- Overreliance on clinical champions to identify and pursue specialty applications
- Programs designed and implemented in silos lead to duplication of efforts

Lingering Negative Impacts of Inadequate Planning for Telehealth Pilots

- Patients hesitant to test virtual platforms after negative experience or interrupted visit
- Care team more susceptible to change fatigue, disinterest in testing new care delivery models
- Executive leadership more likely to express skepticism toward future telehealth proposals
Achieve Consensus with Proactive Goal-Setting

Establish A Clear Framework for Assessing New Telehealth Investments

Framework for Measuring the Value of Proposed Telehealth Initiatives

Selecting Strategic Objectives

Projecting Program Impact

Evaluating Program Feasibility

What are the **primary utilization and cost drivers** that could be improved by telehealth capabilities?

Which telehealth applications will have the **greatest impact** on the selected cost drivers?

Where will telehealth investments be most **feasible to implement and sustain** over time?

Source: Service Line Strategy Advisor research and analysis.
Tackling The Transition from Bedside to “Web-side”

Many Provider Organizations Struggle to Hire, Engage Virtual Staff

Common Staffing Challenges for New Virtual Care Initiatives

**Recruiting New Staff**
Hiring a telehealth workforce requires clear, detailed language in new hire contracts around standards of care and expected virtual workloads.

**Identifying Clinical Champions**
Providers who are accustomed to in-person visits are hesitant to treat patients virtually without clinical guidance on establishing rapport with patients.

**Training Clinical Workforce**
New telehealth providers need hands-on assistance with navigating novel technology and adapting clinical workflows to a virtual platform.

**Encouraging Provider Adoption**
Given that telehealth reimbursement is limited for most organizations, program leaders must design creative, effective methods for compensation.
Programs Benefit from Dedicated Support

Requires Information Technology, Clinical, and Operational Expertise

Growing Number of Telehealth Specific Roles

Source: Avizia Telehealth Program Staffing Survey, June 2016

95%

Health care organizations engaged in telehealth with a full-time telehealth program director/manager

50%

Telehealth programs with full-time employees dedicated to telehealth operational and administrative support

Job Description for “Director of Telehealth”

- Ownership and oversight of cross-service line telehealth development initiatives
- Management of exploratory process for new uses from grant pursuit to pilot to scaling
- Coordination with leaders across strategic planning, clinical roles, IT, and marketing in developing new telehealth initiatives

For full job descriptions of telehealth leadership roles, click here.

### 5. Workflow Development

## There’s More to a Virtual Visit Than a Screen

In-Person Workflows Seldom Align with Virtual Care

### Process Steps

<table>
<thead>
<tr>
<th>Scheduling a visit</th>
<th>Sampling of Virtual Visit Workflow Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Will visits be scheduled or on-demand?</td>
</tr>
<tr>
<td></td>
<td>Are there certain eligibility criteria that patients need to satisfy (e.g., diagnosis, location, payer status)? If so, how will this be verified?</td>
</tr>
<tr>
<td></td>
<td>How will doctors be assigned to each patient?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rooming the patient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What do patients see as they wait to be assigned to a clinician?</td>
</tr>
<tr>
<td></td>
<td>Is there an overflow “waiting room” to accommodate fluctuations in demand?</td>
</tr>
<tr>
<td></td>
<td>What kind of technical support is available if the patient experiences difficulty?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collecting patient information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What information is collected from the patient?</td>
</tr>
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<td></td>
<td>How is this information shared with the clinician? How much time is the clinician given to review the information before seeing the patient?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documenting the encounter</th>
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<tbody>
<tr>
<td></td>
<td>Is the information automatically input into the electronic medical record?</td>
</tr>
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<td></td>
<td>How is patient informed consent documented?</td>
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</tbody>
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<tr>
<th>Conducting the exam</th>
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<tr>
<td></td>
<td>What clinical standards are in place to ensure appropriate prescribing practices? What about referrals to specialists or in-person care?</td>
</tr>
<tr>
<td></td>
<td>Are there procedures in place for emergency situations (e.g., patient expresses suicidal ideation, self-harm)?</td>
</tr>
</tbody>
</table>
Be Aware of Risks to “Learning As You Go”

First Impressions Matter for Provider Convenience, Ease of Use

A Tale of Two Scheduled Shifts

Dr. Doe schedules an 8-hour shift in primary care.

The medical assistant tells Dr. Doe she has nine in-person appointments and five virtual visits scheduled. She has trouble logging on for her first virtual visit due to recent IT updates. Due to the long wait time for virtual care, three patients cancel. Dr. Doe sees no patients during this time.

The medical assistant informs Dr. Doe that she has 14 in-person visits. As expected, there are several no-shows for appointments. She fills in for another PCP during this time.

Dr. Doe has seen 12 patients during her shift. With extra time from 5 no-shows, she treats 3 new walk-ins.

Dr. Doe has seen 12 patients with three missed appointments.

Neutral care experience

Negative care experience
Even the Best Platform Won’t Sell Itself

Patient Adoption Remains A Challenge for Many Provider Organizations

Key Elements of A Successful Telehealth Marketing Strategy

**Segments**
- Tailored to specific audiences based on meaningful demographic characteristics
- Acknowledges differences in attitudes, values, and needs across patient groupings
- Addresses targeted patient concerns to boost self-efficacy

**Integrates**
- Promoted across a variety of media channels (e.g., web-based, mailings, television)
- Partners with community-based groups like schools, employers, and retailers
- Available via several technology platforms, including smart phones, computers, and kiosks

**Unifies**
- Designed to promote name recognition throughout user experience
- Visually and tonally consistent with other system marketing initiatives

**Target Populations**

**Multiple Touch Points**

**Enterprise-Wide Brand**
Meet Your Patients Where They Are (Today)

Avera Expands Established Brand beyond “Brick-and-Mortar” Telehealth

Case in Brief: Avera Health

- Avera Health is an integrated health system based in Sioux Falls, South Dakota.
- Prior to implementing direct-to-consumer care, the organization had a strong reputation in business-to-business telemedicine networks. Avera Health partners with hospitals across eight states and 80 counties.
- By implementing a unique marketing strategy to publicize their patient-facing services, AveraNow has reached 3,800 patients in the first 18 months of the program.

Key Factors in Avera’s Marketing Success

1. Staged, Patient-Centric Platform Launch
   AveraNow was first launched to health plan members to gauge consumer preferences on when and how to access care. This initial pilot informed the broader rollout strategy for Avera leaders.

2. Mutually Beneficial Community Partnerships
   Avera expanded their reach in their market, advertising with local news outlets and placing telehealth kiosks in Hyvee grocery stores. Avera also sponsors healthy food options for shoppers.

3. Ease of Access to Well-Respected Brand
   The health system built on the “recognition, loyalty, and trust” from patients in their market in their external collateral, incorporating the Avera name into the platform brand.

More Questions on Telehealth?

Where does my state rank in terms of favorability of telehealth policies?

Where should I start when it comes to specialty telehealth?

How many primary and urgent care visits are likely to shift to virtual care in my market?

How should we devise a unified telehealth strategy?
On-Demand Support from Advisory Board

Telehealth: Technology Isn’t Enough
Infographic
Review our easy-to-read resource on the strategic planning questions that matter most for telehealth.

Strategic Program Development for Specialty Telehealth
White Paper
Review best practices toward developing, implementing and scaling effective specialty telehealth.

Digital Strategy Blueprint
Toolkit
Learn how to calculate market readiness, audit technical needs, evaluate new partnerships, and more.

Telehealth Primer Series
White Papers
Examine how provider organizations are using telehealth across a range of services, including teleICU, pediatrics, and teleneurology.

For more information on custom telehealth support available through Advisory Board, contact your Dedicated Advisor.
What are your QUESTIONS on telehealth?
Webconference Survey

Please take a minute to provide your thoughts on today’s presentation.

Thank You!

*Please note that the survey does not apply to webconferences viewed on demand.*