



REDESIGNING THE FUTURE OF
TELEHEALTH

The **essential toolkit** for health plans

The Covid-19 pandemic has proven that virtual visits can increase safe, quality access to care. But is telehealth integral to the future of health care? This toolkit helps answer that question, with strategies for understanding the state of telehealth, discussions of common bottlenecks and pitfalls, and practical insights into what health plans can do to create the right environment for telehealth to remain an affordable option for now and beyond Covid-19.

Our takeaways are based on 117 interviews we conducted with leaders from various organizations including hospitals and health systems, physician groups, health plans, life sciences companies, telehealth vendors, and digital health firms. With their help, we identified the issues and opportunities that confront health plans.



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The pandemic's impact on the state of telehealth

Covid-19 pushed the health care industry to cram years of progress on telehealth adoption into a few weeks. This “trial by fire” set the stage for potentially transformative integration of telehealth across the care continuum.

01

The rapid embrace of telehealth

The reality of telehealth before Covid-19 was unfulfilled promise. Two out of three consumers said they were interested in telehealth services, but fewer than one in ten had ever used them. Only about one in five physicians had ever done a virtual visit. A hospital telehealth program with annual visits in the hundreds—that is, one or two telehealth visits per day—could reasonably have been described as “robust,” relative to the average hospital.

All stakeholders encountered significant obstacles to telehealth. Consumers were unaware of the availability of telehealth services from their providers. Clinicians worried that they wouldn't be reimbursed adequately for telehealth and that telehealth might not be an appropriate way to deliver care. Payers and purchasers were afraid that telehealth would turn out to be an ineffective alternative to in-person care that would ultimately increase overall utilization and total cost of care.

As a result of Covid-19, these obstacles were largely overcome.

Four key implications

To fully capture the value of telehealth, providers will need to do far more than simply launch a telehealth program and platform. They will have to integrate telehealth across the care continuum and into specific care pathways.

IMPLICATION 1

Reimbursement parity is closer to reality—but it's not a certainty

In response to the Covid-19 pandemic, Medicare began reimbursing providers for telehealth visits at the same rate as in-person visits for more than 80 kinds of interactions. Some health plans have followed suit, largely for visits related to Covid-19, but also for other acute and routine visits.

If payers retrench after Covid-19 to limited use and lower reimbursement for telehealth, the industry will find itself right back where it was before Covid-19—but with greater patient demand for a service that undercuts in-person provider reimbursement rates.

IMPLICATION 2

Telehealth services are now “table stakes” for providers

2020 gave millions of consumers their first exposure to care delivery outside a clinical setting. That should stoke demand for telehealth services beyond the Covid-19 pandemic, making telehealth “table stakes”—an essential component of even a basic patient engagement and retention strategy.

Advisory Board’s consumer research on virtual visits has consistently shown that, once patients try a virtual visit, they tend to be satisfied with both the care received and the clinician interaction. Moreover, they say that they are willing to use virtual visits to receive care in the future.

IMPLICATION 3

Widespread telehealth adoption can lead to new care pathways

The pivot to telehealth from in-person visits provides a wealth of new data and firsthand experience. This information will help evaluate appropriate and creative uses of telehealth. To fully capture the value of telehealth, providers will need to do far more than simply launch a telehealth program and platform. They will have to integrate telehealth across the care continuum and into specific care pathways.

IMPLICATION 4

Our understanding of competition before Covid-19 is inadequate

Existing telehealth platforms allow patients and providers to connect far beyond the geographic reach of a local health system or provider practice. In a world where almost every provider will need a telehealth platform, such extensive reach will no longer be limited to telehealth vendors and progressive health systems.

Expanded use of telehealth may require providers to reconsider their physical, brick-and-mortar footprints. Investment in physical assets in a world of widespread telehealth adoption may not be advantageous from a business development perspective. At the same time, a seamless, convenient integration of telehealth across the care continuum will require providers to think about how to use their physical locations as genuine complements to their telehealth services, and vice versa.



Three fundamentals to focus on during and after the pandemic

When it became clear what Covid-19 was, payers made telehealth a central feature for addressing it. As Advisory Board experts outline below, three fundamentals helped payers succeed through the pandemic and will lead to future payoffs: relying on data and evidence to guide decision-making, communicating clearly and consistently with members, and developing mutually beneficial payment policies.

02

How to address telehealth with evidence—not assumptions

Many health care leaders seem to view Covid-19 as exceptional, not transformational. But we've learned a lot as an industry during the pandemic about how to deliver care outside of traditional in-person interactions between clinicians and patients.

Why providers must embrace telehealth now

The question is: How do we know what to sustain advances in telehealth beyond the pandemic?

The answer: Evidence.

Across the final six months of 2020, virtual visits in the U.S. consistently made up 15% to 20% of all visits on a weekly basis, a baseline that was not correlated with spikes in Covid-19 infection or hospitalizations. That steady utilization can provide the data we need to inform decisions about how to deploy telehealth going forward.

Unfortunately, there are two obstacles to making constructive use of this hard-earned evidence. The first is simply ignoring it because it may not align with entrenched perspectives on telehealth. The second is holding telehealth to a higher standard than other modes of care delivery.

15%–20%

of all visits were done virtually across the final six months of 2020

Health care can't ignore 2020 data

In three recent [public Medicare Payment Advisory Commission \(MedPAC\) meetings](#), commissioners and staff consistently asserted that virtual care “[should](#)” cost or “[probably](#)” costs less for providers to offer, although the commissioners have provided no evidence for this. Another orthodox but largely unproven assumption rounds out those reasons: that payment parity will “distort prices” as clinicians steer patients to virtual instead of in-person visits.



THREE FUNDAMENTALS TO FOCUS ON DURING AND AFTER THE PANDEMIC

Reimbursement parity alone will not make telehealth valuable for patients. At the same time, denying parity without looking at actual data on cost, use, and downstream effects of upstream telehealth doesn't help patients either.

Some health systems have already shared data that debunks long-held assumptions that telehealth would surely increase use and ultimately cost more than in-person care. For example, Stanford Health's utilization data indicates that telehealth has been a substitute for in-person visits, not simply an add-on service.

Telehealth is different, but the standard of care is not

The prevailing approach to something new in health care tends to be that if it isn't demonstrably better than what we already know or do, then we won't change.

You can see that in the adoption of tele-behavioral health. Even before Covid-19, clinical research consistently indicated that tele-behavioral health was comparable in quality and outcomes to in-person behavioral health. Still, in January 2020, only about 3% of all psychiatry visits were virtual. The perceived limitations of virtual platforms (including difficulty reading body language and making eye contact) outweighed the potential benefits (including patient convenience, provider visibility into a patient's home, and increased ability for patients to terminate a session) for most providers, even though the quality of care was the same.

But just because telehealth can't do everything, that doesn't mean it can't do anything—which behavioral health providers seem to have realized in 2020. In December 2020, virtual visits accounted for two-thirds of all psychiatry visits.

Clinicians have made heroic efforts to integrate telehealth into practice. The Taskforce on Telehealth Policy put it best: "We should trust clinicians providing telehealth services to triage patients needing a higher level of care or in-patient care, as we do in other care settings."

"We should trust clinicians providing telehealth services to triage patients needing a higher level of care or in-patient care, as we do in other care settings."

The Taskforce on Telehealth Policy

03

How Covid-19 influenced the way health plans communicate

This pandemic has shown us it is more important than ever to plan communications that are **clear**, **credible**, and **comprehensive**.

Clear

Plans made their materials as clear as possible by including FAQs, creating a single landing page for all coronavirus updates, and making resources easy to find on their website.

- ▶ [Blue Cross Blue Shield of North Carolina](#) included an option at the top of their coronavirus materials to translate all the information into Spanish.
- ▶ [Blue Shield of California](#) featured three top-of-mind issues for members on their homepage: information on coronavirus, virtual visit access, and how to enroll in insurance.

Credible

Plans (especially provider-sponsored plans) recognized that they are not the most trusted source for clinical information, so they leaned on their providers' clinical expertise.

- ▶ [Geisinger Health Plan](#) allowed members to sign up for coronavirus updates with provider-backed clinical information.
- ▶ [Sharp Health Plan](#) shared infographics and videos on coronavirus to provide a variety of material that members can engage with.

Comprehensive

Some plans offered increased support for behavioral health and social needs resulting from the coronavirus outbreak.

- ▶ [Cigna](#) created a second customer service phone line to address the increase in member questions and offered webinars and tools on stress management.
- ▶ [L.A. Care](#) linked to resources for food banks, financial assistance, and unemployment benefits on the same page as all their other coronavirus resources.



THREE FUNDAMENTALS TO FOCUS ON DURING AND AFTER THE PANDEMIC

KEY TAKEAWAYS FOR YOUR OWN COMMUNICATION STRATEGY



Use many different channels to disseminate information, including direct email, press releases, YouTube videos, podcasts, and social media posts.



Address the most worrisome member questions by updating your website FAQs .



Keep up with increased call volumes by supporting your customer service representatives as they telework.



Equip internal staff to deliver consistent messages by providing up-to-date talking points about organizational policies and procedures.

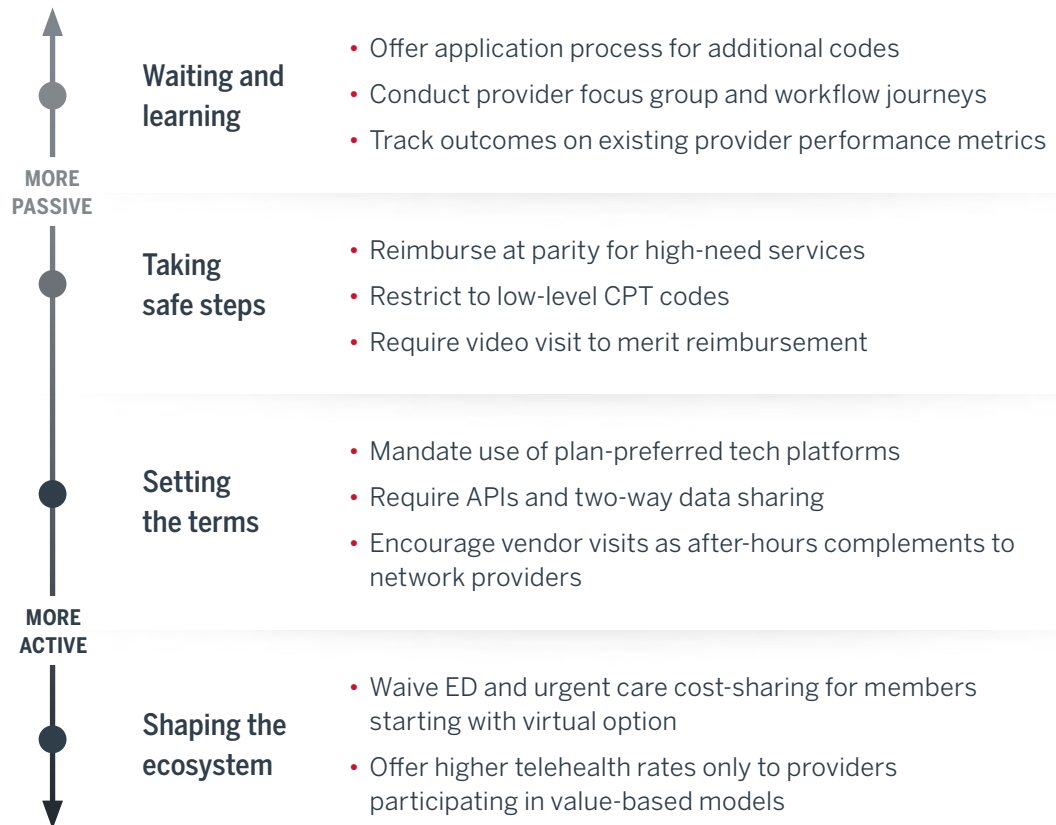


04

Structuring future telehealth reimbursement

Long-standing barriers to wider telehealth adoption persist, and the ultimate strategic impacts remain unclear. Plans can use telehealth payment policies to close traditional service gaps, but must recognize distinctions in use cases, modalities, desired outcomes—and opportunities for broader partnership with providers.

EMERGING PAYER APPROACHES TO TELEHEALTH REIMBURSEMENT



Highlights from executive conversations



“We’re worried about whether paying at parity now will lock us into new **precedents** for future negotiations—and let providers off the hook without re-rationalizing their cost structures.”

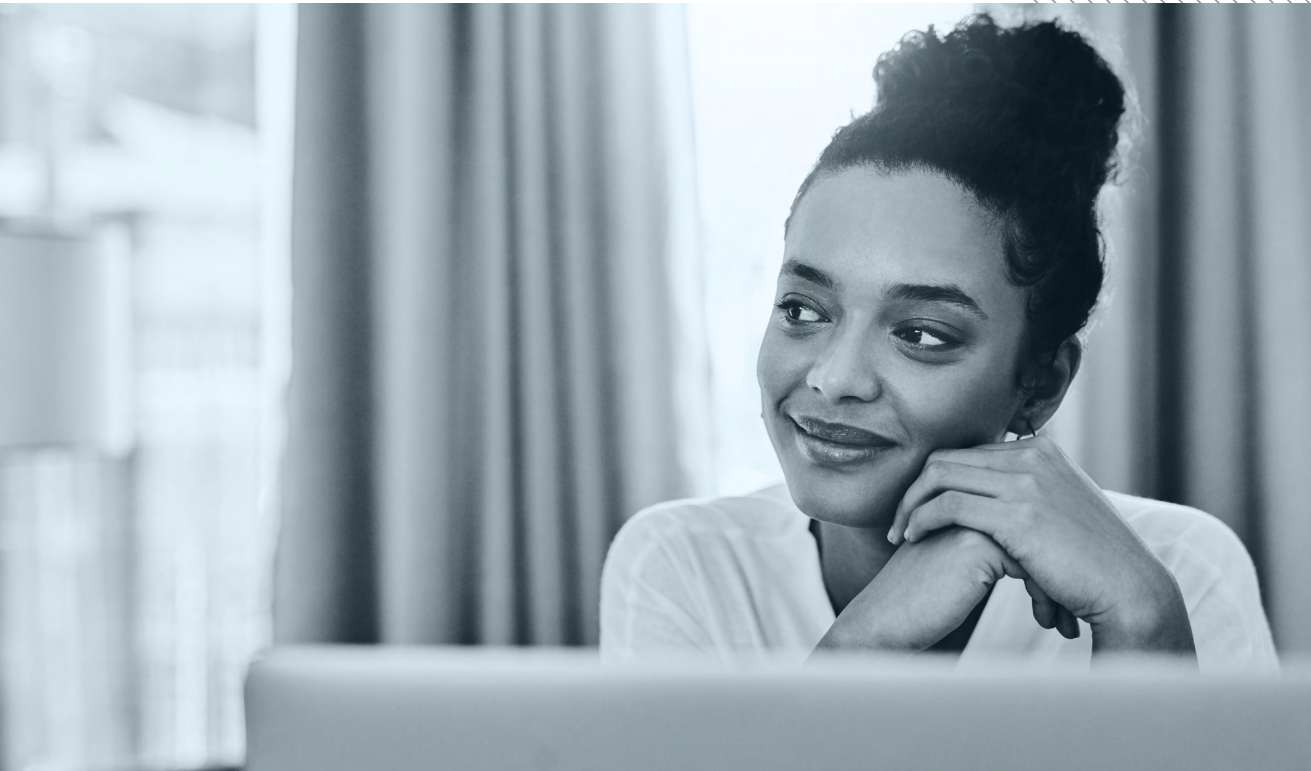
“We have to think about how telehealth payment policies impact **customers**. Requiring video visits can deepen the digital divide. But nor do members want to pay more in cost-sharing for just a phone call.”

“Telehealth payments can be a **carrot or stick** for moving providers into risk arrangements. But for some providers, funding telehealth now reduces their urgency to seek risk models.”

“Members want to see **consistent** providers, so fragmented use of virtual care by local providers is a challenge. How do we get the best of both worlds?”

CONSIDERATIONS FOR STRATEGY LEADERS

- Should we accommodate **providers’ investments** and **operating cost** structures?
- Can we guarantee appropriate **utilization trends** and **lower total cost**?
- Will we preserve access to **care management data**?
- Will members receive appropriate, **high-quality care**?
- Does ubiquitous virtual care give us more control over **member access** or **decentralize utilization**?
- Will we be able to **steer patients** to preferred provider partners?



Key questions and strategic considerations

The continuing popularity of telehealth isn't a foregone conclusion post-pandemic. Payers can utilize thoughtful strategies around member engagement, network support, and reimbursement incentives to ensure the long-term success of telehealth.

05

Will consumers continue to use virtual visits?

A large component in future telehealth strategy will be dependent on whether plans adequately incentivize their members. This resource outlines key drivers and deterrents of telehealth utilization. Some key drivers include cost, access, and safety—while deterrents include quality concerns and comfort with a new provider.

How has utilization changed since Covid-19?

Prior to Covid-19, a mere 19% of consumers reported using at least one virtual visit, according to our consumer survey research.

19%

of consumers reported using one virtual visit prior to Covid-19

Since the outbreak, health plans are seeing a surge in virtual visits across their memberships, with some reporting up to a 30-fold increase in daily use rates. And although virtual visits are not completely eliminating in-person visits, many health systems are seeing a substantial decrease of visits in the office.

Consumer experiences with virtual visits during Covid-19 may permanently shift attitudes

According to a [national survey in March 2020](#) by Sykes Enterprises (a customer experience company), of those who had a virtual appointment, only 37% said they'd use the service again. However, in April, a Sage Growth/Blackbook¹ market survey revealed that 69% of respondents wanted their provider to offer more virtual visits after the Covid-19 crisis.

69%

of survey respondents wanted their provider to offer more virtual visits post-Covid

This divergence in opinions may be a signal that emerging consumer trends are *potentially* here to stay. But this is not a foregone conclusion: the structure and capabilities of these visits will determine continued adoption.

1. "Evolving U.S. healthcare needs and attitudes during Covid-19", Sage Growth/Blackbook Market Research, April 2020.

Free, quick, and safe: The top 3 drivers that encourage virtual visit utilization

Driver 1: No cost to consumers

Advisory Board's 2020 consumer survey revealed that a free visit was the strongest incentive for consumers to try virtual visits. Now that numerous plans have waived member cost sharing for virtual visits in response to Covid-19, many more members have sought virtual care.



What plans
can do now



Although it's not always feasible to provide all virtual visits with no cost-sharing in the future, **consider setting member copays noticeably lower** than in-person rates.

Driver 2: Quicker access to care

Patients value convenience. Advisory Board's virtual visits survey revealed that prior to Covid-19, the second strongest incentive to try virtual visits was "no wait time".



What plans
can do now



Invest in **single sign-on capabilities** and integrate with the plan portal to make the process more efficient for members.

Driver 3: Ability to avoid exposure

The ability to avoid unnecessary exposure to the SARS-CoV-2 virus has emerged as a driver to use virtual visits, and this will likely influence consumer decisions moving forward. Specifically, consumers cited that being able to avoid crowded waiting rooms was a prominent advantage of virtual visits. This was particularly true for adults over 55.



What plans
can do now



Determine how to **support the senior population** in using virtual care technology to reduce any frustration in trying to navigate the platform.

Concerns about care quality and provider relationships might discourage utilization

Deterrent 1: Concern with quality of care or accuracy of diagnosis

Advisory Board's consumer data indicates that 40% of consumers were concerned with the quality of care they would receive virtually. Despite the increased use of virtual visits, some members will still need to be convinced of its efficacy.



**What plans
can do now**



Consider using this time to **track clinical outcomes** from virtual and in-person visits. Plans can use this data to encourage member utilization by reporting comparable clinical outcomes between virtual and in-person care.

Deterrent 2: Low comfort level with provider

When asked to rank the most important aspects of a virtual visit in Advisory Board's consumer survey, respondents ranked seeing their regular provider as more important than paying less or convenience of scheduling.



**What plans
can do now**



Consider how reimbursement parity can **incentivize providers** to continue virtual visits after Covid-19.

06

How payers can continue to support telehealth providers through Covid-19 and beyond

As telehealth utilization has risen, payers and the rest of the players in the health care system are looking for ways to support virtual care channels that are urgently expanding capacity and alleviating the burdens of those on the ground.

We compiled how payers have been supporting their virtual providers, posed questions for payers to consider as they plan their future telehealth strategy, and shared our top recommendations to inform strategy moving forward.

The new standard: Most payers are financially supporting providers offering telehealth through the Covid-19 epidemic

Through the pandemic, most payers reimbursed providers the same amount for telehealth visits as they would for an in-person visit. Additionally, many payers waived the requirement that telehealth visits have a visual encounter, allowing telephonic visits to be reimbursed. Lastly, many payers leveraged their vendor telehealth platforms at a \$0 member cost-sharing to expand telehealth access and alleviate possible volume surges on the plan's traditional contracted providers.

An evolving plan role: Other strategies payers used to support providers offering telehealth

Payers found innovative ways to mitigate the surge of clinical cases on providers by undertaking unobtrusive forms of triage, participating in member education, and financially supporting alternate sites of care.



MVP Health Care and **Media Logic** created a payer-agnostic tool showing telehealth offerings based on the location information that an individual enters.



KEY QUESTIONS AND STRATEGIC CONSIDERATIONS



▶ **Blue Shield of California** launched a digital tool to divert the “worried well” by having everyone take an assessment that advises them as to whether their symptoms are appropriate for a virtual visit.



▶ **Medica** announced it would allocate \$100,000 to advance their telehealth capabilities and meet the urgent mental health needs for children with social, emotional, and behavioral problems, and their families.

Turning to the future: How payers can prepare for changes while continuing to support their contracted providers

GROWTH IN PROVIDER UPTAKE

In what use cases will payers maintain reimbursement parity?

Payers can determine which virtual visits are equal or better as use cases. Payers should consider maintaining payment parity in use cases where a timely, convenient visit could save costs down the road. Other use cases that payers should consider include behavioral health visits, nutritional evaluations, or some prenatal consults.

What modalities of visits will still be reimbursed as telehealth?

We anticipate that the regulation around reimbursement of “everyday” modes (e.g., phone call, FaceTime) of telehealth will return to being more restrictive. However, payers should consider partnering with providers to reimburse more cost-effective alternatives that best fit with provider needs while still meeting all HIPAA certifications.

OUR RECOMMENDATION

Collect data on contracted provider telehealth uptake

Gauging continued provider interest and comfort with telehealth technology through regular surveys will help prepare for the shift in provider expectations and potentially greater interest in virtual visits. Telehealth claims data from contracted providers will also highlight areas of high and low utilization, and also help payers design an ROI calculation that can justify future changes to plan designs.



KEY QUESTIONS AND STRATEGIC CONSIDERATIONS

REFORMED PLAN ROLE

How can payers integrate telehealth into appropriate care pathways?

As the Covid-19-related demand for health care services decreases, it will still be important for payers to embrace ways that they can use telehealth to either refer as a first point of care or serve as an alternate site of care.

How can your vendor partnerships effectively supplement your network providers?

Using strategic vendor partnerships as a supplement to virtual visits post-Covid-19 will enable traditional contracted providers to continue to see patients virtually while also alleviating burdens during off-hours or for acute care needs and possible “worried well” patients.

OUR RECOMMENDATION

Consider evaluating your vendor partnerships

While vendors can greatly supplement access during off-hours, limitations in referral and follow-up have reinforced the need for payers to have a multipronged telehealth solution. Payers that are trying to determine their telehealth strategy for the future need to start with an assessment of what they already have on hand before they start buying, building, or renegotiating.



How can health plans help raise the bar?

Having a proactive approach to telehealth will determine how virtual care will become a sustainable, integrated feature in the care continuum. The level at which virtual becomes a staple of future health plans will be greatly influenced by the steps you take today.

07 Key takeaways as health plan leaders plan their virtual strategy for 2021 and beyond

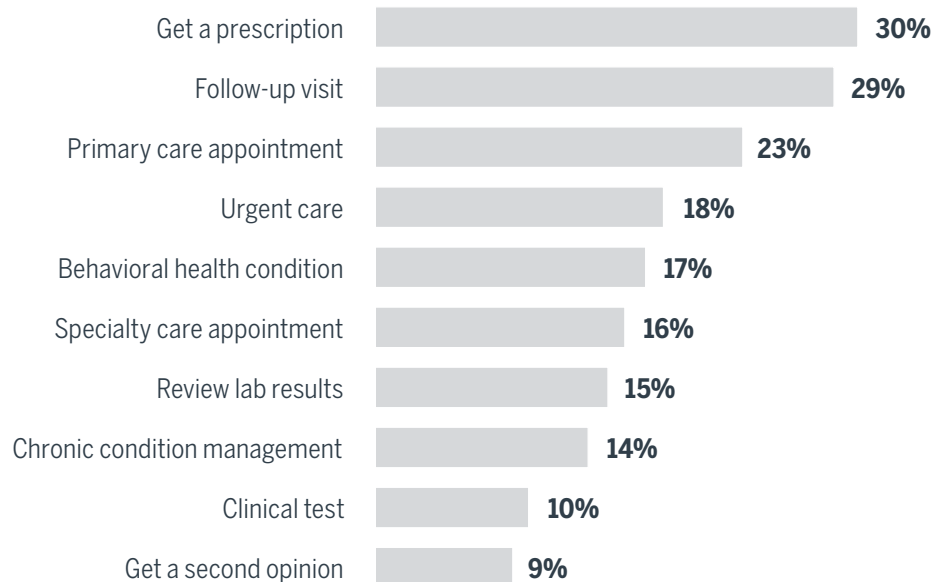
Advisory Board surveyed over 3,500 consumers in April 2020 to determine their telehealth preferences. There are three key takeaways for all health plan leaders to consider as they plan their virtual strategy for 2021 and beyond.

The top utilizers of virtual visits are individual market members, high-cost members, and members with prescriptions.

Covid-19 had led to increased acceptance for alternative modes of care such as virtual visits. Utilization has been especially high in the individual market, with 46% of members saying they have used a virtual visit before. In addition, 40% of high-cost members have used virtual visits before, compared to 29% of the general population.

TOP USE CASES FOR VIRTUAL VISITS

What were your virtual visits for? (Check all that apply.)

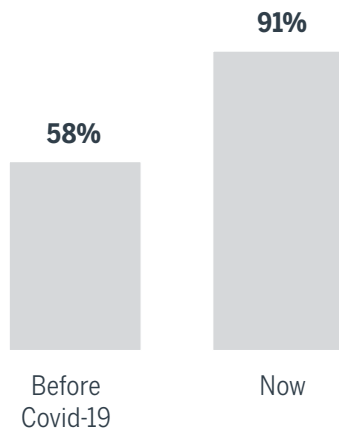


Learn from past mistakes. Health plans were too slow with their messaging about virtual visits.

Health plans invested significant resources in publicizing virtual visit offerings to members, but they came up short. Most respondents to our survey first found out about virtual visits through the media or their doctor.

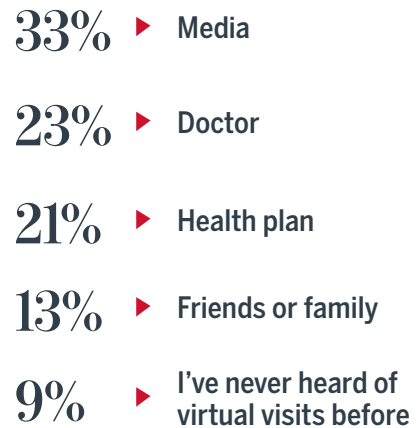
PEOPLE WHO HAVE HEARD OF VIRTUAL VISITS

n=3,339



HOW DID YOU FIRST HEAR OF VIRTUAL VISITS?

n=3,687



What's more important: Provider continuity or cost transparency? It depends on the Limitation of Benefit (LOB).

Medicaid and Medicare Advantage members ranked provider continuity as their most important factor when deciding to use a virtual visit. On the other hand, those on employer sponsored insurance (ESI) and individual market members valued knowing the exact cost of the visit before scheduling as their top factor. It is important to note that their top choice was cost transparency not lower costs.



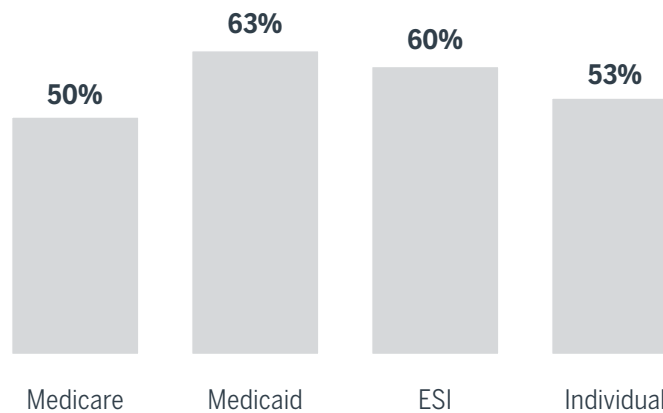
HOW CAN HEALTH PLANS HELP RAISE THE BAR?

MOST IMPORTANT FACTORS WHEN DECIDING WHETHER TO USE A VIRTUAL VISIT OR NOT BY LIMITATION OF BENEFIT

	Medicare/Medicaid	ESI	Individual
#1	<i>"The virtual visit will be with my regular provider."</i>	<i>"I will know the exact cost of the virtual visit before I schedule it."</i>	<i>"I will know the exact cost of the virtual visit before I schedule it."</i>
#2	<i>"I will know the exact cost of the virtual visit before I schedule it."</i>	<i>"The virtual visit will be with my regular provider."</i>	<i>"I will pay less OOP for the virtual visit than I would for an in-person visit."</i>
#3	<i>"My doctor tells me to."</i>	<i>"I will pay less OOP for the virtual visit than I would for an in-person visit."</i>	<i>"The virtual visit will be with my regular provider."</i>

PERCENTAGE OF MEMBERS WHOSE LAST VIRTUAL VISIT WAS THEIR REGULAR PCP

n=956



Questions to consider as you plan your organization's future strategy

- ▶ Who are we missing in our virtual visit marketing? Is it equitable?
- ▶ What types of visits do we want to encourage members to use? Is that clear?
- ▶ What types of partnerships can help amplify our message?

It's fair to say that "the cat's out of the bag" with telehealth. As more patients and providers are exposed to it, we can assume demand for it will continue—and debate about the best ways to provide it will persist. To ensure that organizations have the right infrastructure to advance appropriate, equitable telehealth moving forward, leaders across the health care ecosystem must continue to convene, discuss, and collaborate accordingly.



For the latest **research, insights, and tools** on telehealth and related topics for health plan leaders, visit:

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