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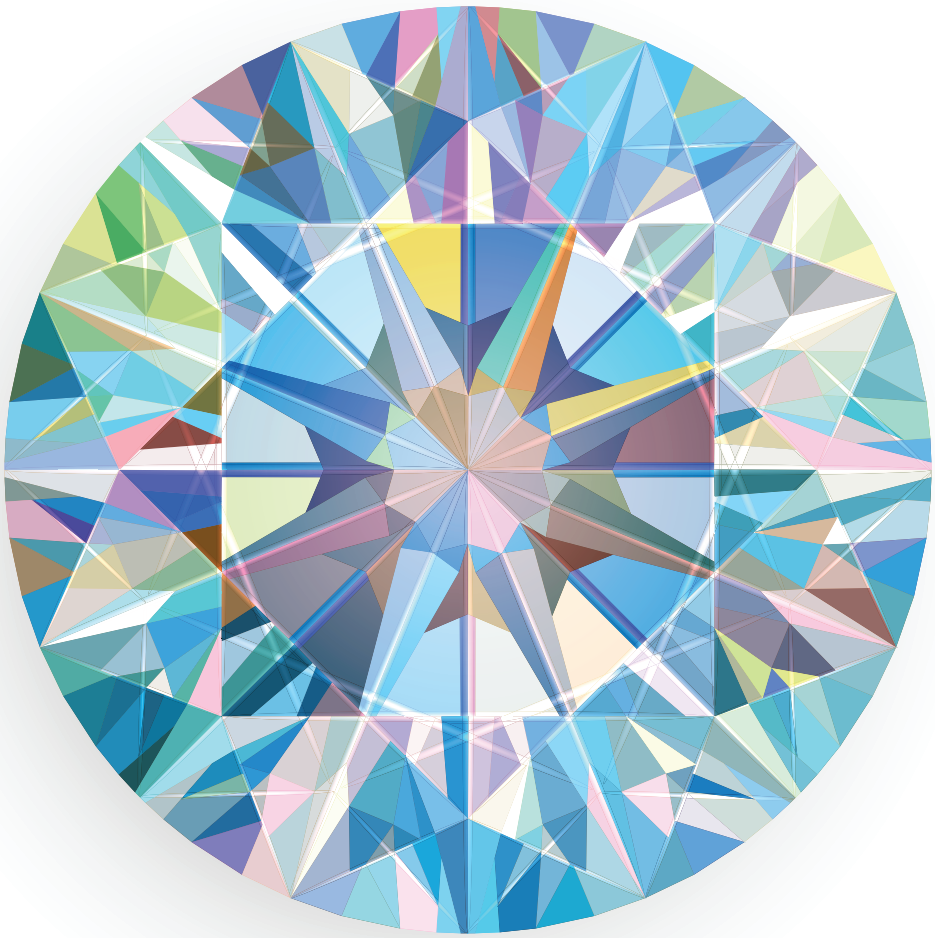

Five Areas of Virtual Health Disruption and the Role of the CSO in Formalizing the New Care Model

About the authors: Felix Matthews, MD, MBA, is a Managing Director at Deloitte Consulting LLP and leads the firm's AMC/Research Leaders Practice nationally. Bill Laughlin is a leader in Deloitte Consulting LLP's strategy practice with extensive experience delivering Deloitte's Virtual Health offering to clients. Bill and Felix partnered to identify five areas in which care delivery has been disrupted by virtual health, and how the changes are set to become permanent post COVID-19.

Deloitte defines virtual health as "at-a-distance" interactions that further the care, health and well-being of healthcare customers in a connected, coordinated manner. Prior to the COVID-19 pandemic, we had seen only exploratory and limited adoption of virtual health. Deloitte's bi-annual survey of US physicians found that as of 2018 only 23% of consumers had actually tried virtual visits[1].

This year, the pandemic has resulted in a seismic shift toward virtual health, which has emerged as a necessary, vital and significant part of the healthcare ecosystem. Many health systems have embraced virtual visits at an unexpected velocity, as exemplified by a New York academic center that observed a 40-fold increase in non-urgent virtual visits between March and April of this year[2]. Patients have become educated and aware of the convenience of virtual health and show no signs of wanting to return to a healthcare experience marred by lengthy trips to the doctor's office and prolonged stays waiting rooms.

Meanwhile, even skeptical clinicians now acknowledge the value of virtual health to engage with their patients. A broadened reimbursement landscape, driven by multiple CMS telehealth waivers, has lifted one of the last barriers to virtual health adoption[3]. It is safe to say that virtual health is here to stay and along with it a new care model.

In the "Five Areas of Virtual Health Disruption" framework, we dissect the care continuum, each area of which has been transformed by virtual health: (i) Wellness, prevention and health management, (ii) Outpatient care, (iii) Inpatient care, (iv) Interventions and research, and (v) Healthcare administration. Within each area, we lay out orthodoxies that existed before COVID-19 along with examples of how virtual health is reshaping the care model and patient experience.

Orthodoxies are generally accepted approaches to "how things are done", and in health care, orthodoxies have typically developed out of best practices that have been standardized to help individuals and organizations in the industry function more efficiently. But over time, many of these orthodoxies have become outdated and illogical.

Events like the COVID-19 pandemic have disrupted many orthodoxies, and the post-COVID recovery period offers an opportunity to critically rethink which disruptions to adopt permanently. The framework can serve as map to trace where your organization has started shifting to a new care model. The critical task ahead is then to identify which virtual health capabilities have been cobbled together hastily over the past months, but now need to be formalized.

As Chief Strategy Officer, you are well-positioned to lead a deliberate and methodical effort to formalize care processes and technologies in a manner that retains the virtual health benefits to patients while offering the clinical care team the support they in this new environment.

Five areas of virtual health disruption

Health management

Prevention
Orthodoxy: PCPs direct preventative care and patients must initiate prevention visits
Disruption: Self-service health apps and digital assistants with integrated wellness and prevention skills empower the health customer

Coordination
Orthodoxy: Care coordination and care management rely on Phone outreach
Disruption: Universal shared treatment plans, remote monitoring, patient-directed digital nudges, and app-based communication improve coordination and adherence

Wellness
Orthodoxy: Proactively seek out a wellness Coach (e.g., trainer, nutritionist) to receive advice in-person
Disruption: Enroll in virtual wellness programs with on-demand virtual coaching, curated education content and automated adherence reminders

Out-patient

Access
Orthodoxy: Call doctor's office or go in-person to ER/urgent care to triage health issue
Disruption: Use Virtual triage bot as access point for convenience and to manage cost of initial advice, then self-service schedule a tele-consult in lieu of in-person visit

Specialty
Orthodoxy: PCP recommends specialist consult, resulting in a second appointment
Disruption: AI-enabled self-diagnosis and direct-to-specialist referral in lieu of PCP visit or obtain a virtual special consult in real-time during a PCP visit.

Diagnostics
Orthodoxy: Diagnostics are performed and evaluated by health care providers
Disruption: Self-service or home-based diagnostics and AI enabled interpretation Yield first-line results

Rehab
Orthodoxy: Rehabilitate injuries in-person at physical therapy centers
Disruption: Engage in virtual assistant guided rehab at home access behavioral health services supplemented with smart device apps.

In-patient care

Observation
Orthodoxy: Stay at hospital for overnight observation (hospital bed or ER boarding)
Disruption: Discharge from ER with continuous monitoring at home or in a post-acute facility.

Rounding
Orthodoxy: Medical attending leads care team for bed-side rounds; providers interact by pager and fax
Disruption: Specialists conducts virtual rounding using setups such as e-ICU; providers use secure digital communication for in-the-moment consults

Inpatient Stay
Orthodoxy: Admit from ER for low-acuity conditions and stay in hospital multiple days
Disruption: Deliberately triage patients that can be effectively cards for in the home environment with remote monitoring.

Intervention and research

Med Tech
Orthodoxy: Med Tech reps join surgeon in O.R. to provide tech support and training
Disruption: Med Tech rep joins via video conference and/or operates devices remotely

Procedure
Orthodoxy: Surgeon is present in the OR during surgery
Disruption: Surgeon oversees or performs surgery from a location outside of the OR using remote robotic surgery

Trials
Orthodoxy: Clinical trials are initiated and conducted in-person at academic centers
Disruption: Virtual trials include real-world evidence (RWE) from multiple data feeds and patient reported outcomes

Administration

Payment
Orthodoxy: Limited and state-specific reimbursement for virtual health services
Disruption: Site neutral payments empower physicians and catalyze the other areas of disruption

Billing
Orthodoxy: Impossible to tell out-of-pocket and total cost ahead of time, and managing bills is a nightmare
Disruption: Apps with integrated provider search and price estimate features create cost transparency upfront.

1. Deloitte "What can health systems do to encourage physicians to embrace virtual care?"
2. NYU Langone Health / NYU School of Medicine. "Telemedicine transforms response to COVID-19 pandemic in disease epicenter." ScienceDaily. ScienceDaily, 30 April 2020.
3. 3CMS "Additional Background: Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge"

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