



# THE FUTURE OF VIRTUAL-FIRST CARE

**wheel**

**MedCityNews**

### ABOUT WHEEL:

Wheel is the health tech company powering the virtual care industry. Specializing in white-labeled care, Wheel's platform and high-quality clinician network enable companies to deliver their brand of virtual care – without committing the capital and resources to build and maintain it themselves.

Everything companies need for high-quality virtual care –  
in one platform:

- 50-state clinician network delivering white-labeled care
- Virtual care technology and software
- Clinical operations and administration management
- Legal and regulatory infrastructure
- High-touch support and partnership

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## Introduction

The U.S. is at a critical juncture in adopting virtual-first care. Virtual-first care directs patients to a video visit, call or other digital interaction with a clinician before or instead of an in-person visit. A payer, provider, self-insured employer or retail pharmacy could run the platform upon which the virtual interaction takes place.

Virtual-first care is most useful as a starting point to triage care to determine whether a primary or urgent care concern can be addressed effectively online. Used this way, it can save money on unnecessary in-person emergency room (ER) and urgent care visits and address patient concerns in a timely manner. If needed, patients can be referred to appropriate specialists for more information online or offer follow-up, in-person appointments.

Payers provide several virtual-first care options for commercial and public members as well as self-insured employers. But providers have developed some virtual-first services as well.

Although Covid-19 remains a threat, the introduction of vaccines and promising treatment options mean a mix of virtual care and in-person appointments will likely continue. Still, a sense of normalcy is returning, and the U.S. Department of Health and Human Services (HHS)-initiated public health emergency (PHE) is poised to end. During this transition, questions about virtual-first care abound:

- Has it left a permanent impact on the healthcare industry?
- Has it resonated so strongly that employers, payers and providers will continue to make it widely available?
- What will be the balance between virtual care and in-person clinician appointments?
- How are lawmakers addressing these challenges?

This e-Book explores these questions, identifies trends and offers clues as to how healthcare stakeholders are envisioning the future of virtual health. It highlights some virtual-first care approaches that payers, providers and self-insured employers offer. It also addresses some challenges virtual-first care stakeholders will need to overcome for this value-based care approach to become more widely adopted.

## Omnichannel care: How we got here

In the years leading up to the Covid-19 pandemic, the most significant hurdles to adoption were little or no reimbursement for telehealth visits, as well as a lack of patient and clinician interest. But during the Covid-19 pandemic, telehealth has made inroads in the reimbursement argument, particularly in persuading the Centers for Medicare & Medicaid Services (CMS) and private insurers of its value in helping patients better manage chronic conditions. It's also enlisted to flag concerning changes in the condition of recently discharged patients to spur early intervention to negate unnecessary readmission and avoid a costly ER visit.

Primary care, urgent care and niche areas of telehealth, such as behavioral health and dermatology, have gained ground as viable options to address long wait times, which are exacerbated by a shortage of specialists in these areas. For instance, a dermatology practice that integrates store-and-forward tech might encourage patients to take and send images of rashes and moles to triage and expedite in-person visits. These applications have made inroads with specialty practices using telehealth as a value-added service to promote healthcare consumerization. This omnichannel approach points to other benefits of telehealth:

- For patients, improving access to care on their terms
- For clinicians, driving revenue to grow their practices and providing flexibility in how they're run

The pandemic — especially the federal government's enactment of the PHE — forced providers to rapidly scale telehealth, primarily video-based visits. The PHE enabled HHS to grant public health plan members parity for telehealth visits, reimbursing at the same price as equivalent in-person visits. [The Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#) and [Consolidated Appropriations and American Rescue Plan Acts of 2021](#) provided funding to scale telehealth and expand broadband access to underserved communities. These bills also allowed Medicare members to receive telehealth services for behavioral healthcare nationwide, as long as they'd had at least one in-person visit with the provider within a six-month window before the telehealth visit. States acted to force commercial health insurers to [roll out similar policies](#).

For many patients and clinicians, 2020 was when they experienced their first virtual visit — from primary care appointments to follow-up care with specialists, such as cardiologists or endocrinologists. Now, many providers offer patients the option of virtual-first visits across primary and specialty care.

Studies have revealed that many patients like the flexibility and convenience of having a telehealth option and have said they would use it again. Doximity's 2022 report, "[The State of Telemedicine](#)," revealed that in 2021, 73% of patients surveyed said they planned to receive some or all of their care through telemedicine post-pandemic. Patients with chronic conditions were likelier to report this preference (80%) than patients without chronic conditions (67%), according to the report.

### Virtual-first care and its advantages

Wheel is a health tech company specializing in white-labeled virtual care delivery. Wheel's platform and high-quality clinician network enable companies to deliver their brand of virtual care — without committing the capital and resources to build and maintain it themselves. CEO and co-founder, Michelle Davey, described how the company is addressing the need for patient-centered care [in a recent webinar](#) on the rise of virtual-first care.

"We can all agree that we want the future of healthcare to be care on the patient's terms. But currently we fall short of that expectation," she said. "What we try to do with virtual-first care is enable patients to start their journey with a virtual touchpoint, but it may not end there. By leaning on technology, we can more easily triage patients' care needs. The triaging ensures patients get the right care at the right time. Research shows that 1 in 4 patients plan to access some or all of their care through virtual offerings."

Primary care and urgent care delivered with a telehealth-first interaction should make it easier to identify and prioritize patients' needs.

### Clinician benefits

For clinicians, virtual-first care can add new dimensions to their practices. Concerns over clinician burnout were prevalent even before the Covid-19 pandemic, with electronic health records adding

a significant data entry burden. But the past two years have pushed many physicians and nurse practitioners, among other clinicians, to their limits. Virtual-first care offers them the opportunity for more flexible hours and to provide care at times and in environments that best suit them.

Companies like Wheel connect clinicians with highly vetted virtual care companies while supporting their remote practice with the education and resources they need to deliver high-quality telehealth services. A recent survey of clinicians by Wheel revealed:

- 78% said they'd like to work more or exclusively in telehealth and leave or reduce time at their brick-and-mortar workplace
- 68% said virtual care and in-person care are usually of similar quality

"How do we delineate in-person care and virtual care when really, it's just care?" Davey asked in the rise of virtual care webinar.

### Improving clinician patient communication and engagement

Developing rapport with patients is critical. Virtual interactions require an understanding of nuances in patient engagement and communication that may be taken for granted in an in-person clinical setting.

Some virtual care options even include in-person house calls delivered through partnerships with companies like [Heal](#) and [MedArrive](#). Unlike early iterations of telehealth primary care models, many of the virtual-first care options strike a balance between in-person visits and telehealth.

The December 2021 Rock Health report, [Consumer adoption of telemedicine](#), offered this perspective on the shift from virtual care to virtual-first care:

*A consumer-directed journey doesn't operate exclusively in a virtual care model; it interacts with virtual and expansive in-person care touchpoints—in the home, physician practices, hospitals, retail clinics, urgent care, etc. Health plans, [retailers](#), and [providers](#) alike are converging on this omnichannel experience that integrates online-to-offline (and back again) care experiences.*

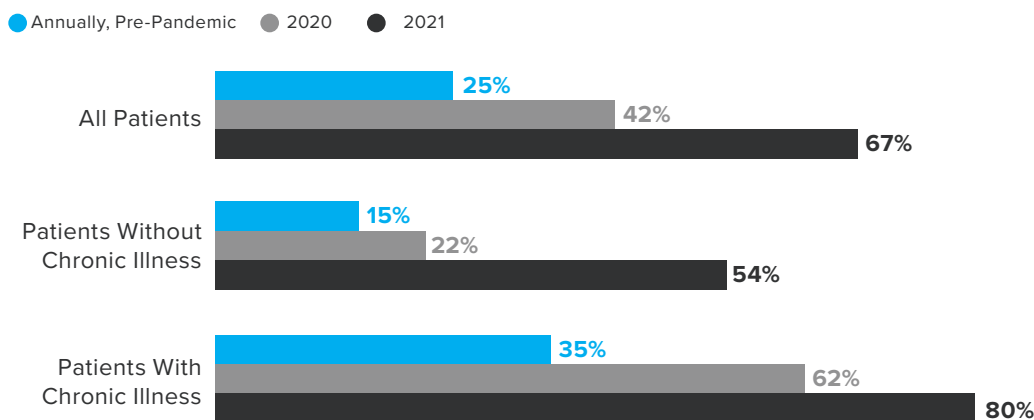
## Patient benefits

The convenience factor for virtual-first care resonates with patients for several reasons:

### Safety

If patients have an infectious disease, such as Covid-19, a virus such as the flu, or a bacterial infection, such as strep throat, it reduces the risk of them spreading to others in crowded waiting rooms. It also protects seniors and immuno-compromised patients.

### Percentage of Patients that Participated in a Telemedicine Visit at Least Once Annually



Source: Doximity, *State of Telemedicine, Second Edition*

### Convenience and privacy

Patients' comfort level with telehealth underscores its use in behavioral health, which accounted on average for more than half (57.9%) of all telehealth visits in 2021, according to Trilliant Health's report, "[Trends Shaping the Health Economy: Telehealth.](#)" Patients seeking behavioral health services may feel more comfortable speaking with therapists via phone or computer from the privacy of their homes. Given this option, more people may be willing to seek help for anxiety, depression or substance use, which social isolation may have exacerbated during the pandemic.

### Lower cost

Sometimes, self-pay out-of-pocket virtual visits can actually be more affordable than the fees required prior to meeting a deductible.

### Patient/consumer utilization

Patients who are comfortable with omnichannel communication and adapting to new technology are

likeliest to value virtual-first care. According to [Press Ganey's 2021 Consumer Report](#), "More than one-third of patients have used telehealth in the past year — a 38% increase since 2019, and usage surged among baby boomers during the same period." The majority of patients accessed telehealth through mobile devices (59%) compared with computers (38%), [according to the findings of a Doximity report.](#)

## Stakeholders that are embracing virtual-first care

### Emerging players

One of the exciting characteristics of the companies moving into virtual-first care is that they're not beholden to hospitals or health systems. They've taken different approaches and carved out niches in the telehealth landscape.

### Transcarent

offers employees ways to incur lower healthcare bills — shaking up how self-insured employers handle health benefits. Encouraging employees to rely more on telehealth than in-person visits provides care at a lower cost, [according to Healthcare Finance.](#) In the same article, Transcarent CEO Glen Tullman noted that the company has found text-based exchanges with clinicians to be a more popular option than video because users can track their conversations.

[MedArrive](#) has developed a platform that delivers in-person care through house calls. It works with payers to focus on patients with chronic conditions, homebound patients and those in long-term care facilities. It sets goals for their care, reducing healthcare costs and improving outcomes.

"We have to live in an ecosystem of virtual-first hybrid care," said Dan Trigub, CEO and co-founder of MedArrive [in the rise of virtual-first care webinar.](#) "Telehealth can only do so much. There has to be a certain amount of on-site clinical care contact or for point-of-care testing, blood draws and specimen collection."

Trigub said MedArrive can support older adults' desire to age in place and avoid nursing homes as long as possible because it helps to achieve a mutually beneficial objective: reduce healthcare costs and maintain people's quality of life and sense of independence.

Patients Who Don't Have Broadband Internet at Home by Race/Ethnicity		Patients Who Don't Have Broadband Internet at Home	
White	10%	<\$25k	19%
Black	12%	\$25-50k	16%
Latinx	16%	\$50-75k	9%
Asian	15%	\$75-	8%
		>\$100k	8%

Source: Doximity, State of Telemedicine, Second Edition

Remote patient monitoring (RPM) is also part of the hybrid care landscape. [Emocha Health](#) connects patients with clinicians over video so that they can take prescribed medications that require a clinician's presence, via store-and-forward technology. Tuberculosis medication, for instance, requires directly observed therapy to avoid patients developing a resistance to the medication. The company's medication adherence program also supports compliance among people with chronic conditions and those who received organ transplants to ensure they keep up their medication regimen.

## Retail

Amazon is probably the highest-profile retailer to move into the virtual-first care space. Although it initially rolled out [Amazon Care](#) for employees, the company has expanded across all 50 states and its customers include other employers. Amazon Care offers services in areas including primary care, urgent care, and specialized care such as behavioral health, musculo-skeletal and chronic conditions.

The company takes a hybrid care approach, and virtual options include video visits with clinicians as well as texting and transmitting images, through store-and-forward technology. Patients are triaged virtually and a nurse is sent to the person's home if needed.

For example, in the case of a suspected ear infection, a clinician may send a nurse to make a house call,

where the nurse will transmit video images to the clinician of the ear or swab it to confirm an infection, and the clinician could then prescribe antibiotics if needed. Amazon Care is blurring the lines between where virtual-first care ends and in-person care begins, especially when that setting, in both cases, is in the patient's home.

Most approaches to virtual-first care also include services geared to members with chronic conditions. [Walmart Health](#), for example, launched a telehealth program [in partnership with the American Diabetes Association](#) in April 2022, that's geared to help people with Type 1 and Type 2 diabetes improve the way they manage their condition, with a focus on depression as a comorbidity. This is another example of telehealth for mutual benefit, in this case, for employers, patients and payers. Members initially meet with a licensed medical provider to review their medical histories, eating habits, regular medical care and behavioral health support virtually or in-person.

[Carbon Health](#) takes a different approach to hybrid care. Its goal is to fix the "[multiple 'broken handoffs' in healthcare](#)," where patients are expected to take the next steps in their care on their own. Although it, too, provides a virtual entry point to clinicians for primary and urgent care, Carbon Health also collaborates with health systems, which own the co-branded family medicine clinics. These sites use Carbon's tech platform and the startup takes a cut of the facility's revenue, [according to a MedCity News article](#).

More recently, Carbon Health added RPM to its virtual care toolbox with the [acquisition of Alertive Healthcare](#) in 2021. Alertive provides a suite of RPM tools across a range of specialties, including primary care, cardiology, neurology and nephrology.

## Virtual-first health plans

Of all the payers offering virtual-first health plans — including UnitedHealthcare's [NavigateNOW](#), Humana's [On Hand](#), or Oscar's and Cigna's [Oscar Virtual Primary Care](#), Aetna by CVS Health ([Aetna Virtual Primary Care](#)) is the most innovative.

Aetna Virtual Care's features include the following:

- Supplemental virtual options in mental health counseling, dermatology services and 24/7 urgent care
- \$0 co-pays for virtual primary care visits and select in-person services at MinuteClinic and CVS HealthHUB locations

- In-depth preventive care with biometric screenings and support for managing chronic health issues on a personalized care plan
- Access to a virtual nurse care team through unlimited in-app texting or calls for pre- and post-visit support, including navigation to in-person providers, labs and testing
- In-person visits with in-network healthcare providers with no referral requirements

The company's [2022 first-quarter earnings update](#) offered some encouraging signs of traction. In that period, CVS had 1.5 million in-person or virtual visits to its community health clinics, up 35% from the same time in 2021. It also reported 10 million mental health virtual visits using the app throughout 2021. CVS also plans to expand into home care in 2023, starting with a pilot that will be open to some Aetna members, [according to Becker's Hospital Review](#).

[Alignment Healthcare](#), which is geared to Medicare Advantage plans, began offering a virtual-first care plan in January 2021. It "gives members a dedicated primary care provider and access to specialists — accessible by phone or video on the company's proprietary AVA data and technology platform. It also provides access to in-person provider visits who can arrange to see patients in their home or in a doctor's office," [according to a press release](#).

## Health systems

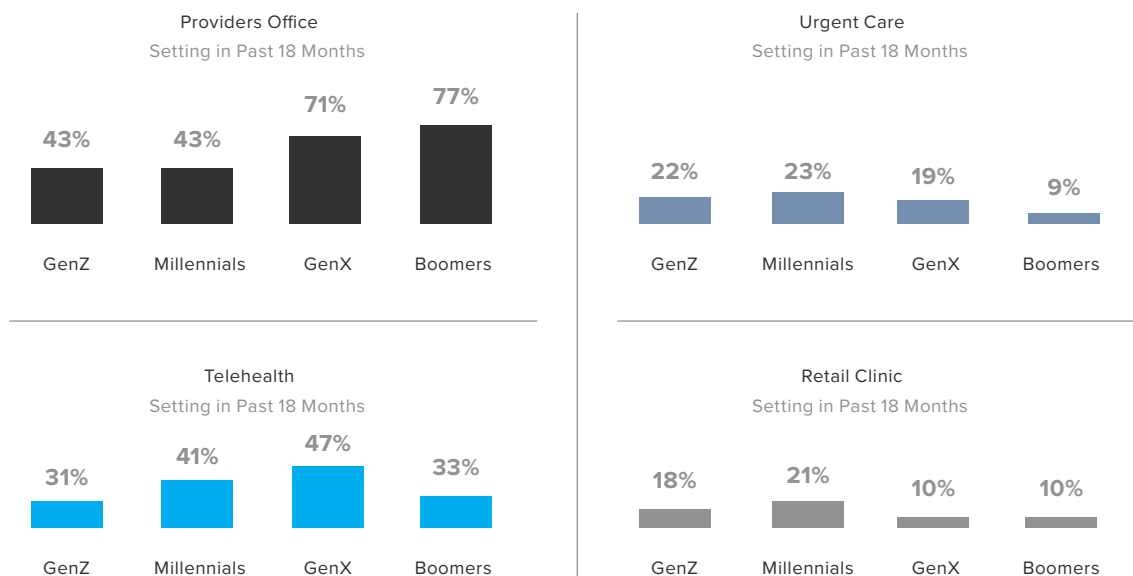
Integrated health system plan [Kaiser Permanente Virtual Forward](#), like Harvard Pilgrim's SimplyVirtual, carries a price tag that's up to 20% less than traditional alternatives, [according to an article in NEJM Catalyst](#) authored by the CEO and chief medical officers of the [Alliance of Community Health Plans](#).

Virtual Forward is a natural evolution of Kaiser Permanente's business. It draws on:

- A decade of experience providing complete electronic medical records and RPM that clinicians can access
- A track record of building patient satisfaction with virtual care
- A large internal clinician workforce comfortable with using telehealth

Virtual Forward is available to large, small and medium employers, as well as individuals and families based in Washington, D.C.; Maryland; and Virginia. Members have multiple ways to access care, according to the NEJM Catalyst article. A member can speak to a provider via video visit or phone, complete an online questionnaire to prompt personalized advice within a few hours, email their provider to seek a response within two days or use online chat to reach a nurse 24/7.

### Healthcare Settings by Generation



Source: Avtex, Omnichannel Healthcare Report 2021

Ascension Health, a national health system, mapped out a [five-year plan for a telehealth strategy](#), which was published in collaboration with the American Telemedicine Association for the ATA’s Conference in 2022. Ascension has more than 2,600 healthcare sites in 19 states and Washington. The report explains why it wants to make telehealth and in-person appointments — what it describes as hybrid care — the standard of care throughout its health system. According to the five-year plan, the company seeks to create a comprehensive virtual care program that includes RPM and e-consults between healthcare professionals to support access to primary and specialty care in its rural communities:

*“Hybrid care is an environment in which the right modality of care — virtual or face-to-face — is chosen to create the optimal patient-provider encounter. Because our care is relational and longitudinal, we believe hybrid care should be the norm. 99.99% of a patient’s life occurs outside a physician’s office. Therefore, virtual care helps clinicians better understand a patient’s home environment and lifestyle considerations which, in turn, results in better care for our patients.”*

## Barriers to adoption

### Reimbursement

When the Biden administration ultimately ends the PHE that was [instituted by the previous administration on January 31, 2020](#), when Covid-19 became a pandemic, the reimbursement parity for

telehealth services for CMS plans will also end. Although commercial payers were robust in their support, adoption and expansion of telehealth even pre-pandemic, whether public plans offer reimbursement will likely play a decisive role in the future adoption of telehealth.

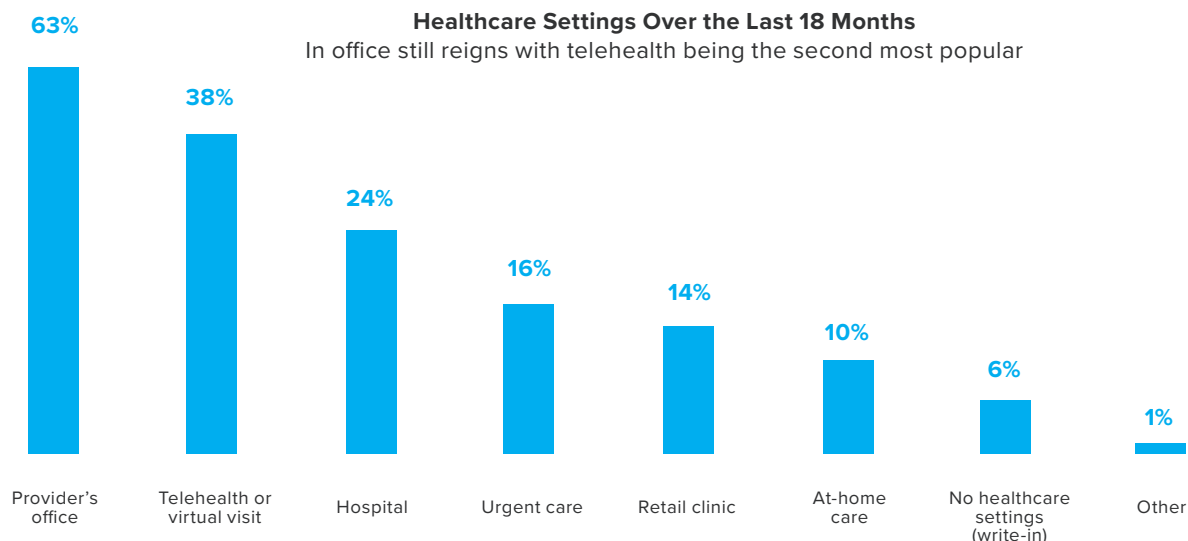
### What’s being done about it

Several pieces of legislation proposed by members of Congress could make the telehealth regulatory landscape much easier to navigate and pave the way for parity with in-person care.

### Broadband access

About 19% of people earning \$25,000 or less annually lack broadband internet access at home, relying instead on smartphones for internet access, [according to Doximity’s report](#). This presents a challenge, because accessing telehealth services through a smartphone makes the quality of the interactions highly variable, depending on patients’ data plans. Those that provide a higher data allowance will tend to have higher-quality interactions.

Given that 59% of patients using telehealth access it through mobile devices, [as Doximity’s report notes](#), virtual-first care performs optimally only when users have “access to tablets or smartphones, strong internet connectivity, and a solid technology data plan,” [according to NEJM Catalyst](#).



Source: Avtex, Omnichannel Healthcare Report 2021



### What can we do about it?

An encouraging development is the bipartisan support for improving broadband access in Congress. Legislation such as the [Infrastructure Investment and Jobs Act](#) signed into law in 2021 seeks to dramatically improve broadband access for rural areas, low-income families and tribal communities in an effort to support health equity.

### Clinician preferences

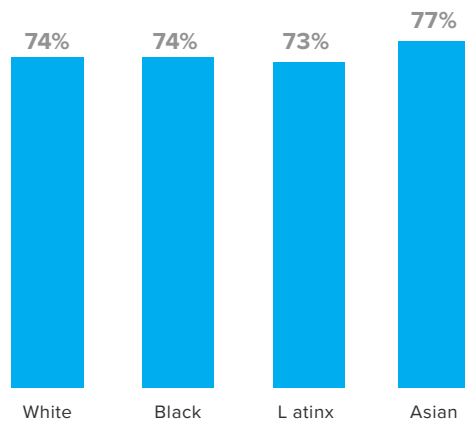
Despite the rapid scaling of virtual health tech during the Covid-19 pandemic, the reasons some clinicians seem discouraged with the telehealth platforms available might include:

- Discomfort with the user interfaces of platforms they've tried
- Difficulty fitting into workflows
- Cumbersome feeling compared with in-person visits

Targeted training on the nuances of communicating with patients through video-, audio- or text-based interactions could lead to more providers embracing telehealth more enthusiastically. [Data from McKinsey](#) shows “while two-thirds of physicians and 60% of patients agreed that virtual health is more convenient than in-person care for patients, only 36% of physicians find it more convenient for themselves.”

Nonetheless, telehealth adoption is expected to continue. In a panel discussion at the 2022 American Telemedicine Association Conference, Foley & Lardner LLP Partner Nate Lacktman, who heads up

### Patients Who Plan to Receive Telemedicine Care After the Pandemic



Source: Doximity, *State of Telemedicine, Second Edition*

the firm’s telemedicine and digital health team, said that more than half of clinicians say they believe virtual visits will surpass in-person visits for primary care. Wheel’s data from its clinician network is also encouraging, particularly the finding that the majority of its clinicians regard in-person and virtual care as equal in quality.

### What can be done?

To address the mixed reviews that clinicians give telehealth, providers and telehealth companies could support both types of workers — those who want to expand their telehealth interactions and those who prefer in-person visits. Pooja Aysola, Wheel’s Head of Clinical Operations, also spoke on the ATA conference panel. She highlighted Wheel’s three-part focus as an example of how a company might support diverse clinician preferences:

1. Accommodate clinician work styles and preferences
2. Build technology with clinicians in mind
3. Ensure clinical quality in the programs it builds

### Tangle of state regulations

Each state has its own licensing and regulatory requirements for healthcare professionals delivering telehealth. This makes cross-border expansion and scaling programs on the national level extremely complex. States have traditionally been responsible for licensing clinicians, and so they’ve held the position that the medical professional delivering care needs to be in the same state as the patient receiving it.

When the Covid-19 public health emergency was declared in 2020, CMS and several states temporarily waived requirements for licensure in the state where the patient is located. As of May 2022, 16 states had provided waivers, allowing licensed clinicians from outside their state to treat patients.

A long-term solution is needed, however. Federal legislation is critical to making telehealth expansion permanent once the PHE expires.

The Federation of State Medical Boards, in collaboration with a group of state medical board executives, administrators and attorneys, drafted a model compact for physicians – which was introduced publicly in the fall of 2014. A compact is an agreement that allows healthcare professionals, in this case physicians, to apply for licensure in a

primary state and then leverage those requirements to expedite licensure in multiple member states.

The [Interstate Medical Licensure Compact](#) became operational in 2017 and [38 states plus Guam support it](#). It's considered a way to balance states' concerns with telemedicine's growth, but [relatively few physicians have used the compact](#).

Cross-border licensing compacts aren't just limited to physicians. There are also compacts for [physical therapists](#), [psychologists](#) and [registered nurses](#). However, nurse practitioners are still without an enacted compact as not enough states have passed sufficient legislation.

#### *What can be done?*

Some state licensing issues that have posed obstacles to telehealth are being decided in the court system. A 2014 Supreme Court decision favored the Federal Trade Commission, which sued the North Carolina State Board of Dental Examiners. It maintained that preventing non-dentists from providing teeth whitening services violated antitrust laws. [This ruling was successfully used](#) to challenge licensure regulations in Texas that had limited the use of telemedicine in the state.

Another approach involves invoking federal authority with the goal of accelerating adoption of state legislation for reciprocity, [according to a New England Journal of Medicine article](#):

*"Building on prior legislation regulating physicians in the VA system and TRICARE, Congress could mandate licensure reciprocity in the context of Medicare, another federal program. Physicians could be permitted to provide telemedicine services to Medicare beneficiaries in any state, as long as they possess a valid medical license. Such a policy would most likely accelerate the adoption of state legislation regarding reciprocity, thereby affecting patients with other forms of insurance as well."*

#### **Interoperability**

In the rise of virtual-first care webinar, Davey of Wheel said lack of interoperability is a significant hurdle to in-person care. For omnichannel care to be effective long-term, all players — providers, payers and telehealth companies — must ensure alignment regarding patient data governance and the security safeguards protecting that data. This will require collaboration and communication.

#### *What can be done?*

A variety of public and private initiatives are working to improve interoperability. The Office of the National Coordinator for Health IT's initiatives for interoperability, including the [Trusted Exchange Framework and Common Agreement](#) and [Carequality Interoperability Framework](#), are underway. Designed to advance interoperability, both encourage stakeholders to agree to a set of standards to manage and share electronic protected health information.

## **Conclusion**

Covid-19 has transformed our lives, how we think of public health and how we value access to care. The rapid scaling, reimbursement parity, and wider availability of telehealth have given patients and clinicians more choice in how they access or deliver care. Virtual-first care empowers them both. It holds the potential to improve health outcomes, ease access to behavioral health, and make healthcare more convenient for patients and clinicians.

To be sure, plenty of challenges must be addressed if virtual-first care is to prosper in the long run. The Covid-19 pandemic has helped many of us better understand the consequences of long-term stress on clinicians. Improving clinician use of virtual-first care depends on telehealth companies cultivating collaborative, responsive relationships with clinicians, in the way that companies like Wheel have.

Uncertainty remains over what will happen when Covid-19 is no longer a PHE. However, commercial and public healthcare stakeholders' enthusiasm for virtual care point to its substantial impact on healthcare delivery for the foreseeable future. Bipartisan efforts to expand telehealth are also encouraging. Virtual care as a triage tool has proved useful to providers, payers and clinicians. But the true potential of telehealth can be achieved only if hospitals, payers and health tech vendors regard each other not as competitors, but as collaborators. Together, they can address the stumbling blocks to greater telehealth adoption and value-based care: improving interoperability, clinician staff shortages and underserved patient populations.

Covid-19 has put untold strain on our healthcare system and every person in it and has showed its many cracks. But with the knowledge, momentum and innovations gleaned from virtual-first care, we can begin to fix it.