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Value Add of Virtual Visits

The healthcare industry continues to face skyrocketing costs, falling numbers of physicians and a growing geriatric population. In the midst of these various obstacles, health systems seek new solutions to provide quality care through cost-effective avenues.

During an Amwell-sponsored webinar hosted by Becker's Hospital Review, Intermountain Healthcare leaders discussed how their organization has found success meeting healthcare's current challenges with virtual care visits. Intermountain Healthcare encompasses 23 hospitals, 185 clinics, a medical group and a health plan division called SelectHealth.

In 2016, the Salt Lake City-based health system partnered with Amwell to launch its telehealth service, Connect Care, to enhance patient convenience and care access; cut delivery cost; and retain and recruit patients.

Amwell is the largest video telehealth operator in the nation, supporting 140-plus unique telehealth use cases. The telehealth provider works with 130-plus health systems, 2,000-plus hospitals, 55-plus health plans and 7,000-plus employers.

Comparing care settings for cost, follow-ups and utilization

Intermountain approached its analysis of telehealth ROI from the perspective of an integrated health system. The analysis included claims data from SelectHealth and accessed the telehealth program by analyzing each care setting's episode cost, follow-up rate and utilization rate for labs, imaging and antibiotics.

Intermountain's team assessed information on 1,531 virtual care visits, 4,377 urgent care visits, 4,388 primary care visits and 2,285 emergency department visits.

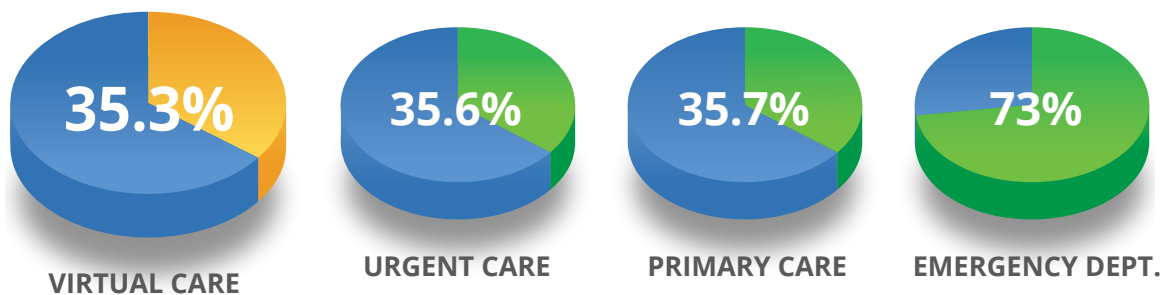
The study utilized the following methods:

- An episode was defined as an index visit with no claims in prior 21 days and included all claims less than or equal to 21 days after the index visit.
- Outcomes included total cost of the episode (visits, prescriptions, labs and imaging); follow-up rate; and utilization rate for labs, imaging and antibiotics.
- Aggregated patient survey responses from virtual care visits for analysis of projected savings and added costs.

The study's inclusion criteria, limited insurance pool and inability to control for acuity were among the limitations of the research.

Between virtual care, urgent care, primary care and ED, the researchers saw a similar distribution for gender and age as well as similar rates of comorbidities. In the virtual care, urgent care, and primary care settings, the study also found similar rates of diagnoses. In the ED, however, the study found higher rates of upper respiratory infection and urinary tract infection.

The study revealed the prevalence of 21-day follow-up medical visits for each setting:



Researchers documented lab and imaging:

	Outpatient Lab Use	Imaging Use
Virtual Care	9%	3.9%
Urgent Care	27.5%	7.2%
Primary Care	25.7%	5.5%
Emergency Dept.	11.5%	27.8%

The study also revealed the total claims cost per episode in care settings within the 21-day timeframe:



“In the overall totals costs, this is where the striking differences are and where we believe that our care we’re giving for those indicated conditions is appropriate. There’s a substantial opportunity for cost savings [in the virtual care setting],” Dr. Dalto said. He emphasized treating virtual care conditions in EDs presents significantly higher costs for both the health system and patient, so this is where the cost-saving opportunity lies.

The value of virtual care

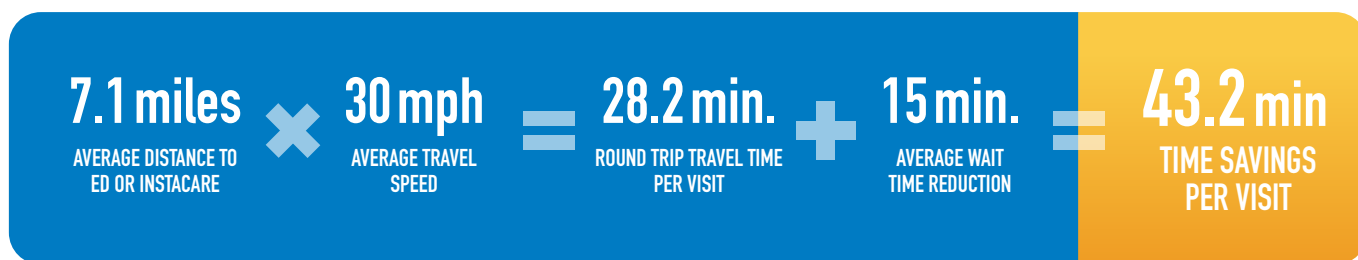
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“Health plan savings should be considered part of the overall value proposition to an integrated health system,” **said Tim Lovell, MBA, Connect Care operations manager.** “And this is where we see huge value and opportunity for us.”

Intermountain Healthcare envisions the value of virtual visits in an integrated health system as follows: claims cost reduction + patient value + system value = overall value.

Patient value

The health system dove deeper to determine the benefits patients receive from virtual care. Researchers found Intermountain Healthcare patients lived an average distance of 7.1 miles from the ED or urgent care. A trip to one of these facilities requires about 28.2 minutes of roundtrip travel time. Calculating in an average wait time of about 15 minutes, researchers determined the total time savings a patient could receive from virtual care to be 43.2 minutes.



Mr. Lovell shared post-care survey results from patients who visited with providers virtually. When asked what they would have done if they hadn't sought a virtual care visit, 58 percent said they would have gone to urgent care, 25 percent said primary care, 11 percent said they'd do nothing, 4 percent said the emergency department and 2 percent said alternative virtual care service.

"If you make something more convenient, you will get more utilization from it,"

-Tim Lovell, MBA, Connect Care Operations Manager

Integrated health system value

With clear benefits for patients, what does an integrated health system get out of the deal? Mr. Lovell shared three main benefits Intermountain Healthcare receives with its virtual care program:

- **New patients: patients not seen in prior 18 months return within one year after virtual care visit**
- **Health plan claim savings: health plan portion of per visit claims savings**
- **Budget contribution margin: revenue minus expense for virtual care**

Mr. Lovell said the health system estimated a value of about \$150 per patient for virtual care visits in 2018.

"That whole package needs to be considered when looking at the [virtual care setting] value," **Mr. Lovell said.** "So, at Intermountain, we have seen some pretty significant value add after a couple years of doing this."

You can hear Intermountain present its claims analysis finding by visiting www.amwell.com/resources/virtual-visits-added-cost-or-value-add/