

From Virtual Care to Hybrid Care: COVID-19 and the Future of Telehealth

Insights from the 2020 Amwell Physician
and Consumer Survey



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I. COVID-19: Virtual Care at an Inflection Point

The doctor's appointment is one of the few experiences in daily life that hasn't been radically transformed by technology. Overnight, COVID-19 changed that.

Healthcare, the last stronghold of the fax machine, has been notoriously slow to embrace technological change, and there is no better example than telehealth. From the first experiments with closed-circuit television in the 1960s to the rise of telestroke and telepsychiatry and the advent of mobile applications in the smartphone era, telehealth has proven its flexibility and feasibility across a wide range of devices and care settings. And yet, despite the established upside and the steady advances in the underlying technology, virtual care has grown slowly and sporadically, hemmed in by financial, legal, and organizational barriers.

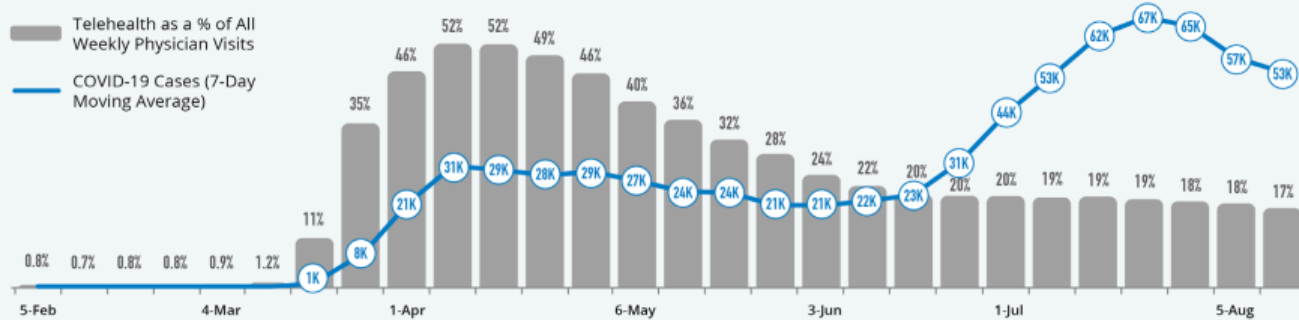
COVID-19 blew up many of those barriers. The national emergency declared in March emptied out schools and offices — including many doctor's offices — and remade the healthcare landscape in a matter of weeks. As social-distancing measures and stay-at-home orders went into effect around the country, hospitals and healthcare facilities curtailed elective surgeries and nonessential care and, in some hard-hit areas, repurposed clinical space for makeshift ICUs. Suddenly, pa-

tients and providers had no choice but to move care online — and they were spurred to do so by sweeping federal and state regulations that expanded telehealth access and reimbursement.

All at once, patients and providers began using telehealth on a massive scale, many of them for the first time. Before COVID-19, less than 1% of all physician visits in the U.S. were conducted via telehealth. In just over a month, an analysis of health claims data found, that number had spiked to over 50%. Telehealth visits eventually tapered off as the first wave of COVID-19 subsided and healthcare facilities reopened, but they have stayed well above pre-pandemic levels.

Amwell's 2020 survey of physicians and consumers offers a snapshot of this momentous inflection point. The two-part survey, which included more than 600 physicians across a range of disciplines and a nationally projectable sample of 2,000-plus adult consumers, provides an early look at how COVID-19 is already shaping the experience, behavior, and expectations of patients and

Telehealth Usage During COVID-19 (Feb-Aug 2020)



Sources: Chartis COVID-19 Telehealth Adoption Tracker; Centers for Disease Control and Prevention

physicians alike. In addition to affirming the sudden rise in telehealth usage at the height of COVID-19, the findings reveal — on both sides of the virtual visit — evolu-

ing attitudes toward telehealth and a new appreciation for the role that virtual care and digital technology will play in the delivery of healthcare moving forward.

A before-and-after moment for virtual care

COVID-19 has had a dramatic impact on telehealth adoption and usage among both consumers and providers — and our findings suggest these trends may last well beyond the pandemic.

By rapidly accelerating telehealth adoption and the proliferation of telehealth use cases, COVID-19 has profoundly altered the trajectory of virtual care. The survey findings highlight three key trends:

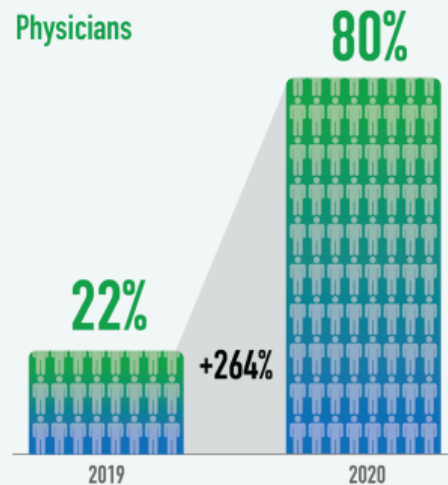
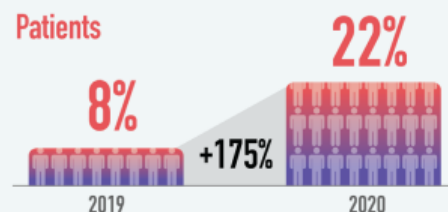
Telehealth usage is (way) up

In Amwell's 2019 survey, just 8% of consumers reported ever having had a virtual visit. A year later, in the midst of COVID-19, that number had nearly tripled, to 22%. In fact, 59% of consumers who have had a video visit had their first visit during the pandemic. The change was even more dramatic among providers: In 2020, 80% of physicians reported having a virtual visit, up from just 22% pre-pandemic.

59% | OF PATIENTS WHO HAVE HAD A VIDEO VISIT HAD THEIR FIRST VISIT DURING COVID-19

Despite the difficult circumstances and the stress of COVID-19, providers and consumers have largely had a positive experience with virtual care. More than 90% of patients reported being "very" or "somewhat" satisfied with video visits, while 84% of physicians indicated they were "very" or "somewhat" satisfied with one or more telehealth platforms.

Respondents Who Have Had a Virtual Visit



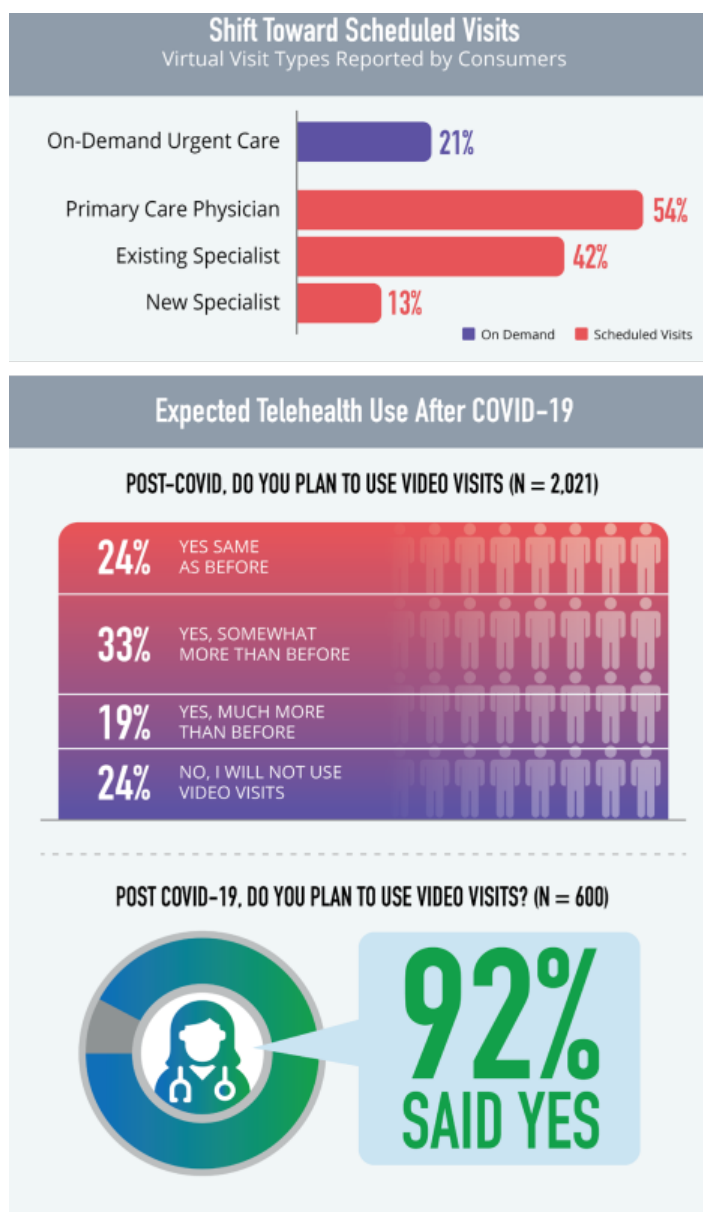
Primary and specialty care go virtual

The increased telehealth usage was largely driven by a shift to scheduled visits. Prior to COVID-19, the vast majority of telehealth visits were for on-demand urgent care. During the pandemic, that trend flipped and patients became far more likely to use telehealth for scheduled visits, especially with providers they already knew. Just 21% of consumers who reported having a virtual visit had an on-demand urgent care visit in 2020. By contrast, 54% had a scheduled visit with their primary care physician and 42% had a scheduled visit with a specialist they had already met.

In addition, consumers and physicians expressed a shared willingness to use telehealth for a broader range of care and services, including primary care, chronic condition management, and specialty care.

Virtual care is here to stay

Physicians and consumers intend to use virtual care more frequently in both the short term and the foreseeable future. More than half of all consumers said they expect to use telehealth more often following COVID-19 than they did before the pandemic, while 92% of providers said they expect to continue video visits after it is safe to see patients in person. Three years from now, moreover, 70% of providers expect to be using telehealth sometimes or frequently.



Priorities for the future of care

While the findings offer a promising glimpse of the future, the experiences of consumers and physicians during COVID-19 also highlight gaps that must be addressed in order to unlock the full potential of virtual care.

The trend toward greater telehealth usage shows no signs of slowing down. However, while physicians and consumers say they are willing and prepared to transition more in-person care to telehealth in the post-COVID-19 future, our survey findings also suggest some important gaps and open questions that remain to be worked out. Technology challenges, uneven awareness of (and access to) telehealth among consumers, and

uncertainty surrounding reimbursement and regulations are all areas in need of attention that span both the provider and patient experience, with important implications for how health systems, health plans, innovators, and others across the healthcare ecosystem think about telehealth strategy in the future. Top priorities that emerged from the findings include:



Telehealth across the full continuum of care

Providers and consumers have moved beyond urgent care and are now focused on incorporating telehealth into primary care, chronic care management, and specialty care of all kinds. Realizing the full benefits of telehealth will require responding to new consumer demands, reimagining care pathways, and developing hybrid care models that provide a seamless experience for patients and providers alike.



Flexible technology that works

Usability is paramount for providers and consumers. With so many platforms and modalities now in the mix — 21% of physicians used three or more platforms in 2020 — healthcare organizations need a cohesive telehealth strategy that emphasizes ease of use, interoperability, and flexible enterprise solutions. Three-quarters of health-system providers say that technology challenges are barriers to video visits at their institution.



Access and adoption

While overall consumer awareness of telehealth is higher than ever, access to virtual care and the know-how to leverage it remains uneven. Many consumers still don't know how to access virtual care, nor whether it's offered by their PCP or health insurer. Physicians, meanwhile, cite uncertainty about reimbursement and questions about clinical appropriateness as persistent barriers to expanding virtual care.

These key areas at the interface of the physician and consumer experience highlight the important strategic decisions ahead for the many stakeholders involved in virtual care. The collective decisions we make now, in this transformative period, will profoundly influence the future direction of virtual care and of healthcare overall.



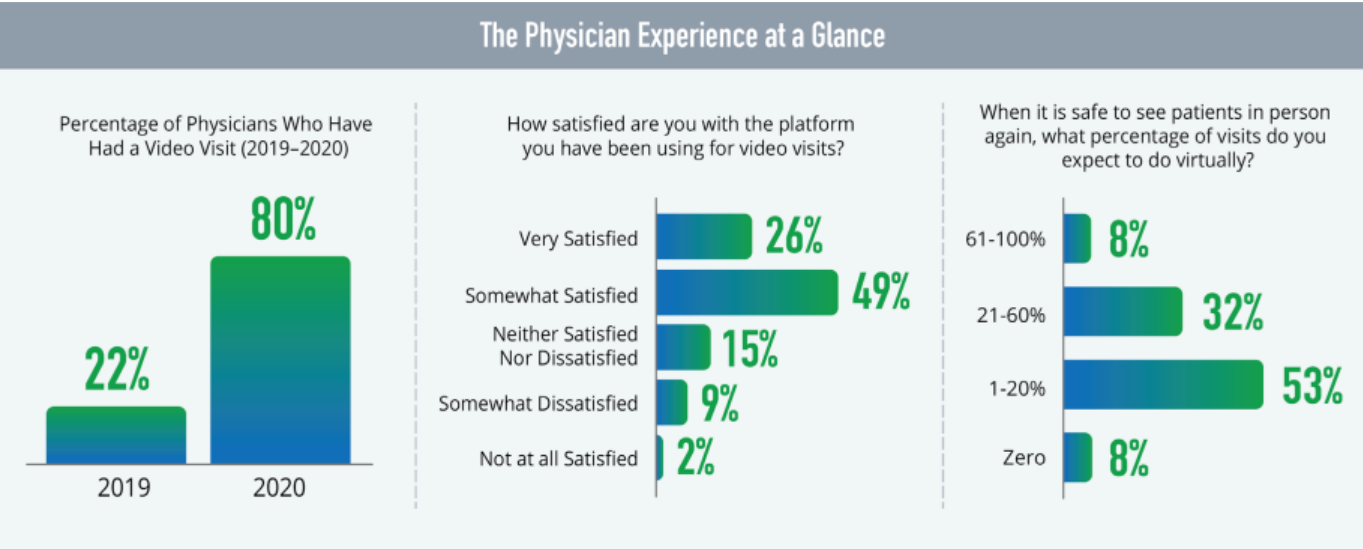
II. The Physician Experience

COVID-19 put extreme pressure on physicians and health systems. As they rethought how to deliver care in a socially distant world, telehealth emerged as the tool best suited to help them continue to see patients.

When COVID-19 hit the United States, healthcare providers found themselves in an unprecedented situation, as ambulatory clinics shut down, elective surgeries were cancelled, and brick-and-mortar facilities closed their doors to in-person care. Virtually overnight, healthcare visits decreased dramatically; 70% of physician survey respondents cited a 41% or higher decrease in overall visit volumes. The need to provide ongoing care to existing patients, and the need to provide safe care to those suspected of having the virus,

drove providers to rapidly scale virtual care. Federal and state emergency actions that broadened access to telehealth and encouraged payment parity with in-person visits also played a critical role.

Whereas physician adoption of telehealth had increased gradually in previous Amwell surveys, growing from 5% to 22% over the previous four years, in 2020 80% of physicians overall had used telehealth to see patients. An overwhelming majority of providers (92%)



cited continuity of care — the ability to see patients during the pandemic — as a main reason for adopting telehealth, along with increasing access for patients (90%) and providing a source of revenue if their office was closed during the pandemic (87%).

Notably, this increase in telehealth usage extended to many types of specialty care that have been historically slow to embrace telehealth. In some high-volume specialties — such as cardiology, surgery, and pediatric subspecialties — the proportion of providers who reported using virtual care increased tenfold between 2019 and 2020.

The sudden rush to telehealth meant that thousands of physicians and other healthcare providers needed to be onboarded onto telehealth platforms, and quickly. This produced several challenges for health systems and individual providers, including the need for large-

scale provider training and troubleshooting across multiple technology platforms. Despite these challenges and the frustrations associated with them, physicians were generally pleased with virtual visits. Across all virtual care platforms, 84% of physicians said they were satisfied with at least one video platform.

The findings also suggest an increased level of openness and acceptance of virtual care. Overall, 96% of physicians said they were willing to use telehealth (up from 69% in 2019) — and 92% said they expected to keep using video visits after it was safe to see patients in person. Of the 80% of physicians who used telehealth during the pandemic, 70% said they would continue using it “sometimes” or “frequently,” while 70% of those who had not yet adopted telehealth expected to within the next three years.

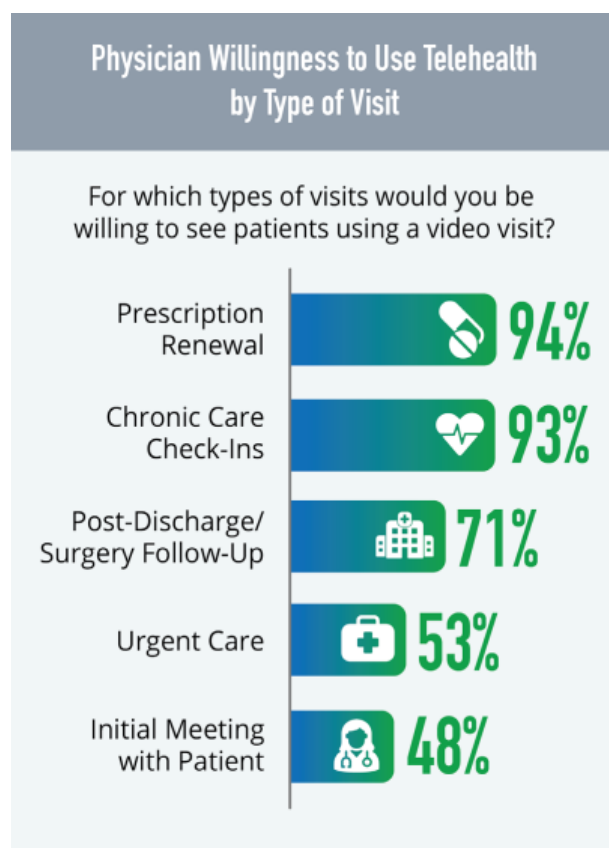
A broader view of virtual care

COVID-19 has not only pushed physicians to embrace virtual care. It also led them to branch out from established use cases and leverage telehealth for a broader range of visit types and specialty care.

Prior to the pandemic, telehealth was most commonly used for on-demand urgent care, as well as for some specific types of specialty care such as telepsychiatry and telestroke. But the survey findings suggest that in 2020 physicians have a newfound understanding of how virtual care can be integrated into the way they care for patients all the time.

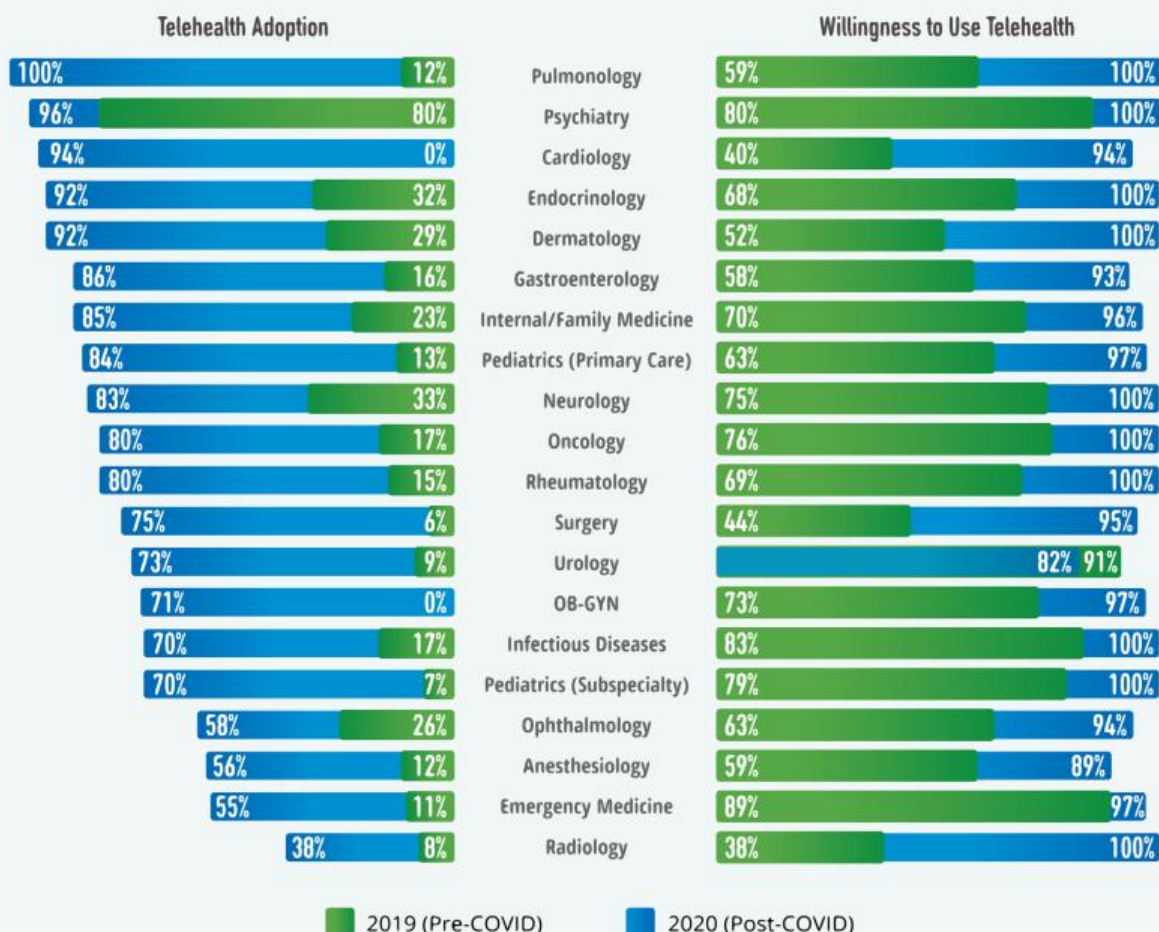
Not only were 96% of physicians willing to use telehealth overall, but a sizable majority said they were willing to use telehealth for prescription renewals (94%), regular chronic care management check-ins (93%), and follow-up visits after surgery or hospital stays (71%).

The openness to a variety of telehealth use cases was mirrored in the widespread increase in telehealth use for specialty care. Pulmonologists, cardiologists, surgeons, and many other specialists reported a sharp increase in telehealth adoption compared to 2019 (*see box on p. 8*). The willingness of specialists to use telehealth also increased across the board in 2020, doubling for several high-volume specialties including radiology, cardiology, and surgery.



The Rapid Expansion of Virtual Specialty Care

The shift toward scheduled visits and specialty care is among the most pronounced trends in telehealth usage during COVID-19. In 2020, 42% of consumers reported having a scheduled visit with a specialist they already knew, and another 13% had a virtual visit with a new specialist. These findings are reflected in the sharp year-over-year spike in telehealth adoption among specialists, as well as their willingness to use the technology.



Many platforms, many devices

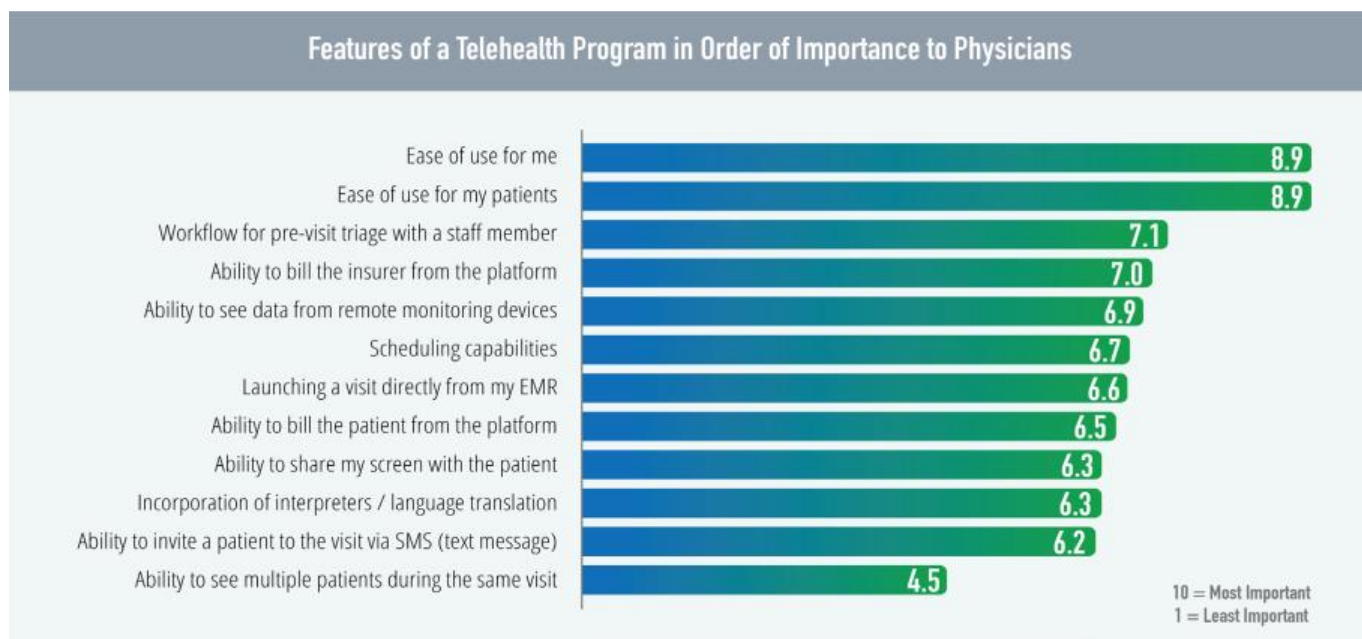
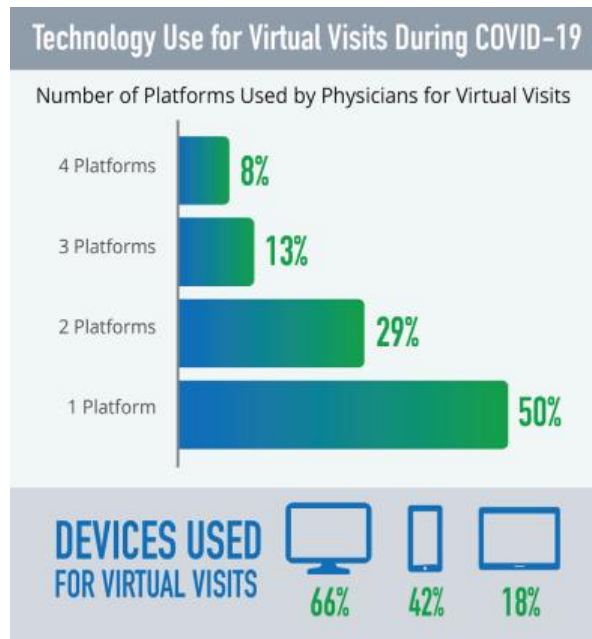
The onset of COVID-19 required healthcare providers to ramp up their telehealth capabilities in a matter of days. The urgency contributed to the scattershot use of many different platforms, a lack of training, and physicians' prioritizing ease of use above all else.

The accelerated timeline and the scale of the telehealth need during COVID-19 led to a chaotic situation for providers. Many physicians were using telehealth for the first time and learning on the fly. Notably, more than half (57%) of those surveyed did not receive any training on how to conduct a telehealth visit with patients.

The scramble to scale telehealth and provide continuity of care also led physicians to use multiple telehealth platforms on different devices. Enabled by emergency regulatory changes from the U.S. Department of Health and Human Services that relaxed HIPAA enforcement for noncompliant platforms (such as FaceTime and Skype)

and provided new flexibility on telehealth modalities for Medicare patients, physicians turned to a wide range of platforms and devices. Half of all providers who had a virtual visit used more than one telehealth platform during the pandemic, with more than 20% using three or more platforms.

With so many physicians and patients using telehealth for the first time, ease of use became a driving factor in platform selection. Physicians rated ease of use for themselves and their patients higher than any other telehealth program feature, including the ability to manage clinical workflows, launch a visit directly from the EHR, schedule visits, and bill the insurer directly from the platform. Similarly, technology that wasn't dependable or intuitive for physicians proved to be a major barrier to telehealth adoption, with nearly three-quarters (72%) of physicians citing technology challenges as a barrier to video visits at their organization.



Barriers to adoption remain

COVID-19 has helped physicians overcome historical barriers to telehealth adoption. But the pandemic has also brought to light areas where progress still needs to be made.

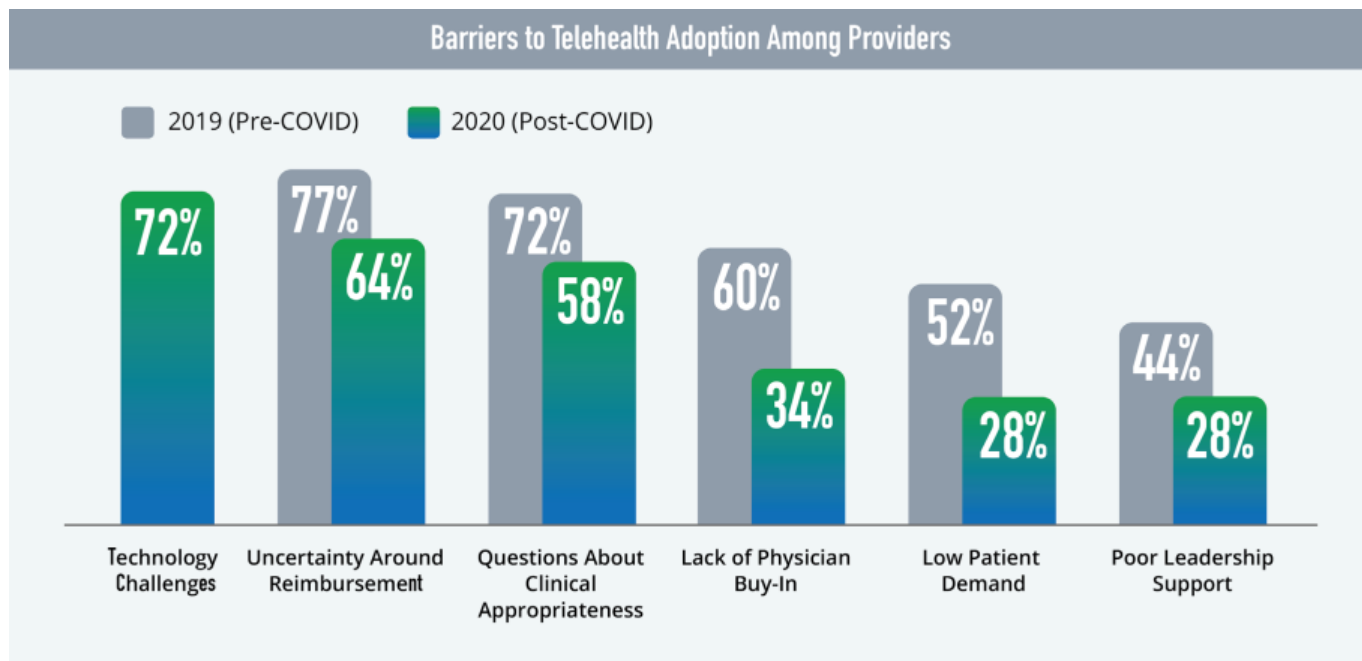
The pressures brought on by COVID-19, coupled with the regulatory changes that created more flexibility for physicians, have had a significant impact on traditional barriers to telehealth adoption. Every barrier cited by physicians in 2019 was cited less frequently in 2020. Lack of physician buy-in (34%), poor leadership support (28%),

and low patient demand (28%) all dropped significantly, suggesting the importance telehealth took on for physicians and health systems who were looking to provide continuity of care and preserve revenue while brick-and-mortar facilities were closed.

While many of the barriers to telehealth adoption have attenuated due to the pandemic, others have emerged and proven more persistent. During COVID-19, physicians most frequently cited technology challenges (72%) as a barrier to telehealth adoption at their organization, followed by uncertainty around reimbursement (64%) and questions about clinical appropriateness (58%).

Uncertainty around reimbursement has been a long-standing obstacle for providers. In 2019, 77% of

physicians cited uncertainty around reimbursement as a barrier to telehealth, and in 2020 it remains the most significant hurdle after technology challenges. This uncertainty was exacerbated by the rapid changes in telehealth reimbursement and regulations that came into effect as a result of the public health emergency during COVID-19 (see box on p. 11).

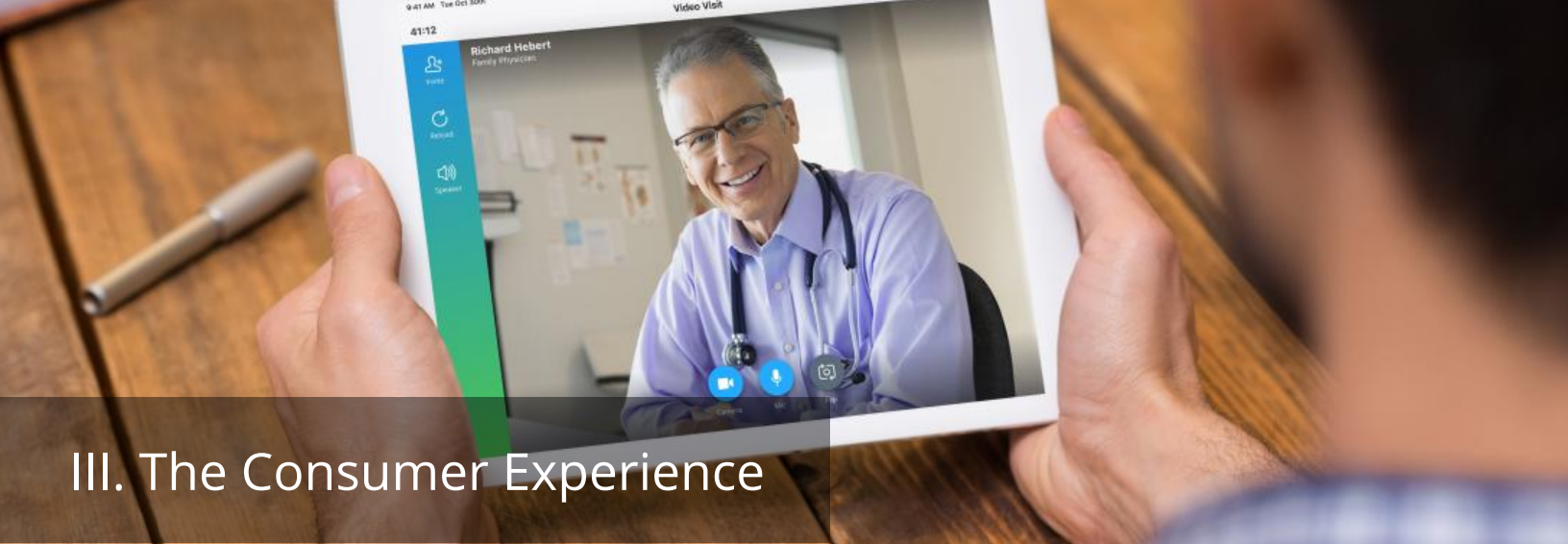


March 2020: The Month That Changed the Trajectory of Virtual Care

Starting on January 31, when the U.S. Department of Health and Human Services (HHS) officially declared a public health emergency in response to COVID-19, federal and state policymakers enacted a host of emergency regulatory changes designed to prevent the spread of infection and encourage telehealth use. The most important of these sweeping changes — which addressed reimbursement, state medical licensure, HIPAA enforcement, and much more — occurred in just a three-week span in the month of March.



While these temporary measures fueled the surge in virtual care and created unprecedented access to telehealth, they have also created new uncertainties for physicians and consumers as to which measures will remain in place when the public health emergency ends.



III. The Consumer Experience

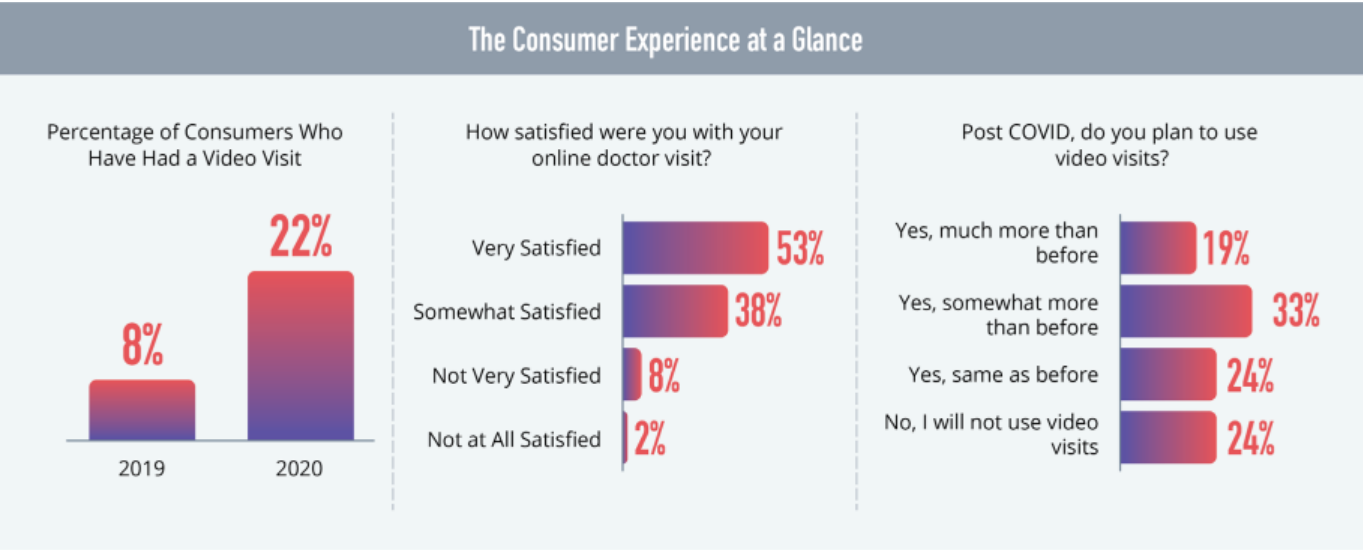
For many patients, telehealth was the only way to receive care during the pandemic. What began as a necessity has turned into a preference — and a profound shift in consumer behavior that seems likely to last.

At the same time that health systems and physicians were scrambling to provide care during the pandemic, consumers were experiencing their own unnerving situations. What began as school and business closures quickly accelerated to stay-at-home orders and self-quarantining. On top of the isolation was the added panic of the virus, including what to do and where to seek care if you had suspected symptoms.

With many healthcare services suddenly unavailable, consumers turned to telehealth in unprecedented numbers. In 2020, 22% of consumers reported having

seen a doctor over video, up from 8% in 2019. What's more, a majority of those consumers (59%) had their first-ever video visit during COVID-19. That number was even higher among seniors, with 86% of those over 65 reporting that they had had their first visit during the pandemic.

While the nearly threefold surge in consumer telehealth adoption has been driven largely by the restrictions on in-person care during COVID-19, it's clear that consumers are not only interested in video visits out of necessity. Overall, patients have had an overwhelmingly



positive experience with virtual care, with 91% of consumers who had a video visit saying they were either “satisfied” or “extremely satisfied” with their visit. And more than 50% of consumers said they will use telehealth somewhat more or much more than before.

Of the consumers who have *not* yet used telehealth, 65% say they are “very” or “somewhat” willing to do so. Surprisingly, COVID-19 is not a prime motivation for video visits among this group. Among consumers who have yet to have a virtual visit but are open to it, 58% said they would be interested in telehealth for the convenience (58%) and faster service (47%). By contrast, only 31% of consumers cited safety concerns during COVID-19, and only 24% said they would use telehealth because it was the only way to see a doctor during the pandemic. While brick-and-mortar closures were clearly a catalyst for telehealth adoption at the height of the pandemic, these findings suggest consumer interest in video visits is evolving from a necessity to a preference.

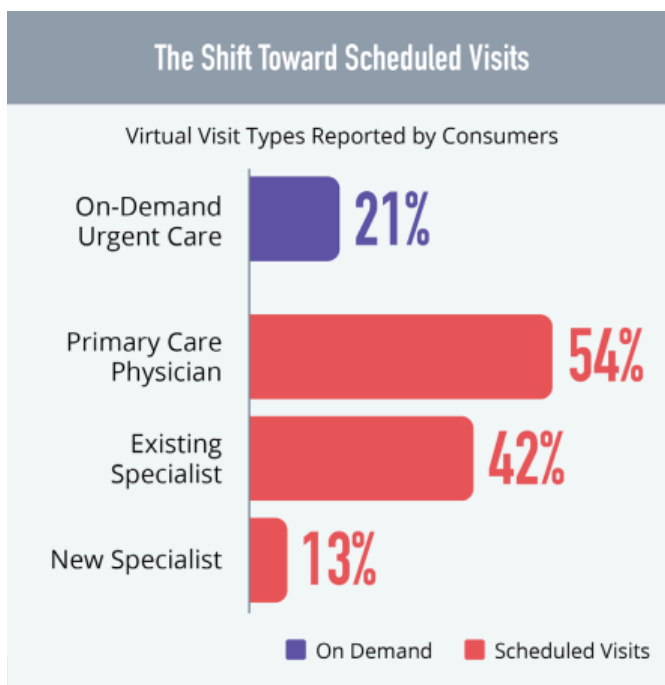
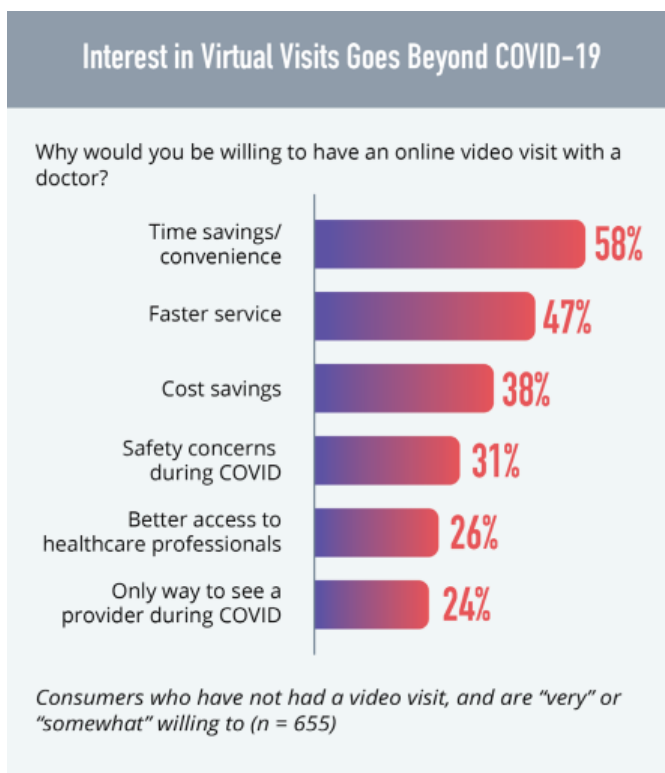
Beyond urgent care

While the pandemic has increased awareness and usage of telehealth overall, consumers also express a newfound appreciation of how virtual visits can be used for a wide variety of care.

Just like the physicians on the other side of the video visit, consumers post-COVID-19 report a broader understanding of how virtual care can be integrated into their overall healthcare experience. Historically, consumers have primarily used telehealth for urgent care, but that trend was reversed during COVID-19. More consumers had scheduled video visits with their primary care physician (PCP) or a specialist than for urgent care.

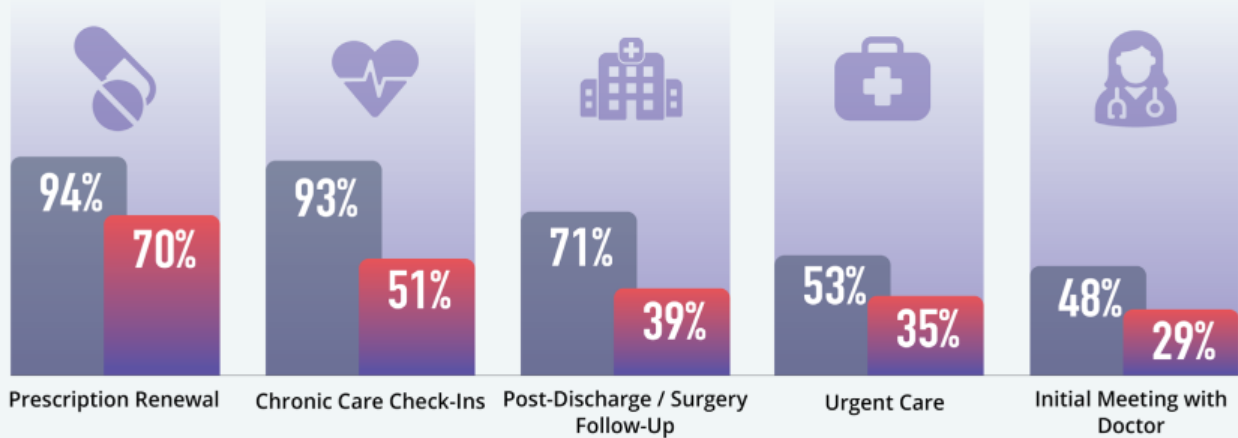
A majority of consumers now express interest in leveraging technology for primary care and a range of other routine care. While there are some notable generational differences, consumers are broadly aligned with physicians in their willingness to use telehealth for a variety of virtual visits. For many types of visits — most notably regular mental health visits (62%) and prescription renewals (62%), as well as urgent care (53%) — patients would actually prefer to see a doctor virtually, even after it is safe to visit a doctor’s office in person.

Consumers also prefer and expect to see their own provider, including their own PCP. Among the survey respondents, 8 in 10 has a PCP, with older generations



Willingness to Use Telehealth by Type of Visit

■ Physicians ■ Consumers



Post COVID-19, when doctor's offices reopen and it is safe to go, are you more likely to see a physician in person, or virtually, for the following conditions? (n = 1,700)



more likely to have an existing relationship with a PCP. Of those who do have a PCP, 77% are interested in seeing their PCP over video — especially busy parents with children in the home, 88% of whom said they would be interested in seeing their PCP via video.

Willingness to see a PCP over video also varied by payer type, which correlates with age. People insured by traditional Medicaid (84%) or with individual (81%) or employer-sponsored (78%) insurance — who generally skew younger or middle-aged — were most willing to see their PCP virtually, while those insured by Medicare Advantage (65%) and traditional Medicare (60%) were least willing.

Meanwhile, 1 in 4 consumers whose PCP doesn't currently offer telehealth would be willing to switch to a PCP who does. Younger generations are the most like-

ly to express their willingness to switch PCPs and — among those who do not currently have a PCP — to express interest in seeing one virtually, whereas older generations still tend to be loyal to their providers. (See box on page 17).

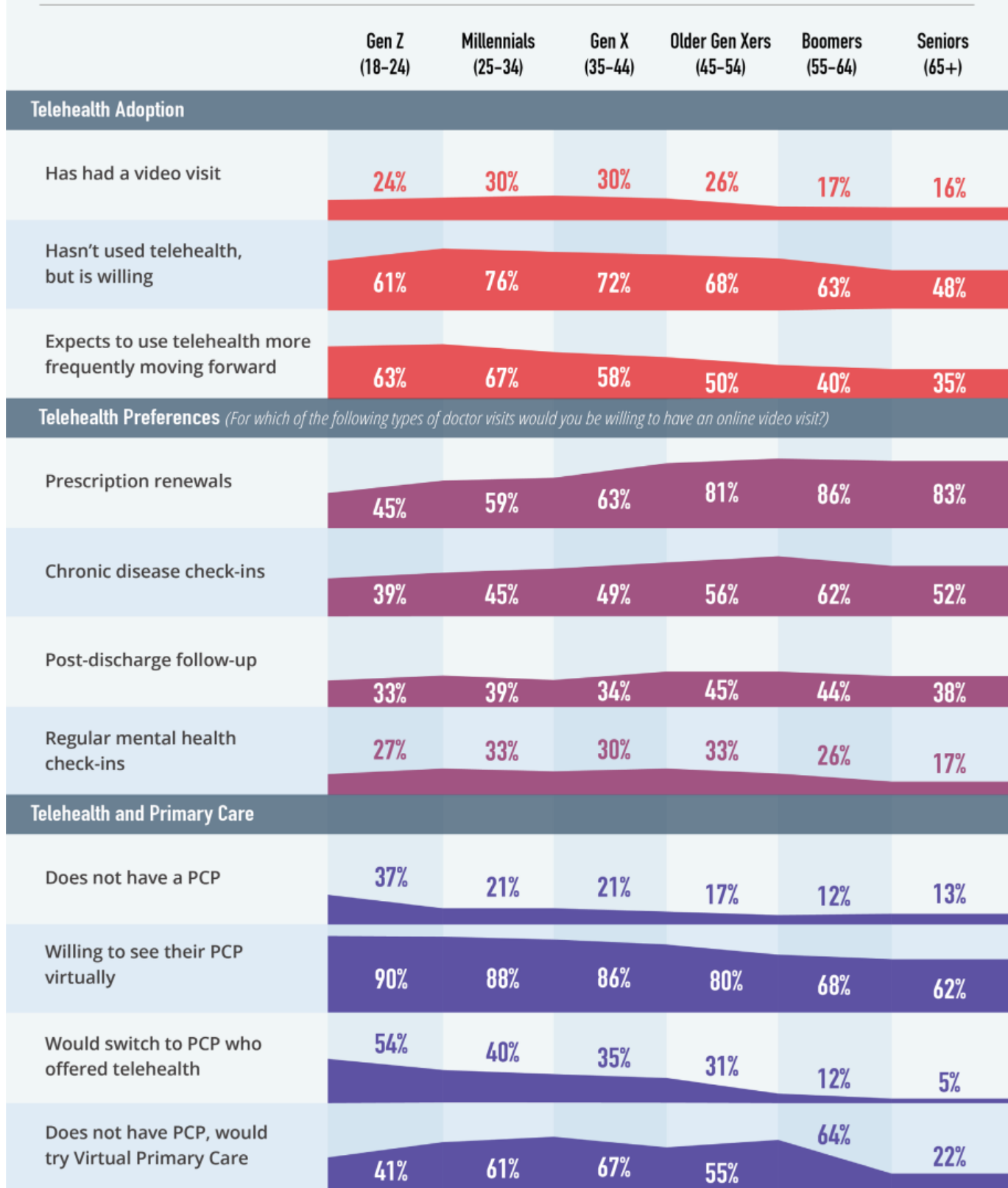
1 IN 4
CONSUMERS
WOULD BE WILLING TO SWITCH
TO A PCP THAT USES TELEHEALTH

If given the option to switch to a PCP who offers video, 42% of individual plan members, 33% of traditional Medicaid members, and 21% of employer-sponsored members say they would switch. On the other hand, only 6% of both Medicare Advantage and traditional

Medicare members say they would switch. Across all payer types, the ability to see the same provider regularly — even if the provider you saw had access to your medical record — was important to consumers.

Generational Trends and Virtual Care

Attitudes toward telehealth vary greatly across age groups. Here is a breakdown of telehealth behavior and preferences across six key populations.



Access and awareness

Awareness of telehealth is higher than ever, but many consumers still don't know if virtual care is available to them personally, nor how to access it.

While consumers are generally more aware of telehealth than they were before the pandemic, many remain in the dark about the specific telehealth services available to them and how to access them.

Of consumers ages 55 and over who have not had a video visit, 45% said they did not know if their primary care physician offered the service. Interestingly, among Gen Z consumers — the savviest technology users — 30% of respondents who have not used telehealth said they were willing to use it and were aware of it, but did not know how to access it.

Of those consumers who have had a video visit, more than half (57%) said they found their video visit because their doctor or health system contacted them to let them know it was an option. By contrast, just 4% of consumers said they were contacted by their insurance company

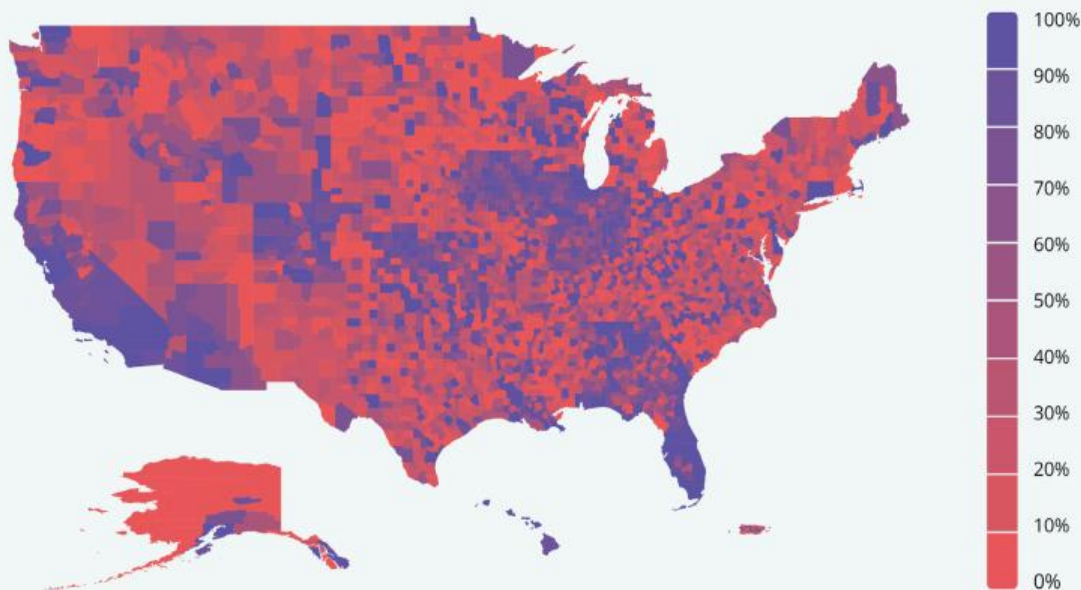
— although a slightly higher proportion of consumers reported learning about virtual visits on their health insurer's website (11%) compared to their local hospital's website (9%). Only 12% of consumers said they used on-line search to find a video visit provider.

Uneven access to video visits also continues to be an issue in specific geographic areas. Though the benefits of telehealth for rural areas are well-established — especially when it comes to specialty care typically found in cities — consumers in those areas were least likely to use telehealth. Overall, 15% of the residents in rural areas have used telehealth, compared to 25% in urban areas and 23% in suburban areas. Broadband availability may be one reason for this disparity in usage (see box below).

Telehealth Access and the Digital Divide


High-speed internet access is spread unevenly across the United States. Nationwide, 91% of all people have access to at least one broadband provider offering download speeds of 100 megabytes per second (Mbps), a bandwidth standard many broadband advocates consider adequate for today's households. Just 64% of people in rural counties and 61% of people in tribal areas have access to that level of service, however. And even in better-connected cities, broadband access is closely correlated with income.

PERCENTAGE OF POPULATION WITH ACCESS TO HIGH-SPEED INTERNET (BY COUNTY)



COVID-19 has brought new urgency to the push for better connectivity, as internet access becomes a lifeline not only for telehealth but also for remote work and learning. Among many other initiatives at both the state and federal level, the Accelerating Connected Care and Education Support Services on the Internet (ACCESS the Internet) Act was introduced in Congress in August 2020 to increase funding for telehealth expansion programs in rural areas.

Source: Federal Communications Commission



IV. The Future of Hybrid Care

What will the future of telehealth look like? The COVID-19 experience and Amwell's survey findings suggest we are beginning a rapid transition from *virtual care* to *hybrid care*.

COVID-19 has altered the fabric of everyday life. Working, going to school, commuting, traveling, socializing, dining out — all have undergone a dramatic change and may never look quite the same again. For health-care delivery, too, COVID-19 seems likely to have a lasting impact. As Amwell's survey findings show, new expectations and behaviors among physicians and consumers are taking root. Virtual care is here to stay.

The surge in telehealth usage over the past year has been remarkable, but it isn't the biggest takeaway from our survey. As unprecedented as it is, the number of physicians and consumers using telehealth now is less important than *how* they are using it. They're using it for urgent, primary, and specialty care, on a range of devices, in a variety of settings, and with people they already know. Rather than being confined to certain situations or certain types of care, telehealth has quickly become embedded across the full continuum of care. It hasn't just grown; it is diversifying and blending in.

Consumers, especially, are already used to this. In so many areas of life, the distinction between online and in-person experiences is becoming less and less definitive. Long before COVID-19, we didn't think twice about depositing a check online one day and visiting a local bank branch the next. We expect to buy clothes from an online retailer and return them at the store down the street — or to buy clothes at the store and have them delivered to our home two days later. Now,

during COVID-19, we schedule virtual visits with the same doctor we used to see in the office and expect to see there again, when we need to.

Toward a hybrid care model

The digital transformation that has been slow to make inroads in healthcare delivery seems to have finally arrived. But what will that future look like? The experience during COVID-19 and the Amwell survey findings suggest that we are in the midst of a rapid transition from *virtual care* to *hybrid care*.

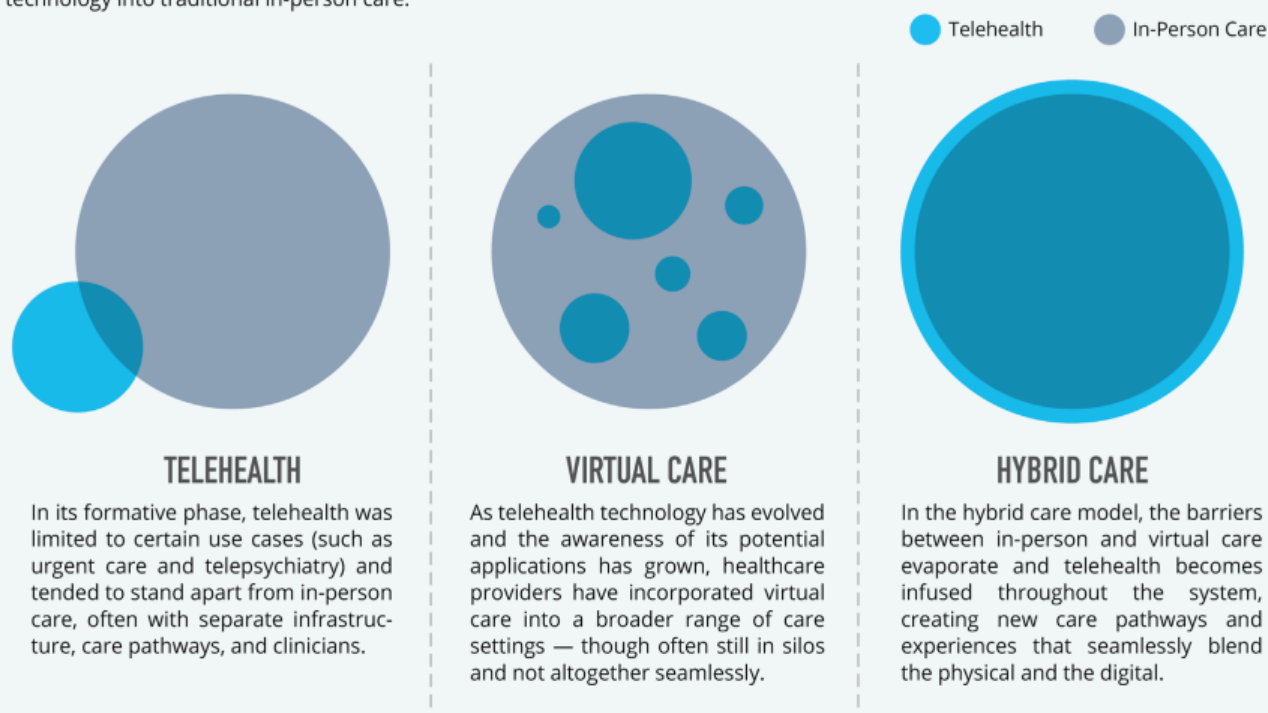
The term hybrid has taken on new resonance during COVID-19. Parents and teachers talk about in-person, online, or hybrid school. Employers are building hybrid teams that blend remote work and face time. Hybrid has become part of the vernacular, a useful shorthand for mixing the virtual and the physical.

In healthcare, the emerging hybrid care model combines virtual and in-person experiences across the full continuum of care. As patients go through treatment care pathways, there are in-person elements — procedures, labs, imaging, immunizations — and virtual elements, which might include remote monitoring and checking in with a PCP or a specialist from home. It's not that physical encounters don't matter anymore, but with hybrid care, the physical joins the digital to create a cohesive experience for providers and patients alike.

**TELEHEALTH HAS BECOME EMBEDDED
ACROSS THE FULL CONTINUUM OF
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DIVERSIFYING AND BLENDING IN**

The Shift to Hybrid Care

Amwell's survey findings suggest we are in the midst of an accelerating transition from virtual care to hybrid care. The evolution from early telehealth models to hybrid care has been years in the making and is characterized by increasing integration of telehealth technology into traditional in-person care.



The path forward

Building successful hybrid care models will require providers, payers, and innovators to tackle some big questions and challenges, many of which echo what we heard from physicians and consumers in our survey:

- **Workflows.** How will healthcare providers incorporate telehealth and other digital tools into existing clinical workflows in a flexible, sustainable way?
- **Workforce.** How should health systems optimize their staffing models, training, and talent to anticipate the unique needs of hybrid care?
- **Technology.** Across the entire healthcare ecosystem, how do we build tools that are interoperable, secure, flexible, and easy to use?
- **Engagement and experience.** How can providers and payers work together to engage patients and deliver seamless virtual and in-person experiences?

- **Capital expenditure.** What would a capital budget and a medical campus built around hybrid care look like?
- **Policy and regulations.** How do we ensure that reimbursement and regulatory changes continue to incentivize models that provide high-quality care at a lower overall cost?

These questions do not, to say the least, have simple solutions. No one entity in the healthcare ecosystem can go it alone. That's why the guiding principles of the hybrid care model are connection, integration, and collaboration — not disruption.

We heard clearly from physicians and consumers that they prefer and expect to incorporate telehealth into the existing continuum of care, the experiences and platforms they already know, and the trusted relationships they have with each other. Moving from virtual care to hybrid care will require not only reimagining the delivery of care, but also how the healthcare ecosystem works together to enable that vision.

About the 2020 Amwell Survey

Amwell commissioned Dynata to conduct a nationally projectable online study among more than 2,000 adults, and commissioned M3 Global Consulting to conduct an online survey of 600 physicians—300 primary care physicians and 300 specialists—to measure consumer and physician perceptions and usage of telehealth. Both surveys were fielded in June 2020.

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Content

Ray Hainer / Senior Director of Content

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Design

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About Amwell

Amwell (NYSE: AMWL) is a leading telehealth company enabling digital delivery of care for healthcare’s key stakeholders. We empower our clients at the enterprise level with the core technology and services necessary to successfully develop and distribute telehealth programs that meet their strategic, operational, and social objectives.

