



# People Centered Virtual Care



When COVID-19 struck, the country experienced a near-overnight change in how we consume health care services. Primary and speciality care became, instantly, nearly entirely virtual. But that's not the whole story. For years, **virtual care has shown promise as a way to address access inequities in the health care system, including rural health care access, provider shortages, and transportation concerns.**

And while COVID-19 has shown the potential of virtual care access, we must ensure these new modalities don't leave people behind. Intentional change requires bringing people, policymakers, providers, and entrepreneurs together. The virtual care system of the future should be centered on people's needs in order to close gaps and remove barriers to access.

At United States of Care, listening to people forms the base of all our work. We've taken deep dives into the experiences people have with virtual care and combined those learnings with leading research. Our suggestions below aim to help policymakers work effectively to leverage virtual care as a way to close gaps in health care access and increase equitable outcomes throughout a person's health care interactions.

## Virtual Care: Offering the Right Options

A virtual care system that meets people's needs should give patients and providers flexibility in how they give and receive care. **What we need to:**

### ★ Blend in-person and virtual care

When clinically appropriate, people should have the flexibility to choose whether to receive in-person or virtual care.

### ★ Allow maximum flexibility for locations in which virtual care is delivered

People should be able to receive care virtually in locations such as their homes, community centers, and schools. This helps relieve barriers such as scheduling and transportation difficulties and gives new paths to care to more people.

### ★ Expand broadband access in rural and underserved areas; allow audio-only care and remote device monitoring

Years of lagging internet speeds impede people's ability to use features like video visits and have left people without the technical expertise and internet access needed to navigate virtual care systems. Without adequate access, these communities are being left behind in any number of ways beyond their health.

### Opportunities for policymakers to ensure access to sufficient, virtual care:

☑ **BLEND:** Policymakers should ensure providers are not incentivized to steer patients to certain methods of care, and instead incentivize value over volume.

☑ **MAXIMIZE:** Prior to the COVID-19 pandemic, there were reimbursement restrictions based upon where patients and providers are physically located (often referred to as the 'originating site' and 'distant site') to receive and give necessary care. These geographic restrictions should be permanently removed in order to expand access to virtual care beyond the pandemic.

☑ **EXPAND:** Bring broadband access and audio-only options to communities with lagging technological infrastructure. Knock down the barriers people face to accessing or receiving reliable, quality virtual care. Policymakers should ensure coverage for audio-only virtual care to ensure equity among how people choose to interact with their health care provider.

☑ **RELY ON THE DATA:** COVID-19 has provided a trove of data related to virtual care. As new policies are developed, it is important to rely on this new data to ensure virtual care models are working for all populations, in different locations and ensures equitable access to services.

# Virtual Care: Voices of Constituents

The virtual care revolution underway means health care systems must support equitable access and quality care for anyone who can benefit. **In order to do that, virtual care policies must:**

## Ensure blended care is accessible

Virtual care isn't a replacement for all in-person care. But it should be a viable option for patients to choose so they can increase their opportunity to access the care they need.

“ I liked it a lot... and I hope they continue it after COVID is done. You know for certain situations. Maybe one time a year you would go in for the physical and lab work, but the rest could be virtual. It's been a very good experience.

– *woman with a disability*

## Educate patients and providers on virtual care services

Patients and caregivers deserve the chance to talk about how virtual care can meet their needs. That means embedding training on these options for all staff — those who provide virtual and in-person care, and administrative staff too.

These steps will help eliminate confusion and provide patient comfort in using virtual care technology. It'll also help patients understand its role in their care plan.

“ I was trying to get counsel or get some questions answered from medical staff— about my husband's declining health. A receptionist, or someone who wasn't a medical person said to take a picture and email us a photo of what the concern was. So, I sent it in, and followed up to find out if anyone received it. I got nothing. It just went into a black hole.

– *73 year old woman (urban)*

## Identify which patients will benefit from virtual care

Virtual care can bring access to people who have faced barriers to getting the care they need. But systems need to make sure that people's care, virtual or in-person, is right for the patient's health care needs.

## Connect patients to services to address concerns of social determinants of health

Video visits provide the unique opportunity for providers to learn about a patient's environment. Those providers should have staff such as community health workers available to respond to any needs that may impact a patient's health. Those include things like necessary home repairs, hygiene concerns, or food insecurity.

## Assess and meet patients' technology needs

Access to technology and reliable wifi varies greatly. Providers should understand what patients need for virtual care and dedicate resources to meet those needs. That might mean providing a tablet, wifi hotspot, or the option for a phone-only appointment — whatever it takes for a successful virtual visit.

“ I did not have any [virtual care visits] from home because we did not have the equipment. But when I was at the clinic in I had to talk to my cardiologist down in the cities. So I was on a virtual visit from the clinic.

– *68 yo rural female*

## Adopt a value-based payment model

Operating under a value-based payment system offers maximum flexibility to provide virtual care services to the populations they serve.

## Interested in learning more?

Our objective is for virtual care to be used to remove barriers to access for those who faced additional challenges before the pandemic, while also making health care more convenient for those who did not face access challenges.

**Check out our latest virtual care updates and resources.**