BACKGROUND: When COVID-19 struck, the country underwent a near-overnight change in how we get health care. Primary and specialty care became, “all of a sudden,” nearly entirely virtual. It changed how we interact with our providers and showed that a revolution in virtual care could be on the horizon. But that’s not the whole story. For years, virtual care has shown major promise as a way to address access inequities in the health care system, including rural health care access, provider shortages, and transportation issues.

THE OPPORTUNITY: While COVID-19 has shown the potential of virtual care access, we can only have a true revolution if these dramatic changes don’t leave people behind. Thoughtful, intentional, and impactful change will take bringing people, policymakers, providers, and entrepreneurs together. The virtual care system of the future must be centered on people’s needs in order to close gaps and remove barriers to access.

OUR APPROACH: 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. We arrived at the suggestions here, so that policymakers can work effectively to use virtual care to close access gaps and improve equitable outcomes.

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 do:

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

- **Maximize locations for patients receiving virtual services**
  Patients should be able to receive care virtually in locations like their homes, community centers, and schools. This helps relieve barriers such as scheduling and transportation difficulties and gives paths to care to more people.

- **Expand broadband 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 many without the technical expertise needed to navigate virtual care systems. Without adequate access, these communities are being left behind in myriad ways.

United States of Care National Survey - November 2020
N=1,000

Have you received health care virtually with a doctor, nurse or other health care provider?

- 53% No
- 30% Yes (during pandemic)
- 8% Yes (both)
- 7% Yes (before pandemic)
- 2% Not Sure

44% of respondents overall, and 59% of people with a disability, have received virtual care, most doing so as a result of COVID-19.
Opportunities for Policymakers to Ensure Access to Quality Options

**BLEND:** Ensure providers are not incentivized to steer patients to certain methods of care and prioritize value over volume.

**MAXIMIZE:** Prior to COVID-19, there were reimbursement restrictions on where patients and providers are located (referred to as the ‘originating site’ and ‘distant site’) to receive and give care. These restrictions must be removed in order to expand access to virtual care beyond the pandemic.

**EXPAND:** Bring broadband access and audio-only options to these communities. Eliminate barriers people face to getting reliable, quality virtual care. Ensure payment coverage for non-computer care to ensure equitable care.

**RESEARCH:** As new legislation is considered, dig into data and history. Make sure to consider quality, cost, and equity implications of care models. Look at lessons learned for different populations and locations. Above all, ensure that policy is people-centered and gets them the care they need.

Virtual Care: Health Systems’ Role in Meeting People’s Needs

The virtual care revolution underway means that health care systems must support equitable access and quality care for anyone who can benefit. **What systems need to do to make that happen:**

**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 from 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 some questions answered about my husband’s declining health from a nurse, nurse practitioner, physician assistant, or doctor; and it was a receptionist or non-medical person that said to send in a picture of the problem that I was concerned about. So I sent it in and followed up and no one received it. It just went into a black hole.”
– African American female

**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.

“So I would love to be able to access my medical professionals virtually. But I have unreliable internet access. I have to wait until I have reliable internet.”
– rural resident

**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.

Learn more about our work in virtual care.