The AMA makes a case for the value of virtual care

Article



The American Medical Association (AMA) <u>released</u> a new framework for measuring how telehealth can provide ROI for healthcare organizations, all while producing positive patient outcomes. While the focus around virtual care has largely been short-term financial measures amid the pandemic, virtual care also comes with long-term effects, like the ability to

dramatically iron out existing wrinkles in the US healthcare system (e.g., improving clinical outcomes, operational inefficiencies, and health equity).

The report detailed the following value streams, and emphasized health equity as one that spans across all five:

Value Streams of Virtual Care, defined by the AMA	
Value Stream	Examples of Measures
Clinical outcomes, quality, and safety	 Mortality rate Emergency department visits Number of visits to correct diagnosis Readmission rates Medication adherence
Access to care	 Percentage of patients with coverage for virtual visit Number of patient touchpoints with care team Percentage of patients who completed a specialty referral within 14 days Time to third next available appointment
Patient, family, and caregiver experience	 Net promoter score (NPS) Patient activation measure (PAM) Hospital or Clinician and Group Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS or CG-CAHPS)
Clinician experience	 Reported ease of using technology, obtaining clinical information, participating in the virtual visit Percentage of visits conducted virtually and in-person Engagement and satisfaction with work
Financial and operational impact	 Payment for virtual visits New patient acquisition Patient retention rate Telehealth program expenses No-show rate Source: Return on Health: Moving Beyond Dollars and Cents in Realizing the Value of Virtual Care, AMA, 2021

The AMA's virtual care value framework could shed light on how healthcare organizations can assess their returns on telehealth investments and optimize their digital health strategies accordingly.

• For example, Cityblock Health implemented the same sort of value framework to roll out a care coordination model that lowers the cost of care for members by reducing preventable hospital admissions: It measured access to care by ensuring that care teams saw 30% of patients per month and 85% every 90 days—which resulted in lower per patient costs and a drop in no-show rates from 50% to 5%.

At the same time, both providers and patients indicated there are challenges holding them back from utilizing telehealth, so a value framework isn't going to be enough for healthcare



organizations to reap the full ROI potential of the tech.

- 73% of patients say they'd use virtual care services even after the pandemic—but 48% said they'd stop using telehealth if their health data became compromised, per cybersecurity firm Cynergistek's 2020 survey of 5,000 US adults. That means provider organizations will have to take steps to ensure robust privacy practices to ensure they don't lose users.
- Providers adopted virtual care out of necessity during the pandemic—and even though 68% of doctors say they plan to increase telehealth use, while 73% are worried about low to no payment, per the COVID-19 Telehealth Impact study. At the same time, 75% of clinicians acknowledged that telehealth enabled them to provide quality care—but 58% had trouble with telehealth workflows.

Clear reimbursement structures will be key to the sustainability of telehealth use in health systems. 25% of healthcare execs said payment models and regulation are top areas for future telehealth improvement, according to the Center of Connected Medicine's 2020 survey.



