

How COVID-19 is Reshaping Primary Care

SHARP DEMAND FOR VIRTUAL CARE EXPECTED TO SAVE PCPS, IMPROVE OPERATIONAL EFFICIENCIES, CUT COSTS AND ELEVATE OUTCOMES

C COVID-19 cracked the foundation of U.S. healthcare several months ago, threatening the livelihood of primary care physicians. To make matters even worse, as many as half of the nation's PCPs could disappear because of ineffective compensation and an over-reliance on specialty care, Elizabeth Mitchell, president and CEO of the Pacific Business Group on Health, recently warned.

There has been a historic decline in the number of PCPs, the result of fewer medical school graduates pursuing primary care, whose physicians are the lowest paid in their profession. PCPs must contend with a host of rising expenses involving office rent, malpractice insurance and employee payrolls, as well as the absorption of unpaid patient bills.

But virtual care presents PCPs an opportunity to operate far more efficiently and produce better results from both a cost and quality standpoint. "It's going to give them a larger pool of patients to have access to their services," explains Augusteen Cowan, VP of group sales for CareClix, a leading virtual telehealth platform.

Written By Bruce Shutan



Augusteen Cowan

A year-over-year increase of 64.3% is expected in the telemedicine or telehealth market this year, laying the groundwork for seven-fold growth by 2025, according to a recent Frost & Sullivan analysis. In addition, a Forrester Research report noted that virtual health care interactions are on pace to top one billion by year's end. It's also worth noting that the U.S. Department of Health and Human Services has earmarked \$15 million to 159 organizations across five health workforce programs to increase telehealth capabilities in response to Covid-19.

Explosive growth in telemedicine isn't just happening with the diagnosis and treatment of physical ailments and injuries for both group health and workers' compensation; it's spreading like wildfire across the behavioral health area – and for good reason. There's mounting concern over the impact of sheltering in place and economic devastation on mental health and substance abuse during the pandemic.

"Unfortunately, it took a pandemic to really gain momentum," says Rey Colon, founder and CEO of MyTelemedicine, Inc. who has been in the space for 12 years. His company has developed a proprietary, HIPAA- and HITECH-compliant virtual care platform that allows health care providers to consult with patients remotely.

A shift in mindset is necessary considering that PCP practices lose up to 20% of their annual revenue in unpaid reimbursements, according to Colon, "because they're not in the business of having to chase money."

As much as telemedicine helps PCPs, it can do the same for specialists and, in turn, help reduce traditionally high-cost services. "We bring specialty physician service into rural and critical-access locations, so patients anywhere in the world can be seen by a specialist," explains Jonathan Wiesen, chief medical officer of MediOrbis, a multi-specialty telemedicine company with a first-of-its-kind integrated specialty and chronic disease management program.

Virtual care can be a key component of how primary care not only survives but thrives, says Dan Trencher, SVP of product and corporate strategy for Teladoc, billed as the nation's first and largest telemedicine provider.



Dan Trencher

SOARING DEMAND

He noticed "a real acceleration, and almost sea change, in how providers and provider groups were adopting telehealth" dating back to late February. Those who already had Teladoc's platform suddenly needed to use it exponentially more and were quickly able to embed virtual care as the principle way to interact with patients for both primary and specialty care.

In early March, business volume essentially doubled over the course of several weeks with greater adoption on the behavioral health side. "We worked with 30-plus hospitals to set up virtual COVID clinics," Trencher reports, also noting the acquisition of a leader in telehealth services that are delivered into hospital facilities.

There also was a rapid adoption of virtual care platforms across the provider community, and as the dust settled a bit with COVID-19 protocols, he says there was a continuation of this approach, which is expected well into the future. On a macro level, his understanding is that the number of doctors using telemedicine as the primary means of supporting patients mushroomed to more than half from roughly 20%.

Noting the dramatic embrace of telemedicine since COVID-19, Cowan reports that "it's definitely put a bandwidth strain on our staff. Everybody in our company is working 18-hour days, seven days a week, just trying to meet client demands and specifications on the telemedicine platform."

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Some MediOrbis clients have experienced a 100% increase month-over-month compared to last

year. “Almost every single telemedicine company has seen increased volume, but the key is not just that the volume has gone up, but that the acceptance has gone up,” Wiesen observes. “It’s gone from just the fringe as very convenient medicine to an absolute necessity and a crucial need for health care in the United States and worldwide.”

Even President Trump has declared that telemedicine is life-saving, which Wiesen says has pushed the Centers for Medicare & Medicaid Services (CMS) “to deregulate what was otherwise an extremely tightly regulated environment, and allow patients the freedom and flexibility to use telemedicine.” He describes the documentation requirements from CMS as so burdensome and overwhelming that they impede a physician’s ability to provide crucial services to patients.

One promising sign that telemedicine services are here to stay is that Medicare is becoming “very aggressive and proactive in reimbursing primary care physicians for telemedicine consults,” Cowan observes, noting the windfall for

PCPs struggling through the pandemic. Payment parity means a WhatsApp video call is now on par with a face-to-face visit.

FUTURE OF CARE DELIVERY

In the near future PCPs will leverage virtual care as part of their daily routine as efforts continue to reduce exposure to patients with COVID-19, Colon believes. Patients can expect a hybrid of telemedicine and in-person visits, which he says could “boost productivity, which means boosting revenue, and not having to hire as much, because it’s done in a virtual setting. I think doctors are going to realize that no longer is my practice subject to maybe a 20-mile radius.”

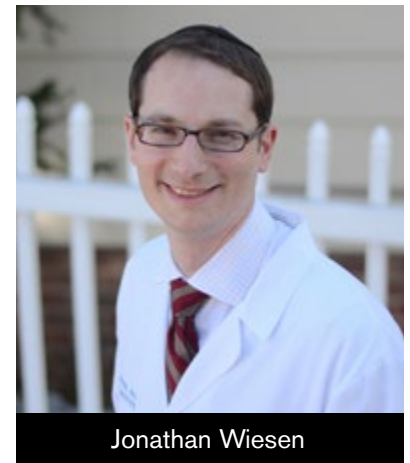
There also will be an embrace of bold new business practices such as the cash-pay model with no copays or other out-of-pocket costs, as well as direct primary care’s monthly membership fee, Colon forecasts. Beyond that, he expects PCPs will become savvier marketing their practices, touting a new mix of virtual delivery of services alongside chronic care management.

Given how U.S. consumers have become better educated and increasingly reluctant to pay full price on a host of goods and services, there’s no reason to think this trend won’t trickle into health care. For example, Colon says the rhythm of using Uber or Lyft instead of a taxicab means more patients will prudently select telemedicine over any knee-jerk reaction to visit the ER.

Long after COVID-19 is in everyone’s rearview mirror, Cowan says there will be germophobes who insist on still donning masks and gloves. But even prior to the pandemic, he notes that telemedicine was growing astronomically and could turn into a \$130 billion industry by 2025.

As a pulmonary and critical care specialist who has lauded the merits of telemedicine for nearly a decade, Wiesen never thought that infection control would one day drive his endorsement of this model. “Telemedicine is a great way of being able to bring care to patients without putting the patients or physician at increased risk,” he says.

Apart from cost savings and return on investment, Wiesen notes that “satisfaction numbers are through the roof with telemedicine because you have a physician available and accessible 24/7 at your fingertips.”



Jonathan Wiesen

VIRTUAL TEAMWORK

While a huge proponent of telemedicine, Wiesen cautions proponents overstating their case and ignoring built-in limitations. It can save money and lives, in many

instances, he says, but shouldn't replace face-to-face encounters that build trust and strengthen doctor-patient relations.

What has happened in medicine during the past two decades, however, is that it has been nearly impossible for PCPs to focus on patient relationships and decision making because they're so bogged down in the protocols, paperwork, procedures and regulatory minutiae, he adds.

The future of primary care through a virtual lens will continue to evolve. Prior to the pandemic, Teladoc began developing virtual care teams with PCPs, medical assistants, nurse practitioners and allied professionals such as nutritionists, therapists and dermatologists for case review. This comprehensive approach, featuring more value-based components and the need to address more mind-body connections, resembles the medical home model. Trencher says it has piqued the interest of employers, health plans and providers, and believes it will help drive how primary care is delivered not only in the U.S. but worldwide.

"We see chronic condition management, along with screening and prevention, as key areas of fulsome primary care that can be very effectively delivered through a virtual primary care model," he says.

Telemedicine is expected to provide PCPs more tools and resources to help combat chronic conditions that represent 80% of the health care spend, Cowan notes. "If you're self-insured, you don't want to have a patient on dialysis," he cautions. "You don't want to have an employee that has a stroke or heart attack." ■

Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for more than 30 years.

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