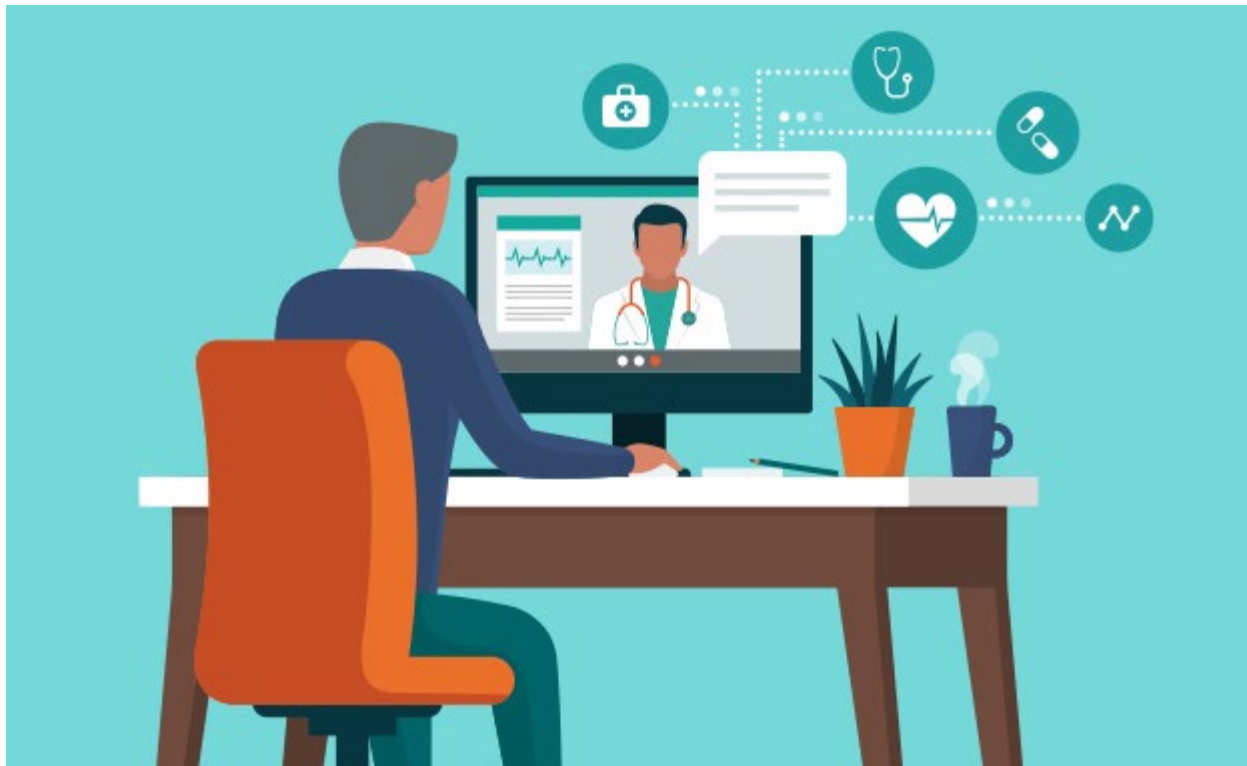


THIS WEEK



Virtual care's post-COVID-19 future comes into focus

The COVID-19 pandemic forced Americans to rapidly and without warning pivot to telehealth at levels exponentially higher than before the pandemic. So, what's next?

With the White House's recent [executive order](#) on improving rural health and telehealth access, the future of virtual care is becoming clearer. The order includes directives to: launch a new payment model for rural health care; develop and implement a strategy to improve rural health care infrastructure; create a report describing policy initiatives to improve rural health; and propose a regulation that would extend certain telehealth flexibilities.

The order also directs the HHS secretary to review within 60 days the following temporary measures put in place during the COVID-19 public health emergency and to extend these measures as appropriate beyond the pandemic:

- The additional telehealth services offered to Medicare beneficiaries.
- The services, reporting, staffing and supervision flexibilities offered to Medicare providers in rural areas.

These measures should help support continued growth in the delivery of primary care telehealth services, which have ballooned during the pandemic. More than 43% of all Medicare primary care visits were being conducted through telehealth in April, according to a recent [Department of Health & Human Services report](#). That's up from just 0.1% in February.

And it's not just hospitals and health systems that are experiencing this growth. Virtual care service disruptors and payers also are greatly expanding their reach in the telehealth market.

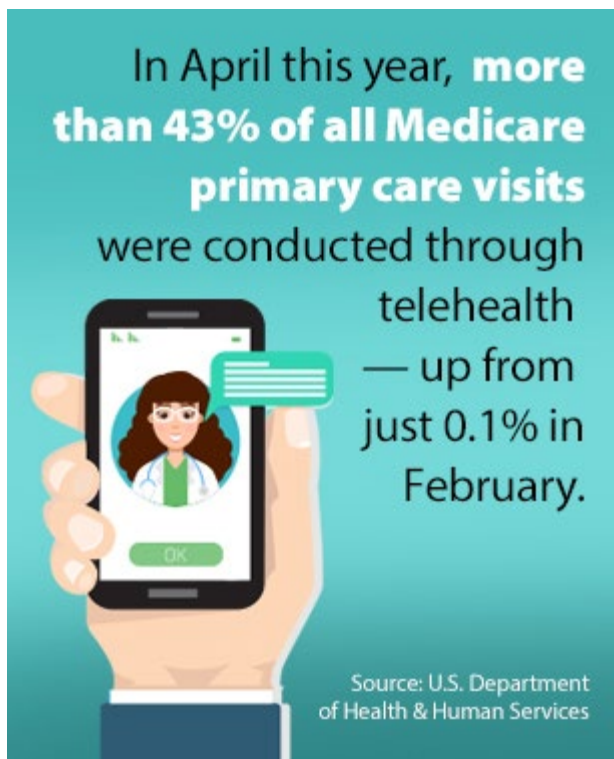
Teladoc and AmericanWell saw huge spikes in demand for their primary care virtual services. Teladoc conducted more than 2.8 million virtual visits in the second quarter, more than triple the same period last year, while its U.S. membership nearly doubled year over year to 51.5 million. And its recently announced [merger plans](#) with the diabetes and hypertension digital coaching company Livongo will satisfy Teladoc's long-held desire to expand into chronic disease management.

American Well, meanwhile, in late May told CNBC that on average it has seen a 1,000% increase in telehealth visits during the pandemic in some regions and as much as 4,000% in others.

That kind of growth is leading venture capitalists to provide more money to companies like American Well, which raised another \$194 million in May to help it keep up with skyrocketing demand.

Startup payer Oscar recently said it will greatly expand its national presence in virtual health care services due in large part to what has occurred during the pandemic. The company, which competes with behemoths like UnitedHealthcare and Anthem, will expand into four new states (Oklahoma, Iowa, North Carolina and Arkansas), while also adding new counties in Arizona, California, Florida, Pennsylvania and Ohio. Oscar will also sell a low-cost virtual primary care option to many of its customers in response to COVID-19; the plan will include unlimited no-cost virtual visits with a primary care physician and urgent care.

With all these rapid changes taking place, health care providers will need to advance their virtual care strategies quickly and provide the infrastructure and rapid response that consumers have come to expect during the pandemic. Here are some important issues to keep in mind:



- Continue to provide telehealth services as an option to protect patients and staff from COVID-19.
- Expand virtual interactions for both primary and specialty care to maintain continuity of care and avoid negative consequences of delayed care.
- Partner with rural and general acute care hospitals to create new access to specialty and subspecialty services.
- Offer specialty consults directly to consumers who are hesitant to travel during the pandemic.
- Use tele-ICU to monitor patients to enhance outcomes, maximize use of staff and reduce the use of personal protective equipment.

HOW CAN YOU ADDRESS INCREASING DEMAND FOR BEHAVIORAL HEALTH SERVICES?



Heightened demand for behavioral health services has presented hospitals and health systems with challenges and opportunities to increase capacity, forge partnerships to deliver care to patients and caregivers, and leverage tools to assess their capabilities.

To explore these issues in greater detail, the AHA and AVIA each day this week are conducting a [virtual, asynchronous panel discussion](#) about how to address increasing demand for behavioral health.

Rebecca Chickey, senior director, behavioral health services at the AHA, along with Amanda DeMano, vice president at AVIA, are moderating a discussion through Friday on AVIA Connect driven by participants' questions with answers provided by panelists from Avera Health, Montefiore, Vituity Healthcare and OpenBeds Inc.

The panel will address topics related to the challenges and opportunities around the heightened demand for behavioral health care, including how to:

- Increase capacity and access for behavioral health services.
- Deploy unique partnerships to deliver behavioral health services to both patients and caregivers.
- Leverage tools to assess your organization's behavioral health capabilities and identify opportunities for digital innovation.

AHA members can access the discussion on AVIA Connect. [Simply sign in and click "Follow"](#) to join the conversation.

This event comes on the heels of a recent AHA-AVIA asynchronous panel discussion, ["Preparing to Implement the Hospital Price Transparency Rule."](#) The rule requires hospitals to disclose their negotiated rates, in addition to other information, beginning in January.

AHA members can access the full discussion and review data from a member poll taken during the conversation. The discussion, led by Ariel Levin, AHA senior associate director of state issues, and Kathryn Austin, director of health care consumerism at AVIA, addressed issues such

as:

- What is required of hospitals and health systems to post information on 300 “shoppable services” in a consumer-friendly way?
- What information must be disclosed in the Hospital Price Transparency Rule’s requirement to display information in a comprehensive machine-readable file for all items and services?
- What happens if hospitals and health systems can’t comply with the Hospital Price Transparency Rule?

We want to hear from you! Please send your feedback to Bob Kehoe at rkehoe@aha.org.

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