



# The MarkeTech Group

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# Minute

## INTERVIEW OF THE SEMESTER

### *Virtual Care in the Patient's Journey*

#### **Dr. Mike Conroy**

CMO, Sutter Medical Group in Greater Sacramento Area,  
California, USA

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#### INTERVIEW

**Interviewer: Christian Renaudin, TMTG CEO**

**CR:** How do you define virtual care in few words?

**MC:** Virtual care really summarizes everything outside of a direct face to face encounter. It includes everything from audio and video connectivity to any care that is provided digitally.

**CR:** How did virtual care change at Sutter from pre-COVID to today (post COVID)?

**MC:** Sutter piloted audio and video visits before COVID, but during COVID flipped to nearly 100% virtual. This allowed Sutter to gain some competency in terms of staffing and communication with patients. The rate of video visits nationally and in Sutter has fallen back down to 7%-10%, but is expected to grow again as tech savvy patients start to need a greater degree of care.

Digital care is the bigger story long term. That has been growing well before the pandemic, extending outside of the care team to things that people can do on their own: fitness reminders, blood pressure monitoring, tools that can help them with their wellbeing (doing spiritual reflection during the day), tips on their diet.



**CR: What are the main challenges of virtual care in terms of implementation and profitability / reimbursement?**

**MC:** Connectivity: Initially, Sutter needed technology for everyone to do video visits. It took time and resources to train physicians to use the technology. Clinicians would do visits in their own home and had personal information in the background, so the health system needed to set standards for an appropriate assessment of the home environment for clinicians to safely do video visits.

Reimbursement: Many private insurers did not reimburse for a period of time, and the jury is out if this will be reimbursed in the long term. Most likely CMS is going to drop payment for audio-only visits when the PHE ends. The thought is that video visits cost less to supply, but that is not necessarily true. This would only be the case if the visits were less complete (which would yield a lower quality of care). Sutter may offer virtual to only a sub-set of the patient population if reimbursement becomes an issue.

Data: American Medical Association and multiple health systems are looking at the data and trying to be as data-driven as possible. Video visits are normal practice for physicians in Sutter Health, and elsewhere in California. All are capable of giving a video visit if a patient requests one. Everyone is trained at this point.

**CR: What have been the takeaways for Sutter during the transition?**

**MC:** Think about the big picture, the advantages to the system. If there were another pandemic, natural disaster, etc. [Sutter] could immediately switch to virtual care. Mobile tools are emerging (vitals, ability to take photos, mobile scanners); this will continue to grow. Patients will be expecting their providers to offer video services more often. Virtual care offers patients greater access to specialties. Providers are able to really get to know their patients when they are in their own living room. I really can see this person's life now in a way that I never could when they came to see me.

We are just entering into a new future for those services. For example, COVID testing at home, the whole paradigm shifted. I think that is a big part of our future. I think it is just a matter of time before patients have devices or their phones to do scans of their bones or breast. It is just a matter of time.

**CR: How will the use of virtual care change in the next 2-3 years?**

**MC:** What we see today is here to stay. CMS will be reimbursing for care and private insurance will follow, because that's what patients demand. As younger patients get older and need more care, there will be a greater demand for virtual because they are familiar with technology. The investment for health systems is upfront; time, training people, and buying a device.

At the end of the day, there are very few things that are not appropriate for virtual care. It was really surprising how much we felt like we could give virtually with a high level of care. Digital start-ups are definitely challenging the business model of the longstanding institutions that have relied on brick and mortar for a long time. It is very meaningful competition that is driving improvement.



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