

Task Force on Telehealth Policy



Ascension

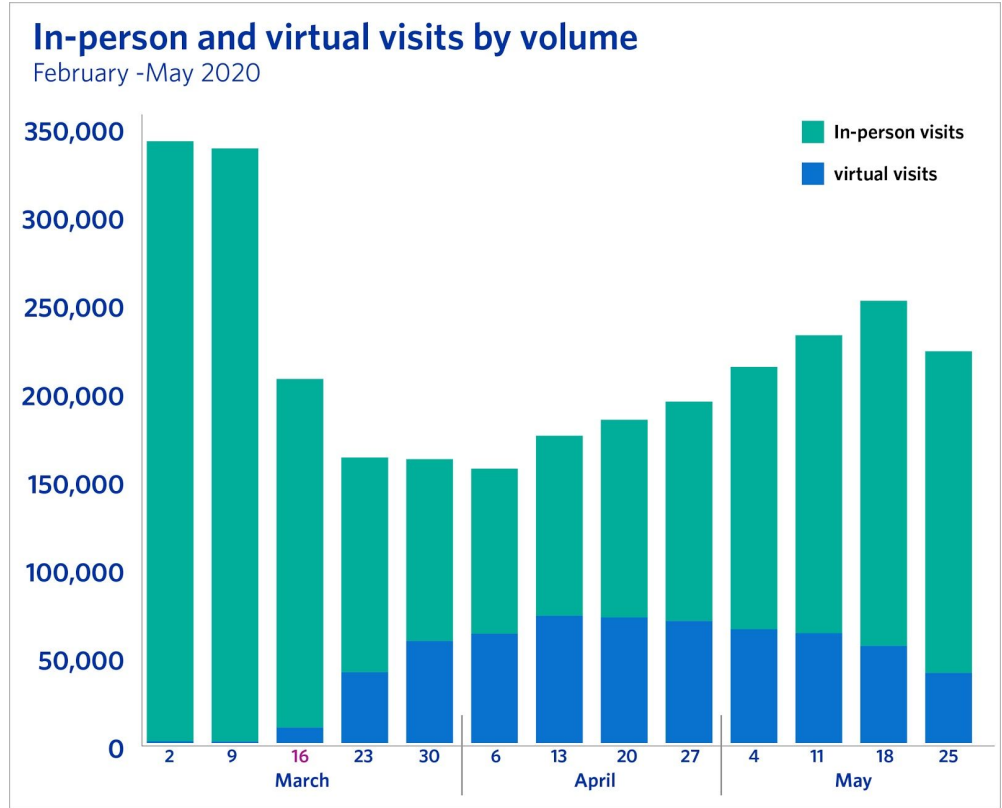
Disclaimer

Ascension's approach to virtual care is not meant to be substitutive for in person or for episodic care only, but instead is a capability that is part of long-term longitudinal care delivery. The data that we have is from a short time period during extenuating circumstances and is more observational than outcomes based. We do not have data on the impact of virtual care on no-show rates or cancellations, referral rates, or hospital admissions.

Total Outpatient Visit Volume



Virtual care does not appear to drive up utilization of services.



March - May 2020

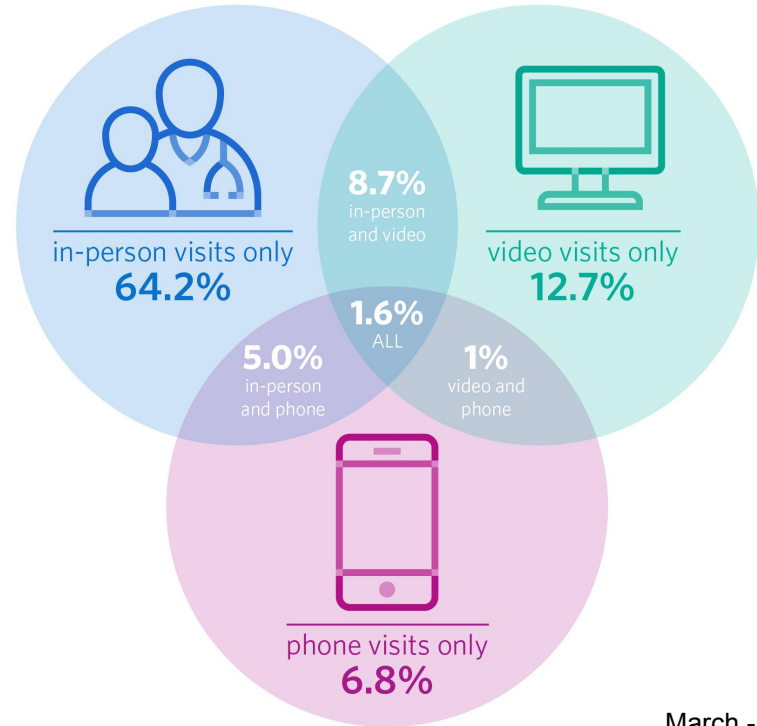
Unique Patient Utilization

Only 8.7% of patients had both a virtual and in-person encounter from March-May 2020.

Note: We do not have data at this time to understand if the visit was for the same ICD-10 code or which visit took place first (virtual vs in person)

In-person and virtual visits during the public health emergency

March -May 2020



March - May 2020

Provider Types Using Virtual Care

While we do not have referral data available, this demonstrates that specialists have comfort with virtual care



Primary Care includes Internal Medicine and Family Medicine.

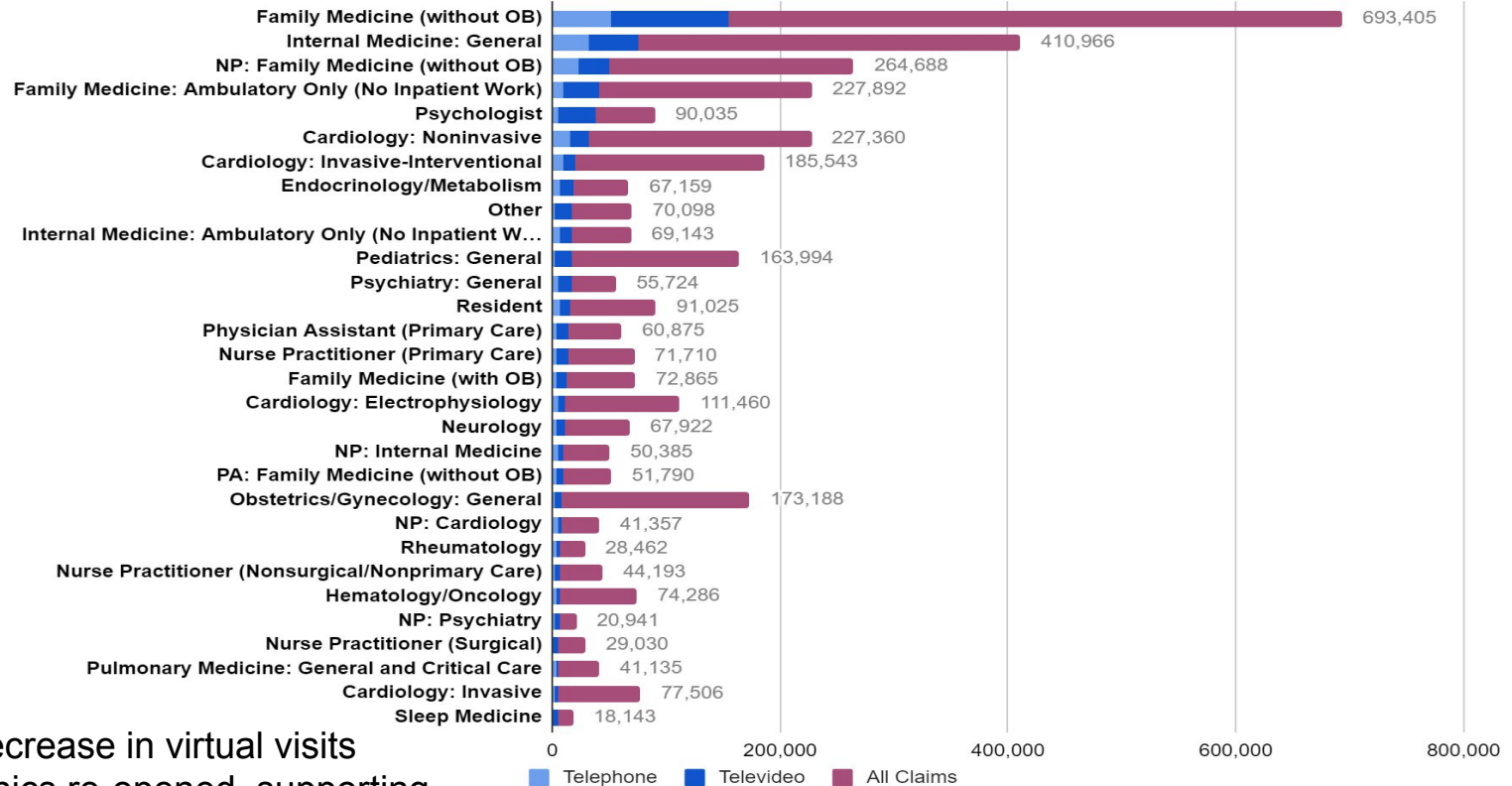
Adult Specialty includes Infectious Disease, Cardiology, Hematology/Oncology, Gastroenterology, Endocrinology, Rheumatology and Geriatrics.

Behavioral Health includes Psychiatry, Psychology, and Licensed Clinical Social Workers.

Other represents all other specialties (Anesthesiology, Urgent Care, Bariatric Surgery, Pediatric Surgery).

March - May 2020

Percentage of Virtual Utilization by Specialty



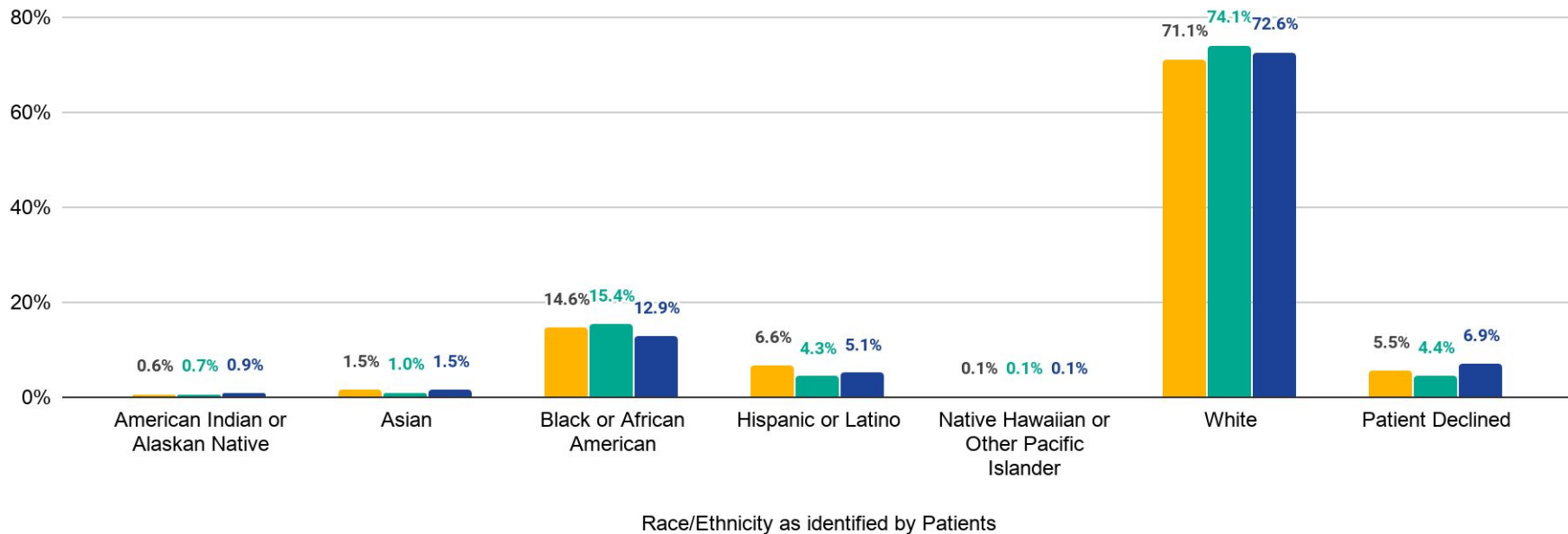
We have seen a decrease in virtual visits since outpatient clinics re-opened, supporting that virtual does not lead to overutilization

Data through July 13th, 2020

Comparison of Virtual Provider Office (VPO) Claims vs. All Claims: Race and Ethnicity

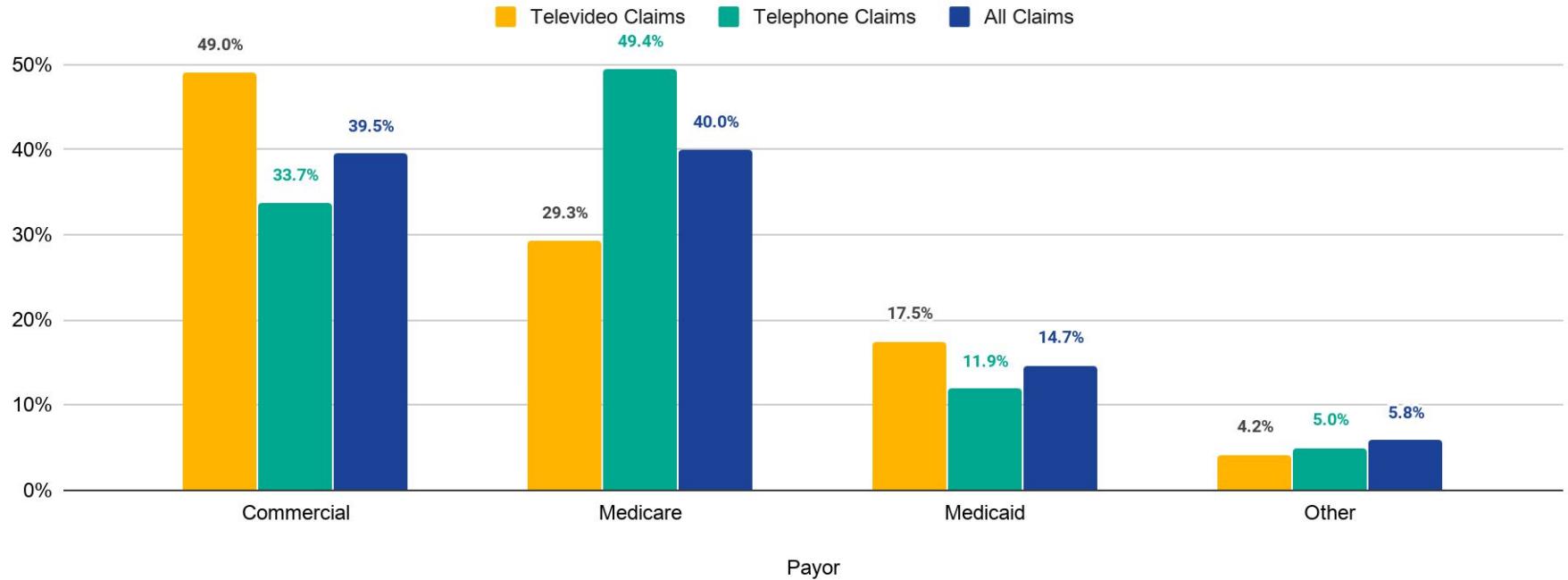
Percent of Claims (FY20) by Race/Ethnicity for Office-Based Visits (VPO)

Scheduled Televideo Claims Scheduled Telephone Claims All Claims



Comparison of Virtual Provider Office (VPO) Claims vs. All Claims: Patient Coverage

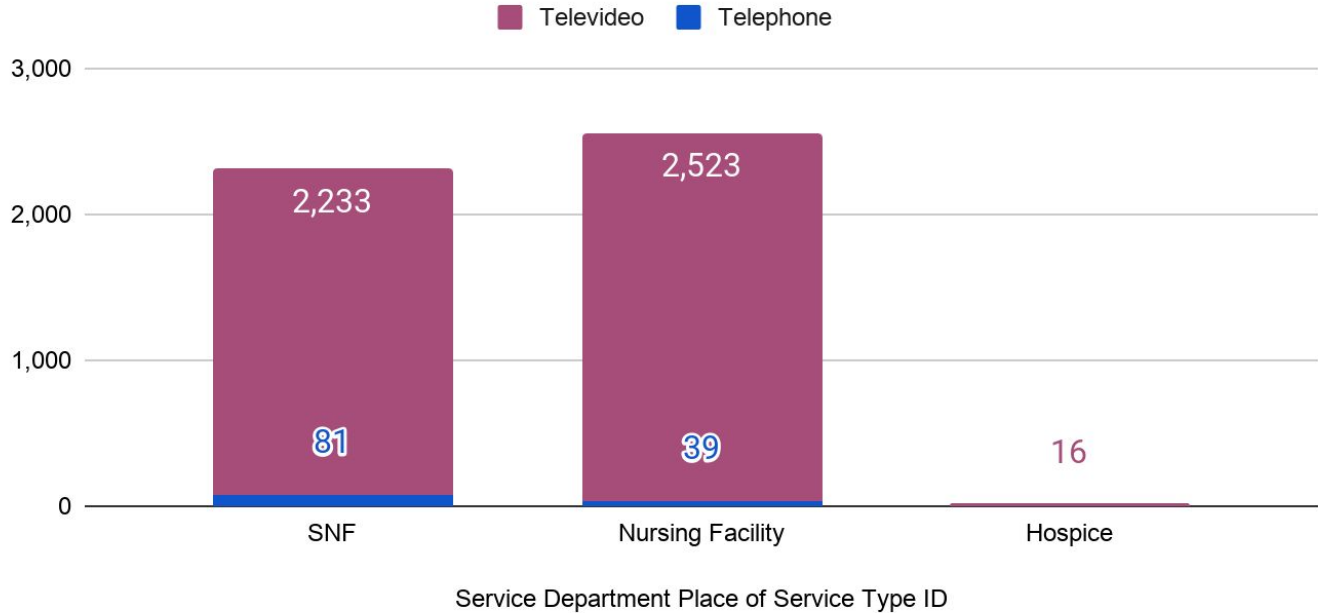
Percent of Claims (FY20) by Payor for Office-Based Visits (VPO)



Number of Virtual Visits to Nursing Homes by Ascension Clinicians



We do not have data on hospitalization rates, but our providers are conducting virtual visits to nursing facilities.



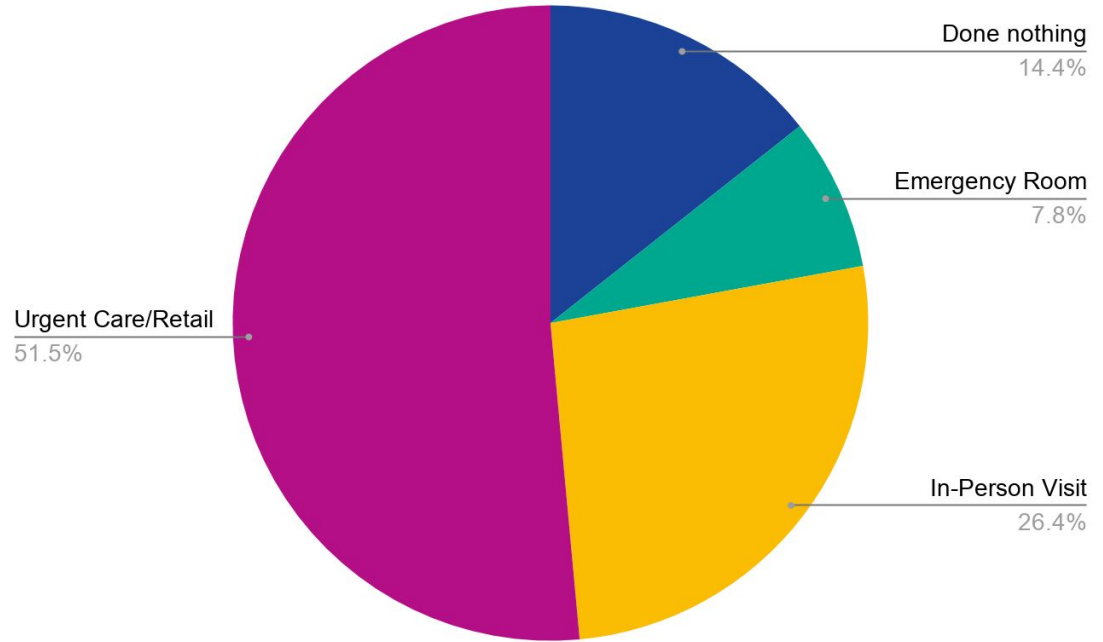
Visits conducted by Internists, Hospitalists, Family Practitioners, NPs

March 1 - June 30, 2020

Cost Avoidance: Where Patients Who Used Virtual Urgent Care Would Have Gone Instead

Patients would have used more costly options if they did not use virtual care.

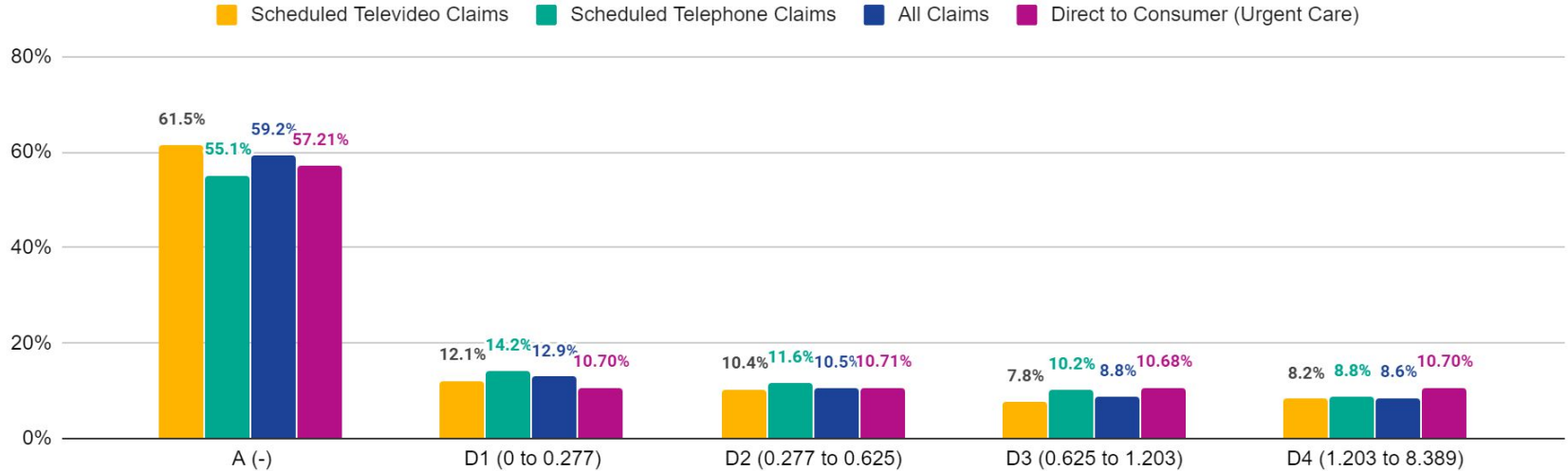
This data is collected from patients after a virtual urgent care service when they are asked to provide feedback on their experience with Ascension Online Care.



954 On-Demand Virtual Urgent Care Visits using Ascension Online Care Platform
Post Visit Survey from March 1 - June 30, 2020

Geographic Distribution

Percent of Claims (FY20) by Neighborhood Deprivation Index (NDI)



A(-) are "advantaged" zip code with NDI below 0. "D1" through D4 are "disadvantaged" zip codes with NDI above zero. D4 is the most "disadvantaged" zip codes.

Data through July 9, 2020

Patients from disadvantaged zip codes completed virtual visits, roughly at the same rate at which they engaged in in-person care.



Quality in Virtual Care

Understanding and measuring the quality of virtual care is critical. Currently, there are limited measures focused on virtual care. This area is ripe for further development.

Our goal at Ascension is to focus on how to measure quality for not only specific virtual encounters, but also as part of longitudinal episodes that combine in-person and virtual.