Task Force on Telehealth Policy
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.
Virtual care does not appear to drive up utilization of services.
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)
Provider Types Using 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

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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>All Claims</th>
<th>Scheduled Telephone Claims</th>
<th>Scheduled Televideo Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td>0.6%</td>
<td>0.7%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.5%</td>
<td>1.0%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>14.6%</td>
<td>15.4%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>6.6%</td>
<td>4.3%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>White</td>
<td>74.1%</td>
<td>74.1%</td>
<td>72.6%</td>
</tr>
<tr>
<td>Patient Declined</td>
<td>5.5%</td>
<td>4.4%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Race/Ethnicity as identified by Patients
Comparison of Virtual Provider Office (VPO) Claims vs. All Claims: Patient Coverage

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

- Commercial:
  - Televideo Claims: 49.0%
  - Telephone Claims: 33.7%
  - All Claims: 39.5%

- Medicare:
  - Televideo Claims: 49.4%
  - Telephone Claims: 29.3%
  - All Claims: 40.0%

- Medicaid:
  - Televideo Claims: 17.5%
  - Telephone Claims: 11.9%
  - All Claims: 14.7%

- Other:
  - Televideo Claims: 4.2%
  - Telephone Claims: 5.0%
  - All Claims: 5.8%
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
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)

- **Scheduled Televideo Claims**
- **Scheduled Telephone Claims**
- **All Claims**
- **Direct to Consumer (Urgent Care)**

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

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

Data through July 9, 2020

For a deeper dive into health disparities, request a copy of Ascension’s Virtual Care White Paper.
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.