Virtual First Care Coalition by DiME Digital Medicine Society

Quickstart Guide to Partnerships between V1C Providers & Employers

Are you a virtual-first care (V1C) provider seeking to build relationships with employers? If so, this quickstart guide will support your efforts to establish successful relationships with them.

Key Partners: Employers

Profile

- 155 million non-elderly adults are covered by employer-sponsored healthcare insurance.
- They may offer plans through commercial health insurance providers (fully insured) or take on some or all risks, plan design, and administration (self-insured).
- 67% of employed, insured workers are covered under self-insured or self-funded arrangements managed internally by HR departments or through third-party administrators (TPAs).
    - Large employers are more likely to self-insure because they have the resources to pay most claims directly.
    - Self-insured entities have more flexibility in plan offerings and employee incentives.
    - These entities have historically offered PPO fee-for-service plans with few levers to control costs and outcomes. They rarely achieve scale in local markets to drive price negotiations, but they are now exploring value-based care.
    - There is a range of sophistication related to population data analytics and plan design.

Trends

- Preliminary data from a benchmarking survey conducted by DiMe, Omada, and Rock Health:
    - 70% of employers surveyed **currently offer virtual health as part of their benefits packages**, and the remainder are open to considering virtual care benefits in the future
    - 73% agree that virtual care is here for the long term, and **over half believe that it will become the primary model of care** for most situations over time

- There is increasing interest in value-based disease management programs and Centers of Excellence models. The latter usually features bundled pricing for high-cost procedures such as heart surgery. It is still limited in application but has proven a successful vehicle for improving care outcomes and cost.
- Investment in "point solutions" health and wellness partnerships outside of insurance benefits.

"The models that yield the most value will be able to engage the right members, integrate with other partners, and deliver measurable outcomes."

- Elizabeth Zech, Principal, Mercer Center for Health Innovation

Partnership Motivations

Employers are more motivated than ever to retain employees, control healthcare expenditures, and foster a healthy, productive workforce. This means they are actively designing and administering health and wellness benefits packages for their employees. Whether fully insured through a commercial plan or self-funded, employers are investing in a greater variety of "niche" and point solutions as supplements to traditional medical care.

While eager to provide a better consumer-patient experience and address gaps in care, especially for chronic disease patients, employers are sensitive to avoiding further fragmentation of care and adding costs of duplicative services. With employer understanding of V1C still evolving, building awareness of the model and trust through compelling evidence is essential, as is clearly demonstrates how V1C practices coordinate with existing providers.

- Closing gaps in care and delivering a full continuum of care:
  - Primary and specialist access in rural communities and primary care solutions for traditionally hard-to-reach populations.
  - Expanded options for urban professionals and suburban families who desire more convenient access.
- Offering programs with a stronger focus on consumer preference and patient-patient engagement than incumbent providers.
- According to the 2022 benchmarking survey, employers are:
  - Evenly split between offering cutting-edge approaches to deliver care and established programs with proven outcomes.
  - Looking for virtual care solutions that:
    - Position primary care as the entry point to a member care journey, enabling a fully connected continuum of care.

        - Provide more complete, whole-person care, including mental health care.
        - Integrate care for patients with multiple conditions.
        - Deliver excellent patient experience and improve patient engagement.
- Focus is shifting away from simple return on investment (ROI) of health benefits and toward measures of value that include:
    - Employee satisfaction, engagement, and retention.
    - New measures for health economic outcomes include productivity and return to work.
- Self-insured employers seeking solutions tools for managing populations, including analytics, navigation, and increasingly embracing value-based plan design.

V1C Partnering Considerations

- Substantiate outcomes and cost savings claims:
    - Focus on clinical utility and health economic ROI studies with real-world evidence that resonates with employer goals of engagement, productivity, and control of health services expenditures for chronic disease.
    - Showcase how solutions bring a tangible ROI in terms of traditional cost containment (e.g., avoiding costly procedures and care settings) and amplify the ROI of interconnected virtual and in-person care programs.
- Orchestrate strategic partnerships to engage members through traditional means or incentives and plan design.
    - Provide mechanisms for clear engagement metrics and outcomes tracking.
    - Explore risk-sharing and centers of excellence models.
- Drive integration:
    - Show that the V1C program integrates with existing partners, including health plans and other virtual partners in their ecosystem.
    - Assist in audits to eliminate redundancy or duplication of services and non-participation due to confusion over multiple access points.
- Prepare proactive scenario plans: demonstrate a sustainable and scalable business and clinical model that can meet demand and weather regulatory shifts - eg., credentialing.

Case Studies and Additional Resources

See how others are using these recommendations in practice:

CareHive™

Visit the **V1C Care Transitions Toolkit** to view additional helpful resources.