The State of the Virtual Care Industry: Results from a New Benchmark Survey from Omada Health, DiMe & Rock Health

Thursday, December 1 at noon ET
DiMe is a 501c3 non-profit dedicated to advancing the **equitable, effective, ethical, and safe** use of digital products to optimize human health.

Enabling expanded access to high quality, evidence-based virtual first care (V1C) for patients, healthcare providers, and payers to improve clinical and health economic outcomes, enhance access, and provide a better overall patient experience.
The State of Virtual Care: Introducing our panelists

Arvind Stokes  
VP, Customer Success and Client Operations  
Omada Health

Meg Barron  
VP, Digital Health Strategy  
American Medical Association (AMA)

Kate Brown  
Partner, Lead Center for Innovation  
Mercer

Megan Zweig  
COO  
RockHealth
Benchmarking a growing movement

How do buyers perceive virtual care in 2022?
How well acquainted are they with the developing virtual-first system of care?
How can these perceptions shape market strategies for innovative health plans and providers?

Participants

- 764 senior leaders representing US healthcare buyers
  - 528 employers benefits leaders
  - 129 benefits consultants
  - 107 health plan providers (payers)
- Varied by range, size, plan offerings
Defining V1C

**Virtual first care (V1C)** is medical care for individuals or a community accessed through digital interactions where possible, guided by a clinician, and integrated into a person’s everyday life.

The ability to **initiate care from anywhere at any time** through telecommunication and digital technologies.

Intentional selection of the care setting matched to a person’s clinical needs and preferences, with some aspects safely and effectively delivered virtually, and others necessitating in-person care.

Adherence to all applicable laws that apply to healthcare providers, including best practices on standards of care, individual safety, security, privacy and data rights.

Complete solutions that support a person to take all of the necessary next steps in their health journey.

Source: impact.dimesociety.org/v1c/
Take-away #1: A Blurred Understanding of Virtual Care

90% of buyers claim they have some level of understanding of virtual care...but enthusiasm for potential impact is mixed

<table>
<thead>
<tr>
<th>Experience &amp; Impact</th>
<th>Employer</th>
<th>Health Plan</th>
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<tbody>
<tr>
<td>Experience with telemedicine</td>
<td>83%</td>
<td>76%</td>
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<tr>
<td>Experience with health coaching</td>
<td>68%</td>
<td>75%</td>
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<tr>
<td>Virtual Care is going to drastically change/revolutionize how healthcare is provided</td>
<td>29%</td>
<td>40%</td>
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<tr>
<td>Virtual Care applications have barely scratched the surface, the sky is the limit in terms of what it may be in the future</td>
<td>36%</td>
<td>33%</td>
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<tr>
<td>It’s a new tool that will be incorporated into how healthcare is currently provided</td>
<td>36%</td>
<td>36%</td>
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Take-away #2: Focus on Mental Health, Chronic Care

Of buyers with Virtual Care offerings, 80% have programs for chronic conditions.

9 out of 10: Offer programs for at least 1 condition type

On average: 3 condition types, 5 specific conditions
Take-away #3: Expanded Views of ROI

ROI is only a primary Virtual Care requirement to a minority group, so long as other contributions are gained.

Employers are less ROI / cost bound

Makes sense regardless of hard ROI (T2B)

- Employers: 33%
- Payers: 28%

Cost neutral is acceptable (T2B)

- Employers: 43%
- Payers: 35%

Cost, ROI composite orientation

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<thead>
<tr>
<th></th>
<th>Total</th>
<th>Employer</th>
<th>Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value Drivers</td>
<td>41%</td>
<td>43%</td>
<td>35%</td>
</tr>
<tr>
<td>Variable</td>
<td>32%</td>
<td>30%</td>
<td>37%</td>
</tr>
<tr>
<td>Cost Savings Driver</td>
<td>27%</td>
<td>27%</td>
<td>28%</td>
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Take-away #4: Learn from the ‘Visionaries’

‘Visionary’ buyer priorities are aligned with V1C principles

Top characteristics of virtual care for ‘visionary’ buyers segment

✓ Patient Engagement
✓ Access to Data and Information
✓ Personalized Care Solutions
✓ Validated ROI and Value Measures

‘Visionary’ Priorities Compared to ‘Traditional Buyer’ Sub-segment

| Better integration of patient information and data across the healthcare providers involved in a patient's care | +16 pts |
| Highly innovative future forward options for employee care and benefits | +15 pts |
| Ease of use of technology, engaging & enabling analysis and understanding for patient | +12 pts |
| Providing the best model of care for members | +12 pts |
| The opportunity to advance patient engagement in their care and outcomes | +10 pts |

Visionaries: “Virtual Care is a change agent” >>> Traditionalists “Virtual Care is a supporting tool”
Next Steps

Watch for new IMPACT resources in 2023

➢ A ‘buyers checklist’ for vetting V1C partners
➢ V1C-aligned coding and payment
➢ V1C value and evidence playbook

➢ Stay in touch: Sign up for the IMPACT Newsletter
Put your organization on the V1C Ecosystem Map!
Virtual Journal club

The Patient Matters in the End(point)

December 7th, 2022 | 11am ET

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Global Head and Senior Director, PCOR Regeneron

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Jen Goldsack (Moderator)
CEO
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Thank you

Linette Demers, Program Director

Questions? Please email linette@dimesociety.org