Virtual Healthcare with Frances Dare

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Hello and welcome to today’s webinar, 21st Century Consumers Want More Than 20th Century Healthcare. Before we get started, I'd like to announce a few brief housekeeping details. Today's session is being recorded and an online archive of today’s event will be available for a few days after the call. You will receive an email from AHIP that will ask you if you would like to receive the archive. Please respond to the email, if you would.

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We're very fortunate to have with us today Heather Valteris, US Business Marketing Officer of Cigna and Frances Dare, Managing Director, Accenture. Heather Valteris is the US Business Marketing Officer at Cigna, responsible for driving marketing strategy, planning and execution across all US business and individual segments as well as cross-segment marketing strategies related to voluntary benefits, private exchanges and customer engagement. Heather joined Cigna in 2014, after 20 years in consumer marketing and analytics.

Frances Dare is the Managing Director in Accenture’s health strategy practice and has also led Accenture’s Virtual Health Practice from its inception. For more than 25 years, Frances has led healthcare innovation at the intersection of business and clinical models. She is passionate about bringing health services to consumers where they are, actively engaging beneficiaries and effectively managing both patients and population. At this time, I would like to turn the floor over to our speakers.

Frances: Thank you, Heather, and thank you all for joining our conversation today. We hope this will be an interacting and dynamic discussion amongst ourselves this afternoon. To set the stage and to kick off, this is Frances Dare from Accenture, I'll share some of the key findings that were revealed as part of consumer research that was conducted this past fall with 1,501 US consumers all over the age of 18 and was a response population that's very reflective of the US population in general.

And those consumers have some very interesting things to say. We wanted to better understand first how are they involved in their health and their healthcare and their health consumption. We wanted to better understand what motivates consumers or not to be more actively involved in their health and healthcare. And then we wanted to explore how open and interested they are to receiving a wide range of health and care services through virtual channels. And all of those findings came back into some interesting themes that we feature on this slide and that we will discuss more in-depth as we go through today’s conversation.

But to hit the highlights here, consumers are very activated. They have a range of motivations for being activated and we’re going to discuss those in a couple of minutes. When we got into the discussion around virtual health and options to get health and care services in new ways, a really interesting set of findings that at first, there’s really strong interesting. Second that not very many folks have actually had that firsthand
experience of virtual healthcare and, third, that consumers, while interested, have kind of a low awareness of what virtual health is and what it can be in their lives. And that’s very much at the heart of what we’ll talk about today.

And then, finally, very relevant, obviously to the folks on this discussion today. Payers are making a real difference in all of these arenas and have a significant role continuing to fuel the innovation and the adoption of new ways of interacting across the healthcare ecosystem.

And then, finally, consumers said very clearly, they are in charge and so, we all really need to care about and listen to what consumers are telling us because they are deciding what they what, when they want it, where they want to obtain the service and how they’re going to get it. That’s just the state. Heather, did you want to add to that?

Heather: Yeah, thanks, Frances. And I’ve got to say, when these headlines, when Frances shared these headlines with me, they really whetted my appetite and I hope they do for you too, the participants on this webinar. They make a lot of sense in the context of what we, in the health services industry already know that our industry is no exception to the trend that we refer to as the rise of the consumer. They’re taking ownership of health and they’re taking ownership of their healthcare decisions. And we’ll go into that some more.

And, by the way, you can practically define the word ‘opportunity’ or ‘low-hanging fruit’ as the intersection of low awareness and extremely strong interest, right. So, I think you'll be interested in hearing more about that. But, you know, something I just want to mention at the outset that I think it’s really important to remember, and this is something Frances often reminds me of is that, as payers, when we think about our role in virtual health, we really need to be thinking about how we add value. And I mean really add value, not just skim off a transaction.

So, you know, I would put forth to all the, if like us, you believe that value-based accountable care is where we need to be going, then we need to find ways to leverage virtual health, to create more efficient and meaningful existing provider relationships versus accelerating transactional type healthcare.

Frances: So, with that as a kickoff, we’ll move into the actual findings from the survey and what the consumers had to say. And as you see here with this first example, consumers clearly said across the survey questions that they really are activated and they want to do a range of things with their health and healthcare.

And you see here, just even with the top responses, it’s a combination of wanting to learn more or know more. The 51% that said they want to seek information about improving their health, they also want to do things and they may do those things on their own when enabled by technology, things like monitoring, preference number two. And they also want to do things. They want to have interactions and things like getting preventive care services from healthcare professionals.

So, the range of things that we can undertake or we can think about as opportunities from health plans across all those dimensions and it’s about information, interactions. It’s about being healthy. It’s about knowing more when I'm ill or injured. And this gives
Heather: So, as a marketer, I'm always trying to start with understanding the needs first and not just in the context of what I'm looking to promote, but the core needs we're looking to satisfy. So, I think it's wise that Accenture started this study with gaining an understanding of how consumers want to further engage with their health before trying to layer the technology on top of it. And we'll talk more about this later, but I just think it's really important for us to use that consumer lens in terms of needs and motivations as our starting point.

Heather: Yeah, this one was the real 'ah-ha' for me because I think we spend a lot of time thinking and studying and talking about – and I mean, in the broader health services industry, thinking about how to motivate customers and patients to do something through our lens of what's necessary for them to do.

You know, in our industry, it might be based on kind of the actuarial sciences from a provider perspective. It's more from an evidence-based medicine perspective and we want it for the greater good. You know, we want them to get better, lose weight, stop smoking, exercise. But I think the interesting point here is maybe our starting point should instead be how are they already motivated. You know, what's their intrinsic motivation? And then give them tools there for what they're already seeking. It's so much easier to get adoption of we look at it that way.

And then, you know, building on that, when I look at the information that you've got for us here, Frances, I think about how I can organize my efforts and investments around their needs and motivations and, again, speaking as a marketer, segmentation comes to mind, right. So, just as an example, I might look at this slide and say, “You know, I've got some folks on here that I could group together as my quality of life-type segment,” you know, people who are talking about staying healthy or getting healthy or feeling better, having more energy.

And then I might see, and this is just as an example, of course, but then I might see a segment of folks that are targeted needs, you know, people who are into a specific goal, losing weight, managing a condition or injury. And all of these would have segments, you know, sub-segments as well, but I think this kind of information really gets us started in thinking about how we want to organize our portfolio’s efforts.

Frances: Yes. And we've got an interesting comment as well, Heather, in the question and comment window from Melissa and she notes, starting with the previous slide that it's interesting on the previous slide that only 31% of the consumers said they, in priority order. Remember, they're ranking the choices. But 31% said they wanted to follow a
plan given by a health professional. And, of course, care plan compliance is something we all care deeply about because we know that's how we get the best outcomes for beneficiaries and patients.

I think one way to think about that, Melissa, is that thinking about this slide and the findings, to the extent that providers can tie the actions that we'd like consumers and beneficiaries to take to some of the motivators that are revealed in these findings, maybe we can get that person [inaudible 11:35], then get more people better motivated in a way that speaks to them uniquely about what they need to do.

And then we had a chance to look at the health motivators from a slightly different lens and this is more of an age segmentation or looking at this from some of the age cohorts. And some of this, you know, seems fairly intuitive, probably not a big surprise. And some of it, at least for me, was a little bit different than I might have expected.

And some of it, in particular when we look in the bottom right corner of the findings here, and we think about those folks 65 and over, I find often or it feels often like the conversation for that age demographic always tends to focus on chronic conditions and co-morbidities and lots of health complications. And yet, I think that isn't really reflective of the whole population.

And the findings here say it's certainly not reflective of what their personal motivators are for health, that there's a lot of focus on maintaining health, focus on managing the condition, but far lower than that just, “You know, I want to stay healthy and well and manage things the way they are.”

For the younger demographics, certainly interesting for the from 18 all the way up to age 49, it's a lot about mental health, both managing stress, but mental health more broadly, as you can see the numbers comparing mental health as a general category and then managing stress. And I won't specifically [date 13:14] myself, but when we get into the demographic that's more focused on losing weight, like that one certainly resonated for me personally.

And, Heather, I know you have some interesting reflections on this view as well.

Heather: Yeah. So, in my mind, I kept going with that segmentation theme that I mentioned on the last slide because I start to think about, okay, what's actionable in here? So, we've got the intrinsic motivators and the insight and how do we apply that to our populations. And this type of analysis that you're sharing with us now helps us do that, again, at a very high level, but it gives us a kind of pass forward.

So, when I start to think about like common data points that we may have in common between the survey in our population, it's also in the demographics. And when I look at this, like in the upper left hand corner, what that tells me is that a stress management tool might be two to three times more likely to resonate with someone in the 18 to 49-year-old group than it would be for seniors, for instance. And I'm defining seniors as 65-plus.

But if I'm talking to seniors, like we are down in the bottom right, then tools to maintain health and condition management are more likely to strike a chord. But, you know, what really struck me on this one, Frances, and I think you too is isn't it interesting that...
the seniors seem to be more interested in maintaining health than living longer, right. And I'm sure they're interested in both, right. One leads into the other, but that's what really pops in that group and then it's the cohort below them that actually where we see living longer popping as their primary motivator.

Frances: Yeah, agree. Really interesting. And then there's a question in the chat window that I'll address before I move on to the very first polling question. The question in the chat window is what's the sample size and what are the demographic ranges? Things like education, geographic distribution, etc.

Just over 1,500 US citizens, so 1,501 to be specific, 18 years of age and older. And then, as far as where people live and health insurance coverage, they have their level of education. The sample size reflects the general US population. We wanted to ensure we had a generally reflective population of folks in the US.

So, now we have a chance to hear from you. We'll have a series of polling questions throughout the discussion. Heather [Payne 15:44], if you'll give me just a second to move to the next slide, then you can go ahead and launch. So, here's the questions for everybody in the webinar.

First question. How surprising are the consumer motivators identified in the survey for you? You heard that Heather Valteris and I had some interesting takeaways. We hope you did as well, but give us some sense. Very surprising, fairly surprising, somewhat or not so much. And you'll see on your screen how you can respond. It's pretty straightforward. Don't be shy.

So, we're watching the numbers come in and we'll wait just a second or two more and then we'll [inaudible 16:38] and we'll move on into the rest of the discussion.

So, this is interesting. It's weighting towards both a fairly surprising and somewhat surprising findings as the predominant answers. So, yeah, some things that would have seemed intuitive or we might have not already and then some additional things that are different or cause us to think a little bit differently, which is great.

And with that setup then, of course, we want to talk about transitioning to the part of the conversation that gets more into what does this mean in terms of virtual and the consumers, how they're motivated and what they want to be engaged with. How can we make that easier, more convenient with virtual options as a possibility? So, we will move on here.

And we just set the stage so that we all are kind of thinking about what virtual health means in the same way because the terminology across the industry isn't very standardized in this realm. And this is how we described it for the folks that responded to the survey. So, you see on the list, virtual healthcare is the ability to get health services and support. So, clinical care, other support services, health and wellness-related services so that you can remain healthy, so that you can better diagnose or treat an illness, or you can manage an ongoing condition.

And the key, the thing that especially makes it virtual is that any of those things can be done regardless of where the consumer is and very often, regardless of the time or day. So, virtual overcomes those barriers, both geography and time. And it can be in
urban settings or urban to rural, or rural. It doesn’t matter, but all of these things are more available and generally more convenient and more accessible.

And, of course, all of that is possible only because we have this amazing array of technologies now available to us that includes the examples of the right. Video, whether that’s live and interactive or it can be recorded as well. There are so many mobile applications that are now available around health and wellness and illness that we can all take advantage of.

Big interest in increasing innovation around secure email and secure texting and what’s commonly being called now, e-visits, as well as online social platforms where you can join folks that have other interests or conditions or challenges and be in support of each other. And then, of course, increasingly, a range of technologies, sensors, the Internet of Things that gave us all kinds of data about our own personal biometrics or the quality of the air around us or things that are happening in our home.

So, lots of neat things happening today and even more neat things that will happen in the future.

Heather: Yeah, and for me, this message is really about how we define and think about virtual health, that it’s not about the technology. It’s about what it enables and I think it’s so important that we make that shift in our thinking because it can be so easy to fall in love with the technology because it’s really cool and all the things that the technology can do, versus the value that we’re creating.

And, you know, to kind of illustrate that, when we think about the highlights on the right-hand side, in terms of the mechanisms by which this can be delivered, I love that secure email and texting is brought out here. We might not always think of those things as a platform for virtual health because they feel, you know, in today’s day and age, a little bit dated, right.

But what’s interesting is if we think about the value we’re creating, those asynchronous communications or, as you called them, Frances, e-visits, can be very convenient for folks, right. And this is true across industries. I was reading an article not that long ago in CRM Magazine that said texting was actually the new preferred channel for customer service.

And that’s because the context, you know, that feels so old fashioned, right, as a marketing channel, the context of texting has changed so much because of unlimited data plans, new social norms, even emojis to express emotion. So, I think it’s great that is highlighted as one of the mechanisms here. We need to broaden our thinking a little bit.

Frances: The great thing about this is that it’s really scalable and a pretty affordable technology to use as well, so I’m a big fan as well. Thanks for [inaudible 21:01] highlighting that one.

And as we get into the heart of what the [inaudible 21:05] had to say about virtual options, we have them in the survey, a list of 16, a wide range of different health and care services and said, “Talk to us about this. Would you probably or definitely or not be interested in having these [inaudible 21:21] health and care services available to
you virtually?” And this slide features the first eight and we'll show you the second eight in the following slide.

But you can see here, the first eight, they'll range from 70% of the respondents saying, “Yeah, I'd be really open to having that option virtually,” up to the high of 77%. And this starts to reflect those motivators that we saw, right. And so, it's a mix of I'll do some things on my own and mostly I just want information. So, I'll track my health status and see how I'm doing and whether I'm healthy and that's about just general wellness stuff or if I have a health issue and I really want to track something, like my glucose level or my blood pressure, that's cool.

And then, you know, right behind that top option on the list is have a follow up appointment with the clinician, so that interaction piece that I highlighted earlier. And even things, like getting follow up clinical or care services in my home after I've been hospitalized and then tying right behind that, get reminders to do things that help me stay healthy.

So, as we go through this list, it's just back and forth between that mix of things that keep me healthy, things that are super helpful when I'm episodically ill or injured and things, if I have an ongoing health issue that really do help me manage that as best I can and be in partnership with the folks that are part of my care team.

And as we think about possibilities for offering services or developing programs or bringing more virtual into what we do already today, I think one of the messages is it's about a mix of services. There's no one clear definitive thing that everybody wants. But you'll just see really strong interest across all the choices and they do cover that entire spectrum that I've just highlighted.

Heather: And for me, the insight here is that these percentages are so high. And, especially in one of the examples, if I compare the first two, so sure, 77% are likely to monitor their health or track their health status. That's something folks are used to doing in the virtual world now, at least with pulse rate and stuff and fitness metrics.

But then we think about how many people would be doing what we've got second here, have a follow up appointment. That would be unusual. That would be unfamiliar territory in the virtual space and, yet, it gets practically the same level of interest. And so, I think it really drives home some of what we've seen in other research too that patients really prioritize access to care over the need for the human interactions that they get with their provider. So, it’s about the value of the actual service it’s providing, versus the relationship, the interaction.

Frances: Yeah, I think that’s right. And I think the other thing that starts to help us understand is that we can be in relationship with consumers and beneficiaries over time in different ways, right. So, rather than just one-off interactions or kind of episodic services that if, when there's a range of these services available, that at different points in time, our beneficiaries and our consumers will be involved with different ones of these. And yet, that's how we have an ongoing relationship, which with my clients at least is becoming more and more of a priority.
Heather: Sorry, Frances. We’ve just had another question come in. I don't know if you had a chance to see it, but there's a question about virtual care and the virtual care reminder option and whether that's a preference, regardless of socioeconomic status.

Frances: It was. Yeah, it was pretty consistent across all those sub-segments of the response pool. Great question. Thank you.

And then we see here on this slide, this is the following eight responses and, again, the lowest level of interest was at 50% or half of the survey respondents said, “Yeah, I’m interested.” That happens to be the choice of participating in mental health group therapy. But if you start from a low of 50 and up to that high of 77% we saw, it just says this is a very rich opportunity space for all of us.

And, you know, you can see the remaining choices here. I won’t go through all of them. I will highlight one because it often causes eyebrows to raise or invite some conversation and it’s the one kind of in the middle here where we gave the folks who responded the opportunity to talk about what do I have in an annual physical exam?

And now, for sure, when I’m talking with clinicians, they kind of roll their eyes and they go, “Come on, you know, we have to palpate and ask like, you know, we need to touch, we need to feel, we need to get labs.” And absolutely, absolutely true today. I think the takeaway is less literal around what’s possible in terms of a physical exam today and more that it’s just that consumers are super open. They don’t put those clinical boundaries around the possibilities, right. They're like, “Sure, if I could get my annual physical today, that would be great.”

And the takeaway as we think about moving forward is that it’s twofold. A, technologies are quickly advancing and things that have to happen in the exam room today, patients are going to be able to do for themselves at home, whether it’s doing a quick diagnostic test and having that data immediately sent to a physician or other clinician or whether it’s a quick photo of something or a scan where we think of radiology images today. All of that’s going to be possible in the future. So, that’s theme one.

And theme two is medical practice evolves over time. And many things that for today you need a cell biopsy to detect early-onset of cancer, in fact, are moving now towards blood tests being a better indicator of things like cervical cancer. So, we just need to keep our minds open to the reality and the possibility that technology will change, medical practice will evolve, and as they do, consumers are ready to go there and they’re ready to have different, more traditional medical encounters happen virtually as well.

Heather: And I’ll just comment briefly on the bottom three because I was really interested to see how these would come out, as I know you were, Frances. And I just want to hear, it would be easy to interpret them as the lower level of interest and that’s the grouping of support group counseling, mental health support. But I think when we look at this, we need to take into consideration the interest level in these activities, virtual or not.

And we all know that the mental health is still under-supported. Maybe it has a little bit of a stigma attached to the care that goes with it. So, I would propose that from the start, folks would be less likely to select it and in that context, to still see 50%, more
than 50% saying that they would be interested in doing this in the virtual space, I think shows real opportunity.

Frances: Well, I agree. And this is a space I'm really passionate about and in pretty much any client conversation I'm having these days, the need for mental health support and services, the demand far exceeds the capacity of the professional workforce. And especially when we're all trying to work more effectively with consumers and beneficiaries that have chronic conditions, mental health, you know, depression, stress, anxiety go hand in hand with things, like diabetes, congestive heart failure, chronic obstructive pulmonary disease.

And which came first and which came second doesn't really matter, but they're so intertwined and so we're all trying to figure out how to meet the need with that demand capacity gap. And a lot of the innovation is happening in the virtual space with things, like online cognitive behavioral therapy and the ability to join online support groups anonymously, which is an advantage, often, for people with a mental health condition, the ability to talk with peers and get peer support, but actually remain anonymous.

So, I hope that you're right, Heather, and I think you are, but it's more a reflection of just unfamiliarity in a smaller group of folks within the survey because it's a very important area. And, yet, still, we remind ourselves more than 50% of the respondents had an interest in that particular space.

So, with that, we'll move into our next polling question and ask, have each of you individually in the conference today had the personal opportunity to receive any kind of healthcare virtually and just think about that virtual health definition that we shared a couple of slides ago.

And again, we'll give it just a few seconds for everybody to respond. It's interesting. It's going back and forth. Okay, last chance, if you would go ahead and vote.

Heather: And we have a question here, Frances, as to whether email counts.

Frances: I would say open email, no. If you have the ability to send secure email to somebody like your primary care physician, then yes, I would throw that in, if that changes your answer.

So, as it turns out, this is an interesting mix for the audience here in the webinar today. Thirty-eight percent said that you have had some kind of personal experience of receiving healthcare virtually, while 61% said that they have not yet had that opportunity. It's a little bit of a teaser or a lead into what the respondents in the survey had to say about that. So, we'll go the next slide in just a second. Here we go.

So, our group today is a little bit different in that more folks have had a chance to have virtual healthcare than the general population, as reflected in the survey, where we saw that only 21% of the respondents said they had had some sort of virtual health experience.

And if you stop for just a second to say, “Oh, you know, that's really interesting. We've got such strong interest of numbers we just saw and yet, only 21% of the folks in the survey have actually had that experience. That's a big opportunity space when we can
give those people who want virtual healthcare the opportunity to get any of those health and care services through the virtual channels.

Heather: Yeah. I agree, Frances. I think this says it all.

Frances: Yeah. And then there’s more to the story as well. So, we did even look at the folks who said they hadn’t had any kind of virtual kind of health experience to date to understand are they interested or was most of the interest being driven by the folks who had had some sort of experience. And you see clearly here on the slide 60% of those who have not yet had the experience are still very and somewhat interested.

And we did look at the demographics behind that 60% number and I don’t think any of this is particularly surprising. It tended to weight to folks under the age of 65, a little bit higher in terms of education have children under 18. And we saw this in some of the other responses where folks in that sandwich generation, who both have children under 18 at home and they are likely taking care of ageing parents were particularly interested in virtual health as we could all imagine why. Time is a precious thing for folks being able to get access to services quickly really does matter and just having everything in life be as easy as it can be, even more than the rest of us.

And then users of health technology and, even more importantly, non-healthcare technology users. So, you know, in general, people are using technology in every aspect of their life and they’re expecting to be able to do that in healthcare as well. It’s not as easy or it’s not as common an option.

I will take just one second to speak to the under age 65 finding as well because it did come up more than once when we looked at the survey responses. And I talked to clients who are doing very interesting work in the telemedicine and virtual health space. One in particular, she said, “You know, yeah, you know, that may not surprise me, but here’s what I think the real takeaway is.”

She says, “If you ask folks 65 and over, would you like the option to interact with your physician using Skype, the same way you interact with your grandkids?” In a heartbeat, they’re going to say, “Sure that will be great.” It’s easy, it’s convenient and I’d love that option. But, if you use the language of saying, “You know, would you like to have your next encounter with your physician be a virtual health encounter, that may not resonate.” And so, you may get some of the lower interest levels that seem to pop up here.

And, you know, I think that’s part of that big takeaway for all of us. We know this, but we’re reminding ourselves always that the language we use to change management approaches, we use marketing campaigns we use do need to be tailored for different segments or different populations and I think that’s part of what we can take away from some of the findings in the survey as well.

Heather: Yeah, I think those are really great insights and, you know, this is such an opportunity that 60% of the folks who haven’t experienced it are still interested in doing so. That’s great. And the profile is helpful. I know it’s general and I think that’s a good callout on seniors, but then when we think about how this is actionable, I would say if we can identify that 40%, we focus on education there, awareness there when we think about kind of the awareness funnel, right. That’s where we educate them on what virtual
health is. And then, we focus more on the incentives and creating easy access for that 60% that we see this very helpful profile on.

Frances: Absolutely. So, then going even a step further, we said, “Okay, so we’ve got strong interest. That’s terrific.” How familiar are folks with virtual healthcare? And this is the part, you know, given the level of interest we saw, to have only 5% say that they know a lot about virtual health really was interesting to me because, typically, if you think about introducing a new product or service into a market, you don’t start to get adoption or you don’t start to get demonstrated interest until people have either been educated about something, until they have awareness and, or they’ve actually had a chance to experiment with it or trial it.

And yet, we’ve got almost the reverse situation here where there’s tremendous interest in virtual health and, yet, low awareness and low experience of this new channel as well. And I think, if anything, that tells us, once we do more educating and once more people have a chance to have a virtual healthcare experience, we’ll see demand take off even faster.

Heather, what are your thoughts about this finding?

Heather: All right. So, I’m going to throw some marketing math at you. So, if there’s data scientists on the line, they’re going to cringe, but bear with me. So, the survey is telling us that 27% of the population had never even heard of virtual health before this survey. And then, on the previous slide, we saw that 40% of the population who had never used virtual health had little to no interest in it.

So, I would say that it’s probably fair to extrapolate that that 27% we’re seeing here is a subset of that 40% on the previous page, right, because how can you be interested in something that you’ve never heard of. And the reason I’m going through this is because I started to take that 40% and break it up between that 27% and what's left is 13%. So, 13% has heard of virtual health, but has little to no interest in using it. That’s a really small number.

So, I mean, you can flip those numbers around and I realize it’s unofficial math that would probably make the folks who designed this survey cringe, but I think there's some generalizations that just keep adding up in the case that we’re making here.

Frances: Terrific. And let’s pause for just a second. There’s a couple of good questions in the chat window. Let’s take those. Are there regulatory requirements around virtual health? Yes, and it depends on what kind of clinical service you’re talking about, but in general terms, when there is a physician involved in providing any kind of care, the kind you think of when you go to the doctor’s office and see the physician there, many folks know that physicians are licensed by state medical boards.

So, it’s a state by state thing and so you can’t, for example, a physician licensed in Texas where I live, couldn’t do a virtual encounter to a consumer in Oklahoma unless the physician also happened to be licensed in Oklahoma. So, some of those things are part of the consideration as we think about expanding these sorts of services.

And there are more specifics around certain kinds of things, but I do see in the question there’s a parenthetical about counseling. And I will tell you, telepsychiatry and tele-
mental health are some of the fastest taking off clinical practices that are focused on being able to do this over video, rather than in person. So, there's nothing specific to counseling. You have to be a licensed therapist of some sort and you have to be licensed in the state in which you practice.

And then a follow up question different. Any findings on children as caregivers of older parents. So, great question, Bart. We did not specifically ask people who responded to self-identifying as [inaudible 39:28] to generation caregivers. We can extrapolate from some of the findings that we believe we saw stronger interest by people who are in that sandwich generation and a comment I made on the previous slide is one of those examples.

So, with that, let’s go into our next polling question. We’ve given an example of individual people’s awareness of virtual healthcare and how high or low that was. We’re also curious to know at kind of an organizational or enterprise level, what would you say to an organization’s level of awareness or understanding of the consumer interest in virtual healthcare is. And you see the choices on your screen.

We’re watching the responses coming in. We'll give everybody a few seconds.

Heather: It’s like watching a horse race. I love it.

Frances: Oh, interesting. It’s going to be a mix. So, I think the poll’s just about closed. Okay, yeah, there’s a spread here. This is interesting. So, high at 29%, moderate at 47% and low around 20%. And then very low at only 2%. So, great to know that everybody’s got some or that you feel like your organizations have some level of awareness and, you know, a spread across the group, which is good to know. Thank you for sharing that benchmark with us. We appreciate it.

Moving on into we’ve talked about what consumers have to say and what motivates them. We’ve talked about their interest in virtual. We can start thinking about now, in the last part of the conversation here today, how do we get people to actually adopt? How can we move more of those people into virtual choices? And so, this question in particular helped us understand what caused consumers to have had healthcare virtually to take advantage of that.

No surprise at all. We hear this all the time. Number one at 37%, it’s more convenient than traditional in-person healthcare services. I will add to that. We find from other research that the consumer’s definition of convenience is moving faster than the healthcare industry response. And if we think about that for just a second, what was the initial response when we thought about convenience? It was a closer location and it was extended hours, right, whether that’s a clinic inside a retail pharmacy, whether that’s an urgent care center on every corner.

And yet, we’ve already talked about with virtual, you don’t have to go anyplace. You can be at home or you can be at your office. So, we’ve taken away even having to go just a short distance to a physical facility. And we can unbound this in terms of time as well. And so, the virtual really is, we believe, speaking more directly to what consumers are considering convenience today, even more than some of those other industry responses.
And then next to tight at 34% it’s I use technology in all aspects of my life and, healthcare, could you please catch up? I would really like that a lot. And then just general curiosity, which we’ve seen is just fascinating for both Heather and I that people just want to see what it’s all about and they want to try it.

And I'm going to go ahead and move onto the next slide because it really calls out the role of health plans in having driven adoption so far and I think really signals for us the opportunity for health plans to continue to lead and be an igniter of innovation in this space. And I'm going to give Heather a chance to really speak to that more completely.

Heather: Yeah. So, that’s the second big ‘ah-ha’ for me in this that the health plan has so much influence and that it’s coming in, even had a physician and, as with the previous slide, employer. So, as we think about, if we think virtual health is good for the industry in terms of affordability and access and I think most of us would agree that’s the case, then I would argue that this is our call to action, right, that it’s practically our obligation to move it forward because we know we can influence the folks that adopt it.

Frances: And, you know, the contrast for me, Heather, between the 32% with health plans being a reason people try out virtual and then, in contrast, physicians at 25% I think also says that payers are really just at the front of understanding the trend and understanding why consumers should and would want to use it. And there’s honestly some work to be done on the provider side, where I often work in helping physicians understand the value for them and then asking them to encourage their patients to take advantage of the choice.

And, of course, physicians are super busy people and they’ve got a lot going on. So, we need to help them understand that there’s an advantage for them in promoting this adoption. And the example I use often, there’s lots of advantages for physicians to offer these sorts of options or to offer the best of both in person and virtual.

One of the best ones is back to the e-visit conversation we had earlier in the conversation, there’s a lot of really good evidence that says that a secure message encounter, you know, that asynchronous, secure, whether it’s a text or an email from me to my primary care physician actually takes the physician about half the time to consider and respond to than if that same question were posed to the physician if I drove to my primary care doctor’s practice, sat in the waiting room and then got into the exam room and posed that same question to the physician.

The physician time in answering the question in person is about twice as much as it is in that asynchronous secure message. And for really busy physicians, who are working long days and where many practices are at capacity, opening up that amount of time is a very real benefit to both individuals, physicians and their practices.

Heather: Yeah, I couldn't agree more, Frances. I do think this is where a ton of opportunity lies. And kind of going back to my comment and when we talked about the headlines that if we really think accountable care is the future, then we need to partner with physicians and help them create these additional modals of communication, versus competing with them.
Frances: Well, yeah, it’s such a great point because, of course, health plans have these, you know, very large physician networks with which they collaborate and so, what a great partnership. And it’s really a great observation, Heather.

And so, if we bring all of this together and think about, “Okay, your organizations who have told us have awareness of the consumer interest at different levels, but still aware,” and we’ve talked about all the consumers want and there’s not enough of it available. I think there’s a key point here, which says we’re all used to thinking about the adoption curve of a new product or a new service, looking a lot like the grey bump in the middle of this slide.

So, you know, there’s a period of time when you’ve got really early innovators and then you’ve got adopters and there’s this little ramp up to the early majority. And, because of that, you have time to watch the market trends. You can time your interest and you’ve got a pretty long window where you can still enter and capture new market share, rather than having to take share away from other folks, as the curve starts into the decline and, you know, gets to those laggards.

But there’s a whole different adoption curve and it’s the one in purple that we’re starting to think a lot about, which is this so-called shark-fin adoption curve, where it takes off very quickly and so that time to really track trends and see how adoption’s taking off is far shorter. And if you want to get in and get share and establish yourself as having sorts of services, you can’t wait.

And I think all the characteristics we’ve already talked about in what consumers have to say is that virtual health could be one of these things that, as experiments have happened, there’s a lot of experimentation, we’re just going to see this click and take off at a given moment in time. And if you wait too long, you may not be in a place where you can really enter it and have a meaningful place in offering these sorts of services. Heather, what’s your thought about all of that?

Heather: Well, first of all, I love the name shark-fin curve. I think that’s cool. But I love the work that you guys did around this and I would encourage folks to read on it, if you haven’t seen it before because it’s a really interesting position about adoption and I think Frances explained it beautifully.

And I would also call out, you know, at least in marketing, we talk a lot about innovation and the concept of small bets and sailing fast. And that’s incorporated here too, where you see the little bumps in the beginning and that’s where we are now, right. But once something comes together, when the right combination of technologies are paired with the right business model, you see that immediate take-off and there’s all sorts of proof points and case studies around this now. So, we need to be in there so that we can ride up that shark-fin curve.

And then I think there’s also this decline on the other side, but we should be afraid of that. What we should be doing is layering the shark fins, right, so getting ready with our small bets and our fast sails to create that next curve so they’re ready to jump over to it.

Frances: Yeah, and I’d add I think the other place, or another way that health plans can really ignite this is around one of the other barriers that’s been around a good long while for
telemedicine in particular, and virtual healthcare at large, which is reimbursement. And especially when it’s the telemedicine clinical encounter between a clinician and a patient beneficiary, there’s been less movement towards reimbursing for those encounters, even though the exact same medical care provided in person, in the exam room would, in fact, be paid for.

And while the move to fee for value reimbursement opens up all the possibilities around virtual health because, of course, we’re trying to keep people at home and keep them healthy and reduce utilization, we also need support in the traditional fee for service world for equitable reimbursement. When it’s the exact same kind of medical care, the channel shouldn’t matter. It’s the care that should be reimbursed, not the channel that’s being used to deliver that care. So, that’s one of my callouts for provider or payer leaders, especially in today’s conversation.

So, let’s go on and, in some ways, we’ve come full circle. You know, we’re bringing it back to the observation that was made at the very beginning of the discussion today, which is consumers are, in fact, deciding what they want, when they want it and how they want it. And I want to be really clear, of course, across the conversation about virtual. This is not about all virtual all the time. And we never suggest that.

What it really is and consumers were consistent in saying this, they want the best of both in-person and virtual, but they want it to be on their terms and they want to have the choice of when they choose virtual or in-person and for what service and for whatever reason at any given moment in time. And the findings on this slide are just, honestly for me, others have said, no, they kind of expected this, but for me in particular, we asked consumers, “What role do you play in your healthcare? Are you primarily in charge, are others primarily in charge or is it more an equal collaboration?

And I’ll just be honest, I would have put myself in the collaboration spot because I have a primary care doc I like a lot and I see her as an equal partner in my healthcare. But the consumers who responded here were very clear. Eighty-five percent said, “I am in charge of my healthcare.” And we asked a follow-up question, which was, “Okay, let’s say you’re ill or injured, who’s in charge then?” And you see here, still just over half, 51% said, “I’m still in charge.”

Now, there’s a closer spread. Then they switch to, “I collaborate equally with others on my healthcare team.” And we had a separate question. It’s the one that’s highlighted in the bar at the bottom without the specific numbers, but who do they turn to, in fact, is really interesting. So, half of the time, 50% said the person they turn to is another family member.

When they turned to physicians, that came out at 35% of the respondents saying, “Yip, I turned to a physician and that physician’s a specialist,” 34% said a PCP, a primary care physician of some sort of primary care provider. So, a pretty distinct difference in the numbers in terms of first or more commonly, not first, more commonly, it’s going to be a family member who becomes that primary influencer in healthcare choices and decision making and preferences and then followed by a physician practitioner.

Heather: Yeah, and I know we’re running short on time, so I won’t pontificate on this. I just think this really illustrates that the rise of the consumer is relevant for us in this industry too and that 51% is what really blew me away here because you would think folks would
fall back to a much more conservative position, but no, more than have are still saying they're primarily in charge though I think this is really important.

Frances: Agree. And so, we're coming in on the close. We'll end with one final polling question. Of course, we hope we've inspired all of you around the opportunities here to engage with motivated consumers in particular around virtual health, what we're calling 21st Century healthcare.

And we're hoping you'll go back and inspire your organizations, but we're going to ask you, as a final thought to the conversation today, how likely is it do you think your organization will expand its virtual health offerings within the next three years or so? And that can be either providing these offerings directly or being in support of these sorts of services for things like reimbursement policies.

And we see the responses coming in. We'll give it just another second or two. The poll's about closed. Okay. A couple of late votes there. I think we probably have just about everybody.

Heather: This is great.

Frances: Yeah. I'm waiting for the percentages. They haven't popped up for us, but [crosstalk 55:08].

Heather: I think all boats rise with the tide, right, so I think it's good if the majority of us are in on this.

Frances: I agree. So, very likely came out with 60% of the votes, likely at 24%, somewhat likely at 13% and not likely at 1%. Hurray. So, that was far below the others with a clear response towards the very likely part of things.

And, with that, we do have a few minutes. We'd be happy to take more questions in the chat window, please, as you'd like. If there's anything we haven't touched on or something you'd like to know a bit more about, we have a few minutes left for questions.

Moderator: Thank you. At this time, we're going to take questions. As a reminder, if you have a question, please type it in the chat box and click submit.

Frances: Heather [Lee 56:04], there is a question in the chat window about slides being available. Is the PDF posted by AHIP somewhere?

Moderator: I am not seeing one. All I see is the…

Frances: It's probably a question for Brandon. Brandon, I don't know if you can answer in the chat window. Certainly, the PDF could be made available. So, we may take that as an action, Tracey. I don't know exactly what AHIP's typical practice is, but thank you for the question. We'll see what we can find out about that.

Anything else, as we close out on the scheduled time?

And I will add, while we're waiting for any final questions, please also join Accenture at AHIP's Institute and Expo. Many of you may have heard of that. It's scheduled for June
7th through the 9th. And in particular, there will be focused conversations of that [inaudible 57:09] around cyber security and the latest health text trends.

Looks like maybe we’ve covered all the questions.

**Moderator:** I see a question. What are the main channels for virtual health being developed online, Facetime, email, text, call, etc.?

**Frances:** Good question. So, it is a mix. We’re seeing more and more live video, as video platforms have become less expensive and as video has been integrated into several of the more commonly-used electronic health record platforms, if it’s clinician workflows and so, we’re seeing many more interactions move to that live video channel, which is great.

And, as well, that asynchronous e-visit or secure messaging channel as well as just outbound secure messages for reminders to do everything, from get your flu shot to get your annual physical, to take your medications because medication compliance is something that we all care about in terms of more effective, less costly care.

But we’re also seeing at the bleeding edge of innovation, things like artificial intelligence combined with interactive voice response and what I call virtual humans, other folks call artificial intelligent agents or bots, we’re actually seeing those virtual humans have a role in healthcare as care managers or care coaches and even providing mental health support services for folks who have stress, anxiety, depression and even some very interesting innovation with virtual human coaches for people with posttraumatic stress disorder. So, there is a tremendous amount of innovation happening and a range of technologies that are making those health and care service possibilities possible.

**Moderator:** And here’s another question. Is there practice of a virtual waiting room similar to the waiting room at a doctor’s today? When more consumers take up virtual medicine in the future, will it cause significant delays consumers experience at the current healthcare provider offices today?

**Frances:** Yeah, so I think I understand the heart of the question and, of course, if the virtual encounter you hope to avoid waiting at all. It’s a scheduled thing and you just launch whatever technology, whether it’s video or another platform and have the encounter without that dreadful waiting time.

And part of the question, as I heard it, was also is it going to cause even more waiting in the physician’s exam room or waiting room before you get into the exam room and the hope is not. But the key to that is that you do have to deal with the just practical realities of virtual encounters often need to be scheduled, the live ones in the physician’s schedule, just like an in-person one does, right. And so, they’re not ad hoc. They’re just a part of the physician’s workflow and how they manage their days.

The asynchronous ones, part of the beauty of that is that the physician can take a look at the asynchronous messages that have come in when they have a few minutes or at the end of the day and go through those quickly when they can focus. So, there’s no reason that virtual, by definition, should increase wait times.
And when it’s integrated into the traditional workflows and scheduling and patient flow of a practice, it should all actually make things better, not worse.

Heather: We had a question in the chat window too from Ryan, asking if we get sense that the survey responses would change if the virtual engagement is branded from a payer. You know, it’s impossible to know how they would change. I think, you know, we can all acknowledge that there are trust issues in terms of payers as a brand. So, it is possible.

But that’s why I found it’s so promising when I saw that the early adopters, a third of the early adopters were saying that they tried virtual health because their plan encouraged them to do so. So, it’s hard to know, Ryan, but I think the survey tells us that, regardless, there’s opportunities for us to make a difference in this space.

Moderator: Great question.

Frances: And Heather Lee, yeah, I think maybe we’re close to a wrap. What do you think?

Moderator: Yes, we are. I was just saying, if there are no further questions, we’ll end the question and answer session and allow the speakers’ closing remarks.

Frances: I’m just going to say thank you for participating with us today and thank you for an active discussion. We hope you are inspired to go do more in support of virtual health and engaging consumers in the way that they want to be engaged and I hope we can continue the conversation in different forms. Heather, how about you?

Heather: Yeah, no, thank you all for your engagement and your questions. It really made it fun and thank you, Frances, for sharing this research with all of us.

Moderator: And thank you both for the wonderful presentation and for hearing your thoughts today. Also, thank you to the audience for participating in today’s conference. That concludes this webinar. Thank you again and enjoy the rest of your day.