athenahealth
Guide to Virtual Care
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In the face of the COVID-19 pandemic, healthcare organizations turned to telehealth in record numbers to deliver needed care. The growth in telehealth adoption isn’t likely to be a temporary pandemic change, however. Spurred on by shifting attitudes toward virtual care and new telehealth reimbursement rules, many organizations view virtual care as an essential way to meaningfully engage patients.

Virtual care offers providers and patients new ways to think about healthcare, including:

- More convenience and flexibility
- Expanded access to care for different patient populations
- Opportunities to build deeper relationships between patient and provider
- Shorter, more frequent check-ins for preventive care and chronic care management

10% of healthcare organizations and 3% of providers on the athenahealth network had tried telehealth before the pandemic

VS.

62% of organizations and 42% of providers post-pandemic¹
Why now?

Virtual visits are up nationwide, and it’s clear that telehealth isn't going away any time soon. Increased adoption of telehealth is driven by a number of factors, including:

1. **The COVID-19 pandemic caused an abrupt but lasting shift in the ways we offer and receive care.**

   When the pandemic and virus-related lockdowns meant that it was suddenly no longer possible to see all patients in-person, healthcare organizations turned to telehealth to allow them to keep providing care safely. Providers and patients alike have been pleasantly surprised by the quality and range of care possible and will continue to use telehealth when appropriate. Virtual care is no longer seen as a stop-gap measure.

2. **Changing reimbursement models for telehealth have made it financially viable.**

   Before the pandemic, only 10 states required telehealth payment parity. But in March 2020, the Centers for Medicare & Medicaid Services announced that as long as COVID-19 remained a public health emergency, they would pay organizations the same rate for virtual visits, including phone-only visits, as they do for in-person patient care.

   Many other payers followed suit, and telehealth has become a financial lifeline to organizations struggling with decreased visit volumes and lost revenue. With CMS making some telehealth reimbursement rule changes permanent, virtual care is here to stay.

3. **Healthcare organizations, not patients, are leading the change.**

   Our research shows that organizations’ decisions drive adoption of telehealth among patients. When organizations encourage virtual visits, patients across demographic groups will adopt them. What matters most is that organizations provide patients the resources and support they need to access virtual care without friction.

Beginning in 2020, athenahealth has been conducting research into the use and impact of telehealth. The research includes analysis of de-identified data from across athenahealth's network of customers as well as conversations with providers. The insights in this guide are based on that research and shed light on how you can take advantage of virtual care delivery going forward.
Make use of flexible, convenient scheduling options

Insight
Virtual care offers a different kind of care — focused, efficient, and convenient. Now that patients have had a chance to experience virtual care and see the quality firsthand, they are increasingly enthusiastic.

Put simply, telehealth is convenient for both patients and providers. Everyone saves valuable time, avoiding unnecessary commutes to and from the clinic, and patients can seek healthcare without disrupting their lives by seeing providers after work or on the weekends.

Our research shows that patients particularly want to use telehealth for last-minute questions and appointments. Virtual visits are more likely to be scheduled for the same day compared to in-person visits.

Virtual after-hours visits are popular, too, as patients can squeeze them in around after-school events and family dinners.

As healthcare moves toward value-based care models, both patient experience and health outcomes will be key drivers of revenue. Patient satisfaction is essential for future success, and more than anything, patients want the convenience that telehealth offers.

Tactic
Offer a range of flexible, convenient options for telehealth visits. Reserve some telehealth time slots for same-day appointments and last-minute questions. Instead of adding new evening or weekend appointments to your schedule, convert existing after-hours appointment slots from in-person to virtual visits. Proactively offer these telehealth appointments to patients when they schedule.

Virtual visits are more likely to be scheduled same-day or after-hours

<table>
<thead>
<tr>
<th></th>
<th>In-person</th>
<th>Virtual</th>
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<tbody>
<tr>
<td>Percent of visits scheduled same-day</td>
<td>26%</td>
<td>41%</td>
</tr>
<tr>
<td>Percent of visits scheduled after hours</td>
<td>2%</td>
<td>4%</td>
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</table>

Provider perspectives
“The key to telehealth is convenience for the families. When parents know that they’ve got an option where their child can be cared for, that a good conversation can be had, and they’ve been heard and their concerns have been addressed — it’s been amazing.”
– Jeff Drasnin, M.D. and president of ESD Pediatric Group

“Convenience is everything for a working person, when there are two people working and a family and all that. If you commute an hour, the last thing you want to do is leave work, drive 45 minutes to the doctor, and then realize you also have to go to the grocery store. There is a demand after-hours for self-scheduling if you want to make yourself available. And after all, if you’re going to take care of people as a primary care doctor, you are taking care of them after-hours.”
– Scott Maurer, M.D. and practice owner

“The funny thing is, we started getting more and more patients in clinic and there is a fair amount of pushback now. ‘Why should I drive and go into the clinic when I could just sit on my couch and be watching TV?’ So patients are actually, for the most part, a little resistant to going back to the clinic just because of the ease of telemed.”
– Christian Zarnke, practice manager, Family Medical Home
Expand access to care with customized support

Insight
Telehealth could narrow or widen disparities in healthcare access — it depends on which organizations adopt it and how they support it. Across race and ethnicity, geography, and age, our research shows that telehealth adoption among patients is driven by organizations’ rate of adoption and support.

Throughout the pandemic, Black and Hispanic/Latino patients were less likely than white patients to visit a primary care provider, but telehealth helped close this gap. Organizations that disproportionately serve Black and Hispanic/Latino patients adopted telehealth at higher rates, so those patients were more likely to have virtual visits across athenahealth’s customer base.

Similarly, despite telehealth’s seemingly high potential to serve more rural patients, rural patients were far less likely to use virtual care during the pandemic. Again, this was because their healthcare organizations adopted it at lower rates among athenahealth customers.

Perhaps unsurprisingly, patients over the age of 60 are less likely to use telehealth than their younger counterparts. Only 8.8 percent of appointments were virtual for patients older than 60, compared to 12.2 percent of appointments for patients ages 31-60. But older patients do use telehealth when organizations encourage it, and they often become enthusiastic adopters when they get the support they need.

Practices with higher proportions of Black or Hispanic/Latino patients are more likely to schedule visits virtually

Percent of appointments held virtually

<table>
<thead>
<tr>
<th>Percent of practice patient population that is Black or Hispanic/Latino¹⁰</th>
<th>Percent of appointments held virtually</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-25%</td>
<td>9%</td>
</tr>
<tr>
<td>25-50%</td>
<td>10%</td>
</tr>
<tr>
<td>50-75%</td>
<td>13%</td>
</tr>
<tr>
<td>75-100%</td>
<td>26%</td>
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</table>
**Tactic**

Encourage telehealth usage among all patient populations. The specifics of the approach may vary depending on the makeup of your patient population and what barriers they face to accessing care. Aim to address those barriers and reduce any other sources of friction for patients by offering a user-friendly experience.

Provide additional education and technical support for older patients. Train staff and make them available to provide both proactive and reactive assistance. Call patients ahead of their appointment to walk them through how to get on the platform and make sure video and audio are working.

Don’t be afraid to get creative. If your patients face technical barriers like lack of internet access, laptop, or phone, try setting up an on-site telehealth kiosk to enable all patients to have access to safe virtual visits.

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**Despite telehealth’s potential for rural patients, they were far less likely to access it during the pandemic. This was because their practice adopted it at lower rates**

Percent of patients with 1 or more visits

<table>
<thead>
<tr>
<th></th>
<th>Rural (%)</th>
<th>Urban (%)</th>
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<tbody>
<tr>
<td><strong>Telehealth or in-person</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Telehealth</strong></td>
<td>11%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>In-person</strong></td>
<td>50%</td>
<td>44%</td>
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**How the right partner can help: athenaTelehealth**

athenaTelehealth embeds telehealth workflows within athenahealth’s integrated EHR, revenue cycle management, and patient engagement solution. The HIPAA-compliant solution enables providers to meaningfully engage patients, and it’s easy for patients to use, lowering one potential barrier to access. Here are some ways athenaTelehealth creates a simple, flexible experience for patients:

- **No additional software or integration is required.** A web-based patient platform means there are no new downloads and no additional platforms for patients and providers to learn.

- **Connect to virtual visits from any computer or mobile device** with a modern web browser and integrated camera.

- **Receive visit reminders and communicate** through the same communication channels patients are already familiar with — either email or text messaging, based on a patient’s established preference.

- **Staff can see when patients have joined the virtual waiting room and quickly initiate intake, minimizing wait time for patient and provider.**

- **Support for up to four-way group video calls** allows care team members or caregivers to participate easily.

- **The patient web application is available in both English and Spanish,** including all application language, FAQs, and troubleshooting support.
Embrace telehealth for value-based care initiatives

Insight

Virtual care can be invaluable to capitated payments and Alternative Payment Models and should be an essential tool in value-based care. Our research found that across five major specialties including primary care, pediatrics, mental health, cardiology, and OB/GYN, virtual visits are more likely to be scheduled for shorter durations compared to in-person appointments.¹²

When visits are shorter, providers can see more patients in a day and check in with patients more often. This creates an opportunity for more frequent touchpoints with patients, allowing providers to build and maintain the deeper relationships with patients that are necessary for success with value-based care.

Quick telehealth visits also make it easier for patients to ask questions they might otherwise have put off or avoided. Heading off minor issues before they become major issues improves patient outcomes and lowers costs, diverting patients from more costly care settings like the emergency department.

Telehealth can also improve quality of care and patient outcomes, especially for patients with chronic conditions. Remote patient monitoring, for example, enables closer chronic care management and can help keep patients healthier.

Tactic

Use virtual care for between-visit check-ins with high-risk patients and to manage preventive care for existing patients. Schedule shorter visits and more frequent touchpoints to form the deeper connections with patients that drive better patient outcomes and ultimately result in value-based care reimbursements.

Implement remote patient monitoring to keep an eye on patients with chronic conditions. Set up the tools and training patients will need to easily and accurately collect data about their health.

Virtual visits are more likely to be shorter than in-person visits, so patients can be seen more frequently

<table>
<thead>
<tr>
<th>In-person</th>
<th>Virtual</th>
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<tbody>
<tr>
<td>61%</td>
<td>72%</td>
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Percent of visits under 20 minutes¹³

Customer success story: How telehealth supports value-based care

Dr. Scott Maurer, who owns his own primary care practice in Maryland, selected athenaTelehealth to conduct virtual visits during the COVID-19 pandemic. The embedded solution makes for a better experience for patients and provider, according to Maurer.

Telehealth offers Maurer the opportunity to check in with patients more often, laying the groundwork for a stronger patient-provider connection. “Telehealth allows me to care better for people because I can easily do a follow-up in a short interval. I can have more encounters with somebody who has difficult-to-solve problems,” Maurer explained. “I can have deeper encounters because of what the world of value-based payment is doing. I’m able to do that with not as much effort as would ordinarily be required if my setting was purely in the office. It’s easier for the patient, easier for the doctor.”

Maurer is also able to check in with patients with chronic conditions more frequently and provide better care through remote patient monitoring. “Part of telehealth is remote monitoring. I’m doing a bunch of remote monitoring for blood pressure. I used to think, sure, I do as good a job as anybody, right? And so, really, what turns out is when you see somebody every six months, you really can’t do a good a job.”

Virtual care has been so effective that Maurer hopes to devote 50 percent of his practice’s time to telehealth going forward, even in a post-pandemic world.
Use telehealth for specific types of visits

Insight
Telehealth is ideally suited for certain types of visits, like mental health, quick questions, and patient triage. Specialties like mental health and primary care have led the way with virtual care, conducting a higher percentage of their visits virtually than any other specialty, according to our research. That might not come as a surprise, as most visits in these specialties revolve around patient-provider communication instead of the kinds of procedures that would necessitate clinic visits.

Mental health is an excellent use case for telehealth, as it rarely requires physical examination or lab tests. During the first few months of the pandemic, nearly half of mental health visits were held virtually. Providers in other specialties can use quick telehealth visits for medication checks and follow-ups, which is particularly useful for managing patients with chronic conditions.

New telehealth reimbursement rules, especially those that allow payment for phone-only visits, allow providers to get paid for the virtual care — like check-ins and quick questions — that they were already supporting without reimbursement.

Tactic
Offer virtual care for the visits it’s well-suited to: mental health appointments, medication checks, prescription refills, and follow-up appointments. Beyond simply transitioning recurring mental health visits to telehealth, use after-hours and weekend visits for emergency situations or urgent concerns.

Schedule virtual follow-ups to review test results and lab work. Use virtual visits to follow up after you start a patient on a new medication or to check in when a patient needs a refill on a maintenance drug, instead of crowding the office with unnecessary in-person visits.

Virtual visit adoption by provider specialty

Provider perspectives
“I think as we go forward, a majority of our sick visits, follow-up visits, checking in, post-referrals — a large majority of our visits can still be virtual.”
– Kemi Alli, M.D. and CEO, Henry J. Austin Health Center

“Telehealth is great for diabetes follow-up visits as well as for reviewing test results with patients. It is also great for managing depression and anxiety after medication adjustments, and I like using it to manage blood pressure medication adjustments when the patient has a reliable digital blood pressure cuff at home. It is often more convenient for the patient and may even lessen the no-show or cancellation rate.”
– Dana Zweig, M.D., Bourne Family Medicine PC

“We’ve grown, both revenue-wise and size-wise, over the course of the pandemic in that we have far too many providers at this point to actually see 100% of our patients in-clinic. But I would say it’s not so much a check box of, well, they need to get seen twice a year, whatever. It’s more that for this appointment type, it’s going to be handled over telehealth, and for this appointment type, it’s going to be handled in-person.”
– Christian Zarnke, practice manager, Family Medical Home
Whether you're hoping for more convenience and flexibility, trying to reach more of your patient population, or looking to build on value-based care initiatives, **virtual care will be an essential component of care delivery** going forward.

By putting the right strategies in place and finding the right telehealth partner, **virtual care empowers you to meaningfully engage your patients where they are and provide essential, high-quality care, all while improving your organization's financial performance.**

Ready to find out how the right telehealth partner can help you? Visit us at athenahealth.com/solutions/telehealth-services to learn more.
Endnotes


5. Based on 13.7 million appointments scheduled on the athenahealth network between November 1, 2020 and February 28, 2021; including primary care, pediatrics, mental health, OB/GYN, and cardiology.

6. Based on 10.9 million appointments scheduled on the athenahealth network between November 1, 2020 and January 31, 2021; including primary care, pediatrics, mental health, OB/GYN, and cardiology.

7. Based on 10.9 million appointments scheduled on the athenahealth network between November 1, 2020 and January 31, 2021; including primary care, pediatrics, mental health, OB/GYN, and cardiology.

8. Based on 16.4 million appointments scheduled on the athenahealth network between January 1, 2021 and March 31, 2021; including primary care, pediatrics, mental health, OB/GYN, and cardiology.

9. Based on ~14 million patients who visited a primary care provider in 2019 on the athenahealth network; metric = % of those patients who visited a PCP between mid-March and December 2020.

10. Based on 18.4 million appointments from 60,000 providers on the athenahealth network between November 1, 2020 and January 31, 2021.

11. Based on 14 million patients who visited a primary care provider in 2019 on the athenahealth network; metric = % of those patients who visited a PCP between mid-March and December 2020.

12. Based on 10.9 million appointments scheduled on the athenahealth network between November 1, 2020 and January 31, 2021; including primary care, pediatrics, mental health, OB/GYN, and cardiology.

13. Based on 10.9 million appointments scheduled on the athenahealth network between November 1, 2020 and January 31, 2021; including primary care, pediatrics, mental health, OB/GYN, and cardiology.


Learning and continuous improvement have always been at the heart of athenahealth’s mission. We believe that when information siloes are removed, providers, staff, healthcare leaders, and patients all benefit — and healthcare can work as it should. Our guides distill best practice research on a specific industry challenge — sourced from our nationwide network and beyond — into actionable insights that healthcare organizations of all sizes can apply.