CareATC®

THE POWER TO BE WELL.

8 Ways Virtual Visits Support Chronic Disease Management

Introduction

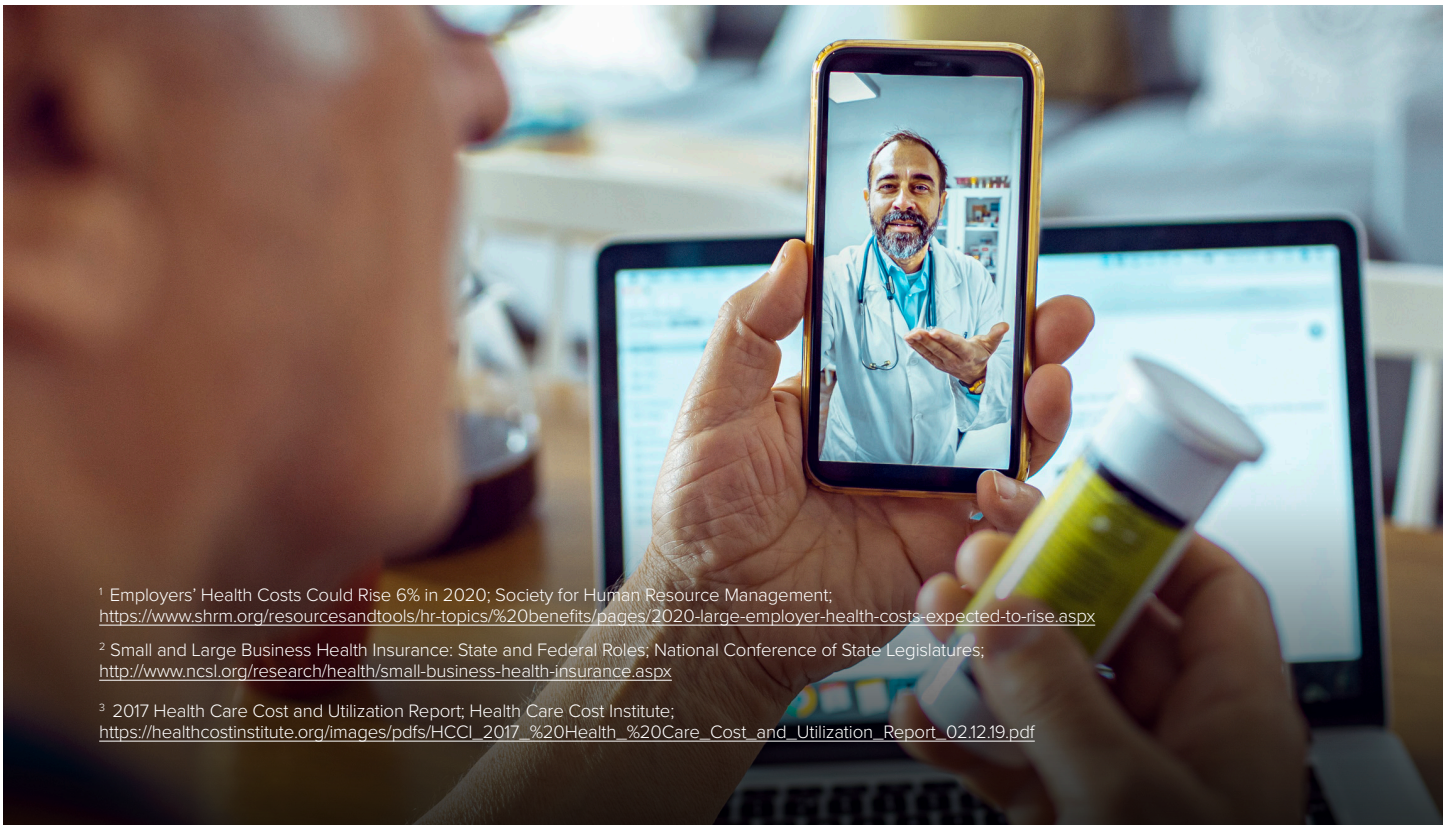
As health care costs are **expected to spike over the next year with more people requiring hospital stays**[1], the prevalence of chronic conditions and related lifestyle risk factors among workers comprises a growing concern for employers.

Every year, employers incur about **$36.4 billion in costs**[2] from absenteeism in the workplace attributed to preventable chronic diseases such as cancer, diabetes, Alzheimer's, stroke, heart disease, lung disease, or kidney disease. That's in addition to expenses arising from employee medical claims, presenteeism, and reduced employee productivity. Chronic diseases are so pervasive, an estimated **40% of adults**[3] live with at least two of these conditions.

So it's no wonder employers are increasingly turning to chronic disease management and prevention solutions to lower the costs of healthcare benefits for employees.

But as barriers to care disrupt the delivery of care, more employers are left wondering how chronic illnesses among employees might continue to be effectively addressed in the new normal. That's a problem Virtual Visits are designed to solve.

In this guide, we'll focus on the role that Virtual Visits play in the management and prevention of chronic illnesses, how they increase accessibility to care, improve patient outcomes, and ultimately drive down the employers' healthcare costs.



[1] Employers' Health Costs Could Rise 6% in 2020; Society for Human Resource Management; https://www.shrm.org/resourcesandtools/hr-topics/%20benefits/pages/2020-large-employer-health-costs-expected-to-rise.aspx

[2] Small and Large Business Health Insurance: State and Federal Roles; National Conference of State Legislatures; http://www.ncsl.org/research/health/small-business-health-insurance.aspx

[3] 2017 Health Care Cost and Utilization Report; Health Care Cost Institute; https://healthcostinstitute.org/images/pdfs/HCCI_2017_%20Health_%20Care_Cost_and_Utilization_Report_02.12.19.pdf

Virtual Visits vs Telemedicine

Chronic diseases are largely rooted in lifestyle factors[4] and may be compounded or exacerbated by patients' behaviors[5]. While telemedicine is beneficial in addressing acute care needs, it is not the most ideal tool to mitigate and manage chronic diseases. Virtual Visits, on the hand, creates systematic opportunities for intervention and improvement by primary care providers in the comfort and privacy of the patient's home.

Virtual Visits	VS	Telemedicine
Strategic outcome-driven goals		Session-driven goals
Appointments are pre-scheduled		Appointments on a need-only basis
Continuous series of interventions over the long term		Acute care within a single session
Coordinated care with a multi-disciplined team		Independent, non-collaborative care providers

In the digital age, it's important that employees with chronic conditions have full confidence that their healthcare benefits will deliver. With Virtual Visits, an employee can securely meet with a provider in the comfort and safety of their home.

Unlike traditional telemedicine services, Virtual Visits begin at a pre-scheduled time so patients know exactly when to connect and who they will be connecting with. This will be one of several care providers who collaborate as a team, coordinate their efforts, and are familiar with the patient's physical and mental health history. With access to virtual primary care, employees can have the care they need with the providers they trust.

Just like a standard worksite clinic in-office visit, providers have ample time during a Virtual Visit to meet with patients to address immediate concerns, disease prevention and long-term plan of care. If medication is prescribed, care providers may arrange for at-home delivery of prescribed medications. Should a patient need access to care after hours, 24/7 telemedicine services can be offered to address acute care needs.

[4] Halliburton, Heather; How Three Common Health Conditions Impact Your Workforce, And How HR Can Help; 2019, Forbes.com; https://www.forbes.com/sites/forbeshumanresourcescouncil/2019/01/25/how-three-common-health-conditions-impact-your-workforce-and-how-hr-can-help/#39e970113e74

[5] Buhl, Larry; To Treat Chronic Ailments, Fix Diet First; 2019, New York Times; https://www.nytimes.com/2019/10/22/opinion/chronic-illness-diet.html

The Foundations of Coordinated Virtual Care

Monitor Progress and Lifestyle Changes

Identify New Symptoms to Triage Early

Increase Accessibility to Care Poviders

Provide Access to Wider Range of Care

Educate Patients for Self-managed Care

Improve Patient Commitment and Engagement

Connect Underserved Patients

Support Patients with Pandemic Anxiety

Monitor Progress and Lifestyle Changes

To improve their condition, patients living with chronic illnesses typically require lifestyle changes that include adjusting dietary intake, quitting smoking, adhering to a consistent medication regime, and increasing physical activity levels. Patients unfamiliar or hesitant to follow through with these behavioral modifications will likely have difficulty adhering to the recommendations of their care provider. Without regular coaching and pre-emptive interventions, employees may report negative patient outcomes and incur higher associated costs of disability should their health deteriorate.

Virtual Visits offer care providers the opportunity to regularly monitor patients' condition remotely and consistently engage with them. Remote monitoring has proven highly effective at keeping patients on track when implementing positive lifestyle changes. Improvements in patient condition can help to lower healthcare claims for employers in the long term.

Identify New Symptoms to Triage Early

One of the critical factors contributing to successful chronic disease management is the ability to catch symptoms early. This allows the identified or targeted symptoms to be triaged to determine whether it is significant — an indication of the patient's deteriorating condition or attributable to the onset of another illness.

New symptoms or concerns will emerge throughout a patient's lifetime. When this occurs in a Virtual Visit setting, affected patients can quickly alert their care manager and request a consultation for appropriate preventive action. Care managers can also leverage their time with patients in follow-up Virtual Visits appointments for early detection of new or worsening symptoms. Patients who receive quality care on time can avoid incurring high hospital or emergency room admissions cost.

Increase Accessibility to Care Providers

It's not uncommon to see patients having limited access to their care provider. Some may have mobility issues that prevent them from seeking regular care visits. Others may have to rely on public transportation, which may not be safe, with the threat of infectious disease and outbreaks. But more often, the provider they need is located far away.

With Virtual Visits, patients can correspond with care providers or specialists wherever they are. This increases the patient's access to specialized care, while reducing the cost of travel time and expenses for both patient and care provider. With regular care, patients typically see better outcomes and avoid worsening condition.

Provide Access to a Wider Range of Care

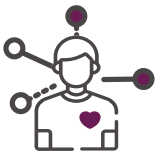
Many chronic conditions require more than one type of care provider on a regular basis. This is especially true for patients who have more than one chronic disease. They may need dieticians, wellness coaches, physiologists, or a mental health professional to keep them on track for a positive outcome.

Virtual Visits offer patients the ability to access multiple care providers without having to handle the cost and logistics of going from clinic to clinic. This helps keep patients more engaged and ensures the likelihood of a more positive health outcome and lower healthcare claims for employers.

Educate Patients on Self-managed Care

Virtual Visits do not consist of just one-on-one sessions with a care provider. One of the most important parts of successful chronic disease management is self-managed care. Patients need to be educated on a wide variety of subjects, such as: how to deal with problems associated with chronic disease, appropriate exercises and nutrition, use of medication, and how to effectively communicate with family and friends on care issues.

To accomplish this, Virtual Visit care providers will often integrate online information portals with a library of articles and videos into chronic disease management programs. The material can be tailored to individualized programs and combined with incentives to drive patient engagement for better outcomes and lower healthcare claims.



Improve Patient Commitment and Engagement

Chronic disease management is not a one-and-done treatment. It takes time and requires complete patient commitment. When patients are fully committed to their own care, they are more likely to maintain treatment plans, track their own health, and consult their care providers more regularly. These behaviors will ideally prevent conditions from deteriorating.

Virtual Visits are one of the best tools in a care provider's arsenal to handle long-term chronic disease management. It offers quality engagements over time and keeps patients involved and knowledgeable about their health status, which is vital when addressing chronic disease management.

Connect Underserved Patients

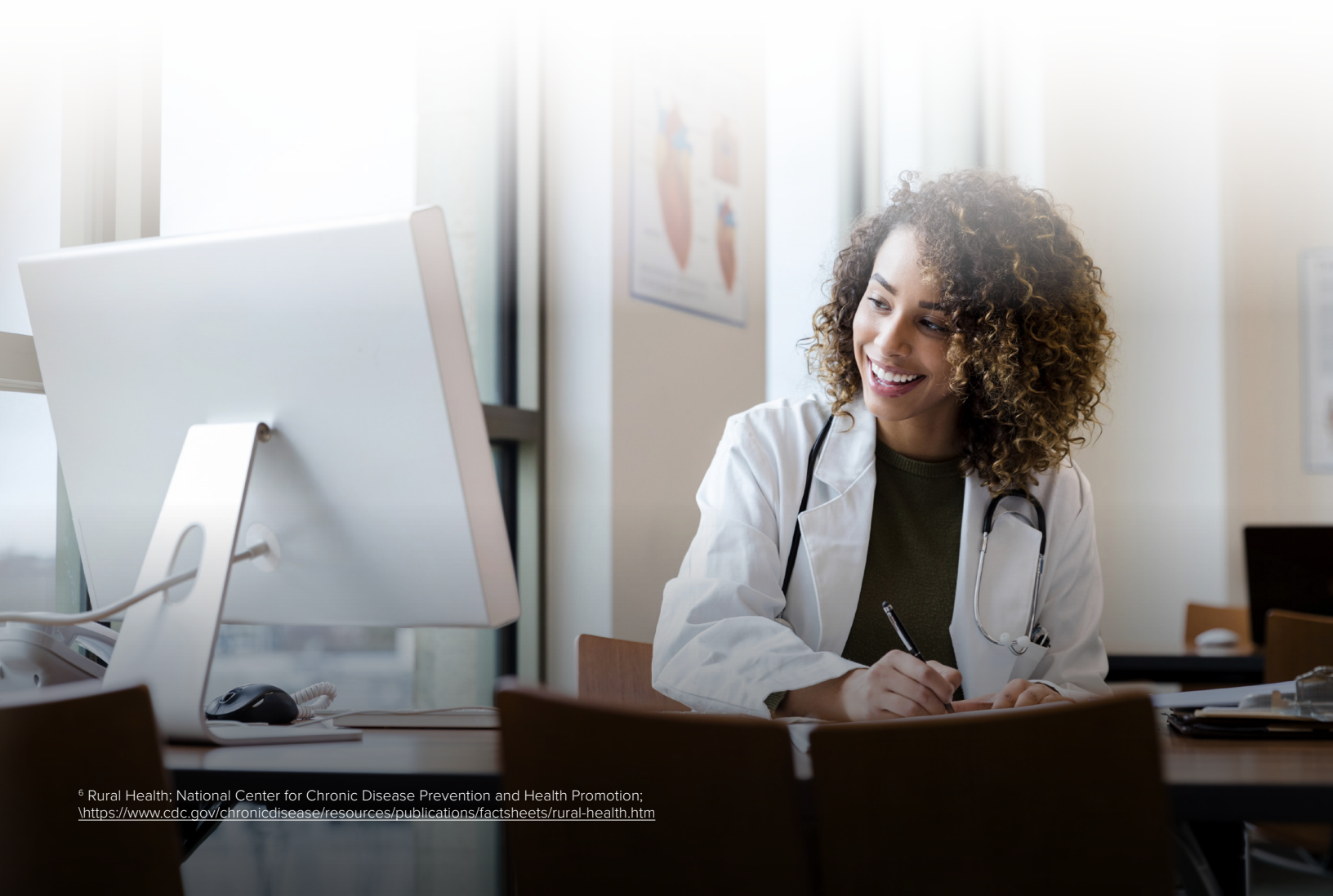
People who live in rural areas, are more likely than urban residents to die prematurely[6] from chronic diseases: heart disease, cancer, chronic lower respiratory disease, and stroke. Rural residents are also some of the most underserved patients in the country.

Virtual Visits are particularly helpful to connect care providers based in urban areas with rural patients or those who lack reliable transportation. While providing better care, this also allows employers with employees in rural regions to reduce costly health claims.

Support Patients with Anxiety

The rise of the viral infections has not diminished the need for chronic disease management. With the need for social distancing and the increasing number of people who have been affected by the disease, many people may have high levels of anxiety will hesitate to seek intervention and support.

Virtual Visits enables patients to seek treatment and care remotely with their regular care providers while staying safe and confident in the continued care.



[6] Rural Health; National Center for Chronic Disease Prevention and Health Promotion; \https://www.cdc.gov/chronicdisease/resources/publications/factsheets/rural-health.htm

How Employers Can Strategically Leverage Virtual Visits

Virtual Visits are just one tool in the care provider's preventive care toolbox.

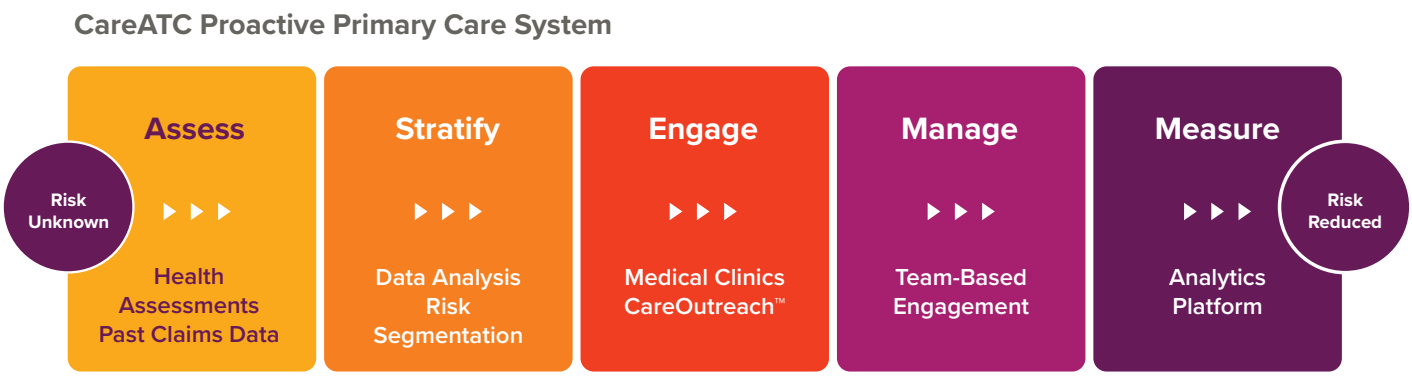
Chronic disease management tackles such a complex array of issues that Virtual Visits work more effectively as part of a holistic long-term program, such as **Population Health Management** approach[7] (PHM).

PHM is essentially a strategic system that aims to lower the health risks of individuals as a whole within a larger population. It generates patient risk scores from a wide array of data sources (including the patient's health, lifestyle, and medical history) and prescribes preventive treatment plans for each patient to reduce risks and improve health outcomes.The risk scores also help organizations determine ahead of time the services necessary to reduce the population health risks and lower costs. Employers, as a result, can expect a return on investment of **$3.30 for every $1 spent**[8] through a PHM system.

[7] Allweiss et al; Population Health Management: Improving Health Where We Live, Work, and Play; 2015, National Diabetes Education Progam; https://www.cdc.gov/diabetes/ndep/pdfs/population_health_management_-webinar_slides.pdf

[8] Miller, Stephen; Managing High-Cost Claimants Is Employers' Top Health Savings Strategy; 2018, SHRM; https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/managing-high-cost-claimants.aspx

CareATC Proactive Primary Care System



One **PHM** solution that has successfully helped thousands of chronic disease sufferers each year is the **Proactive Primary Care System** by CareATC. It is a data-driven solution that uses this five step process:

- **Assess** — Assess and identify at-risk individuals
- **Stratify** — Stratify and segment them by risk levels using predictive analytics
- **Engage** — Engage patients with outreach, incentives, and personalized care plans
- **Manage** — Manage their care through a multi-disciplinary team-based approach
- **Measure** — Measure the program's performance and leverage data-driven insights into the population's risk, cost, and expected health outcomes

The **Proactive Primary Care System** employs technology and digital tools such as patient apps, artificial intelligence, and Virtual Visits in combination with a multi-disciplined team of professionals. This system of coordinated care has one simple goal: to ensure every patient reduces their health risk over time, which in turn helps save employers money.

CareATC implements Proactive Primary Care through holistic wellness programs centered around worksite clinics. Each program is tailored to the client organization and keeps their employees engaged and motivated in their own healthcare, delivering sustainable long-term health benefits for employees and cost savings for employers.

> ***CareATC has helped our budget and, even more importantly, our employees to thrive, I would, and in fact do, recommend them to every business owner I see.***
>
> **Kenny Burkett,**
> President, American Waste Control, Inc.

About CareATC

CareATC Inc. is a leading innovator in the health technology sector, providing on-site and shared-site primary care clinics. By leveraging ground-breaking technology, CareATC offers customized population health management solutions for employers that reduce healthcare costs by promoting health, preventing disease, and providing a shorter path to care.

CareATC manages more than 150 clients in 35 states, serving more than 300,000 members. Headquartered in Tulsa, OK, CareATC is the first provider of on-site clinics to achieve 100% network accreditation from Accreditation Association of Ambulatory Health Care, Inc.; earn the Evidence- Based Design Accreditation from the EDAC™ Advisory Council; and be Net Promoter® Certified.

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4500 S 129TH E AVE, STE 191
TULSA, OK 74134
WWW.CAREATC.COM