



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

Thursday, December 1 at noon ET



Linette Demers (Moderator)
Director, IMPACT
Digital Medicine Society (DiMe)



Arvind Stokes
VP, Customer Success and Client Operations
Omada Health



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



Kate Brown
Partner, Lead Center for Innovation
Mercer



Megan Zweig
COO
RockHealth

Our purpose

DiMe is a 501c3 non-profit dedicated to advancing the **equitable, effective, ethical,** and **safe** use of digital products to optimize human health



IMPACT

*Virtual First Care
V1C Initiative*

Enabling expanded access to high quality, evidence-based virtual first care (V1C) for patients, healthcare providers, and payers to improve clinical and health economic outcomes, enhance access, and provide a better overall patient experience

IMPACT Members



The State of Virtual Care: Introducing our panelists



Arvind Stokes

VP, Customer Success
and Client Operations
Omada Health



Meg Barron

VP, Digital Health Strategy
**American Medical
Association (AMA)**



Kate Brown

Partner, Lead Center for
Innovation
Mercer



Megan Zweig

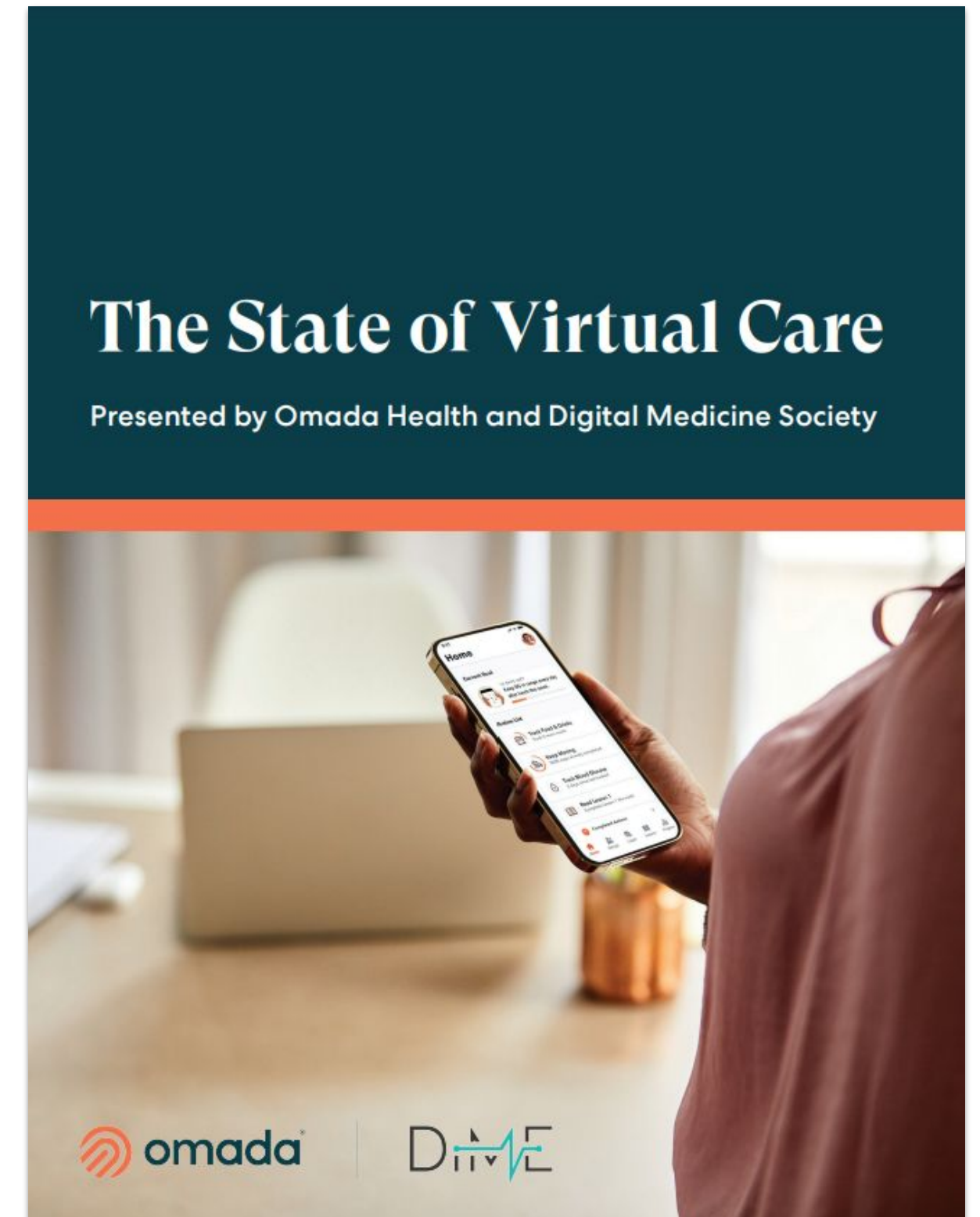
COO
RockHealth

Benchmarking a growing movement

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

Participants

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



Defining V1C

V1C

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

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

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

SOURCE: virtual first Medical PrActice CollaboraTion (IMPACT)
impact.dimesociety.org

IMPACT

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

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



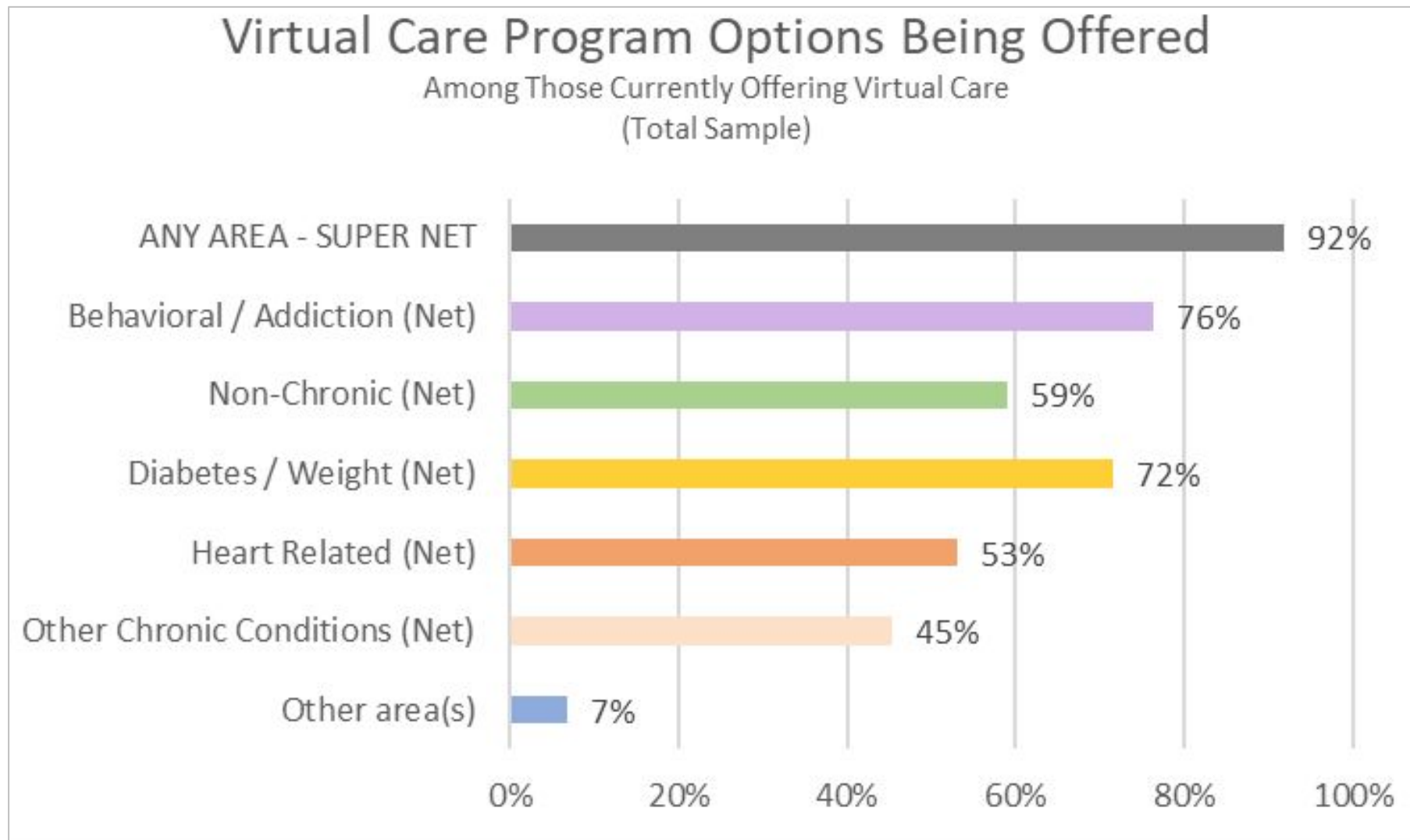
Take-away #1: A Blurred Understanding of Virtual Care

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

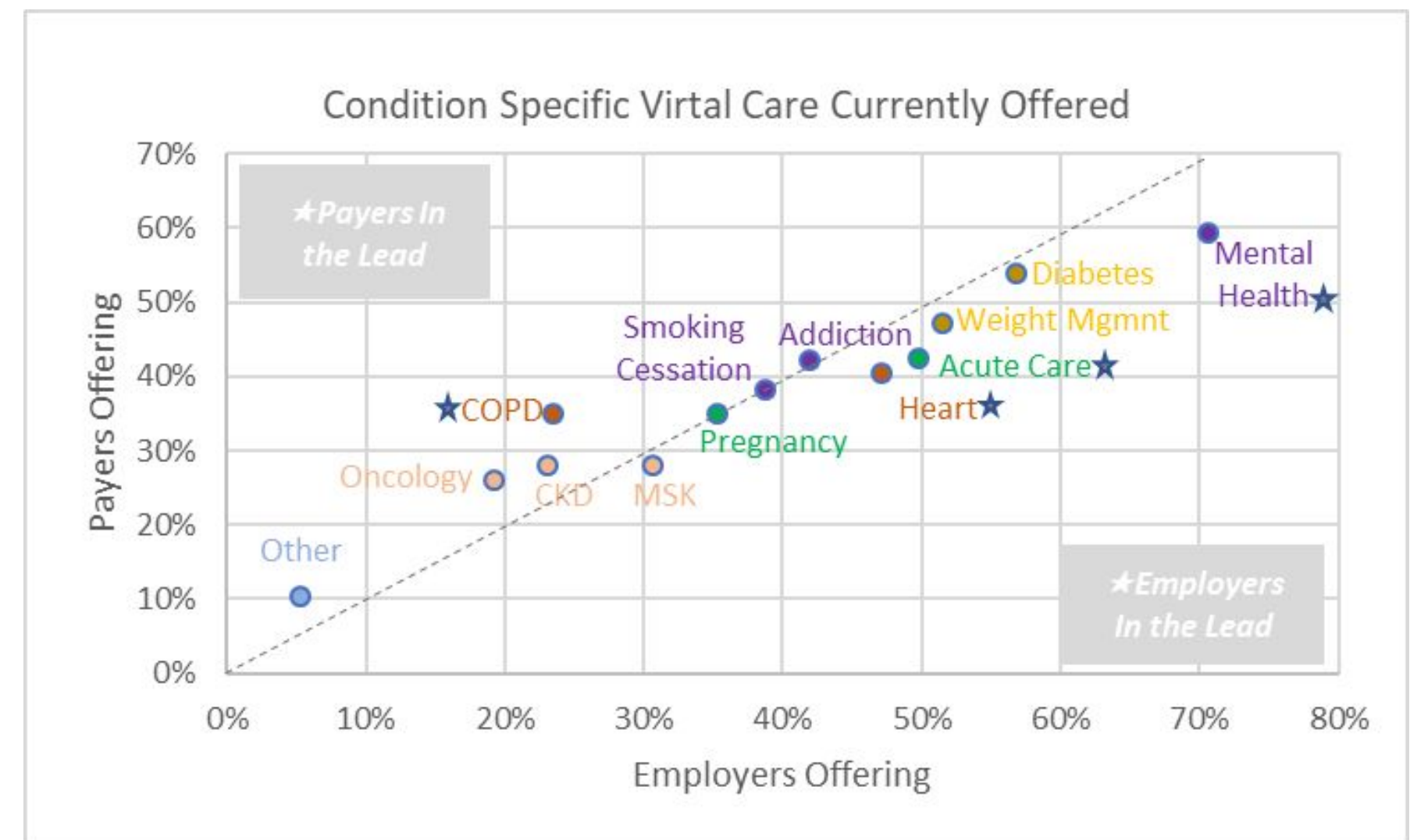
Experience & Impact	Employer	Health Plan
Experience with telemedicine	83%	76%
Experience with health coaching	68%	75%
Virtual Care is going to drastically change/revolutionize how healthcare is provided and outcomes are achieved	29%	40%
Virtual Care applications have barely scratched the surface, the sky is the limit in terms of what it may be in the future	36%	33%
It's a new tool that will be incorporated into how healthcare is currently provided	36%	36%

Take-away #2: Focus on Mental Health, Chronic Care

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



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



On average: 3 condition types, 5 specific conditions

Take-away #3: Expanded Views of ROI

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

Employers are less ROI / cost bound

Makes sense regardless of hard ROI (T2B)

Employers	Payers
33%	28%

Cost neutral is acceptable (T2B)

 Employers	Payers
43%	35%

Cost, ROI composite orientation

	Total	Employer	Health Plan
Value Drivers	41%	43%	35%
Variable	32%	30%	37%
Cost Savings Driver	27%	27%	28%

Take-away #4: Learn from the ‘Visionaries’

‘Visionary’ buyer priorities are aligned with V1C principles

Top characteristics of virtual care for ‘visionary’ buyers segment

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

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

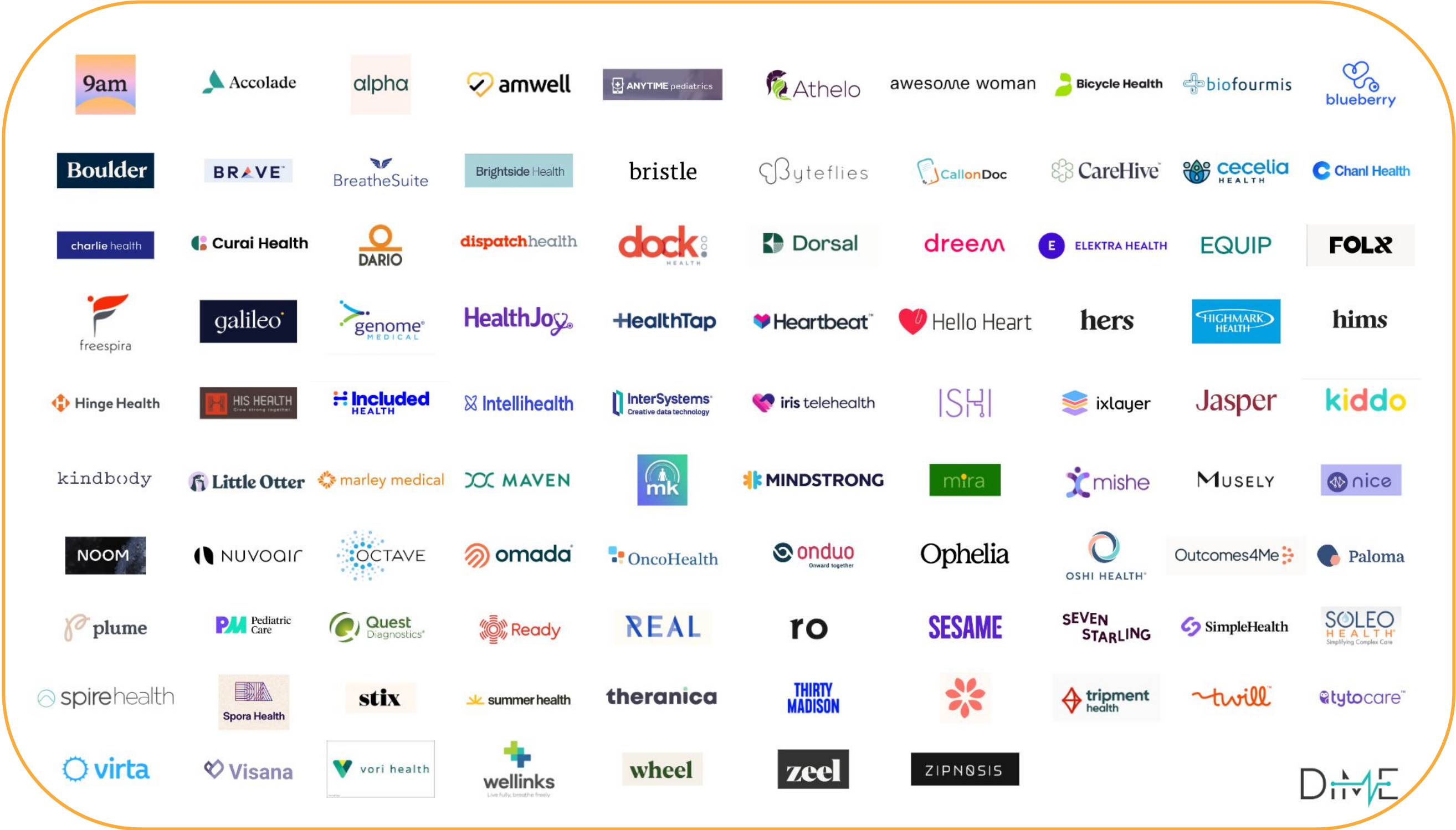
	Scores
Better integration of patient information and data across the healthcare providers involved in a patient’s care	+16 pts
Highly innovative future forward options for employee care and benefits	+15 pts
Ease of use of technology, engaging & enabling analysis and understanding for patient	+12 pts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

Next Steps

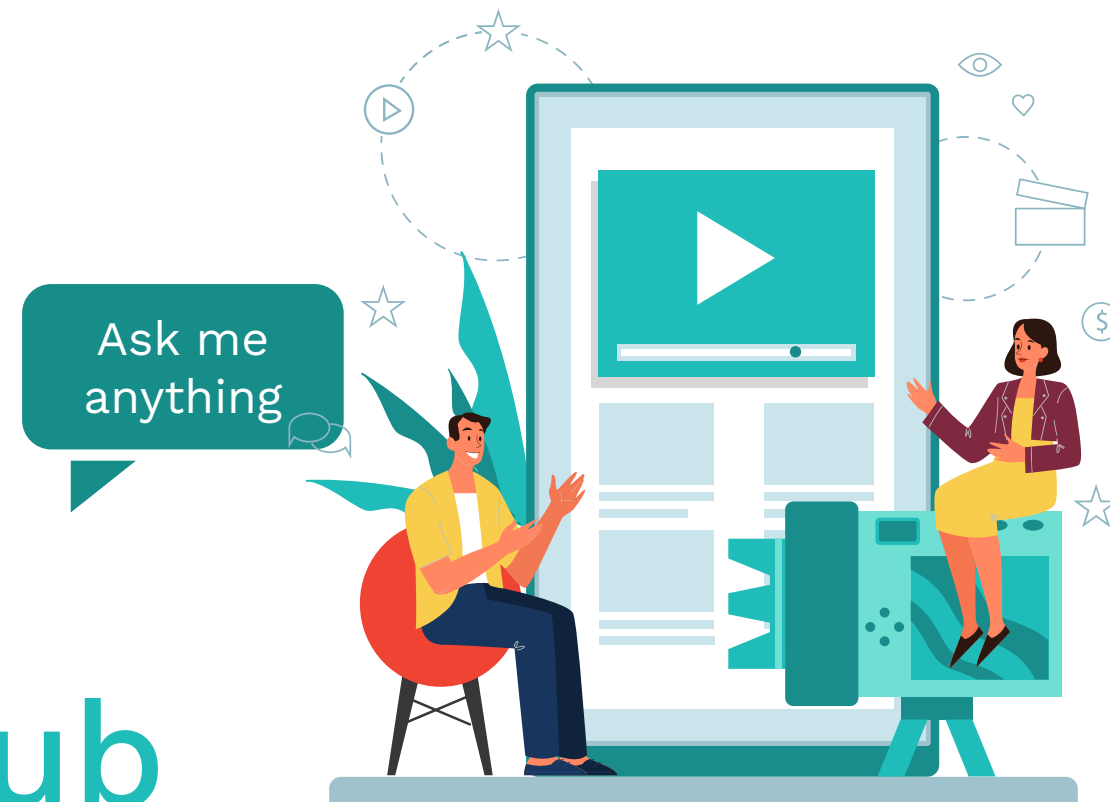
Watch for new IMPACT resources in 2023

- A 'buyers checklist' for vetting V1C partners
 - V1C-aligned coding and payment
 - V1C value and evidence playbook
-
- Stay in touch: Sign up for the IMPACT Newsletter

Put your organization on the VIC Ecosystem Map!



Virtual Journal club



Diana Rofail, PhD, MBA
Global Head and Senior
Director, PCOR
Regeneron



Pip Griffiths, PhD
Program Lead
Digital Medicine Society (DiMe)



Jen Goldsack (Moderator)
CEO
Digital Medicine Society (DiMe)

The Patient Matters in the End(point)

December 7th, 2022 | 11am ET



The State of Digital Medicine:

2023 Insights and Predictions

January 17, 2023 | 11 AM ET



Jennifer Goldsack
Chief Executive Officer
Digital Medicine Society
(DiMe)



Claire Meunier
Chief Operating Officer
Digital Medicine Society
(DiMe)



Thank you

Linette Demers, Program Director

Questions? Please email linette@dimesociety.org

IMPACT 
*Virtual First Medical
Practice Collaboration*



[@_DiMeSociety](https://twitter.com/_DiMeSociety)



[linkedin.com/company/dime-society](https://www.linkedin.com/company/dime-society)

impact.dimesociety.org