Health Plan Cost Comparison of Virtual Care and Traditional Care Settings

INTERMOUNTAIN CONNECT CARE AND SELECTHEALTH

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BACKGROUND

On-demand, direct-to-consumer telehealth (“virtual visit”) programs are rapidly emerging across the United States, providing quick and convenient access to patients for low acuity conditions. Virtual visits typically cost less than visits at other sites of care. Previous studies have demonstrated mixed impact of direct-to-consumer telehealth on total cost of care.1,2

The question we sought to answer during this research was: Do virtual visit programs impact the overall cost of care?

This study evaluated claims data for Utah-based insurer SelectHealth using similar methods as Gordon et al. The study compared the total cost of care within 21 days following an index visit at various health care venues including virtual visits (conducted by the Intermountain Connect Care telehealth service), urgent care (UC), emergency department (ED), and primary care provider (PCP). This study used cost and patient survey data to estimate total impact on cost of care.

METHODS

We identified index claims for virtual, ED, UC, and PCP visits with diagnoses that fit the scope of practice (Fig 1) for Intermountain Connect Care within a 12 month period from April 1, 2016 to March 30, 2017. We defined an index visit as a claim with no other claims in the preceding 22 days. We defined an episode as the index visit plus all claims in 21 days.

Episode costs included the initial visit with a provider plus subsequent medical care, lab, and prescription charges. Costs were identified as total cost (allowed amount), claims cost (paid amount), and patient cost (allowed less paid).

We excluded subjects with Deyo-Charlson Comorbidity Index (DCI) greater than 2 given the difficulty in associating total cost of care with the index visit.3 We also excluded subjects who were not SelectHealth members for at least 6 months prior to the index visit and 21 days following the study period.

REFERENCES


C O N C L U S I O N

Virtual visits reduced the cost of care by an estimated $517,425 during the study period. We conclude that high quality virtual visits can effectively reduce the cost of treatment for low acuity conditions including bronchitis, conjunctivitis, cough, dermatitis, influenza/pneumonia, sinusitis, URI, and UTI.

Further studies will evaluate quality indicators such as utilization of imaging, lab, and prescription medications and the rates of follow up visits.

FIGURE 1: CLAIM COST PER EPISODE BY DIAGNOSIS AND CARE VENUE

FIGURE 2: AVERAGE TOTAL COST PER EPISODE

TABLE 1: TOTAL ESTIMATED SAVINGS FROM VIRTUAL EPISODES

* 2% indicated they would have used an alternate virtual service.