

Health Trends

The Rise of Omnichannel Care

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Putting people first. Always.

Sree Chaguturu, MD, Executive Vice President and Chief Medical Officer for CVS Health, considers what’s most important in meeting patients where they want to receive care.

It’s hard to overestimate the leap forward that the rapid adoption of virtual care represents for health care. In a few short years, the widespread use of digital health care tools has changed the landscape, making care easier and more accessible for millions.

The health care industry is currently experiencing a shift toward “omnichannel” care. Patients and consumers expect to receive care in the digital or in-person channel they prefer. This issue of the Health Trends report looks at some of the opportunities and challenges of serving patient needs in this dynamic environment.

- Our lead article explores what health care leaders learned from the first wave of virtual care and lays out principles that might guide us in the months and years ahead.
- Another looks at how Medicaid members have embraced the flexibility of virtual care.
- A third article explores how behavioral and mental health fields are, in many ways, leading the way with some of the widest adoption of virtual care.

This issue provides an in-depth look at the many ways omnichannel delivery is changing health care. At CVS Health, we recently

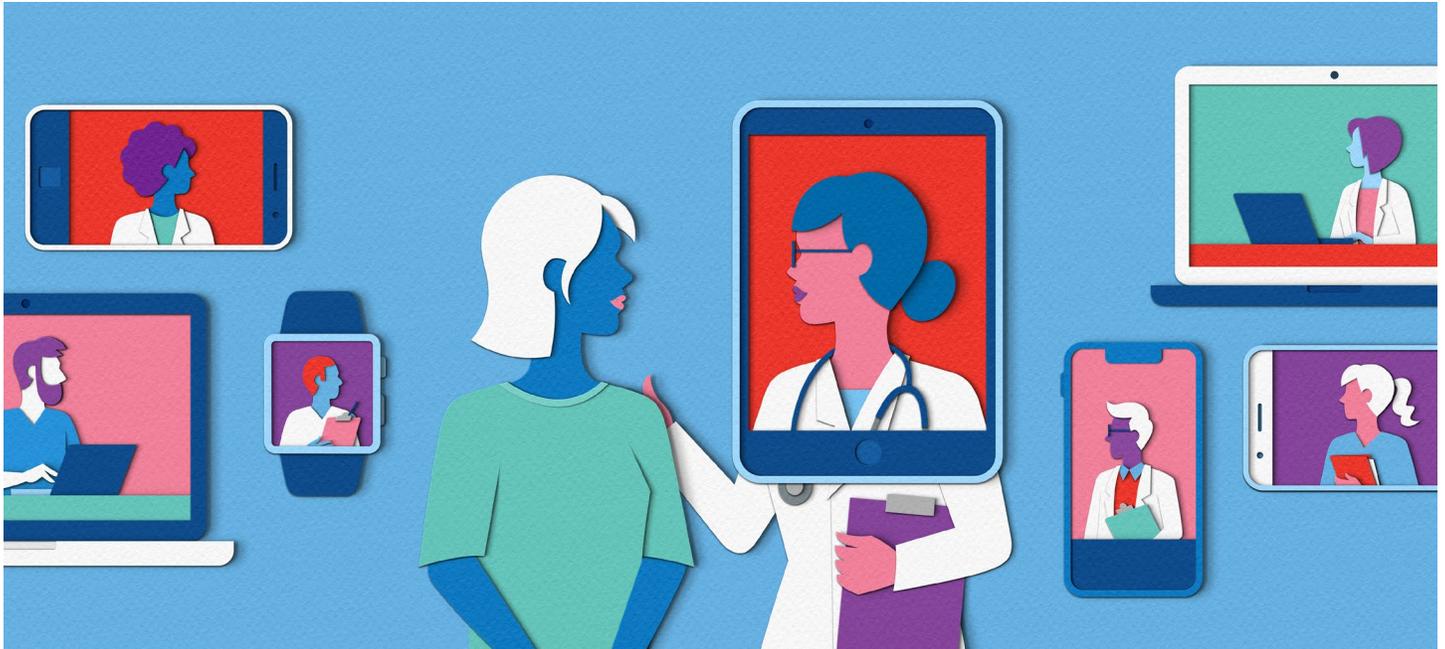
announced the formation of a new Care Delivery Organization that will help to deliver on the promise of the omnichannel moment.

We welcome you to our Health Trends report on omnichannel care.



“Patients and consumers expect to receive care in the digital or in-person channel they prefer.”

**Sree Chaguturu, MD,
Executive Vice President and
Chief Medical Officer for CVS Health**



Virtual care? Face-to-face? How health care navigates the “omnichannel” moment

Coming out of the pandemic, consumers are more varied in how they want their health care. Here’s how the industry can deliver.

First came the rise of telemedicine. Driven by safety concerns during the pandemic, about half of all patients had some form of virtual visit with their providers in 2020. Medicare, which had less than a million telehealth visits in 2019, saw 52.7 million virtual visits the next year, as federal regulations were relaxed.¹

Then the tide of telehealth ebbed. This year, only about 11 percent² of provider visits have been virtual, as in-person options returned. This lower number still represents a significant jump from the 1 percent of virtual visits in 2019 and signals a steadily rising normalization of digital health delivery. As a result, dual channels—in-person and virtual care—are becoming standard at every point in the patient journey.

Health care, then, is faced with twin challenges: integrate virtual care into the mainstream, and at the same time, serve audiences in more traditional ways they might want to receive care. “Consumers have more and more of a choice nowadays, and they are voting with their feet and their fingertips,” says Creagh Milford, DO, MPH,

a practicing physician and Senior Vice President of Retail Health at CVS Health®. “To serve them well means serving them in the way that best fits their lifestyle.”

Both channels—in-person care and virtual care—come with pros and cons. The average wait time for an in-person appointment with a provider, for instance, reached 26 days in 2022,³ an all-time high. Virtual care, while more convenient, can pose technical barriers for some and many patients (and providers) are still uncertain what to expect. In many ways, consumers are evenly split. About two-fifths of consumers said that in-person visits are still important to them, while a similar number find virtual visits more convenient, according to the 2022 Health Care Insights Study from CVS Health.

While both methods are critical for reaching patients, large sections of the health care industry aren’t yet equipped to handle both virtual and in-person care. A recent McKinsey survey found just 41 percent of physicians believed their practice had the technology to deliver virtual care seamlessly.⁴ A separate 2022 report found that

most providers struggle to find the right mix between office and virtual visits.⁵

Ideally, consumers soon won't have to choose one modality over the other. The goal is to marry digital and in-person services in a way other sectors have already done. "People have become accustomed to interacting digitally with other industries, such as banking, with the option of sometimes going into the store," Milford says. "Health care can move in the same, consumer-centered direction. And by doing so, I believe we can shift from the episodic care that exists today to something that is more proactive and creates deeper relationships."



"Consumers have more and more of a choice nowadays, and they are voting with their feet and their fingertips."

**Creagh Milford, DO, MPH,
Senior Vice President of Retail Health
at CVS Health**

The case of MinuteClinic®

MinuteClinic, retail health clinics in CVS Pharmacy stores, began piloting its virtual care services in 2015. A sharp increase in telehealth visits since the pandemic have brought critical lessons about how and where virtual care works for the consumer, according to David Fairchild, MD, MPH, Senior Vice President and Chief Medical Officer of MinuteClinic.

"We've confirmed that virtual care works — that there are a good number of things a clinician can diagnose and treat safely through a virtual visit," Fairchild says. Research supports the notion that respiratory disorders, skin conditions, mental health services and other common concerns can be managed virtually. But the experience needs fine-tuning. "At first, one provider was handling both in-person and virtual calls," says Fairchild. "That was challenging, in part because toggling between in-person and virtual visits during one clinical session was inefficient for providers."

Lessons from the first wave of virtual care helped evolve the experience on both sides of the screen, MinuteClinic invested in expanding services, which now includes virtual mental health services in some states. There were also infrastructure improvements to make it easier for patients to request on-demand virtual appointments and access their personal health information online.

To Fairchild's point, the clinics now also have designated providers who cover virtual visits exclusively. That way, in-clinic providers don't have to hop back and forth between in-person and virtual appointments. "Sometimes simple changes can make all the difference," says Fairchild. Consumer responses have been positive, and adoption continues to grow: "If we've learned nothing else from the pandemic and how people have reacted, it's that we've got to make our services convenient and meet people where they are."

Three directions for an "omnichannel" future

The term "omnichannel" begins to capture how an integrated future might work. In omnichannel health care models, consumers access care in the way that suits them, which may include in-person, virtually or at home.

According to Milford and Fairchild, omnichannel care will require a commitment to a handful of best practices.

Teamwork: As the toolbox of virtual care expands, so will the human team that supports it. Health care will soon be incorporating more remote patient monitoring devices, AI-driven nudges and post-acute care at home. That also means that providers will have to adapt their practices to accommodate and manage these many touchpoints with patient-specific programs and interventions, says Milford.

Team-based care is central to several initiatives at CVS Health. Next year will see one key step in that direction with CVS Health Virtual Care™. This will give consumers access to primary care, on-demand care, chronic condition management and mental health services virtually, with the option of being seen in-person when needed at an in-network provider, including MinuteClinic. It is also supported by a physician-led care team that can consist of nurse practitioners, registered nurses and licensed vocational nurses. The care team can also consult with CVS Pharmacy pharmacists

"Virtual can be the first step in a patients' care journey, and it can be extended to in-person care when needed," Milford says. The forms of that virtual care don't even have to be high-tech. "We learned during the pandemic that, for example, a phone call or text may be the most efficient interaction. It can save a patient an in-person visit altogether."

Simplicity: Innovation in digital health has bloomed in recent years. More than 400,000 health care smartphone apps now exist, promising to track vitals, monitor exercise and manage

chronic conditions. “Doc-in-a-box” telehealth companies have also crowded into the marketplace, many offering care for only a single condition. The challenge is that many new apps, devices and sites have a hard time integrating with each other or in-person, physical provider networks.

This fragmented experience can be daunting for consumers and potentially harmful. Having many touchpoints can risk gaps in care or dangerous overlap, says Fairchild. “The patient has to collect and integrate different pieces of information from different apps and health records and pull it together without the benefit of an integrated provider team,” he says.

One major goal of CVS Health is to create a “single digital front door to health” — an effort to organize a consumer’s experience. Ideally, this connects providers, insurance plans, pharmacy, and digital care management solutions under one umbrella. A single consumer portal would provide an integrated way to perform a number of tasks, including ordering medications and communicating with care teams across sites of care. Critically, it also aims to provide an interoperable electronic health record, which allows providers and patients to see the entire health care picture in one place.

Flexibility: Most of all, the move to omnichannel should be guided by putting consumer preferences at the center of care. While recent trends in venture capital investment in health care have focused on flashy apps and new wireless devices, greater value may be found in a range of practical solutions—things that make health care more accessible, convenient and affordable.

For instance, two out of three health care providers said that communicating by standby virtual care channels — phone calls, texts and emails — improved their ability to engage with patients and achieve outcomes, according to the 2022 Health Care Insights Study from CVS Health. The trick is finding solutions that make people feel comfortable.

“People today are going to the doctor less and less, and when they do it is only when they are really sick,” says Milford. “By making it easier for patients to connect with their providers, through the channels that are convenient to them, we can help address health issues sooner and potentially close gaps in care.”

“In health care, patient engagement has always been the big challenge,” Fairchild adds. “Lowering the barrier to care — and giving people more choices about how and when they want to access that care — is a precursor to engagement. And greater engagement means healthier people.”

Unless otherwise stated, data points in this report come from the CVS Health Insights Study.

¹<https://www.hhs.gov/about/news/2021/12/03/new-hhs-study-shows-63-fold-increase-in-medicare-telehealth-utilization-during-pandemic.html>

²<https://www.chartis.com/insights/telehealth-adoption-steadying-toward-new-normal-rate>

³<https://www.merrithawkins.com/physician-appointment-wait-times-up-from-2017/>

⁴<https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/patients-love-telehealth-physicians-are-not-so-sure>

⁵<https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality>



Are Medicaid members high tech or high touch?

Kelly Munson, President of Aetna Medicaid, serves Medicaid members at both extremes of omnichannel care. Here is what she's learned.

Many states loosened restrictions around telehealth use due to the COVID-19 pandemic. A recent report to Congress has looked at the implications, some of which have been dramatic. Visits that had been missed because of childcare and transportation difficulties were now attended. Behavioral health care, which could take place in the privacy of the home, was one of the most common services delivered via virtual care during the pandemic.¹

At the same time, technology troubles kept some users from enjoying those benefits. Physical therapy and well-child visits suffered when virtual visits were the only option. Going forward, the Center for Medicare and Medicaid Services is keeping an eye on telehealth care to track its value, with special attention on whether it might reduce health disparities.

Kelly Munson, President of Aetna Medicaid, discusses this new frontier and how Medicaid members enrolled in Aetna's own managed care plans have come to navigate omnichannel health care delivery.

Q: In the Medicaid community, how popular is virtual care?

Munson: Our Medicaid members increased their use of virtual care substantially during the COVID-19 shutdowns. For example, before March 2020, 3% of our members had at least one virtual care visit. During the pandemic this increased to 17% of our membership and has decreased slightly over the past year, but still notably higher than before the pandemic.

This may be because Medicaid members are a relatively young population, so they are comfortable using smartphones and other tech. About 80% of our Medicaid members are age 44 and younger, so it makes sense that they are comfortable with virtual health care. About 86% of Medicaid members have access to a smartphone, which is a tool they can use to access services.²

Q: What are some of the ways that virtual care has been especially useful to this group?

Munson: Nearly two-thirds of the adult Medicaid population is working.³ With virtual care, there's much greater flexibility to fit health care into their work schedules. During a break, for instance, they can go to their car or some other private place and use a smartphone to connect with their provider.

Or consider a mom with three young kids. She can have a virtual visit without worrying about getting childcare or arranging for transportation or the hassle of bringing kids to the doctor's office. And many Medicaid recipients live in rural areas where there are fewer specialists. Virtual care can patch them into specialty care from their primary care provider's office or in some instances a CVS location, which is game-changing.

The most underrated benefit, though, may be that it puts more control in our members' hands. Some Medicaid patients may not trust the health care system. Their doctors may not look or sound like them, and they worry about the stigma that Medicaid sometimes carries. Virtual care eases that vulnerability because they are receiving care in a safe place—their own home.

Q: Not everyone is comfortable with virtual care yet. How do you work through that with Medicaid members?

Munson: First and foremost, it's vitally important that we meet Medicaid members where they are. We need to accommodate their needs and make it convenient for them to get services. Getting patients into care early reduces the likelihood that they will use the ER for their health care, which is very costly. So convenient care is in everyone's best interest.

Also, virtual care offers an option for those who otherwise may not engage a health care provider. Research shows that Medicaid members are more likely to use virtual care than those covered by a commercial plan.⁴ If some of our members are not using virtual care because they don't have Internet access or enough phone minutes, we've provided a dedicated hot-spot room in some CVS stores. If our



Kelly Munson,
President of Aetna Medicaid

members have the technology at home, our care managers will visit and teach them how to connect to care. And, of course, we still reach out in communities through face-to-face initiatives.

Q: Any other digital technologies that are helping?

Munson: I've seen very good results from our pilot programs with home-monitoring tools. These can help deliver better care for diabetes, congestive heart failure and high-risk pregnancies. The tools might identify, for instance, when blood sugar is too high or a heart rhythm is abnormal.

Members submit their data to nurse health coaches, who contact the primary care provider when a problem is picked up. I think their real value is preventing an event that would lead to an ER visit or hospitalization. We've seen a strong reduction in ER use and a 23% decrease in hospital admissions using these digital tools.

Q: What about Medicaid patients who can't—or won't—make the leap to virtual care?

Munson: In underserved communities, we do what it takes to increase access. At Aetna, for instance, we're rolling out social care teams. These connect Medicaid users to social services—transportation, food, community-based organizations. These can help eliminate physical barriers that prevent people from getting care.

For people that aren't plugged into the virtual care revolution, we go to underserved areas with our mobile clinics and partner with Federally Qualified Health Centers to bring health services directly to our members. And our Workforce Innovation and Talent Centers provide employment services to underserved populations, along with health clinics, food pantries, and daycare, so people can achieve greater economic stability, which puts them in a better position to focus on their health.

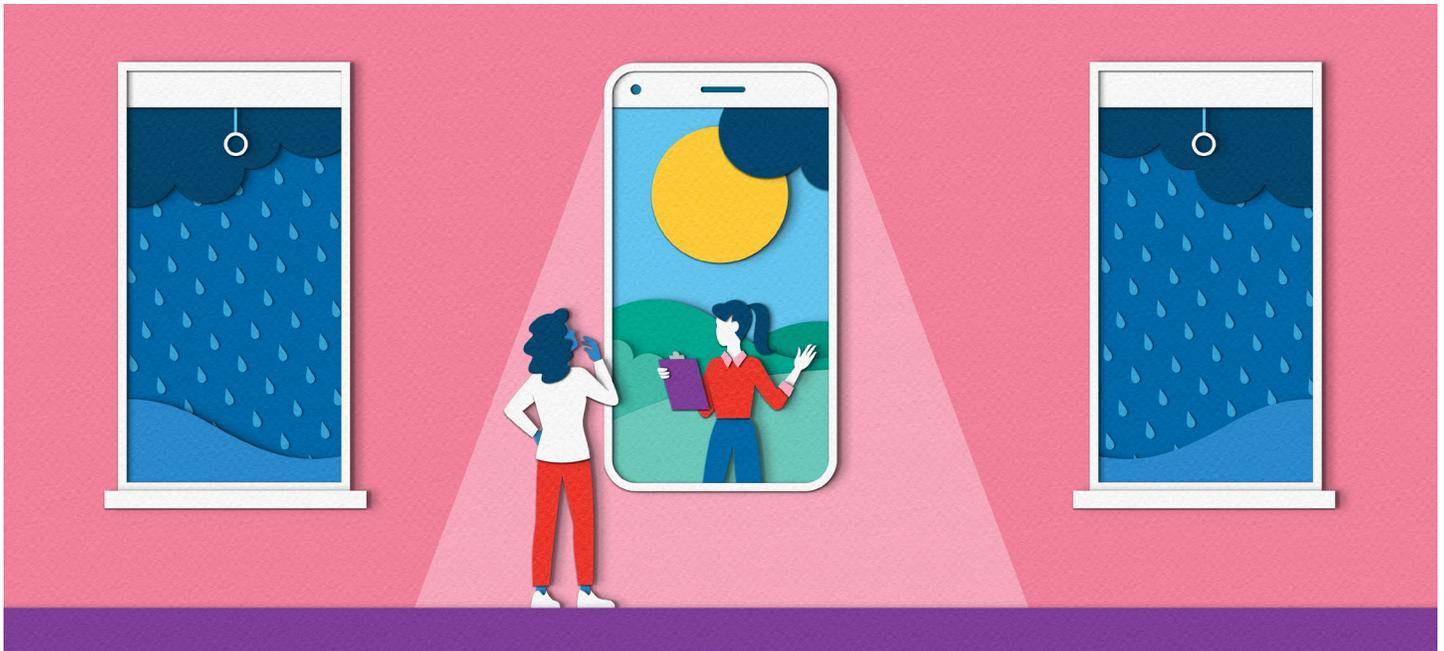
In our communities, virtual care is a big step forward and a tremendous opportunity. But the benefits aren't universally enjoyed yet. In the near term it will call for education, patience and a lot of flexibility as we bring everyone on board.

¹ <https://www.gao.gov/assets/gao-22-104700.pdf>

² <https://www2.deloitte.com/us/en/insights/industry/public-sector/mobile-health-care-app-features-for-patients.html>

³ <https://www.kff.org/report-section/work-among-medicaid-adults-implications-of-economic-downturn-and-work-requirements-issue-brief/>

⁴ <https://aspe.hhs.gov/sites/default/files/documents/4e1853c0b4885112b2994680a58af9ed/telehealth-hps-ib.pdf>



Telemental health: a hybrid future for mental health care

Virtual mental health care has been a standout success. Here is what other specialties can learn from it.

The case for teletherapy has been building for years. Studies looking at the use of telehealth for depression, substance use disorder and other mental illnesses show that it can be just as effective as in-person care. Virtual visits are an especially good fit when someone is uncomfortable being seen in a mental health clinic¹ or needs flexible scheduling.

During the pandemic, teletherapy found its moment. “Once people had their first experience, they found the care to be quite good. And they liked not having to travel to an appointment and sit in a waiting room,” says Taft Parsons III, MD, Chief Psychiatric Officer for CVS Health®.

In the year before the pandemic, CVS Health provided 20,000 virtual mental health visits. That number grew to 10 million visits in 2021. By August of that year — when most people went back to their doctors’ offices for other kinds of care — about 36 percent of the outpatient visits for mental health and substance use disorder were completed virtually, compared to 5 percent for other medical visits.²

Mental health care is at the forefront of exploring how virtual care works best, according to Parsons, including where in-person visits and smartphone apps fit — and how to solve for new barriers to integrating that care.

Finding mental health apps that fit

The proliferation of apps and services is one of those barriers. As many as 20,000 mental health smartphone apps are thought to exist, and the field is expected to grow 20 percent annually in the coming years.³ This abundance is a good thing, as the tools have been shown to improve symptoms of depression, anxiety and stress.⁴ But patients may need help to sort out which apps are effective and which are not.

“It’s exciting to have these apps as part of the digital toolbox,” says Cara McNulty, DPA, President of Behavioral Health and Mental Well-being for CVS Health, who notes that an app’s potential can be profound, as long as it is coordinated. “But we vet our partners very, very carefully to make sure they provide sound clinical approaches and have good outcomes that can align to an individual’s overall care plan and experience.”

Matching patients with clinically proven apps is a tall task, but one that can yield life-changing benefits. One app partner of CVS Health, for instance, provides support to young adults who are thinking of harming themselves. Another partner helps people cope with eating disorders. These tools can be used on their own or in conjunction with provider visits, she says.

The need for in-person care

While the future of mental health care likely will include virtual services, practitioners are also getting a better sense of who *isn't* a good fit for telehealth. For example, people with severe or persistent mental illness are good candidates for in-person visits. "These patients often require wraparound care, with a team of clinicians, to remain in recovery," says Parsons.



But even in those scenarios, emerging telehealth tools can help. "A patient might be treated virtually by a telepsychiatrist and have face-to-face appointments with the rest of the care team," he says.

As in-person and virtual care approaches move ahead for the whole industry, McNulty says there is another opportunity in further integrating mental health services into the general care of every patient. "No one should have to go out of their way to get mental health care," says McNulty. "It needs to be woven into every aspect of care and provided in a stigma-free, positive way."

As part of that approach, patients can get same-day depression screening appointments at all MinuteClinic locations, as well as in-person and virtual mental health counseling services in select states. It's a chance to catch serious mental illnesses such as depression, which goes undiagnosed in more than half⁵ of patients who have the illness.

The big takeaway is that access to health care should be flexible and offered wherever patients need it. "Many people want a combination of modalities for mental health care," says McNulty. "We don't make the assumption that everyone's journey is the same."

¹[How well is telepsychology working? \(apa.org\)](https://www.apa.org)

²[Telehealth Has Played an Outsized Role Meeting Mental Health Needs During the COVID-19 Pandemic | KFF](https://www.kff.org)

³[Mental health apps are gaining traction \(apa.org\); Mental health app market growth | Deloitte Insights](https://www.deloitte.com)

⁴[The efficacy of app-supported smartphone interventions for mental health problems: a meta-analysis of randomized controlled trials - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/)

⁵https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795293?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=081822



What's their take on virtual care?

More consumers are now using digital health care tools. That means they have a growing clarity about what they do and don't like.

For most consumers, jumping into the waters of virtual care has been rewarding in the end. A 2020 survey from Stanford University found that more than half of patients found a video call more satisfying than their past, in-person visits.

But those attitudes are constantly in flux, and they vary widely. With more experiences in digital health — through virtual visits, smartphone apps and online health records — consumers are becoming clearer about the kind of experiences that work for them.

A patient's outlook on virtual care



40%

of consumers had a virtual health care visit in the past year.¹

Virtual care is here to stay.
But feelings about it are still evolving.

Compared to in-person visits, consumers think virtual visits are:²



33%
better

38%
about the same

29%
worse

Consumers say they like virtual care because it ...³

57%
is convenient.

47%
is faster.

36%
is safer.

While they are also concerned that ...⁴

24%
services are limited.

15%
they don't know how much it costs.

15%
the technology is confusing.

62% of physicians think their patients are happier with a virtual care option.⁵

28% of patients say they miss human touch and a face-to-face connection.⁶

People over 50 say that barriers to virtual care include ...⁸

38%
cost

37%
lack of knowledge

34%
privacy concerns

28%
lack of interest

But ... **64%** of baby boomers say digital tools make health care less stressful.⁹

Other concerns from patients include ...

... how virtual care is covered by insurance. Compared to other services,¹⁰

38%
say the virtual care coverage is **easier** to understand.

19%
say the virtual care coverage is **harder** to understand.

... where digital health care data live.¹¹

50%
find virtual care data **tricky** to manage.

Comfort with health technology varies, especially among older Americans. Only ...

48% of people 70 and over

67% of people in their 60s

71% of people in their 50s

... say they are at least somewhat comfortable with digital devices.⁷

Most importantly, consumers are seeing virtual care as the new normal.

73%
say

People should have virtual care options even after the pandemic.¹²

66%
say

Virtual care will make people more likely to seek health care when they need it.¹³

59%
say

It is important to their health to have access to virtual care services.¹⁴

41%
say

Having the right mix of communication options will influence their choice of provider.¹⁵

For more information, read our Health Trends report: CVSHealth.com/HealthTrends/Omnichannel

CVSHealth Trends Report

Fall 2022

Sources

¹ 2022 Health Care Insights Study by CVS Health

² 2022 Health Care Insights Study by CVS Health

³ J.D. Power 2021 U.S. Telehealth Satisfaction Study

⁴ J.D. Power 2021 U.S. Telehealth Satisfaction Study

⁵ American Medical Association 2021 Telehealth Survey Report

⁶ Deloitte Insights Connectivity and Mobile Trends 2021 survey

⁷ AARP 2021 Tech Trends and the 50+

⁸ AARP 2021 Tech Trends and the 50+

⁹ CVS Health National Health Project

¹⁰ CVS Health National Health Project

¹¹ CVS Health National Health Project

¹² Morning Consult Report on Telehealth

¹³ Morning Consult Report on Telehealth

¹⁴ 2022 Health Care Insights Study by CVS Health

¹⁵ Accenture Digital Health 2020 Consumer Survey