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# Bringing the patient back into focus: How to anchor innovative care delivery to clinical need



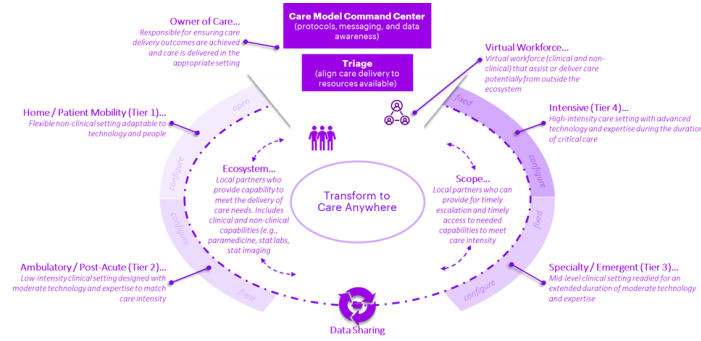
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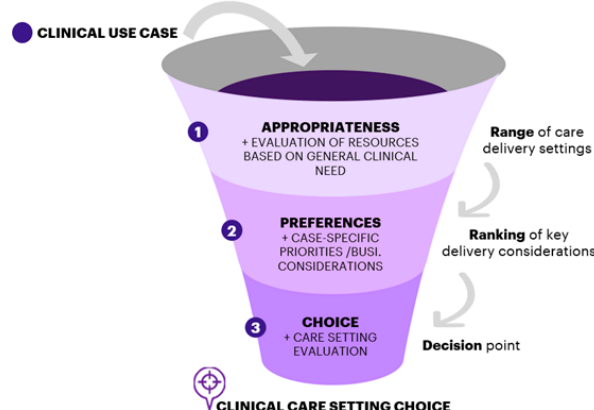
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## Before You Read

This blog post is a part of an broader series exploring the Care Anywhere framework for care delivery. This framework empowers patients to receive coordinated and appropriate care by identifying the personalized combination of care locations and modalities that optimize health outcomes, access, experience, and cost. The Anywhere framework, as described in the earlier [blog post](#), anticipates care will orchestrate an ecosystem of capabilities across a geographic region to drive care to the most appropriate location for a patient (e.g., home, configurable ambulatory, hospital at home), ensuring care can be delivered and supervised by providers.



**THE THREE STEP PROCESS:**



CLINICAL CARE SETTING CHOICE			
Home / Patient Mobility	Ambulatory/ Post-acute	Specialty/ Emergent	Intensive (e.g., Complex Surgery)
Flexible non-clinical setting adaptable to technology and people	Low-intensity clinical setting designed with moderate tech and expertise to match care intensity	Mid-level clinical setting readied for an extended duration of moderate tech and expertise	High-intensity care setting with advanced tech and expertise the duration of critical care

The first article in the series, located [here](#), described the intentional process in the Care Anywhere framework to identify the most appropriate location to deliver care (e.g., Home / Patient Mobility (Tier 1)). The first article provided an overview of the three-step process of 1) Determine appropriateness, 2) Assess preference, and 3) Choose the best location and approach to care delivery. The article spoke to the intentional thought process needed to ensure delivering care anywhere would be effective. This article aims to focus on the first step in the process. The next blog post will provide an example of the first step.

## With more care delivery options than ever, are patients better off?

*Prior to the COVID-19 pandemic, digital health adoption was gradual and inconsistent.* In 2018, **48%** of US consumers reported using mobile devices and applications to manage their health, but this volume fell to only **35%** at the end of 2019. During the same time period, the use of wearable technology, such as devices used to collect fitness data or vitals, decreased from **33%** to **18%**.

***COVID-19 disrupted these trends, changing the trajectory of digital health's adoption for the foreseeable future.*** The pandemic introduced various pressures on the health industry, including reduced in-person interaction from extended lockdowns, clinician shortages, expansion of telehealth coverage, and the influence of surrounding industries quickly adopting remote, convenient alternatives to previously in-person services.

With these pressures, the pandemic prompted a surge in digital and virtual care delivery. In March 2020, the US saw a **154%** increase in telehealth visits compared to the same period in 2019. Throughout the rest of the year, **22% of US consumers and 80% of US physicians had a virtual visit, compared to 8% and 22% in 2019.**

It appears this shift in care delivery to non-traditional platforms is here to stay, as suggested by the persistent rise in digital health funding. Last year, the US experienced a record high in digital health funding, **with \$14.6 billion invested across 460 US digital health deals, compared to \$7.7 billion the previous year.** That record has already been broken in 2021, with **\$14.7 billion invested in US digital health deals within the first 6 months of the year.**

***COVID-19 accelerated the evolution of care delivery in the US, but the proliferation of care delivery options presents new challenges.*** The emerging and available tools to manage health appear to be endless. Today, **more than 350,000** digital health apps are available to consumers, of which 90,000 were newly introduced in 2020. Additionally, there are **150 and counting** commercially available options for digital therapeutics and digital care products. With all these choices available, how can those managing patient health make a choice?

With **75%** of US health consumers expressing a preference for more personalized care, this daunting choice must be made for each individual patient. There are a variety of considerations across which these abundant care delivery options can be compared, such as cost, preference, and convenience. And complicating the decision further is the critical factor of whether the care delivery options meet a care need. Those managing patient health consequently

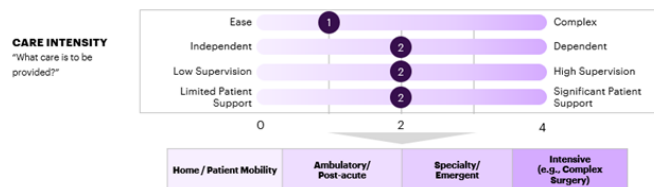
need a methodology to identify the care modalities clinically appropriate for each episode of care, while optimizing health outcomes, access, experience, and costs.

## Care Anywhere Framework - How can providers keep patient health the priority? Begin by Discovering Appropriate Options

The Care Anywhere framework addresses current challenges by systematically narrowing care delivery options to a single optimal care location that reflects clinical appropriateness and stakeholder preference. The framework's first step focuses on a provider evaluation of what is clinically appropriate to ensure a desired outcome. The first step identifies which care locations are clinically appropriate for a given episode of care by analyzing clinical requirements across three categories:

1. Care Intensity: What is the clinical intensity of the service required?
2. Resource Characteristics: Does the clinical team need to be altogether in a room (e.g., surgery) vs symptom monitoring?
3. Modality Characteristics: How much security & privacy is needed for care (e.g., gynecology appt vs triage)?

### Care Intensity



This category evaluates the complexity, supervision, clinical dependence, and patient support required to successfully meet the care need.

While the framework includes additional attributes, those shown above illustrate how the type of care to be delivered might impact where care is provided. The provider's role in supervising the delivery of care is an example. If there is a need for direct, physical, and immediate supervision by a

provider, then a more traditional care setting would be appropriate. Less supervision opens the possibility for others to perform delivery and for the provider to use virtual health to supervise. Similarly, if following the delivery of care professionals must be available to provide support and monitoring, such as following a surgical procedure, then a more traditional physical location is likely with virtual staff supporting monitoring. The level of supervision and patient support in the diagram above could therefore be scored at a moderate level.

### Resource Characteristics

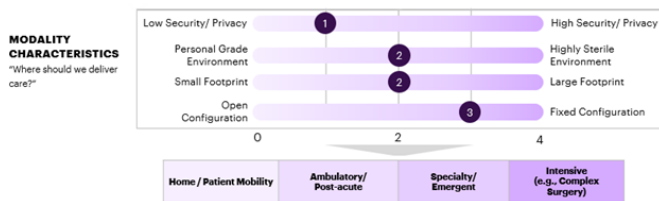


The second category evaluates the clinical team dynamic appropriate for the case, assessing the level of availability, tactility, mobility, and coupling required of the team.

Resource characteristics speak to the people, technology, and other resources required to deliver care. For instance, coupling refers to how resources need to be combined to complete the desired care. Tight coupling occurs when people, technology, and other resources must be in the exact location or proximity to the care and highly coordinated. For example, during surgery special devices and people are together to perform the surgery. Absent or resources that are large or not mobile typically are found in traditional physical care settings. The illustration above describes a situation where limited resources are closely associated with the activities of the care team and physical intervention – typical of many traditional, more intensive care settings. The Care Anywhere team has also developed a broader description of resource characteristics to guide the analysis.

### Modality Characteristics

The third category evaluates the care setting characteristics necessary to meet the care need. This category’s criteria include the evaluation of clinical requirements as they

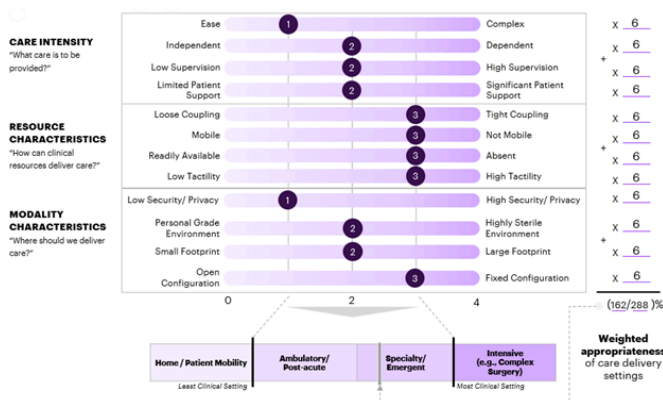


relate to privacy, sterility, configuration, and breadth of impacted areas.

Modality characteristics describe the place or location where care is delivered. For instance, does care require a high degree of security or privacy. If so, there are limited places where care can be provided. If the place and resources are highly connected, then it is more likely a fixed configuration is required vs. a configurable location. One of the goals of Care Anywhere is to identify how different levels of care acuity can be supported through configurable or flexible locations.



This initial evaluation of expectations within Care Intensity, Resource Characteristics, and Modality Characteristics sets the boundaries for the most appropriate locations for care. In the illustrative example, the range includes an ambulatory setting if special considerations can be met or within a specialty/emergent location.



Once the initial evaluation is complete, the clinical requirements are then weighted and synthesized to determine the range of appropriate care settings among the following: home/patient mobility, ambulatory/post-acute, specialty/emergent, and intensive.

The weighted clinical intensity, resource characteristics, and modality characteristics focus attention on providing the

identified care in a specialty/emergent location.

## Behind the Scenes

The description above provides a high-level description of the primary process within step 1 of the Care Anywhere framework. The goal was to explain the basic concept. In addition to the idea, the basic framework includes:

1. Additional criteria identified by a clinician workgroup for consideration in each category of Care Intensity, Resource Characteristics, and Modality Characteristics.
2. Automated tools to support the analysis and encourage a provider organization to customize the framework within each category.

Contact the authors to review these additional capabilities.

## Next Steps

Once the Care Anywhere framework identifies the clinically appropriate care settings, it evaluates case-specific priorities and preferences to select a single optimal care setting. With this holistic assessment of care modalities and their care settings, the Care Anywhere framework provides organizations and individuals managing patient health a methodological approach to navigating the evolving healthcare landscape. With an initial synthesis of clinical requirements, and a subsequent evaluation of priorities and preferences across stakeholders, the Care Anywhere framework optimizes health outcomes, access, experience, and cost.

Note: For more information on the Care Anywhere framework, its evaluations, and its applications, additional resources can be found [here](#).

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Demonstrates the "intentional" nature of Care Anywhere. It's possible to plan and productize where care is most appropriate.

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