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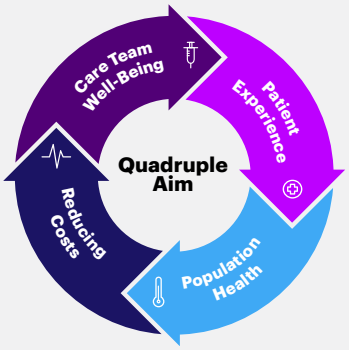
Seven mistakes that can completely undermine your Virtual First Strategy

You have adopted the Virtual First Mindset and you are moving forward with your Virtual First Strategy. This adoption was driven by one or more of these reasons:

- Your organization realized during the pandemic that the approach to healthcare delivery and operation could improve significantly using virtual care tools.
- You realized that virtual solutions provide the ability to use data-driven processes and rapidly evolving digital tools to transform healthcare outcomes (>25% improvement).
- You realized that non-traditional healthcare companies are starting to disrupt healthcare and will be offering more agile solutions to longstanding healthcare issues.
- The move to accountable care and value-based models will require new person-centered models of care and integrated ways to use data.
- Your organization did not see a return on investment (ROI) or significant change in outcomes from electronic health record (EHR) implementation or replacement.
- You recognize that staffing shortages and an aging population require reimagining health and healthcare for success and sustainability.

Regardless of the reasons, the Virtual First Mindset holds the potential to transform health through healthcare delivery, improved outcomes, and cost containment related to facilities, staffing, and information technology. Using a Virtual First Mindset, organizations can achieve the Quadruple Aim, address health inequalities, address Social Determinants of Health (SDoH), ease concerns about increasing clinical staff shortages, and address military readiness.



By applying Virtual First solutions, organizations may realize transformational results, achieving greater than 25% improvement in outcomes and efficiency. All stakeholders in the healthcare ecosystem — including patients, payers, providers, pharma, and government — can realize value and ROI.

An organization's Virtual First journey will be more successful if it avoids common mistakes that can undermine its path forward.

What is the Virtual First Mindset?

Virtual First reimagines how to achieve better health outcomes. It challenges organizations, medical professionals, and patients to reconsider how, when, where, and by whom healthcare is delivered and supported.

The Virtual First Mindset is not simply replacing various in-person care functions or adding virtual care as an additional care option. The transformational impact of Virtual First solutions lies not in shifting current processes to virtual capabilities, but in leveraging these tools along with a foundation of data-driven decisions to think differently about healthcare delivery, workforce, facilities, and infrastructure.

This shift in mindset supports the creation of new sustainable healthcare processes that are scalable and adaptable to new needs and technologies. Changing mindset requires engaging the entire healthcare community so that cultural, organizational, and policy barriers are addressed together.

> The pandemic shined a light on longstanding issues in healthcare to include accessibility, equality, quality, and data utilization. In response to the pandemic, healthcare organizations rapidly adopted virtual tools, adding proof of their value and evidence of the acceptance of virtual and digital care. These changes demonstrated that healthcare ***could*** change quickly and for the better.

Tenets of Virtual First, digital access

1. All care starts virtually—with the patient at home or another convenient location—unless inappropriate for need/situation
2. Use hybrid model leveraging all virtual modes with ongoing, regular, collaborative engagements
3. Value patient time/cost as much as health system time/cost
4. Continuity of staff as possible, continuity of data ALWAYS
5. Data and outcome driven (not process and event limited)

Seven common mistakes on the path to Virtual First

As your organization continues its Virtual First journey, do not undermine your success by making one or more of the most common mistakes.

Mistake #1: Thinking virtual means video only

Video visits are an effective tool, but they are far from the only virtual option. Video is not the most effective or cost-efficient virtual mode across the care continuum. Video provides effective and convenient care addressing issues of distance. Synchronous video requires 1:1 support with all participants available at the same time. Asynchronous modes, such as chat, text, store-and-forward, and secure messaging allow for one-to-many support.

Asynchronous modes also provide more flexible and convenient access to care along with better support of ongoing collaboration. They address both distance and time issues. These methods may incorporate AI and decision support in the process, enabling even greater efficiency for patients and providers while supporting evidence-based care standardization. While video is important, all virtual and digital modes should be considered. When deciding how to proceed, always consider the Right Need, Right Patient, Right Time, Right Mode, Right Duration, and Right Staff (role and availability).

Mistake #2: Thinking of virtual as a silo/one-off

The use of virtual technology in healthcare is now mainstream. It should be valued in healthcare on par with other industries. Providers and patients increasingly expect — if not prefer — virtual engagements. Longstanding assumptions about patient groups being unwilling or unable to use virtual tools are false. Treating virtual care as a separate, or siloed project, used only by specialty, department, or niche processes, only increases management costs and causes integration and workflow burdens (i.e., contributes to burnout), while reducing value. Virtual First cannot be concentrated solely on one single aspect of patient care (i.e., primary care) as that will change the focus to be on the health system and not the patient, limiting the effect on and benefits of changing the organization's culture/mindset.

Here are two ways that siloed thinking can manifest itself:

- **Thinking virtual is a fad:** Healthcare has been slow to change and adopt the common improvements that have already transformed other industries such as banking, retail, and farming. History is full of leading disruptors and innovators who failed to continue to evolve or accept new methods.
- **Blindly accepting someone else's model:** The Virtual First Mindset allows organizations to address core business needs and strategic goals and continuously apply lessons learned from Virtual First solutioning. The immediate need may differ between organizations or locations, so prioritization may vary, but foundational needs are common. What is "best practice" in an academic or fee-for-service environment may not be a good practice for other systems.

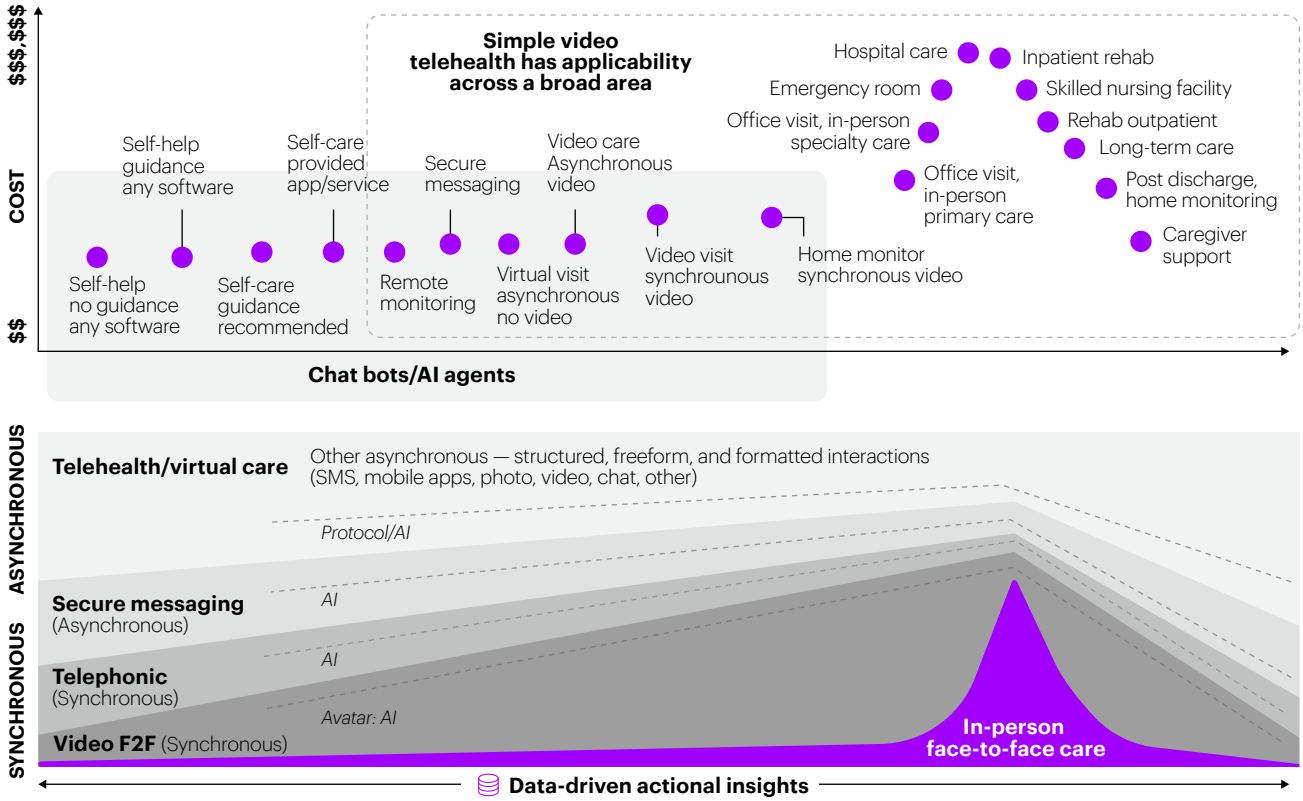
Mistake #3: Thinking Virtual First solutions only apply to providers and healthcare delivery

Similar to the issue of the siloed approach, the total value of Virtual First is limited if the Virtual First Mindset and virtual tools/engagement are applied only to the work of clinical staff. Significant benefits and ROI of the Virtual First Mindset comes from implementation of enterprise tools that can be used by all healthcare workers, administrative staff, and others, while providing patients/beneficiaries a unified experience that is part of ongoing support and interaction.

Ongoing support and interaction are part of building trust, which is critical to improving outcomes. Virtual First solutioning must address the entire patient journey, as well as the totality of healthcare operations. Many of the initial processes, where largest initial ROI occur, are leveraging Virtual First to address administrative processes and needs. Limiting Virtual First to clinical staff tends to lead to workflows that are tightly coupled to EHR functionality, which many already find burdensome and inflexible. Patients spend the majority of their lives outside of being patients. Virtual First encourages processes that deliver support at the point of need, not at a future available "office visit."

Virtual care: Future trends

As the landscape evolves, a shift to virtual care (asynchronous and synchronous), use of AI, and data-driven insights will greatly improve access and outcomes, while enabling scalability.



Mistake #4: Maintaining EHR-centric processes

The facts are clear. The federal government invested billions of dollars in widespread EHR deployment during the last decade. While this succeeded in increasing EHR use, substantial transformation toward the Quadruple Aim did not occur. In fact, EHRs are cited as a significant reason for healthcare worker burnout and a contributor to the growing concern for staffing shortages. During the time EHR use was increasing, the number of people working in healthcare administration increased significantly more than the increase in providers, reflecting lack of efficiency gains.

During the pandemic, healthcare organizations implemented virtual tools successfully across many scenarios without tight EHR integration. Historically, most EHRs grew out of practice management systems and were built around the historic fee-for-service business models. This has resulted in a lack of highly flexible or easily adaptable workflows.

Virtual First solutioning starts with the outcome and need for scalable, adaptable approaches to processes, tools, and policies. To be clear, EHRs are essential as a part of healthcare, but they should not be the focus of Virtual First if the goal is rapid and agile change in outcomes. Your EHR should not drive or limit your ability to reimagine how healthcare delivery should occur.

- Do not let the revenue cycle limit reimagining healthcare delivery and proactive engagement. Fully explore the revenue cycle for opportunities to improve processes and reduce unnecessary administrative and clinical burdens.
- Leverage EHR scheduling functionality when appropriate, but do not let it limit flexibility and adaptability in using virtual tools. Do not focus on the EHR scheduling system as new models emerge that demonstrate more flexibility around scheduling—who has access, how to provide access, and where the resources supporting access work.

Mistake #5: Trying to recreate the in-person experience in your virtual process

One of the mistakes in moving from paper medical records to EHRs was moving the paper process to the electronic record without redesigning the process itself. Virtual First starts with reimagining the processes to create value and to respect the time of patients, providers, and systems. Organizations should not recreate or continue inefficiencies. If a process is not adding value, eliminate it. When creating new processes and eliminating the old, staff may need to be reminded that it is not only acceptable to change, but that value-added changes are desired. *Relentlessly better.*

Virtual First processes should favor ongoing engagement to support health and healthcare system needs while removing duplicate data entry and questions.

Mistake #6: Thinking about virtual from only the clinical team or your facility perspective

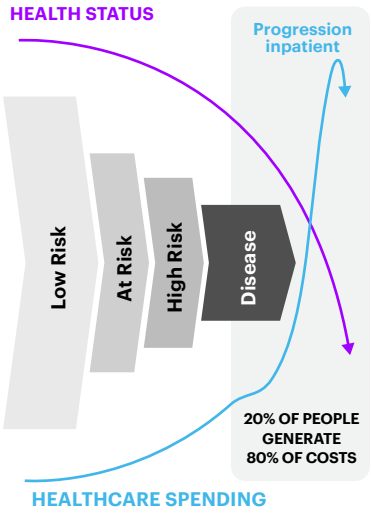
Healthcare processes tend to be organization centric. Despite talk of "patient-centric" processes, rarely is the patient at the center of the care process. The Virtual First Mindset starts with the outcomes and reimagines the process from the patient's perspective, and values patient's time equal to staff's time. Virtual First emphasizes and empowers patients in self-care and education. It supports improvement in healthcare collaboration to mitigate preventable medical errors. While Virtual First thinking will lead to better collaboration and data sharing between healthcare staff, it must also focus on communication with patients. Patient decisions and actions account for about 80% of healthcare costs, and educating and empowering patients with actionable insights can help to control those costs.

Clinical care often focuses its efforts on the 20% of patients who generate 80% of healthcare costs; however, there have been few scalable efforts to sustain cost reduction in that group. Virtual First solutioning should take the approach that the same tools used to address high-risk patients can be leveraged for preventive care and population health as part of overall transition to proactive care. This does not mean high-tech/high-touch tools for all. To the contrary, it means low-tech, frequent touch tools (i.e., "simple telehealth") can be leveraged to provide excellent outcomes and ROI by using scalable and sustainable (cost and staffing) processes. Regardless of the tool, continuity of data is a foundational need for success, and Virtual First Strategy should include that in its approach to tools selection and data strategy, including the need for patient-generated databases.

Transforming healthcare delivery

Reactive and event-focused care delivery models lead to unmet patient needs and result in greater demand and higher healthcare costs.

Unmet needs result in increased risk, disease progression



More than video, more than a single tool or platform: Virtual care capabilities & available services

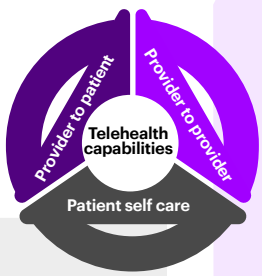
Virtual capabilities enhance the relationships within and between providers and patients while enabling the access and delivery of care.

eVisits
- eVisits
  - Chat bot natural language processing interaction
  - Live chat with care navigator
  - Live chat with clinician – diagnosis and treatment
- Nurse on call/nurse triage

Virtual visits
- Asynchronous video
- Video visits
- Phone visits
- Virtual visits structured/assisted
- Virtual kiosks
- New models of access/engagement
- Telepsychiatry or telemental
- Telemedicine consults incl. ED
- Primary and specialty care
- Population health

Remote monitoring
- Engagement at home (uses text, apps, wearables, or remote monitoring sensors and devices) without and with real-time monitoring
- Telerehabilitation

Care management
- Case and condition management using self-reported data (e.g. wound, chronic care, medication) and sensors if needed
- Wellness coaching



Self Management
- Text-based support protocols
- Wearable monitors (e.g. physical activity, diet, weight, BP, etc.)
- Alerts and reminders (e.g. medication adherence)
- Self-care platforms (e.g. cognitive fitness)

Self Education
- Health education content
- AI assist with content

Remote
- Asynchronous and synchronous
- Collaboration
- Real-time mentoring
- AI decision support
- Education/training

Specialty consult
- Telemedicine consults incl. ED
- Telemedicine consult with specialty (e.g. dermatology)
- TeleHospitalist
- Pharmacotherapy
- Surgical peer mentoring
- TeleStroke
- Tele-ICU specialist consult
- TeleRadiology
- TelePathology
- Virtual tumor board

Intensive monitoring
- Hospital at home
- Tele-ICU
- eSitter
- Remote nurse expert
- Tele and pulse monitoring
- Telemetry monitoring
- TeleSepsis
- Unit secretary concierge

Virtual care and data-driven analytics can improve outcomes and efficiency of care delivery

Mistake #7: Focusing only on technology

Technology is no longer the rate-limiting step to improving outcomes with a Virtual First Mindset. The pandemic demonstrated what data shows: *Simple* virtual care solutions work and are acceptable[1]. This includes using the most common communication tool in the world (texting), along with other communication methods such as phone (maximum availability), and simple video solutions. Voice engagement through AI further expands how patients can be engaged while collecting and sharing data. Although there is a time and place for high-tech tools, such as teleICU and physiologic home monitoring, there are multiple opportunities for simple home monitoring using text, telephone, simple video, and apps that are just as effective and less costly. Every patient does not require or benefit from continuous monitoring or real-time data collection. Remote patient monitoring and Hospital@Home do not mean extensive technology at home. Many needs are better met with objective symptom assessment, intermittent data collection, decision support, and education than with intensive monitoring.

Virtual First solutioning allows reimagining the best process to get value today by leveraging currently available tools and policy/process changes, while simultaneously supporting outcome-based pilots to evaluate effectiveness of new processes.

Success with Virtual First will require the tenacity to challenge long-held beliefs about process, policy, culture, staffing, and facility needs. Leadership must focus on change that delivers outcomes based upon strategic planning, execution, and the use of change management. This includes avoiding vendor lock and proprietary data standards/silos, so that your organization can succeed in what will be an ongoing transformation enabled by Virtual First Mindset. Leaders must embrace the value that results from an inevitable and ongoing transition to resolve longstanding healthcare issues while delivering improved outcomes.

By redefining patient access with a systemwide emphasis, health systems are not creating a new front door to care — they are removing barriers to health while creating exciting new possibilities for patients and providers.

[1] https://www.americantelemed.org/covid-19/telehealth-impact-physician-survey/

Why Accenture?

We offer thought leadership to deliver value

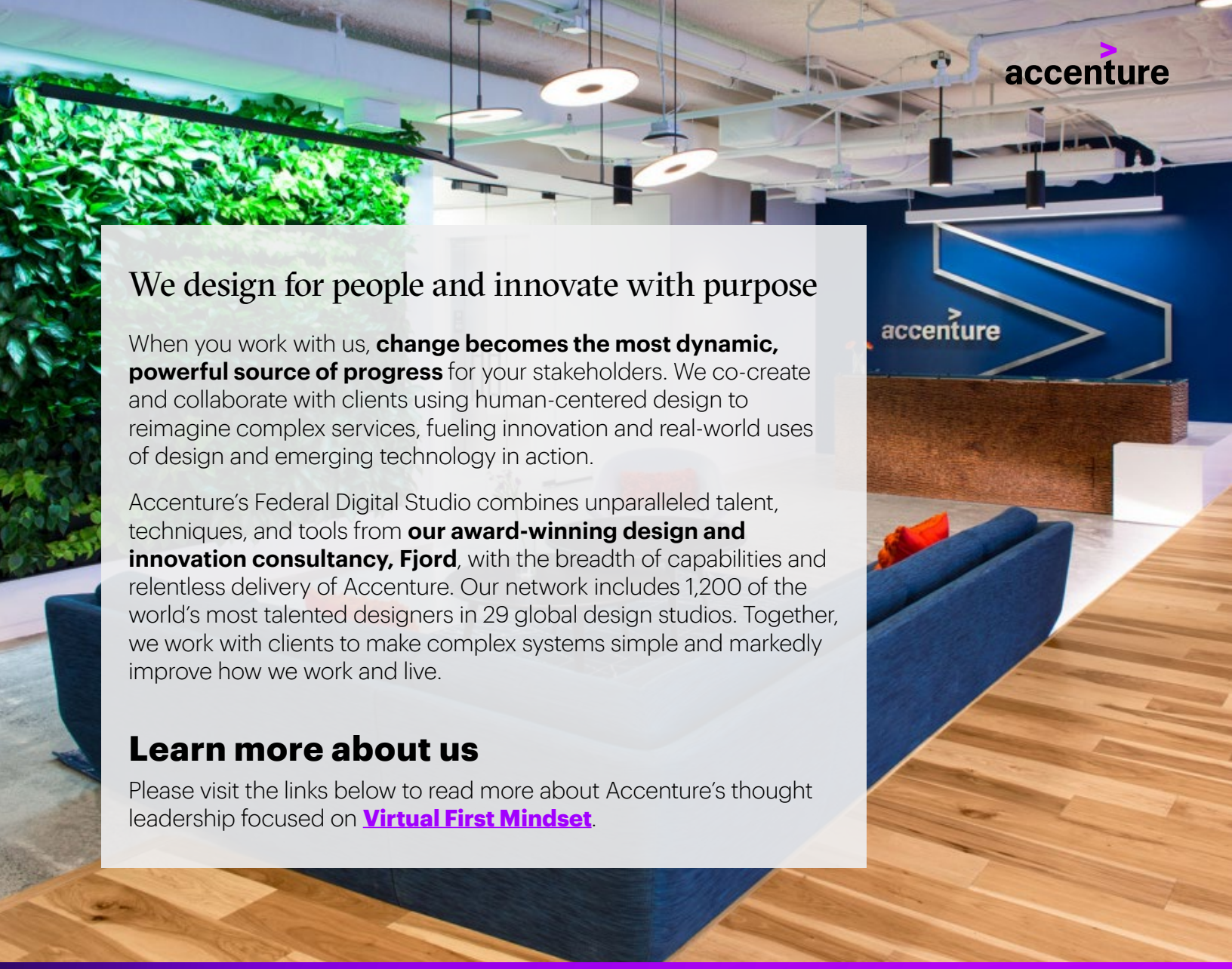
Accenture is at the forefront of disrupting the current healthcare industry to provide solutions to common challenges and deliver meaningful outcomes for our clients. Leveraging the Virtual First model to reimagine healthcare, maximize use of personnel and facilities, and change staffing models based upon virtual and automation will increase access to care, reduce cost for external care, and decrease current healthcare costs incurred by the Bureau of Prisons while increasing quality of care.

We put into practice proven solutions for our clients and our people

Accenture has a proven track record of delivering pragmatic solutions for our clients by leveraging successfully demonstrated and tested viewpoints, analysis tools, methodologies, and benchmarks. Accenture's robust Virtual First methodology takes a data-driven approach to develop a holistic picture of the organization's telehealth efforts and outcomes as a baseline for comparison in the Virtual Health Maturity Model and help them pivot to the future. This ensures your organization makes substantial progress in virtual health investments.

Accenture also brings the necessary experience, tools, and people to successfully manage change by applying our Virtual First approach, which includes a comprehensive virtual health strategy, powered by accelerators that utilize:

- Lessons learned and a proven track record of success with prior virtual health implementations, including Mercy Health; Resulting in **33% reduction** of system deployment times and **$1 million in savings per hospital**.
- **Vast resources** to leverage, spanning across the federal health sector. Completion of more than 250 automation solutions specific to the healthcare industry deployed using proprietary in-house and third-party software platforms. Example: Automation to reduce labor hours for document handling in SSA process by 80%.
- **Abundance of past and current** federal health experience with client processes, metrics, data sources, and employed software; showcased by continuous client delivery and satisfaction. Supported by subject matter experts in both the clinical and analytic realms.
- Unparalleled **data visualization** expertise throughout the enterprise to ensure client **value creation** in conjunction with surpassing expectations to deliver results..



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Accenture's Federal Digital Studio combines unparalleled talent, techniques, and tools from **our award-winning design and innovation consultancy, Fjord**, with the breadth of capabilities and relentless delivery of Accenture. Our network includes 1,200 of the world's most talented designers in 29 global design studios. Together, we work with clients to make complex systems simple and markedly improve how we work and live.

Learn more about us

Please visit the links below to read more about Accenture's thought leadership focused on **Virtual First Mindset**.

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