Telehealth enables employees to see a doctor virtually, whenever and wherever one is needed.

Virtual Visits: Trends, Implications and Recommendations for Your Organization

For example, during an online Virtual Visit, an employee can use a computer or smartphone* to obtain a diagnosis and have a prescription** sent to his or her pharmacy. The visit is completed without leaving the workplace or home and amounts to far less than the cost of an emergency room (ER) or primary care office visit.

Virtual Visits and other forms of telehealth are available to Health Action Council members and their employees from a variety of vendors and providers.

What are the implications of this increasingly popular health care delivery option?

This white paper highlights key insights and recommendations based on a comprehensive study of UnitedHealthcare health plan members to understand the potential impact of Virtual Visits through multiple lenses, including:
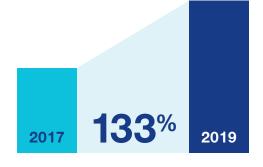
2017 **133%** **2019**

133% Growth in 2 Years
Telehealth utilization is on the rise. From 2017 to 2019, Virtual Visit claims more than doubled for Health Action Council members.

Virtual Visit Users

Provider/ Site of Care Impact

Community Health Data Insights

Health Engagement Correlations

* Data rates may apply.
** Certain prescriptions may not be available, and other restrictions may apply.

health action council
Enhancing Business. Enlightening Lives. Enriching Communities.

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The Business Case for Virtual Care

Today, the average time for a traditional physician office visit is estimated to be 123 minutes, including drive and clinic time, as reported by JAMA Network.[1] Compare this to the average Virtual Visit time of 20 minutes.

This time savings translates to productivity. When employees choose a Virtual Visit instead of leaving work to go to the doctor, employers retain $62–$82 in productivity.* During the 2-year study, the Virtual Visits time savings totaled 662,000 minutes. That equates to $399,000–$527,000 in retained productivity for Health Action Council employers.

Key insight: It's easy and cost effective for employees to use telehealth as a care delivery option when appropriate.
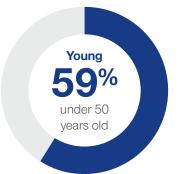
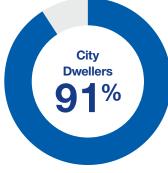**Consideration:** Encourage employees to use Virtual Visits, when appropriate.

662K

total minutes saved using Virtual Visits.

▼

$399K–$527K

in retained productivity.

* Assumes visits during standard work/clinic hours and most common Health Action Council income level ($75K–$99K annually).

Virtual Visit User Profile

According to Advisory Board, early adopters of telehealth are:[2]

Young
59%
under 50 years old

City Dwellers
91%

High Earners
52%
make $71k+

Privately Insured
96%

Specific to Health Action Council members, the typical user is:

62%
an employee, which is particularly telling when you consider that subscribers are only 46% of the Health Action Council total membership.

64%
female, significant given that females make up 50% of the membership.

71%
Caucasian,* which is higher than the 51% that make up the membership.

41 years old,
4 years younger than the Health Action Council average employee age of 45.
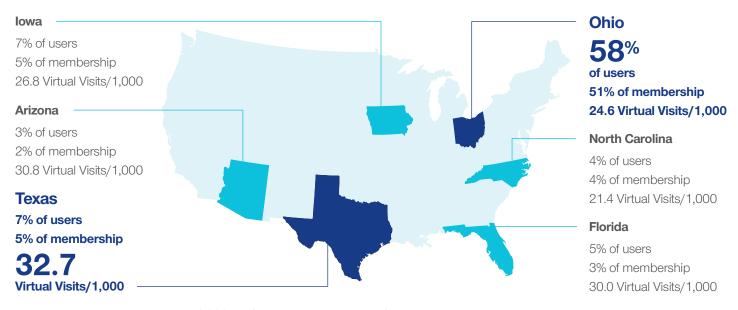
56%
of Virtual Visits were **made by those** in professional/business roles, compared to 24% in the government/public sector or 20% in industrial/manufacturing jobs.

Surprisingly, the professional/business category does not have the highest Virtual Visit rate at **16.3 visits per 1,000 members.** The government/public sector category has the most at **45.5 visits per 1,000 members.** The category with the lowest usage is industrial/manufacturing at **10.0 visits per 1,000 members,** which may reflect the presence of an onsite nurse at some employers.

* When ethnicity is known.

Texas and Ohio Stand Out

Although Texas makes up only 5% of the Health Action Council membership, it has the highest Virtual Visit usage rate per 1,000 members of all Health Action Council markets. Ohio has the most Health Action Council members and more than half of them use Virtual Visits.
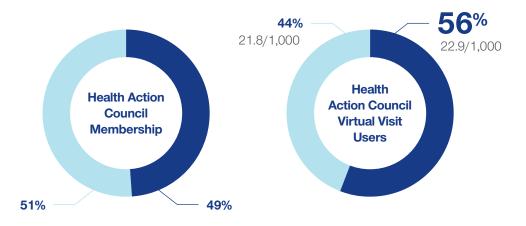
Iowa

7% of users
5% of membership
26.8 Virtual Visits/1,000

Arizona

3% of users
2% of membership
30.8 Virtual Visits/1,000

Texas

7% of users
5% of membership

32.7
Virtual Visits/1,000

Ohio

58%
of users
51% of membership
24.6 Virtual Visits/1,000

North Carolina

4% of users
4% of membership
21.4 Virtual Visits/1,000

Florida

5% of users
3% of membership
30.0 Virtual Visits/1,000

Nationally, the rate of Virtual Visits/1,000 is **21.7** for the Health Action Council.

Urban Tops Rural

In alignment with the Advisory Board finding, Virtual Visit usage by Health Action Council members is significantly higher for urban (56%) than rural (44%). However, there are slightly more rural members than urban (51% vs. 49%).

- ■ Urban
- ■ Rural

Health Action Council Membership

51%

49%

44%
21.8/1,000

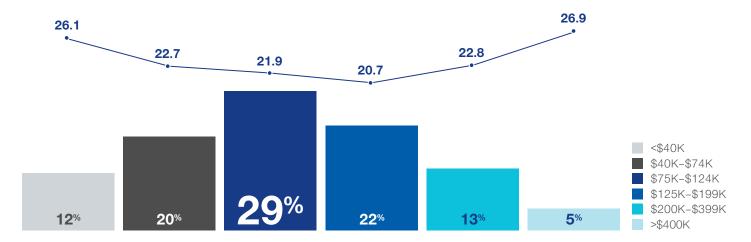# 56%
22.9/1,000

Health Action Council Virtual Visit Users

Millennials Lead the Way

Millennials and Generation X are the most active Virtual Visit users when compared to Baby Boomers and Generation Z.[3]

	Baby Boomer	Generation X	Millennial	Generation Z
	(1946–1964)	*(1965–1980)*	*(1981–1996)*	*(1997–Present)*
Percentage of members	19%	35%	26%	31%
Percentage of Virtual Visits	11%	35%	37%	17%
Virtual Visits/1,000	14.1	33.1	41.6	13.8

For more on generational differences, see the 2019 white paper titled, "Generational analysis: Insights about your workforce to help advance your success."

Surprising Income Equality

Researchers anticipated that Virtual Visit usage would increase as income increased. That was not the case. Those at the lowest and highest ends of the income scale have nearly equal rates of Virtual Visit use per 1,000 members.

26.1   22.7   21.9   20.7   22.8   26.9

| 12% | 20% | 29% | 22% | 13% | 5% |

- <$40K
- $40K–$74K
- $75K–$124K
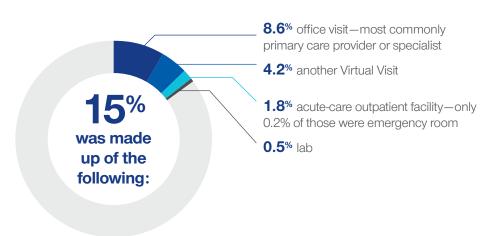- $125K–$199K
- $200K–$399K
- >$400K

Visit Frequency and Purpose

During the 2-year study, the vast majority of users had just 1 Virtual Visit. Respiratory and urinary tract infections were consistently the top reasons for Virtual Visits. Telehealth visits can also be used for many other reasons, including prescription management and mental health.

55% Respiratory   **13%** UTI   **9%** Eye   **8%** Skin   **7%** Infection   **3%** Other*   **2%** Musculoskeletal**   **1%** Injury

* **Other** includes rechecks, refills and mental health concerns.
****Musculoskeletal** includes back, joint and extremity pain.

A common question about Virtual Visits is whether they are effective in addressing a health concern. The answer from the research is yes, usually. Only 15% of users had an additional insurance claim in the same diagnosis category within 30 days.

15% was made up of the following:

8.6% office visit—most commonly primary care provider or specialist

4.2% another Virtual Visit

1.8% acute-care outpatient facility—only 0.2% of those were emergency room

0.5% lab

Key insight: Utilization varies based on many factors, from industry to geography to age. Virtual Visits overwhelmingly (85%) met user needs, requiring no follow-up.

Consideration: Recognize that any utilization of Virtual Visits across your employee population may measurably reduce the cost of claims and increase productivity.

Provider/Site of Care Impact

Virtual Visits can be a strategy to minimize inappropriate ER usage, where appropriate, as they are the least costly site of care. In fact, for the cost of **1 ER** visit, employees can have **13 urgent care** visits, **19 primary care provider** visits, **24 convenience care** visits or **45 Virtual Visits.**

1 ER visit **$2,123** = **45** Virtual Visits **$49**

Usage Frequency Correlations

Employees who used Virtual Visits 1 time are most likely to have seen their primary care providers just once also. Those who have more Virtual Visits are most likely to have had more primary care visits. This correlation also aligns for ER and urgent care visits.

The research also indicated that employees engaged with Virtual Visits have declining inappropriate ER use. This chart identifies the change between solo and increasingly active Virtual Visit users, up to super users (9 or more Virtual Visits in 2 years).

Year-over-Year Change in ER Redirection Rate

	Solo Users	Multiple Users	Major Users	Super Users	Non-Users
Visits	1	2–4	5–8	9+	0
Year 1	23%	31%	31%	38%	22%
Year 2	21%	29%	24%	38%	22%
	-2 points	-2 points	-7 points	+/- 0 points	+/- 0 points

Cost-of-Care Savings Potential

An examination of actual claims cost and coded diagnoses over the 2-year study identified that approximately 71% of convenience care and urgent care visits could have been Virtual Visits. For example, many minor infections can be treated by Virtual Visits.

This would have yielded a Health Action Council savings of 45% of total allowed dollars, which translates to $3.8 million (employer and employee costs).

Convenience Care	Urgent Care	If 71% had been **Virtual Visits instead of clinic visits,** Health Action Council may have saved:
$37K claims	$52K claims	$64K in clinic claims
$94 average allowed cost	$171 average allowed cost	$45–$122 per visit
$2.6M total allowed	**$6.5M total allowed**	**$3.8M total allowed**

Future Enhancements to Help Encourage Virtual Visits

Today, some employees are able to see their own primary care providers using Virtual Visits. More providers will be adding this capability in the future, which may increase adoption of this time-saving, cost-saving site of care.
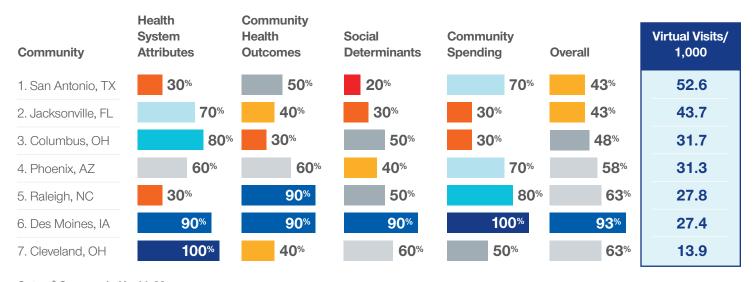
Key insight: Site of care matters in terms of cost and convenience.

Consideration: Help employees understand which site of care may be optimal, including Virtual Visits.

Community Health Data Insights

The study also examined whether employees are more likely to use Virtual Visits depending on available community resources and other factors.

These 7 Health Action Council communities generated the most Virtual Visits per 1,000 members.

Community	Health System Attributes	Community Health Outcomes	Social Determinants	Community Spending	Overall	Virtual Visits/ 1,000
1. San Antonio, TX	30%	50%	20%	70%	43%	52.6
2. Jacksonville, FL	70%	40%	30%	30%	43%	43.7
3. Columbus, OH	80%	30%	50%	30%	48%	31.7
4. Phoenix, AZ	60%	60%	40%	70%	58%	31.3
5. Raleigh, NC	30%	90%	50%	80%	63%	27.8
6. Des Moines, IA	90%	90%	90%	100%	93%	27.4
7. Cleveland, OH	100%	40%	60%	50%	63%	13.9

Optum® CommunityHealth Measures

Worst   Best

For details on these factors, refer to the 2018 white paper, "Community Health Data: Improving Employer Investment in Overall Employee Health."

San Antonio, with its large Millennial population, is at the top of the utilization list. San Antonio also has fewer ERs, urgent care centers and primary care providers than the other markets in total.

Jacksonville has a large population of Millennials and Generation X. To a lesser degree, the other 5 markets noted above have younger populations and fewer care options, earning them their place in the top 7. Worth noting: Cleveland is the only market of the 7 that is relatively saturated with providers.

Key insight: Communities that have more Millennial and Generation X populations and fewer care options are more likely to use Virtual Visits.

Consideration: Understand the community resources and other factors that make up your population and create awareness campaigns based on those findings to encourage the use of Virtual Visits.

Health Engagement Correlations

The Health Activation Index (HAI)* metric analyzes and ranks 75 million clinical, financial and resource choices for more than 15 million UnitedHealthcare members. The HAI metric focuses on 53 decisions that an individual can make, ranging from:

Clinical choices, such as wellness, compliance and preventive care.

Financial choices, such as network use, health savings account factors and appropriate site of care choices.

Resources choices, such as program engagement and use of online tools.

The greater the HAI score, the more an employer and employee may save.

1% = **0.56%**

in HAI   in savings

According to the study, Health Action Council members who utilize Virtual Visits are

5.6

points more engaged.

What's more:

Baby Boomers who use Virtual Visits are more engaged than those who do not in nearly every HAI metric category.

Generation X members who use Virtual Visits are more engaged than those who do not in most HAI metric categories, with the exception of those with coronary artery disease.

Millennials with chronic conditions are more engaged when they *do not use* Virtual Visits. This may indicate that they seek virtual treatment when an office visit may be more appropriate.

Key insight: The HAI metric demonstrates that Virtual Visits increase engagement and reduce costs.

Consideration: There are some situations when a primary care provider, urgent care, convenience care or—in a true emergency—an ER visit might be a better choice. Based on generational considerations, provide information to employees to help them make a more informed decision about where to seek care.

Conclusion

Virtual Visits are a convenient, cost-effective way for employees and their covered dependents to get quality care whenever and wherever they need it. To help maximize appropriate use:

Encourage employees to use Virtual Visits when appropriate.
Help them recognize the time and money they may save.

Educate employees on when Virtual Visits are appropriate to use, versus other sites of care.
This includes encouraging employees to use their provider's Virtual Visit option, if available.

Be a leader in mental health treatment.
Telehealth for mental health issues may improve productivity, mental well-being and overall health.

Also, factor in these headwinds that may continue to be relevant, particularly with site of care choices:

- The community factors where your employees work and live. (See the Health Action Council/UnitedHealthcare 2018 white paper—"Community Health Data: Improving Employer Investment in Overall Employee Health.")

- The generational differences within your workforce. (See the Health Action Council/UnitedHealthcare 2019 white paper—"Generational analysis: Insights about your workforce to advance your success.")

About the Health Action Council

Health Action Council is a not-for-profit organization representing large employers that enhances human and economic health through thought leadership, innovative services and collaboration. We provide value to our members by facilitating projects that improve quality, lower costs and enhance individual experiences, and by collaborating with key stakeholders to build a culture of health.

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