# IMPACT

*Virtual First Care*
*V1C Initiative*

## Core Competencies



IMPACT
V1C Core
Competencies

- Effectiveness
- Trustworthy Digital Experience
- Administrative Efficiency
- Clinical & Operational Integration

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# Overview of the 4 Core Competencies

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|---|---|---|---|
| Produces outcomes that are valuable to key stakeholders | Delivers an ethical, equitable, and safe digital experience | Fits seamlessly within an individual's larger healthcare context | Minimizes implementation and operational frictions |

**Effectiveness**
- ✔ Evidence of **clinical outcomes**
- ✔ Evidence of **economic returns**
- ✔ Evidence of **sustained patient engagement**
- ✔ Satisfactory **patient experience**
- ✔ Satisfactory **provider experience**

**Trustworthy Digital Experience**
- ✔ Secure **data handling** and infrastructure
- ✔ Ethical **data privacy** practices
- ✔ Use of fit-for-purpose **digital medicine tools**
- ✔ Support, service, and content **personalized** to individuals

**Clinical & Operational Integration**
- ✔ Seamless **patient onboarding** process
- ✔ Ability to navigate patients to **downstream services**
- ✔ Positioned for **clinical integration** with other sites of care and providers
- ✔ Positioned for **operational integration** with other platforms and healthcare benefits

**Administrative Efficiency**
- ✔ **Pathway for payment** beyond cash pay and traditional fee-for-service
- ✔ Safe and effective **promotion and patient acquisition** strategy
- ✔ Scalable **workforce onboarding and management** model
- ✔ Responsive **quality & performance** management

# Core Competency: Effectiveness

*Produces outcomes that are valuable to key stakeholders*

## Value Proposition

**Effectiveness is a defining strength of high quality, trustworthy V1C.** Effectiveness measures an organization's ability to deliver valuable benefits to key stakeholders, including clinical outcomes, economic returns, patient and workforce experience **beyond** conventional care delivery models.

V1C providers that can provide convincing evidence of **effectiveness** gain patients' trust, attract and retain the workforce, and gain additional access to patients through health plan networks, employers, and partnerships with new and traditional health systems.

**Evidence required depends on company experience and stakeholder perspective:** The breadth and depth of evidence available naturally vary depending on the maturity and experience of the platform: the most promising earliest stage V1C solutions will have clear logic supporting simulation models. In contrast, established providers representing the best-in-class solutions will have published data generated from robust, well-controlled clinical studies in representative populations and appropriately structured economic analyses.

| Stakeholder | Stakeholder Perspectives on Effectiveness |
|---|---|
| **Patients** | Patients value convenience, access, and customer service when choosing a V1C provider over traditional care. The extent to which care aligns with their unique preferences and abilities for when, how, and where to receive care is an essential differentiator for V1C. |
| **Providers** | Providers view effectiveness from a lens of clinical outcomes first. Still, they also place high value on practice satisfaction through workflows and care models that can capture real-time clinical data and patient health experience faster than traditional care, so that data science can enable professionals to practice without excessive administrative barriers. |
| **Health Plan & Employers** | Clinical and economic return on investment (ROI) at the population level are underlying decision drivers for both, but they vary significantly in the level of sophistication of evidence required. Health plans seek robust clinical and economic outcomes data. Employers are increasingly concerned with member engagement, and expect connections between primary care and V1C platforms to result in more coordinated, less redundant care for their people. |
| **Investors & Funders** | Investors seek V1C solutions with the potential to deliver outcomes that significantly outperform incumbents in one or more key dimensions: clinical, economic, and user experience/access. While they expect less evidence from early stage companies, they value solid logic and a pathway to generating data. |

## Considerations

**Maturity:** Nascent

V1C delivery models have the potential to produce clinical outcomes equivalent to or exceeding those available through conventional care. However, there is still wide variability in the amount and types of data and performance measures reported by V1C providers to substantiate claims and in the evidence required by partners. Leading V1C providers view evidence generation as a continuous process, with data structured from the beginning to inform patient care, continuous product improvement, and clinical and economic performance insights.

**What evidence do stakeholders want?**

**Priority of Evidence**

| Stakeholder | Engagement | Outcomes | Savings |
|---|---|---|---|
| **Enterprise Customers** | ★ ★ ★ | ★ ★ ★ | ★ ★ ★ |
| **Health Plans / PBMs** | ★ ★ ★ | ★ ★ ★ | ★ ★ ★ |
| **Partners / Consultants** | ★ ★ ★ | ★ ★ ★ | ★ ★ ★ |
| **VCs / Funders** | ★ ★ ★ | ★ ★ ★ | ★ ★ ★ |

*Source: Omada Health, IMPACT Project team*

## Learn More

- Check back! The IMPACT Evidence and Value Framework and resource kit launches later in 2023

## Success Indicators | Effectiveness

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| Evidence of clinical outcomes | Collects outcomes data from the earliest stages to support ongoing evidence generation for market access and continuous clinical improvement. |
| | Measures outcomes relevant to the condition and meaningful to patients; where available reports and 'gold-standard' measures are defined by medical and clinical standards societies: |
| | • E.g., Reduction in real HbA1c is an outcome measure endorsed by the American Diabetes Association (ADA) for diabetes management programs |
| | • Demonstrates that outcome improvements for chronic conditions are sustainable |
| | Conducts studies with populations, comparison groups, and study methodologies that are: |
| | • Representative of real-world practice and target market |
| | • Ability to stratify outcomes by equity measures such as social determinants of health (SDOH) |
| | • Selects study designs that: |
| | ○ Reduce/eliminate study bias using scientific best practices, e.g., controls and randomization to attribute a V1C intervention to outcomes improvements; pursues publication in peer-reviewed journals |
| | ○ Are appropriate for the research questions: e.g., 'Gold standard' randomized clinical trials (RCT) may not be appropriate or feasible for early stage innovations or to assess performance in real-world practice settings but may be required to attribute clinical and economic outcomes to the solution. However, retrospective data analysis and single-arm studies can support feasibility in a specific population. |
| Evidence of economic returns | The economic model works within the cost structure of potential buyers, with economic outcomes meeting or surpassing existing standards in the broader market. |
| | • Early stage entities: Ability to demonstrate ROI and break-even points for potential partners using combinations of predicted outcomes and published cost estimates and real-world evidence |
| | • Established entities: robust evidence available from claims analysis of net savings in total healthcare costs |

| | |
|---|---|
| | attributable to the intervention from well-controlled health economic studies (E.g., RCTs or pragmatic studies) |
| **Satisfactory patient experience** | Reports high user satisfaction on standard industry metrics (e.g., Net Promoter Score (NPS), Star Ratings) in the top 80 percentile.<br><br>• Ability to measure patient activation<br>• Surveys the relevant number and breadth of users<br>• If applicable, demonstrated impact on Healthcare Effectiveness Data and Information Set (HEDIS) measures |
| **Evidence of sustained patient engagement** | Engagement is an important proxy for satisfaction, outcomes, and attribution but is poorly defined across the sector, making it difficult for providers and 'buyers' alike to evaluate solutions. As the field evolves, leading V1C providers:<br><br>• Track and report a variety of engagement measures, including enrollment but also active participation<br>• Understand the relationship between the type and rate of events or activities on their platform and clinically meaningful, patient-salient improvements in outcomes<br>• Monitor engagement over time, and leverage analytics to stratify and continuously personalize content and engagement tactics to individuals |
| **Satisfactory provider experience** | Supports efficient V1C provider team workflows using technology to optimize collaboration in the digital environment and contribute at their highest level of training.<br><br>Provides evidence of high provider satisfaction both within the V1C entity and with partner providers. |

# Core Competency: Trustworthy Digital Experience

*Delivers an ethical, equitable, and safe digital experience*

## Value Proposition

New flows of data are enhancing our ability to care for people. As 'digital natives,' V1C providers rely heavily on digitized health data and digital health technologies to power the responsive, personalized, and 'always on' care that is a hallmark of the V1C delivery model. A trustworthy digital experience is a non-negotiable core competency of high quality virtual first care.

Although this sector is evolving rapidly and requires constant vigilance, we know what good looks like: V1C adheres to all laws applicable to healthcare delivery, companies take responsibility to protect patients and users from harms associated with theft or misuse of their sensitive health data, providers address the barriers preventing the use of platforms and select technology that is fit-for-purpose. Exceptional V1C providers **embed safe, ethical, and equitable practices by design** into everything they do, from cybersecurity infrastructure and platform design to technology selection and deployment.

| Stakeholder | Stakeholder Perspectives on Trustworthy Digital Experience |
|---|---|
| **Patients** | Patients trust providers to safeguard their sensitive information and are increasingly aware of their right to choose how their data is used. Patients value accessing and using technology in a way that fits into their lives, regardless of language, socioeconomics, and education. |
| **Providers** | Providers need to trust the integrity of the data they use for patient care and be assured that the technology used in V1C practice is fit-for-purpose. In addition, they want tools such as artificial intelligence and machine learning (AI/ML) to reduce administrative work and augment their ability to care for patients without increasing the risk of unintended error or bias or medical malpractice liability. |
| **Payers** | Payers conduct rigorous security reviews and value prospective partners that can streamline contract discussions and audits by demonstrating that they meet or exceed accepted industry standards for security controls and the use of sensitive data. |
| **Health Systems** | Health systems face a myriad of challenges with security and privacy. They need assurances that potential partners appropriately manage risks. |
| **Investors** | Investors seek a trustworthy digital experience as a key indicator of a venture's scalability and sustainability from the standpoint of market acceptability, as well as reduced reputational risk. |

## Considerations

**Maturity:** Established

The digitization of healthcare and the rise of V1C promises enormous benefits, including benefits to the most under-served patients for which our industry exists to care. But, it also introduces new risks. For example, V1C providers are feeling the scrutiny now being applied to all digital health and software interconnections due to several high-profile instances of online tracking and advertising re-targeting which regulators say have violated applicable privacy laws.

**An ethical approach to V1C**

Current legal protections for health data with healthcare providers covered by HIPAA are sufficient. Yet not all digital health solutions are covered by HIPAA, and some that claim to be HIPAA compliant in public have acted contrary to their public claims. Yet, from the consumer perspective, they do not know the difference between the privacy rules that apply to the app from their doctor's office and the privacy rules that apply to a health app they download for free and that is not part of their doctor's office. So, there are data showing trust in digital health privacy is falling generally. High quality V1C providers may operate as HIPAA covered entities, comply with those standards, and commit to a culture of ethics that ensures they not only meet industry standards and comply with regulations, but take accountability for being excellent stewards of the trust that patients and partners put in them.

**Taking an ethical approach to digitally-enabled virtual first care comes down to:**

1. Weighing the benefits and risks of developing and deploying digital solutions

2. Understanding how disclosive of a person's private information digital data can be, and engineering to avoid any uses or disclosures not necessary to provide just the sought-after healthcare (and reimbursement for it)

3. Ensuring that the benefits outweigh the risks for all people

## Learn More

- [Applied Digital Health Ethics Course](): The Digital Medicine Academy course on ethical design and decision-making for safeguarding data security and privacy, and ensuring equitable access to digital medicine

- [Your Health Data is for Sale](): Podcast where health privacy expert Lucia Savage outlines best data practices in the digital era of healthcare

- [DATAcc Inclusivity | Toolkit for Digital Health Measurement Product Deployment](): from DiMe's DataCC Project

- [Catalog of DiMe Sensor Data Integrations Resources](): Key considerations, templates and tools for successful design of data architecture, flow, and standards compliance

- *The Playbook:* Digital Healthcare Edition: Guide to help organizations leverage high-value digital health solutions to create efficiencies and improve care
  - Read the full Playbook or check out the Quick Start Guides:
    - AI/ML Quick Start Guide
    - Connected Sensor Technology Quick Start Guide
    - Engagement and Social Media Quick Start Guide

# Success Indicators | Trustworthy Digital Experience

| Secure data handling & infrastructure | Protects against data breaches and other misuse of private health information, including unauthorized access of sensitive, confidential, or private information via cyber attacks |
|---|---|
| | Security systems and networks that are designed appropriately have: |
| | • Implemented a security umbrella protocol |
| | • A software bill of materials (SBOM) and coordinated vulnerability disclosure (CVD) policy |
| | Security systems and networks that are appropriately maintained: |
| | • Follow standard procedures for routine security audits, testing, and access review |
| | • Install secure, agile, and prompt security updates |
| | • Provide continual security education and training for all users, clinical and non-clinical |
| | • Adopt and implement industry standards such as NIST or ISO |
| | Data on all digital tools and technologies are encrypted in storage and transit |
| | • Data is automatically encrypted |
| | Regularly audit compliance to applicable regulatory requirements and industry standards |
| | **Emerging Gold Standard Practices** |
| | Invest in independent verification and validation of security controls, e.g, cybersecurity certifications, such as SOC type 2 audits and/or HITRUST. |
| | Engage third-party security firm to audit, test security, prove system resiliency, and remove avoidable bias from the process of penetration and vulnerability testing |
| | Proactively plans for breaches: documented and tested steps in preparation for events improve risk management and limit the impact of exposure to a security incident |
| | **Resources** |
| | • Data Security: Extra resources for ethical practice |
| | • Your Health Data is for Sale: Podcast where health privacy expert Lucia Savage outlines best data practices in the digital era of healthcare |

| Ethical data privacy practices | Protects against data misuse, including: |
|---|---|
| | <ul><li>Selling of legitimately collected data beyond its intended purpose without appropriate transparency and consent from patients.</li><li>Targeted marketing and advertisements, research and development outside of IRB oversight, access for data brokers without transparency and consent, outside of internal quality and performance improvement</li></ul> Adheres to applicable regulatory requirements and industry standards; uses appropriate mechanisms (e.g., Business Associate Agreements (BAA)) when sharing data with partner organizations outside of treatment, payment, and health care operations (TPO). <br><br> Provides user-centric contracts including: terms of service (ToS), end-user license agreements (EULAs), and privacy policies (PPs) that govern the rights to generate, collect, monitor, analyze, and/or share user data. <ul><li>Clear and comprehensible to broad populations</li><li>Presented proactively as part of the terms of obtaining services through the V1C</li><li>Users can opt in or out of third-party transfer/use of their data at any time</li></ul> |
| | **Resources** <ul><li>[Applied Digital Ethics Data Privacy: Extra resources for ethical practice](#)</li></ul> |
| Use of fit-for-purpose digital medicine tools | Digital health technologies used to monitor, diagnosis, and treat patients have been developed with appropriate regulatory oversight and used according to label claims if they apply due to FDA oversight of the technology <br><br> Internally developed AI/ML tools perform without unintended algorithmic bias, and are free of drift <br><br> Data from digital sensor technology (DHT) meets ART criteria (accessible, relevant, trustworthy) and contextualized for clinical decision-making. |
| | **Resources** <ul><li>*The Playbook:* [Digital Healthcare Edition (See AI/ML)](#)</li><li>[Sensor Data Integrations Implementation Toolkit](#) (See Considerations and Best Practices)</li></ul> |

| Support, service, & content personalized to individuals | Leverages user-centered design, engaging diverse end-users in the development and testing of solutions |
|---|---|
| | The technology required for using the platform doesn't unintentionally exclude or raise barriers for individuals with limited access to safe broadband, data plans, and technology literacy; it has mechanisms to respond to ongoing needs for technical support |
| | Content and support are tailored to the intended users, with consideration for language, literacy levels, physical limitations (e.g. vision and dexterity), and cultural appropriateness. |
| | Platform requirements don't assume the latest connectivity network (e.g. 5G) and work for all smartphone operating systems |
| | Provides offline capabilities - important features are available in the absence of internet connectivity or with limited internet connectivity. |

**Resources**

- DATAcc Inclusivity Framework for Inclusive Development

# Core Competency: Clinical & Operational Integration

*Fits seamlessly within an individual's larger healthcare context*

## Value Proposition

**Exceptional V1C entities are characterized by their ability to connect the dots – operationally and clinically – for patients and partners across a patient journey and between providers and care settings.** They consider patient care as a holistic journey rather than a transaction and invest intentionally in data analytics and interoperability, clinical workflows and wrap-around services, and collaborations that position them to facilitate seamless transitions of care into, between, and out of V1C care.

| Stakeholder | Stakeholder Perspectives on Clinical and Operational Integration |
|---|---|
| **Patients** | Value providers who take their past medical history and entire health status into account and trust that providers are talking to one another. |
| **Payers** | Health plans value V1C solutions that cover the breadth of services required to treat the 'whole person.' Operational and clinical integration means improved member experience across the care journey and, where needed, coordination between providers that reduces duplication of services, and reduces delays and costs due to avoidable specialist referrals and exacerbations leading to urgent care or preventable hospitalizations. Payers still want patients to have a medical home and seek complementary V1C services that don't abrade existing providers in their network. |
| **Health Systems & Providers** | Traditional and emerging health systems (e.g., ACOs) seek V1C partnerships that are complementary: effectively filling in gaps in care and augmenting their services without competing, whether this is faster access to specialists or 24/7 urgent care. Clinical integration powered by data interoperability, two-way sharing, and formal and informal partnerships enables health systems to retain patients while maintaining or improving safety, quality, timeliness of care, and satisfaction for both their providers and patients. |
| **Employers** | Employers are increasingly charged with keeping up with their workforce's changing needs and demands. On the one hand, employees are managing significant burdens of chronic disease, and on the other wanting to be **taken care of more holistically** than past generations. Although employers are leaning toward virtual care solutions, they are frustrated by low utilization, duplication of services, and patient confusion over benefits. They value providers who deliver best-in-class customer services, are adept at attracting and retaining eligible members, and are positioned to help navigate patients to covered benefits and services outside of their own practice. |

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| **Investors** | Funders expect stage V1C providers to demonstrate how they logically fit into the larger health system. These ventures have a **higher potential to scale** beyond niche markets into the employer, health system, and insurance networks. |

**Maturity:** Emerging

To realize the full potential of V1C this new care delivery model must be **integrated, clinically and operationally** into the existing healthcare system adding value to patients, providers, and payors by improving the experience and health outcomes and economic sustainability of healthcare overall. As the 'newcomer' on the scene, V1C providers risk adding to the already chaotic and fragmented patient experience if they can't meet the market where it is at. Thus, V1Cs must demonstrate that they can **work well within a system of care** that spans an entire patient journey.

## Considerations

As patients' conditions and care needs change throughout the course of their illness, their care may transition between different **settings, sites of care, and practitioners**. High quality V1C providers invest intentionally in workflows, data systems, and partnerships that minimize friction as patients transition into, between, and out of V1C.

Characteristics of seamless care transitions:

✓ Occur in clinically relevant timeframes

✓ Enable exchange of appropriate information between the right parties

✓ Make efficient use of health resources, including services and clinical workforce, avoiding duplication of services

✓ Minimize inconvenience and disruption to patients

✓ Produce optimal patient outcomes

**Important V1C Care Transitions Along the Patient Journey**



Initiation & Onboarding

Co-Management

PATIENT CARE JOURNEY

Downstream Referrals
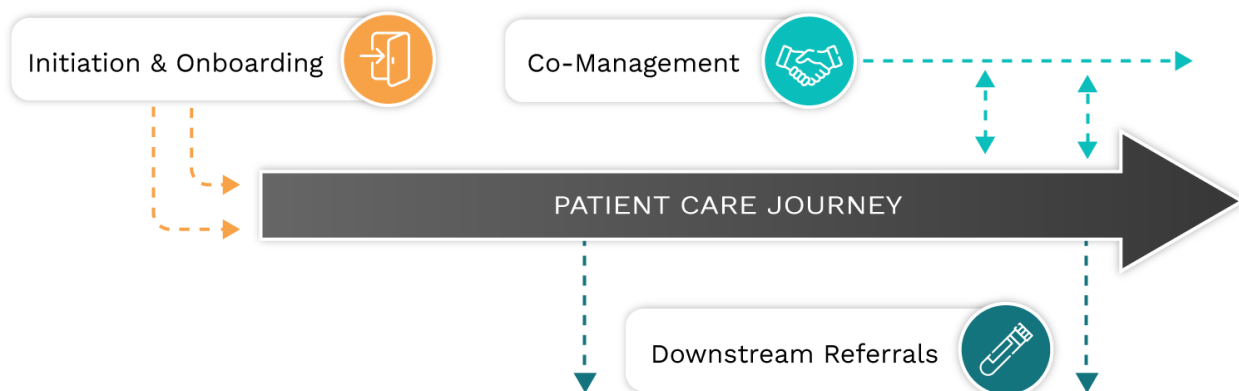
▶ **Initiation & Onboarding**

In the digital environment, forming a relationship built on trust and personal connection attuned to an individual's unique situation is more important than ever. Intake processes should leverage a fit-for-purpose tech stack to integrate historical clinical records, verify insurance eligibility, and cost-sharing, but also document informal care partners, patient preferences, and social determinants of health that may impact care.

▶ **Downstream Referrals**

V1C is not "virtual-only" care. Downstream referral care transitions involve services that are needed for a V1C to deliver care and can represent transactional, short-term services but are essential to the completion of care plans. The right choice of where to refer a patient can impact patient experience, patient-born and overall costs, and outcomes for V1C care.

▶ **Co-Management**

Clinical integration is the process and structures that enable provider collaboration to advance shared quality and efficiency goals at the patient and population levels. Doing this well in any healthcare environment - virtual or in-person requires a holistic and collaborative approach to patient care, anchored to patient-centered primary care (e.g., medical homes.) Truly excellent V1C entities position their organizations for clinical integration by designing their platforms and workflows with industry-standard data interoperability, evidence-based clinical protocols, and with an outcomes-focused payment pathway.

## Learn More

- IMPACT V1C Care Transitions Toolkit: A suite of resources to integrate effective V1C care transitions into foundational care activities along a patient journey

- Engaging Key Partners for Effective V1C Care Transitions: Priorities for successful V1C partnerships with payers, employers, and Accountable Care Organizations (ACOs)

- A Tech Stack for Effective V1C Care Transitions: A guide to selecting software services to streamlined transitions across the patient journey

## Success Indicators | Clinical & Operational Integration

| Seamless patient onboarding process | Patients and care partners have the education and technology support to access and use virtual care platforms. |
|---|---|

Intake processes are supported by intentional workflows and a tech stack that facilitate:

- **Insurance eligibility and coverage**, including plan-specific copays and incentives
- **Integration and digestion of current and past clinical records,** including demographics, diagnoses, comorbidities, and procedures
- **Medication reconciliation**, including updating information and verifying with patients
- Mapping informal care partner roster
- Integrating relevant **patient-generated data** from digital technologies and surveys

**Emerging Gold Standard Practices**

- The use of advanced data science (AI, ML, or NLP, as applicable) and digital assessments enables the practice to personalize a patient experience and streamline triage to the appropriate setting and provider for their needs, and escalate care when required.

**Resources**

- Guide to Effective Virtual-First Care (V1C) Care Transitions
- A Tech Stack for Effective V1C Care Transitions
- Engaging Informal Care Partners for Optimal V1C Care Transitions
- Conceptualizing a Data Infrastructure for the Capture, Use, and Sharing of Patient-Generated Health Data in Care Delivery and Research through 2024

**Case Studies**

- Biofourmis Case Study: Coordinating Virtual Specialty Care for Polychronic Patients
- Byteflies Case Study: Digital Medicine as an Enabler of Effective V1C Care Transitions
- CareHive Case Study: Navigating Patients across the Continuum of Care Transitions
- Freespira Case Study: Virtual Care Partnership Provides Mental Health Care for Managed Medicaid Members
- Heartbeat Health Case Study: V1C Partnering with ACOs for Effective Care Transitions

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| | • [Oshi Health Case Study: Achieving Whole-Person Care](#)<br>• [Thirty Madison Case Study: Seamless Downstream Referrals Advance Access to HIV Prevention](#)<br>• [Wellinks Case Study: Integrating High-Value V1C Solutions for Disease Management](#) |
| **Ability to navigate patients to downstream services** | High patient participation in referred services and completed orders (e.g, scheduled and resulted diagnostic tests and fulfilled prescriptions)<br><br>Patients are highly satisfied with downstream services<br><br>Timely and convenient scheduling, delivery of tests or medications, test results, and interpretations<br><br>Avoidance of excessive patient out-of-pocket costs or absorbed costs for practice<br><br>**Emerging Gold Standard Practices**<br><br>Partnerships, technologies, and decision algorithms are in place to ensure that clinicians and care teams can navigate available options and have a **scalable process** for guiding patients to services with considerations for:<br><br>• **Availability of appropriate downstream care services:** Uses modern technology platforms and payor relationships to identify clinically relevant services available locally in a clinically relevant timeframe. It specifically solves the problem of how to get services to patients with limited mobility and those in rural communities<br><br>• **Payment and business model impact:** Models end-to-end pathways and patient scenarios to understand the factors affecting patient and practice costs of various choices<br><br>• **Value**: Invest in tools and partnerships to identify the highest quality and best prices; this might involve collaborating with health plans to leverage their high-value networks<br><br>• **Patient preference:** Ensure fulfillment of care plans by considering individual patient preferences and access, including the ability to afford copays<br><br>• **Provider workflow:** Select interoperability technology and vendor relationships that ease ordering and scheduling burden<br><br>**Resources**<br><br>• [Guide to Effective Virtual-First Care (V1C) Care Transitions](#)<br>• [A Tech Stack for Effective V1C Care Transitions](#) |

| | |
|---|---|
| | **Case Studies**<br>- [Biofourmis Case Study: Coordinating Virtual Specialty Care for Polychronic Patients](#)<br>- [CareHive Case Study: Navigating Patients across the Continuum of Care Transitions](#)<br>- [Heartbeat Health Case Study: Leveraging In-Home Care Providers to Address the "Last Mile of Care"](#)<br>- [Heartbeat Health Case Study: V1C Partnering with ACOs for Effective Care Transitions](#)<br>- [Oshi Health Case Study: Achieving Whole-Person Care](#)<br>- [Thirty Madison Case Study: Seamless Downstream Referrals Advance Access to HIV Prevention](#) |
| Positioned for clinical integration with other sites of care & providers | Positioned for bi-directional communication & information flow with clinical partners:<br><br>- Uses Fast Healthcare Interoperability Resources (FHIR) standards for seamless Application Programming Interface (API) integration, evidence-based clinical protocols<br><br>No evidence of redundant diagnostic testing or procedures<br><br>Minimal delays in decision-making and treatment due to insufficient/inaccessible data and information<br><br>**Emerging Gold Standards**<br><br>Positioned to collaborate with other V1C and bricks-and-mortar providers to advance shared quality and efficiency goals at the patient and population level:<br><br>- Patients, care partners, and co-managing clinicians can access current care plans easily<br>- Uses standard workflows to reconcile potential care and medication conflicts<br>- Provider accountability and roles are clear regardless of virtual or bricks and mortar site of care or employment affiliation<br>- Care protocols and care delivered consistently align with guidelines<br>- Collaboratively defined clinical care pathways for specific therapeutic areas with partners<br>- Works with payors to track and report on on-pathway adherence |

- Care transitions, including escalations and site of care handoffs, are managed with minimal friction according to proactive workflows
- Ability to collaborate to define and meet quality and accreditation goals

**Resources**
- [Guide to Effective Virtual-First Care (V1C) Transitions (See Necessary Conditions for Clinical and Operational Integration)](#)
- [Quickstart Guide to Partnerships between V1C Providers and Accountable Care Organizations (ACOs)](#)
- [Guide to Effective Virtual-First Care (V1C) Care Transitions (See V1C Patient Co-Management)](#)

**Case Studies**
- [Biofourmis Case Study: Coordinating Virtual Specialty Care for Polychronic Patients](#)
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- [Thirty Madison Case Study: Seamless Downstream Referrals Advance Access to HIV Prevention](#)
- [Wellinks Case Study: Integrating High-Value V1C Solutions for Disease Management](#)

| | |
|---|---|
| Positioned for operational integration with other platforms & healthcare benefits | Positioned for bi-directional data flow with plan sponsors and health plans: <br><br> • Uses Fast Healthcare Interoperability Resources (FHIR) standards for seamless Application Programming Interface (API) integration <br><br> • Ability to share data with employee group medical benefit plans and health insurance companies to support activities such as HEDIS or in-network referrals in full compliance with appropriate regulations (e.g., HIPAA) <br><br> • Ability to identify and refer patients to other employer-based health programs available to the patient, e.g., Employee Assistance Programs (EAPs) |

**Resources**

- [IMPACT Guide to Effective Virtual-First Care (V1C) Care Transitions (See Trust & Awareness of V1C by Patients, Providers, and Payors)](#)
- [Quickstart Guide to Partnerships between V1C Providers and Employers](#)
- [Quickstart Guide to Partnerships between V1C Providers and Health Insurance Providers (Payors)](#)

# Core Competency: Administrative Efficiency

*Minimizes implementation and operational frictions*

V1C is a rapidly expanding field crowded with innovative first to market and fast follower solutions. The **ability to execute**–efficiently, consistently, and with clinical rigor–distinguishes the top companies from those who will not scale beyond an initial niche market.

Outstanding V1C entities are adept at balancing innovation and rapid cycle improvement with clinical and professional rigor. This enables them to attract and retain top clinical workforce talent, manage to market-leading quality, access and patient satisfaction targets, and adopt a flexible approach to partnering with health plans, other providers and employers.

## Value Proposition

| Stakeholder | Stakeholder Perspectives on Administrative Efficiency |
|---|---|
| **Patients** | Efficiency is apparent to patients by the absence of onerous and duplicative administrative forms, ease of receiving support, scheduling options, and an outstanding payment experience. |
| **Providers** | Clinical workforce satisfaction is tied to efficient workflows that free them from burdens of administrative work and enable them to practice patient care 'at the top of their license'. Value-add operations include support in credentialing, licensing and training, and flexible work schedules. |
| **Health Plan & Employers** | Health plans value V1C partners who demonstrate a clear understanding of how their solution fits into existing health plan or employer benefits products, and bring a flexible and collaborative approach to contracting, implementation and performance improvement that minimizes cycle time and administrative costs. |
| **Investors & Funders** | An efficient and compliant operating model ensures that a venture can scale, and continue to improve cost structure with scale without compromising patient experience, quality, and access. |

## Considerations

Third-party payer deals and reimbursement is becoming critical to establish V1C as a new standard of care that is **accessible at scale** and is a natural progression for V1C solutions that may have started out in the direct-to-consumer market. Positioning for third-party payer contracts requires a clear understanding of the alignment between the payer's systems and processes around new modalities of care.

To streamline contracting, it is important that contract discussions start with a shared definition of V1C solutions as healthcare providers as defined in federal regulations, and are thus Health Insurance Portability and Accountability Act (HIPAA)-covered entities with the same obligations to patients as brick and mortar providers.

## Learn More

IMPACT V1C Payer Contracting Toolkit: Guide to model contracting language and considerations for key contract sections, as well as a payment models guide and coding library that highlights V1C-reimbursables codes. Key resources include:

- Payer-V1C Guide to Contracting
- Guide to Virtual First Care (V1C) Payment Models
- Virtual First Care (V1C) Coding Library
- Engaging Key Partners for Effective V1C Care Transitions

## Success Indicators | Administrative Efficiency

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| **Pathway for payment beyond cash pay & traditional fee-for-service** | Ability to submit claims to insurers or third-party administrators (TPAs)*, regardless of desired payment model (fee-for-service, bundled payment, or risk-based) to facilitate analysis and explicit tracking<br><br>• Flexibility in collaborating with partners to optimize coding and payment structures<br><br>Ability to collect payments for member responsibility in a secure, efficient way, with satisfactory member experience<br><br>Willingness to enter into fee-for-service arrangements as an on-ramp to more complex contracts if necessary<br><br>Positioned for outcomes-based arrangement (e.g., performance guarantees)<br><br>Positioned for entering into 2-sided risk-sharing arrangements with payers and other partners<br><br>**Resources**<br>• [Payer-V1C Guide to Contracting](#)<br>• [Guide to Virtual First Care (V1C) Payment Models](#)<br>• [Virtual First Care (V1C) Coding Library](#)<br>• [Engaging Key Partners for Effective V1C Care Transitions](#) |
| **Safe and effective promotion & patient acquisition strategy** | Marketing and outreach processes and materials–digital or otherwise– are HIPPA compliant and designed to safeguard against any transparent implication that enables entities other than the intended recipient to attribute a condition to the recipient.<br><br>• When promoting services in partnership with or on behalf of health plans or employers, use of the appropriate business associate agreements (BAA) and patient consent, when necessary<br><br>Proven record or logical pathway to identifying, reaching, and enrolling eligible participants<br><br>**Resources**<br>• *The Playbook*: Digital Healthcare Edition (See Engagement and Social Media Quick Start Guide) |

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| **Scalable workforce onboarding & management model** | Ability to scale practice broadly:<br>• '50-state solutions' are highly desirable for national health plans and large employers<br>• Credentialing process and documentation is compliant and auditable by partners<br>• Providers are credentialed in multiple states<br><br>Health coaches are certified by relevant specialized programs, e.g., CDC-recognized diabetes prevention program (DPP) coaches or Certified Diabetes Educators (CDEs).<br><br>Uses multifactor provider identity authentication<br><br>Provider model enables patients to interact with the same provider, if desired.<br><br>**Resources**<br>• [Payer-V1C Guide to Contracting](Payer-V1C Guide to Contracting) |
| **Responsive quality & performance management** | Adheres to well-documented practice guidelines aligned with evidence based clinical quality and safety standards<br>• Audits clinical practice against established care protocols and clinical guidelines (e.g., regular chart reviews) and can provide evidence of consistent quality and safety<br>• Protocols in place to document and manage adverse events<br><br>Ability to provide real-time feedback on performance to clinical staff as a complement or replacement for retrospective audits |