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Virtual care by Deloitte

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Virtual health is a foundational element of a consumer-centric future of health
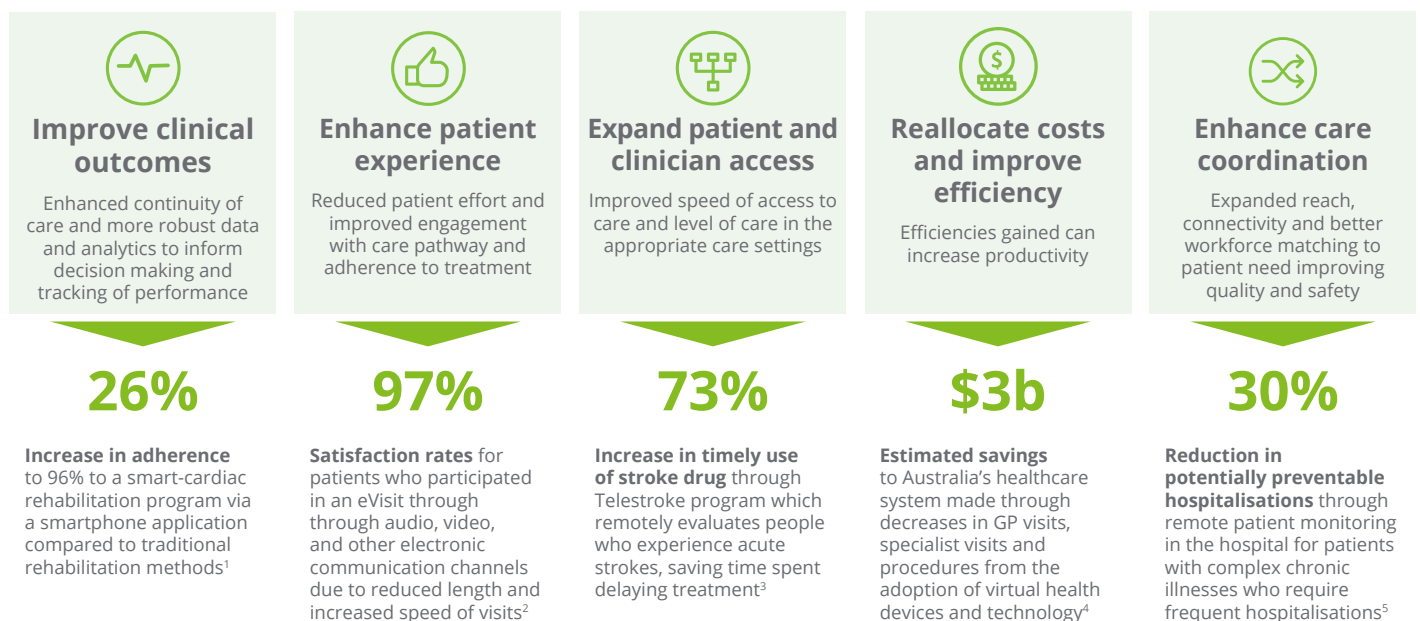
With changing health care reimbursement models, growing consumer demand, and advances in digital technologies, virtual care is a must-have for health systems. Virtual care is not new in Australia, but it is more than just telehealth. Even broader, virtual health refers to a healthcare delivery approach across the whole consumer well-being lifecycle, including before and after any care episodes. Augmenting traditional models of care with virtual health capabilities will be critical in addressing the challenges Australia's health system is currently facing.

Linking stakeholders in the ecosystem

From well-being to acute and post-acute care

Accessible at home, on the move, as well as in-hospital

Virtual health is a healthcare delivery approach that is driving **continuous, connected, coordinated** care **across the continuum** via **digital and telecommunication technologies**

Encompassing asynchronous, synchronous and hybrid modalities

Digitally enabled products, platforms and experiences relating to communication, consultation, medicines management and other health services

Virtual health technologies are already improving outcomes

With broad implementation, virtual health has the potential to improve both the consumer and the provider experience, as well as the quality and cost of care.

Virtual health can drive value across 5 key areas:

Improve clinical outcomes	Enhance patient experience	Expand patient and clinician access	Reallocate costs and improve efficiency	Enhance care coordination
Enhanced continuity of care and more robust data and analytics to inform decision making and tracking of performance	Reduced patient effort and improved engagement with care pathway and adherence to treatment	Improved speed of access to care and level of care in the appropriate care settings	Efficiencies gained can increase productivity	Expanded reach, connectivity and better workforce matching to patient need improving quality and safety
26%	**97%**	**73%**	**$3b**	**30%**
Increase in adherence to 96% to a smart-cardiac rehabilitation program via a smartphone application compared to traditional rehabilitation methods[1]	**Satisfaction rates** for patients who participated in an eVisit through through audio, video, and other electronic communication channels due to reduced length and increased speed of visits[2]	**Increase in timely use of stroke drug** through Telestroke program which remotely evaluates people who experience acute strokes, saving time spent delaying treatment[3]	**Estimated savings** to Australia's healthcare system made through decreases in GP visits, specialist visits and procedures from the adoption of virtual health devices and technology[4]	**Reduction in potentially preventable hospitalisations** through remote patient monitoring in the hospital for patients with complex chronic illnesses who require frequent hospitalisations[5]

Note: these benefits or savings are evidence of value delivered in specific cases, and provide insight into the potential of virtual health applications

1. [101] Varnfield M, et al. Smartphone-based home care model improved use of cardiac rehabilitation in postmyocardial infarction patients: results from a randomised controlled trial. Heart. 2014;100(22):177
2. Adam Licurse, "One Hospital's Experiments in Virtual Health Care" Harvard Business Review, 2016, https://hbr.org/2016/12/one-hospitals-experiments-in-virtual-health-care
3. Kaiser Permanente Telestroke Program Closes Gaps in Treatment, Increases Access to Timely Stroke Remedy" Kaiser Permanente, July 29, 2016, https://share.kaiserpermanente.org/article/kaiser-permanente-telestroke-program-closes-gaps-treatment-increases-access-timely-stroke-remedy/
4. https://www.csiro.au/en/News/News-releases/2016/Home-monitoring-of-chronic-disease-could-save-up-to-3-billion-a-year
5. https://www.philips.com.au/a-w/about/news/archive/standard/news/press/2016/20161027-philips-mecare-high-needs-patients-australian-communities.html

Virtual health use cases in Australia are broad

Virtual health solutions help stakeholders to deliver health services independent of time or location, enabling the development of new or augmented models of care where machines and consumers join clinicians in the care delivery team.

Common use cases of virtual health delivery

Virtual Consultations

Patient-clinician and clinician-clinician video, messaging conferencing tools to support diagnosis, self-care, counselling services, access to referrals and treatment management

Remote Monitoring

Devices that provide real-time data of key patient health indicators to enable ongoing monitoring, remote management, earlier discharge and emergency responses. Remote monitoring can complement referrals to pharmacy, family and friend support, and coordination with other health professionals

Command Centre and Workflow Tools

Centralised hub, and clinical communication and workflow tools leveraging digital technology to enhance care delivery coordination in real time and improve patient flow decision making across the healthcare landscape
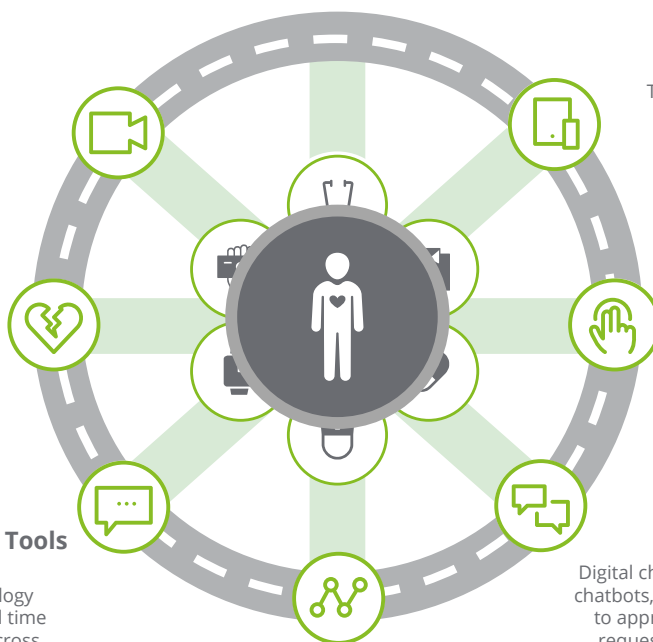
Patient Response Measures

Tools and analytics which enable patients to provide direct, timely feedback about their health related outcomes and experiences and medical data to drive improvement and integration of healthcare across the ecosystem

Health Literacy and Virtual Training

Digital health content and tools to promote health education for patients and caregivers, and virtual training platforms (e.g. video, voice assistants, chatbots) for clinicians

Communication Channels

Digital channels (e.g. SMS, websites, social media, chatbots, digital reality, voice, …) to direct patients to appropriate care settings, for triaging patient requests or peer-to-peer clinician collaboration such as second opinions

Digital Care Planning

Digital care planning and tracking services to provide holistic view of the patient journey across the care continuum, enhancing coordination, streamlining practice processes and improving quality of care

Virtual health delivery requires an enterprise approach

Whilst stakeholders differ in virtual health entry points, maturity and objectives, to be successful, organisations need to ensure virtual health is approached as one organisation to enable focus, execution with impact and continuous improvement.
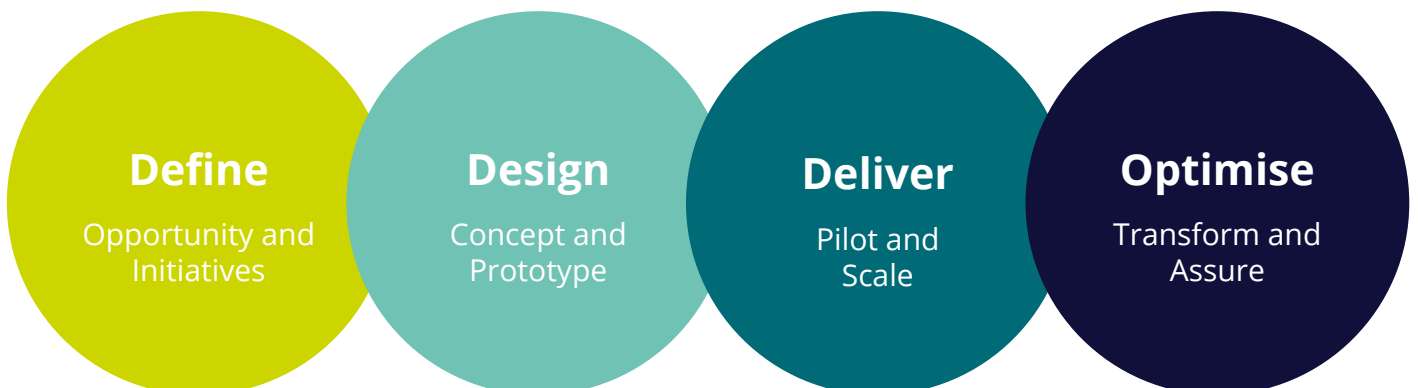
Strategy & Governance
Ability to engage and align leadership, and develop governance structures to make decisions that drive towards a comprehensive vision for virtual health offerings

Operations & Workflow Integration
Ability to adjust operational structure and staffing in order to integrate virtual health workflows into regular operations

Cognitive & Analytics
Ability to leverage innovative techniques to generate meaningful insights on virtual health usage and outcomes and enabling process advancement through predictive analytics and cognitive capabilities

Care Model Design
Ability to integrate virtual health services into a seamless delivery process with coordinated care across services and settings

Technology Infrastructure and Interoperability
Existence of integrated systems, processes, and technology infrastructure to support requirements and vision for virtually enabled models of care, in alignment with existing ICT and EMR strategies

Capabilities to Establish Virtual Health services

Revenue Risk & Progression
Existence of structures and processes that enable virtual health capabilities to promote financial viability, regulatory compliance, organisational advancement, and asset efficiency

Workforce Readiness & Engagement
Ability to align clinicians and staff across the organisation's network to support and advance virtual health offerings with a focus on improving quality, patient experience, and cost effectiveness

Patient Experience & Engagement
Ability to offer a differentiated virtual health experience, supported by education and marketing of a clear value proposition to promote utilisation, patient support, and improved outcomes

Understanding where you are

"We know we need virtually-enabled models of care, but we require a **strategy** to know where to start to set the direction or to refine our existing initiatives, prioritise and realign our intent."

"We have one or more virtually-enabled models of care but we need to **evolve** these and **validate** with patients and clinicians to prove assumptions and benefits."

"We have identified appropriate technology solutions to enable the delivery of our virtually-enabled models of care but we need to successfully **pilot, implement** and **scale** the solution."

"We have successfully run virtually-enabled models of care and want to **optimise** these sustainably, by **transforming** and **assuring** our virtual health solutions."

Define
Opportunity and Initiatives

Design
Concept and Prototype

Deliver
Pilot and Scale

Optimise
Transform and Assure

Define: Opportunity & Initiatives

We can help you develop a virtual health strategy that outlines the vision, objectives, opportunity areas and action plan on how digital technology can be integrated into the organisation and identify opportunities to enhance existing or new models of health and care provision.

KEY QUESTIONS

These are the types of questions we would typically discuss with you and your team.

What are your objectives for virtual health?

- What benefits do you want virtual health to create for consumers and and clinicians, by when and how will you measure them?
- How are your current virtual health initiatives aligned with your organisation's goals, vision and strategy?
- How will you maintain the human element of your service while transitioning to a virtually-enabled model of care?

How will you prioritise virtual health opportunities?

- What are the guiding principles to translate clinical service priorities into a virtually led strategy?
- What framework will you use to prioritise initiatives to maximise the value and outcomes of our opportunities for your community?

What are your priority initiatives and what is your plan to implement?

- How should your virtual health initiatives be managed as a portfolio?

OBJECTIVES

Key objectives in this phase would in general include:

- Develop a clear understanding of how virtual health could deliver benefits to stakeholders
- Develop an aligned view of objectives of the virtually-enabled models of care
- Identify opportunities and initiatives which demonstrate the highest potential value
- Define a clear plan outlining the steps and timeframes you can take to action the strategy.

ACTIVITIES

Activities we would recommend undertaking in this phase would commonly include:

- Develop future state vision
- Research/engage clinicians and consumers to generate foundational insights
- Conduct virtual health maturity assessment
- Perform a trends, competitor and virtual health market analysis
- Identify initiative funding sources
- Develop a roadmap and KPIs to measure outcomes.

OUTPUTS

Key outputs from this phase would typically include:

- A common definition and understanding of virtual health
- Virtual health vision, objectives and benefits report
- Workforce engagement strategy
- Metrics to measure effectiveness of a virtually-enabled model of care
- Prioritised list of themes and initiatives for Design phase.

How Deloitte can help?

Design: Concept & Prototype

We can help you take key initiatives further by applying a rapid method to design, develop and test virtually-enabled models of care that address consumer and clinician needs, have an organisational rationale and can be delivered across community and healthcare settings.

KEY QUESTIONS

These are the types of questions we would typically discuss with you and your team.

Are you addressing the right opportunity or challenge?

- Does it address unmet needs of consumers and/or clinicians?
- What are you currently doing to alleviate existing pain points?
- How will the solution affect behaviours or help with current challenges?
- Is the solution financially viable

What are the critical features, people, and systems needed to deliver a valued service and is it feasible and viable for your organisation?

- How will the virtually-enabled model of care be piloted?
- How will you support your staff to effectively deliver virtually-enabled models of care?
- Do you have a clear business model?
- How will you ensure that the solution is consumer and clinician experience-focused?

OBJECTIVES

Key objectives in this phase would in general include:

- Create a virtually-enabled model of care prototype co-designed with consumers and clinical staff
- Identify high level operating model and consumer engagement implications
- Outline a clear action plan on how to effectively build awareness and engagement
- Plan for piloting the prototype, conducting rapid low cost experiments.

ACTIVITIES

Activities we would recommend undertaking in this phase would commonly include:

- Generate concepts that address stakeholder needs and opportunity areas
- Consider feasibility and viability of concepts
- Design and build virtually-enabled model of care prototype/s with stakeholders
- Assess readiness of organisation, technology and people
- Outline risks and mitigation strategies for the virtually-enabled model of care.

OUTPUTS

Key outputs from this phase would typically include:

- Tested virtually-enabled model of care prototype/s, evidence and feedback
- Identified target group consumers and clinicians
- Stakeholder engagement strategy
- High level model of care, operating model, people, process and technology considerations
- Risk assessment
- High level pilot path plan.

How Deloitte can help?

Deliver: Pilot & Scale

We can assist you to take market-tested prototypes and running proof of concept pilots at scale. Bringing successful pilots to life through controlled implementation and scaling, gaining a clear understanding of assumption validity and impact to all stakeholders.

KEY QUESTIONS

These are the types of questions we would typically discuss with you and your team.

How would you pilot the virtually-enabled model/s of care?

- Who are the target groups for the pilot?
- How will you measure pilot success?
- What resources, partnerships or technologies do you need to build it?
- How do you further embed virtual health into care delivery?

How would you scale the virtually-enabled model/s of care?

- What are your scaling diagnostics and criteria?
- How do you build confidence and buy in for scaling?
- How do you test and manage unknowns and risks?
- What operating model and governance structures are needed?
- How do you facilitate adoption?

OBJECTIVES

Key objectives in this phase would in general include:

- Gain understanding and evidence base of the acceptability and relevance of the piloted virtually-enabled models of care
- Decide on whether to scale, close or further pilot the virtually-enabled models of care
- If the decision is to scale, develop and execute a build and implementation plan
- Implement virtual health solutions and process changes.

ACTIVITIES

Activities we would recommend undertaking in this phase would commonly include:

- Design pilot(s) based on successful prototype(s)
- Engage resources, stakeholders, vendors to enable execution of pilot(s)
- Recruit consumers and clinicians for involvement
- Establish governance structures and 'buy in'
- Implement process, people, technologies for scaling
- Operationalise virtually-enabled models of care at scale with an iterative refinement process.

OUTPUTS

Key outputs from this phase would typically include:

- Virtually-enabled models of care pilot, findings, metrics and evaluation measures
- Detailed model of care
- Business case
- Technology architecture and vendor selection
- Build and implementation plan for scaling
- Seamless integration of virtual and in person channels.
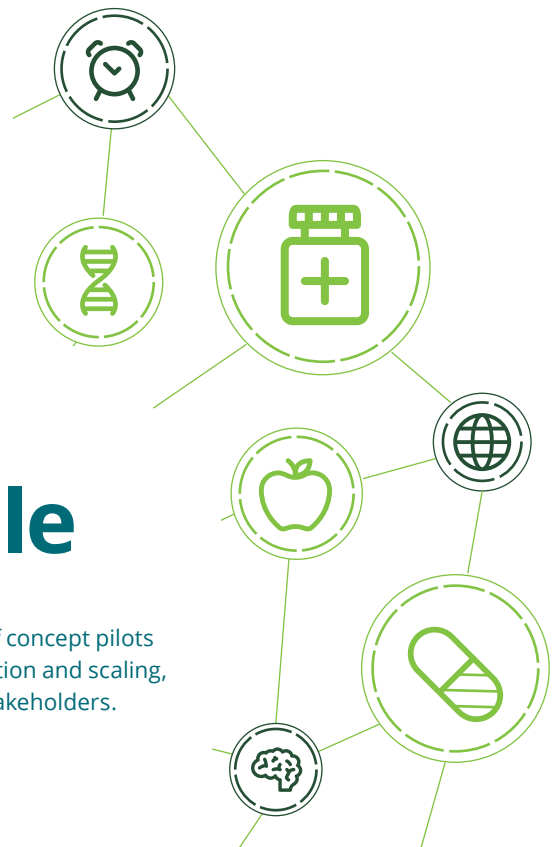
Optimise: Transform & Assure

We can support your ongoing delivery and improvement of virtually-enabled models of care through further enablement of leadership & talent, tools, infrastructure, stakeholder networks and platforms ensuring you continue to adjust to the changing technology, regulatory and consumer environment and continuously optimise.

KEY QUESTIONS

These are the types of questions we would typically discuss with you and your team.

What resources , partners and platforms do you need to maintain the virtually-enabled model/s of care?

- Does your organisation have staffing bandwidth to support services?
- Do you have the technical knowledge and skills to support the virtual health service?
- Do the financial incentives for clinical staff allow for volume growth?
- What partners and platforms could better enable service delivery?

What further opportunities do you see for virtually-enabled models of care in your organisation?

- How are you currently performing against benefit realisation targets and consumer and/or clinician expectations?
- Are you currently deriving insights out of the gathered data to identify areas of further improvement?
- What are the ongoing operational components to continuously improve your services?
- How can you reduce the cost and risk of our virtually-enabled model/s of care?

OBJECTIVES

Key objectives in this phase would in general include:

- Run continuous CX audits to ensure consumer and clinician experience vision is met
- Establish mechanisms to periodically address technical, process and people challenges
- Optimise data collection to provide insights to continue to drive enhancements
- Seek to ensure privacy and cyber-security compliance requirements are met
- Measure that financial and non-financial benefits are realised.

ACTIVITIES

Activities we would recommend undertaking in this phase would commonly include:

- Refine or develop onboarding and training approach for consumers and staff
- Refine and optimise virtually-enabled models of care based on feedback and insights
- Identify emerging technologies that may be used to enhance virtually-enabled models of care, reduce costs and risks
- Assess regulatory changes (when applicable) and adapt model of care or business model.

OUTPUTS

Key outputs from this phase would typically include:

- Operational and technical improvements for the virtually-enabled models of care
- Updated operating model and capability uplift plan
- Transformation roadmap
- Ongoing technical, clinician or consumer support.

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