INTEGRATED BENEFITS INSTITUTE

Shining a Spotlight on Virtual Care Use in the Workplace

May 3, 2022

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Agenda

- Introductions
- Background
- Research Questions
- National Health Interview Survey – 2020 Results
- Household Pulse Survey – 2021 Results
- UnitedHealthcare Claims Data Results
- Discussion on Employer Insights
- Q&A

Background

- Virtual visits have seen a dramatic increase since the beginning of the pandemic, yet has this increase remained throughout
- Additionally, the number of virtual visits may not have closed the gap in replacing in-person visits
  - Patients are likely not receiving necessary treatment
  - Possible disparity in receiving and providing adequate treatment
- Virtual care was the second highest concern of IBI members. We are combining data from national data sets and insurance claims to determine who is using virtual care, is use spanning the pandemic, and has it closed the gap?

Research Questions

National data:

- How many employees are using virtual appt in 2020 and 2021?
  - Are there differences by demographics? Health conditions?

Claims data:

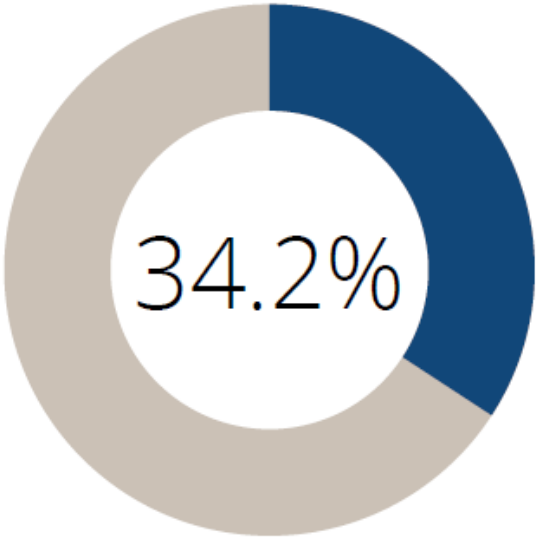
- What type of providers are subscribers using for virtual appt?
  - Are there differences in care? Demographics? Subscriber profile?

National Health Interview Survey (NHIS) 2020: Q3 and Q4

- Nationally representative online survey
  - Collected by National Health CDC
- 8,521 adults 18-64 years old who worked for pay in the past 7 days
- 28.3% of all employees had virtual appt with doctor, nurse, or other health professional in the past 12 months
  - 85% used virtual care for COVID-19 appts
  - No difference in virtual care from month to month yet increase in COVID-19 testing
- Focus on employees who saw a doctor in the past year (n=6,760)

4 in 5 employees visited a doctor in the last year

In 2020, out of those that saw a doctor, 1 in 3 employees used virtual care.



2020 National Health Interview Survey

No change in virtual care use from July to December

Employees going to urgent care or ER more often are more likely to use virtual care

Urgent Care Visits	Total	0 Visits	1 Time	2 Times	3+ Times
Virtual appt when care sought from doctor in past year	34.2%	**31.9%**	36.1%	39.8%	**52.2%**

ER Visits	Total	0 Times	1 Time	2+ Times
Virtual appt when care sought from doctor in past year	34.2%	**32.3%**	**43.5%**	**42.6%**

Virtual care significantly increases when days of work missed increases

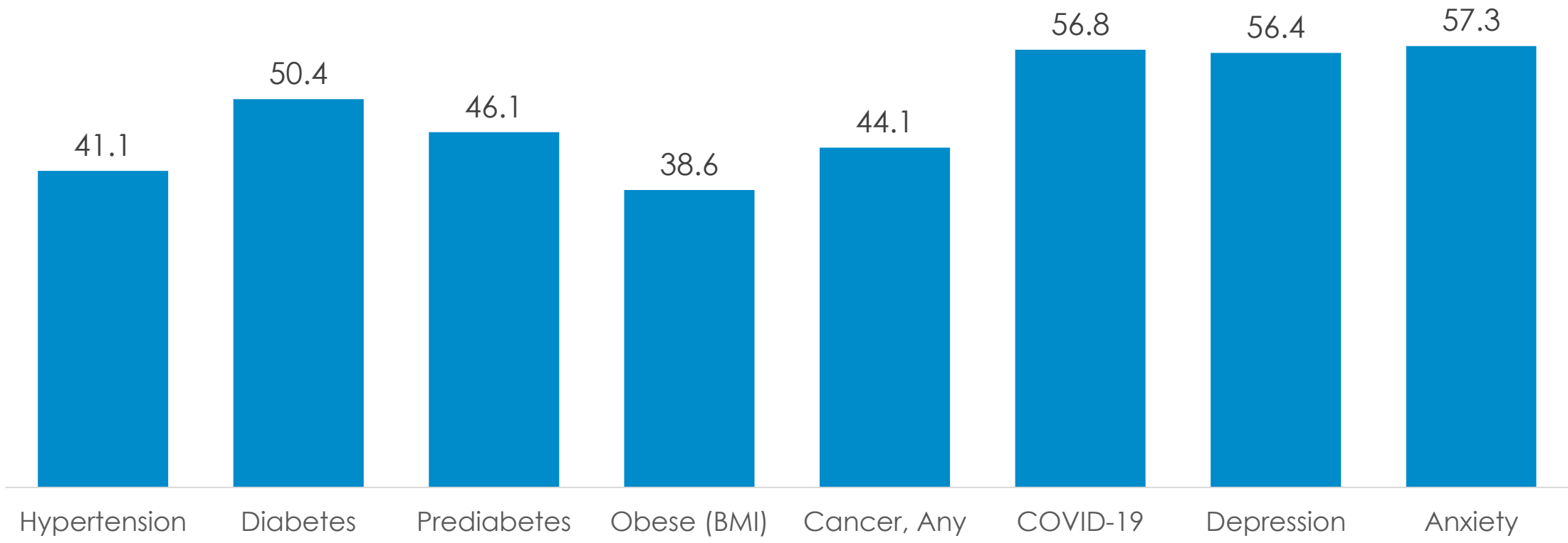
Days of Work Missed Due to Illness, Injury, or Disability	TOTAL	0 days	1-2 days	3-10 days	11+ days
Virtual appt when care sought from doctor in past year	34.2%	**28.8%**	**32.8%**	**42.6%**	**50.9%**

Employees with health issues and impairment increase telehealth use, especially when missing work

- Employees with a health problem that causes work restrictions or a self-reported impairment use virtual visits more than employees with no restrictions or impairments.
- Virtual use increases when days of work are missed due to illness, injury or disability.
- These employees also use virtual care more when they do not miss any days of work OR when they miss many days (11 or more).

Virtual visits could be useful for employees with mental health issues, diabetes

Percentage of employees who had a virtual appt when care sought from doctor in past year

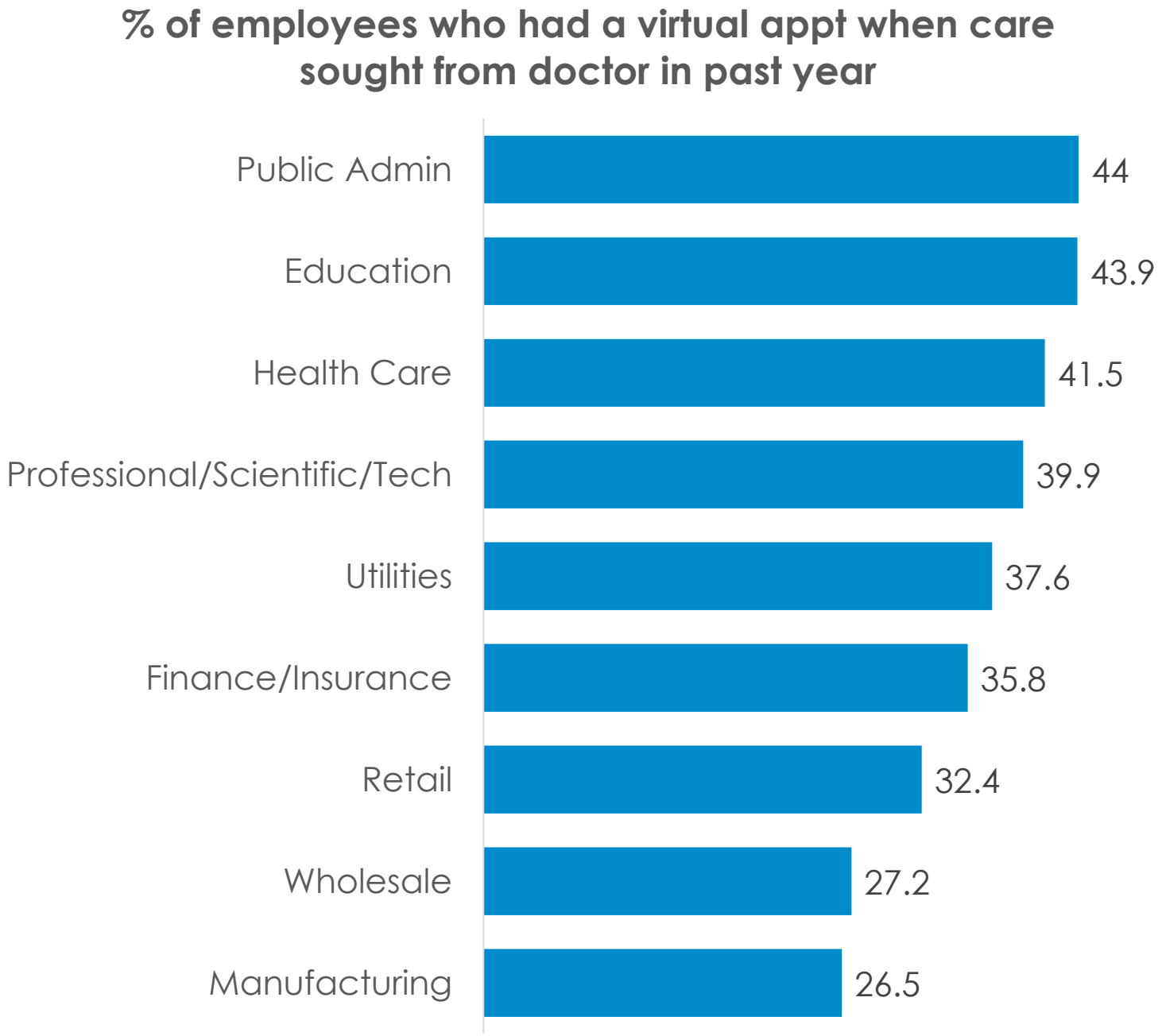


No change in virtual use and days of work missed for those with diabetes; however, there is an increase in virtual use for employees with depression

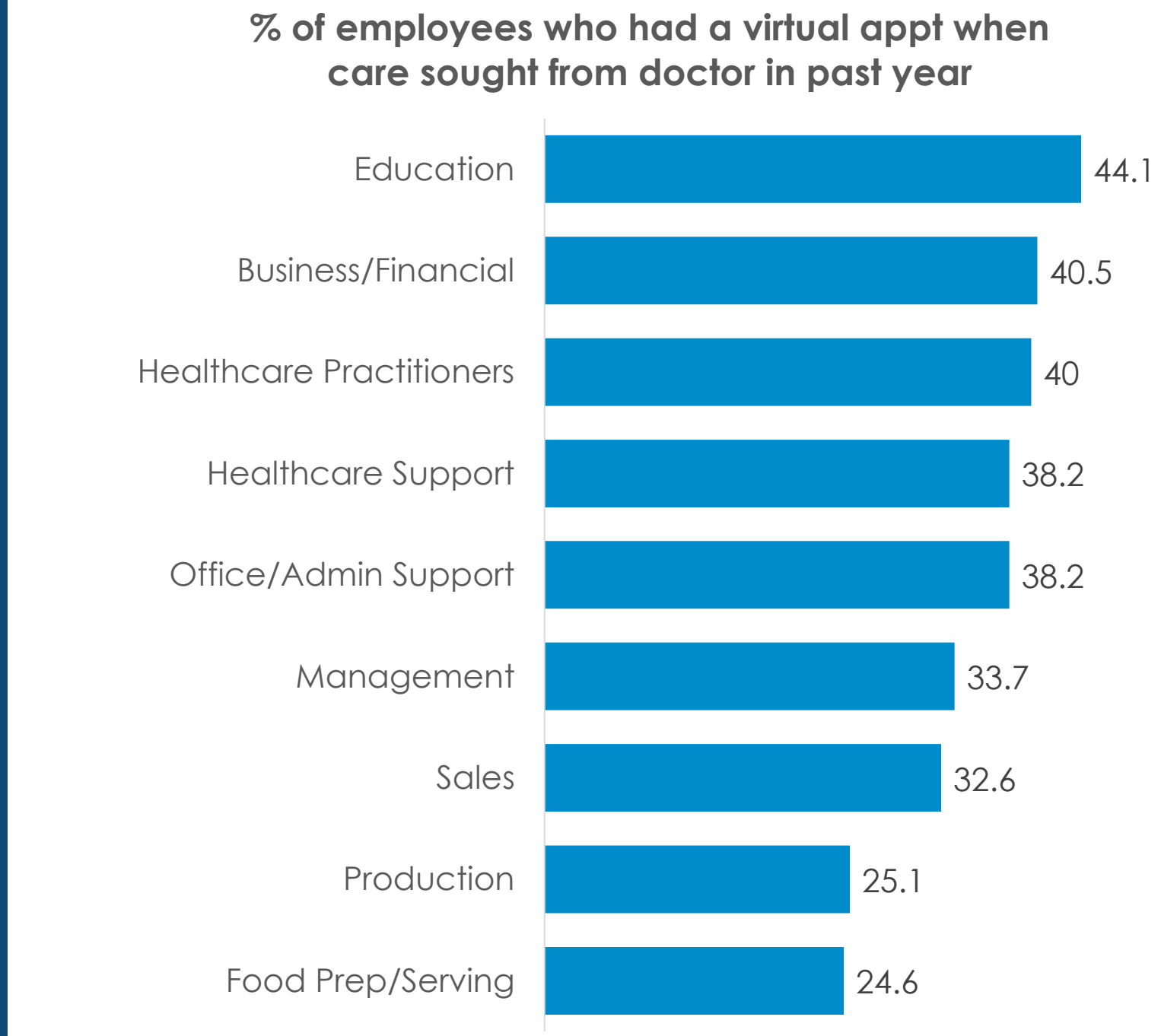
% of employees who had a virtual appt when care sought from doctor in past year by the number of days they missed work due to illness, injury, or disability

	TOTAL	0 Days	1 -2 Days	3-10 Days	11+ Days
No Diabetes	**33.2%**	**27.7%**	32.3%	42.0%	49.7%
Diabetes 4.7%	**50.4%**	**47.0%**	42.4%	55.3%	62.6%
No Depression	**30.1%**	**26.2%**	**28.2%**	**37.0%**	**45.2%**
Depression 13.8%	**56.4%**	**49.1%**	**54.2%**	**61.6%**	**69.0%**

Public Admin, Education Industries Use Virtual Visits the Most; Wholesale, Manufacturing the Least



Education, Business/Financial Occupations Use Virtual Visits the Most; Production/Food Prep the Least



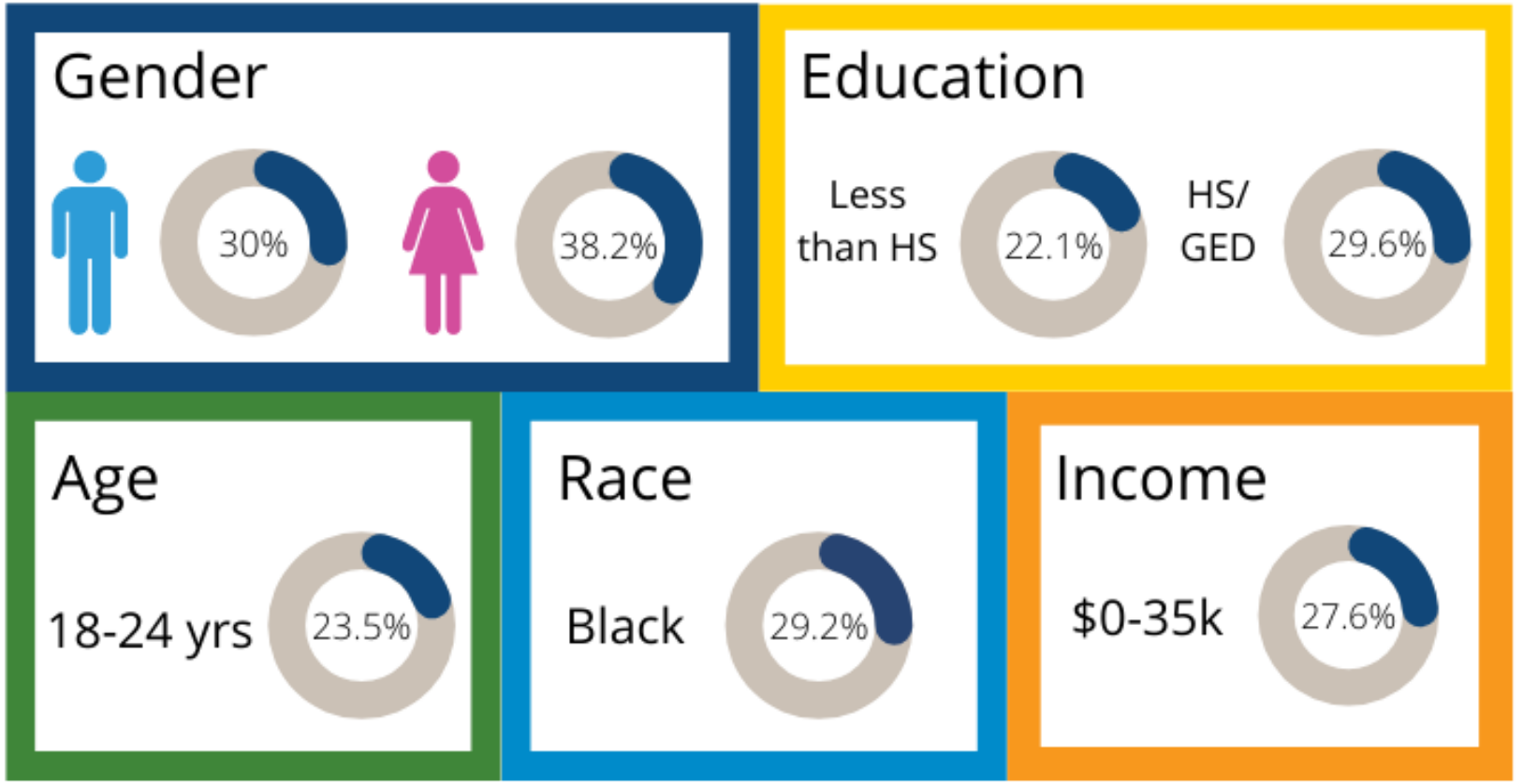
Access to virtual visits highest in Northeast, West; Rural areas have lowest access

% virtual appt when care sought from doctor in past year	TOTAL	Northeast 17.6%	Midwest 21.9%	South 36.2%	West 24.3%
OVERALL	34.2%	**39.1%**	**30.6%**	**30.5%**	**39.8%**
Urban 32.1%	**40.2%**	42.1%	**40.3%**	**36.0%**	**42.8%**
Suburban 26.0%	**34.7%**	40.7%	**29.0%**	**30.9%**	**44.4%**
Suburban/Rural 29.8%	**31.6%**	34.8%	**32.9%**	**27.5%**	**35.1%**
Rural 12.1%	**24.5%**	31.3%	**17.6%**	**25.8%**	**32.9%**

Heterosexual, never married, no health insurance coverage, excellent health less likely to use virtual care.

No difference in virtual use by number of kids, yet these are among employees already seeking care.

Males, 18-24 years, HS or less, Black, $0-$35K annual family income use virtual visits less



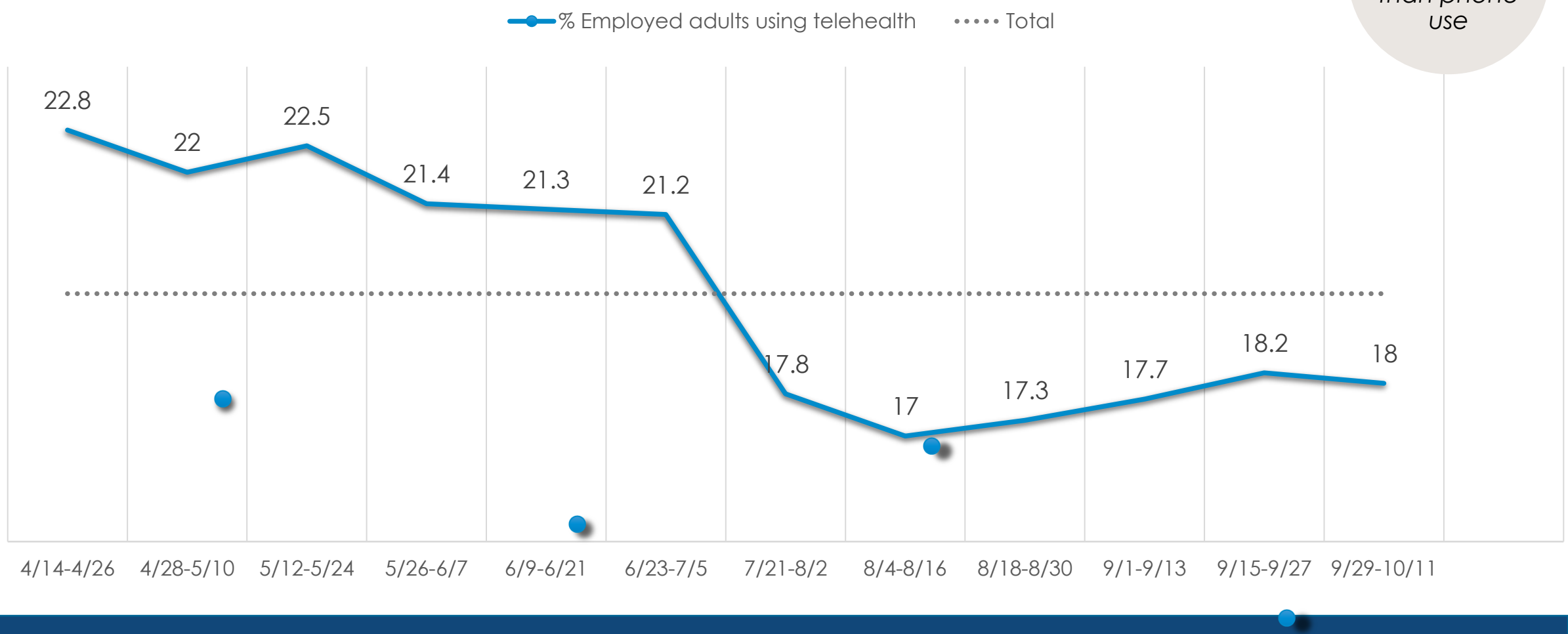
% of employees who had a virtual appt when care sought from doctor in past year

2021 Household Pulse Survey

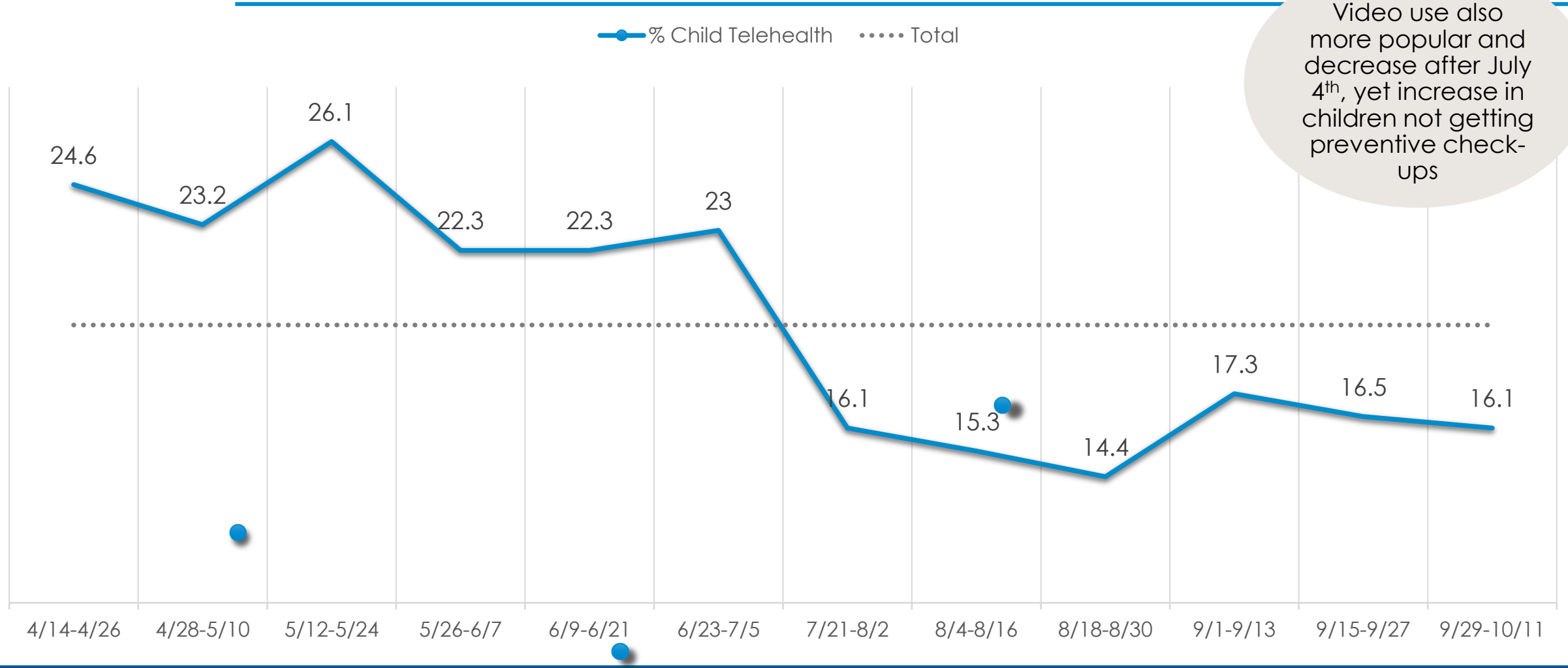
- US Census Bureau
- Weeks 28 to 39: April 14 through October 11, 2021
  - 3.1 April 14-July 5; 3.2 July 21-Oct 11
- 354,159 adults employed in the past 7 days
- Virtual appt with doctor, nurse, or other health professional by video or phone in the past 4 weeks for employees (and their children)

1 in 5 employed adults using virtual care from April to October 2021, decrease after July 4th

Video use more popular than phone use



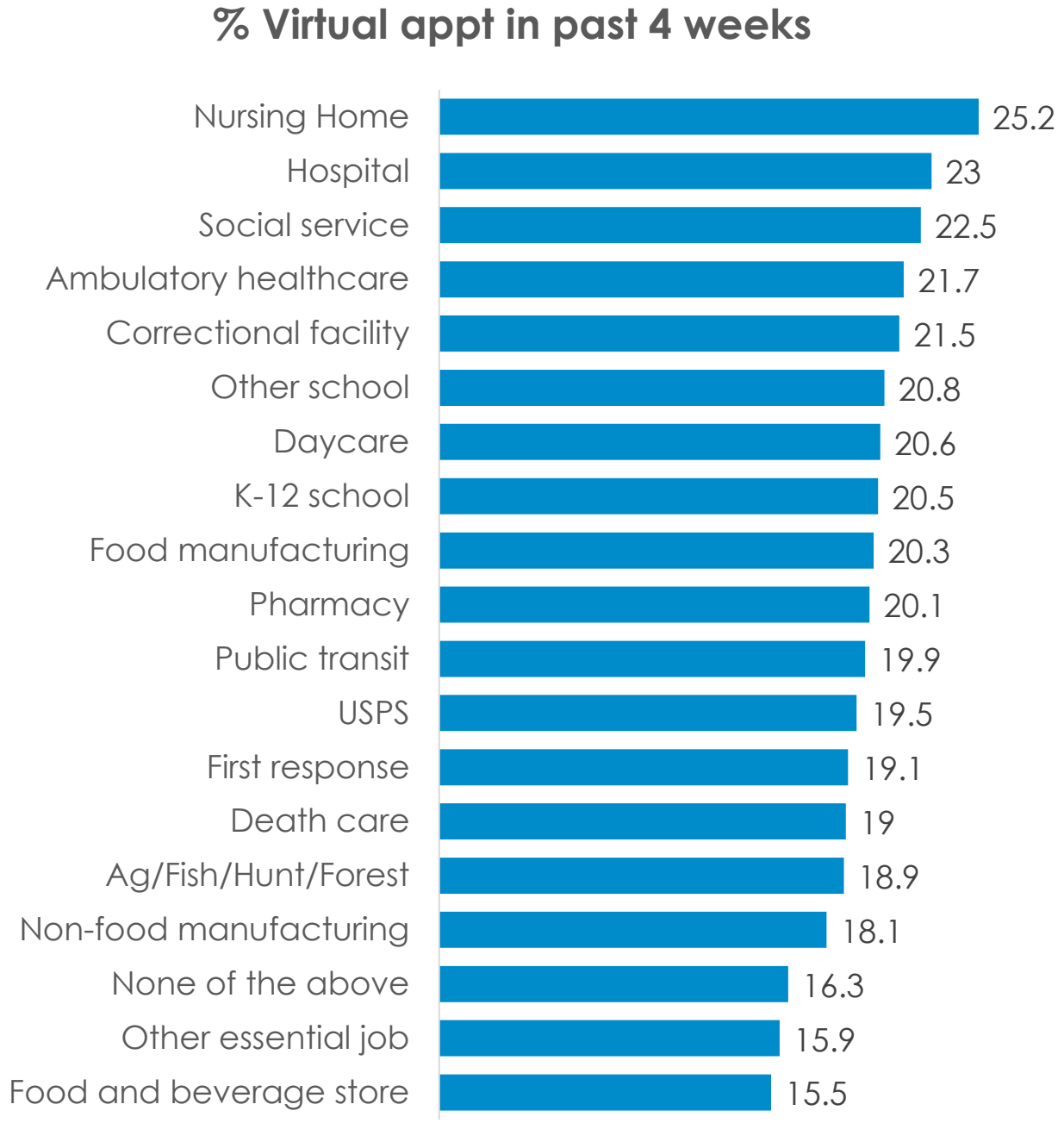
1 in 5 employed adults have children using virtual care from April to October 2021



Video use also more popular and decrease after July 4th, yet increase in children not getting preventive check-ups

Food/beverage store, Other essential workers using virtual care the least

Most employees worked in the private sector, yet use virtual care less



Health Status, Disability, and Healthcare Seekers Use Telehealth More

- **Employees use telehealth more when:**
  - Diagnosed with COVID-19
  - Received the COVID-19 vaccine
  - Delaying medical care due to the pandemic
  - Received Medicare coverage for disability
  - Increased self-reported impairment
  - Having in-person medical or dental appts

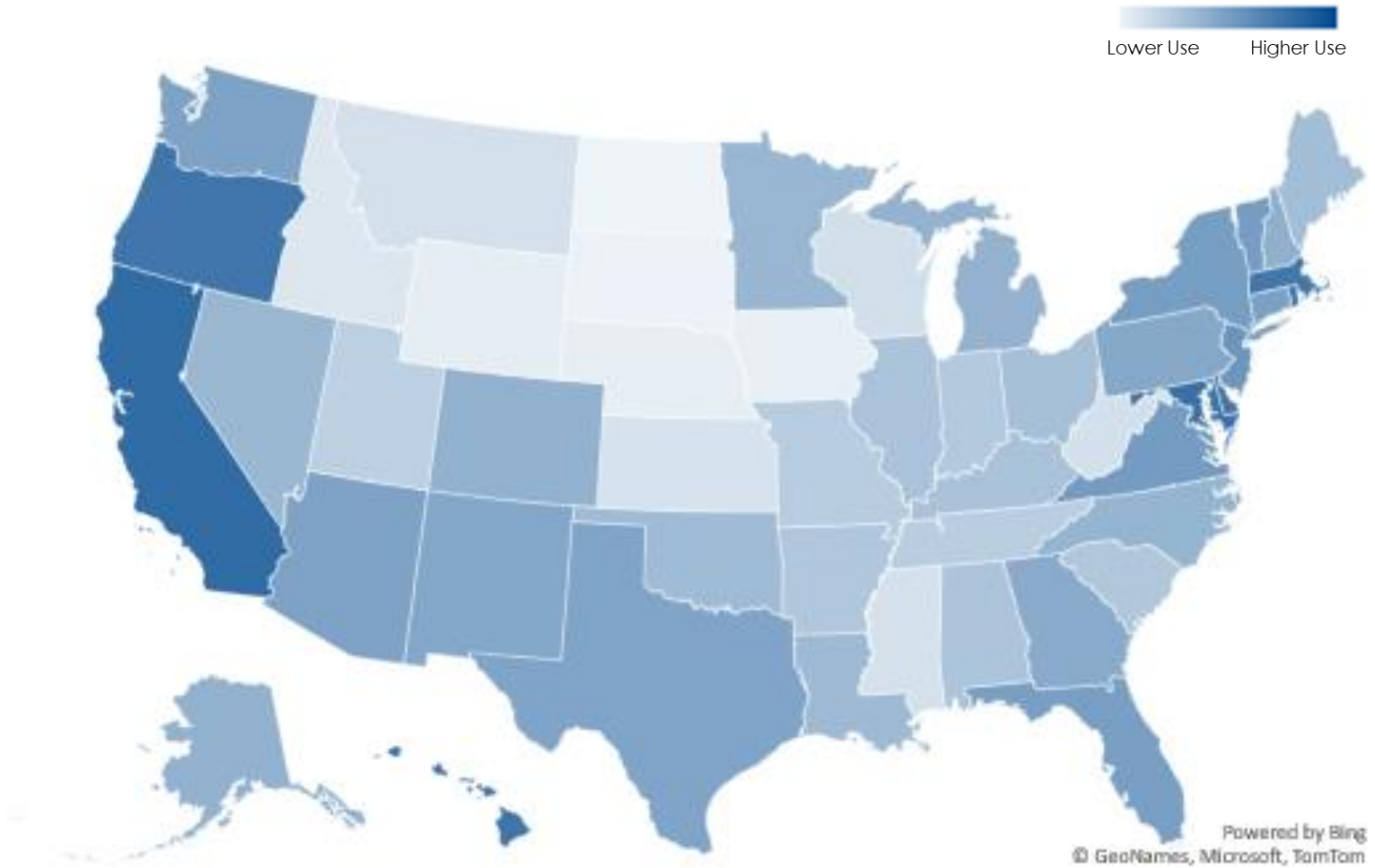
States in West, Northeast have higher virtual care use

% virtual care use in past 4 weeks by region

West	Midwest
23.9%	21.4%
22.3%	16.3%

Northeast	South
17.1%	37.6%
21.0%	19.3%

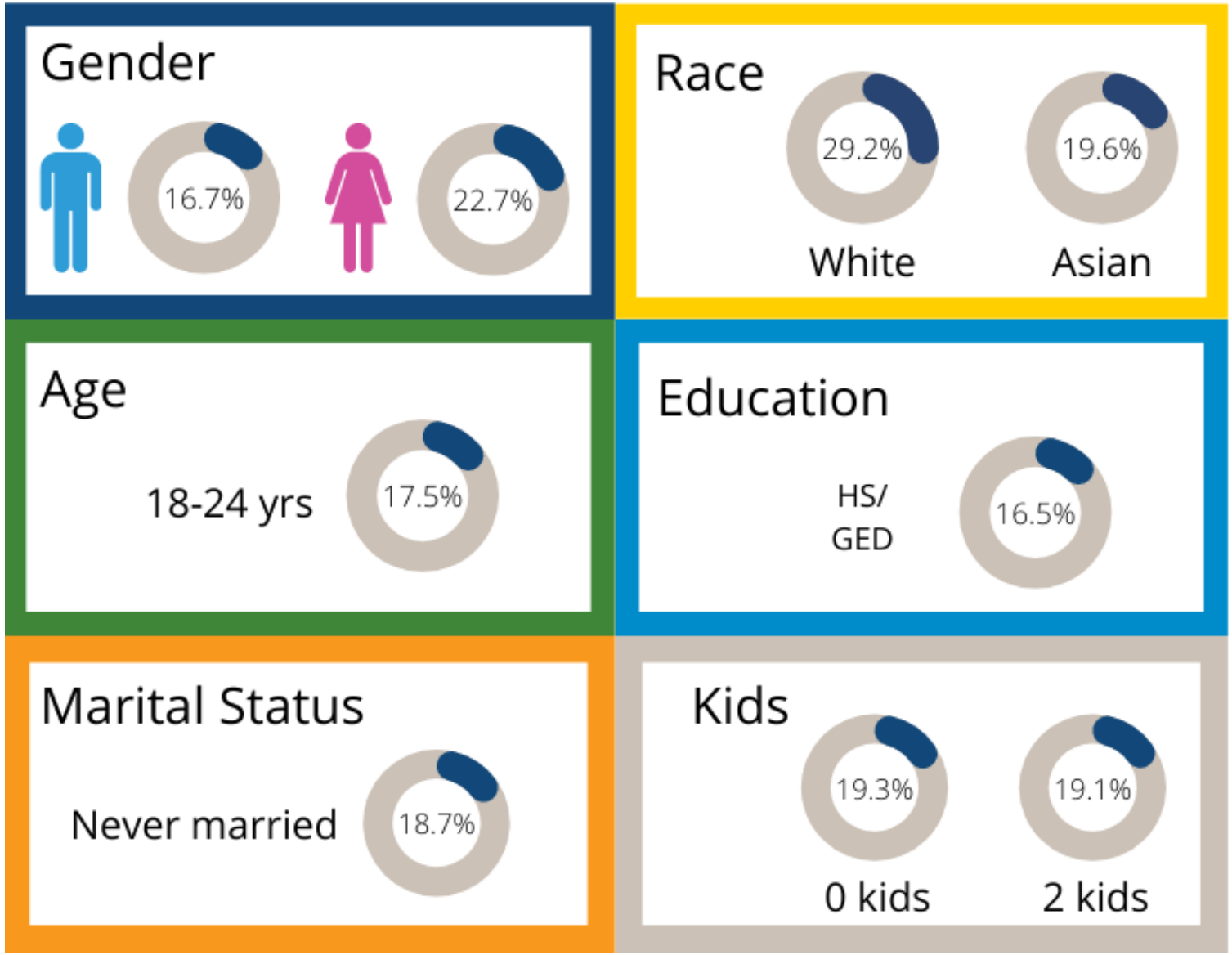
% difference in virtual care use in past 4 weeks by state from national average (19.7%)



Those who use virtual care less:

- Males
- 18-24 Years Old
- High School Education
- Never Married
- White Or Asian
- 0 or 2 Kids

% of employed adults who used virtual care in the past 4 weeks



Presenting on UnitedHealthcare Claims Data 2020-2021:

May Dorris

Associate Director, Center for Advanced Analytics

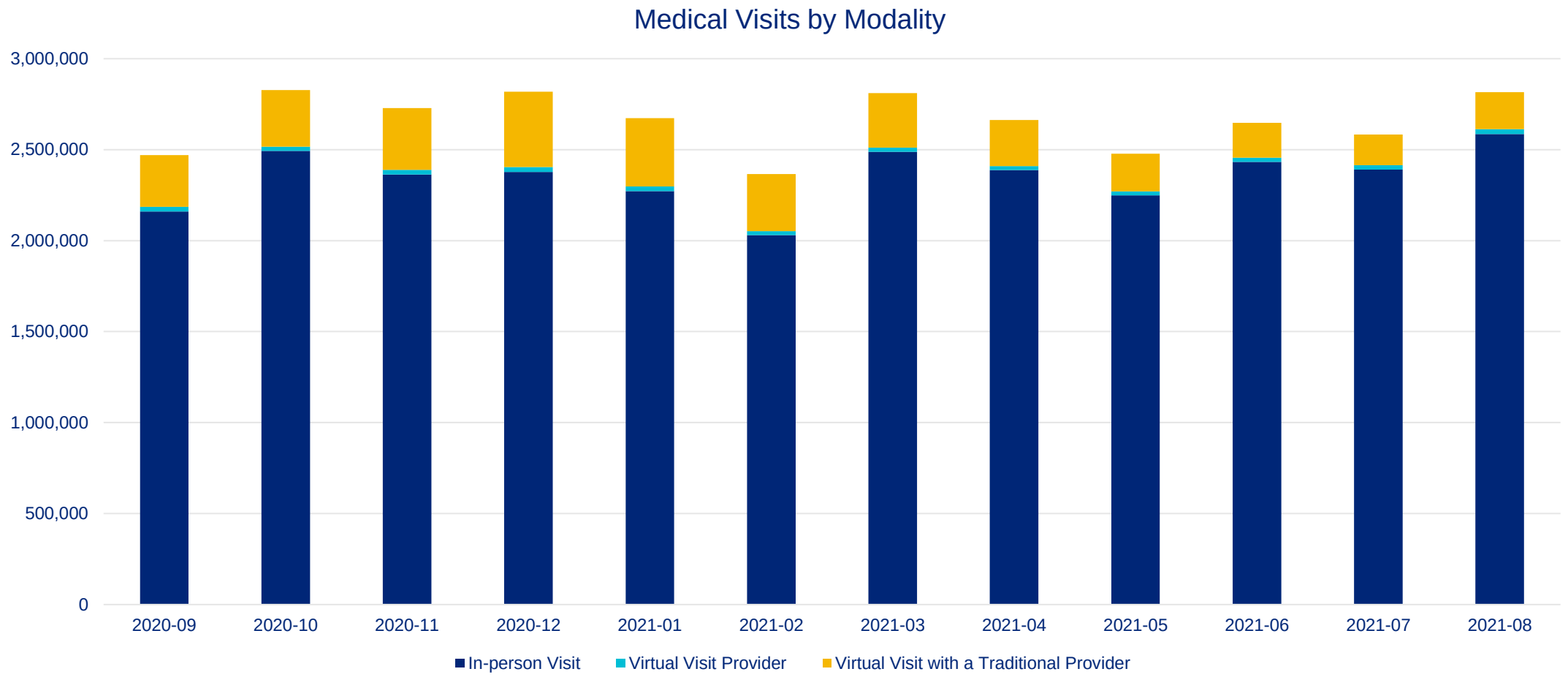
UnitedHealthcare National Accounts

Virtual Visits

November 22, 2021

United Healthcare

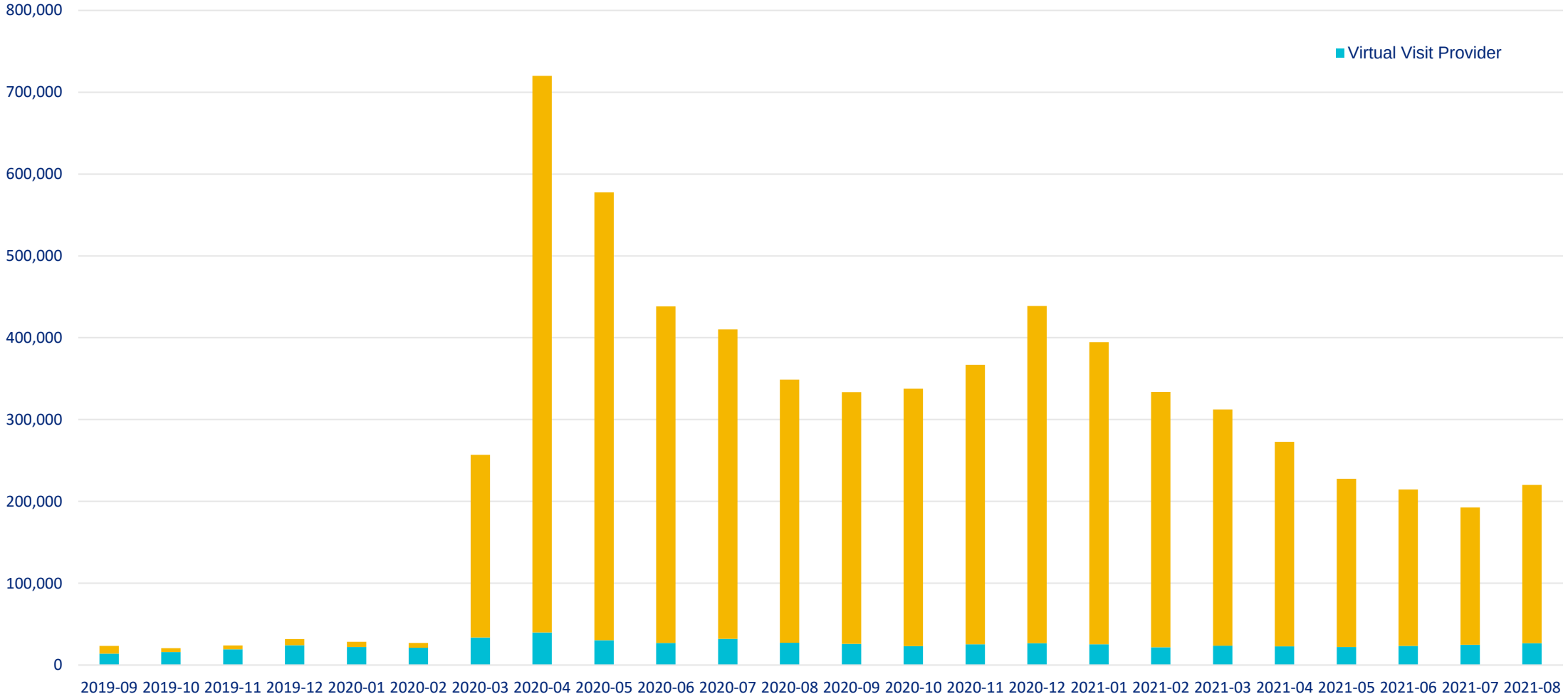
Medical Visits



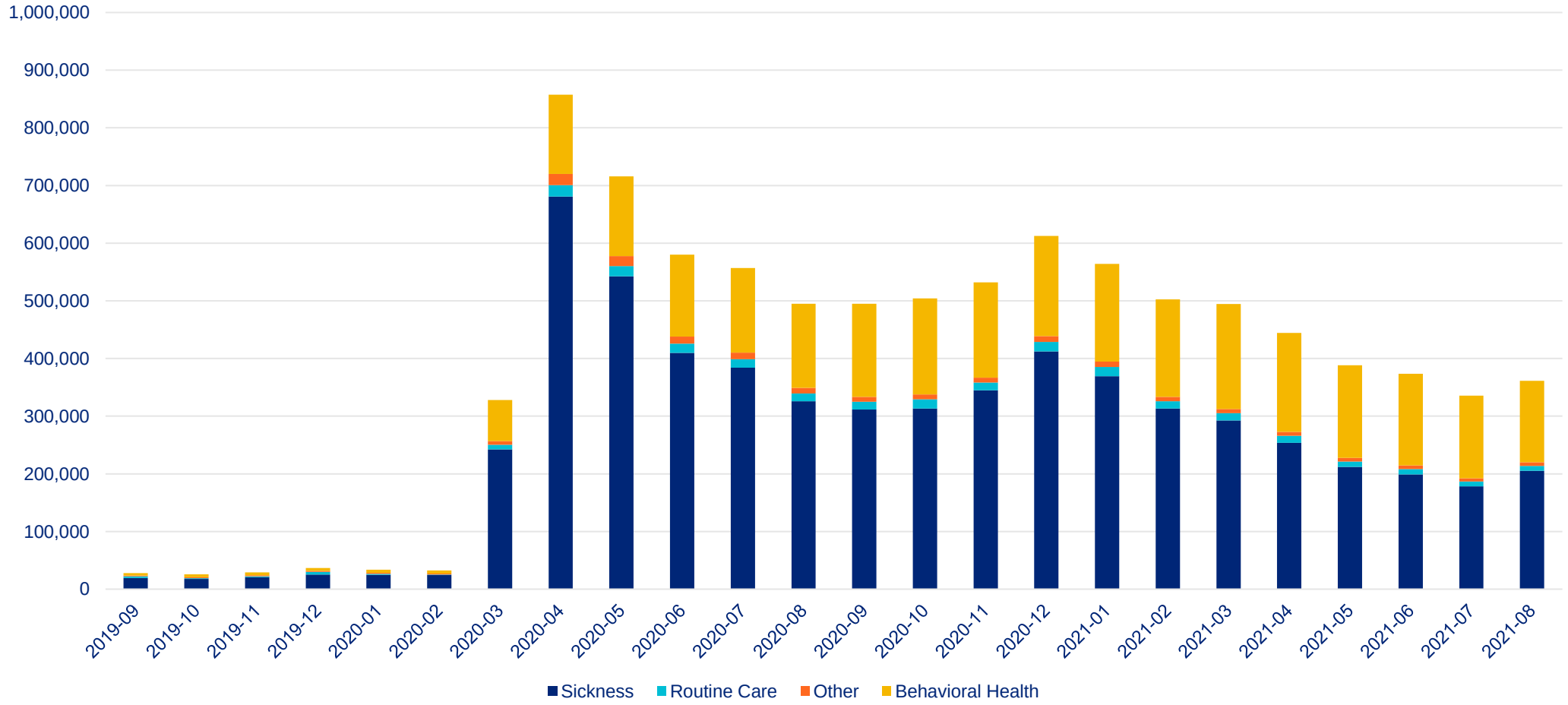
UHC National Accounts Book of Business, 6.3m members. Claims incurred January 2020 through August 2021, paid through September 2021.

Medical Virtual Visits by Month

UHC National Accounts Book of Business, 6.3 million members



Virtual Visit Cause



UHC National Accounts Book of Business, 6.3m members. Claims incurred September 2019 through August 2021, paid through September 2021.
Other Cause includes Maternity, Accident and Emergency Illness

Virtual Providers

Data Parameters

All Members

National Accounts Book of Business

Visits with Virtual Providers, both contracted and non-contracted.

Excludes Virtual Visits with Traditional Providers

Excludes Behavioral Health Visits

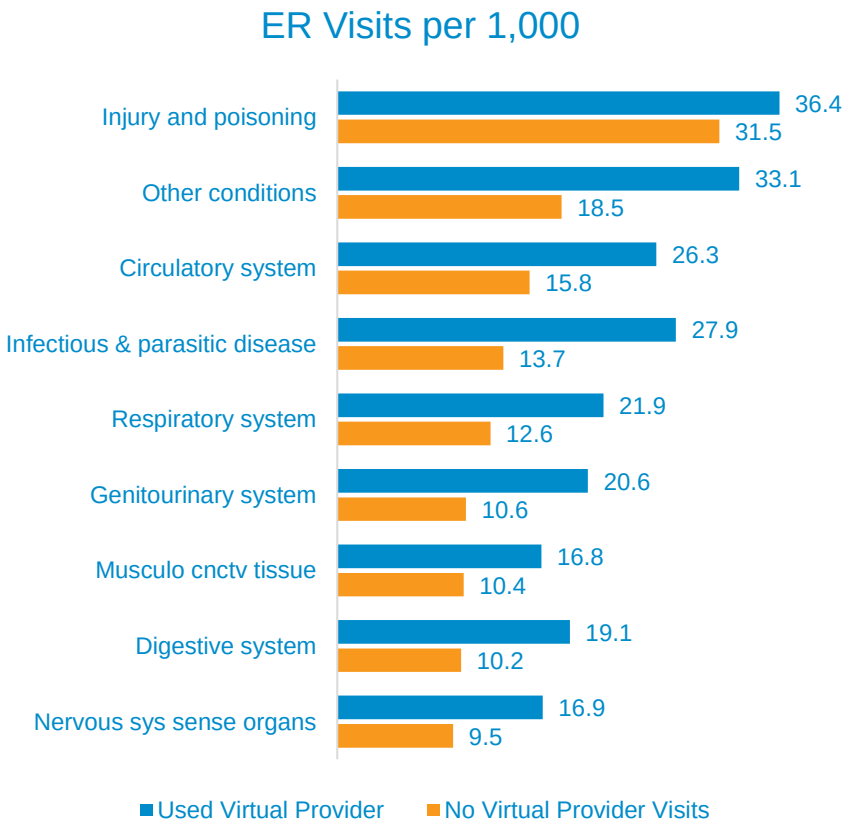
Claims incurred September 1, 2020 – August 31, 2021, paid through September 30, 2021

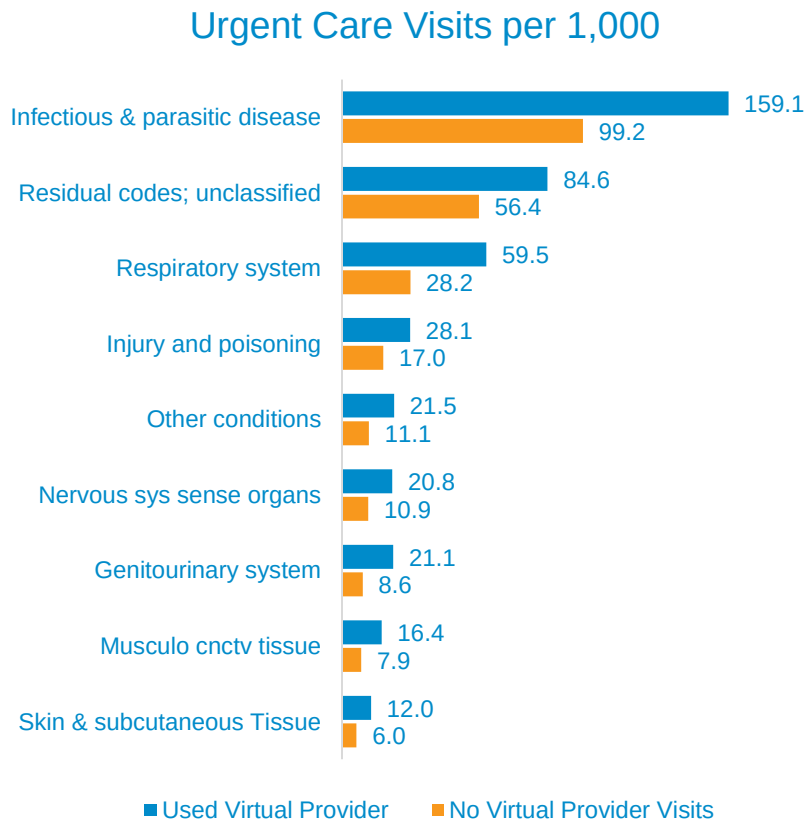
Members with a Virtual Provider

Member Virtual Visit Comparison	Members with a Visit with a Virtual Provider	Members with Claims but no Virtual Provider Visit	Members without Virtual Provider Visit
Members	129,085	5,248,838	5,915,180
Demographic Factor	0.958	1.010	0.976
Average Age (Member)	34.9	34.7	34.2
Retrospective Risk Score	1.199	1.182	1.032
Activation	69.8 %	63.3 %	62.0 %
PCP Enagement	66.1%	68.6 %	60.8 %
Allowed PMPM	$499	$573	$508
Risk-Adjusted Allowed PMPM	*$416*	*$485*	*$493*
Allowed PMPM (Non-CC)	$422	$446	$396
Risk-Adjusted Allowed PMPM (Non-CC)	*$352*	*$377*	*$384*
Catastrophic Claimants per 1000	5.5	7.2	6.4
Premium Provider Utilization	37.4 %	37.1 %	37.1 %
Inpatient Admissions per 1000	50.6	49.9	44.3
Inpatient Paid PMPM	$91	$102	$91
Inpatient Paid PMPM (Non-CC)	$56	$47	$42
ER Visits per 1000	259	179	159
Allowed per ER Visit	$2,579	$2,624	$2,624
Urgent Care Visits per 1000	437	287	254

Members with a Virtual Provider visit had **45% higher ER** utilization and **52% higher urgent care** utilization

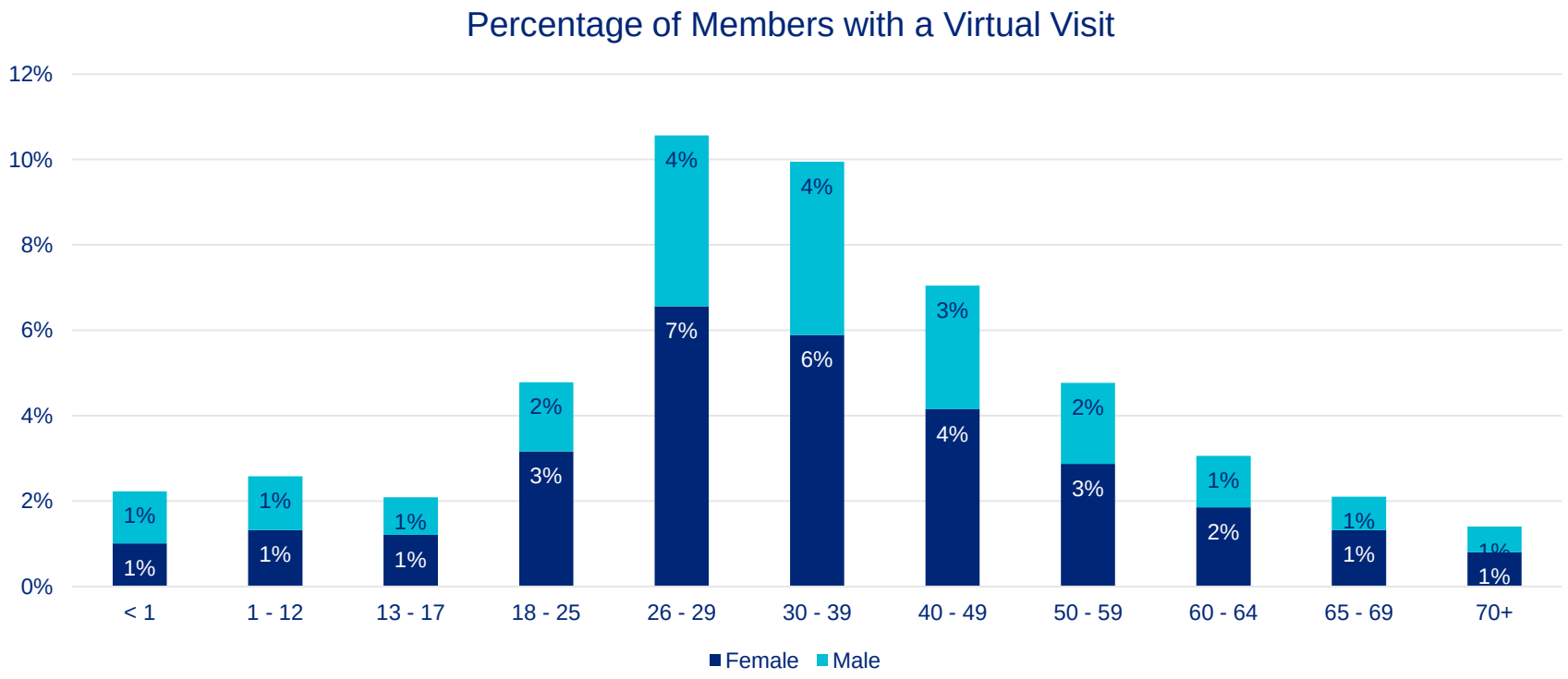
ER and Urgent Care Utilization by Virtual Visit Utilization





Virtual Provider Utilization by Age & Gender

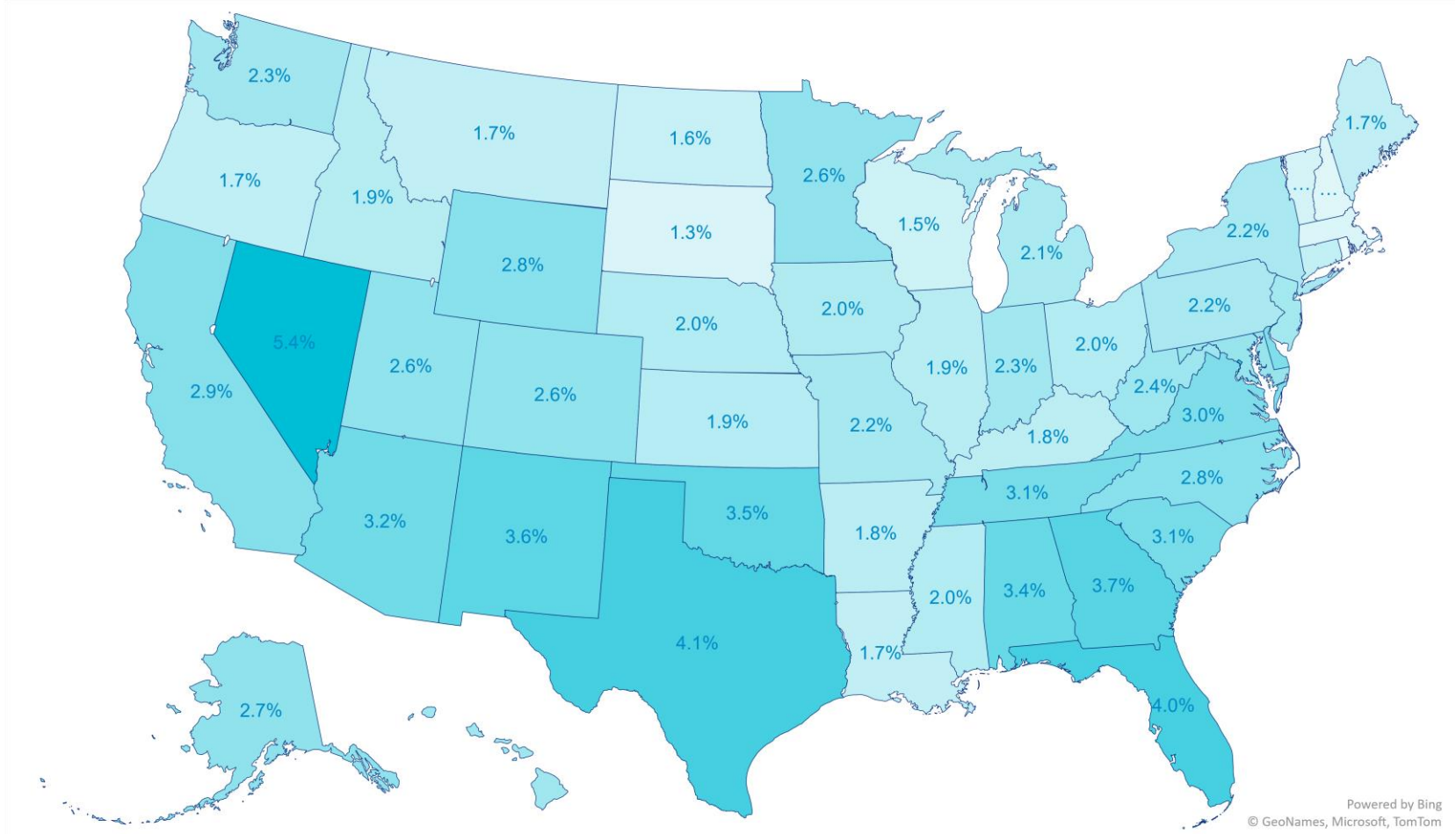
2.8% of members had a visit with a Virtual Provider



60%
of Virtual Visits were Female Members

UHC National Accounts Book of Business, 6.04m members. Claims incurred September 2020 through August 2021, paid through September 2021.

Percentage of Members with a Virtual Visit



CT	1.7%
DE	3.0%
MA	1.2%
MD	2.5%
NH	1.1%
NJ	2.3%
RI	0.9%
VT	1.3%

2.2%
of Rural Members had a Virtual Visit

vs

2.8%
of Urban Members had a Virtual Visit

High Speed Internet Access

7% of members live in counties with limited access to high-speed internet

Members with strong access to high-speed internet were

26%

more likely to have a virtual visit

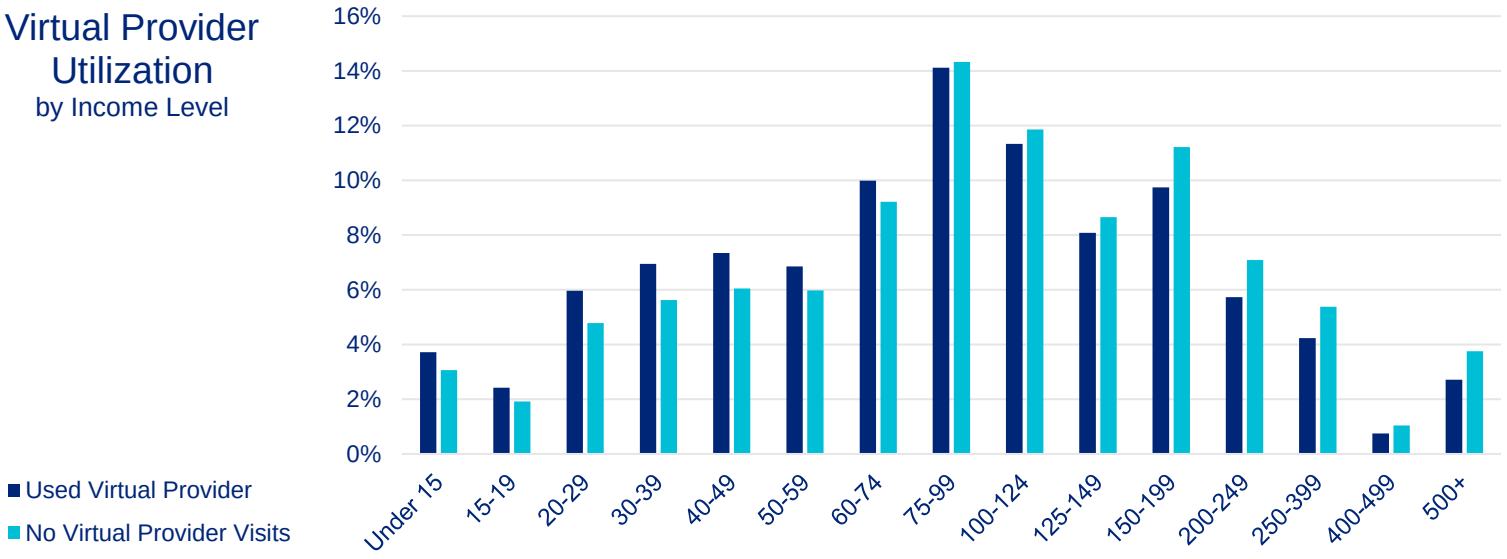
2.8% for members living in a county with 95% access vs 2.2%

70%

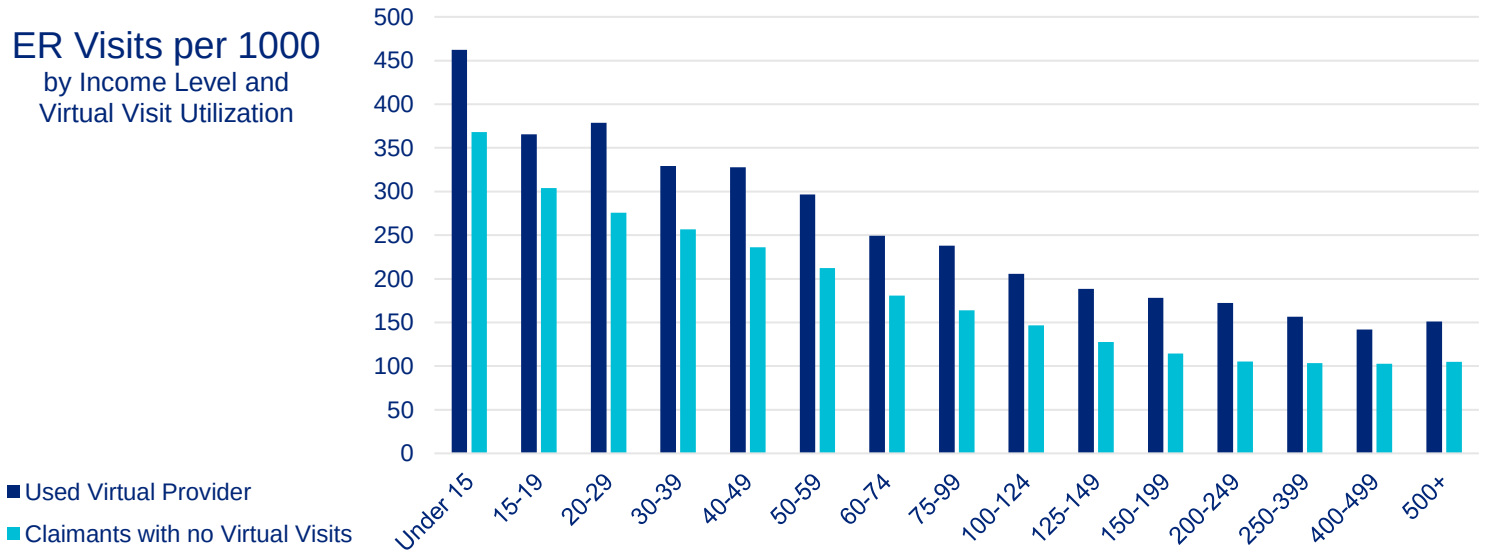
of members in rural areas had strong access to high-speed internet compared to 98% of members in urban areas

FCC Broadband Access Broadband defined as speed greater than 25Mbps download and 3 Mbps upload, excludes Satellite providers.
Strong access to high-speed internet is at least 95% of county population have access to high-speed internet

Virtual Provider Utilization
by Income Level

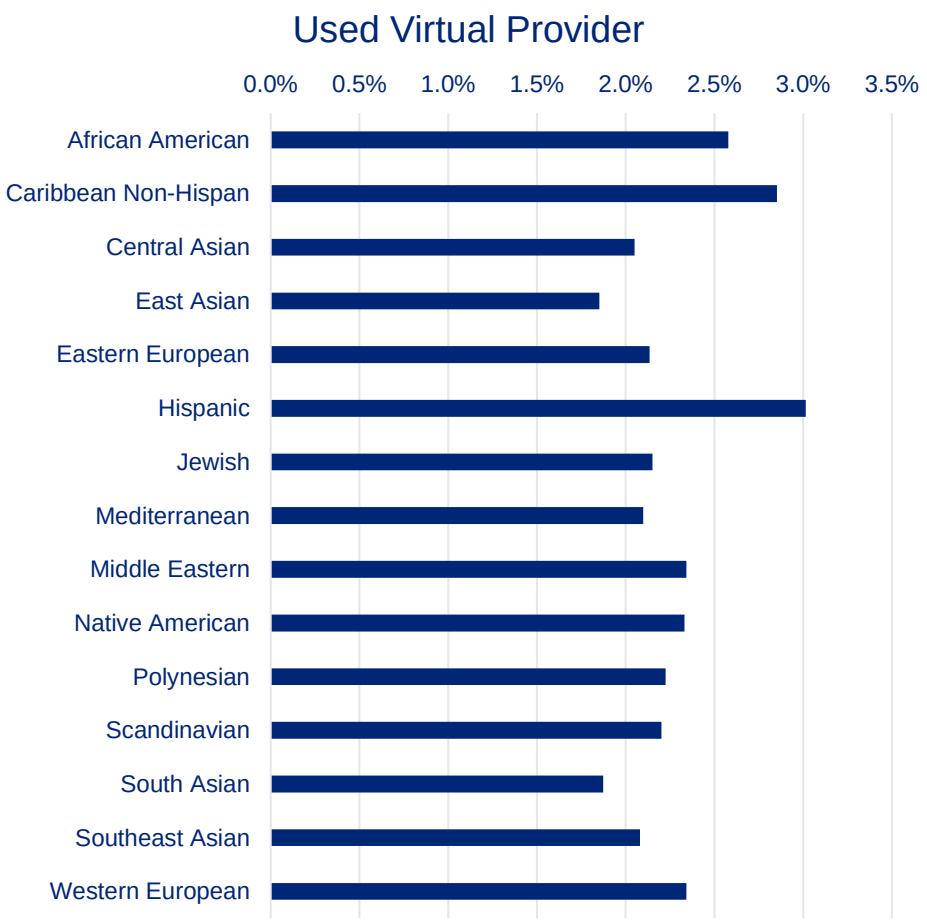


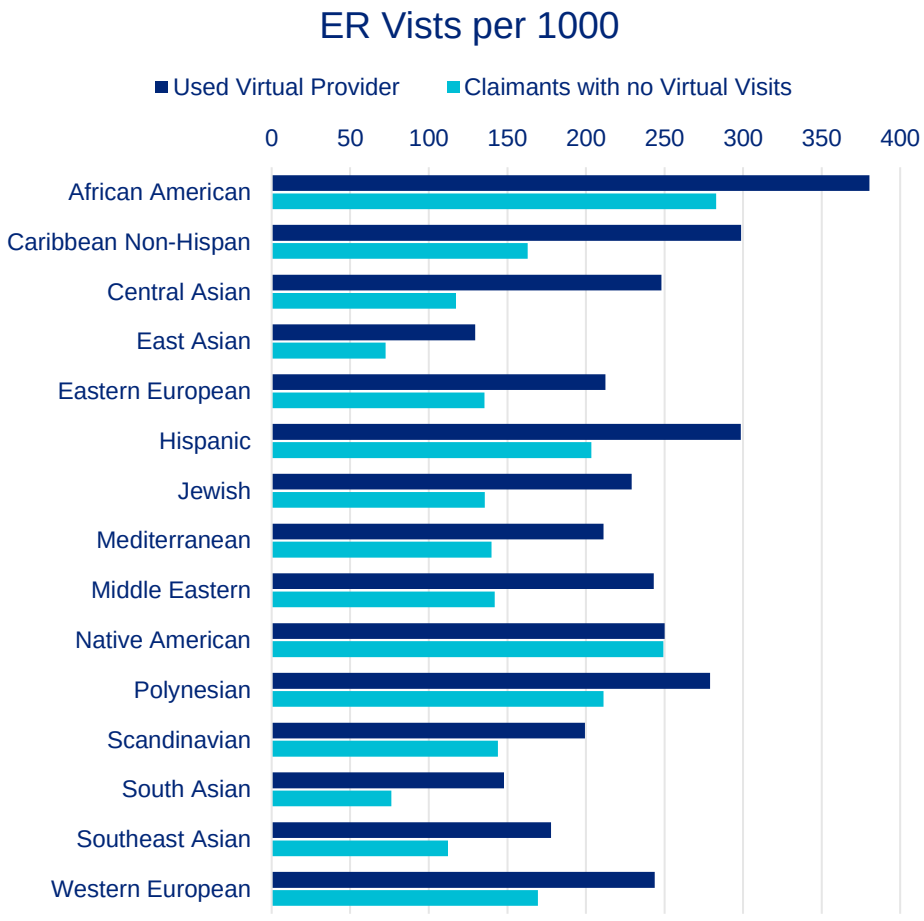
ER Visits per 1000
by Income Level and Virtual Visit Utilization



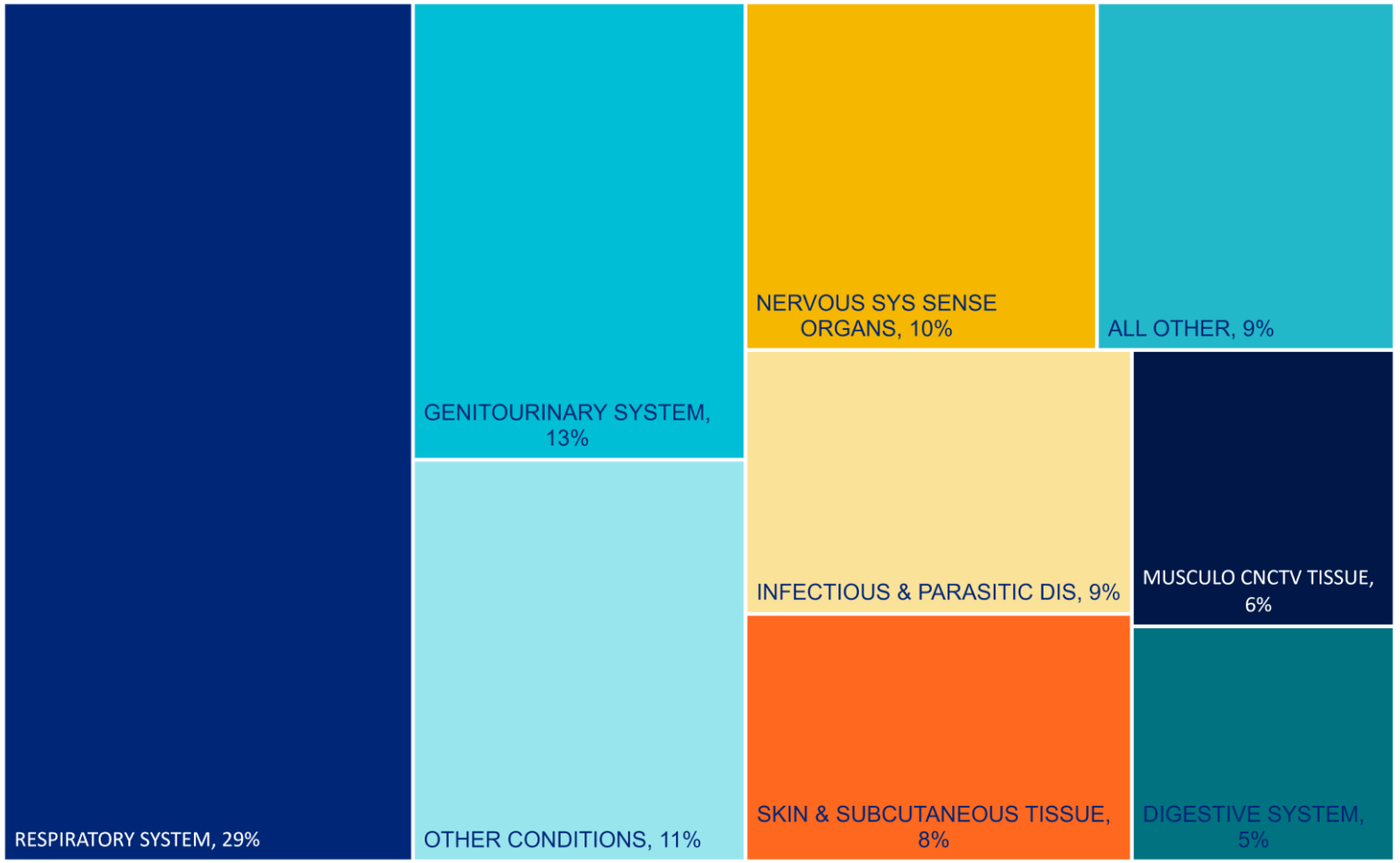
Members with a lower household income have a higher rate of virtual provider utilization

Virtual Visit Utilization by Ethnicity





Virtual Visits by AHRQ Chapter



Top 10 Diagnosis:

1. UTI SITE NOT SPECIFIED
2. ACUTE UP RESPIRATORY INFECTION UNS
3. ACUTE SINUSITIS UNSPECIFIED
4. RASH OTH NONSPECIFIC SKIN ERUPTION
5. ACUTE CYSTITIS WITHOUT HEMATURIA
6. ACUTE PHARYNGITIS UNSPECIFIED
7. COUGH
8. ACUTE MAXILLARY SINUSITIS UNS
9. LOW BACK PAIN
10. ACUTE VAGINITIS

COVID #24

Subscriber Medical Virtual Visits

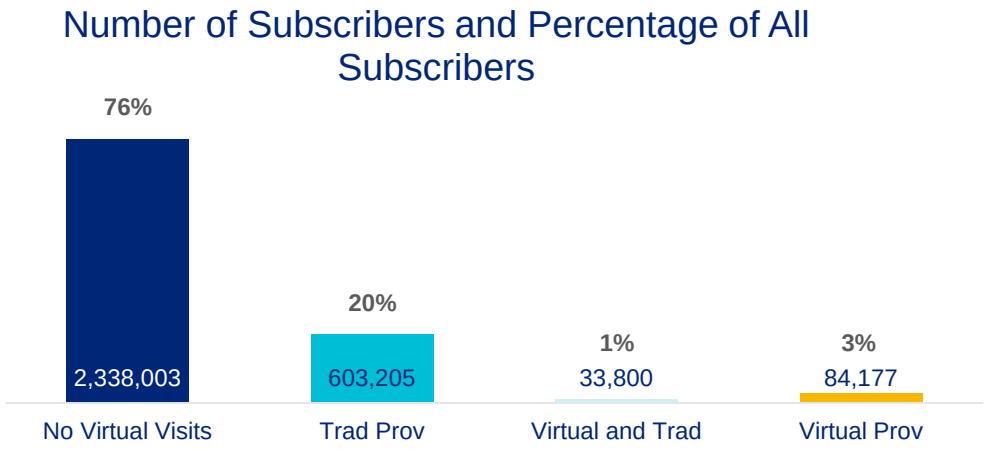
Data Parameters

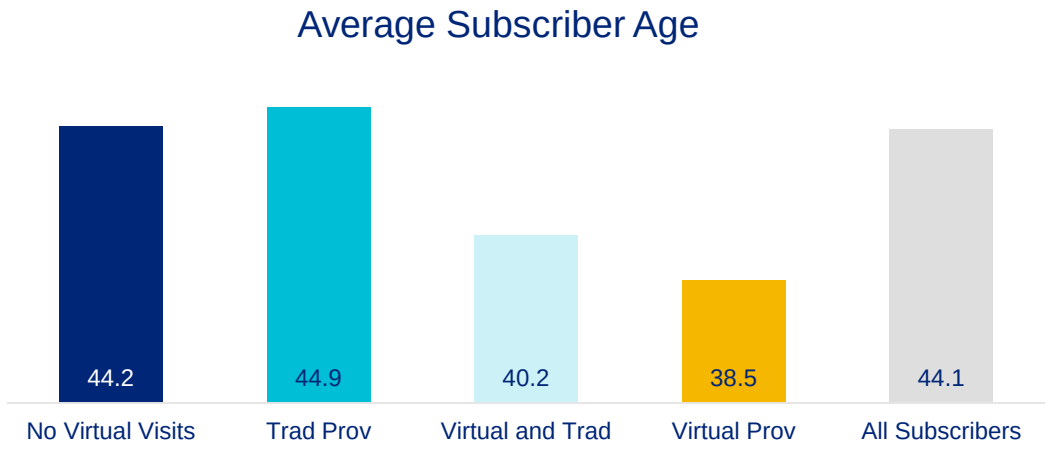
Subscribers only

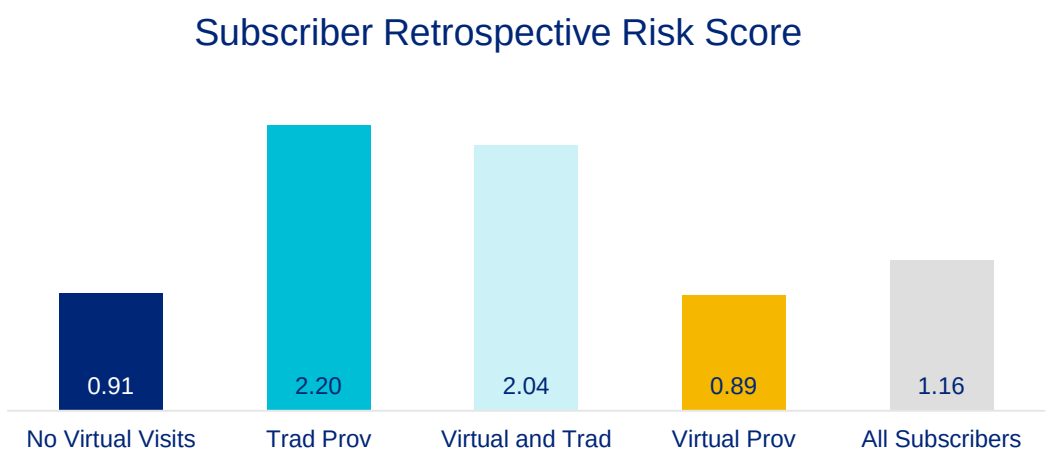
National Accounts Book of Business

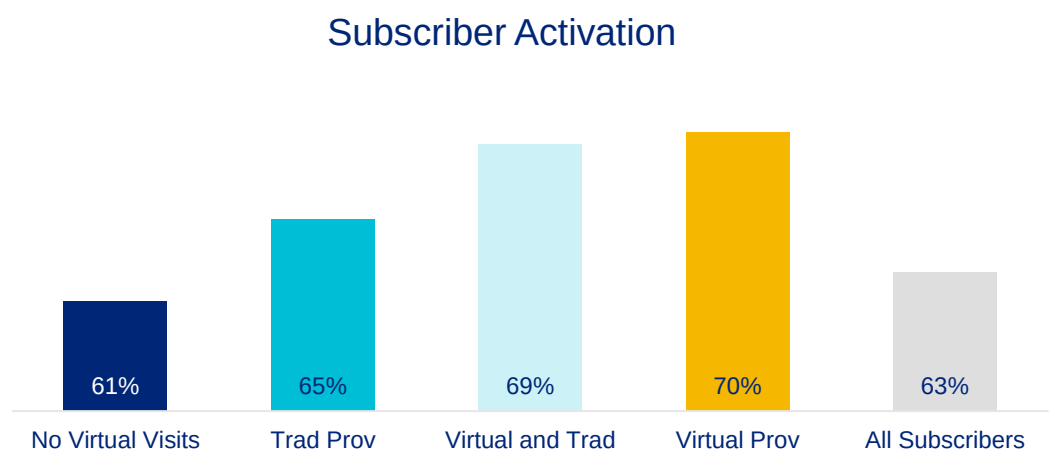
Claims incurred September 1, 2020 – August 31, 2021, paid through September 30, 2021

Subscriber Profile by Virtual Visit



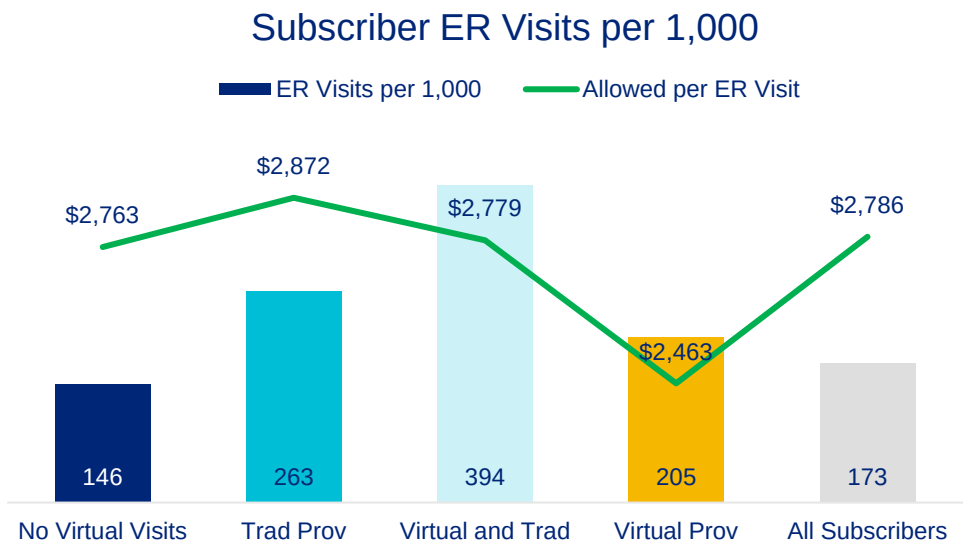


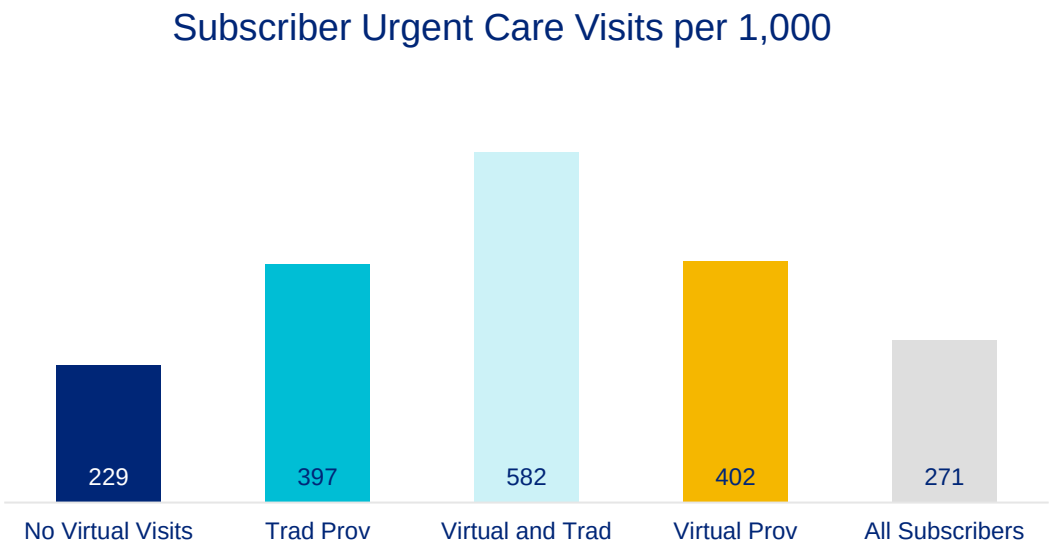




UHC National Accounts Book of Business, 3m subscribers. Claims incurred September 2020 through August 2021, paid through September 2021.
Average Member Age 34.2, Average Member Risk Score 1.033, Average Member Activation 62.2%

Subscriber Utilization



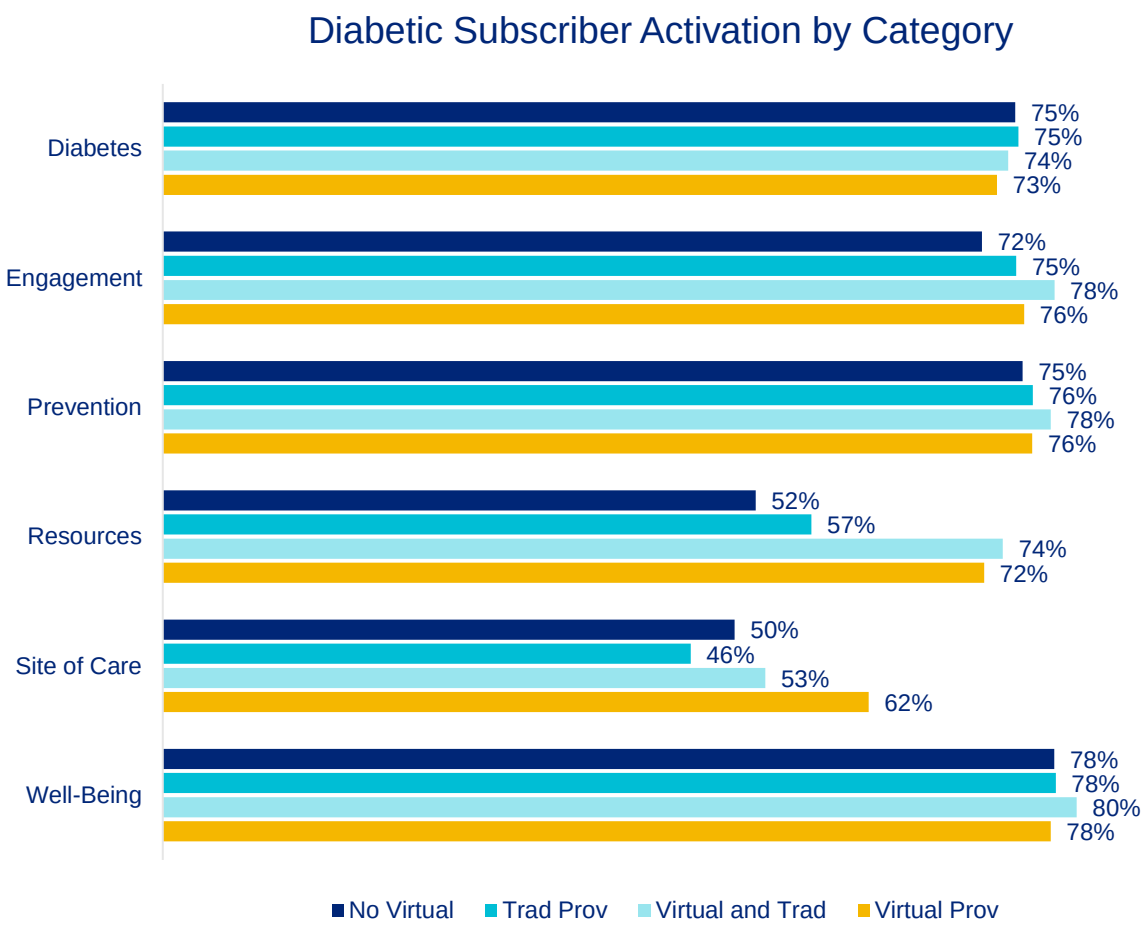


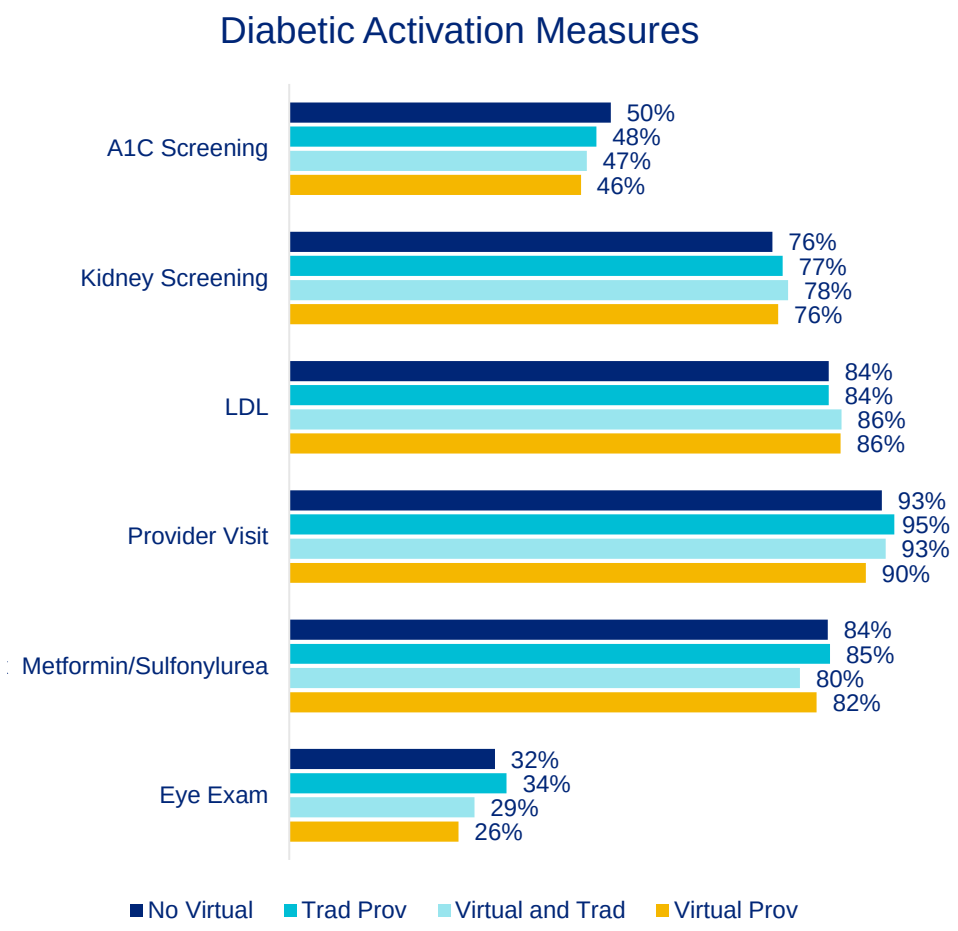
UHC National Accounts Book of Business, 3m subscribers. Claims incurred September 2020 through August 2021, paid through September 2021.
Member ER Visits per 1,000: 161, Member Allowed per ER Visit: $2,613, Member Urgent Care Visits per 1000: 258

Diabetic Subscribers

	No Virtual	Trad Prov	Virtual and Trad	Virtual Prov
Employees	198,976	97,001	4,164	4,713
% of Employees	65%	32%	1%	2%
% of Allowed	57%	40%	1%	1%
Average Age of Employee	54.4	47.6	47.9	46.8
Retrospective Risk Score	2.23	3.39	3.26	1.92
Allowed PMPM	$1,143	$1,657	$1,430	$704
Risk Adjusted Allowed	$512	$489	$439	$367
ER Visits per 1,000	229.5	347.8	570.6	355.2
Allowed per ER Visit	$3,383	$3,059	$2,806	$2,688
ER Allowed PMPM	$65	$89	$133	$80
Activation	70.3%	70.3%	71.5%	72.2%
Catastrophic Cases per 1,000	31.5	79.3	74.0	26.1
Urgent Care Visits per 1,000	182.8	297.0	517.1	390.0

Diabetic Activation





Kelly McDevitt

President, Integrated Benefits Institute

Employer Insights

- Large employers integrated **national virtual vendor providers** into their benefits plans well before the pandemic for employee convenience, cost saving to the employee, and the hope of less missed work time. See the value and need for greater access, especially as utilization skyrocketed during the pandemic.
- **Data to support health care programs** like virtual care are more important now than ever. While virtual care utilization data should be used to assure that access (geographic, financial etc.) gaps are being met, employers should also expand beyond costs and utilization to look at outcomes and even quality of provider care.
- **Make communications focused, concise, and intentional** – employers got creative (e.g., refrigerator magnets, postcards with QR codes) to send employees and their family's information regarding virtual care options.
- **Expand virtual care to meet the needs of all pillars of wellbeing** – physical, emotional, financial, and social – and work towards a medical home model for virtual care to create more holistic health solutions and meet individuals where they are in their health care journey.

Thank you!

We will be sharing a recording and slide deck after the webinar.