



ARTICLE

Is Digital Health the Answer to Patient-Centered Care?

A lot is said about “digital health”:

- How it can connect and empower populations to manage their health and wellness;
- How, through flexible, integrated digitally enabled care more people will gain access to healthcare;
- How, by moving care into the home or onto the mobile phone, that everyone will become (somehow) healthier — and even engage more in their own chronic disease management.

Can such a magnificent story be true, or is it a fairy tale?

It’s true that the transition from fee-for-service (volume) to value-based care has been ongoing for several years, primarily driven by Medicare. Value-based initiatives recognize the primacy of patient-centricity, prevention, earlier intervention, care continuity and non-facility community-based care — all important prerequisites to adoption of digital health by payers and providers.

The average cost of \$1,389-\$1,734 for an emergency department (ED) visit is far higher than the average primary care office visit of \$146-\$186, and far higher than a telehealth visit, which averages \$79^{1,2,3} — a mere 6.5% of the cost of ED visits!

And, due to the extreme convenience of telehealth visits (which are a component of digital care), patients are less likely to miss appointments and more likely to be on time for the telehealth visits, thereby enhancing physician productivity.

In addition, if you consider quality of care (and who doesn’t?) along with the total cost of care, then voila! — you get a better value proposition.

Digital health has the potential to be the doppelganger of the “real deal” doctor especially since telehealth — which includes the provision of services by remote physicians and allied health professionals — potentially represents a convenient, timely and cost-effective care delivery system for patients.

So far, it appears that digital health is stacking up to be an actuality and not a fairy tale.

Consumers love to consume, especially if it's data that comes from their own bodies

Plus, throw in the fact that consumers seem to love all things digital — and this is especially true when it comes to receiving “live” data streamed directly into their watches, iPhones and other devices. Just think about some of these trends in adoption over the last year or two:

- Growth of telehealth visits was strong in 2020, as reported by publicly traded Teladoc Health and Amwell. The estimated telehealth penetration rate is 15 percent to 20 percent.⁴
- Amazon's entry into the market will only strengthen the consumer experience and drive digital demand.
- The market for wearable devices from Apple and others is growing, as evidenced by Google's purchase of Fitbit for \$2.1 billion. Take the Apple watch, which has the capability to measure heart and respiratory rate, oxygen saturation (pulse oximetry), activity levels and sleep, and generate an ECG — all from the comfort of a patient's home, backyard or... well, anywhere.⁵

The functionality of remote monitoring devices, combined with convenience, low cost and high data quality, is *potentially* applicable to many chronic disease patients. This means that the interpretation of health data and the delivery of care in response to those data are no longer restricted to the doctor's office or the hospital.

Digital care is actually patient-centric care

If it is true that real primary care is what you, the patient, do for yourself in the home, then the state of healthcare has evolved to truly be patient centric. What is more patient centric than self-generating data then having the ability to text a doctor-on-demand and receive treatment that same day via phone?

Healthcare delivered in a clinic, or doctor's office, or even a hospital is, well, passé. The days when all patient visits occur in one of these settings are over. There will always be the need for a physical presence, especially for technical support, such as with surgical procedures. But primary care, urgent care and even ICU-level care is being moved into the home setting, or onto our phones — or into the nearest CVS.

Health data, the analysis of those data, and taking action to improve, correct or nudge those data in a direction that is beneficial for the patient's/consumer's health and wellness are now untethered from a physical ecosystem. Not all care is digital yet, but surely if we can get a heart rate reading from a watch, interpret it, make a diagnosis from it and provide guidance about it — all remotely now — think about what is possible five years from now.

What does this all mean?

The question (and competition) of who “owns” primary care is like the new water rights fights of California circa 1930. Everyone wants to own the main pipeline of patients, and the way to do that, it seems, is by getting them in the home and via their phone apps, as Apple, Amazon and Teledoc are doing.

So, if you are a health system or physician group, it makes good sense to evaluate how to begin or to advance on a strategy that includes “hybrid care” of digital, remote and at-home services.

All well-rounded strategies should include four key elements: (1) the technology required to support interoperability and access to data that a system or practice might not own;

(2) a firm “environment of care” needs assessment to understand what processes (new or amended care paths) are needed to support extended and connected-care management programs; (3) consideration of what new or amended workforce and skill mix is required to meet the needs of a hybrid-care model; and (4) development of a robust governance structure with the appropriate spans of control to ensure proper oversight and agility.

Digital health is not a fairy tale. It is a real story, and we are only on chapter 5 — in a book that has 20 chapters. So... ready, set, GO!

Endnotes

1. “‘Really astonishing’: Average cost of hospital ER visit surges 176% in a decade, report says,” June 4, 2019. <https://healthcostinstitute.org/in-the-news/usa-today>
2. Consumer Health Ratings, Doctors’ Charges, Physician Prices, Average Cost, Anesthesia: Cost of an Office Visit (MEPS). [https://consumerhealthratings.com/healthcare_category/doctors-charges-physician-prices-average-cost-anesthesia/#:~:text=Cost%20of%20an%20Office%20Visit%20\(MEPS\)&text=Average%20cost%20paid%20\(payments\)%20for,average%20visit%20cost%20was%20%24186](https://consumerhealthratings.com/healthcare_category/doctors-charges-physician-prices-average-cost-anesthesia/#:~:text=Cost%20of%20an%20Office%20Visit%20(MEPS)&text=Average%20cost%20paid%20(payments)%20for,average%20visit%20cost%20was%20%24186)
3. Ashwood, J.S., Mehrotra, A., Cowling, D., and Uscher-Pines, L., “Direct-To-Consumer Telehealth May Increase Access to Care but Does Not Decrease Spending,” *Health Affairs* 2017 36:3,485-491. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1130>
4. “Amwell Co-CEO on Amazon telehealth: We don’t see them as a competitor,” March 25, 2021. <https://finance.yahoo.com/video/amwell-co-ceo-amazon-telehealth-141921925.html>
5. Stanford study monitors heart patients with Apple devices. *MobiHealthNews*; March 25, 2021. <https://www.mobihealthnews.com/news/apple-backed-stanford-study-suggests-iphone-apple-watch-could-remotely-monitor-heart-patients>

JULIE KLIGER, MPA, BSN

Senior Managing Director
+1 510.207.1690
julie.kliger@fticonsulting.com

DAVID GRUBER, MD

Managing Director
+1 917.214.8318
david.gruber2@fticonsulting.com



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