

Getting from Hype to Hybrid

Employees deserve integrated care

By Stephen Ezeji-Okoye, MD

Chief Medical Officer, Crossover Health



The explosion in demand for telemedicine during the pandemic fueled not only a frenzy of interest in virtual care, but also virtual primary care (VPC) models. While all VPC models tout their ability to deliver scale, flexibility, and cost savings across an increasingly dispersed workforce, there are two distinct approaches that have emerged. First, the big telehealth providers, whose models were built around on-demand urgent care, are rapidly re-casting themselves as comprehensive primary care solutions. Yet they lack the longitudinal relationships, integrated team-based care models, and ability to deliver in-person care that a complete primary care offering requires. On the other end of the spectrum, traditional brick-and-mortar providers looking to virtualize their services are limited by their inability to coordinate care and manage high-quality referrals beyond their historical geographic catchment areas. So what is the best approach to bring value to employees?

As the pendulum swings back – with patients returning in-person for some deferred care while choosing to continue other types of care virtually –

it's clear that the future of employer-sponsored integrated care can't be served by virtual-only or geographically-constrained offerings. It demands a thoughtful, evidence-based hybrid approach.

But what form should such a hybrid care model take to ensure the best outcomes and a “surround-sound” care experience? And how do employees actually choose to navigate their individual care journeys when given the choice? A new national study looking at utilization of Crossover Health’s services over the past eighteen months of the pandemic sheds light on these and other questions, yielding some key insights about the critical role of team-based care within a hybrid in-person/virtual model.



One size won't fit all.

Our retrospective study looked at 331,967 visits with Crossover providers that occurred across our Primary Health offering, specifically looking at primary care, behavioral health, and physical medicine between January 1, 2020 and June 30, 2021, 63% of which were in-person and 37% were virtual. At the start of the pandemic, consistent with the trend seen nationally, in-person visits plummeted and virtual visits rose dramatically before hitting a plateau soon after. A more interesting story emerges when we look at specific clinical disciplines (Figure 1). For primary care, virtual visits accounted for over a third (35.8%) of all visits. For physical medicine, virtual visits only briefly surpassed in-person care, accounting for less than a quarter (18.2%) of all visits in that discipline. For behavioral health, by contrast, virtual visits held steady as the dominant mode of care, accounting for 72.5% of all visits.

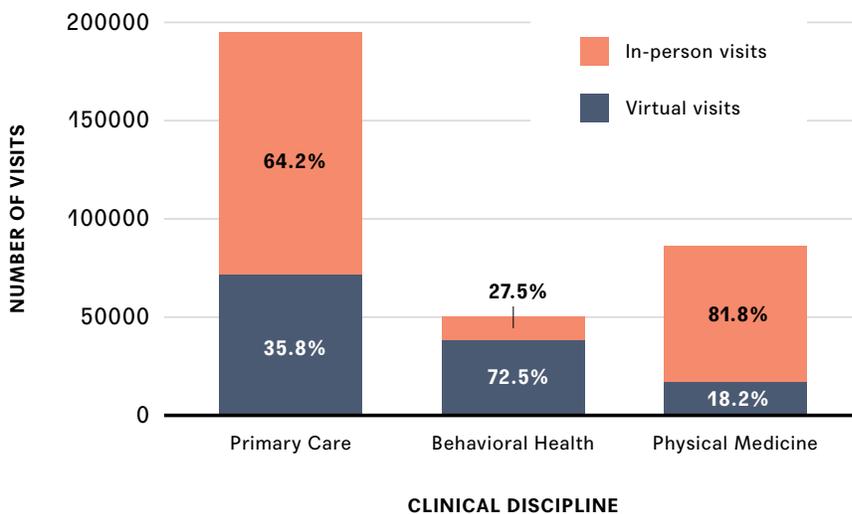


Figure 1. Frequency of In-person and Virtual Visits by Clinical Discipline.

Breakdown of 331,967 Crossover visits during 18 month COVID period.

While these trends show that some types of care, such as behavioral health, lend themselves particularly well to virtual visits (a finding confirmed elsewhere in the clinical literature), they also underscore that neither virtual-only nor in-person-only care can meet all the needs of an employee population.



Our data also reveals how patients moved organically between in-person and virtual visits, as shown in the patient flow chart in Figure 2. Over the study period, the majority of patients (87.1%) started with an in-person primary care visit. While 77.4% of them continued with in-person care, 22.6% went on to receive follow-up primary care virtually. Once again, these journeys varied by clinical discipline.

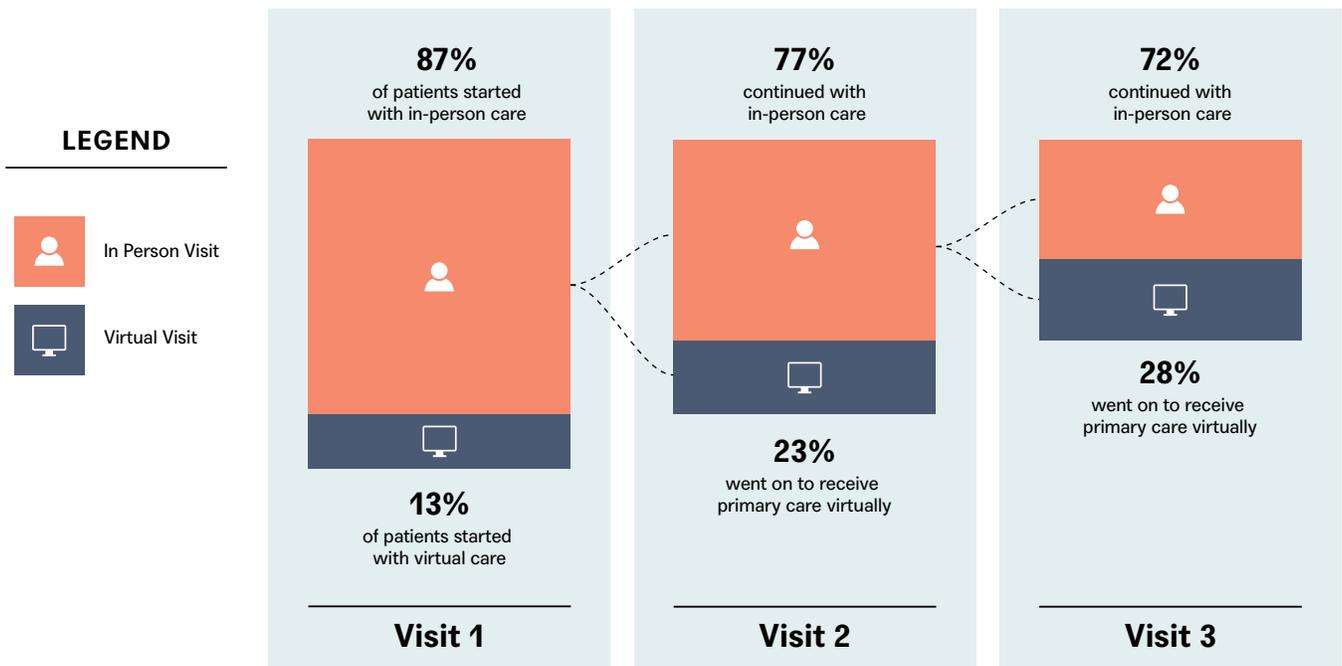


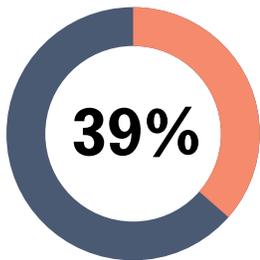
Figure 2. Patient Flows Among In-person and Virtual Care.

This chart maps the flow of patients among in-person and virtual care during the study interval.

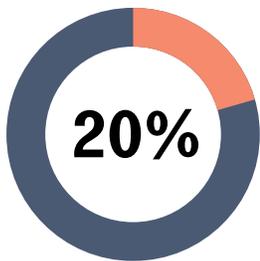
Whether virtual or in-person, it takes a team.

In Crossover’s integrated team-based model, patients not only move freely between in-person and virtual modes but among team-based providers and clinical disciplines. While the majority of visits over the study period were for primary care, nearly 20% of patients were seen by two disciplines and nearly 3% by three disciplines.

This team-based approach identified opportunities to screen and close care gaps that siloed, on-demand visits would likely have missed.

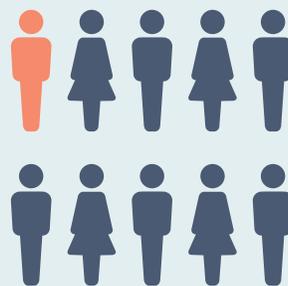


39%
of physical therapy patients have been referred to primary care



20%
were newly diagnosed with hypertension

In one example of processes that can facilitate team-based care, patients seen by a Crossover physical medicine provider in-person had their blood pressure checked. Of these patients, nearly 39% of those screened were referred to primary care and 20% were newly diagnosed with hypertension – a rate significantly higher than what’s been [reported](#) in community-based physical therapy. Similarly, one in ten patients seen in primary care were diagnosed with depression or anxiety and then seen by a behavioral health specialist on the team. By using every team touchpoint – no matter the clinical discipline or virtual/in-person modality – as an opportunity to screen and identify gaps, Crossover is able to improve outcomes and longitudinal care.



1 in 10
patients seen in primary care were diagnosed with depression or anxiety

Member engagement and satisfaction begin with choice.

Unlike fee-for-service arrangements typical in the on-demand telehealth space, Crossover's payment model incentivizes providers based only on outcomes, not on quantity or type of visit. Salaried providers are paid the same whether a patient is seen virtually or in-person, and patient copays are the same across disciplines and modalities. Throughout the study period, even at the height of the pandemic, employee member satisfaction with Crossover's integrated team-based care was excellent for both virtual and in-person care (NPS 88.7), significantly higher than many other major healthcare organizations. The findings in this study, therefore, provide clear insights into how patients navigate their own care journeys when they can choose virtual or in-person integrated care based on what works for them – not what's dictated by their health plan. Thus, employers looking to drive member engagement and satisfaction should begin by letting them chart their own course through care, rather than artificially boxing them into one modality or another.

As patients in employer-sponsored plans return en masse for deferred care, missed screenings, and new levels of behavioral health support, they will need primary care models that are designed to meet them wherever they are while driving the outcomes that matter.

As this study shows, those needs and results will be met by integrated, team-based hybrid care that puts the patient in the driver's seat.





About Stephen Ezeji-Okoye, MD

Stephen Ezeji-Okoye, MD serves as the Chief Medical Officer for Crossover Health. Stephen has a passion for population health and redesigning systems to drive improvements in quality and efficiency. He became proficient in the application of Lean Manufacturing principles to drive quality improvement during his tenure at the VA Palo Alto Health Care System (VAPAHCS). There, he helped improve Veteran care through a focus on disease prevention, chronic disease management, social determinants of health, and the use of Complementary and Integrative Health practices to promote self care.

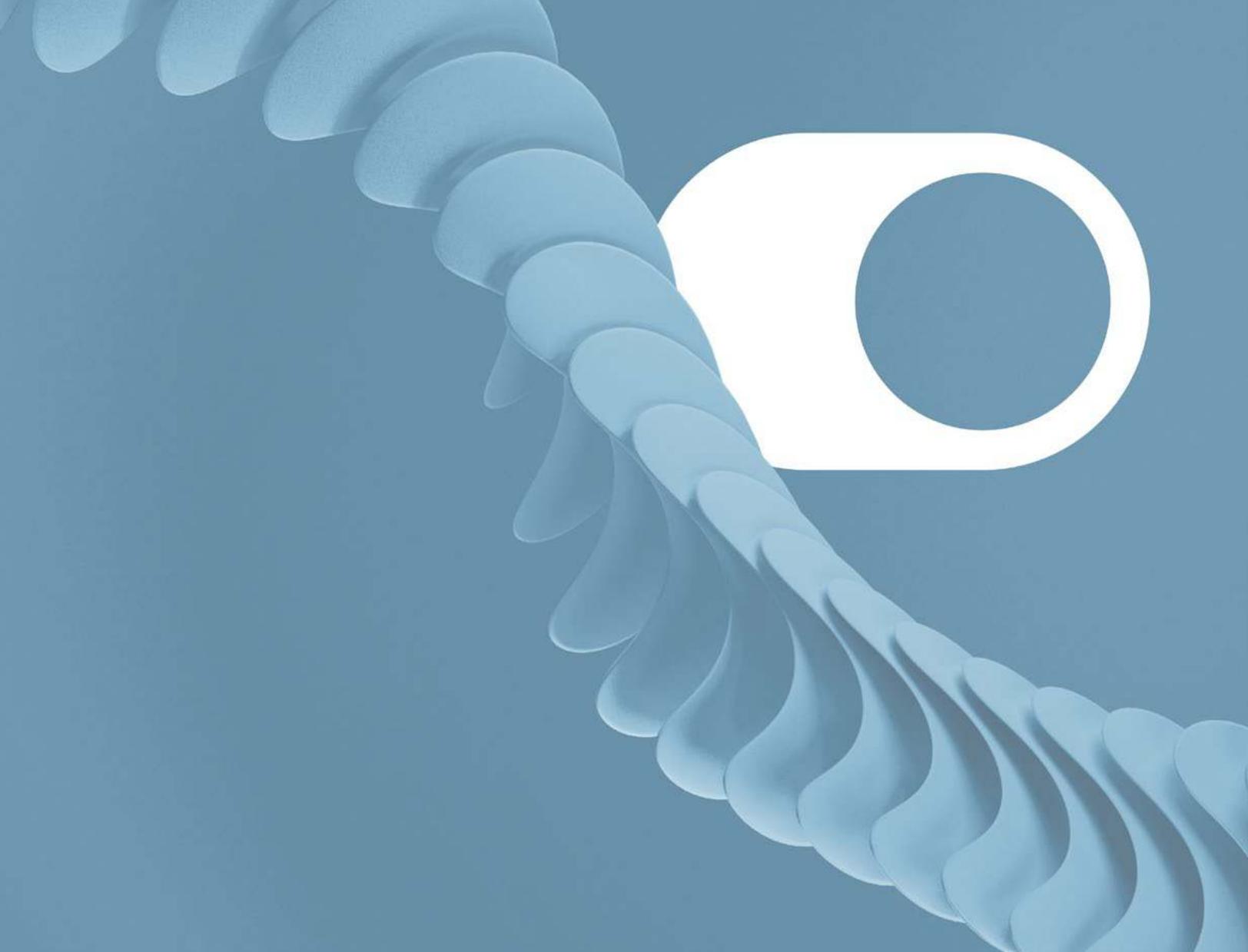
After completing his internship, residency, and chief residency in Internal Medicine at Stanford, he started his career holding a wide range of clinical medical administrative positions at the VAPAHCS—including leading the Ambulatory Care Service for ten years, and twelve years as Deputy Chief of Staff overseeing all clinical operations. He has served as a Clinical Professor (Affiliated) at Stanford University School of Medicine, a national consultant to the VA on the use of Integrative Medicine practices in VA care, and as an Advisory Council member to the National Institute of Health’s National Center for Complementary and Integrative Health.

Stephen graduated magna cum laude from Harvard College, earning an AB in Anthropology, and attended medical school at the University of Texas Health Science Center at Houston. Stephen is board certified in Internal Medicine.

About Crossover Health

Crossover Health is a national, team-based medical group with a focus on wellbeing and prevention that extends beyond traditional sick care. The company delivers at scale an entirely new model of healthcare, Primary Health, built on the foundation of trusted relationships, an interdisciplinary care team approach, and value-based payment. Crossover’s Primary Health model integrates primary care, physical medicine, mental health, health coaching, care navigation and more, delivering care in surround-sound—in-person, virtually and via asynchronous messaging. Combined with a sophisticated approach to data analytics and social determinants of health, Crossover delivers concrete results and measurable value for employers, payers, and most importantly, members. Together we are building a community that embraces healthcare as a proactive part of their lifestyle.





Are you interested in learning more about Crossover Health's innovative primary health model that brings together virtual and in-person healthcare?

Visit ***crossoverhealth.com*** or contact us at **connect@crossoverhealth.com**.

