Adopting a value based health care approach to the scaling and measurement of Virtual Care – during a pandemic and into the future.

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Overview and Purpose

Value based healthcare[1] (VBHC) in NSW involves clinicians, networks and organisations working together on high-impact initiatives to improve outcomes and experiences for people with specific conditions.

COVID-19 has created new opportunities for NSW Health to accelerate and mainstream how we deliver virtual care (VC).

Across 2020 and 2021, the NSW Health system experienced significant increases in VC activity across several modalities, including teleconferencing, videoconferencing and remote monitoring to support access to care during the pandemic.

To harness this momentum, NSW Health has developed the NSW Virtual Care Strategy. which outlines how we will further integrate VC as a safe, effective, accessible option for service delivery in NSW.

•   Patient interactions

•   Remote care and monitoring

•   Care planning and coordination

•   Clinical collaboration and innovation

•   Patient self-management and autonomy

•   A digitally capable workforce

Methods

The VC Monitoring and Evaluation Plan measures the impact of the Strategy across the 4 dimensions of VBHC. An early evaluation assessed the impact of the rapid scaling of VC during COVID and provided insights to create a sustainable approach to VC in the future. The early evaluation assessed the impact of both patient and clinician experience, system utilisation and economic impact. All **economic and utilisation analysis used activity-based management data** to estimate the utilisation and activity impacts for NSW Health.

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[1] VBHC is assessed over the 4 dimensions of patient experience, clinician experience, patient outcomes and effectiveness and efficiency.

Results

The early evaluation of VC was undertaken using a VBHC approach. Key results were:

- NSW experienced a significant shift from traditional to VC in 2020, accelerated by the COVID-19 pandemic – an increase from 11.5% to around 40% in an outpatient setting. This then declined to around 17%.

- Regional and rural Districts delivered the highest mix of virtual to face-to-face care

- The more VC interactions that patients and clinicians had, the more positive their experience

- When reflecting on their overall experiences of VC during 2020, more than 9 in 10 patients rated the VC they received as very good or good (91%)

- A range of factors influence clinician experiences of VC including access to technology, number of years as a clinician, perceptions of virtual versus usual care and quality of care views.

- VC complements traditional care with both benefits and challenges, so finding the right balance is key

- VC was generally perceived as a good additional supplement to face-to-face care that increases access and choice when used appropriately.

- VC is expected to deliver positive net economic benefits when holistically considering the impacts to NSW Health, patients and carers.

Conclusion

Early indications are that VC has produced positive impacts across all dimensions of VBHC. For VC to be "successful" a range of factors need to be considered. A VBHC approach that considers comprehensive experience, outcomes and economic impacts is essential.

The evaluation also showed significant future challenges in terms of classifying, counting, costing, and funding VC especially as the sophistication of VC increases and moves at scale away from a "purely" telehealth focussed model.