

EDITORIAL/DISCUSSION

Text-First Virtual Care: the Key to Virtual Care Sustainability

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*“Now, this is not the end.
It is not even the beginning of the end.
But it is, perhaps, the end of the beginning.”*

- Winston Churchill

Churchill’s sentiment is an accurate assessment of where we stand today in the evolution of virtual care. Virtual care is, and will continue to be, a ubiquitous front door to care as it evolves as a modality to match the demands and lifestyles of consumers better. As with any technology, success comes from learning, iterating, and evolving, and this is certainly true of virtual care as it comes of age.

It has been a complex journey as the modality gained acceptance, moving through the early adopter stage into its adolescent growth spurt propelled by COVID and subsequent policy changes. During the pandemic, virtual care utilization reached up to 50% or more of all visits, depending on the care setting.¹ As the post-COVID “new normal” took hold, virtual care experienced a 45.6% decline in utilization,² rallying both the naysayers...and the innovators.

Virtual care’s growth has been a mix of progress and pitfalls, manifested in policy changes, market shifts, sustainability issues, and the trials of big-name players. The “traditional” virtual care space has become commoditized, contributing to the broader point solution fatigue that employers and health consumers are experiencing. This is reflected in the valuation challenges we have seen with some companies. It is no secret that healthcare is challenging, with tight margins reinforced by issues from reimbursements to workforce shortages and regulatory requirements. However, these challenges also present new opportunities for learning, partnering, and a runway for refined models to take hold.

The legacy issues surrounding virtual care are now being resolved with the data-rich approach of on-demand, text-first virtual care. Fueled by artificial intelligence (AI) and poised to drive needed change, text-first virtual care is quality oriented, data based, and people first, improving patient engagement and empowering clinicians. It is the inherent capabilities of text-first virtual care that makes it possible. Aligned with how consumers receive most services today, it is intuitive, fast, of high quality, affordable, and accessible from anywhere at any time. A recent survey showed that 91% of U.S. respondents would like to text with their care team.³

Intentionally dubbed “text-first,” this modality inherently recognizes that not everything can be adequately treated by text. A comprehensive approach should provide instant access to video visits, as well as a seamless path to in-person care. However, when technology and high-quality practice standards are strategically combined, many interactions can be successfully initiated and managed via text, which opens the door for better access to care by reducing common barriers. For example, stigmas associated with face-to-face interactions can be overcome; there is no need to miss work in order to be seen by a doctor, and there are no transportation issues with text-first virtual care. By leveraging AI to optimize the medical visit, text-first virtual care is also better positioned for empowering physicians and scaling resources to enable more supply to meet the demand. Traditional telemedicine and virtual care providers connect “supply” to meet the primary care “demand,” while text-first virtual care was fundamentally built to scale as needed—extending the reach of physicians in a way that creates a fundamental shift in the medical cost structure.

For virtual care to thrive and continue to be the ubiquitous front door to care that we all want it to be, it must be an experience that people want to use and support the tenets of high-quality, comprehensive care delivery, improved access to care, increased engagement and affordability, as well as scalability and the ability to accommodate future innovation.

High-Quality Comprehensive Care Delivery

Simply stated, text-first virtual care brings out the best in healthcare by removing friction and barriers to care. Without friction, the care experience can seamlessly integrate with the broader care ecosystem for consistent coordination, population health insights, navigation into other point solutions, and the ability to clinically integrate with formulary parameters.

What does this look like in practice? The on-demand, text-first virtual care that I use to see patients leverages an AI care assistant to start the visit and engage people in the appropriate questions to present an accurate medical case to me or the physician leading the visit. It is built so physicians can join the conversation at the right time, providing them with quality recommendations supported by up-to-date, evidence-based practice standards. This approach preserves our time and cognitive load until it is needed in the visit while connecting people to the healthcare they need when they need it.

For example, a visit might start with the AI care assistant performing intake, asking the patient about their symptoms, and generating specific follow-up questions informed by their responses. Based on the initial interview and their medical history, in this example, AI predicts that the person has a sinus infection. At this point, I join the visit, and AI presents the case to me along with the suggestion that the person may have a sinus infection, including first-line therapies to treat this diagnosis. I can review and approve or modify the recommendations, prescribe medication, and let the patient know that I am returning the visit to the AI care assistant to complete the interaction. The care assistant then explains the diagnosis and care plan in a digestible, conversational format to the patient, and answers any remaining questions. After the visit, the patient and I receive an easy-to-read visit transcript and care plan to reference at any time.

This workflow is a win-win for patients and the clinical team. By lowering the administrative burden of physicians and preserving their time for high-quality care delivery and more complex conditions, we can practice at the top of our license and are empowered to do what we do best: help and heal people. This is especially pertinent today because it is predicted that by 2034, the United States could face a shortage of between 17,800 and 48,000 primary care physicians,⁴ propelling more

people into health deserts and presenting new challenges to care access.

Improved Access to Care

Barriers to care are removed with on-demand, text-first virtual care because with this modality if you are able to text, you are able to access healthcare. People can instantly connect to a physician from anywhere at the exact time they need care. It is capturing people at the moment they are experiencing a health concern. There is no need to wait for a broadband connection, a device to support video, or a private place to talk. People can easily engage in care visits in public settings, at sporting events, while using public transportation, and everywhere in between. With nine in 10 Americans owning a smartphone,⁵ text-first virtual care is aligned with how people communicate today, and its 93% resolution rate⁶ makes it clear that this approach is improving access to care and outcomes.

Increased Engagement and Affordability

Healthcare should be as easy to use as any other consumer experience so that people are inclined to seek care and use their benefits. Text-first virtual care puts people back in charge of their healthcare with an experience they love to use. Gaps are closed when people can access affordable, high-quality care when they are in the mindset to seek care.

Further, fostering better engagement with text-first virtual care helps strengthen trust and reduce stigma. Patients tell me that texting with a doctor allows them to be more conversational and empowered to talk about sensitive topics, helping to reduce feelings of being stigmatized and fostering a more relaxed and positive interaction that builds trust. Text-first virtual care also allows for the instant creation of personalized care plans available to people at any time from the palm of their hand, further improving engagement and follow-through with their prescribed care. The ease of the experience has propelled the text-first virtual care utilization rate to be eight times higher⁷ compared to previous virtual care solutions, and an impressive 100% of employer groups⁷ experienced improved virtual care utilization overall.

Innovation that Scales

The ability to scale is core to success in healthcare as demonstrated by recent high-profile organizations unable to keep pace with fluctuating demands.⁸ With AI having the potential to augment up to 40% of healthcare working hours,⁹ physicians' time can be preserved for exactly when it is needed. Unparalleled in its potential, AI can be integrated into text-first virtual care to accommodate varying degrees of visit volume, allowing it to scale as needed and create an infrastructure to accommodate novel innovation that connects the entire

healthcare journey into a seamless consumer-friendly experience—from clinical guidance and care delivery to benefits navigation.

With the unprecedented pace of innovation fueled by AI, it is critical to build for the future while remaining grounded with guardrails for secure and safe advancement. I encourage all digital health companies to live this commitment through certifications, credentials, contributions to policy, and value-based arrangements. I invite the industry to join this momentum to change the status quo and make it easy for people to access high-quality, affordable health and care.

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Conflicts of Interest

Dr. Schnase is an employee of Transcarent.

Contributors

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Data Availability Statement (DAS), Data Sharing, Reproducibility, and Data Repositories.

All data presented are in the public domain.

Application of AI-Generated Text or Related Technology

None used.

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