

ELEVATING PRIMARY CARE:

Embracing Advanced Virtual Models for Better Outcomes and Bottom Lines



**HOW INSURANCE CARRIERS AND EMPLOYERS
CAN SEIZE THE FUTURE AND UNLEASH THE POTENTIAL
OF ADVANCED VIRTUAL PRIMARY CARE**

Table of Contents

3	Introduction
9	The state of primary care in the U.S.
19	The promise of advanced virtual primary care (AVPC)
22	An AVPC buyer's guide
24	Impact to entire health system
25	Financing AVPC
26	Making the switch
27	References

Primary care is in trouble. We're paying the price.

Primary care is the foundation of high-value, high-quality healthcare in the U.S. Yet despite its position at the center of our healthcare system—and our lives—the current trajectory of primary care is unsustainable. This is primarily due to a range of challenges related to equity, access, and engagement.

- ⊗ Nearly **30%** of all patients who received medical services between 2016 and 2022 did not have a primary care physician.¹
- ↓ With fewer physicians going into primary care, the US is expected to see a shortage of **18,000-48,000 PCPs by 2034.**²
- ⚖ Variation in PCP density by geography results in some states like Vermont and the District of Columbia having nearly **2x** the PCPs of Mississippi or Nevada.³
- ⚠ Without access to primary care, people are **3 times** more likely to have unmet medical needs and **2 times** as likely to defer care.⁴



“

“For decades, there’s been an erosion in the perceived value of primary care. As a result, people don’t even know they need it. Providers are leaving the profession. Costs continue to go up and our health continues to get worse. We’re at a breaking point.”

Andy Ellner, MD, MSC,
CO-FOUNDER AND CHIEF CLINICAL ADVISOR





It's time for a system of primary care that fosters continuous, meaningful engagement for all.

Firefly Health is ready to call it like it is: accessible, equitable, personalized, and accountable primary care is the only path forward to ensure better health outcomes and lower costs.

But creating meaningful engagement between providers and patients isn't easy.

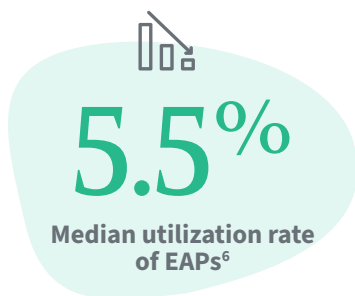
Billions of dollars of capital investment flow into digital health solutions every year in the U.S., hoping to drive scalable engagement with healthcare providers.

This rush of innovation has led to an explosion of apps and services targeted at engaging patients living with diabetes, heart disease, behavioral health issues, and other chronic conditions.

Insurance carriers and employers offer many of these solutions. If your organization is like the average business today, you might be managing between four and nine different point solution contracts. However, most of these solutions have little awareness and low utilization among employees.

And despite significant interest and investment in these kinds of solutions, there is scant published evidence suggesting that digital health apps improve patient outcomes.⁵

Whether an organization offers a handful or an armful of solutions all aiming to increase engagement with one's health, the bottom line remains the same: **no one has cracked the engagement code.**



Why care about primary care?

Primary care offers the best option for engaging people in whole-person, long-term care with proven benefits to the health of individuals and society.

In its very nature, primary care prevents and contains downstream costs. As the first point of contact for most patients, primary care offers comprehensive care across one's health needs. Investing in primary care can improve health outcomes and reduce costs by preventing and managing chronic conditions, minimizing hospitalizations and emergency room visits, and effectively coordinating care with specialists. Avoiding or postponing primary care can lead to increased costs from delayed diagnosis and treatment.

On the other hand, people with a usual source of primary care have fewer emergency room visits and lower health care costs throughout their lifetimes, longer lifespans, and fewer chronic conditions.⁷



One study showed that for every **\$1 spent on primary care, \$13 are saved in downstream costs.**⁸

Patients with a PCP have annual costs that are **27% lower** than those without.⁹

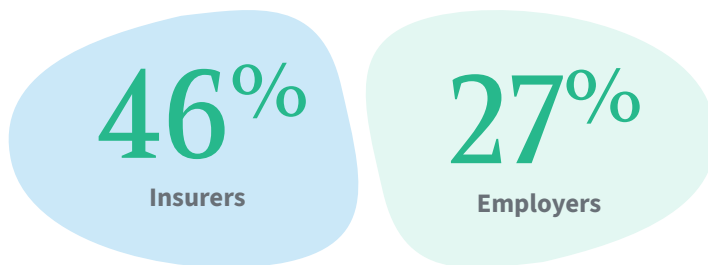
A messy patchwork of underutilized solutions

Employers struggle to engage employees in healthcare plans and wellness solutions. Insurance carriers face challenges around driving appropriate utilization of quality healthcare. Existing strategies often involve aggregators and navigators that connect members with different point solutions and a controlled network of providers and to help organizations streamline payment.

Yet all these approaches fail to address the overarching issues of access, engagement, and equity. By adding yet another touchpoint between individuals and their healthcare, they inadvertently create a more fragmented experience. This fragmentation, in turn, generates additional cognitive burden for individuals. Moreover, this approach does not effectively address the crucial issue of providing individuals with consistent access to a primary care provider who can oversee the complete picture of their health.

Consumers—and executive decision-makers—want one thing: a simple solution.

When asked about the biggest barrier to a successful digital health strategy the top answer was, **‘too many point solutions’**¹⁰



“Advanced virtual primary care provides a single point of entry to a range of services without the need to manage additional point solutions. There is efficiency to be realized by addressing health holistically and comprehensively.”

Andy Ellner, MD, MSC,

CO-FOUNDER AND CHIEF CLINICAL ADVISOR

 fireflyhealth

Advanced virtual care to build a connected, cohesive future

Virtual care isn't just a piece of the puzzle; it's the linchpin to unlock the full potential of modern primary care. It holds the key to not only achieving cost savings but also elevating employee and member satisfaction, propelling wellness initiatives, facilitating the transition to outcomes-based payment models, and effective population health management.



Transitioning to new payment models, such as value-based care (VBC), is a **top priority** among health plan executives in a 2023 Deloitte survey.¹¹

Advanced virtual care goes further to combine the best elements of traditional primary care with the convenience, affordability, and accessibility of digital health solutions. By leveraging a combination of scale-enabling consumer technology and efficiency-creating AI, advanced virtual care can deliver personalized, comprehensive, and longitudinal care to patients, regardless of their location or circumstances.

Through a team-based approach, doctors, nurses, pharmacists, and specialists work together to offer their expertise and comprehensive, whole-health care. This approach helps providers identify and address potential health issues early, prevent complications, and reduce the need for costly interventions.

A connected care model also supports the transition from fee-for-service reimbursement to value-based care, which incentivizes providers to focus on improved patient outcomes and overall health and wellness.



“Our current system does a good job treating immediate needs. Yet we are woefully under-invested in preventive care. Employers understand that managing high-cost claimants is important, and preventing disease is important. Advanced virtual primary care bridges those two priorities. It brings robust wellness services to employees and members while steering people to the highest value, lowest cost options for care when it's needed.”

Erik Sossa,
FORMER VICE PRESIDENT OF
GLOBAL BENEFITS AND WELLNESS



What is Advanced Virtual Primary Care?



Virtual-first

Provides the ease of access and convenience of consumer technologies, with additional asynchronous capability enabled technology in addition to a path forward for in-person care when needed.



Comprehensive care

Full range of primary care services, including preventive care, chronic disease management, mental health support, and coordination of specialty care, delivered virtually and in person.



Personalized care plans

Team-based treatment plans tailored to each individual/s unique needs, preferences, and goals, with a focus on shared decision-making and patient empowerment.



24/7 access to care

Video, messaging, phone, and other secure communication options so patients can connect with their care team whenever they need help.



Data-driven insights

Advanced analytics and real-time health data to identify trends and proactively address potential issues before they become problematic.



Seamless care coordination

Collaboration among all members of a patient's care team, including primary care providers, specialists, pharmacies, and other allied health professionals, to ensure the best possible outcomes.



Focus on health equity

Addressing social determinants of health and reducing disparities in access to care by offering convenient, affordable, and culturally appropriate services to all patients, regardless of their background and socioeconomic status.



Outcomes-based payment

Financial incentives aligned with improved patient outcomes, reduced healthcare costs, and enhanced patient satisfaction to encourage a more holistic, patient-centered approach to care.



Satisfied patients and providers

Primary care providers achieve a better work-life balance, preventing burnout, and fostering professional development, ultimately leading to higher quality care for their patients.

The state of primary care in the U.S. today

Over 100 million Americans have trouble getting primary care today.¹² More than a fifth of people don't see a single healthcare provider on a regular basis.¹³

There are geographic, cultural, and cost barriers to getting people the primary care they need. While those factors are part of the problem, they don't tell the full story.

The truth is to manage care in a complex and fragmented system, we must solve for a series of interconnected challenges. Connecting people to care starts with exploring the root causes. Fortunately, each of the challenges in the next section present an opportunity to redefine healthcare and develop a better approach.



"Healthcare costs are out of control, life expectancy is declining, and chronic health conditions are increasing. One common denominator is not enough access to primary care."

Matthew Libby, DO,
MEDICAL DIRECTOR



Despite that PCPs handle the vast majority of healthcare visit volume...



...Primary care has been underappreciated and undercompensated:





The Challenges

Continuous, meaningful engagement is crucial for addressing the following obstacles facing primary care today.

CHALLENGE #1

Long wait times and geographic barriers to care are getting worse.

Demand for primary care and behavioral health services continues to outpace available supply. Rural residents often face even bigger obstacles to accessing care.



The number of Americans who don't have enough healthcare providers in their local community has almost **doubled** since 2014.



80% of the country lives in a healthcare desert of some kind.¹⁵



27% of U.S. adults have no usual source of care besides an emergency room.¹⁶

Only 1 in 10 of the medically disenfranchised population is uninsured. This means that access to a usual source of primary care requires more than having insurance. Among commercially insured individuals (55% of the U.S. population), almost half of adults don't receive recommended preventive care.¹⁷ Many people who have insurance are still unable to access primary care in their community due to a shortage of providers.



THE OPPORTUNITY:

We need solutions that create better healthcare access and availability to ensure everyone has both a regular source of healthcare and can utilize it in the moment of need.

CHALLENGE #2

The primary care gap is worryingly aligned with underprivileged communities.

Healthcare disparities occur across a broad range of dimensions, such as socioeconomic status, race and ethnicity, age, geography, language, gender, disability status, citizenship status, and sexual identity and orientation.¹⁸



Black, Hispanic, and AAPI people are **more likely** to live in areas with provider shortages or lack the resources to access care.¹⁹

Benefit packages are typically not customizable to the needs of members and employees. This means there is no such thing as a one-size-fits-all approach to healthcare benefits. It also means that even the most forward-thinking benefits teams may be inadvertently creating more gaps in care and disparities within their population.

Upstream unmet primary care needs lead to downstream worsening health outcomes, wider disparities, and increased health care spending over time.

According to one Mercer²⁰ study:



Only **3 in 20 low-income workers** want fitness, gyms, and nutrition benefits, compared to **1 in 5 employees** with above-average household incomes.



Remote workers, at **increased risk** of musculoskeletal (MSK) issues, are at risk of being overlooked.



Low-income workers are **less likely** to receive health insurance and short-term disability protection.



Women and single mothers are **the least confident** they can afford healthcare.



THE OPPORTUNITY:

A model that makes primary care equitable, personalized, and accessible to all.

CHALLENGE #3

The behavioral health crisis intensifies disparities.

In the U.S., while the number of people with mental health conditions and substance use disorders is rising, many cannot easily access the treatment they need. Two major contributors to this crisis are a shortage of behavioral health providers and limited insurance coverage for the services they provide.



158 million Americans (53% of the population) live in Mental Health Care Health Professional Shortage Areas.²¹



People of color face more obstacles to behavioral health care, which worsens existing racial disparities.²²

Despite the passing of the Mental Health Parity Act in 1996, a combination of insurance challenges, provider shortages, and increasing demand have resulted in behavioral healthcare access lagging behind that of medical healthcare. As a result, people can sometimes experience years-long delays between the onset of symptoms and treatment.



In 2022, **60% of psychologists** had no openings for new patients, and more than **40%** had wait lists of 10 or more patients.²³



About **20% of behavioral health providers** said they saw an increase in demand for treatment from populations of color and younger patients.²⁴



Nearly **half of psychologists** agreed or strongly agreed that they felt burned out.²⁵



87% of Kaiser Permanente therapists said weekly appointments were not available to patients who needed them.²⁶



THE OPPORTUNITY:

Broad access to high-quality, integrated behavioral health services.

CHALLENGE #4

Primary care is hampered by an outdated paradigm.

The U.S. health system isn't meant to treat modern illnesses. It was built for episodic care to address a 19th and early 20th-century disease burden. Previously, the leading causes of premature death were environmental and occupational. People went to the doctor when something went wrong. In the 21st century, most of the disability, death, and cost in the healthcare system is attributable to chronic conditions like anxiety, depression, diabetes, heart disease, obesity, and osteoarthritis. Often, these conditions can be linked to—and improved through—behavior. According to the Centers for Disease Control and Prevention (CDC), these chronic diseases account for approximately 7 out of 10 deaths each year in the U.S.



THE OPPORTUNITY:

A care model that not only serves immediate medical needs but can drive healthier behavior to improve outcomes.

CHALLENGE #5

Primary care providers are in short supply and burning out.

A recent report projected a shortfall of primary care physicians in the U.S. between 21,400 and 55,200 physicians by 2033.²⁷ The shortage is a result of several factors, one of which is the high level of burnout and depression among primary care providers.

Primary care physicians are also among the lowest-paid physicians. Those working with the most vulnerable and medically complex populations typically receive even less reimbursement for their services, as rates for public insurance programs generally fall well below those of commercial insurance. Furthermore, primary care providers find themselves stuck in a model that does not reimburse for responding to patient messages and coordinating care, which takes up a significant percentage of the total workday in comparison to more procedure-driven fields.



PCPs have the highest rate of burnout among all specialties, with **52% reporting symptoms** of burnout compared to a rate of **44% among physicians** in all specialties combined.



PCPs have the highest rate of depression among all specialties, with **48% reporting symptoms of depression.**



THE OPPORTUNITY:

A new paradigm of care that infuses joy back into clinical practice and values the delivery of primary care.

CHALLENGE #6

The fee-for-service model is unsustainable.

The shortcomings of the fee-for-service (FFS) model have resulted in sky-high healthcare spending that still results in some of the worst health outcomes in high-income countries.



Despite spending just under **\$12,000 a year** per person, nearly twice as much as the average OECD country, Americans have the **highest maternal mortality rates and lowest life expectancy** at birth.²⁸

One of the biggest problems with the FFS model is that it traps primary care in a system driven by payment, scheduling, and workflow for revenue management—and not one designed for preventing and managing disease. Put more simply, the daily routines of the physicians at the foundation of our healthcare system are driven not by outcomes or value, but by revenue management.

That means a PCP's days are packed with visits from patients whose needs may not need a physician or an in-person visit. Despite receiving unique training to handle complex conditions, PCPs have less time than ever to see patients who need them most. Compensation in this model incentivizes appointments while disincentivizing asynchronous care, follow-ups, and chat-based interactions. This frustrates physicians and patients alike and leads to patients seeking care in expensive and inconvenient settings such as emergency rooms.



PCPs who are not part of team-based care would need a **26.7-hour shift** to follow recommended guidelines for care for patients.²⁹

PCPs see about 20 patients a day with an average visit length of 18 minutes.³⁰ This does not allow enough time to establish relationships with patients and address their complex needs – which include chronic disease management along with behavioral health and social concerns – nor sufficient time required to complete administrative tasks.



THE OPPORTUNITY:

An outcomes-based payment approach that values preventive care and lets PCPs practice the kind of medicine they are trained for.

CHALLENGE #7

Cost still prevents many people from accessing needed care.

Cost is one of the most significant barriers to getting needed care in the U.S. And even though the number of uninsured people in the U.S. is at an all-time low, just having coverage hasn't made care more accessible.

33% of people with employer-sponsored insurance (ESI) postponed needed care due to cost, and **18%** did not fill prescriptions, rationed doses, or skipped doses of medicine.³¹

2 in 5 adults covered by ESI have difficulty affording medical care, prescription drugs, or premiums.³²

Lower-paid workers typically **owe a greater share** of their income toward health coverage.

At the same time, employers face continued rising healthcare cost pressures.

Health costs could increase **upwards of 10%** through 2026 because of inflationary pressure passed on from providers, which is more than twice the 4%-5% percent increase that the average employer experienced in 2022.³³

The healthcare cost increase could be **even higher for employers offering HDHP** because of deductible leveraging. For HDHPs, average premium increases will likely be as high as **18%** at the next contract renewal.³⁴

Benefit cost growth is lagging behind inflation, and many companies have multi-year contracts with healthcare providers, which means **that employers have yet to feel the full impact of rising costs.**³⁵

Once a tried and true tactic to ease the cost of healthcare on a business, passing healthcare costs to members and employees is no longer an effective strategy. While it may lower costs to a business's bottom line in the short term, the future costs of employees' deferred care and worsened health are perhaps more painful down the line.



Those with high-deductible health plans (HDHP) **earning less than \$75,000** are most likely to avoid care, and the care most often avoided is low-cost primary care.³⁶



Individuals enrolled in HDHPs are less likely to see a PCP and receive preventive care.³⁷



THE OPPORTUNITY:

A model that encourages low-cost, high-value primary care utilization and makes primary care affordable for all.

Taken together, these trends reveal that the solutions we bring to primary care must take a multifaceted approach to equity, access, and engagement.

Personalized, targeted interventions are important for addressing health disparities and promoting health equity—and addressing the problems of providing high-quality preventive care for all.

At McKinsey’s 14th annual healthcare conference in 2022, healthcare leaders shared a vision for the future of successful care delivery that is ³⁸:

- Patient-centric
 - Virtual ambulatory
 - In the home
 - Value-based and risk-bearing
 - Driven by data and analytics
 - Transparent and interoperable
 - Enabled by new medical technologies
 - Clinically harmonized
(patients can seamlessly transition from one part of the care journey to the next.)
-

But how do we do that at scale?

It goes beyond simple notifications or app clicks—continuous, meaningful engagement must focus on authentic, clinically significant interactions with patients. Meaningful interactions are those within an ongoing and sustained relationship between care provider(s) and patient, rather than episodic or one-time encounters. In a continuous care model, providers and patients alike can take a proactive approach to goal setting, monitoring a person’s health, managing chronic conditions, and providing preventive care. Continuous care interactions foster a deeper understanding of each patient’s healthcare needs, promote personalized care plans, and support long-term wellness and disease management.



More than **70% of people** want stronger relationships with their providers.³⁹



Around **65% of people** believe their health would be so much better if they had regular engagement with a trusted provider.⁴⁰



THE WAY FORWARD

Advanced virtual care achieves better outcomes, engagement, and value

Advanced virtual primary care defines the next generation of care delivery. It addresses the barriers to engagement at a lower cost while also providing better outcomes than traditional approaches. Virtual visits with providers through chat or video improve access for underserved and rural populations. It fosters continuous, connected care and can work to advance the integration of behavioral health, primary care, and specialty care.

Evolved primary care delivery

Perhaps the biggest change in this kind of restructuring is that the “doctor visit” is no longer the focal point for all care. Instead, care teams have clearly defined roles and supporting technology, like patient relationship management software, that allows them to efficiently provide care for how people actually live and work.

For instance, providers have dedicated time for asynchronous care like creating care plans, consulting with remote specialists, and responding to patient chat messages, emails, and phone calls. With planned asynchronous care and proper staffing, teams are empowered to respond quickly and frequently, establishing more opportunities for patient engagement and trust building.

This has a secondary effect of reinforcing a simple and powerful idea: patients should reach out for care whenever, wherever they need it. The convenience of it all—a chat message returned within minutes versus a visit three weeks out—means fewer patients ignore their own needs or self-triage, only to end up in the ER.



“Patients struggle to access their clinicians outside of an appointment. Physicians are burned out answering emails from patients—non-visit-based work that’s not valued or compensated by their institutions. But that’s where the magic happens in primary care: the engagement between visits.”

Nisha Basu, MD, MPH,
VICE PRESIDENT OF CLINICAL
 fireflyhealth



“Firefly users have a primary care team and health guides who work with them on activity, diet, stress levels, and other environmental factors. Most healthcare systems, even if they provide wellness solutions, don’t have the time or resources to provide that kind of holistic care. The system ends up wasting a lot of money on lower-value services.”

Matthew Libby, DO,
MEDICAL DIRECTOR
 fireflyhealth

What's different about virtual primary care?

In-person Fee-for-service Primary Care	Firefly Advanced Virtual Primary Care
⊗ Restricted by geography, requiring patients to travel inadvertently creates equity disparities.	✔ Licensed in all 50 states + DC. Can be available anywhere, with Firefly Nearby™ partnerships for in-person care.
⊗ Fragments care into discrete visits with little-to-no contact in between.	✔ Emphasizes building strong long-term relationships that are not centered around synchronous visits.
⊗ Incentivized for as many visits as possible, with a rushed experience and providers often running late.	✔ Allocates more time for each visit, meaning more time to fully address the complexity of each patient, and greater patient satisfaction.
⊗ Impedes patient engagement between visit-based interactions and siloed virtual solutions.	✔ Creates deeper engagement and offers more personalization based on individual needs and goals.
⊗ Rarely interdisciplinary, relying only on the domain expertise of a physician to solve multifaceted chronic diseases.	✔ Uses an interdisciplinary care team model with nurse practitioners, physicians, behavioral health specialists, and health coaches, who can practice at the top of their licenses.
⊗ Schedules little time for responding to messages, charting, and other work, contributing to burnout among primary care physicians.	✔ Deploys clever use of population health management tools, rounds, and dedicated asynchronous time to better reflect workload.
⊗ Provides little support for finding specialists, especially in PPO models. Physicians are often encouraged to refer within the system they practice in.	✔ Offers data-driven navigation to high-quality, lower-cost providers to carry value through the chain with tight coordination between specialists.
⊗ No financial ties to outcomes, only volume.	✔ Provides accountability to outcomes through at-risk reimbursement.



“It’s important to distinguish between virtual care and advanced virtual care. Virtual care is a version of traditional fee-for-service primary care, in which interactions are transactional, and the patient does not maintain a longitudinal relationship with a single care team. Advanced primary care, especially a virtual-first model, orients around long-term engagement. It makes use of multiple care settings, including telehealth and care based in the home, the community, and in retail settings, to ensure equitable access no matter where the patient is. The capitated financing models associated with true advanced primary care also minimize burden on the patient, even when patients are continuously engaged with their providers.”

Julie Yoo, GENERAL PARTNER **al6z**



A Buyer's Guide

What to look for in an advanced virtual primary care solution



“Most people have more than one health issue. An advanced virtual primary care team can say, this is the first thing we need to work on, and then we'll come back to the other issues. Helping people prioritize their needs is what's missing in most care today.”

Erik Sossa,
FORMER VICE PRESIDENT OF
GLOBAL BENEFITS AND WELLNESS



✔ VIRTUAL-FIRST CARE, WITH IN-PERSON OPTIONS

An advanced virtual primary care solution offers patients 24/7 access to their care team with unlimited chat availability, and they can schedule same-day appointments.

In addition, when a person needs hands-on care, for example, for an abdomen palpation or throat swab, advanced virtual primary care connects them to convenient options based on their individual situation. Sometimes that's a place to stop by on their way home from work, or an in-home visit if they are unable to be outside the home.

✔ COMPREHENSIVE AND COORDINATED CARE

Advanced virtual care models use multidisciplinary care teams to provide comprehensive and coordinated care to individuals. Each person has access to a team of healthcare professionals, including a physician, nurses, therapists, and specialists, who together form their care team. Each team member has their own area of expertise and collaborates closely to provide the best care for individuals.

The care team works together to ensure that all aspects of a person's care are well-coordinated. They share information, communicate with each other, and co-create a care plan tailored to the individual's needs. They consider all aspects of a person's health, including physical, mental, and emotional well-being.

Central to the multidisciplinary teams are behavioral health specialists who can provide support for issues like stress, anxiety, depression, substance use, or other mental health concerns. They work together with the rest of the care team to ensure that all aspects of a person's health are addressed.

✔ A PROACTIVE, PREVENTIVE APPROACH

Advanced virtual primary care places a strong emphasis on wellness and early intervention. Easy, frequent, and personalized interactions with care providers are key.

Virtual-first primary care goes well beyond disjointed virtual visits that once promised to transform healthcare. Instead, virtual-first care provides a continuous primary care relationship that is not bound by geographical constraints or traditional office hours. It encourages patients to build strong relationships with their care teams.

As care teams get to understand an individual's health risks, they can collaborate on proactively addressing potential health concerns, helping individuals take proactive steps toward maintaining their well-being and preventing the onset of diseases. By empowering individuals with knowledge and resources, virtual primary care encourages them to take an active role in maintaining their health and adopting preventive measures.

✔ CULTURALLY COMPETENT CARE

The advanced virtual care model allows healthcare providers to develop a deeper understanding of their patients' cultural backgrounds, beliefs, values, and preferences. By engaging with patients on an ongoing basis, providers can build trust, establish rapport, and create a safe environment for open communication. This enables them to tailor their approach and treatment plans to align with the norms and practices of each individual, ensuring that care is respectful, relevant, and sensitive to their unique cultural context.

This approach puts the patient at the center of the healthcare experience. Empowered patients actively participate in their healthcare journey, make informed decisions, and collaborate with providers to develop personalized care plans that align with their values and aspirations.

This is particularly important for individuals from marginalized or underserved communities who may face unique health challenges or disparities. By consistently engaging with these patients, providers can proactively address their specific needs, offer targeted interventions, and ensure equitable access to quality care.

A catalyst for healthcare transformation

Advanced virtual primary care holds significant promise for enhancing access to primary care, but it can also improve key areas of healthcare delivery.

✔ BRINGING BACK THE JOY IN CLINICAL PRACTICE

By uncoupling decision-making from time pressure and administrative burdens, primary care teams can focus on complex diagnostic workups and treatment decisions. Longitudinal partnerships with specialists and collaborative decision-making with patients and families mean that PCPs can return to the joy of clinical primary care practice.

With planned asynchronous care and proper staffing, Firefly's clinical teams are empowered to respond quickly and frequently, establishing more opportunity for patient engagement and trust building. Dedicated time for synchronous and asynchronous care, well-coordinated teams, and supportive technology enable clinicians to finish tasks and documentation during work hours. Giving physicians agency, collaborative support, and clear avenues to quality improvement has been shown to reduce burnout and keep them working in fulfilling primary care positions for longer.

✔ SCALABILITY, SOLVED

Virtual-first models such as Firefly's can help to make healthcare more responsive to scale challenges such as limited access to care for underserved and rural populations, impending provider shortages and increased demand for services such as behavioral health. By employing interdisciplinary models and productivity technologies, models like Firefly can handle patient panels much larger than traditional practices.

✔ TRUE VALUE-BASED CARE

Advanced virtual primary care offers carriers and employers an ideal on-ramp to outcomes-based care. It facilitates proactive health management, personalized treatment plans, and continuous patient engagement. With real-time data insights, Firefly's model enables providers to track patient health outcomes, identify potential risks, and intervene early to prevent complications. By implementing a payment model that generates value

through patient health outcomes rather than solely the volume of services provided, Firefly aligns the incentives to improve patient health, leading to a more effective healthcare spend.

Value-based care can also promote a higher level of patient engagement. Firefly's platform encourages patients to take an active role in their health, providing them with the tools and resources they need to manage their conditions effectively.

There is an increased realization that primary care significantly impacts health outcomes and can no longer be ignored. Going beyond traditional care, primary care needs to be more accessible, sustainable, and flexible. Inspiring a healthier, happier, and engaged population helps to achieve overall wellness at home, at work, and in personal relationships.



How to finance advanced virtual primary care

Transitioning to advanced virtual-first primary care requires three changes in financing.⁴¹

1) INTERVENTION: PAYMENT MODELS

Continuous care interactions, which are a key aspect of advanced virtual primary care, necessitate a value-based payment model. This means moving away from the traditional FFS model and structuring payments as capitation payments.

2) INTERVENTION: RISK ADJUSTMENT

To ensure practices have an incentive to care for complex patients, payments must be risk-adjusted. This means that payments should reflect the complexity and severity of a patient's condition, encouraging providers to manage higher-risk patients.

3) INTERVENTION: SHARED-SAVINGS

Payments should include shared savings to incentivize practices to reduce unnecessary costs. If a practice can demonstrate they have reduced overall healthcare costs while maintaining or improving quality of care, they should share in the savings. This model allows providers and payers to share in upside and downside risk, promoting a more cost-effective and patient-centered approach to care.

The capitation model and shared risk approach underpin a value-based care system. Risk-adjusted capitation payment models shift the focus away from per-visit fees and their associated issues and instead incentivize asynchronous care, patient navigation, and follow-up. It aligns payments with the total value advanced primary care models provide. They encourage efficiency, cost control, and a strong focus on patient outcomes. By aligning financial incentives with patient health, these models can drive improvements in the quality and sustainability of healthcare. However, careful management and strong quality measures are essential to prevent potential pitfalls and ensure the best possible care for patients.



“For years we’ve paid too little for primary care, and we’ve paid for it in the wrong way. A lot of the value in primary care is in the reduction of downstream expenses like hospitalizations, specialist visits, and test procedures. In value-based, advanced virtual primary care, you’re not just paying for services. You’re paying for the prevention of expensive interventions down the line.”

Andy Ellner, MD, MSC,
CO-FOUNDER AND CHIEF CLINICAL ADVISOR

fireflyhealth



“It costs less to prevent a disease than it does to treat it. Right now, we have an opportunity to align our institutions and our choices with that reality.”

Nisha Basu, MD, MPH,
VICE PRESIDENT OF CLINICAL

fireflyhealth



A call to action

The problems facing primary care today call for transformative solutions. It's time to shift away from a system that is reactive and fragmented to one that is proactive, integrated, and patient-centered.

Primary care plays a crucial role in managing total medical expenses and preventing unnecessary procedures and ER trips, as well as making the most efficient use of virtual point solutions. The advanced virtual care model can meaningfully address these challenges. By leveraging technology and a patient-centric approach it enhances the patient experience, improves health outcomes, and reduces healthcare costs.

The shift to a value-based care model is a critical aspect of this transformation. It calls for moving away from traditional fee-for-service models to capitation payments that both account for and incentivize continuous care for better health outcomes. By increasing payment levels, we can adequately cover the costs of advanced primary care and reward these teams for the significant value they bring to the healthcare system.

Ultimately, the transition to advanced virtual primary care is not just an opportunity, but a necessity. It is a bold step forward in reimagining a healthcare system that serves the needs of patients, controls costs, and addresses the most pressing problems of equity in accessing care.

Advanced virtual care primary care is a powerful solution that not only treats illness but also promotes wellness and improves the quality of life for all.

Interested in
Advanced Virtual
Primary Care?
Let's Talk.



REFERENCES

1. "A Window into Primary Care: An Analysis of Private Healthcare Claims," FAIR Health, 2023
2. "The Complexities of Physician Supply and Demand: Projections from 2019-2034," Association of American Medical Colleges, 2021
3. "State-Level Variation in Primary Care Physician Density," American Family Physician, 2021
4. "What The Evidence Shows About Patient Activation: Better Health Outcomes And Care Experiences; Fewer Data On Costs," 2013, Health Affairs
5. "Four reasons why your employees don't use EAP benefits," HealthJoy, 2023
6. "What is the clinical value of mHealth for patients?" Nature, 2020
7. "Closing the Primary Care Gap: How Community Health Centers Can Address the Nation's Primary Care Crisis," National Association of Community Health Centers, 2023
8. "Delivering value in healthcare starts with increased primary care investment" Medical Economics, 2018
9. "The Effect of Primary Care Visits on Total Patient Care Cost: Evidence From the Veterans Health Administration," Journal of Primary Care & Community Health, 2022
10. "Top 4 Insights From Our Digital Health Strategies Survey," Twill Health, 2022
11. "Four factors that will likely affect health care in 2023," Medical Economics, 2022
12. "Closing the Primary Care Gap: How Community Health Centers Can Address the Nation's Primary Care Crisis," National Association of Community Health Centers, 2023
13. "Exclusive: More Than 70% of Americans Feel Failed by the Health Care System," Time, 2023
14. "The gathering storm: The threat to employee healthcare benefits," McKinsey & Company, 2022
15. "Mapping Healthcare Deserts: 80% of the Country Lacks Adequate Access to Healthcare," GoodRx Health, 2021
16. "US primary care system suffering from 'chronic lack of adequate support,' scorecard report finds," Fierce Healthcare, 2023
17. "Primary Care in the United States: A Chartbook of Facts and Statistics," Robert Graham Center, 2021,
18. "Disparities in Health and Health Care: 5 Key Questions and Answers," KFF, 2023,
19. "100M People Lack Primary Care Access, Usual Source of Care," Patient Engagement HIT, 2023
20. "Creating diverse and inclusive benefits programs," Mercer, 2023
21. "Five Health Care Trends to Watch in 2023," American Association of Nurse Practitioners, 2023
22. "Integrating Primary Care and Behavioral Health to Address the Behavioral Health Crisis," The Commonwealth Fund, 2022
23. "Providers predict longer wait times for mental health services. Here's who it impacts most," American Psychological Association, 2023
24. IBID.
25. IBID.
26. "2023 Benefits Trends: The evolving workplace," MarshMcLennan Agency
27. "New AAMC Report Confirms Growing Physician Shortage," AAMC, 2020
28. "Focusing on primary care and prevention can help us close health disparities," Harvard University, 2023
29. "The Hidden Crisis in Primary Care," U.S. News, 2023
30. IBID.
31. "Health Insurance Costs Are Squeezing Workers and Employers," Center for American Progress, 2022
32. IBID.
33. "The gathering storm: The threat to employee healthcare benefits," McKinsey & Company, 2022,
34. IBID.
35. "Top 3 Strategies Employers will Use to Take on Health Care Inflation, Mercer, 2022
36. "Health Insurance Costs Are Squeezing Workers and Employers," Center for American Progress, 2022
37. "Study: High-deductible Plans May Impede Preventive Care," AAFP News, 2018
38. "The next frontier of care delivery in healthcare," McKinsey, 2022
39. "Exclusive: More Than 70% of Americans Feel Failed by the Health Care System," Time, 2023
40. "Exclusive: More Than 70% of Americans Feel Failed by the Health Care System," Time, 2023
41. "From Revolution to Evolution: Early Experience with Virtual-First, Outcomes-Based Primary Care," Journal of General Internal Medicine, 2023



Interested in Advanced Virtual
Primary Care?
Let's Talk.



WWW.FIREFLYHEALTH.COM