

**Submission Id:** 3027

**Title**

*“It’s here to stay”: Envisioning the role of virtual primary care in the aftermath of COVID-19 pandemic*

**Priority 1 (Research Category)**

COVID-19

**Presenters**

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**Abstract**

Context: The COVID-19 pandemic spurred the rapid implementation of virtual care – which can include video visits, telephone calls, remote monitoring, and asynchronous services – within primary care settings. Little is known about how virtual care will transform primary care delivery beyond the pandemic.

Objective: Characterize future roles for virtual primary care.

Study Design: Qualitative study using interviews with health care administrators.

Setting: National sample of health care systems and primary care practices.

Population studied: Administrators at 17 diverse health care systems and primary care practices.

Outcome Measures: Future plans for virtual primary care.

Results: Administrators discussed three broad areas for the future of virtual primary care.

Optimizing services: Administrators realized that many medical services were appropriate for virtual primary care including care of some acute and chronic conditions as well as preventive health. For

example, e-visits (where patients complete questionnaires and clinicians respond electronically) enable primary care teams to address common issues, such as urinary tract infections, in ways that reduce effort for both clinicians and patients. Several administrators thought that behavioral health visits are ideal for virtual primary care.

Care coordination: Administrators were considering how virtual care can enhance coordination between primary care and specialists. For example, one primary care clinician reported attending specialist visits with patients. Other administrators described use virtual care for chronic care management and follow-up processes.

Engaging patients: Administrators reported that virtual care could engage new patients and sustain existing relationships. Administrators hoped that virtual care would engage younger, healthier patients in preventive care. They also considered the Medicare Annual Wellness Visit as ideal for virtual visits, in part, because they enable clinicians to assess risks within the home.

Barriers: Administrators expressed concerns about virtual care reimbursement and external competition. Sustained pay parity between virtual and in-person visits is needed to ensure financial viability of virtual care. Some worried how virtual care services provided by payers and technology companies could impact their revenue.

Conclusions: Administrators are actively exploring ways to improve virtual primary care services.