



## The Hybrid Evolves



March 25, 2022 | Monica E. Oss

The concept of hybrid health care continues to evolve. I was struck by two recent surveys. First a consumer survey—[39% Of Americans Want In-Person Mental Health Services](#)—that found that less than half of Americans want in-person mental health services and 26% of Americans have no preference for the modality (digital, video, or in-person) of mental health support. Parents are twice as likely as non-parents to select video counselling as their preferred modality for support, and nearly three times as likely to choose digital support.

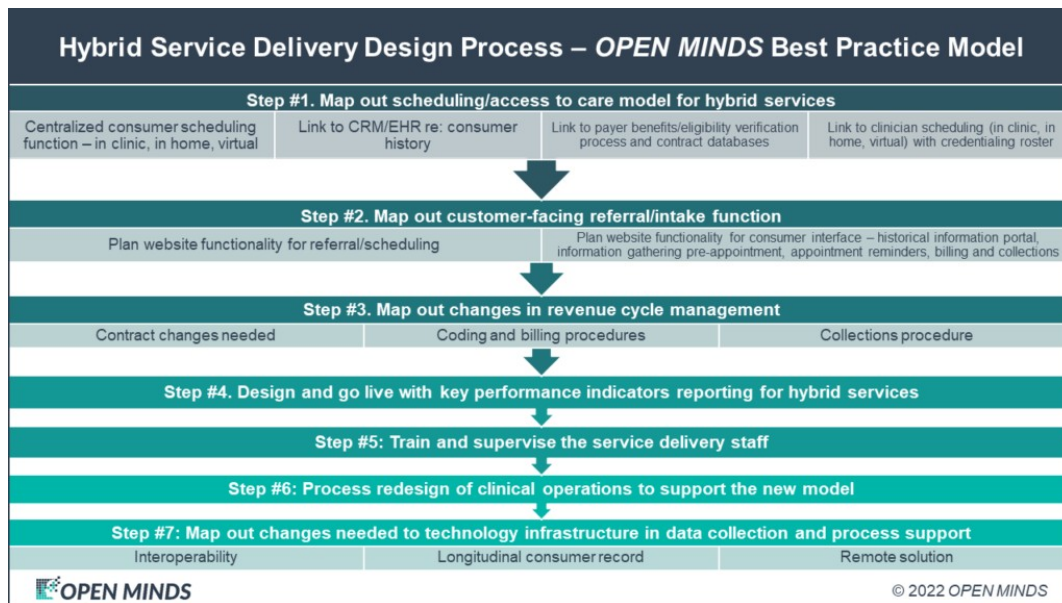
And then there is the survey of clinical professionals—[Health Care Professionals Expect Virtual Primary Care Visits To Surpass In-Person Visits In Five Years](#)—predicting that more than half of primary care visits in the future will be virtual. Sixty-six percent of clinical professional surveyed say that virtual or hybrid treatment environments better fit their lifestyles than solely in-person care. And with the expanded opportunities and consumer demand of virtual care, 58% are interested in getting licensed in more states.

And these developments are not just for consumers covered by commercial health plans. The pandemic proved that consumers with severe mental illnesses (SMI) are in the virtual care mix (see [Half Of Adults In The U.S. With SMI Received Telehealth Mental Health Services During 2020](#)). During the fourth quarter of 2020, about 26.3 million, or 11%, of U.S. adults aged 18 and older received telehealth treatment in the past year for a mental health issue, with about 7.2 million, or 49.8%—this percentage was maintained, regardless of age bracketing.

Even prior to the pandemic, I was impressed with Arizona's Banner University Health Plans' use of smartphone-enable consumer engagement tools for the Medicaid population (see [Best Practices In The Shift To Virtual Health: How To Integrate Digital Treatment Tools Into Programs & Treatment Models](#))—and that 85% of the Medicaid population already had smartphones. The app provides cognitive behavioral therapy techniques, resources, and 24/7 access to nurses.

And at the The 2021 *OPEN MINDS* Care Innovation Summit, Premier HealthCare presented their use of telehealth services for consumers with intellectual and developmental disabilities (I/DD) (see [Just What The Doctor Ordered: Innovations](#)

[In Telehealth For Adults With Intellectual & Developmental Disabilities](#)). Prior to the pandemic, Premier HealthCare had been approved to offer limited telehealth services in psychiatry and primary care, but as the pandemic worsened, telehealth coverage expanded. To serve the I/DD consumers, they implemented the use of [doxy.me](#), a HIPAA-compliant telemedicine platform, allowing them to deliver approximately 31,000 telehealth visits. And in Ohio, the Ohio Department of Developmental Disabilities (DODD) launched a pilot program in February with StationMD 24/7 emergency telehealth for up to 5,000 DODD service recipients, with the possibility of expansion. The program, free to recipients through reimbursement by the state Medicaid program, provides virtual evaluations with telehealth medical consultations, prescribing as needed, and care coordination for the participants with I/DD, their families/guardians, and direct support professionals (see [Ohio DODD Launches Acute Care Telemedicine Pilot With StationMD](#)).



It appears the race to the ‘best in class’ hybrid model is on. And the trend includes people with severe behavioral disorders and cognitive disabilities.

Not only is Amazon launching national telehealth services through their Amazon Care subsidiary (see [Amazon Launches Nationwide Access To Telehealth Service Through Amazon Care](#)), but during 2022, in-person Amazon Care options will launch in more than 20 cities including four major metropolitan areas—San Francisco, Miami, Chicago, and New York City. Amazon Care with in-person care is already available in eight locations: Seattle, Washington; Baltimore, Maryland; Boston, Massachusetts; Dallas and Austin, Texas; Los Angeles, California; Washington, District of Columbia; and Arlington, Virginia.

Current facility-based provider organizations are launching integrated virtual program component. An example is Discovery Behavioral Health’s DiscoveryMd,

designed to offer medical solutions to people with chronic mood and addiction disorders resistant to conventional treatment methods including medication management, TMS, ketamine and medical addiction support combined with traditional individual and group therapy (see [Discovery Behavioral Health Launches DiscoveryMD, A New Division To Integrate In-Person Treatment With Telehealth](#)). Another example from Caya (Come As You Are) Health—a fully integrated outpatient family medicine, psychiatry, and counseling practice in Lake Mary, Florida—Caya Talk is the organization’s online platform for online scheduling and virtual visits (see [CayaHealth – A Fully Integrated Outpatient Family Medicine, Psychiatry & Counseling Practice: An OPEN MINDS Program Profile](#)).

Digital primary provider organizations are adding in-clinic capacity, like PursueCare opening in Allentown, Pennsylvania (see [PursueCare’s Virtual Addiction Treatment Program Adds An In-Person Clinic In Pennsylvania](#)). The clinic, licensed by the Commonwealth of Pennsylvania’s Department of Drug and Alcohol Programs, uses a hybrid service model to combine in-person and virtual care treatment to treat addiction disorders, and provide medication-assisted treatment of opioid use disorder with buprenorphine. And there are hybrid start-ups like Homeward Health in the rural health space (see [Homeward Health Launches Hybrid, Value-Based Primary & Specialty Care Model For Rural Consumers](#)).

Organizations in health and human services—health plan, ACO, care management organization, or provider—may decide that hybrid services are not part of their game plan. But they’ll need a strategy that fits in a hybrid world.

For more on developing a hybrid strategy, check out these resources in the *OPEN MINDS* Industry Library:

- [From Emergency Telehealth To Hybrid Services](#)
- [Going Hybrid—Creating An Integrated Virtual, In-Home & In-Clinic Service Model: The OPEN MINDS Management Newsletter, November 2021](#)
- [Collaborative Culture For The Integrated, Hybrid & Value-Based Future](#)
- [Integrated, Hybrid & Value-Based Success](#)
- [If The Future Is Integrated, Hybrid & Value-Based—What Is Needed To Succeed?](#)