Virtual First Care Coalition
by **DiME** DIGITAL MEDICINE SOCIETY

Core Competencies

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Overview of the 4 Core Competencies

Effectiveness	Trustworthy Digital Experience	Clinical & Operational Integration	Administrative Efficiency
Produces outcomes that are valuable to key stakeholders	Delivers an ethical, equitable, and safe digital experience	Fits seamlessly within an individual's larger healthcare context	Minimizes implementation and operational frictions

Effectiveness	Trustworthy Digital Experience	Clinical & Operational Integration	Administrative Efficiency
✔ Evidence of **clinical outcomes**	✔ Secure **data handling** and infrastructure	✔ Seamless **patient onboarding** process	✔ **Pathway for payment** beyond cash pay and traditional fee-for-service
✔ Evidence of **economic returns**	✔ Ethical **data privacy** practices	✔ Ability to navigate patients to **downstream services**	✔ Safe and effective **promotion and patient acquisition** strategy
✔ Evidence of **sustained patient engagement**	✔ Use of fit-for-purpose **digital medicine tools**	✔ Positioned for **clinical integration** with other sites of care and providers	✔ Scalable **workforce onboarding and management** model
✔ Satisfactory **patient experience**	✔ Support, service, and content **personalized** to individuals	✔ Positioned for **operational integration** with other platforms and healthcare benefits	✔ Responsive **quality & performance** management
✔ Satisfactory **provider experience**			

Core Competency: Effectiveness

Produces valuable outcomes for key stakeholders

Value proposition

Effectiveness is a defining strength of high-quality, trustworthy V1C. Effectiveness measures an organization's ability to deliver valuable benefits to key stakeholders, including clinical outcomes, economic returns, and patient and workforce experience **beyond** conventional care delivery models.

V1C providers that can provide convincing evidence of **effectiveness** gain patients' trust, attract and retain the workforce, and gain additional access to patients through health plan networks, employers, and partnerships with new and traditional health systems.

Evidence required depends on company experience and stakeholder perspective: The breadth and depth of evidence available naturally vary depending on the platform's maturity and experience. The most promising earliest-stage V1C solutions will have clear logic supporting simulation models. In contrast, established providers representing the best-in-class solutions will have published data generated from robust, well-controlled clinical studies in representative populations and appropriately structured economic analyses.

Stakeholder	Stakeholder Perspectives on Effectiveness
Patients	Patients value convenience, access, and customer service when choosing a V1C provider over traditional care. The extent to which care aligns with their unique preferences and abilities for when, how, and where to receive care is an essential differentiator for V1C.
Providers	Providers view effectiveness from a lens of clinical outcomes first. Still, they also place a high value on practice satisfaction through workflows and care models that can capture real-time clinical data and patient health experience faster than traditional care so that data science can enable professionals to practice without excessive administrative barriers.
Health Plan & Employers	The clinical and economic return on investment (ROI) at the population level are underlying decision drivers for both, but they vary significantly in the level of sophistication of evidence required. Health plans seek robust clinical and economic outcomes data. Employers are increasingly concerned with member engagement and expect connections between primary care and V1C platforms to result in more coordinated, less redundant care for their people.
Investors & Funders	Investors seek V1C solutions with the potential to deliver outcomes that significantly outperform incumbents in one or more key dimensions: clinical, economic, and user experience/access. While they expect less evidence from early-stage companies, they value solid logic and a pathway to generating data.

Considerations

Maturity: Nascent

V1C delivery models have the potential to produce clinical outcomes equivalent to or exceeding those available through conventional care. However, there is still wide variability in the amount and types of data and performance measures reported by V1C providers to substantiate claims and the evidence required by partners. Leading V1C providers view evidence generation as a continuous process, with data structured from the beginning to inform patient care, constant product improvement, and clinical and economic performance insights.

What evidence do stakeholders want?

Priority of Evidence

Stakeholder	Engagement	Outcomes	Savings
Enterprise Customers	★ ★ ★	★ ★ ★	★ ★ ★
Health Plans / PBMs	★ ★ ★	★ ★ ★	★ ★ ★
Partners / Consultants	★ ★ ★	★ ★ ★	★ ★ ★
VCs / Funders	★ ★ ★	★ ★ ★	★ ★ ★

Source: Omada Health, V1C Coalition Project team

Success Indicators | Effectiveness

Evidence of clinical outcomes	Collects outcomes data from the earliest stages to support ongoing evidence generation for market access and continuous clinical improvement.
	Measures outcomes relevant to the condition and meaningful to patients, where medical and clinical standards societies define available reports and 'gold-standard' measures:
	• For example, the American Diabetes Association (ADA) endorses a reduction in real HbA1c as an outcome measure for diabetes management programs.
	• Demonstrates that outcome improvements for chronic conditions are sustainable.
	Conducts studies with populations, comparison groups, and study methodologies that are:
	• Representative of real-world practice and target market
	• Ability to stratify outcomes by equity measures such as social determinants of health (SDOH)
	• Select study designs that:
	○ Reduce/eliminate study bias using scientific best practices, e.g., controls and randomization to attribute a V1C intervention to outcomes improvements; pursue publication in peer-reviewed journals.
	○ Are appropriate for the research questions: For example, 'Gold standard' randomized clinical trials (RCT) may not be suitable or feasible for early-stage innovations or to assess performance in real-world practice settings but may be required to attribute clinical and economic outcomes to the solution. However, retrospective data analysis and single-arm studies can support feasibility in a specific population.
Evidence of economic returns	The economic model works within potential buyers' cost structures, and its financial outcomes meet or surpass existing standards in the broader market.
	• Early stage entities: Ability to demonstrate ROI and break-even points for potential partners using combinations of predicted outcomes and published cost estimates and real-world evidence
	• Established entities: robust evidence available from claims analysis of net savings in total healthcare costs

	attributable to the intervention from well-controlled health economic studies (E.g., RCTs or pragmatic studies)
Satisfactory patient experience	Reports high user satisfaction on standard industry metrics (e.g., Net Promoter Score (NPS) or Star Ratings) in the top 80 percentile. • Ability to measure patient activation • Surveys the relevant number and breadth of users • If applicable, demonstrated impact on Healthcare Effectiveness Data and Information Set (HEDIS) measures
Evidence of sustained patient engagement	Engagement is an essential proxy for satisfaction, outcomes, and attribution but is poorly defined across the sector, making it difficult for providers and 'buyers' alike to evaluate solutions. As the field evolves, leading V1C providers: • Track and report a variety of engagement measures, including enrollment and active participation • Understand the relationship between the type and rate of events or activities on their platform and clinically meaningful, patient-salient improvements in outcomes • Monitor engagement over time and leverage analytics to stratify and continuously personalize content and engagement tactics for individuals
Satisfactory provider experience	Supports efficient V1C provider team workflows using technology to optimize collaboration in the digital environment and contribute at their highest level of training. Presents evidence of high provider satisfaction within the V1C entity and with partner providers.

Core Competency: Trustworthy Digital Experience

Delivers an ethical, equitable, and safe digital experience

Value proposition

New data flows are enhancing our ability to care for people. As 'digital natives,' V1C providers rely heavily on digitized health data and digital health technologies to power responsive, personalized, and 'always on' care, a hallmark of the V1C delivery model. A trustworthy digital experience is a non-negotiable core competency of high-quality virtual first care.

Although this sector is evolving rapidly and requires constant vigilance, we know what good looks like. It's when V1C adheres to all laws applicable to healthcare delivery companies and takes responsibility to protect patients and users from harm associated with theft or misuse of their sensitive health data. Providers address the barriers preventing the use of platforms and select fit-for-purpose technology. Exceptional V1C providers **embed safe, ethical, and equitable practices by design** into everything they do, from cybersecurity infrastructure and platform design to technology selection and deployment.

Stakeholder	Stakeholder Perspectives on Trustworthy Digital Experience
Patients	Patients trust providers to safeguard their sensitive information and are increasingly aware of their right to choose how their data is used. Patients value accessing and using technology in a way that fits into their lives, regardless of language, socioeconomics, and education.
Providers	Providers must trust the integrity of the data they use for patient care and be assured that the technology used in V1C practice is fit-for-purpose. In addition, they want tools such as artificial intelligence and machine learning (AI/ML) to reduce administrative work and augment their ability to care for patients without increasing the risk of unintended error, bias, or medical malpractice liability.
Payors	Payors conduct rigorous security reviews and value prospective partners that can streamline contract discussions and audits by demonstrating that they meet or exceed accepted industry standards for security controls and the use of sensitive data.
Health Systems	Health systems face a myriad of security and privacy challenges. They need assurances that potential partners appropriately manage risks.
Investors	Investors seek a trustworthy digital experience as a vital indicator of a venture's scalability and sustainability in terms of market acceptability and reduced reputational risk.

Considerations

Maturity: Established

The digitization of healthcare and the rise of V1C promises enormous benefits, including benefits to the most under-served patients for which our industry exists to care. But it also introduces new risks. For example, V1C providers feel the scrutiny now being applied to all digital health and software interconnections due to several high-profile online tracking and advertising retargeting instances that regulators say have violated applicable privacy laws.

An ethical approach to V1C

Current legal protections for health data with healthcare providers covered by HIPAA are sufficient. Yet HIPAA does not cover all digital health solutions, and some that claim to be HIPAA compliant in public have acted contrary to their public claims. Yet, from the consumer perspective, they do not know the difference between the privacy rules that apply to the app from their doctor's office and the privacy rules that apply to a health app they download for free that is not part of their doctor's office. So, data show trust in digital health privacy is falling generally. High-quality V1C providers may operate as HIPAA-covered entities, comply with those standards, and commit to a culture of ethics that ensures they meet industry standards, comply with regulations, and take accountability for being excellent stewards of the trust that patients and partners put in them.

Taking an ethical approach to digitally enabled virtual first care comes down to:

1. Weighing the benefits and risks of developing and deploying digital solutions

2. Taking measures to avoid any unnecessary uses or disclosures of a person's private digital information to provide just the sought-after healthcare (and reimbursement for it)

3. Ensuring that the benefits outweigh the risks for all people

Learn more

- [Applied Digital Health Ethics Course](): The Digital Medicine Academy course on ethical design and decision-making for safeguarding data security and privacy and ensuring equitable access to digital medicine

- [Your Health Data is for Sale](): Podcast where health privacy expert Lucia Savage outlines best data practices in the digital era of healthcare

- [DATAcc Inclusivity | Toolkit for Digital Health Measurement Product Deployment](): from DiMe's DataCC Project

- [Catalog of DiMe Sensor Data Integrations Resources](): Key considerations, templates, and tools for successful design of data architecture, flow, and standards compliance

- *The Playbook:* Digital Healthcare Edition: Guide to help organizations leverage high-value digital health solutions to create efficiencies and improve care
    - Read the full Playbook or check out the Quick Start Guides:
        - AI/ML Quick Start Guide
        - Connected Sensor Technology Quick Start Guide
        - Engagement and Social Media Quick Start Guide

Success Indicators | Trustworthy Digital Experience

Secure data handling & infrastructure	Protects against data breaches and other misuse of private health information, including unauthorized access of sensitive, confidential, or private information via cyber attacks
	Security systems and networks that are designed appropriately have:
	- Implemented a security umbrella protocol - A software bill of materials (SBOM) and coordinated vulnerability disclosure (CVD) policy
	Security systems and networks that are appropriately maintained:
	- Follow standard procedures for routine security audits, testing, and access review - Install secure, agile, and prompt security updates - Provide continual security education and training for all users, clinical and non-clinical - Adopt and implement industry standards such as NIST or ISO
	Data on all digital tools and technologies are encrypted in storage and transit
	Data is automatically encrypted
	Regularly audit compliance to applicable regulatory requirements and industry standards.
	Emerging gold standards practices
	Invest in independent verification and validation of security controls, e.g., cybersecurity certifications, such as SOC type 2 audits or HITRUST.
	Engage third-party security firms to audit, test security, prove system resiliency, and remove avoidable bias from penetration and vulnerability testing.
	Proactively plans for breaches: documented and tested steps in preparation for events improve risk management and limit the impact of exposure to a security incident.
	Resources - Data Security: Extra resources for ethical practice - Your Health Data is for Sale: Podcast where health privacy expert Lucia Savage outlines best data practices in the digital era of healthcare

Ethical data privacy practices	Protects against data misuse, including: • Selling of legitimately collected data beyond its intended purpose without appropriate transparency and consent from patients. • Targeted marketing and advertisements, research and development outside of IRB oversight, access for data brokers without transparency and consent, outside of internal quality and performance improvement. Adheres to applicable regulatory requirements and industry standards; uses appropriate mechanisms (e.g., Business Associate Agreements (BAA)) when sharing data with partner organizations outside of treatment, payment, and health care operations (TPO). Provides user-centric contracts, including terms of service (ToS), end-user license agreements (EULAs), and privacy policies (PPs) that govern the rights to generate, collect, monitor, analyze, and/or share user data. • Clear and comprehensible to broad populations • Presented proactively as part of the terms of obtaining services through the V1C • Users can opt in or out of third-party transfer/use of their data at any time
	Resources • [Applied Digital Ethics Data Privacy: Extra resources for ethical practice](#)
Use of fit-for-purpose digital medicine tools	Digital health technologies used to monitor, diagnose, and treat patients have been developed with appropriate regulatory oversight and used according to label claims if they apply due to FDA oversight of the technology. Internally developed AI/ML tools perform without unintended algorithmic bias or drift. Digital sensor technology (DHT) data meets ART criteria (accessible, relevant, trustworthy) and is contextualized for clinical decision-making.
	Resources • *The Playbook:* [Digital Healthcare Edition (See AI/ML)](#) • [Sensor Data Integrations Implementation Toolkit](#) (See Considerations and Best Practices)

Support, service, & content personalized to individuals	Leverages user-centered design, engaging diverse end-users in developing and testing solutions.
	The technology required for using the platform doesn't unintentionally exclude or raise barriers for individuals with limited access to safe broadband, data plans, and technology literacy; it has mechanisms to respond to ongoing needs for technical support.
	Content and support are tailored to the intended users, considering language, literacy levels, physical limitations (e.g., vision and skill), and cultural appropriateness.
	Platform requirements don't assume the latest connectivity network (e.g., 5G) and work for all smartphone operating systems.
	Provides offline capabilities - essential features are available without internet or limited internet connectivity.

Resources

- [DATAcc Inclusivity Framework for Inclusive Development](#)

Core Competency: Clinical & Operational Integration

Fits seamlessly within an individual's larger healthcare context

Value proposition

Characteristics of exceptional V1C entities focus on the ability to connect the dots – operationally and clinically – for patients and partners across a patient journey and between providers and care settings. They consider patient care as a holistic journey rather than a transaction and invest intentionally in data analytics and interoperability, clinical workflows and wrap-around services, and collaborations that position them to facilitate seamless transitions of care into, between, and out of V1C care.

Stakeholder	Stakeholder Perspectives on Clinical and Operational Integration
Patients	Patients value providers who consider their medical history to better understand their holistic health status and trust that their care teams are coordinated, regardless of location.
Payors	Health plans value V1C solutions that cover the breadth of services required to treat the 'whole person.' Operational and clinical integration means improved member experience across the care journey and, where needed, coordination between providers that reduces duplication of services, delays, and costs due to avoidable specialist referrals and exacerbations leading to urgent care or preventable hospitalizations. Payors still want patients to have a medical home and seek complementary V1C services that don't cause abrasion with existing providers in their network.
Health Systems & Providers	Traditional and emerging health systems (e.g., ACOs) seek complementary V1C partnerships, effectively filling in gaps in care and augmenting their services without competing, whether this is faster access to specialists or 24/7 urgent care. Clinical integration powered by data interoperability, two-way sharing, and formal and informal partnerships enables health systems to retain patients while maintaining or improving safety, quality, timeliness of care, and satisfaction for both their providers and patients.
Employers	Employers are increasingly charged with keeping up with their workforce's changing needs and demands. On the one hand, employees manage the significant burdens of chronic disease, and on the other, they want to be **cared for more holistically** than previous generations. Although employers are leaning toward virtual care solutions, they are frustrated by low utilization, duplication of services, and patient confusion over benefits. They value providers who deliver best-in-class customer services, are adept at attracting and retaining eligible members, and are positioned to help navigate patients to covered benefits and services outside of their practice.

Investors	Funders expect stage V1C providers to demonstrate how they logically fit into the more extensive health system. These ventures have a **higher potential to scale** beyond niche markets into the employer, health system, and insurance networks.

Maturity: Emerging

This new care modality must be **integrated, clinically and operationally,** into the existing healthcare system to recognize its full potential and add value to patients, providers, and payors, improving the experience of health outcomes and the economic sustainability of healthcare overall. As the 'newcomer' on the scene, V1C providers risk adding to the already chaotic and fragmented patient experience if they can't meet the market where it is. Thus, V1Cs must demonstrate that they can **work well within a system of care** that spans an entire patient journey.

Considerations

As patients' conditions and care needs change throughout their illness, their care may transition between different settings, sites of care, and practitioners. High-quality V1C providers invest intentionally in workflows, data systems, and partnerships that minimize friction as patients transition into, between, and out of V1C.

Characteristics of seamless care transitions:

✔ Occur in clinically relevant timeframes

✔ Enable the exchange of appropriate information between the right parties

✔ Make efficient use of health resources, including services and clinical workforce, avoiding duplication of services

✔ Minimize inconvenience and disruption to patients

✔ Produce optimal patient outcomes

Important V1C Care Transitions Along the Patient Journey
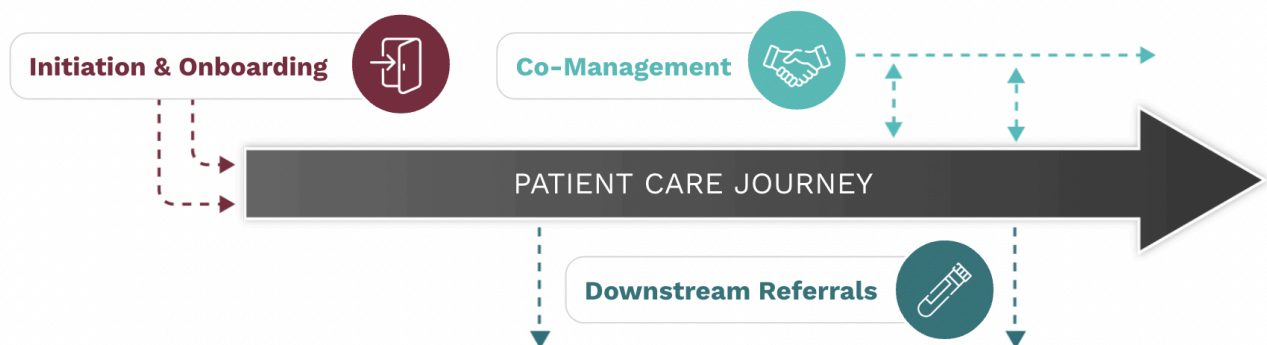
▶ **Initiation & onboarding**

In the digital environment, forming a relationship built on trust and personal connection attuned to an individual's unique situation is more critical than ever. Intake processes should leverage a fit-for-purpose tech stack to integrate historical clinical records to verify insurance eligibility and cost-sharing and document informal care partners, patient preferences, and social determinants of health that may impact care.

▶ **Downstream referrals**

V1C is not "virtual-only" care. Downstream referral care transitions involve services needed for a V1C to deliver care and can represent transactional, short-term services essential to completing care plans. The right choice of where to refer a patient can impact patient experience, patient-born and overall costs, and outcomes for V1C care.

▶ **Co-management**

Clinical integration is the process and structures that enable provider collaboration to advance shared quality and efficiency goals at the patient and population levels. Doing this well in any healthcare environment—virtual or in-person—requires a holistic and collaborative approach to patient care anchored to patient-centered primary care (e.g., medical homes). Excellent V1C entities position their organizations for clinical integration by designing their platforms and workflows with industry-standard data interoperability, evidence-based clinical protocols, and an outcomes-focused payment pathway.

Learn more

- V1C Care Transitions Toolkit: A suite of resources to integrate effective V1C care transitions into foundational care activities along a patient journey

- Engaging Key Partners for Effective V1C Care Transitions: Priorities for successful V1C partnerships with payors, employers, and Accountable Care Organizations (ACOs)

- A Tech Stack for Effective V1C Care Transitions: A guide to selecting software services to streamlined transitions across the patient journey

Success Indicators | Clinical & Operational Integration

Seamless patient onboarding process	Patients and care partners have the education and technology support to access and use virtual care platforms.

Intake processes are supported by intentional workflows and a tech stack that facilitates the following:

- **Insurance eligibility and coverage**, including plan-specific copays and incentives.
- **Integration and digestion of current and past clinical records,** including demographics, diagnoses, comorbidities, and procedures.
- **Medication reconciliation**, including updating information and verifying with patients.
- Mapping informal care partner roster.
- Integrating relevant **patient-generated data** from digital technologies and surveys.

Emerging gold standard practices

- Advanced data science (AI, ML, or NLP, as applicable) and digital assessments enable the practice to personalize a patient experience, streamline triage to the appropriate setting and provider for their needs, and escalate care when required.

Resources

- Guide to Effective Virtual-First Care (V1C) Care Transitions
- A Tech Stack for Effective V1C Care Transitions
- Engaging Informal Care Partners for Optimal V1C Care Transitions
- Conceptualizing a Data Infrastructure for the Capture, Use, and Sharing of Patient-Generated Health Data in Care Delivery and Research through 2024

Case studies

- Biofourmis Case Study: Coordinating Virtual Specialty Care for Polychronic Patients
- Byteflies Case Study: Digital Medicine as an Enabler of Effective V1C Care Transitions
- CareHive Case Study: Navigating Patients across the Continuum of Care Transitions
- Freespira Case Study: Virtual Care Partnership Provides Mental Health Care for Managed Medicaid Members
- Heartbeat Health Case Study: V1C Partnering with ACOs for Effective Care Transitions

	• [Oshi Health Case Study: Achieving Whole-Person Care](#) • [Thirty Madison Case Study: Seamless Downstream Referrals Advance Access to HIV Prevention](#) • [Wellinks Case Study: Integrating High-Value V1C Solutions for Disease Management](#)
Ability to navigate patients to downstream services	High patient participation in referred services and completed orders (e.g., scheduled and resulted diagnostic tests and fulfilled prescriptions) Patients are highly satisfied with downstream services Timely and convenient scheduling, delivery of tests or medications, test results, and interpretations Avoidance of excessive patient out-of-pocket costs or absorbed costs for practice **Emerging gold standards practices** Partnerships, technologies, and decision algorithms are in place to ensure that clinicians and care teams can navigate available options and have a **scalable process** for guiding patients to services with considerations for: • **Availability of appropriate downstream care services:** Uses modern technology platforms and payor relationships to identify clinically relevant services available locally in a clinically relevant timeframe. It specifically solves the problem of how to get services to patients with limited mobility and those in rural communities. • **Payment and business model impact:** Models end-to-end pathways and patient scenarios to understand the factors affecting patient and practice costs of various choices • **Value**: Invest in tools and partnerships to identify the highest quality and best prices; this might involve collaborating with health plans to leverage their high-value networks • **Patient preference:** Ensure fulfillment of care plans by considering individual patient preferences and access, including the ability to afford copays • **Provider workflow:** Select interoperability technology and vendor relationships that ease the ordering and scheduling burden **Resources** • [Guide to Effective Virtual-First Care (V1C) Care Transitions](#) • [A Tech Stack for Effective V1C Care Transitions](#)

Case studies

- [Biofourmis Case Study: Coordinating Virtual Specialty Care for Polychronic Patients](#)
- [CareHive Case Study: Navigating Patients across the Continuum of Care Transitions](#)
- [Heartbeat Health Case Study: Leveraging In-Home Care Providers to Address the "Last Mile of Care"](#)
- [Heartbeat Health Case Study: V1C Partnering with ACOs for Effective Care Transitions](#)
- [Oshi Health Case Study: Achieving Whole-Person Care](#)
- [Thirty Madison Case Study: Seamless Downstream Referrals Advance Access to HIV Prevention](#)

Positioned for clinical integration with other sites of care & providers

Positioned for bi-directional communication & information flow with clinical partners:

- Uses Fast Healthcare Interoperability Resources (FHIR) standards for seamless Application Programming Interface (API) integration, evidence-based clinical protocols

No evidence of redundant diagnostic testing or procedures

Minimal delays in decision-making and treatment due to insufficient/inaccessible data and information

Emerging Gold Standards

Positioned to collaborate with other V1C and bricks-and-mortar providers to advance shared quality and efficiency goals at the patient and population level:

- Patients, care partners, and co-managing clinicians can access current care plans easily
- Uses standard workflows to reconcile potential care and medication conflicts
- Provider accountability and roles are clear regardless of virtual or brick-and-mortar site of care or employment affiliation
- Care protocols and care delivered consistently align with guidelines
- Collaboratively defined clinical care pathways for specific therapeutic areas with partners
- Works with payors to track and report on on-pathway adherence

- Care transitions, including escalations and site of care handoffs, are managed with minimal friction according to proactive workflows
- Ability to collaborate to define and meet quality and accreditation goals

Resources
- [Guide to Effective Virtual-First Care (V1C) Transitions (See Necessary Conditions for Clinical and Operational Integration)](#)
- [Quickstart Guide to Partnerships between V1C Providers and Accountable Care Organizations (ACOs)](#)
- [Guide to Effective Virtual-First Care (V1C) Care Transitions (See V1C Patient Co-Management)](#)

Case studies
- [Biofourmis Case Study: Coordinating Virtual Specialty Care for Polychronic Patients](#)
- [Byteflies Case Study: Digital Medicine as an Enabler of Effective V1C Care Transitions](#)
- [CareHive Case Study: Navigating Patients across the Continuum of Care Transitions](#)
- [Heartbeat Health Case Study: V1C Partnering with ACOs for Effective Care Transitions](#)
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- [Thirty Madison Case Study: Seamless Downstream Referrals Advance Access to HIV Prevention](#)
- [Wellinks Case Study: Integrating High-Value V1C Solutions for Disease Management](#)

Positioned for operational integration with other platforms & healthcare benefits	Positioned for bi-directional data flow with plan sponsors and health plans: • Uses Fast Healthcare Interoperability Resources (FHIR) standards for seamless Application Programming Interface (API) integration • Ability to share data with employee group medical benefit plans and health insurance companies to support activities such as HEDIS or in-network referrals in full compliance with appropriate regulations (e.g., HIPAA) • Ability to identify and refer patients to other employer-based health programs available to the patient, e.g., Employee Assistance Programs (EAPs)

Resources

- [V1C Coalition Guide to Effective Virtual-First Care (V1C) Care Transitions (See Trust & Awareness of V1C by Patients, Providers, and Payors)](#)

- [Quickstart Guide to Partnerships between V1C Providers and Employers](#)

- [Quickstart Guide to Partnerships between V1C Providers and Health Insurance Providers (Payors)](#)

Core Competency: Administrative Efficiency

Minimizes implementation and operational frictions

V1C is a rapidly expanding field crowded with innovative first-to-market and fast-follower solutions. The **ability to execute**–efficiently, consistently, and with clinical rigor–distinguishes the top companies from those who will not scale beyond an initial niche market.

Outstanding V1C entities are adept at balancing innovation and rapid cycle improvement with clinical and professional rigor. This enables them to attract and retain top clinical workforce talent, manage market-leading quality, access, and patient satisfaction targets, and adopt a flexible approach to partnering with health plans, providers, and employers.

Value proposition

Stakeholder	Stakeholder Perspectives on Administrative Efficiency
Patients	Patients perceive efficiency as the absence of onerous and duplicative administrative forms, ease of receiving support, scheduling options, and outstanding payment experiences.
Providers	Clinical workforce satisfaction is tied to efficient workflows that free them from administrative burdens and enable them to practice patient care at the top of their license. Value-added operations include assisting with credentialing, licensing, and training, as well as flexible work schedules.
Health Plan & Employers	Health plans value V1C partners who clearly understand how their solution fits into existing health plan or employer benefits products while bringing a flexible and collaborative approach to contracting, implementation, and performance improvement that minimizes cycle time and administrative costs.
Investors & Funders	An efficient and compliant operating model ensures that a venture can scale and continue to improve cost structure with scale without compromising patient experience, quality, and access.

Considerations

Third-party payor deals and reimbursement are becoming critical to establishing V1C as a new standard of care **accessible at scale** and a natural progression for V1C solutions that may have started in the direct-to-consumer market. Positioning for third-party payor contracts requires a clear understanding of the alignment between the payor's systems and processes around new care modalities.

Contract discussions must start with a shared definition of V1C solutions as healthcare providers as defined in federal regulations. Thus, they are Health Insurance Portability and Accountability Act (HIPAA) covered entities with the same obligations to patients as brick-and-mortar providers.

Learn more

V1C Coalition Payor Contracting Toolkit: Guide to model contracting language, considerations for key contract sections, and a payment models guide and coding library highlighting V1C-reimbursable codes.

Key resources include:

- Payor-V1C Guide to Contracting
- Guide to Virtual First Care (V1C) Payment Models
- Engaging Key Partners for Effective V1C Care Transitions

Success Indicators | Administrative Efficiency

Pathway for payment beyond cash pay & traditional fee-for-service	Ability to submit claims to insurers or third-party administrators (TPAs)*, regardless of desired payment model (fee-for-service, bundled payment, or risk-based) to facilitate analysis and explicit tracking ● Flexibility in collaborating with partners to optimize coding and payment structures Ability to collect payments for member responsibility in a secure, efficient way, with satisfactory member experience Willingness to enter into fee-for-service arrangements as an on-ramp to more complex contracts if necessary Positioned for outcomes-based arrangement (e.g., performance guarantees) Positioned for entering into 2-sided risk-sharing arrangements with payors and other partners **Resources** ● [Payor-V1C Guide to Contracting](#) ● [Guide to Virtual First Care (V1C) Payment Models](#) ● [Engaging Key Partners for Effective V1C Care Transitions](#)
Safe and effective promotion & patient acquisition strategy	Marketing and outreach processes and materials–digital or otherwise– are HIPAA compliant and designed to safeguard against any transparent implication that enables entities other than the intended recipient to attribute a condition to the recipient. ● When promoting services in partnership with or on behalf of health plans or employers, use the appropriate business associate agreements (BAA) and patient consent when necessary. Proven record or logical pathway to identifying, reaching, and enrolling eligible participants. **Resources** ● *The Playbook*: [Digital Healthcare Edition](#) (See Engagement and Social Media Quick Start Guide)

Scalable workforce onboarding & management model	Ability to scale practice broadly: • '50-state solutions' are highly desirable for national health plans and large employers • The credentialing process and documentation are compliant and auditable by partners • Providers are credentialed in multiple states Health coaches are certified by relevant specialized programs, e.g., CDC-recognized diabetes prevention program (DPP) coaches or Certified Diabetes Educators (CDEs). Uses multifactor provider identity authentication The provider model enables patients to interact with the same provider if desired. **Resources** • [Payor-V1C Guide to Contracting](#)
Responsive quality & performance management	Adheres to well-documented practice guidelines aligned with evidence-based clinical quality and safety standards • Audits clinical practice against established care protocols and clinical guidelines (e.g., regular chart reviews) and can provide evidence of consistent quality and safety • Protocols in place to document and manage adverse events Ability to provide real-time feedback on performance to clinical staff as a complement or replacement for retrospective audits