Established: 2023

$3.7m funding from NIH/NCATS: 2023-2028

Goal: To accelerate the adoption and dissemination of virtual care research capabilities.

National Collaborators:
- American Heart Association (AHA)
- American Academy of Pediatrics (AAP)
- American Medical Associate (AMA)
- Local: NC DHHS, UNC Health, RTI
- International
Center for Virtual Care Value and Equity (ViVE)

CORE ACTIVITIES

- Develop and make available a library of Real-World Data.
- Develop and validate new methods for measuring the value and equity of virtual care.
- Conduct research to identify and address barriers to the implementation and adoption of virtual care.
- Train the next generation of virtual care researchers.
INEQUITABLE ACCESS

This map shows where social vulnerability and poor access to healthcare in the United States intersect. Massive gaps persist in the South and among rural, urban and tribal communities, which illustrate shortcomings of the industry to provide care to people that need it most.

Source: Modern Healthcare analysis of Centers for Disease Control and Prevention and the Health Resources and Services Administration data
Problem

Difficult to help people who lack digital access without the right tools to measure their needs.

- Unequal healthcare access
- Increased healthcare costs
- Inefficiencies and unmet needs
The need..

**Identify Populations at Risk**
- **Risk Stratification**
  Categorize patients by vulnerability scores to prioritize outreach and interventions.
- **Early Intervention**
  Identify high-risk individuals enables targeted interventions, potentially improving health outcomes.

**Reduce Inequities**
- **Equity Gap Identification**
  Address disparities in digital health access and utilization among different demographic groups.
- **Targeted Interventions**
  Data insights can aid in developing targeted interventions for underserved populations.

**M&E Utilization**
- **Patient Suitability**
  Evaluate patients for telehealth based on skills, comfort, and barriers to ensure proper care delivery and reduce negative experiences.
- **Resource Allocation**
  Patient preference and technology access data can optimize telehealth resource allocation and ensure availability where most needed.
Enable the development of appropriate program metrics across all stages of program maturity in four domains:

- **Health/Population outcomes**,  
- **Quality and Cost of Care Delivery**,  
- **Individual Experience**,  
- **Program Implementation**

### SPROUT Telehealth Evaluation and Measurement (STEM) Domains

#### Domain 1 - Health Outcomes:
Measurement of a medical condition that directly affects the length or quality of a person's life.

#### Domain 2 - Quality and Cost of Delivering Care:
A measure of care quality and cost of delivering the care. These include some of the National Academy of Medicine’s quality domains (timeliness, effectiveness, safety, efficiency/cost), and diagnostic accuracy.

#### Domain 3 - Individual Experience:
The personal experience of patients, providers, health care team members, caregivers, and/or family members when they are using the system.

#### Domain 4 - Program KPIs and Operations:
Measurements of a program’s success according to enterprise/institutional targets. May be shared from other domains.

#### Domain 5 - Equity Stratifiers:
Variables used to subdivide patient cohorts in order to detect and/or monitor for disparities in health outcomes, care delivery, and experience.

Four Measurement Domains of STEM Framework
## Digital Health Equity Index Score

<table>
<thead>
<tr>
<th>Social Factors</th>
<th>Access Factors</th>
<th>Digital Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hispanic</td>
<td>1. Access to vehicle</td>
<td>1. % Households with an Internet Subscription</td>
</tr>
<tr>
<td>2. Black/African American</td>
<td>2. Access to Urgent Care</td>
<td>2. % of Households with Cellular Data Plan for smartphone</td>
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<tr>
<td>3. Population in Poverty</td>
<td>3. Medically Underserved Area (MUA)</td>
<td>3. % of Households that Have No Computer, Smartphone, or Tablet</td>
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<td>5. Households with person aged 60+ receiving Food Stamps</td>
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<td>6. Medicare</td>
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<td>7. Medicaid</td>
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<td>8. Non-native English speakers</td>
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<td>9. Disability</td>
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<td>10. Employment</td>
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<td>11. Education</td>
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<td>12. Health Insurance Coverage Status</td>
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</tbody>
</table>
Takeaways

- Integrated telehealth delivery models
- Novel ways to identify populations at-risk
- Need for validated implementation and evaluation frameworks
Interested in Virtual Care Equity and Value?

Questions?

Interested? Email us: Vive@unc.edu