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Embracing Telehealth Trends Beyond 2020:

A Pharmaceutical Industry Guide

November 2020

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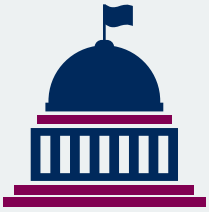
Executive Summary

Telehealth is booming as virtual visits have been reimagined as a new "digital blueprint" for improved access to affordable healthcare. Our whitepaper examines key policy and regulatory updates, coverage, and access issues and offers strategies for pharmaceutical manufacturers to successfully reach patients in the new era of consumer-driven care delivery.



REGULATIONS, POLICIES, AND COVERAGE

Telehealth policies with the largest potential for extension include coverage for behavioral health-related services in all plans and coverage for primary care visits in Medicare Advantage

ACCESS AND REIMBURSEMENT

Emerging policy changes are defining access to virtual care, particularly in rural America

PAYER INSIGHTS

Private payers will likely update telehealth coverage and reimbursement policies to closely track with public payers, but coverage will remain inconsistent and lack uniformity

VIRTUAL ENGAGEMENT

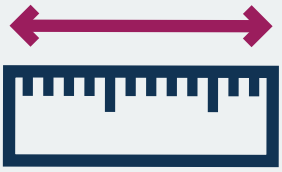
Untapped opportunity to reimagine value in pharma-physician digital engagement

DIGITAL ADOPTION

The digital health strategy should entail triple patient adoption drivers: patient access, digital convenience, and patient preference

VALUE PROPOSITION

With telehealth integration, manufacturer's value proposition will need to be updated



QUALITY MEASURES

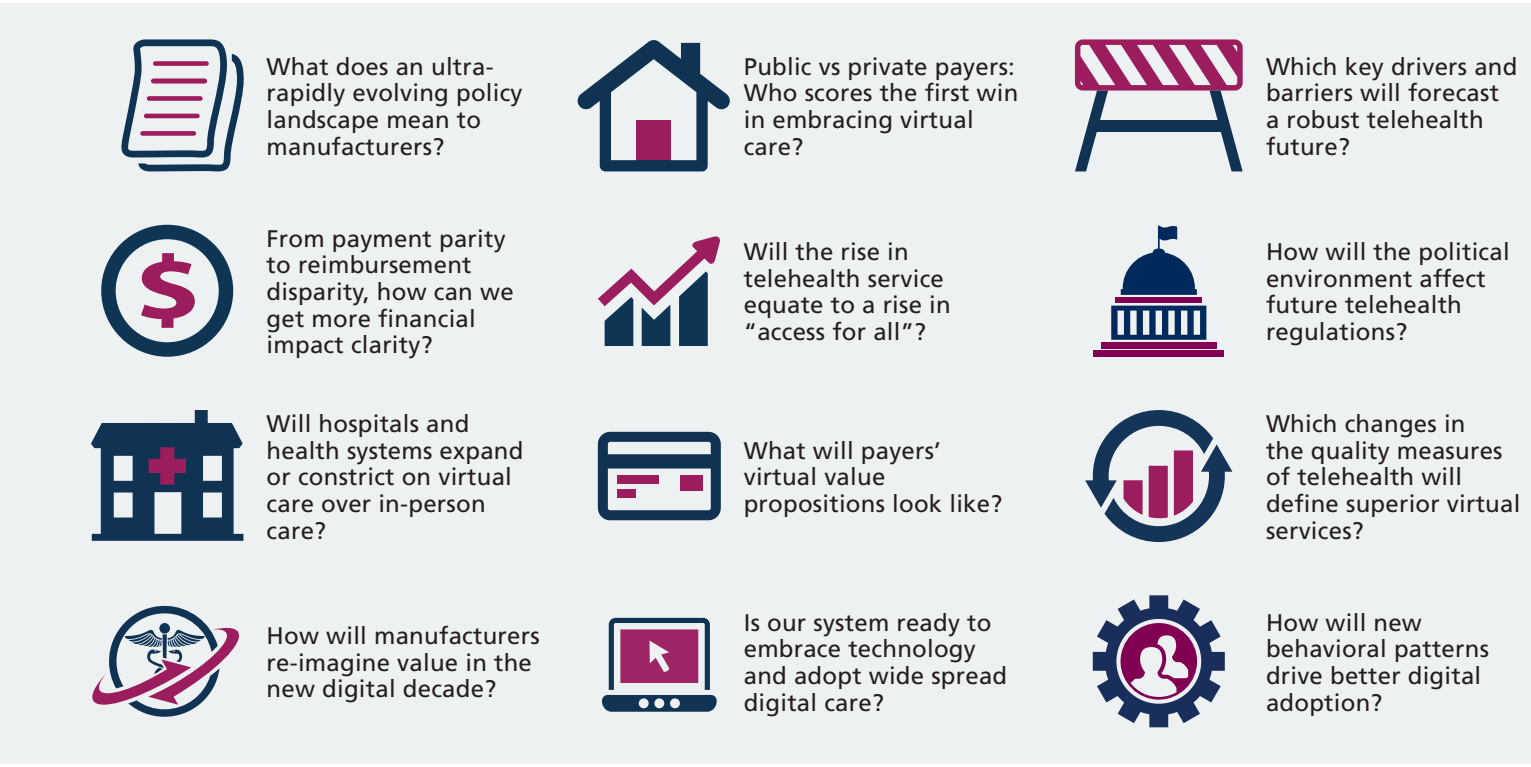
40 Healthcare Effectiveness Data and Information Set (HEDIS) quality measures will serve as powerful drivers for these expanded telehealth services

Although the telehealth shift has gained significant momentum, statutory changes in federal and state regulation reforms are redefining access to telehealth. Being vigilant with payer coverage, policy shifts, reimbursement analyses, and digital adoption will help the pharmaceutical industry adopt telehealth and propel powerful, value-driven decision making beyond 2020.

With the Increased Demand and Utilization of Telehealth Comes Opportunities and Questions

Sometimes it takes an unexpected event to shake up the status quo. For years, policymakers and stakeholders were unable to agree on the role of telehealth, which has limited its availability, utilization, and uptake. COVID-19 has created a foothold for telehealth, as access to in-person care continues to be limited and consumer preference has shifted to favor digital on-demand healthcare.[1] In response, long-standing stakeholders from across the healthcare continuum have looked at telehealth to meet patients where they are—through technology. Not only has telehealth expanded provider access to patients who need care, but it has also led the federal government, private payers, health systems, and key industry stakeholders to favor patient access, rather than traditional norms of in-person care. Additionally, regulatory barriers and cost restrictions to telehealth have swiftly been lifted. However, as with many COVID-19-related issues, the upsurge in telehealth utilization poses new questions and issues for many healthcare stakeholders.

Figure 1. Overarching Questions to Consider

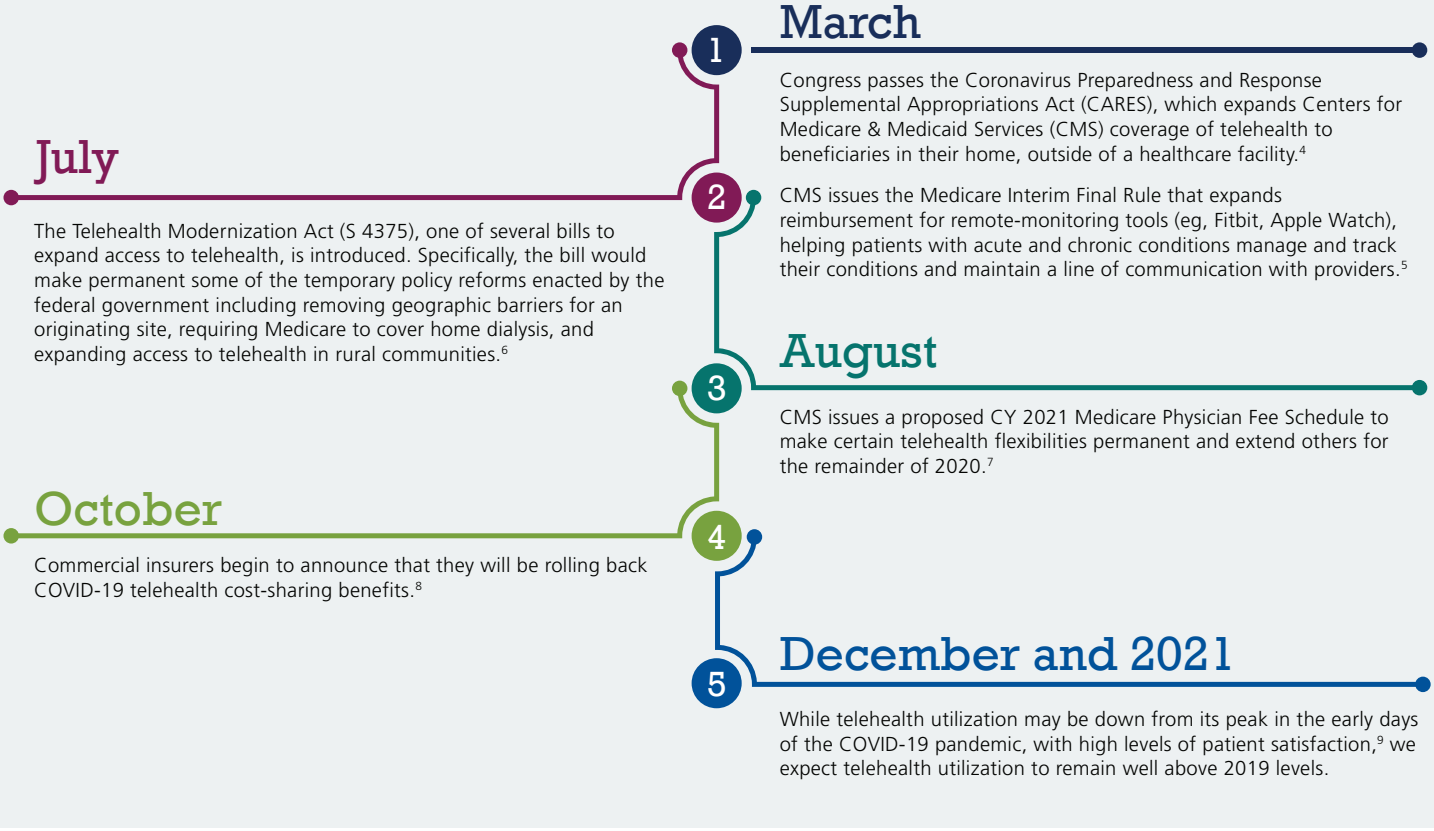


Telehealth-related spending is predicted to be a quarter-trillion-dollar business in the United States (US) over the next few years.[2] Forecasts predict that 1 in 5 of all office, outpatient, and home health visits will be virtualized across Medicare, Medicaid, and commercially insured populations. This shift sparks the next revolutionary growth in the virtual care world. **Skyrocketing consumer adoption for telehealth opens up a great opportunity for pharmaceutical, biotechnology, and medical device companies to embrace a new paradigm for patient-provider engagement and education, with the goal of improving health outcomes.** The digital on-demand model will fundamentally shift how brands engage patients and physicians. Such shifts will foster new alliances with non-traditional players and create behavioral-incentive pilots to empower and engage the patients of tomorrow.

Epiphany of Virtual Care From "Now to Next"

Over the course of 2 weeks in March 2020, the telehealth sector advanced a decade. In April 2020, nearly half of all Medicare primary care visits were conducted via telehealth: 1.28 million visits per week.[3] This figure is a sharp contrast to pre-pandemic norms, with telehealth accounting for less than 1% of visits in February 2020. With the indispensable need to access care remotely during the pandemic, the federal government and payers quickly relaxed regulatory hurdles and offered financial incentives to support the shift in care. Most of these updates are effective through the end of 2020.

Figure 2. Key Policy Updates in 2020



Next in Telehealth, New Possibilities

For the end of 2020 and into early 2021, we expect telehealth utilization for patients in commercial plans to settle at around

5x the rate of utilization

over the same period in 2019.[10]

About 20% of in-office visits have transitioned to telehealth, with a projected increase to

25% to 30% of visits

after the pandemic ends, according to insights from the 2020 American Telemedicine Association.[11]

To meet the growing interest in telehealth, UnitedHealthcare has introduced a new collaborative network that offers consumers in Northern California **free 24/7 access to telehealth primary and urgent care visits** as a part of new payer-provider partnership through the UnitedHealthcare Canopy Health Medicare Advantage plan.[12]

Unfolding Policy Reforms, Evaluating Quality Measures, and Transforming Access to Virtual Care Solutions: 2020 and Beyond[13]

The major hurdle to the expansion of telehealth is the assumption by certain policymakers and thought leaders that telehealth may lead to unnecessary utilization and added burden to an already costly healthcare system in the US. Utilization will play a major role in determining the impact on telehealth's expansion. Medicare beneficiary telehealth utilization amid COVID-19 has increased nationwide. A CMS analysis found that in a week, only 14,000 beneficiaries received a telehealth service before the public health emergency, but from mid-March through early July, over 10.1 million beneficiaries received a telehealth service.[14] The future of telehealth should be evaluated and monitored based on the impact on total healthcare utilization.

Current burgeoning behavioral health utilization creates an opportunity to appraise virtual access based on two parameters:

PROSPECTIVE OUTCOMES IMPROVEMENT

COST UTILIZATION

Compliance concerns with missed appointments lead to expensive care. Improved no-show rates via telehealth's convenience could be considered as a potential driver for cost savings. For example, the baseline no-show rate for psychiatry services is between 19% and 22% of appointments, while MDLive reports no-show rates of between 4% and 7% for its behavioral health telehealth visits.[15] Also, for the Marshfield Clinic Health System of Wisconsin, office visit no-show rates pre-COVID-19 were roughly 5%; they dropped to 3.8% with telehealth during COVID-19. Even CMS estimates that telemedicine saves Medicare patients $60 million on travel, with a higher projection of $540 million in savings by 2029.[16]

Appropriate reimbursement of telehealth services will allow patients to utilize services more when deemed clinically appropriate by the care team. Such access gives dual opportunities for:

Patients who might otherwise miss or avoid care

The system to provide rapid, effective, and affordable care

A pre-COVID-19 Anthem's HealthCore study of Medicare Advantage claims data for acute and non-urgent care utilization found savings of 6%, or $242 per episode-of-care cost, by diverting members to telehealth visits who would have otherwise gone to an emergency department (ED). The study also found a reduction in antibiotic use.[17] Ascension Health found that, from March to May of 2020, nearly 70% of patients would have gone to either urgent care or the ED had they not had access to virtual care. These patients would have used more costly options without access to telehealth.[18]

With an exception from the Ryan Haight Act, the Drug Enforcement Administration's (DEA's) significant move toward allowing prescription of controlled substances via telemedicine[19] counts as a big step toward an interest in revising the act for expanded access to telepsychiatry services. It is important to note that, although federal laws permit providers to prescribe controlled substances via telehealth encounters in the absence of an in-person evaluation, there are individual statewide barriers that might limit its application. Outcomes of rapid virtualization for psychiatric care have led to improved access to specialty providers and superior mental health services, especially in rural communities nationwide. Nonetheless, what the behavioral health provider-patient relationship in the digital world would be is yet to be determined. Today, more than ever, the need to grow the reach of mental health services is critical, with ever-increasing utilization of telepsychiatry services to address the mental health needs of Americans during a pandemic.

Policymakers consider reimbursement rates based on value provided and the cost of delivery in a virtual setting, as is done with in-person care. Assessing the true value of telehealth and clearly defining the virtual value proposition would be necessary for key stakeholders.

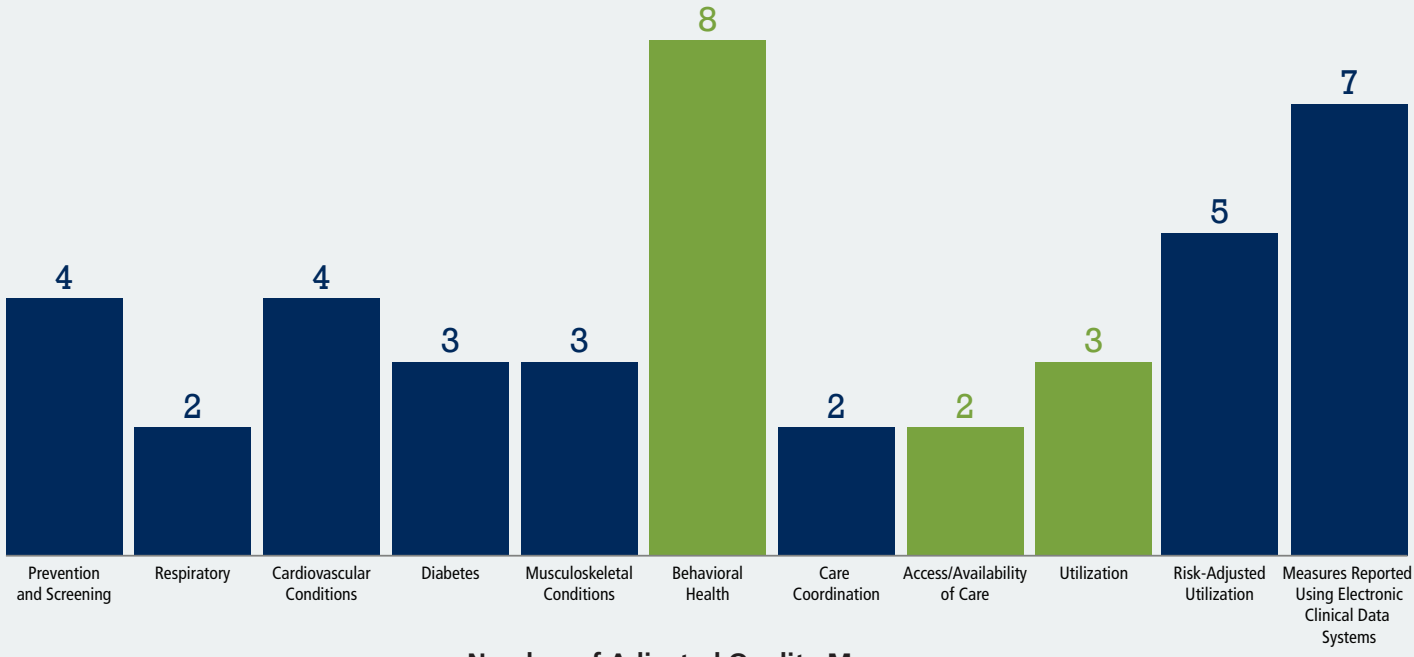
Six key considerations of the virtual value proposition include:

Forecast: Something Old (Quality), Something New (Telehealth)

With telehealth gaining widespread traction, adjusting existing quality measures to incorporate telehealth is a critical success factor in continuing to assess patient outcomes through standardized measurement. As a reaction to the healthcare disruptions created by COVID-19, the National Committee for Quality Assurance (NCQA) implemented unprecedented changes to a large swath of its HEDIS measures to incorporate telehealth services with the addition of new CMS codes aligning with virtual care delivery (**Figure 3**). These changes were aligned with CMS' telehealth guidance and other regulatory bodies on the federal and state level.[20]

Figure 3. HEDIS Measures Incorporating Telehealth Adjustments

Incorporation of telehealth modalities permeates measurement domains and therapeutic areas



In 2020 and beyond, quality measurement will serve as a powerful driver for these expanded telehealth services. It is a win-win situation for payers, as they can leverage telehealth to reach and improve the health of their members while also satisfying quality measurement requirements for select measures.

From a population health lens, payers will continue to look for these opportunities to bridge gaps in care by leveraging telehealth to reach members with the highest unmet needs, particularly in therapeutic areas with quality measures.

Pharmaceutical manufacturers can support their customers in these initiatives through partnerships in designing and executing quality improvement programs with specific organizations. Manufacturers should embrace these quality partnerships, as they are powerful vehicles to enhance customer relationships and expand data-driven, evidence-based population health initiatives.

Quality initiatives represent valuable opportunities for pharmaceutical manufacturers to partner with their customers above brand engagement

Payers Will Have to Continuously Evolve Based on Innovations and New Models of Virtual Care

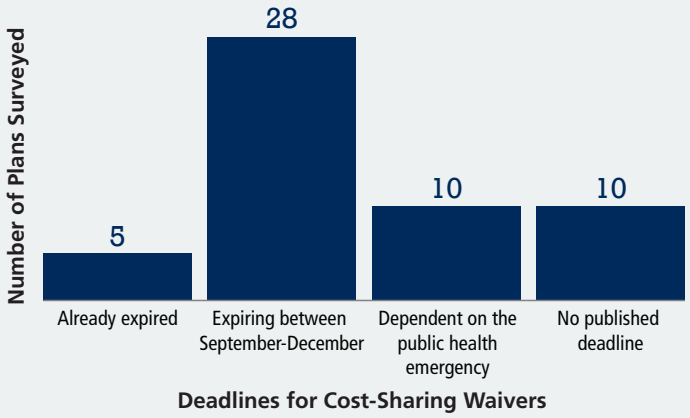
Many commercial payers temporarily expanded coverage of telehealth services to meet demand for patient care during the COVID-19 pandemic. However, the specifics of these payer policies have been highly variable and are constantly evolving.

Although coverage of telehealth services is different in each payer organization, surveillance of the payer landscape showed 3 specific categories included in telehealth policies: use of cost-sharing waivers for telehealth services, types of covered telehealth services, and modes of communication allowed for telehealth services.

Cost-Sharing Waivers

Among payers who enacted temporary telehealth expansion policies, the majority included a cost-sharing waiver for telehealth services. However, some plans have allowed the waivers to expire despite extending expansion of other telehealth services. Of the 53 payers with publicly available policies, 5 cost-sharing waivers have already expired and 28 are set to expire by the end of 2020.

Figure 4. Payer Policies for Telehealth Expansion



Current published data as of 9/1/20.

Covered Telehealth Services

Some payers expanded coverage to all telehealth services, while others limited coverage to only specific services. For instance, some payers extended the telehealth benefits for behavioral/mental health services but not others or only to cover COVID-19-related services. Meanwhile, other plans may cover primary care or specialty visits. Additionally, some plans that originally had expanded telehealth services have since rolled back coverage to a more limited set of covered services, especially in commercial plans.

Covered Modes of Communication

Some payers have allowed open access to telehealth services through many modes of communication (apps, video, or telephone), while others are more restrictive and do not cover all modes of communication. Historically speaking, telephone-only services have not been covered by most plans. However, many plans have expanded their policies to allow for telephone-only telehealth visits, although it is unclear when these policies will expire.

Future Directions of Telehealth

It should be expected that many payers will continue to extend certain aspects of their expanded telehealth policies in line with the public health emergency. We also expect individual payers to slowly roll back certain aspects of their telehealth policies as some payers have already done. Cost-sharing waivers for non-COVID services are expected to be the first policies to expire, as payers will likely not continue to renew them through 2021.

Telehealth policies that are likely to be extended include coverage for behavioral health-related services in all plans and coverage for primary care visits in Medicare Advantage. In general, it is expected that telehealth policies in Medicare Advantage will remain more lenient due to their population being more vulnerable. Although many cost-sharing waivers are set to expire, it is unclear what impact that will have on utilization of telehealth services, as many patients and providers have become comfortable with telehealth and likely have seen increased efficiencies with proper implementation. A study conducted prior to the COVID-19 pandemic found that the majority of patients who had experience with telehealth visits would be willing to pay up to a $50 copay for the service.[21] Therefore, we expect telehealth to be a sustainable and growing channel in the future.

Table 1. Summary of Telehealth Policies for the 5 Largest Payer Organizations

Payer	Cost-Sharing Waivers and Covered Services		Covered Mode of Communication
	Commercial	Medicare Advantage	
Aetna[22]	Cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral/mental health services extended through December 31, 2020. All other telehealth policy changes expired on June 4 and were not renewed	Cost-share waivers for Medicare Advantage members for in-network primary care and specialist telehealth visits, including outpatient behavioral and mental health counseling services, were extended through December 31, 2020	Provider reimbursement in parity with in-person visits, except for select telephone-only services in commercial plans
Anthem[23,24]	Cost-sharing waivers for telehealth visits from in-network providers, including mental health and substance use disorders, expired September 30, 2020	Cost-sharing waivers for telehealth visits from in-network providers were extended through December 31, 2020	Telehealth services can be performed by virtual visits only for non-COVID-19 visits
Cigna[25]	Copays are required for telehealth visits that are not COVID-19-related. COVID-19 cost-sharing waivers expire on October 31, 2020	Cost-sharing waivers for telemedicine services, including non-COVID-19-related services, are in place through the end of 2020	Telehealth services can be performed by virtual visits only
Humana[26,27]	Humana is extending telehealth cost-share waivers for all telehealth visits for primary care provider and specialty (including behavioral health) visits for in-network providers through 2020		Provider reimbursement is at parity with in-person visits and can use video or telephone only
UnitedHealthcare[28]	Telehealth services for in-network providers for COVID-19 services are covered through October 22, 2020; however, the cost-sharing waiver for non-COVID-19 telehealth services expired September 30, 2020	Telehealth services for in- and out-of-network providers for COVID-19 services are covered through October 22, 2020. From October 23–December 31, 2020, UnitedHealthcare will extend the cost-share waiver for in-network and covered out-of-network COVID-19 telehealth services. From October 1–December 31, 2020, UnitedHealthcare will extend the cost-share waiver for in-network and covered out-of-network primary care telehealth services	Provider reimbursement is at parity with in-person visits and can use video or telephone only

Current published data as of 10/5/20.

Implications for Manufacturers

For manufacturers, the expansion of telehealth is a significant opportunity to shift pre-COVID market dynamics. The expansion of telehealth may result in different prescribing patterns for telehealth patients. For example, a provider may prefer to prescribe medications for telehealth patients that have a more favorable safety profile, require less laboratory monitoring, or are available to be administered at home. This is an opportunity for manufacturers to demonstrate the value of their products in the telemedicine setting. The Xcenda Market Access team is currently conducting market research to determine the staying power of the telehealth expansion and the related impact on formulary management, which will be published in a follow-up white paper with other policy updates.

A New Era of Virtual Care: How Pharmaceutical Manufacturers Can Modernize Their Playbook

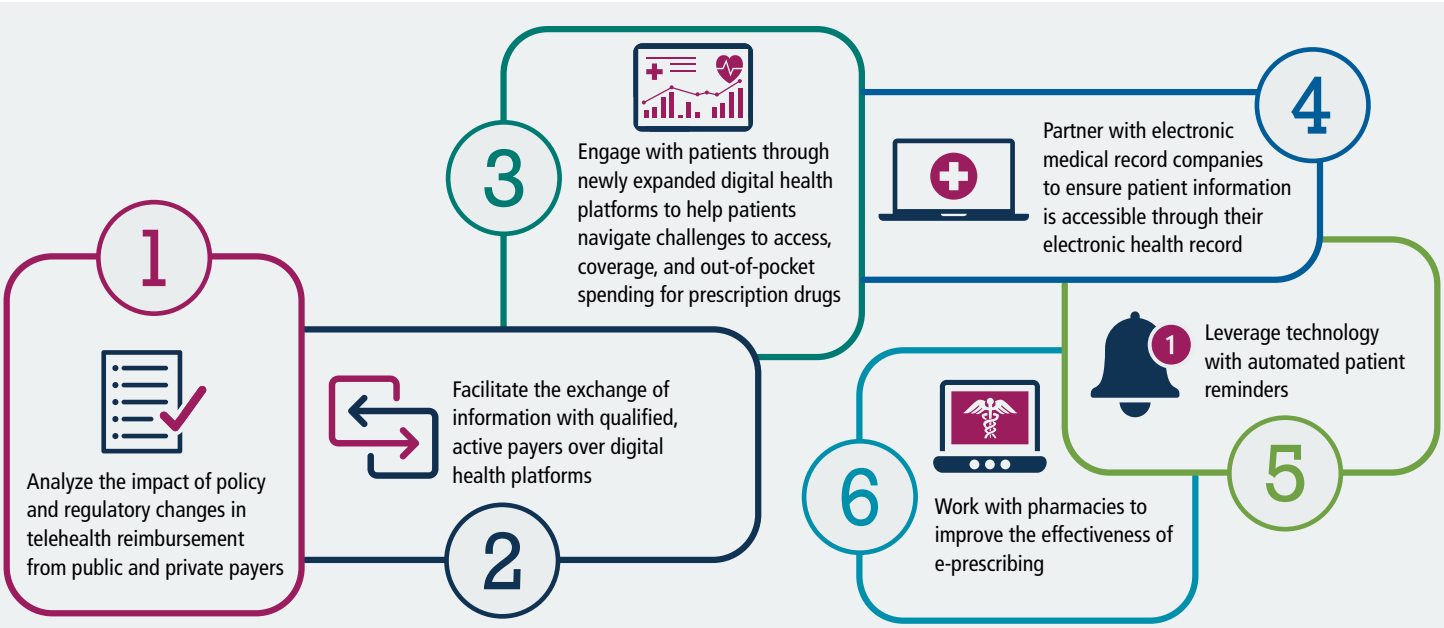
As mentioned, while consumer uptake of telehealth peaked in the early days of the COVID-19 pandemic and has leveled off since, telehealth visits remain well above 2019 thresholds.[10] As of July 2020, 80% of US physicians had conducted a virtual patient consultation in the previous 3 months—up from 9% in March 2020.[29] In the same time period, over half of physicians communicated remotely with a pharmaceutical company representative to learn about pharmaceutical products and services. This overall trend is likely to continue, especially for services that do not require a physical exam. Patients have come to expect an improved consumer experience and the privacy of direct-to-consumer telehealth services, and they may be willing to pay out of pocket for it.

With changes that erupted with virtual care, pharma is reimagining the value in pharma-physician digital engagement. Now more than ever, there is an untapped opportunity to create innovative ways to start engaging physicians virtually. From pharma-digital directories to remote communication between physicians and pharma reps, from digital opinion leaders among healthcare professionals to tech-assisted medical science liaisons, the goal is to augment value from a traditional sales-driven model to a digitally empowering and engaging model.

Considerations for Pharmaceutical Manufacturers

Overall, total prescription counts are slightly below 2019 volumes.[10] While the current environment remains challenging for patient access to treatment, particularly for new starts, there are ways for pharmaceutical manufacturers to remain connected and help patients find and maintain appropriate treatment regimens.

Figure 5. Manufacturer Considerations



Let's Go Digital With Payer Communication

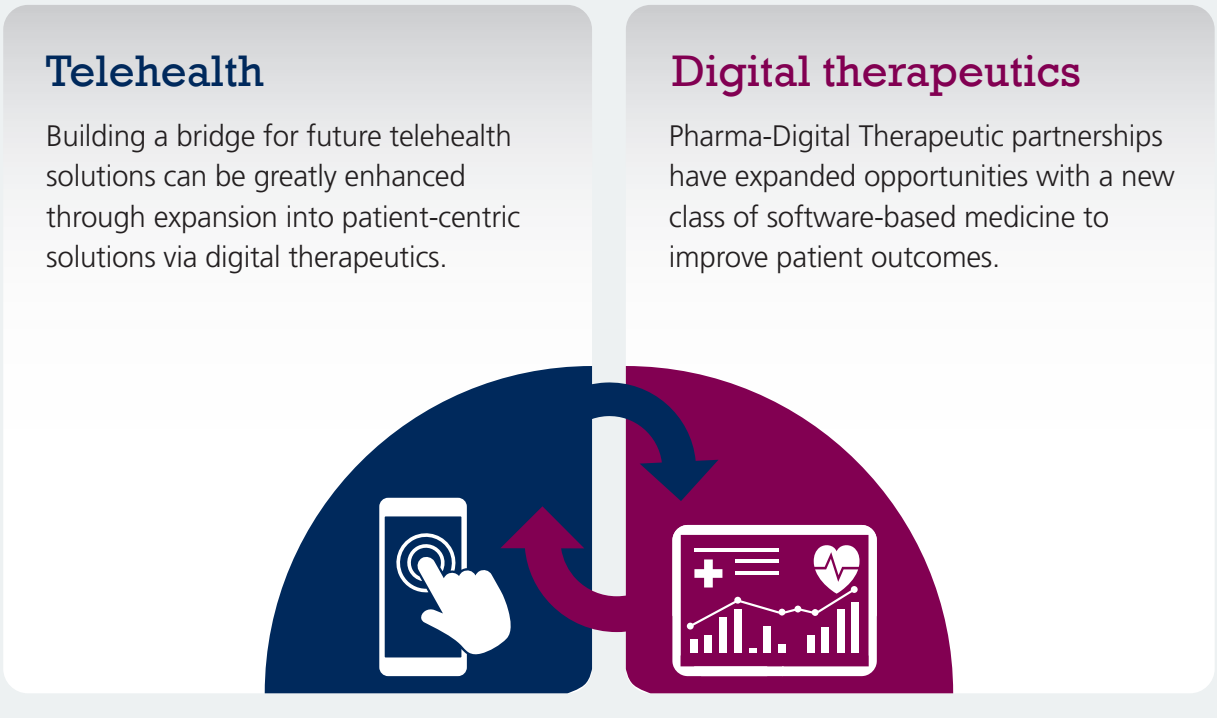
The time has never been better to gain payer attention through digital innovation. Xcenda's FormularyDecisions (FD) is a trusted platform that facilitates the exchange of information between biopharmaceutical companies and qualified, active payers. From pre-approval through post-launch activity, biopharmaceutical companies can engage, monitor, and understand payer perceptions of products vs competitors' products to better inform market access strategies. With the new digital strategy, manufacturers can engage fully on the FD platform to gain the attention of payers and healthcare decision makers digitally to maximize product access. As a centralized resource that supports product reviews, evidence assessments, and reimbursement decision processes, FD can help clients educate payers on a therapy's value to maximize patient access. Manufacturers have an opportunity to stay out in front in this digital age by leveraging expert capabilities in telehealth, digital health, and digital therapeutics.

Figure 6. Top 10 Post-Pandemic Telehealth/Digital Engagement Forecasts

Forecasting the Future as Telehealth Expands Into the Digital Age

Telehealth thrusts the healthcare sector into uncharted territory, as delivery settings are progressing rapidly toward a digital health future. Teladoc's $18.5 billion acquisition of Livongo demonstrates a significant pivot in the approach to provide innovative treatment and unites two significant facets of medical care: effective care delivery and patient engagement.[30] Successful implementation of a digital network drastically improves healthcare delivery by weaving together collected information to drive a more personalized approach of patient needs and preferences. Digital therapeutics are gaining traction and may be used independently or as combined to optimize patient outcomes. These novel therapeutic interventions generate immense flexibility for users and enable providers to practice beyond the traditional healthcare setting. The expansion of telehealth and, subsequently, digital therapeutics should excite both manufacturers and payers alike looking to capitalize on the next available product space.

Figure 7. Telehealth Expansion Into Digital Therapeutics



Telehealth can leverage advanced digital therapeutics, combining health professional expertise with intelligent software in a way that personalizes health services to the needs of our patients on a 24/7 basis. The ultra-rapid rise of digital therapeutics and how to keep patients engaged in their therapy remotely will tie in a good array of today's telehealth solutions to tomorrow's digital therapeutics care.

References

1. Business Wire. Patients prefer physicians who offer telemedicine during COVID-19 and beyond, says new everyday health and Klick health research.. https://www.businesswire.com/news/home/20200806005248/en/Patients-Prefer-Physicians-Offer-Telemedicine-COVID-19-New. Accessed September 28, 2020.
2. McKinsey & Company. Telehealth: a quarter-trillion-dollar post-COVID-19 reality? https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality. Accessed September 28, 2020.
3. ASPE. ASPE Issue Brief: Medicare beneficiary use of telehealth visits: early data from the start of the COVID-19 pandemic. https://aspe.hhs.gov/pdf-report/medicare-beneficiary-use-telehealth. Accessed October 1, 2020.
4. Congress.gov. Lowey NM. Text - H.R.6074 - 116th Congress (2019-2020): Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020. https://www.congress.gov/bill/116th-congress/house-bill/6074/text. Accessed October 1, 2020.
5. Federal Register. Medicare and Medicaid programs; policy and regulatory revisions in response to the COVID-19 public health emergency. https://www.federalregister.gov/documents/2020/04/06/2020-06990/medicare-and-medicaid-programs-policy-and-regulatory-revisions-in-response-to-the-covid-19-public. Accessed October 1, 2020.
6. Alexander USSL. United States Senator Lamar Alexander. Sponsored Bills - United States Senator Lamar Alexander. https://www.alexander.senate.gov/public/index.cfm/sponsoredbills. Accessed October 1, 2020.
7. CMS. Press release.Trump Administration proposes to expand telehealth benefits permanently for Medicare beneficiaries beyond the COVID-19 public health emergency and advances access to care in rural areas. https://www.cms.gov/newsroom/press-releases/trump-administration-proposes-expand-telehealth-benefits-permanently-medicare-beneficiaries-beyond. Accessed October 1, 2020.
8. Advisory Board Daily Briefing. Insurers are rolling back Covid-19 telehealth benefits. (But providers shouldn't panic.) https://www.advisory.com/daily-briefing/2020/10/01/insurance. Accessed October 1, 2020.
9. J.D. Power. 2020 U.S. Telehealth Satisfaction Study. https://www.jdpower.com/business/press-releases/2020-us-telehealth-satisfaction-study. Accessed October 11, 2020.
10. Symphony Health. COVID-19 Bi-Weekly Trend Insights. https://symphonyhealth.prahs.com/category/covid-19-bi-weekly-trend-insights/p2. Accessed October 3, 2020.
11. MPAQ International. Telehealth access, value & equity: COVID-19 and beyond. https://impaqint.com/media-center/blog/telehealth-access-value-equity-covid-19-and-beyond. Accessed October 3, 2020.
12. Business Wire. UnitedHealthcare and Canopy Health introduce health plan delivering lower costs and a patient-focused health care experience. https://www.businesswire.com/news/home/20200910005141/en/UnitedHealthcare-Canopy-Health-Introduce-Health-Plan-Delivering. Accessed October 3, 2020.
13. NCQA. Taskforce on Telehealth Policy (TTP) - Findings and recommendations. https://www.ncqa.org/programs/data-and-information-technology/telehealth/taskforce-on-telehealth-policy/taskforce-on-telehealth-policy-ttp-findings-and-recommendations/. Accessed October 3, 2020.
14. U.S. Department of Health and Human Services. HHS issues new report highlighting dramatic trends in Medicare beneficiary telehealth utilization amid COVID-19. https://www.hhs.gov/about/news/2020/07/28/hhs-issues-new-report-highlighting-dramatic-trends-in-medicare-beneficiary-telehealth-utilization-amid-covid-19.html. Accessed October 3, 2020.
15. ACP Internist. Research reveals reasons underlying patient no-shows. https://acpinternist.org/archives/2009/02/no-shows.htm. Accessed October 2, 2020.
16. Federal Register. Medicare and Medicaid programs; policy and technical changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for years 2020 and 2021. https://www.federalregister.gov/documents/2019/04/16/2019-06822/medicare-and-medicaid-programs-policy-and-technical-changes-to-the-medicare-advantage-medicare. Accessed October 3, 2020.
17. Healthcare Finance News. Telehealth eliminates time and distance to save money. https://www.healthcarefinancenews.com/news/telehealth-eliminates-time-and-distance-save-money. Accessed October 2, 2020.
18. Alliance for Connected Care. Final Report - Taskforce on Telehealth Policy. http://connectwithcare.org/report/. Accessed October 2, 2020.
19. DEA. COVID-19 information page. https://www.deadiversion.usdoj.gov/coronavirus.html. Accessed October 3, 2020.
20. NCQA. COVID-driven telehealth surge triggers changes to quality measures. https://www.ncqa.org/programs/data-and-information-technology/telehealth/covid-driven-telehealth-surge-triggers-changes-to-quality-measures/. Accessed September 17,2020.
21. Donelan K, Barreto EA, Sossong S, et al. Patient and clinician experiences with telehealth for patient follow-up care. *Am J Manag Care*. 2019;25(1):40-44.
22. Aetna. COVID-19 telemedicine coverage FAQs for Aetna providers. https://www.aetna.com/health-care-professionals/covid-faq/telemedicine.html. Accessed October 6, 2020.
23. Anthem Blue Cross and Blue Shield. Individual & family and employer group plans. https://www.anthem.com/coronavirus/individual-and-family/. Accessed October 6, 2020.
24. Anthem Blue Cross and Blue Shield. Medicare members. https://www.anthem.com/coronavirus/medicare/. Accessed October 6, 2020.
25. Cigna. Coronavirus (COVID-19) Information for individuals and families. https://www.cigna.com/coronavirus/individuals-and-families. Accessed October 6, 2020.
26. Humana. Protecting members and reducing the spread of COVID-19. https://www.humana.com/coronavirus/covid19-humana-member-resources. Accessed October 6, 2020.
27. Humana. Expanded telehealth coverage. https://www.humana.com/coronavirus/telemedicine. Accessed October 6, 2020.
28. UnitedHealthcare Provider. COVID-19 information & resources. Summary of COVID-19 dates by program. https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html?cid-none. Accessed October 6, 2020.
29. Plc C. Taking the Pulse® 2020 Physician Survey shows 4 in 5 U.S. physicians have conducted virtual patient consults amid the COVID-19 pandemic. https://www.prnewswire.com/in/news-releases/taking-the-pulse-r-2020-physician-survey-shows-4-in-5-u-s-physicians-have-conducted-virtual-patient-consults-amid-the-covid-19-pandemic-817219145.html. Accessed October 8, 2020.
30. Teladoc Health. Press release. Teladoc Health and Livongo merge to create new standard in global healthcare delivery, access and experience. https://teladochealth.com/newsroom/press/release/livongo-merger/. Accessed September 22, 2020.

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About Xcenda

For more than 2 decades, companies have turned to Xcenda's leading team of value experts, transforming evidence, policy insights, and market intelligence into effective global market access strategies.

Founded in the application of health outcomes and reimbursement, Xcenda, a part of AmerisourceBergen, is a premier consultancy helping clients effectively navigate today's complex healthcare landscape. Our bench of diverse experts shares a passion to help you deliver the most distinctive body of evidence that demonstrates your value story.

We strategically execute on actionable insights and differentiating data. We create innovative communications, models and tools so stakeholders understand not only what you've created, but why, and how it is distinct within the healthcare landscape.

It's our goal to help prove the inherent worth of your products and services, maximize patient access, and enhance your overall brand performance. Trust in our committed team so you can focus on what matters most — helping patients gain access to your brand.

To learn more or start a conversation about how we can help you with your latest challenge, contact us at Xcenda.com.

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