



## Seizing virtual opportunities to enhance the clinician experience

In a Great Resignation that's upended our healthcare system, clinicians are leaving the profession in droves. So far, nearly 1 in 5 quit their jobs during the COVID-19 pandemic, and one-third of those who kept their jobs have considered leaving, according to a [poll](#) of 1,000 healthcare workers.

The exodus makes it abundantly clear that traditional models of healthcare delivery are not working for the people who work within them. By extension, traditional healthcare delivery models are failing patients; providers whose needs are not adequately supported are unable to care for patients to the best of their ability.

With so many skilled professionals understandably unwilling to continue making personal and professional sacrifices to treat patients within ineffective, outdated models, healthcare organizations are forced to suspend services and depend on staff already stretched thin. This compounds the widespread burnout negatively affecting quality of care and patient outcomes, a consequence well-established by [research](#).

For the healthcare workforce experiencing these constraints, virtual-first models offer the potential for a better way of delivering care—a way that's both more effective and more fulfilling. According to one recent study, [2 in 3 clinicians](#) say that treating patients in virtual-only or hybrid care settings best fits their lifestyle.

This is despite the fact that virtual-first care was historically an untraditional career path or one that workers were ambivalent toward. The pandemic turned that norm on its head, prompting a major mentality shift, according to April Kapu, DNP, president of the American Association of Nurse Practitioners.



**Nearly 1 in 5 clinicians have quit their jobs during the COVID-19 pandemic.**

Morning Consult, 2021

“The pandemic and parameters around COVID-19 moved us to use telehealth like we never had before,” said Dr. Kapu, who is also associate dean for community and clinical partnerships at the Vanderbilt University School of Nursing. “Over 89 percent of people have access to a smartphone, and patients were coming online, getting much more familiar with telehealth. That allowed us to provide care in new, different way.”

Organizations have now found that strategically integrated virtual care can help combat the very issues at the heart of workforce frustrations and departures, which include the pandemic, insufficient pay, limited advancement opportunities, and, of course, ever-present burnout. By addressing these pain points, virtual care can help mitigate the possibility of service disruptions, clinical errors, negative outcomes and other consequences.

In a tumultuous employment landscape, digital health companies have a unique opportunity and challenge to grow and scale their clinician workforce. But to effectively attract future generations of professionals and retain the workforce still propping up the industry, these companies must ensure they’re not bringing the broken system online and instead creating new ways for clinicians to provide quality clinical care when, where and how they want.

### Elevating and redefining care quality

For clinicians and practitioners who entered the medical field out of a passion for improving health and patient lives, the most compelling aspect of virtual care delivery is its ability to transform healthcare outcomes. This is true especially for some of the most costly and pervasive conditions, according to Dr. Richard Milani, chief clinical transformation officer at Oschner Health System.

In 2015, the New Orleans-based system began using mobile technology to monitor and manage patients with chronic diseases like high blood pressure, diabetes, or chronic obstructive pulmonary disease. By collecting biometric data from patients at home and combining that with tailored virtual engagement or in-person interventions throughout the care continuum, providers can go far beyond the limits of what traditional care delivery models might allow.

**“ [With virtual care,] we are not just doing as well as what the standard of care was. We’re beating it.”**

Dr. Richard Milani, Oschner Health System



### 2 in 3 clinicians say that treating patients in virtual-only or hybrid care settings best fits their lifestyle.

Wheel, May 2022

“A lot comes off the doctor’s back, and we’re getting two to three times better outcomes,” Dr. Milani said. “This is not equipoise – we are not just doing as well as what the standard of care was. We’re beating it.”

Another limitation of traditional healthcare delivery models is that not all patients can easily access care within them. For instance, it might be challenging for parents with kids at home, individuals without transportation or those who live far from care sites to get in-person care, according to Dr. Kapu.

“Not only are our patients able to access providers, we’re also able to access patients. We know they’re going to most likely keep their appointments,” she said. “There are a lot of barriers to accessing care that virtual care helps to overcome,” which is a strong professional satisfier for healthcare workers who must be strategically recruited and retained. Moreover, virtual tools allow clinicians to observe patients in their home environment, allowing for more meaningful, thoughtful conversations to occur. Using a different modality to interact with patients can help workers sharpen their assessment skills and elevate the care they provide overall.

Virtual care enables a higher standard of care and improved access even as the [population ages](#), patient volumes increase, and individuals present with more complex conditions. Part of the severe burnout plaguing healthcare workers is the feeling of being overloaded with a lack of schedule flexibility, and another part is feeling powerless as care quality stagnates and patient trust deteriorates. So, equipping physicians with virtual care tools is a way to alleviate both elements, by offering more freedom without sacrificing outcomes, but in fact, making them better.

Virtual care usage allows clinicians to balance out appointment scheduling by seeing some patients via telehealth and some in person, which is precisely the kind of hybrid work schedule that they are asking for.

“Clinicians applying for these positions are asking, ‘What’s the flexibility here?’” Dr. Kapu said. “That’s something I saw over and over again as our clinicians were struggling during the pandemic with physical, mental and emotional exhaustion. [So the response from organizations needs to be] ‘what can we offer that’s different so you’re satisfied and continue to find joy in what you do.’”

This is an observation shared by Dr. Pooja Aysola, executive medical director and head of clinical operations at Wheel. The health tech company provides companies with everything they need to deliver care virtually at lower operating costs and higher quality than they could achieve on their own. For clinicians, Wheel offers a new way for them to work in healthcare.

“One thing that has been so clear for all clinicians is the need for flexibility in healthcare, and virtual care offers that. Clinicians can create schedules in order to work when they want, where they want and how they want,” Dr. Aysola said. “For me, I like to take shifts in the evenings and see patients when my day is a little bit calmer. That way I can dedicate so much more time to the patient in front of me.”

Chronic disease is far from the only area where virtual care unleashes this opportunity to improve clinician experience through flexibility and fulfillment, but as a leading [driver](#) of hospital admissions and healthcare costs, it is a powerful example, Dr. Milani noted. Rather than waiting months between appointments to collect new data indicating the need for a treatment change or intervention, with virtual solutions allowing as many as five touchpoints throughout the week, changes in patient conditions can be reacted to and addressed in real time.

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“In our hypertension program, we have about 20,000 people currently enrolled, and it’s growing rapidly. We also have programs in diabetes and COPD,” said Dr. Milani. “We could never see all these people even virtually [on video visits. With the full scope of virtual care,] we can communicate just verbally, or we can send text messages or otherwise communicate asynchronously, and we’re getting superior outcomes, extremely high levels of satisfaction and lower cost of care.”

### **Advantages of a robust virtual network**

While the foremost benefit of virtual care is improved clinical decision-making and positive patient outcomes, when appropriately structured with workforce needs in mind, it also offers physicians the advantage of access to a broad network of support across clinical spectrums. At Oschner Health, “focus factories” of specialized teams form the basis for organized, efficient care pathways.

In Oschner’s model, the biometric data collected on an ongoing basis through digital solutions gets routed to a dedicated team of non-physicians such as pharmacists, health coaches and others who manage that chronic disease state—overseeing medications, recommending lifestyle changes and otherwise shaping the entire care continuum with appropriate interventions, whether delivered virtually or in person.

This structure allows each member of the care team to practice the scope of their licensure without drinking from the firehose, per se. In circumstances where a provider has reason to dig deeper into the broader set of data on a patient, they can access the full spectrum of data on a patient at any time, but at the outset, they are only presented with the most relevant information to their specific role.

“As opposed to you being on an island, which is kind of the standard where you have maybe a nurse or a medical assistant working with you and you’re just seeing one patient after another, we’ve got this virtual family behind you that you can refer to,” said Dr. Milani.

With care teams in every corner of the country feeling the ramifications of colleagues departing left and right, it’s impossible to overstate the importance of cultivating supportive, collaborative workflows through innovative virtual and hybrid modalities. And at the end of the day, rather than continuing to pay extremely high rates for travel nurses to plug gaps in employment, hospitals and health

systems can leverage extensive, reliable virtual networks to reduce staffing costs in the long term while better compensating employed physicians who are vital to the future of the industry and its success.

### Demonstrating improved outcomes to strengthen healthcare as a whole

Going forward, digital health companies must not only facilitate a [more effective](#), virtual-forward approach to healthcare, but prove that virtual care has a measurable impact on care quality. From a performance standpoint, demonstrating improved outcomes will benefit organizations financially, as payers want to see mitigated costs and care continuity, and will undoubtedly reward institutions that deliver.

But in the not-too-distant future, demonstrating quality will also be mandatory from a regulatory perspective. Entities including [CMS](#), the [National Committee for Quality Assurance](#) and accreditation bodies such as The Joint Commission are signaling or introducing new clinical quality measures for the digital world. And in a system where physicians and health systems are rewarded for hitting clinical targets, comprehensive management of patient health is a must. This can only be achieved by adopting a multi-modality approach involving both synchronous in-person and asynchronous virtual interactions, interventions, and support.

To realize this kind of system, it all comes back to supporting clinicians to work where, when and how they want, according to Wheel's Dr. Aysola.

"At Wheel in particular, close to 70% of our clinicians are caregivers," she said. "They've realized that they can work with Wheel and also either maintain a household or take care of elderly family members, and they can do so on their own terms. That has fully addressed burnout in a way that in-person care was just never able to."

Effectively addressing the severe burnout among healthcare workers is not just a win for clinicians themselves. It's a win for the entire industry, on all fronts.

"We're improving the life of the providers, the experience of care and the cost of care, and most importantly, we're improving the life of the patients," said Dr. Milani. "Our recruiters in primary care bring this up all the time; it's a real added plus for us. At the end of the day, the reason why any provider or really anybody in healthcare gets into it is they want to fully exercise their talents and their knowledge for the good of mankind and the good of patients."

**“Virtual can help us...reach more patients, establish trusting relationships, and continue to find joy in providing vital healthcare services.”**

Dr. April Kapu, American Association of Nurse Practitioners

Dr. Kapu echoed this sentiment, underscoring that virtual care returns delight to the work that healthcare providers are doing. When tailored to satisfy clinician and patient needs to a greater extent than was ever possible with traditional in-person care delivery, hybrid modalities allow clinicians to achieve exactly what they set out to do in the first place.

"Healthcare providers go into this profession because we want to provide the very best care," Dr. Kapu said. "We want to spend time with our patients and provide the highest quality, safest care to help people live better, healthier lives. Virtual can help us leverage that so we can reach more patients, establish trusting relationships, and continue to find joy in providing vital healthcare services."

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### About Wheel

Wheel is the health tech company powering the virtual care industry. Specializing in white-labeled care, Wheel's platform and clinician network enables companies to deliver their brand of virtual care at lower operating costs and higher quality than doing it themselves.