# Assessing and Comparing Telehealth Solutions for Primary Care Community Health Centers

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Throughout the Covid-19 pandemic, we have seen an abrupt rise in the use of telemedicine, especially in primary care. Given these circumstances, there has been an increase in reimbursement for telehealth services and it is clear that telemedicine will become a greater part of the future of care delivery.

As more and more primary care clinics looks to implement telehealth solutions for their patients, there is a need for market analysis to help these clinics decide what product is most appropriate for their specific practice. This is especially true for Federally Qualified Health Centers (FQHCs) who have less disposable income.

It remains a challenge to compare different products across different variables to identify which product may be the best fit for a given clinic. This analysis aims to create a framework to address this issue.

## OBJECTIVES

- Identify and create a framework to assess different telehealth products on the market
- Utilize this framework to compare products across seven domains and assess which products may be best for clinics of different sizes
- Create a list of non-negotiable features that clinics may need in a telehealth product and assess whether the products we are comparing meet those requirements

## METHODS

The analysis was conducted in four steps:

1) identification of telehealth products 2) creating a list of comparison domains 3) conducting market analysis research to learn more about each product 4) analyzing the data to compare the products

Telehealth products were chosen by utilizing lists published by the CMS and assessing what products were marketing most heavily on search engines. The products chosen for this analysis were Doxy, Mend, eVisit, VSee, Spruce, and SimpleVisit. The domains of comparison include cost, integration, patient experience, provider experience, security, training/support/maintenance, and additional add-ons. These were developed using recommendations from the AAFP and CMS.

After selecting products and domains of comparison, an analysis of each product was conducted by visiting the respective website and setting up sales meetings to answer questions and see a product demo.

We developed a qualitative methodology to compare the different products. Essentially this looked at a given product across each of the domains and a decision was made if this product was best for a small (<10), medium (10-50), or large (>50) practice.

We also created special categories for non-negotiable services. This is a filtering mechanic for practices who need a specific service and won't buy a product that doesn't have it. These services include: no account creation for patients, audio only services (in addition to video capability), EHR integration, connecting interpreter services, and free trial periods.

## RESULTS

A full table with details for each product can be found here. Below we will highlight each product's performance across the domains of comparison as well as how the products compare based on non-negotiable services.

| | No Account Creation for Visits | Audio Only Services | EHR Integration | Connect Intepreter Services | Free Trial |
|---|---|---|---|---|---|
| **Doxy** | X | X | | | X |
| **Mend** | X | X | X | | X |
| **eVisit** | | | X | X | |
| **VSee** | X | | X | X | X |
| **Spruce** | | | | | X |
| **SimpleVisit** | X | | | | |

| | Cost | Integration | Patient Experience | Provider experience | Security | Training, Support, Maintenance | Additional Add-ons |
|---|---|---|---|---|---|---|---|
| **Doxy** | - $50 per month per provider, annual plan is 16% cheaper<br>- Provides a 35% nonprofit discount<br>- Each provider account includes one free staff account | - No EMR integration<br>- No built in interpreter services<br>- Bill pay with Stripe | - No app download or account creation needed (works via links)<br>- Virtual clinic with waiting room and patient handoffs | - Audio, video, and secure message capabilities<br>- Up to 10 person group call | - Each line is secure with end to end encryption | - Assigned reps for trainings (included in cost) | - Negotiable trial period |
| **Mend** | - About $50-$60 per provider per month (price decreases as you add more providers)<br>- Free staff/admin accounts | - Integrated with EMRs and scheduling systems<br>- Can preauthorize payments<br>- Eligibility checks are on the roadmap | - Need an account for secure message and patient dashboard (not for video calls)<br>- Virtual waiting rooms with customizable educational content | - Audio, video, and secure message capabilities<br>- Can do video recording but would need HIPAA compliant saving location | - Each line is secure<br>- Almost SOC 2 certified | - Implementation team provided (includes virtual training)<br>- Automated versions of training provided<br>- Can have future trainings for new providers or choose a train to trainer model | - Limited trial periods<br>- Can do exclusive rates for larger orgs |
| **eVisit** | - Estimate is ~$100k per year for one service line (50 providers and EHR integration) | - Scheduling and EHR integrations<br>- E-prescribe is included<br>- Bill pay via Stripe<br>- Interpreters can call in via audio<br>- Eligibility checks to insurance | - Account creation required (mobile, web, desktop apps)<br>- Configurable virtual clinic | - No audio only capabilities<br>- Includes video capabilities<br>- No secure message outside of during visit chat | - Each line is secure with end to end encryption | - Customer support from eVisit to patients<br>- Initial training included but can add future trainings into contract<br>- Can choose train to trainer model | - No trial periods<br>- Minimum 2 year contract |
| **VSee** | - $100-$125 per provider per month<br>- Unlimited admin licenses<br>- Nonprofit discount<br>- $5k onboarding fee<br>- $5k EHR instance fee and $750 per month EHR maintenance fee | - EHR integration (with maintenance cost)<br>- E-prescribe is included<br>- Bill pay with Stripe<br>- Interpreters can join via audio only | - Account not required but if they have one they review sessions and documents<br>- Option for patient self-scheduling | - Virtual clinic with patient handoffs<br>- Lightweight EHR system with templates | - Each line is secure with end to end encryption | - Unlimited training provided | - Possible 30 day trial<br>- Monthly contracts only |
| **Spruce** | - $25-$50 per provider for 30 providers (80% of clinics are solo) | - No EHR integrations<br>- No native interpreter integration<br>- Bill pay with stripe | - Account creation required for video visits | - Phone and text trees can be configured<br>- No screen sharing<br>- No group video calls | - SOC 2 Audited<br>- HITRUST certified<br>- HIPAA compliant secure messagning | - Onboarding with customer success manager<br>- Pre-recorded trainings provided | - 30 day trial<br>- 30 day cancellation period |
| **SimpleVisit** | - Annual: $75 per provider and $3 service fee per session<br>- Monthly $150 per provider - 40 sessions per provider and $10 for each additional session<br>- $150 one time onboarding fee | - Can bridge calls from any video calling solution (e.g. agent connects Zoom to Facetime for example)<br>- API to connect with scheduling from an EHR | - Customizable waiting room<br>- Account creation not required but if patient has one they can schedule appointments online | - Virtual clinic with patient handoffs<br>- Audio and video included but no chat functionality | - Two connections with end-to-end encryption | - One onboarding training session included<br>- Additional trainings at an hourly rate | - Can utilize the monthly plan as a paid trial |

## ACKNOWLEDGEMENTS

## CONCLUSION

This data can be used to provide recommendations based on practice size. We split practices up into three groups: small (<10), medium (10-50), or large (>50).

Recommendations for small practices:

- **Doxy** offers comprehensive services for both patients and providers at a reasonable cost. It does a good job of including most features that a practice will need.
- **Spruce** markets itself as a solution for smaller providers, claiming that 80% of the clinics they serve are solo providers. It has many features for small clinics and phone and chat automation are also available.
- **SimpleVisit** is a good choice for smaller clinics or clinics that will have a component of telehealth services but may not have a high volume of these services (the fee per session model makes this a good choice for practices with lower volumes of telemedicine).

Recommendations for medium practices:

- **Doxy** is a good solution for a practice that needs most telehealth features right out of the box at a reasonable cost. We include it here as well because the price per provider decreases as you add more providers.
- **Mend** is an extremely comprehensive service at a reasonable cost. It gives you access to integrations with EHRs with a roadmap that includes eligibility checks in the future.

Recommendations for large practices:

- **eVisit** is marketed as an enterprise solution and has a much higher price tag and minimum two-year contract. However, it is by far the most customizable of any of the products we analyzed. This would be an ideal solution for a large clinic or group of clinics that want to be able to build a telehealth platform to fit very specific needs.
- **VSee** is also on the higher range of cost but does include an EHR integration and even lightweight EHR templates. It has monthly contracts available so that you don't have to be locked into an agreement for multiple years.

It should be noted that this analysis only looked at six of many telehealth solutions on the market and that our goal was to create a framework that can be applied to any telehealth product.

## FUTURE CONSIDERATIONS

The Covid-19 pandemic has caused the healthcare system to reassess the utility of telemedicine. Practices must be open to a world where telehealth is billed fee-for-service and may have to find the right balance of in-person and telehealth services. However, there is also the possibility of telehealth being integrated into a value-based care model where it becomes one of the levers clinicians can use to manage patient care over time. This would allow more touch points with patients and give clinicians the ability to change care plans at a faster rate to hopefully improve long term outcomes.