

WHITE PAPER

Hybrid Care: Your Pathway to Value-Based Care Success

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You're in phase 2 of 4

Movement is medicine

In this phase, we'll combine gentle stretching and strengthening exercises that will target your knee and hip muscles, with the goal of helping your knee to handle more stress.



Phase 3 will be available in 3 days



Overview

Approximately 40 million adults in the US live with chronic MSK pain,¹ and one in two adults will report an MSK condition annually.² Traditional models of care are struggling to keep pace, with only ~20 percent of MSK patients being referred to therapy, ~40 percent never seeking care, and the rest ending up in other service lines, creating capacity and cost issues in these more resource-intensive areas.³ Even the 20 percent who do get referred face an additional access problem as the average wait time to see a physical therapist is 30 days.⁴

At the same time, consumer expectations have shifted toward a desire for personal connection and convenience. While both in-person and fully digital PT can be effective in achieving these goals, both have limitations. Hybrid care offers a more flexible approach, which opens the door for more patients to be seen and treated.

IN THIS WHITE PAPER WE'LL COVER:

- Why the growing consumerization of healthcare has left both traditional 'in-person only' and 'virtual care' models behind
- How hybrid care helps organizations stay ahead of these trends, while optimizing care in both fee-for-service and value-based care models
- How Medbridge Pathways can help you stand up a hybrid care program from day one to reach more patients and streamline care

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The consumerization of healthcare



Consumer expectations have changed in nearly every single facet of our daily lives. Whether it's a rideshare to the airport, ordering Thai food off an app, or having an office chair delivered to your doorstep within two days, people want consumer experiences that are fast, convenient, and personalized.

Healthcare is currently moving in the same direction, and patients now want their healthcare experience to be similarly structured to meet the efficiency and personalization of today's app-enhanced digital culture. They want to skip the cycle of phone calls, waiting rooms, and traffic and instead have more direct access to care. Patients have shown a preference for the convenience of virtual visits, digital platforms, and asynchronous messaging, but there is also something special about the one-on-one connection patients can have with their clinician. They don't want to lose the personal connection and hands-on treatment that is unique to in-person care. Approximately 85 percent of patients believe personalized care is important,⁵ but if the current consumerization of healthcare swings too far, we're at risk of losing the personal connection that patients want.

Physical therapy (PT) is an effective, safe, and versatile treatment option for MSK conditions.⁶⁻⁷ Evidence shows that both in-person PT and digital PT are effective,⁸ but each care delivery model comes with trade-offs. What truly limits each is the inflexibility of these care models. In-person care is beneficial for those patients who need or have a strong expectation or preference for in-person care. But when clinics offer only in-person care, patients face longer wait times, can grow disengaged between sessions, and often have trouble making all of their appointments—potentially falling behind with their progress.



85%

85 percent of patients believe personalized care is important.⁵

Evidence shows that both in-person PT and digital PT are effective.⁸

The consumerization of healthcare

In-person-only care is not the right fit for every patient, and also is not necessary for 100 percent of a person's care plan. We know many patients do not finish their plan of care due to financial barriers, transportation barriers, and scheduling issues, and 73 percent of patients miss at least one appointment during treatment.⁹ This is most acutely felt in rural and underserved areas of the country, where access to care is already stretched to the limit, and patients can't reasonably be expected to drive several hours round trip to a PT appointment two to three times a week. According to The National Rural Health Association, the patient-to-primary care physician ratio in rural areas is only 39.8 physicians per 100,000 people, compared to 53.3 physicians per 100,000 in urban areas.¹⁰ These ratios are exponentially worse as you start to seek specialty care such as pelvic health or vestibular rehab.

Virtual care is beneficial for many patients because it's very convenient and can be done in the patient's home environment, solving several of the most common barriers to care, like transportation and scheduling. But at the same time, fully virtual treatment options don't allow for hands-on assessment and treatment, and often remove the local provider from the picture altogether. Fully digital care is not the right fit for every patient, and you cannot—nor should you—replicate everything virtually. Manual therapy, tactile cueing, and in-depth in-person assessments still have their place in patient care.

But there *is* a care model that preserves the patient-provider connection while scaling the efficacy and accessibility of care to meet our modern consumer demand: hybrid care.



73%

73% of patients miss at least one appointment during treatment.⁹

Understanding hybrid care



Hybrid care is the combination of in-person care, virtual visits, remote monitoring, and asynchronous communication centered around a digital platform that helps patients connect with their healthcare provider. Hybrid care takes the best aspects from both in-clinic and digital care and combines them into a single, highly effective care program. Each model's strengths fill in the gaps left by their counterpart's weaknesses for a comprehensive solution that can help patients across the MSK care spectrum. This makes it possible to provide the right level of care at the right time (and in the most appropriate care setting!) to match a patient's unique clinical needs and personal preferences. That's why hybrid care is by far the most flexible way to deliver care and the most efficient way to provide the best care for each individual patient, regardless of their clinical needs or personal preferences.

Hybrid care works by drawing on technology for virtual sessions, patient monitoring and progress tracking, patient education, automated reminders, and home exercises while incorporating regular in-person care as needed. Virtual care consultations and touchpoints can be offered as a standalone option for lower-risk patients or as a supplement to in-person care, helping to bridge the gap between sessions. Remote monitoring and asynchronous messaging are powerful tools to help drive patient engagement by giving patients the motivational nudges and clinical troubleshooting support they need between visits. These tools also have the additional benefit of being more time-efficient for providers, helping them reach and support more patients in less time.

Hybrid care is the most flexible and efficient way to provide the best care for each individual patient, regardless of their clinical needs or personal preferences.

How does hybrid care fit in with fee-for-service or value-based care models?

While the overwhelming majority of private practices remain in a fee-for-service (FFS) model today, the writing is on the wall: The transition to value-based care (VBC) is coming. Private practice has traditionally been resistant to this change, but remember that just ten years ago, hospitals and health systems were primarily FFS, too. The Centers for Medicare Services has a stated goal that by 2030,¹¹ nearly all hospitals and health systems will be operating under a VBC model—and they've made it clear private practice won't be far behind.

Making this change won't be easy, but if private practices are going to remain viable, competitive, and appealing for referrals from VBC hospital systems, change will be necessary. Luckily, hybrid care can set both hospital systems and private practices up for success in FFS and help them to prepare for a value-based care future.

Employer-Based Contracts & Value-Based Care Contracts

For those already under value-based care contracts (or preparing to make the switch in the near future), hybrid care helps you scale up your care and treat more patients with your existing clinical staff. Digital care tools like virtual visits, remote monitoring, and asynchronous messaging supplement the in-person care you're already providing, allowing your clinicians to reach and support more patients. Remote monitoring and

asynchronous messaging also have the benefit of being significantly more time efficient than live one-on-one care, while still ensuring that patients' needs are met.

Because value-based care hinges on improving outcomes, VBC models encourage more collaboration among healthcare providers. Under a VBC agreement, if you receive a referral for a patient from a hospital, you'll have access to their valuable quality outcomes data to help your patient successfully transition into your care.

What About Fee-for-Service?

For those still in a fee-for-service system, hybrid care has you covered too. One of the biggest challenges is keeping patients engaged, active, and coming back for their entire care plan without too many no-shows or drop-offs along the way. With the additional touch points and feedback mechanisms provided by hybrid care, you can drive better engagement between visits, and keep patients within your system.

And because it works so seamlessly with remote therapeutic monitoring (RTM), you can open up a new revenue source and maintain patient engagement. Rather than having patients drop off from their care plan due to scheduling or transportation issues, RTM enables you to provide billable real-time care for patients through virtual visits when they otherwise might have canceled entirely.

How to effectively implement hybrid care

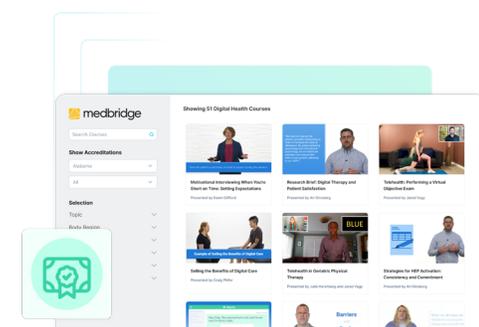
There are many ways to implement hybrid care in your practice or health system. It can start with standing up a virtual care team to help facilitate this new mode of patient communication and outreach.

Organizations utilizing hybrid care models should use a dedicated case manager to oversee the program and support the work of the organization's physical therapists and their connected patients. While monitoring remote care doesn't need to be the case manager's full time position, it is best practice to ensure there is dedicated time in their schedule to manage and check in on patients remotely. Organizations can take the opportunity to offer a limited number of flexible "at-home" roles, part-time positions or professional ladders for PTAs that will help build their experience as digitally-enabled therapists and grow your digital services in years to come. Offering these types of roles may attract non-traditional PTs or clinicians who otherwise may not be able to work full time or in clinic. For many clinics, this has been a great side benefit to opening these new services to patients.

Many of these strategies are covered in our [Digital Health Academy](#), which helps break down the barriers to digital care adoption and build expertise through quick, practical courses for your clinicians. Instead of a one-sizes-fits-all approach, our team of experts created different types of education to fit the needs of your staff and organization.

But there are also a few things you can do today to help your clinicians get started with hybrid care.

Clinicians are constantly balancing their time to deliver the care their patients deserve. Digital care will help them achieve their goals once adopted, but if your team doesn't see the value of digital care, why would they spend time learning how to use it in the first place? When they understand how these tools will free up more time to spend with patients, increase communication, and improve the therapeutic alliance, they'll be more inclined to get on board.



Level up your care with the [Digital Health Academy](#)

Break down the barriers to digital care adoption and build expertise through quick, practical courses for your clinicians.



How to effectively implement hybrid care

Ultimately, you know your organization best, as well as which types of digital care technology you'll be using to advance patient care. Provide specific details to your staff about the relevant tools they'll be using so clinicians can clearly see the application to their practice.

Next, equip your clinicians for success with their patients. For many patients, this might be their first time interacting with hybrid digital care tools after decades of receiving traditional in-person care. To get patients on board with hybrid care, we'll need to demonstrate the benefits that they'll receive from digital care, too. When you're getting started, invite your patients to be part of the conversation. Take a moment or two to ask the patient about their motivation, and connect that motivation to how digital care will help. Then give the patient an overview of what to expect from their care plan, and how digital care will factor into it. For example, explain how their home exercise program will help them progress when they're between sessions so they understand the importance of performing exercises outside of the in-clinic time.



80%

80% of patients want to interact with their healthcare providers using a smartphone.¹²

The pathway to hybrid care success

Schedule an appointment with your Primary Care Physician



Improvement

89.9%



Standing up a new hybrid care program in your organization will feel daunting at first. Much like rehabbing from an injury, change management takes time, a well-structured plan, and consistent follow-through. But Medbridge has a new platform that can help you stand up a hybrid care program from day one and reach more patients with hybrid therapy care that improves access, reduces costs, and opens new revenue streams: Pathways.

Pathways is our digital musculoskeletal care platform that supplements in-person therapy programs with a variety of care pathways that provide more efficient, effective, and personalized care. Prescribed by a clinician, each Medbridge pathway is tailored to the unique needs of each patient and broken into multiple phases that build off each other, allowing patients to progress at their own pace as their pain decreases and they build strength. Individual phases are focused on a set of exercises designed to be completed in 15 minutes or less. Every program is reviewed and approved by our medical advisory board, which covers a broad spectrum of clinical roles, including physical therapists, occupational therapists, physicians, orthopedic surgeons, and pain psychologists.

Pathways enables clinicians to reach more patients and provide more flexibility for those who struggle with common barriers to care like busy schedules, commutes, or high costs associated with copays for multiple visits. In addition, because patients get their consultations faster, triage is more effective, directing higher acuity patients to the in-person care they need earlier in the process, while lower-acuity patients receive guidance to get them started on a self-managed or supplemental home program. As a result, providers can serve more patients more efficiently, and patients get better faster. Plus, patients remain in their local healthcare system so they can continue to receive the best possible care. When you do this together, it leads to lower overall costs, which helps organizations in value-based models.

Pathways puts clinicians in the driver seat with the tools they need to provide the right level of care at the right time.

Conclusion



Our healthcare system is currently undergoing a transformative movement, from the regulatory shift to value-based care, to industry trends moving to accommodate patients as consumers, and providers turning to digitally-enabled tools to adjust to these changes. But even as we navigate these complex moving parts to innovate new frontiers of care, we have to make sure that we're not leaving our patients behind. The connection between patient and provider is just as essential as ever, and hybrid care is uniquely positioned to preserve that therapeutic alliance while still meeting the ever-growing demands of the rapidly evolving healthcare industry.

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Jon Ide-Don is a digital health leader and expert in building digital health products that deliver care at scale. As Director of Clinical Programs, Jon leads the clinical content team in defining and developing best-in-class digital care pathways that are clinically rigorous and patient-first.

Jon has his Doctorate in Physical Therapy, is Fellowship-trained in manual therapy, and has deep clinical experience treating patients with orthopedic and sports injuries. He has practiced in the top health systems and private practices in the Bay Area, and ran his own concierge practice specializing in helping endurance athletes and CrossFit athletes.

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Andrew is the Chief Content Officer at Medbridge, where he oversees the creation and production of Medbridge's best-in-class clinician and patient education. As one of the founding members of the Medbridge team, he has been an instrumental part of the organization's transformation from a small startup focused on therapy CEUs to a comprehensive patient engagement and professional development solutions used by over 250,000 healthcare professionals.

Combining powerful digital patient care tools with the highest quality education, Medbridge is committed to making healthcare better for both providers and patients. Organizations across the care continuum use Medbridge to provide an enriched, digitally enabled experience that engages patients while streamlining and simplifying care. Designed with over a decade of insight from more than 350,000 clinicians and 25 million patients, Medbridge has helped thousands of organizations realize better patient outcomes. [Learn more.](#)

See how Medbridge can help your organization.

[Contact us to request a demo.](#)