



Virtual First-Care Summit

Boston, MA | October 25-26

Q&A with Sam Holliday

Co-Founder & CEO

Oshi Health



What is the biggest limiting factor holding back the Virtual-First Care Industry from reaching its full potential?

It's not talked about a lot, but the limitations on providers delivering virtual care across state lines is a major limiting factor. Providers that have met licensure requirements for one state are put through often months-long, opaque processes to earn licenses in another state. The laws dictating that the state in which the patient is physically located during a visit are challenging in areas near state borders like Philadelphia

that has people working there that may live in PA, NJ or DE and regularly move between states. Until recently, Blues plans were forced to only license providers who physically reside in their home state and many still have not updated systems to reflect the recent easing of this requirement. All of these factors essentially amount to barriers to competition that could significantly lower healthcare costs.

What gaps do you perceive Virtual-First Care as having the potential to fill?

V1C is very well suited to enable relationship-based chronic disease care that requires the same multidisciplinary care team to have frequent touch points and interactions with patients. New companies have been built in the past two years from the ground up with virtual-first models to enable more convenient access than typical in-person care models when higher frequency visits are required. And

these models give access to integrated teams of specialized providers that truly work together to diagnose and treat chronic conditions. It is nearly impossible to find this type of care in fee-for-service, traditional healthcare and it requires a complete redesign of the care model that can't be achieved by adding virtual visits into traditional care models.

What is Oshi Health's vision within this space?

Our vision is that evidence-based care models that are built from the ground up to be virtual-first and value-based will gain reimbursement by payers and begin scaling access while improving outcomes and quality of life. As virtual-first primary care providers scale they will partner with virtual-first specialty clinics like ours with seamless care coordination and health data exchange. Together we will drive measurable improvements in clinical outcomes while creating modern consumer experiences that bring healthcare closer to what consumers experience in other industries. And all of this will drive lower total cost of care.

Is multi-stakeholder collaboration key in advancing this space?

Yes, we need collaboration between virtual-first clinics, traditional in-person providers in local markets & health plans. As the industry advances, we need to define payment models that incentivize all parties to achieve improved outcomes at lower total cost of care.

What are you most looking forward to at the Virtual-First Care Summit?

I'm looking forward to discussing payment models that support V1C and begin paying for the achievement of measurable clinical outcomes and reductions in cost. Virtual-first models for chronic care are particularly well suited to drive these results and can lead to true value-based specialty care with the right partnerships between payers, V1C providers & innovative local specialist provider groups.

Sam will be speaking at the Virtual-First Care Summit on the Panel discussion: Diving Deeper into Reimbursement. To hear from him and many other leaders in this space, register for the summit today:

www.virtualfirsthealthcare.com/register