

**CASE STUDY**

for health care providers worldwide

# Creating an Equitable Virtual Urgent Care Service

---

How NYC H+H integrated patient experience tactics into a new virtual care model

Published - March 2022 • 20-min read



---

# Table of contents

Overview .....pg. 3

Approach .....pg. 4

Strategy 1: Select a telehealth vendor whose offerings  
match your patients’ ‘experience imperatives’ ..... pg. 5

Strategy 2: Remove access friction at every stage of  
the pre-visit pathway. .... pg. 8

Strategy 3: Structure your staffing model to ensure the  
new experience feels familiar to patients ..... pg. 12

Results. .... pg. 15

Supporting artifacts. .... pg. 16

Related content. ....pg. 18

---

# Overview

## The challenge

Telehealth's growing popularity is changing how a wide range of specialties deliver care, and health systems are rushing to launch telehealth services that promise to scale access while reducing costs. But systems continue to implement telehealth models that are disengaging, friction-filled, unfamiliar, and worst of all, inequitable. This suboptimal experience not only turns patients away from telehealth but also widens disparities in patient care.

## The organization

New York City Health + Hospitals (NYC H+H) is the largest public health system in the United States, serving more than one million patients annually across New York City (NYC). It has 11 acute hospitals, 39 primary care practices, and 5 post-acute/long-term care facilities. Their health plan, MetroPlus, offers low-cost health insurance to over 500,000 patients.

## The approach

In March 2020, NYC H+H launched its virtual urgent care service, Virtual ExpressCare, to provide virtual urgent care to patients while their ED's were closed due to Covid-19. The service enhanced patient experience for all their patients and did so equitably, as it was built around those from the most vulnerable communities. NYC H+H accomplished this through three strategies: selecting a telehealth vendor whose offerings matched their patients' needs; removing unnecessary steps at each stage of the pre-visit pathway; and structuring their staffing model so the new experience felt familiar.

## The result

To date, Virtual ExpressCare has treated over 35,000 patients and holds a 95% patient satisfaction rating. The service improved access, with 20% of all treated patients being new patients to the system. Virtual ExpressCare prevented over 2,300 avoidable ambulance transports to hospitals. In addition, the service's staffing model led to increased engagement and top-of-license practice.

---

# Approach

## How NYC H+H used patient experience tactics to create an equitable virtual urgent care service

In March 2020, the Covid-19 pandemic forced NYC H+H to close its busy EDs and find a way to continue treating urgent care<sup>1</sup> cases virtually. Any solution had to maximize uptake from the patients it sought to serve. That meant using patient experience tactics to enhance access, engagement, and useability of the model, especially for the most vulnerable communities.

### The three strategies

In just five days, NYC H+H formed a partnership with local tech vendor Bluestream Health to implement their new virtual urgent care model, Virtual ExpressCare. NYC H+H used three patient experience strategies to ensure their new virtual urgent care model was both equitable and patient-first.

**01** Select a telehealth vendor whose offerings match your patients' 'experience imperatives'

---

**02** Remove access friction at every stage of the pre-visit pathway

---

**03** Structure your staffing model to ensure the new experience feels familiar to patients

---

1. Urgent care cases are those that require immediate outpatient care but aren't considered emergencies. For a list of examples, see supporting artifacts on page 16.

# 01 Select a telehealth vendor whose offerings match your patients’ ‘experience imperatives’

Partnering with a large vendor might have been less expensive and would likely have allowed for a faster rollout. However, NYC H+H wanted to be able to customize the new service to ensure a positive patient experience. If patients didn't like the service, they wouldn't use it—which would have hurt the most vulnerable populations and widened inequities.

NYC H+H instead partnered with Bluestream Health, a small, New York-based telehealth vendor, to craft and launch Virtual ExpressCare. This partnership allowed NYC H+H to satisfy three “experience imperatives” that the system viewed as nonnegotiable.

---

From day one, [Bluestream Health] had the same goals as us: meeting consumer demand and co-developing a solution with us as partners. Large vendors just don’t do this in my experience. If we had gone for a big vendor, we would have gotten up faster or gotten more scale, but we wouldn’t be able to reach that nuanced and diverse NYC consumer demand as fast or effectively as we could with Bluestream.

ERFAN KARIM  
Sr. Director, Mobile Integrated Health

---

”



1. SELECT A TELEHEALTH VENDOR WHOSE OFFERINGS MATCH YOUR PATIENTS’ ‘EXPERIENCE IMPERATIVES’ (CONT.)

**Imperative 1: The service could not be portal- or app-based**

Typically, virtual urgent care services are app- or portal-based, and users must take extensive action to access care (e.g., download the app, sign up, set log-in and password, two-factor credentialling, etc.). Cumulatively, these actions result in a worse experience that can even deter users from completing registration steps. This imperative drove NYC H+H to choose Bluestream Health over a larger vendor, as Bluestream could provide a web-based digital platform for Virtual ExpressCare. This platform requires minimal action to acquire access—all patients need to do to access Virtual ExpressCare is navigate to the website and click a link. No smartphones, apps, or high-speed internet necessary. (See the Virtual ExpressCare landing page on page 16.)

**Imperative 2: The service had to seamlessly connect to community partners and internal services**

For any virtual ED alternative, there will always be a group of patients that will require in-person care (patients with trauma, homicidal/suicidal ideation etc.). It was therefore imperative that the new virtual urgent care platform could be easily accessed by partners and services such as emergency/ambulance services or NYC H+H’s internal nurse triage center. If the platform did not connect to these services, transitioning patients between the different modalities would be cumbersome, time-consuming, and confusing for the patient—ultimately disrupting their care journey and worsening their experience with the service. It would also result in a slower time-to-treatment and a higher number of costly, unnecessary ambulance visits.

Bluestream Health’s virtual urgent care platform can be easily accessed via web-link or phone by NYC H+H’s external partners, including homeless shelters, EMS, the city’s Covid-19 test and trace services, and others. To ensure seamless care transition for complex or acute cases, the system directly connects to 911 and relays the patient’s location data to emergency services to improve time-to-treatment. And it is also easily accessible to many of NYC H+H’s internal services including their call center and nurse triage and remote monitoring program—ensuring a smooth transition between care modalities.

---

1. SELECT A TELEHEALTH VENDOR WHOSE OFFERINGS MATCH YOUR PATIENTS' 'EXPERIENCE IMPERATIVES' (CONT.)

### **Imperative 3: The service had to provide a diverse set of communication channels for patients to choose from**

The population of NYC is extremely socioeconomically and ethnically diverse, and patients utilize virtual services in different ways depending on their own preferences. Additionally, many patients would prefer to access care in their own language. NYC H+H knew that their virtual urgent care service had to offer more than just an on-screen/video option so patients could use a communication channel they felt comfortable with. They also had to find a vendor that could plug in language and translation services.

NYC H+H selected Bluestream Health's platform because it provided an audio-only option as well as an on-screen video option. To use the audio-only option, all patients needed to do was dial a number and they would be connected directly to Virtual ExpressCare. Additionally, Virtual ExpressCare enabled NYC H+H to use their partner Language Line's translation service on both the web-based and audio-only options. This service provides translation for over 200 languages, including American Sign Language.

# 02 Remove access friction at every stage of the pre-visit pathway

Historically, structural friction—inflexible, arduous access barriers or steps—in the virtual care pre-visit pathway has been a significant deterrent for vulnerable people to rapidly access care. Three of the most common sources of friction are the technological and socioeconomic barriers to access, burdensome steps when enrolling for care, and stringent eligibility criteria that may prevent those who most need the service from accessing it. NYC H+H and Bluestream Health designed Virtual ExpressCare to overcome these challenges.

## **Virtual ExpressCare proactively addresses common historical barriers to patients accessing virtual care**

NYC H+H had to reduce the structural barriers that prevented its patients from accessing the new service—otherwise the system would become disconnected from its targeted audience, vulnerable patients. NYC H+H tailored Virtual ExpressCare to remove five key access barriers in the following ways.

1. **Limited smartphone access and digital literacy:** NYC H+H’s vulnerable patients are often not able to use smartphones due to their cost and the IT literacy required to use them. Virtual ExpressCare is largely web-based, meaning patients with lower IT literacy can access it and patients don’t need to be able to afford a smartphone to use the service
2. **Insufficient broadband access:** NYC has a significant proportion of socioeconomically deprived residents, and 30% of all the city’s residents don’t have access to broadband. Virtual ExpressCare’s audio-only option means this patient cohort could still access the service.





2. REMOVE ACCESS FRICTION AT EVERY STAGE OF THE PRE-VISIT PATHWAY (CONT.)

3. **Service siloed from key referral partners:** Many of NYC H+H’s most vulnerable patients typically presented to the in-person ED via community partners including homeless shelters and 911. Virtual ExpressCare directly connects with these services, ensuring the most vulnerable patients can still access virtual urgent care when they need it.
  
4. **Communication barriers:** Approximately 25% of all NYC residents aren’t proficient in English. To continue equitably serving this cohort of patients, Virtual ExpressCare’s plug-in language services allow patients who are not proficient in English or are hard-of-hearing to get the same level of access to care as other patients.
  
5. **Wait times:** Predicting demand for a new service can be difficult. NYC H+H implemented Virtual ExpressCare initially at only one provider to learn about demand for the service and match staff accordingly. Then, NYC H+H expanded the service to all their providers and can now forecast demand and match supply accordingly. There is now a 2.5-minute average wait time for patients to access the service.

**NYC H+H’s “wants versus needs” framework ensures minimal friction in the pre-visit workflow**

Access to many virtual care platforms is limited by the amount of patient data the platform requires. This is a major problem for two reasons. First, patients are often uncomfortable sharing their information, especially as they are often unclear where the data will end up. This is particularly true for the most vulnerable patients in society. Second, asking for a lot of information before the virtual visit starts can make the service feel transactional—it loses the personal touch of in-person care. Essentially, forcing patients to share more data than you need risks pushing them away from the system and from the care they require.

---

## 2. REMOVE ACCESS FRICTION AT EVERY STAGE OF THE PRE-VISIT PATHWAY (CONT.)

NYC H+H assess what information was absolutely necessary—separating the “need to know” from the “nice to know”. They decided that the only pieces of data they needed from patients who accessed Virtual ExpressCare were the patient’s name, date of birth, and symptoms, as well as a phone number where the patient could be reached. Other details (address, email, Social Security number, etc.) weren’t vital to patient care, so patients didn’t have to provide them. Instead, these other pieces of information could be tracked down if they became necessary later. (See the Virtual ExpressCare access form on page 17.)

By limiting unnecessary steps to accessing care, NYC H+H proactively limited friction between patients and the health system.



‘Three clicks or less’ was our mantra. The value was getting someone in front of the patient as soon as possible, not mining the patients for their data... We are obsessed with experience in a way that’s no different than Amazon’s obsession with the customer.

ERFAN KARIM  
Sr. Director, Mobile Integrated Health

---

## 2. REMOVE ACCESS FRICTION AT EVERY STAGE OF THE PRE-VISIT PATHWAY (CONT.)

### **Virtual ExpressCare is the first urgent care platform in the US to not use ‘ability to pay’ as a defining eligibility criterion**

In some jurisdictions, including the United States, many systems limit access to a service to only those patients who can pay for it. NYC H+H found when reviewing other urgent care models that it was common for uninsured patients or patients who could not afford out-of-pocket expenses, some of whom were the poorest residents in the city, to be denied access to these services.

Virtual ExpressCare goes against the U.S. industry standard by not looking at ability to pay as a defining factor for eligibility. Virtual ExpressCare does not ask for payment or insurance information up front as a gateway for patients to access care. Instead, the service deals with payment after the patient is treated by working with payers—including CMS—to reconcile outstanding bills. NYC H+H covers the cost of visits for which they are not paid. Not only did this prevent further widening of health and access disparities, but it made the Virtual ExpressCare care pathway more streamlined and seamless for the user.

NYC H+H didn’t stop there. As part of Virtual ExpressCare and to help their patients access affordable care, NYC H+H actively helps enroll patients who aren’t covered by insurance into appropriate payment plans. These health plans can be offered through a competitor or a public option such as NYC Care, or patients are enrolled into NYC H+H’s own low-cost health plan, MetroPlus.

This concierge-like service greatly improved patient’s experience of virtual urgent care. Patients who use these services feel like the system really cares for their health and financial security. This makes patients feel more engaged with their care and with the health system as a result.

# 03 Structure your staffing model to ensure the new experience feels familiar to patients

Attracting patients to use a new virtual urgent care service, especially one they have not used before, requires an element of trust. This is especially true for vulnerable patients who often feel unsupported by virtual care offerings, which many patients wouldn't have used before and therefore are unsure how to utilize these services and where they fit in the patient's care journey. This is a problem if health care providers want to encourage these patients to use new virtual urgent care services instead of going to the in-person ED unnecessarily.

To enhance vulnerable patients' experiences with Virtual ExpressCare, NYC H+H created a staffing model to help guide and support them throughout their care journey and ensure it felt familiar by using two tactics. Firstly, Virtual ExpressCare employed staff who culturally matched the communities they served, which helped to build trusting relationships with patients. Secondly, NYC H+H hired a person to provide dedicated pre- and post-visit support for vulnerable patients, which makes it easier for patients to understand their care journey and move through the system smoothly. The new staffing model helped make the experience with Virtual ExpressCare feel like an in-person clinic, making patients feel at ease throughout their journey and increasing the "stickiness" of the service.



### 3. STRUCTURE YOUR STAFFING MODEL TO ENSURE THE NEW EXPERIENCE FEELS FAMILIAR TO PATIENTS (CONT.)

#### **Staffing model matches cultural profile of patients with providers**

NYC H+H uses an on-demand staffing model similar to that of Uber. Clinicians from across the United States can offer blocks of time to see patients in NYC, so long as the clinician has a license to practice medicine in the state of New York. This model has greatly expanded NYC H+H's staff supply and allowed the organization to easily hire people who match the diverse population it serves, which has helped foster trust and build a connection between NYC H+H and its patients. Because they are no longer held back by geography, NYC H+H can find providers that represent diverse racial, ethnic, and linguistic backgrounds to support their equally diverse patients within their care journey. Connecting patients with staff they can trust and that can facilitate their access and journey through the system greatly enhances patient experience both with the virtual urgent care service and the health system as a whole.

#### **'Support heroes' facilitate the patient journey and build trust with patients**

NYC H+H created a unique staffing position called support heroes. These are members of staff that serve as the pre- and post-visit interface with the patient. They are hired from within the health system, tend to be multilingual, and live in the target community they serve. Support heroes have practical experience of working in the ED of ambulatory settings and take the non-clinical work away from clinicians. The support heroes help patients sign up for primary care and insurance, perform registration tasks, facilitate data collections, and work with the clinician and patient to determine next steps after the visit. This enables clinicians to practice top-of-license care.



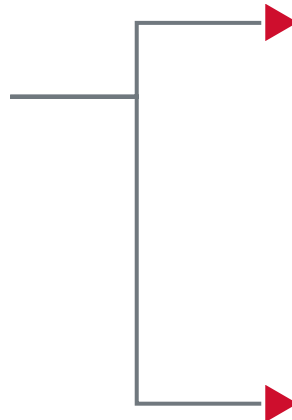
3. STRUCTURE YOUR STAFFING MODEL TO ENSURE THE NEW EXPERIENCE FEELS FAMILIAR TO PATIENTS (CONT.)

### Support hero role brings ‘in-clinic’ feel, enables top-of-license care to otherwise transactional visits



**Support hero role leverages specific attributes and skillsets to improve experience for patients and staff**

- Multilingual
- Residents of community
- Have experience working in ED and/or ambulatory care settings
- Capable of multitasking
- Able to help patients understand their health care options, including insurance enrollment



**Facilitates patient journey**

- Interacts with patients before and after virtual visit to emulate in-person clinic visit experience
- Registers patients and facilitates warm virtual handoff to clinicians
- Enrolls patients into primary care
- Schedules follow-up appointments

**Enables top-of-license work for clinicians**

- Support hero owns all non-clinical workload including data collection prior to consultation
- Maximizes value of patient-clinician interaction

# Results

## How we know it's working

Since Virtual ExpressCare's rollout in March 2020, NYC H+H has seen over 35,000 patients through the service, including 2,400 redirected 911 encounters. The service has greatly improved access to the health system and continues to satisfy patients and staff.

- **95%:** Overall patient satisfaction rating for Virtual ExpressCare
- **2,300:** Unnecessary EMS transports prevented by Virtual ExpressCare, for savings of approximately \$2.8 million
- **Five in six:** Patients that were able to stay at home and avoid in-person urgent or ED care within seven days of their virtual appointment
- **20%:** Proportion of patients treated through Virtual ExpressCare who were new to NYC H+H

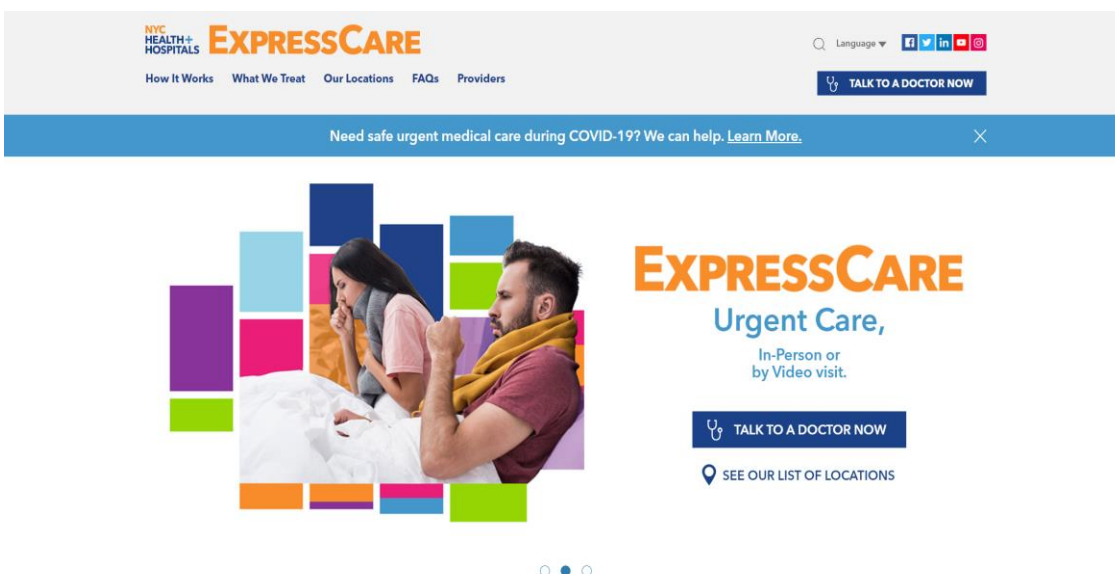
The successful rollout of Virtual ExpressCare has allowed NYC H+H to expand the service to incorporate behavioral health and substance use disorder treatment using the same telehealth vendor, staffing model, and equity pillars that Virtual ExpressCare uses. NYC H+H is also using the core elements of Virtual ExpressCare to expand the model into community kiosks. These are telehealth-enabled booths enabling walk-in access to Virtual ExpressCare across New York, specifically targeting vulnerable communities. NYC H+H plans to scale a hospital-at-home service by 2025 that uses the same staffing model as well as the same partnership with Bluestream Health. ▾

# Supporting artifacts

## Artifact 1: Medical issues treated through Virtual ExpressCare

Covid-19 consults	Sinus infections
Covid-19 and flu symptoms	Sore throat
Sprains and strains	Allergies
Asthma	UTIs
Pink eye	STDs
Minor cuts and burns	Upset stomach and diarrhea

## Artifact 2: Virtual ExpressCare landing page, with weblink to access care clearly visible



Source: <https://www.expresscare.nyc/>; NYC Health + Hospitals, New York, US.



SUPPORTING ARTIFACTS

Artifact 3: Virtual ExpressCare access form.



Select Language

The doctor will see you now. At HOME.

ExpressCare brings the urgent care doctor to you 24/7. Let's get started by entering a few details.

**Important:** Click "ALLOW", when prompted, with "ondemand.expresscare.video Would like to Access the Microphone and Camera"

Are you currently located in New York State? \*

Select... [dropdown arrow]

Our care providers are licensed to practice medicine in New York State. The patient must be physically located within New York State at the time of treatment. For pediatric visits, both the parent or legal guardian and child must physically be in the same place at the time of the visit.

First Name \*

[text input field]

Last Name \*

[text input field]

Date of Birth \*

[text input field]

Zip Code

[text input field]

Phone Number \*

[text input field]

Email

[text input field]

Insurance Name

Select... [dropdown arrow]

Please choose your health insurance plan. If you do not have insurance coverage, please select 'Not Insured'. If your insurance provider is not listed choose 'Other/ Not Listed'.

Member ID

[text input field]

Language

Select... [dropdown arrow]

Consent \*

By checking "I Agree", I understand and agree that I am signing this consent electronically and that (i) I have reviewed, understand and accept the risks and benefits of telehealth services as described in this consent, and wish to receive telehealth services; (ii) I agree to the terms of this consent; and (iii) I am financially responsible for services rendered.  
If I am signing on behalf of a minor, or an incapacitated or otherwise legally-dependent patient, I certify that I have legal authority to act on behalf of the patient, including the authority to consent to medical services.






I agree

Get Started

---

# Related content

## *Advisory Board resources*

-  ON-DEMAND WEBINAR  
Global insights on shifting the site of care  
[Watch now](#)
-  OUR TAKE  
Meet the rising bar for virtual patient experience  
[Read now](#)
-  BLOG POST  
Stop talking about the ‘digital divide’ and start addressing ‘digital inequity’  
[Read now](#)
-  OUR TAKE  
Advancing digital equity through literacy and design  
[Read now](#)
-  READY-TO-USE SLIDES  
The virtual patient experience today  
[View now](#)

## Project director

Miles Cottier

cottierm@advisory.com

## Research team

Alexander Polyak

Isis Monteiro

Paul Trigonoplos

Vidal Seegobin

---

### LEGAL CAVEAT

Advisory Board has made efforts to verify the accuracy of the information it provides to members. This report relies on data obtained from many sources, however, and Advisory Board cannot guarantee the accuracy of the information provided or any analysis based thereon. In addition, Advisory Board is not in the business of giving legal, medical, accounting, or other professional advice, and its reports should not be construed as professional advice. In particular, members should not rely on any legal commentary in this report as a basis for action, or assume that any tactics described herein would be permitted by applicable law or appropriate for a given member's situation. Members are advised to consult with appropriate professionals concerning legal, medical, tax, or accounting issues, before implementing any of these tactics. Neither Advisory Board nor its officers, directors, trustees, employees, and agents shall be liable for any claims, liabilities, or expenses relating to (a) any errors or omissions in this report, whether caused by Advisory Board or any of its employees or agents, or sources or other third parties, (b) any recommendation or graded ranking by Advisory Board, or (c) failure of member and its employees and agents to abide by the terms set forth herein.

Advisory Board and the "A" logo are registered trademarks of The Advisory Board Company in the United States and other countries. Members are not permitted to use these trademarks, or any other trademark, product name, service name, trade name, and logo of Advisory Board without prior written consent of Advisory Board. All other trademarks, product names, service names, trade names, and logos used within these pages are the property of their respective holders. Use of other company trademarks, product names, service names, trade names, and logos or images of the same does not necessarily constitute (a) an endorsement by such company of Advisory Board and its products and services, or (b) an endorsement of the company or its products or services by Advisory Board. Advisory Board is not affiliated with any such company.

### IMPORTANT: Please read the following.

Advisory Board has prepared this report for the exclusive use of its members. Each member acknowledges and agrees that this report and the information contained herein (collectively, the "Report") are confidential and proprietary to Advisory Board. By accepting delivery of this Report, each member agrees to abide by the terms as stated herein, including the following:

1. Advisory Board owns all right, title, and interest in and to this Report. Except as stated herein, no right, license, permission, or interest of any kind in this Report is intended to be given, transferred to, or acquired by a member. Each member is authorized to use this Report only to the extent expressly authorized herein.
2. Each member shall not sell, license, republish, or post online or otherwise this Report, in part or in whole. Each member shall not disseminate or permit the use of, and shall take reasonable precautions to prevent such dissemination or use of, this Report by (a) any of its employees and agents (except as stated below), or (b) any third party.
3. Each member may make this Report available solely to those of its employees and agents who (a) are registered for the workshop or membership program of which this Report is a part, (b) require access to this Report in order to learn from the information described herein, and (c) agree not to disclose this Report to other employees or agents or any third party. Each member shall use, and shall ensure that its employees and agents use, this Report for its internal use only. Each member may make a limited number of copies, solely as adequate for use by its employees and agents in accordance with the terms herein.
4. Each member shall not remove from this Report any confidential markings, copyright notices, and/or other similar indicia herein.
5. Each member is responsible for any breach of its obligations as stated herein by any of its employees or agents.
6. If a member is unwilling to abide by any of the foregoing obligations, then such member shall promptly return this Report and all copies thereof to Advisory Board.



---

655 New York Avenue NW, Washington DC 20001  
202-266-5600 | [advisory.com](https://www.advisory.com)