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Winter Articles

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by Nancy Fase-Guernon

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Virtual Care in a Post-COVID World *by Nancy Fase-Guernon*

How does virtual care compare to traditional face-to-face (F2F) care?
Short answer: *We're still learning.*

Member experience surveys consistently show that virtual care is highly valued, especially for mental health services. However, the overall quality impact remains somewhat unclear. Much of what we know comes from anecdotal provider feedback, and physician confidence is still influenced by the experience of the rapid, pandemic-driven rollout of virtual platforms.

"Early research has begun to shed light on five key domains: **effectiveness** (clinical outcomes)**, efficiency, timeliness, safety, and social determinants of health.**

Initial Observations

Efficacy

Outcomes for virtual care were equal to or slightly better than F2F care for mental health, substance use disorders, and primary care.

Efficiency

Virtual consultations may reduce hospitalization rates and the need for specialist follow-up, but they can also lead to increased total consultation volume, particularly when virtual visits ultimately require an in-person follow-up.

Safety

Studies show no meaningful difference in diagnostic accuracy between virtual and in-person encounters.

Social Determinants of Health

Patterns of use vary:

- Women are more likely to use virtual care.
- Utilization declines with age.
- Middle-income groups use virtual care more often.

Lower and higher-income groups tend to rely more on F2F.

Timeliness

Virtual care significantly reduces wait times, improving access for many members.

Benefit Teams Play a Pivotal Role

Understanding early trends can help benefit departments shape plan design, communicate effectively with members, and support vendors in closing quality gaps. While the long-term impact is still emerging, virtual care is clearly here to stay—offering new opportunities to improve access, convenience, and overall member experience.

Resources

Kaiser Family Foundation: Insurance Focused on Virtual Visits? The Pros and Cons of a New Twist in Health Plans.

National Institute of Health. The Impact of Virtual Consultations on the Quality of Primary Care: Systematic Review.

Stanford Medicine scientists link Lupus to Epstein-Barr Virus.

Stanford Medicine researchers and their colleagues have found that one of the world's most common infectious pathogens —the Epstein-Barr virus (EBV)—is responsible for triggering lupus. EBV, which lives quietly in about 95% of people, hijacks a small group of immune cells and drives them to mislead many others into attacking the body's own tissues. The findings were published Nov. 12 in Science Translational Medicine.

"This is the single most impactful finding to emerge from my lab in my entire career,"

said William Robinson, MD, PhD, a professor of immunology and rheumatology and the study's senior author. **"We think it applies to 100% of lupus cases."**

Several hundred thousand Americans — possibly up to a million — and about 5 million people worldwide have lupus, a disease in which the immune system attacks the contents of cell nuclei. This can damage many parts of the body, including the skin, joints, kidneys, heart and nerves, leading to symptoms that vary widely from person to person.

With proper diagnosis and treatment, most patients can live fairly normal lives, though about 5% face life-threatening complications, Robinson said. Current therapies can slow the disease but they don't cure it.

Most people contract Epstein-Barr virus (EBV) by adulthood, usually through saliva — for example, by sharing utensils as children or through kissing during adolescence. Once infected, a person carries the virus for life, even if they have no symptoms. EBV is part of a viral family, which includes those that cause chickenpox and herpes, known for embedding their genetic material inside the nuclei of infected cells.

What comes next?

Robinson said he suspects that this chain of EBV-driven, self-targeting B-cell activation may reach beyond lupus to additional autoimmune diseases — including multiple sclerosis, rheumatoid arthritis, and Crohn's disease — where signs of EBV-triggered EBNA2 activity have also been detected.
The million-dollar question: If about 95% of us are walking around with latent EBV in our B cells, why do some of us, but not all of us, get autoimmunity? Robinson speculates that perhaps only certain EBV strains spur the transformation of infected B cells into antigen-presenting "driver" cells that broadly activate huge numbers of antinuclear B cells.

Is there a vaccine in the works?

Many companies are working on an EBV vaccine, and clinical trials of such a vaccine are underway. But that vaccine would have to be given soon after birth, Robinson noted, as such vaccines are unable to rid an already-infected person of the virus.

Stanford University's Office of Technology Licensing has filed a provisional patent on the study's related technologies. Three authors — Robinson, Younis, and Mahesh Pandit, PhD — are listed as inventors. They are also co-founders and shareholders of EBVio Inc., which is developing an experimental lupus therapy based on ultradeep B-cell depletion. This treatment wipes out circulating B cells and allows new, EBV-free B cells to repopulate over the following months.

How will this impact Healthcare?

The discovery that Epstein-Barr virus (EBV) is linked to lupus could have several important implications for the future cost of healthcare:

Preventive strategies could reduce long-term costs: If EBV is confirmed as a trigger for lupus, vaccines or antiviral therapies targeting EBV could prevent the disease in at-risk populations.

Preventing lupus would reduce expensive long-term treatments, hospitalizations, and complications, potentially saving billions in healthcare spending over time.

Earlier diagnosis and targeted treatments: Early, targeted therapies can be more effective and less costly than managing severe, advanced disease.

Impact on insurance and public health planning: Insurance models and government health programs may adjust to cover preventive EBV-related measures, potentially changing premiums and public health budgets.

In short, linking EBV to lupus could increase initial healthcare spending on prevention and screening but reduce long-term costs associated with managing severe autoimmune disease.

***adapted from an article by Bruce Goldman** in Stanford Medicine News.*

If you would like to read the full article, please click here:

https://med.stanford.edu/news/all-news/2025/11/lupus-epstein-barr.html