



Video Visits With Patients Are Taking Off

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Should You Offer Virtual Patient Visits?

It's becoming harder for patients to find a doctor, and harder to get an appointment even if they have one. When patients do get an appointment, spending a couple of hours in transit in rush-hour traffic, and being marooned in the waiting room because the doctor is behind schedule, gets old fast.

On top of that, with many employers switching to high-deductible health plans, seeing a doctor -- even for a minor condition, such as sinusitis, let alone a chronic condition, such as diabetes -- has become more expensive than ever.

These are among the reasons that virtual visits -- that is, physicians diagnosing and treating patients remotely on their computers, tablets, and even smartphones -- has reached what many experts maintain is a "tipping point."

Virtual visits that reduce the number of office visits are being embraced by insurers; health plans; employers; hospitals; accountable care organizations (ACOs); patient-centered medical homes (PCMHs); a growing number of independent physician practices; and most of all patients, for whom the convenience and cost of virtual visits with a physician are compelling.

Within the next year or two, it's likely that some of your patients will be diagnosed, treated, and prescribed medication by a doctor at a remote location for a nonurgent condition -- such as allergies, asthma, cold and flu, rashes, ear infections, sore throats, and urinary tract infections -- interacting with them on a tablet or even smartphone screen.

If the condition is urgent, the patient is directed to a local emergency department. If the condition requires an office visit, the patient is told to contact his or her doctor. If the patient doesn't have a physician, a local doctor is suggested.

Some physician practices are already setting themselves apart from local competitors by establishing an online presence, so that patients don't always need an office visit for minor complaints.

If you seek to attract more patients, or keep the ones you have from defecting to competing practices that have begun to offer the convenience of virtual access, adding remote consultations to your list of services may be worth considering.

Health Plans Are Leading the Way

Insurers large and small are partnering with telehealth technology providers to offer virtual doctor visits as an option to millions of members of their client health plans. For example, WellPoint and United Healthcare have partnered with American Well in Boston, Massachusetts. Cigna has partnered with Sunshine, Florida-based MDLIVE. Aetna has partnered with Teladoc in Dallas, Texas. All plan to expand virtual doctor visits to millions more members next year.^[1]

"We're signing about two to three new health plans per quarter," says internist Roy Schoenberg, MD, MPH, American Well's CEO. "Even though the medical industry is conservative, telehealth is moving forward at a blazingly fast speed."

Smaller health plans are embracing virtual visits as well. In May, for example, Priority Health, a health plan based in Grand Rapids, Michigan, began offering 24/7 doctor access via telephone and video using MDLIVE's technology platform -- and its virtual network of physicians -- to its members throughout the state.^[2]

"Every year, nearly 80% of our members have a health concern that can be treated using virtual visits -- ultimately saving them both time and money," Michael P. Freed, Priority Health's CEO, said in a statement.^[2]

Even a patient with no health insurance can log onto the website of some telehealth providers and within a few minutes be talking with a board-certified doctor -- most commonly a primary care or emergency physician, whose credentials have been vetted, who is licensed to practice in the state in which the patient resides, and who has been trained to interact with patients online -- for about \$49, the price point that appears to be the market standard.

Virtual doctor/patient interactions must meet Health Insurance Portability and Accountability Act (HIPAA) requirements for the security of protected health information.

Afterward, the patient receives a personal health record of the visit that can be shared with family members or other providers.

Surveys Show Exploding Demand

Are virtual visits a flash in the pan? On the contrary, surveys of patients, physicians, and hospitals all point to soaring demand.

In August, Deloitte predicted that out of an average 600 million general practitioner appointments in the United States and Canada in 2014, up to 75 million could be electronic visits, including videoconferencing and remote consultations by telephone, texting, and secure email.^[3] The latter may include the exchange of digital documents such as video clips, audio clips, still images, radiographs, MRIs, ECGs, EEGs, and lab results.

Such "eVisits" are not a substitute for every office visit, the reports adds, but even if only 30%-40% of office visits could be replaced by remote consultations, that would constitute a \$50-\$60 billion market.^[3]

In August, research by Parks Associates specifically focused on the growth of videoconferencing for physician/patient visits. It predicted that virtual visits are about to triple -- from 5.7 million in 2014 to over 16 million in 2015 -- and will skyrocket to over 130 million in 2018.^[4]

In California alone, the firm discovered, nearly 50% households with an broadband Internet connection already use an online health service from a doctor (the national average is 42%).^[5]

In June, a FICO survey of over 2000 smartphone users in the United States and 11 other countries found that 80% want to use their mobile devices to interact with healthcare providers.^[6]

In August, an HIMSS Analytics report revealed that of over 400 hospitals and physician practices surveyed, 46% already use some form of telemedicine technology, with videoconferencing the most widely used tool (by 57.8%) and the most widely considered for future use (by 67.1%).^[7]

In May, a Harris Poll survey of 2000 adults conducted for MDLIVE found that 27% of the respondents who already had a physician would make sacrifices to have constant access on a mobile device. What sort of sacrifices? Thirteen percent would give up shopping for a

month; 9% would forgo their next vacation; 5% would skip showers for a week; and 3% would forfeit a salary increase.^[8]

Those most likely to make such sacrifices (42%) were, ironically, tech-savvy "young invincibles" (18-34 years of age) -- the very people who supposedly weren't going to sign up for Obamacare because, for them, healthcare wasn't a priority.^[8] Now they're clamoring for 24/7 access to their doctors from their beds (33%), while at work (23%), while riding in a car (20%), while walking down the street (12%), while in the bathroom (12%), and while at a child's sporting event (8%), the Harris Poll survey found -- as long as it's a virtual visit.

Why Demand Is Skyrocketing

Many physicians undoubtedly feel, as the American Medical Association (AMA) does,^[9] that a hands-on visit is the preferred mode of doctor/patient interaction, and for serious health issues, that remains undisputed. But for everything else, including borderline cases, consider things from the patient's perspective.

Among the top reasons for postponing a doctor visit, the Harris Poll survey found, were an inability to take a day off from work (so said 30% of the respondents), the high cost of insurance copays and coinsurance (25%), the length of time it takes to get an appointment (16%), and cooling one's heels in the doctor's waiting room (12%).^[8]



Then there's the growing problem of physician access. While over 8 million people have enrolled in state and federally facilitated health insurance exchanges, and 4.8 million additional people have enrolled in Medicaid, finding a physician these days is no easy task.^[10]

Take Massachusetts, where 99% of residents are insured. A 2013 study by the Massachusetts Medical Society found the average wait time to see a family physician was

39 days; for internists, it was 50 days; for pediatricians, it was 25 days. Moreover, one half or fewer of primary care practices surveyed were not accepting new patients.^[11]

The situation is only going to get worse. Unless there's a dramatic change, warns the Association of American Medical Colleges (AAMC), there will be shortage of more than 130,600 physicians by 2025.^[12]

That prediction is based on growing population demand, before physician burnout is factored in. A 2012 Urban Institute Study of 500 primary care physicians found that 30% of those aged 25-49 years, and 52% of those older than 50 years, planned to leave medical practice within 5 years.^[13]

A 2013 Medscape survey, [Physician Lifestyles -- Linking to Burnout](#), found that of 24 specialties measured, burnout was a significant problem in all of them, with emergency medicine, critical care medicine, family medicine, obstetrics/gynecology, internal medicine, anesthesiology, and general surgery heading the list.^[14]

As a result, 73% of adults have difficulty receiving timely medical care without having to resort to the emergency room, reports telehealth provider Teladoc.^[15]

According to the firm's website, without videoconferencing or some other remote physician visit option, 8% of patients would have gone to the emergency department (average cost: \$1477); 42% would have sought urgent care (average cost: \$163); 1% would have seen a specialist (average cost: \$196); 38% would have seen a primary doctor (average cost: \$131); and 11% would do nothing.^[15]

Virtual visits cost considerably less. For example, employees of the technology giant Oracle, which uses American Well's telehealth platform and virtual network of physicians, pay only a \$5 copay to see a board-certified doctor online, which they can do at home or at their desks at work.^[16] But even patients who pay retail rates are generally charged less than \$50, a bargain compared with the alternatives.

Aggressive Marketing Is Expanding Awareness

Visit health insurer WellPoint's LiveHealth Online website, and you can view a video of a "young invincible" zooming along on his motorcycle, a white-coated, stethoscope-clad physician seated beside him in a sidecar.^[17] Next, a teenage couch potato is scarfing down Chinese food and soda while his doctor sits on the sofa beside him, shaking his head. Next,

a businessman piles into a taxi and proceeds to sneeze, while his doctor, seated beside him, hands him a tissue.

Such compelling scenes are designed to clarify for members of the insurer's client health plans the benefits of virtual visits. The ability to videoconference with a physician on a desktop computer or mobile device is currently offered to over 4 million employees of WellPoint's self-insured clients nationwide, says John Jesser, MBA, Vice President of Patient Engagement Strategy.

This doesn't mean 4 million employees are actually aware of and using the service, which was introduced in 2013, Jesser hastens to add. "But enrollment and adoption have been growing very well over the past six months," he says, thanks in part to videos such as the one just described, which build awareness.

The main users of the service right now are working mothers; business travelers; and college students, who, even though they generally have access to on-campus health centers, often prefer video visits with the doctor in their dorms as a first option, Jesser says.

Offering videoconferencing as an option saves health plans money too.

Last November, for example, the University of Pittsburgh Medical Center (UPMC), which includes 21 hospitals and 400 outpatient sites, began offering patients throughout Pennsylvania 24/7 access to a physician via videoconferencing or telephone. The cost to patients: \$38. Savings to the UPMC Health Plan: an average of \$86.80 per member visit compared with the cost of an office visit.^[18,19]

"Every time patients have a visit on our [American Well's] system, the data suggest the health plan saves \$70-\$140, on the basis of replacement of more expensive healthcare that patients would have otherwise received," points out pediatrician Peter Antall, MD, President and Medical Director of Online Care Group, based in Newbury Park, California. Online Care Group is a nationwide physician network that specializes in virtual visits, with such insurers as WellPoint and United as clients.

Employers are at the forefront of the videoconferencing movement, and with good reason. In August, for example, a report by Towers Watson found that telemedicine could save US firms over \$6 billion annually by reducing absenteeism due to illness, lost work time by having to travel to a doctor's office during business hours, and reducing the spread of communicable diseases among employees by having them promptly diagnosed and treated online.^[20]

Says Randy Parker, CEO of MDLIVE, the average response time on MDLIVE's system is 10 minutes, and a virtual visit with the doctor lasts about as long.

The Towers Watson survey found that 37% of employers plan to offer employees telemedicine services as a low-cost alternative to ER or office visits for nonurgent conditions by 2015, and 34% are considering them for 2016 or 2017.^[20] The percentage of employers offering telemedicine is expected to rise from the current 22% to 37% within three years, a 68% increase, the survey found.

"We have about 4.5 million members of the self-insured market today," says MDLIVE's Parker, "and we see that increasing five-fold over the next three to five years."

New Products and New Players

Major vendors now offer Apple and Android apps to enable patients to seamlessly meet with doctors on their mobile devices without complicated fussing. Dr. Schoenberg maintains that American Well's app is among the most popular in both app stores, with 3000-4000 downloads a day.

To extend the reach of its virtual physician network, which is staffed by the Online Care Group, American Well has launched a line of telehealth kiosks, installable on-site at employers, retail outlets, and strategic locations within health systems. The kiosks don't use computer keyboards or mice, just touch-sensitive screens, so even patients who aren't computer-literate can use them.

In addition to offering high-definition video, "the kiosks actually have biometric devices built into them," Dr. Schoenberg explains. "They measure blood pressure, weight, and other standard measures, and such devices as stethoscopes and derma-cams feed live data to physicians as well."

Providers of virtual visits aren't the only ones who see the market for remote consultations poised for explosive growth. For doctors who are in ACOs and PCMHs that take risk, the prospect of increasing patient access virtually without having to schedule additional office visits in busy practices is appealing, Dr. Schoenberg says. American Well counts ACOs and PCMHs among its clients.

A key to making risk-sharing profitable is to tightly monitor patients with chronic conditions for compliance with prescribed regimens. But what if you're not part of an advanced

integrated delivery system staffed with case managers, social workers, dietitians, diabetes educators, and other dedicated support personnel?

The next best thing is to offer patients with uncontrolled chronic conditions 24/7 virtual access to a doctor. An on-call physician can field virtual requests during non-office hours, or a practice can use a cross-coverage virtual network, such as MDLIVE offers in partnership with Sentara Healthcare.

Sentara, based in Norfolk, Virginia, includes over 100 sites -- from acute care hospitals to assisted living facilities -- in Virginia and North Carolina.^[21] MDLIVE doctors cover for Sentara doctors in affiliated practices after hours, notifying them of virtual interactions with patients. Patients in Sentara's coverage area who don't have a primary care physician, as many don't, are referred to one by their MDLIVE counterparts, Parker says.

Sentara is far from the only health system that sees the benefits of virtual visits. "Right now, we have 276 hospitals nationwide connected to the MDLIVE Health Cloud," Parker says. "We're going to have over 400 by the end of the year."

Telecommunications giant Verizon introduced a videoconferencing platform, Verizon Virtual Visits, in June.^[22] Doctors, health networks, and hospital systems can use Verizon's platform to remotely see patients. Employers that don't have provider panels can use a virtual physician network that Verizon is building. A downloadable app makes virtual visits user-friendly for both doctors and patients.

Venture capitalists have taken notice too. A new San Francisco, California, startup, Doctor on Demand, is building a virtual network of over 1400 physicians, the *Silicon Valley Business Journal* reports.^[23] The company has raised \$24 million in funding since its founding last year, with backers that include Google Ventures and Athena Health CEO Jonathan Bush. The firm already has a major corporate client: Comcast, which will offer the service to its US employees. "In the past 12 months, we have been turning the corner, and this is now running like crazy," Dr. Schoenberg says. "We are no longer in the incubation or the novelty physician stage. We're now moving at a pace in which people are talking about how we can scale this. What are all of the areas of medicine that this can be applied to? How do we use this to keep elderly patients at home longer? How do we democratize healthcare and make it equally accessible all around the country? How can we lower costs? How can we help physicians practice in a way that gives them a better lifestyle, because we're burning physicians out of the profession? All these things are all happening at once."

