



## Virtual Visits Benefit Physicians as Well as Patients

Neil Chesanow

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### A New Source of Revenue for Physicians

Virtual patient visits -- via videoconferencing on a personal computer, laptop, tablet, or smartphone -- as well as remote visits via old-fashioned telephone, secure email, and even texting, are controversial to many physicians, who may regard a hands-on office visit as being the *sine qua non* of good patient care.

That's changing fast. In August, a Deloitte report predicted that the number of telehealth visits in the United States and Canada could soar to 75 million in 2014, representing 25% of the addressable market.<sup>[1]</sup> The study noted that of the 600 million annual visits to primary care practices in North America, approximately half were for problems that could be solved by remote rather than in-office visits.

To meet exploding patient demand, especially for videoconferencing, virtual physician networks are springing up across the country. They are being sponsored by insurers, health plans, employers, hospitals, and physician groups, often funded by millions of dollars in venture capital, and there appears to be no shortage of physicians who seek to join them. Here's why:

**Reimbursement.** You can earn in a virtual visit about what you earn in an office visit for diagnosing and treating the same condition -- or maybe a little less, depending on the state, the health plan, and the network. However, you can see up to six patients an hour (a virtual visit typically lasts about 10 minutes).<sup>[2,3]</sup> If you're productive, you can add a tidy supplement to your regular office income.

**Flexibility.** A 2013 Medscape survey, [Physician Lifestyles -- Linking to Burnout](#), found that physician burnout is a significant problem in virtually every specialty.<sup>[4]</sup> Instead of working late nights in the office trying to pay the bills, you can offload some (or all) of that work --

and the stress that goes with it -- onto your mobile device, seeing patients remotely at home (or wherever) at your own pace.

**Better care.** For serious conditions, patients need an office or ER visit. But most conditions aren't serious. Even in borderline cases, it can take weeks to get an office appointment. Meanwhile, a nonurgent condition can become urgent. A timely virtual visit with a doctor -- on major networks, wait time is about 10 minutes -- can identify who needs hands-on care right away and who can benefit from remote treatment without having to leave home.<sup>[2,3]</sup> If medication is needed, an e-script can be sent to the patient's pharmacy during the session in most states.<sup>[5]</sup>

**Ease of use.** On the major networks, back-office transactions are fully automated. All you do is see the patient online. Network software identifies the patient's health plan eligibility, copay, or deductible. It processes the patient's credit card information. It identifies the value of the Current Procedural Terminology (CPT) code for the work you perform. It submits the claim on your behalf. Your reimbursement is deposited into your bank account immediately. You even receive malpractice coverage for each virtual visit.

**Marketing.** On some networks, you can establish an independent, branded storefront for your practice. This lets your patients interact with you or other providers in your practice virtually, sparing them from having to schedule an office visit for every complaint, however minor. In crowded metro area markets, this can set your practice apart from the rest, attracting new patients by offering them a convenience that they overwhelmingly tell surveyors they desire.

**Taking risk.** Seek to join an accountable care organization or start a patient-centered medical home? You may need to enter into risk-sharing arrangements with health plans to land contracts. Success will hinge on how tightly you're able to monitor patients with uncontrolled chronic conditions. Virtual visits make your practice far more accessible without having to add extra staff. On some networks, you can even arrange for cross-coverage by network physicians.

## Opportunities Are Growing Rapidly

The major telehealth providers -- including MDLIVE in Sunshine, Florida; American Well in Boston, Massachusetts; and Teladoc in Dallas, Texas -- all reported dramatic growth in 2013, and 2014 growth is setting records as well.<sup>[6-8]</sup>

In January, to take one example, MDLIVE had a bit over 3 million members. In nine months, that's jumped to about 4.5 million members, says CEO Randy Parker, "and we see that growing five-fold over the next three to five years."



Over one half of hospitals in the United States currently use some form of telemedicine, often in innovative ways that can save both them and patients a bundle.<sup>[9]</sup> At Allegheny Health Network in Pittsburgh, Pennsylvania, for example, emergency medical services personnel use virtual consults with emergency physicians via iPads® to see whether a trip to the hospital is really necessary for some patients.<sup>[10]</sup>

Pediatrician Peter Antall, MD, President and Medical Director of the Newbury Park, California-based Online Care Group, a national virtual network whose member physicians are licensed to see patients in 47 states, says the network has a backlog of over 300 physicians who are seeking to join.

They may not have to wait much longer. "We're seeing on average about 30% or more of month-on-month growth in our volume" of virtual patient visits, Dr. Antall says. "It's really dramatic, and we expect it to increase as word gets out."

The major networks no longer have the telehealth market to themselves. CareClix in Tysons Corner, Virginia; First Stop Health in Chicago, Illinois; Doctor on Demand in San Francisco, California; GlobalMed and Stat Doctors, both in Scottsdale, Arizona; InteractiveMD in Boca Raton, Florida; MYIdealDoctor in Thomasville, Georgia; Carena in Seattle, Washington; and Livecare in Vancouver, Canada, to name a few, are aggressively building regional or national virtual networks; courting patients, employers, and health plans to join; and recruiting doctors and other providers to deliver remote patient care.

MDLIVE recently inked a deal with LINA, the Korea branch of Cigna International, to provide virtual visits to South Korean nationals traveling to and within the United States, Parker

says. Members can access MDLIVE's physician network (some doctors speak Hangul, the Korean language) from a hotel room or office.

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### ***What's Involved in Joining a Network***

What you need to do to join a given virtual network will, of course, vary, but the Online Care Group's Peter Antall offers an idea. In addition to serving as the group's medical director, Dr. Antall is also Medical Director of American Well, which provides the telehealth technology platform to large insurers, such as WellPoint and United. They in turn promote it to health plans under their own brand names. American Well subcontracts its physician needs to the Online Care Group.

"We have an intensive process for vetting physicians," Dr. Antall says. "We only want the cream of the crop. To be a good practitioner of telehealth, your communication skills must be exceptional. We're all about bedside manner and communication. All our physicians must meet certain criteria. They must be board-certified in their specialty. They must have established themselves as experienced physicians who are leaders in their fields."

State medical boards and the National Practitioner Data Bank are consulted for disciplinary actions and malpractice suits against physicians. Doctors must be licensed in each state in which the patients they will see virtually reside and obey state laws regulating videoconferencing and other remote communication with patients.

For example, in six states -- New Jersey, Indiana, Tennessee, Missouri, Colorado, and Idaho -- doctors can see patients online but can't e-prescribe medications as part of the visit. In six others --- New Hampshire, Alabama, Arkansas, Louisiana, Texas, and Alaska -- virtual visits aren't authorized yet, although they are under review.<sup>[5]</sup>

Then there's training. "Although all of our physicians have experience in standard brick-and-mortar practices, practicing telehealth is different," Dr. Antall says. "We have an entire training program around learning to use the technology and learning to practice in such a way as to make the patient comfortable."

According to a videoconferencing trainer for the Canadian Livecare network, which includes physicians in 19 specialties, this may include speaking volume (some doctors think they must speak louder than they would normally; they don't); maintaining eye contact with the camera of the device you're using (if you maintain eye contact with the patient on screen, it actually appears to the patient as if you're looking off to the side); ensuring that you're

centered on camera so that your head and shoulders are in view; avoiding unflattering angles, such as up your nostrils; and dressing the part (even at home, professional attire is important to convey a professional image).<sup>[11]</sup>

"There's also training around our clinical policies, which range from emergency situations to referral practices and regulatory matters," Dr. Antall says. "We have a robust quality management program. We are constantly reviewing cases, discussing them with providers, giving feedback, and making sure that providers adhere to the standards of care."

"We actually perform secret shopper visits to test our doctors on a variety of attributes," Dr. Antall says.

## A Few Doctors Can See a Lot of Patients

The Online Care Group has about 30 full-time physicians in leadership positions and 200-300 physician contractors who moonlight on the network in 47 states. "We estimate that we can do 1.2 million patients visits per year," Dr. Antall says.

According to internist Roy Schoenberg, MD, MPH, CEO of American Well, which provides the telehealth technology platform for Dr. Antall's group, member physicians can work scheduled shifts or see patients virtually for as little as an hour whenever they have some free time.

"Everyone gets excited about the telehealth experience, but under the hood is a massive, real-time, supply-and-demand management system that allows the physician, from their home on, say, a Friday morning, to log onto the system and say, 'I'm here for the next hour. That's it. I have an hour.' And the system will take advantage of the availability of that physician and will allow patients who are eligible to meet with that physician," Dr. Schoenberg explains.

"Eligibility, state license, product definition, network definition, coverage, deductibles -- all of that is taken into account by the system," he says. "But from the physician's standpoint, it's 'I'm raising my hand. I'm here for the next hour.' The system will then direct eligible patients into my 'online waiting room,' so to speak. I will see those patients, and I will be immediately remunerated."

Doctor/patient interactions are fully compliant with Health Insurance Portability and Accountability Act (HIPAA) security requirements for protecting patient information. At the

end of the session, the patient receives a personal health record of the visit that can be shared with other providers whom the patient may see.

Physicians interested in joining the network should visit the American Well website. In addition to MDs and DOs, providers with degrees in behavioral health and nutrition -- both of which the network also offers -- are invited to apply. For physicians, the preferred specialties are currently critical care, dermatology, emergency medicine, family medicine, hospitalism, internal medicine, occupational medicine, otolaryngology, pathology, psychiatry, and radiology.

## Realities of Supply and Demand

Applying, however, doesn't mean immediate acceptance, even if your credentials are in order. The media typically report the number of health plan members for whom virtual visits are available. The number who are actually using a given service, though often substantial, are in general considerably fewer; that affects physician demand.

Despite dramatic growth, for instance, MDLIVE's national physician network has remained constant over the past year, with about 2000 physicians, CEO Randy Parker says. About 30% of the physician panel has been handling about 80% of customer utilization.

"As utilization expands, then we can activate more of the total panel," Parker says, "but from a process and overall quality perspective, you'd still rather have fewer doctors who are of the highest quality do as many visits as they could, rather than having a lot of doctors doing them infrequently."

John Jesser, MBA, WellPoint's Vice President of Patient Engagement Strategy, reports much the same thing. "More than 4 million of our members currently have this as a covered benefit," he says. "The challenge is that they may not know it."

Like other insurers offering virtual doctor visits, WellPoint is aggressively marketing its service, "and it's been growing very well over the past six months," with an average customer satisfaction rating of 4.7 out of 5 in post-visit surveys, Jesser says.

He adds that 85% of the time, those who responded to surveys "were able to have their issue completely resolved and didn't have a need for any further care." The remaining 15% of respondents were advised by an online doctor that they needed "to either get an x-ray, see a doctor face to face, or have some advanced level of care," Jesser says.

"Right now," he continues, "we have close to 190 national accounts that are offering this to their employees."

"We are also working with primary care groups around the country that have started patient-centered medical homes or joined accountable care organizations to enable them with a more private version of this that they can use with their own patients," Jesser says. "A patient would actually be able to see someone in their doctor's practice for ongoing management of chronic disease" on WellPoint's virtual network.

The Online Care Group, which provides the physicians for WellPoint's network, is selectively seeking new doctors. "We currently have enough physicians under contract," Dr. Antall concedes. "But we're looking for physicians in certain regions and certain states in which we anticipate more volume in coming months. We're also looking to evolve our program to encompass such things as diabetes care and expand our abilities in pediatrics and geriatrics."

But with a multitude of competing networks springing up across the country, many of which are actively recruiting doctors, physicians who want to augment their incomes by offering virtual visits should persist in seeking openings. Market researchers, state medical boards, the American Medical Association, specialty societies, the Centers for Medicare & Medicaid Services, and members of Congress all see the market for virtual visits growing exponentially -- and soon.

The Deloitte study gives a preview of what lies ahead.<sup>[1]</sup> In 2014, there will be 100 million telehealth visits globally, a growth of 400% from 2012, it found. "The total addressable market for eVisits in developed countries is estimated to be about \$50-\$60 billion," the authors concluded.

That will pay for a lot more physicians offering virtual visits.