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Where Does It Hurt? Log On. The Doctor Is In Telemedicine Sector Attracts Funding, but Some Physician Groups Worry About Quality of Care

By MELINDA BECK

Can downloading an app, and describing your symptoms to a doctor you'll never meet, take the place of an office visit? Can sending a "selfie" of your sore throat help diagnose strep?

Those are some of the issues state and federal regulators—and the medical profession itself—are wrestling with as telemedicine spreads rapidly.

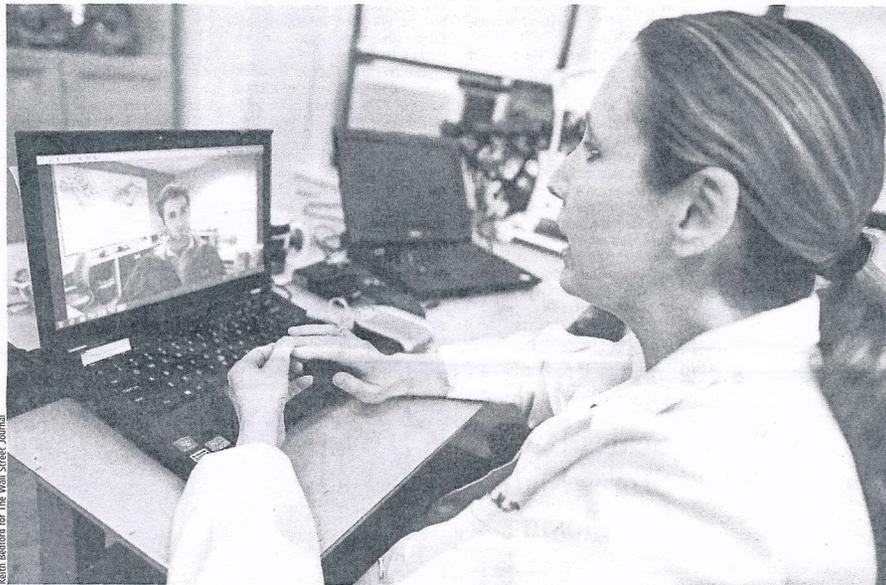
More Web-based companies offer virtual medical exams where doctors in remote locations evaluate patients' symptoms online or by phone, develop a diagnosis and often write a prescription, usually in 15 minutes or less, for \$40 to \$50.

The companies say they provide a convenient, low-cost alternative to emergency-room visits and long waits at primary-care offices for minor medical issues. Three of the companies—Teladoc Inc., MDLIVE Inc. and American Well—hosted 400,000 to 500,000 doctor-patient interactions last year, more than double the number in 2011, according to the American Telemedicine Association, a trade group.

Investors are betting that more Americans will like getting medical care 24/7 without leaving home or work. The telehealth sector has attracted \$272 million in venture-capital funding since 2010—including \$79 million in the last quarter, according to Mercom Capital Group, a health IT research firm.

"Politicians and lobbyists can't solve health care. It's quite simple: Empower consumers with patient-in-control solutions," says John Sculley, former Apple CEO and vice chairman of MDLIVE, which netted \$24 million in new funding this year.

Doctor on Demand launched in December with \$3 million in seed funding from Google Ventures and other investors. Its co-founder is Jay McGraw, executive producer of the talk show "The Doctors," and son of psychologist Dr. Phil.



Dr. Lauree Yalden, in her Manhattan apartment, discusses patient Andrew Khan's symptoms, using American Well consultation service.

Many health plans think such services will provide savings, and cover most or all of the cost for their members. As of last year, 11% of large employers offered telemedicine services to their employees and 28% were considering it, according to consulting firm Mercer.

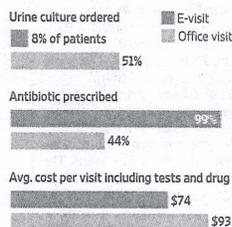
But some physician groups and state medical boards worry that such e-visits are undermining the doctor-patient relationship and lowering the quality of care.

"Most physicians would never accept a phone call from a patient they haven't met and diagnose and prescribe medication for that patient. Yet that is a common practice for many 24/7 health-care services," says Greg Billings, executive director of the Robert J. Waters Center for Tele-

Online vs. Offline

RAND Corp. researchers compared how patients with urinary tract infections were diagnosed and treated in e-visits and office visits at four primary-care practices in Pittsburgh in 2010 and 2011

Source: JAMA Internal Medicine
The Wall Street Journal



health and e-Health Law, a non-profit research group, also known as CTel.

Critics are also concerned that telemedicine services often prescribe antibiotics for conditions such as strep throat and

urinary tract infections that typically require lab tests or physical exams to diagnose definitively.

According to the Centers for Disease Control and Prevention's Get Smart program on antibiotic

use, "Conditions which may lead to an antibiotic prescription warrant an in-person examination by a trained health-care professional."

At a recent CTel gathering, CDC scientists said the criteria some e-visit companies use—including asking patients to feel their own lymph nodes—aren't a reliable predictor of strep infections, which cause only 5% to 10% of adult sore throats.

"There is a lot of concern making a diagnosis without examining a patient—not only for overprescribing, but also for underprescribing or misdiagnosing cases where there might be a more serious infection," CDC epidemiologist Lauri Hicks told the group.

Amid such concerns, many

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Where Does It Hurt? Patients Log On, and Doctor Is In

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states are debating updating their medical-practice regulations.

The Federation of State Medical Boards recently approved new model guidelines, urging states to hold virtual doctor visits to the same standards of care as in-person visits. That includes establishing an appropriate doctor-patient relationship, ideally with patients allowed to select their doctors rather than being assigned randomly, and able to confer via video, not just telephone or email.

The federation also says doctors must be licensed in the patient's state, and should obtain informed consent, document the encounter and have a plan for emergency care if needed.

Treatment based solely on an online questionnaire "generally wouldn't meet the standard of care," says Lisa Robin, the federation's chief advocacy officer.

CTel suggests requiring doctors to examine patients face-to-face before treating them, unless diagnostic equipment is avail-

able to provide the same information they would seek in person.

E-visits are just one way technology is revolutionizing the delivery of health care and challenging traditional medical regulations. The term "telemedicine" embraces everything from stateside dermatologists scrutinizing images of soldiers' skin lesions from Afghanistan to wearable sensors monitoring elderly patients' vital signs at home.

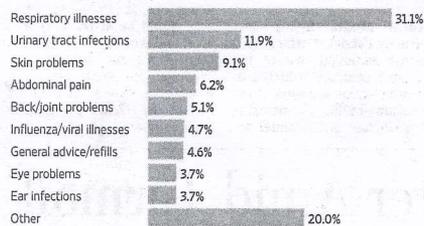
Specialists at major medical centers regularly confer via videoconferencing with doctors at smaller hospitals. The Cleveland Clinic invites patients to upload their medical records for a second opinion from anywhere in the world.

Health-care experts are also counting on telemedicine to shore up access to physicians, particularly in rural areas. But some worry the patchwork of state rules threatens to stifle innovation.

Even requiring doctors to be licensed in the state where pa-

What Seems to Be the Trouble?

Top reasons for e-health visits among members of a California health plan using Teladoc in 2012-2013



Note: Does not total 100% because of rounding
Source: Health Affairs

The Wall Street Journal

tients are physically located, which all 50 states currently do, "doesn't make sense in the 21st century," says Jonathan Linkous, CEO of the American Telemedicine Association.

Many companies say they already meet accepted standards of care and the state laws where

they operate.

Teladoc says it has more than 2,500 corporate clients offering access to 7.5 million potential users. CEO Jason Gorevic says the company has developed 130 proprietary protocols to guide its doctors in treating conditions like strep throat remotely and

says they prescribe antibiotics less frequently than office-based practices do. Participating doctors are either semiretired or supplementing their incomes by doing e-visits in between patients or in off-hours, the company says.

The Dallas-based company currently operates in 49 states. It suspended service in Idaho and has a long-running legal dispute with the Texas Medical Board over a rule limiting e-prescribing. "While Texas embraces the idea of telemedicine, the board has decided that it has to be safe telemedicine," says the board's executive director, Mari Robinson. Mr. Gorevic declined to comment on the litigation but says, "Our job is to make it simple for the consumer, even though the regulatory situation isn't simple."

Virtuwell, part of Minnesota-based managed-care company HealthPartners, has patients fill out online questionnaires, starting with "What Do You Think You Have?" If it is one of 40-50 conditions Virtuwell treats—in-

cluding yeast and bladder infections—a nurse practitioner sends a treatment plan, often with a prescription.

Virtuwell draws the line at treating strep throat. Answers to some questions trigger alerts telling patients to see a health-care provider in person.

American Well comes closest to meeting the federation's guidelines. Users download an app, select from available physicians in their state and confer via video. The Boston-based company, which provides e-visit platforms for several large insurers and hospital systems, recently launched its own service and says it had over 100,000 users in the first quarter.

CEO Roy Schoenberg, who consulted on the guidelines, says American Well would need to build more emergency procedures into its systems to fully meet them. "What these guidelines have done is bring some of these issues to the surface and say, 'This cannot be the Wild West anymore,'" he says.

Virtual Doctor Visits: What's Treated, and What's the Cost?

By MELINDA BECK

A growing number of Web-based companies offer virtual medical visits, where users can go online and consult with a doctor or other health-care provider, any time of the day or night, from wherever they are.

How do virtual doctor visits work?

You start by downloading the company's app or going to its website. Most of the services ask first-time users to open an account and fill out a medical history. When you have a medical issue, you log in, request an appointment and, in most cases, wait for a doctor to contact you, generally within a few minutes. Some companies, such as American Well, let users see what doctors are avail-

able and select one. Others, including Teladoc, assign a doctor. Some give users the option of consulting by phone or video; some work through online questionnaires. Either way, the health-care provider will ask you more questions, consult your medical record, and generally give you a diagnosis, opinion or treatment plan on the spot, including calling in a prescription if it's warranted. Most visits last 10-15 minutes.

How much do they cost?

Generally \$40 to \$50 for a consultation, regardless of the condition or time of day. Users pay online with a credit card. MDLIVE also offers a monthly plan with unlimited visits for \$14.95, or \$24.95 for up to six family members, and consultations with a licensed

mental-health therapist for \$80 a visit.

Are they covered by insurance?

Some health plans and large employers do cover e-visits, with little or no out-of-pocket costs for their members. Check with your coverage provider. Medicare covers them only in some cases, such as if the patient is at a rural clinic or hospital and needs medical help that isn't available there. Many state Medicaid programs pay for at least some telemedicine services, including telepsychiatry, but many conditions apply.

What conditions do they treat?

E-visits are designed to handle common, nonemergency conditions such as colds, flu, stomach pains, allergies, sports injuries and rashes. They are

not appropriate for potentially life-threatening issues such as chest pains, breathing problems, uncontrolled bleeding, seizures or broken bones. They are also not designed to do annual checkups or manage chronic illnesses.

What medications do they prescribe?

Mostly antihistamines, antibiotics, anti-inflammatory drugs and topical medications. Federal law prohibits prescribing controlled substances such as opioid painkillers and stimulants by phone or online. Some companies won't prescribe antidepressants or so-called lifestyle drugs like Viagra, either.

Don't doctors need to do a physical exam or run some tests to know what's wrong?

That's one of the concerns

critics have about these services, particularly when it comes to conditions like strep throat, ear infections and urinary-tract infections that are treated with antibiotics. The companies have varying guidelines for making diagnoses. But the Centers for Disease Control and Prevention says any condition that could lead to an antibiotic warrants an in-person exam. Some experts are also concerned that e-visits may miss serious underlying conditions when patients aren't seen in person.

Are these services available everywhere?

Teladoc, MDLIVE, American Well and Doctor on Demand are available in most states. Others are more limited. Virtuwell is available in four, but hopes to be in a dozen later this year. Many states are re-

viewing their medical practice rules, so availability may change.

What if I don't get better?

Most of the services check back with patients in a few days to see how they are doing and schedule another consultation, if necessary. In a recent RAND Corp. study of patients in a large health plan in California, 6% of those using Teladoc had a follow-up visit within 21 days, compared with 13% of those who went to doctors' offices and 20% of those who went to emergency rooms for similar conditions. The study, published in the journal Health Affairs, said that could mean that Teladoc was more successful at treating them—or that patients choosing the e-visits were not nearly as ill.