

A Physician's Perspective on What Works (and Doesn't) for Telemedicine

Timothy Porter



Editor's note: As patients start to demand access to telemedicine,¹ it is imperative for physicians to understand how to make these types of appointments available in their practice. Without telemedicine adoption as a standard of care, physicians run the risk of losing patients to on-demand telemedicine organizations. Through telemedicine, not only do patients get a more convenient and cost-effective experience, providers have the opportunity to grow their practice and increase patient satisfaction. In this article, Dr. Timothy Porter, a community pediatrician in Chicago, shares his perspective.

The practice of medicine is constantly being influenced by technology. New diagnostic and surgical equipment, for example, enable us to secure better health outcomes for patients. Non-clinical technology, like electronic health records (EHR) systems and patient portals help us deliver care efficiently and build strong patient relationships.² Telemedicine is emerging as the next big thing that will change the way we interact with patients, expand the ability of the healthcare system to meet the changing needs of the public, and help providers earn more revenue and lead more balanced lives.

The Evolution of Telemedicine

Using telecommunications equipment to treat patients at a distance is not a new idea. NASA has been doing it for astronauts since we started sending people into space. In

fact, in the 1960's NASA partnered with Indian Health Services, using telemedicine to treat Native Americans on the Papago Reservation who did not have access to traditional healthcare.³

In the 1970's technology was developed that let a physician and patient in one location consult with a specialist in another using live video conferencing. The required equipment was expensive, difficult to set up, and special training was needed to use it, limiting its adoption.

The internet and the ubiquity of devices with high-definition video capabilities has changed all that, of course. Most physicians and patients these days are walking around with mobile devices and laptops that are more than sufficient to conduct a video visit using specialized software designed to facilitate secure encounters. Modern telemedicine is a viable alternative to some in-office visits.

Telehealth in Practice Today

Today, telemedicine is used in a number of ways to deliver both primary and specialty care. A recent survey by the American Telehealth Association and WEGO Health asked patients about what types of telehealth encounters they had over the past year.⁴ Primary care visits, dermatological diagnostics, chronic care management, and post-operative follow-up care were among the most popular uses for video visits. Other specialties that take advantage of the approach include OB/GYN, pediatrics, neurology, oncology, and cardiology.

The number of patients using telemedicine services is expected to increase to 7 million by 2018. Just last year, more than 800,000 online consultations occurred in the United states. Almost 90% of surveyed healthcare executives report that their organizations have already begun developing or implementing a telemedicine program.⁵ This demand is driven by a number of factors including the Affordable Care Act, our ongoing shortage of physicians, the aging population, and the preferences of modern healthcare consumers.

Opportunities and Challenges

Telemedicine presents some significant opportunities and challenges for physicians. Let's start with the opportunities.⁶ Most relate to revenue, flexibility, and patient outcomes.

Revenue Growth: Video visits help practices earn more revenue in a number of ways. They typically take less time than in-office visits, allowing each provider to see more patients each day. Kaiser Permanente of Northern California, for example, offers 10- to 15-minute telemedicine visits, rather than the 20-minute average for an in-office encounter.⁷ They are also an excellent way to reduce cancellations and no-shows that eat into profitability.

Flexibility: Work/life balance is a challenge for healthcare professionals. Because video visits can be conducted from anywhere at any time, the approach gives providers more flexibility. Visits can be scheduled after hours or on weekends, without the need to keep the office open and staffed. Providers can work remotely from time-to-time, avoiding the commute and freeing up time.⁸

Improved Patient Outcomes: Telemedicine takes a lot of the friction out of seeing the doctor, making it more likely that patients will comply with recommended follow-up visits or schedule a visit when they have a concern. Patient engagement in their own care, a key factor in health outcomes, is improved by video visits as well. In one study, 53% of patients said that telemedicine somewhat or significantly increases their involvement in treatment decisions.⁹

Challenges in Telemedicine

Reimbursement, security, and quality of care are the primary and essential challenges being addressed today.

Reimbursement: Twenty-nine states now have some kind of law on the books requiring private payers to reimburse healthcare providers for video-visits and other

types of telemedicine. Others are considering similar legislation. The American Telemedicine Association's State Policy Resource Center is an excellent place to go to follow along with these types of laws.¹⁰ In addition, private payers, including Blue Cross Blue Shield and United Health, have recognized the value of telehealth and offer reimbursement even in states where they are not required to do so.

"Telemedicine is emerging as a consumer preferred channel and we're pleased to offer our members the opportunity to take advantage of communicating more quickly and easily with their doctors through a secure video on their cell phone, iPad, or other digital device," said Daniel J. Hilferty, president and CEO of Independence Blue Cross.¹¹ "These virtual visits won't replace the important relationships our members have with their primary care physicians, but rather expand the options for access to convenient, timely health care, which also include our network of retail health clinics and urgent care centers."

Some state Medicaid programs also offer telehealth reimbursement. Medicare reimburses for telemedicine only in very limited applications or as part of the Chronic Care Management program.¹² The challenge for providers is to sort out which patients are eligible for reimbursement and which are not. This is tough because laws and payer policies change rapidly.

Security: Video visits must comply with exactly the same HIPAA requirements as in-office visits. This means that consumer video applications like Skype and Facetime are simply not suitable for clinical purposes. Practices must select purpose-built software that uses encryption and other technologies to ensure the privacy and security of patient data and interactions.

Quality of Care: There is no doubt that healthcare can be safely and effectively delivered via telemedicine. Research published in Volume 173 (No. 1) of *JAMA Internal Medicine* on the outcomes of care for 8,000 patients who used telemedicine services found no difference between the virtual appointment and an in-person office visit.¹³

However, not every encounter is right for a video visit. Some conditions simply require hands-on diagnostics and treatment. Providers must be able to recognize when an in-office visit is in order. We must also work to ensure that the use of technology does not get in the way of developing a strong, trusting relationship with patients.

Choosing the Best Solution for Your Practice

For physicians who decide that the advantages of adding video visits to their practice are worth the effort there are a few things to keep in mind when evaluating software options. These include integration, verification, support, and branding.

EHR Integration: Telemedicine solutions that integrate with your electronic health records system make your staff more efficient and reduce the opportunities for error. You should be able to seamlessly schedule appointments and share patient information between systems.

Eligibility Verification: As I mentioned before, reimbursement is possible, but spotty. Look for a telemedicine solution that has rules for determining whether each patient is eligible for reimbursement. The very best vendors offer a guarantee and will pay you themselves if a verified visit results in a denial.

Patient and Provider Support: Most telehealth systems are fairly easy to use, but questions do arise. It is important to select a vendor that supports providers, staff and patients.

Custom Practice Branding: Solutions that use your practice logo and other identifiers help build credibility and trust with patients. It also lets you keep a consistent brand message across all of the ways patients interact with you.

Final Thoughts

Change is difficult, especially in healthcare, but it is essential to remaining competitive. Your patients will have the option of telemedicine one way or another, so it makes

sense to encourage and enable them to get it from you. Careful assessment of the needs of your practice and the role you'd like video-visits to play, along with a smart decision about which software to use will set you up for a smooth roll out and long-term success.

Dr. Tim Porter provides telemedicine care for his patients as a community pediatrician in Chicago. Dr. Porter completed his pediatric training at Lurie Children's Hospital and the McGaw Medical Center of Northwestern University's Feinberg School. His interests include social and community advocacy as well as increasing access to medical care through telehealth.

References

1. Andrea Smith. Survey confirms customer interest in telehealth. Chiron Health. 2016. URL: <http://chironhealth.com/blog/survey-confirms-customer-interest-telehealth/>. Accessed 11/11/16.
2. HealthIT.gov. How can electronic health records improve the efficiency of my staff? URL: <https://www.healthit.gov/providers-professionals/faqs/how-can-electronic-health-records-improve-efficiency-my-staff>. Accessed 11/11/16.
3. Simpson AT. A brief history of NASA's contributions to telemedicine. 2013. NASA News. URL: <http://www.nasa.gov/content/a-brief-history-of-nasa-s-contributions-to-telemedicine/#.WAFbsvkrLX4>. Accessed 11/11/16.
4. prweb. Survey reveals strong demand for telehealth despite access and cost confusion. 2016. URL: <http://www.prweb.com/releases/2016/09/prweb13725332.htm>. 11/11/16.
5. Foley & Lardner LLP. 2014 Telemedicine survey executive summary. 2014. URL: <https://www.foley.com/2014-telemedicine-survey-executive-summary/>., Accessed 11/11/16.
6. Chiron Health. What is telemedicine? 2016. URL: <http://chironhealth.com/telemedicine/what-is-telemedicine/>. Accessed 11/11/16.

7. Frakt A. Visiting the doctor takes a lot of time. Telemedicine can help. The Incidental Economist. 2016. URL: <http://theincidentaleconomist.com/wordpress/visiting-the-doctor-takes-a-lot-of-time-telemedicine-can-help/>. Accessed 11/11/16.
8. DiNatale S. Tamp General hospital's telemedicine app lets doctors make virtual house calls. TBO.com. 2016. URL: <http://www.tbo.com/health-lifestyles/tampa-general-hospitals-telemedicine-app-lets-doctors-make-virtual-house-calls-20160825/>. Accessed 11/11/16.
9. Irwin K. Patient interest in adopting telemedicine: Industry view. 2015. URL: <http://www.softwareadvice.com/medical/industryview/telemedicine-report-2015/>. Accessed: 11/11/16.
10. American Telemedicine Association. State policy resource center. 2016. URL: <http://www.americantelemed.org/main/policy-page/state-policy-resource-center>. Accessed 11/11/16.
11. BlueCross BlueShield. Independence Blue Cross announces new telemedicine coverage. 2016. URL: <http://www.bcbs.com/healthcare-news/plans/ibc-announces-new-telemedicine-coverage.html?referrer=http://chironhealth.com/telemedicine/reimbursement/blue-cross-blue-shield-telemedicine-reimbursement/>. Accessed 11/11/16.
12. Chiron Health. Medicare reimbursement for telemedicine. URL: <http://chironhealth.com/telemedicine/reimbursement/medicare/>. Accessed 11/11/16.
13. Mehrotra A, Paone S, Martich, et al. A comparison of care at E-visits and physician office visits for sinusitis and urinary tract infection. *JAMA Intern Med.* 2013;173(1):72-74. 2013. URL: <http://jamanetwork.com/journals/jamainternalmedicine/article-abstract/1392490#qundefined>. Accessed 11/11/16.

Tags:

challenges in telemedicine, EHR integration, flexibility, how does telehealth enhance the doctor patient relationship, patient outcomes, patient support, practice branding, practice of medicine, provider support, Quality of care, revenue, Security, telehealth,

telemedicine, telemedicine process improvement, telemedicine program
implementation, telemedicine remote health, Timothy Porter, what is telemedicine and
how does it work