

Telemedicine making sense for more doctors and patients

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On New Year's Eve, singer Kim Archer was scheduled to perform at a party. The problem was she had an asthma attack early in the day and didn't have any medicine.

She searched the Internet for quick help and found Franciscan Urgent Virtual Care.

"I dialed the number and got a person on the phone who was very helpful," Archer said. "They told me we could either connect by Skype or telephone in the next 30 to 40 minutes. About 20 minutes later I got a call, so the wait was hardly anything."

Archer says the physician took the time to "really get to know my situation." After 20 minutes, the physician wrote a prescription, which was phoned in to a pharmacy. By 9 that night, she was on the stage. "And the show was great," she said.

Just as important, Archer says, the virtual visit cost only \$35.

Increasingly, health-care providers are turning to telehealth - physician services provided over a video or telephone connection - to save dollars and deliver care to remote areas or to patients who may have difficulty getting to medical facilities.

The American Medical Association endorsed the use of remote monitoring and delivery of services at its annual meeting in June 2014.

At the same time, the organization noted that the market for telemedicine is expected to grow from approximately \$1 billion in 2016 to \$6 billion by 2020.

In Washington state, for example, Premera Blue Cross, the state's largest insurer, began offering its telemedicine services this year.

"The industry is moving toward offering people access to care at a place and time that is convenient to them," said Rich Maturi, senior vice president of Premera's Health Care Delivery System.

CHI Franciscan Health has helped pioneer telemedicine in Washington state, offering virtual health services since October 2013.

Matt Levi, director of virtual health services at CHI Franciscan Health, said his company's Virtual Urgent Care program - which allows consumers to receive care 24/7 via phone or video chat on smartphone, tablet or PC - has been a win-win for both the hospital system and consumers.

"We put the cost of this at \$35, thinking that was very similar to the coinsurance a lot of patients pay at a normal primary-care office," said Levi. "And for us, without having the bricks and mortar, and all of the additional staff that go along with the visit, it's certainly a lower-cost alternative to emergency-room visits."

Telemedicine has dramatically decreased the number of times patients page Franciscan Health's on-call providers, Levi said, adding that there's been a 50 percent reduction in the number of times Franciscan doctors are awakened by calls in the middle of the night.

Franciscan's Virtual Urgent Care actually is a service provided by area another company - Carena, a telemedicine-technology provider in

Seattle. When consumers call Franciscan Virtual Urgent Care, they are connected to Carena care providers.

"Right now (it) takes on average about 12 minutes from the time you tell us that you want to visit to the time you're on the phone with one of our providers," said Carena CEO Ralph Derrickson. "That visit is going to last about 20 minutes and when it is done, if you need a prescription it will be phoned in to a pharmacy."

The first thing Carena care providers do during a virtual visit is to determine whether the consumer's issue is appropriate for virtual care.

"We have clinical software and decision-support software that we've developed that is rules-based," Derrickson said. "We start that visit with an assessment. If we can't help that patient, we're going to tell them right up front that virtual care isn't an option and that they need to be seen."

The University of Washington School of Medicine has also turned to Carena for a telemedicine service. Starting in January, it began offering virtual visits via webcams on computers, tablets and smartphones. Consultations can usually take place within a half-hour of the initial call and cost \$40.

Derrickson says a number of factors have given a critical boost to telemedicine. First, rapid growth in bandwidth and availability of devices with built-in video have made the service feasible for consumers.

Second, changes under the Affordable Care Act have provided incentives for consumers. With more people having health insurance that often has higher deductibles than in the past, many consumers are responsible for the full amount of a doctor's visit instead of just paying a \$20 to \$25 co-payment, Derrickson said.

Still, telemedicine services may not be covered by a consumer's insurance plans. "Many self-insured companies build it right into their plans," said Derrickson. "With general insurance with third-party payers, it varies."

According to Chelene Whiteaker, policy director of the Washington State Hospital Association, the uncertainty about insurance coverage for telemedicine has slowed its adoption.

"Our hospital members said to us that they would really like to explore providing services via telemedicine, but that they were running into significant barriers from insurance plans not wanting to pay for the services," said Whiteaker. "Hospitals and health systems are not making investments from this technology because of the payment uncertainty."

Whiteaker said her organization has pushed for legislation in the past two legislatures requiring insurers to cover procedures delivered via telemedicine that were already covered for regular visits.

State Sen. Randi Becker introduced such legislation in January as Senate Bill 5175.

At Franciscan's Virtual Urgent Care, the results have so far been positive, said Levi, the director of virtual health.

"We have gotten a 96 percent satisfaction rate from our patients, which is really high even for our on-site clinic," he said.

Levi suspects some patients may have been dissatisfied with the service because they couldn't get prescriptions for narcotics. "We as a rule do not prescribe narcotics over a telemedicine visit," said Levi.

Even before any legislation to require insurers to cover telemedicine,

Franciscan plans to expand its program.

"We are now starting to look at how we integrate this into longer-term chronic care," Levi said. "We're about to launch a diabetic-patient pilot where we'll be doing virtual visits with diabetic patients in their homes."

Levi sees telemedicine not only as a convenience, but also as a way to extend care to those who may not be within reach of a doctor's office.

Whiteaker added that the Affordable Care Act will likely increase the need for [telemedicine](#). "We are going to be seeing more people with insurance coverage and in some rural areas we know that they're not going to be enough specialists," said Whiteaker.

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