HOUSE CALL REVIVAL, DIGITAL-STYLE

Telemedicine has different aspects, and one is the seemingly simple connection of a doc and a patient. When the stars are aligned, such an encounter can save money and time.

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Emergency physician John Wilkinson returns home from a busy nine-hour shift in a high-traffic hospital. The 63-year-old doctor changes out of scrubs into an Aloha shirt and slacks, fixes himself a meal of salmon and salad, retires to his home library computer, then logs into the Blue Cross Blue Shield of Hawaii Web site.

Wilkinson clicks on the drop-down menu and selects “I’m available by Web and phone.” Within minutes, a computer chime alerts him that the first caller of the evening has reviewed his credentials and selected him for medical care. On the screen he sees a young, worried mother with a feverish two-year-old. They live somewhere in the state. She sees the board certified ER doctor in floral attire as well as the backdrop of his patio overlooking the Hilo Bay surf.

The mother is a plan member who has paid, online, a $10 copayment entitling her to a 10-minute consultation with Wilkinson, a physician with three decades of practice experience. For his review, she also has allowed the release of a summary of the baby’s allergy, pharmacy, and medical claims records.

As doctors’ offices and urgent care centers are closed, the mother is concerned that she will have to take the baby to an ER. Wilkinson asks about 25 questions, offers treatment advice, then tells her the child does not require ER services. At the conclusion, Hawaii Blue transfers $35 into Wilkinson’s bank account, a fraction of what the carrier would have had to pay for the same visit in his ER. Wilkinson doesn’t have to pay staff or rent, nor does he have to file claims. And the mother is relieved not to have to leave home for a medical emergency.

Seems like win-win-win for health plan, physician, and patient, but is it? Some physicians, medical boards, and liability carriers are unconvinced, calling on-demand cybermedicine unethical and dangerous, accusations that inspire pause. “People

A ‘cybervisit’ is … ?

Cybervisits are Internet analogs of house calls that can take place at work, on vacation, or anywhere there is computer access. Patients log into health plan Web sites. If they do not have webcams for a video linkage, they can use secure text messages or telephone conversations connected through a secure system. Once a patient calls in, the selected physician has 30 to 45 seconds to respond or the patient is redirected to another physician.

The standard charge typically buys a 10-minute visit that can be extended for an additional fee.

Doctors can file non-narcotic prescriptions online for patients to retrieve at 24-hour pharmacies.

And when the call ends, the patient has the option to forward a transcript of the visit to his or her usual doctor.

This article assumes that the conversation is initiated by a patient, and the earliest systems implement that model, but of course the Internet is a two-way street, and it is conceivable that applications could be developed where the provider initiates the exchange, in the way that disease management personnel telephone a patient to ensure that, for example, he is taking his medications.
Physicians do not have to pay overhead, and patients need not visit a doctor’s office thanks to online visits. Health plans pay less for this interaction, as well. Still, powerful voices raise concerns.

want this. There will be bumps along the way, but it won’t stop the train,” asserts Jonathan Linkous, CEO of the American Telemedicine Association.

Among the biggest advocates of online care are health plans that have been beating a path to the door of American Well, the three-year-old pioneer technology company that enables Wilkinson’s cybervisits. The Boston–based company is run by two Israeli-trained entrepreneurial physician brothers with a penchant for start-ups, Roy and Ido Schoenberg.

Hawaii Medical Services Association (HMSA), licensed by the Blue Cross & Blue Shield Association, was first in the nation last January to showcase the Schoenbergs’ Skype-like software for secure online visits, made available to all of Hawaii’s 1.2 million residents. In August, HMSA was joined by TriWest Healthcare Alliance of Phoenix, which began offering cyber mental health services over the Web to 2.7 million members of the military and their families in 21 western states for assessment, counseling, psychotherapy, and medication management.

In December, Blue Cross & Blue Shield of Minnesota, the largest health plan based in the state (2.8 million members), began “Online Care Anywhere,” a pilot program for its 10,000 employees and their families. The trial will evaluate employee productivity, the quality and costs of care, and provider and consumer satisfaction in the Blue’s own large self-insured group. It is expected to last 18 months but will expand to Fortune 500 clients sooner if it demonstrates initial success, says John Orner, the Minnesota plan’s vice president for business development. Also, UnitedHealth Group’s OptumHealth division has given notice that it expects to take American Well’s technology nationwide in 2010 with “NowClinic Online Care.”

More health insurers are certain to follow. “Many of my peers across the Blues system are keeping an eye on this initiative,” Orner says. “There is a revolution under way in its infancy.”

The stampede arises in no small measure from a 2008 Milliman study that demonstrated that health plans can shave at least 1 percent off their loss ratios with cybercare. “If I’m an insurer making 4 percent, which is a typical margin, and I increase that to 5 percent because of e-visit savings, that’s a 25 percent return, a very big number,” says Arthur Wilmes, FSA, the Milliman actuary who produced the report funded by American Well.

Wilmes calculated that the savings would arise from consumers substituting cybervisits for nonemergency ER, urgent care center, and in-person doctor’s office visits for simple conditions like sinusitis, urinary tract infections, and back pain. Greater use of online visits by cyberchondriacs could bite into those savings, but more applications can be added to increase savings, such as