

Controlling crowds with e-visits

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Your practice opens for business at 8 a.m. The phone begins to ring continuously, and your first scheduled patients of the day are running 15 to 20 minutes behind. In less than an hour the day's schedule for the day is delayed, and your lobby slowly begins to fill with patients. Meanwhile, the patient on the phone wants to know why she has to come in for a follow-up visit when she feels fine; another has been holding for five minutes to get a prescription refill.

Every practice wants to keep its office flow steady and efficient, its patients satisfied and its revenue steady. Well-managed patient flow is essential to achieving these goals. Adding to a practice administrator's challenge is patients' desire for improved communications with their doctor's office. According to the 2008 Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 41 percent of the respondents indicated that it was difficult to get advice from their doctor by phone during regular office hours.¹ Patients don't want to spend 20 minutes on hold or make an office visit that could take more than an hour out of their workday.

E-visits may work for your practice

Physicians are increasingly recognizing the value of e-visits to address these challenges. E-visits, also known as virtual office visits, allow clinicians to treat patients without an office visit, saving money and adding convenience.

Typically conducted with established patients through a secure, HIPAA*-compliant, Web-based portal, e-visits are structured, interactive, online patient consultations that allow physicians to provide care to patients with minor illnesses or conditions. Using a log-in ID and password, a patient enters the practice portal to request an e-visit. After she/he specifies the reason for the e-visit, the patient answers a series of interactive questions relative to his or her symptoms. A physician usually reviews the form within 24 hours to determine whether more information is needed from the patient. If the patient needs medication, the doctor can transmit pertinent information to the pharmacy, and the practice then transmits the doctor's treatment plan to the patient through the secure portal.

Physician doubts, lack of reimbursement slows adoption of e-visits

A 2006 Wall Street Journal Online/Harris Interactive poll showed that 62 percent of Americans said physicians' use of e-mail to communicate with patients or a family member would influence their choice of a doctor a great deal or to some extent.² About three-quarters of Americans have Internet access.³ So what keeps physicians from adopting this in-demand technology?

Some physicians believe this method of treatment isn't comprehensive and wouldn't be widely accepted by patients. Others aren't jumping on the bandwagon because not all payers reimburse for virtual visits. In January 2004, the American Medical Association created a reimbursement code for online patient consultations, making it easier for physicians to get paid. Soon after, insurance companies such as Blue Cross Blue Shield of Massachusetts and Blue Shield of California began reimbursing for e-visits. Since then, the number of payers has grown to include Aetna, Cigna HealthCare and WellPoint Blues affiliates.⁴

Health plans typically reimburse physicians about \$35 per virtual office visit. When insurers won't pay, physicians can bill patients for a fee of their choice. According to Healthplan One, reimbursing health plans saw a greater than 5-to-1 return on investment⁵ suggesting a dramatic opportunity to reduce costs while improving patient and physician satisfaction. Survey results demonstrated high levels of satisfaction with service among patients and physicians, and both expressed a preference for online communication to address non-urgent health matters.⁶

The e-visit can also ward off a waiting room full of contagious patients. Patients don't have to leave home or work, and the physician has more time to see acute patients in person. Now, some doctors may be opposed to conducting an e-visit for an illness like swine flu, but when an epidemic such as this is rampant, many people may fear they have the virus. The e-visit may preliminarily reveal otherwise. Also, patients who find it very difficult to travel or mobilize may find this method of care a bona fide lifesaver.

Physicians and payers aren't the only ones who should give e-visits some attention. The Palo Alto Medical Foundation conducted a study in 2007 that found that for every \$1 employers invest in a virtual office visit program, they received a \$4.50 return, mostly by savings in lost productivity.⁷

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Perhaps it's time to consider adopting e-visits for your practice. For patients, they're convenient and affordable. For physicians, e-visits help process routine cases efficiently and turn un-chargeable phone consultations into revenue-generating visits. They can help employers reduce absenteeism when employees take time off for in-office appointments. And e-visits can control costs for a practice.

* Health Insurance Portability and Accountability Act

Notes

1. Harris Interactive: Few Patients Use or Have Access to Online Services for Communication with their Doctors, but most would like to; Table 4: Impact of Technology Access on Physician Choice, September 22, 2006.
2. Harris Interactive: Few Patients Use or Have Access to Online Services for Communication with their Doctors, but most would like to; Table 4: Impact of Technology Access on Physician Choice, September 22, 2006.
3. Nielsen/NetRatings: Enumeration Study, Three out of Four Americans have Access to the Internet, February 2004.
4. Modern Physician, Virtual Visits Becoming a Reality, But will Payers Pay? Nov. 19, 2007.
5. Healthplan One: Study Reveals Virtual Patient-Doctor webVisits SM Increase Patient Satisfaction and Access to Physician Care, October 2002
6. Healthplan One: Study Reveals Virtual Patient-Doctor webVisits SM Increase Patient Satisfaction and Access to Physician Care, October 2002
7. Modern Physician, Virtual Visits Becoming a Reality, But will Payers Pay? Nov. 19, 2007.

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