Increasing Clinician Efficiency and Patient Engagement Through Virtual Care

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Dear Mama,

I don't hate you. I just do not love you anymore and I do not like you anymore. To rude and mean to me.

MAYA
3 out of 5 face-to-face appointments could be VIRTUAL

- Patients with chronic disease (e.g. diabetes, depression)
- Patients with transportation/mobility challenges
- Caregiver and elderly parent
- Parent with child
MGH Virtual Care Activity: Definitions

**Real Time “Synchronous”**

- **Video Virtual Visit**
  - Video visit between MGH MD and patient

- **Virtual Consult**
  - Video consult from MGH MD to patient’s MD

**Store and Forward “Asynchronous”**

- **eVisit/Async Virtual Visit**
  - Online exchange of medical info between MGH MD & patient

- **eConsult**
  - Online consult from MGH MD to patient’s local MD

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1 Exchange where the provider gives the patient medical advice
2 Exchange where the MGH consultant “Expert” gives MGH provider or external community provider medical advice
2008: Video Visits vs. Face-to-Face
- Randomized Crossover: 152 patients seen in each mode by 2 of 7 MDs
- No difference in diagnostic capability
- No difference in patient’s perception of visit
- Slight MD preference for F2F

No time savings for the physician
Rate how satisfied you are with your experience using webportal services.

- Very satisfied
- Somewhat satisfied
- A little satisfied
- Not at all

2009: Web Visits for Acute Conditions
- Commercial product
- 147 patients, 7 physicians, 231 web encounters over 5 months
- Convenience highly rated; user interface important

Did not fit physician thought process or chronic care needs
Move patients to most efficient, least expensive, appropriate care mode

- Move heavy “Office Users” to Virtual Care
  - Substitute office visits with asynchronous eVisits
  - Create capacity for new/more complex patients
  - Under global payments/capitation eVisits would be less costly
- Engage high ED/hospital utilizers in non-hospital setting
- For low office users (low-low) encourage appropriate eVisits and office visits to improve routine care/prevention

Virtual Care: Asynchronous Visits

<table>
<thead>
<tr>
<th>% of Patients</th>
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<tbody>
<tr>
<td>“Office Users”</td>
</tr>
<tr>
<td>“Prolific Users”</td>
</tr>
<tr>
<td>“Low Users”</td>
</tr>
<tr>
<td>“Non-office Users”</td>
</tr>
<tr>
<td>19%</td>
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<tr>
<td>7%</td>
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<tr>
<td>66%</td>
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<td>8%</td>
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Hospital Utilization (ED/Inpatient)
Office Utilization
Asynchronous eVisits for Chronic Condition Follow-up

- A set of condition-specific questions that a patient answers in a secure website
- Clinician reviews answers and replies to patient with care plan/next steps

2012:eVisit Pilot Study
- 10 chronic conditions, 175 patients completed visits, 10 clinicians
- Average patient eVisit time = 8.3 minutes
- Average clinician review time, including note = 3.6 minutes

5x efficiency gain for clinicians

Dixon RF, Rao LR. Asynchronous Virtual Visits for the Follow-up of Chronic Conditions: A Pilot Study. In publication review Telemedicine and e-Health
Advantages of asynchronous eVisits

- Improves clinician efficiency
  - Average clinician time for F2F visit with notes is 18 min vs 3.6 min for an asynchronous eVisit*
  - Enables clinicians to effectively manage and treat more patients

- Cost savings
  - Prevents some lower level visits and create capacity for new or more complex patients
  - Direct savings in ACO model

- Improves continuity of care and chronic illness management
  - Patient is engaged about their health outside the office
  - Much more convenient for patient
    - More likely to check in for evaluation and management
    - Reduced time and expense

* R Dixon and L Rao, Asynchronous Virtual Visits for the Follow-up of Chronic Conditions. Telemedicine and e-Health July 2014
Video Virtual Visits and Consults

2013-2014 Volume
Cumulative Volume: 2,816

Asynchronous eVisits have been adopted more quickly – over 5,000 visits to date

2013-2014 Volume
Cumulative Volume: 4,405
Some Current Uses of eVisits at MGH and UCLA

- Evaluation and management of 30+ conditions, including hypertension, diabetes, depression, GERD
- Keeping patients engaged about their health, after they leave the clinic
- Improve quality scores and collect data for P4P, STAR, HEDIS, etc
- Care delivery tool for Population Management
- Acute illness care
Patient logs in within 7 days and completes questionnaire

30 days later, email alerts patient that Visit is available

Clinician & patient decide in the office that next visit will be Virtual

Patient receives login from clinic staff

Email alerts patient to review clinician’s determination

Patient takes appropriate action

Clinic staff copies entire interaction to EMR in one step

Clinician schedules next V. Visit

- No Change in Treatment
- Revise Treatment
- Phone/video call needed
- Office visit needed

- All exchange of information takes place and is stored in HIPAA secure environment
- Clinician, patient and clinic staff are each alerted when they have an action to complete
- Reminders are sent to patients
- Clinician compensation is automatically tracked and calculated in the system

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eVisit Example: 30 day follow-up for depression

-- Workflows vary for Population Mgmt and Acute Care
5x efficiency gains are valuable in any payment model

What would you do saving 15 min per patient?

- Expand Your Panel
- Get paid for virtual care you already deliver
- Work less
- Improve Quality
  - Reach pop health goals
- Quality of Life
  - Better utilize RNs
- Reduce your time on email and phone
- More Space
- Provide better care
Patients are very satisfied with asynchronous eVisits

MGH eVisit Patient Satisfaction Survey 2014

- Convenience
- Ease of Use
- Effectivity
- Clarity of Communication
- Overall Experience

Extremely Satisfied
Extremely Dis-satisfied
Patients feel they are getting better care in a highly convenient manner

For you, what are the most important benefits of eVisits compared to an in-person office appointment? Please select up to 3 answers.

- The Virtual Visit lets my physician evaluate my condition and provide feedback more often
- The Virtual Visit was easier than traveling to my in-person office visit because of distance or weather
- I don’t have to take time away from family or work
- The Virtual Visit saves money that I would have spent on gas, tolls, parking, meals, babysitter or public transportation
- I don’t have a copay with Virtual Visits
- Other
If it’s too easy, you’ll use too much ...

Reality
- No overuse of telehealth
- Less time, interest and incentive for physicians to follow-up for free
- Paying us to be less efficient
What can states do to provoke this change

- Creative incentive to adopt i.e payment transformation, fee for value
- Pilot, pilot, pilot