

The Time for Virtual Care is Now!

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Telemedicine is the future of healthcare delivery and has the potential to change practice patterns and improve both physicians' and patients' lives. Technology is advancing in an exciting way and there are many proposed applications from big players. This September, Apple released the Apple Watch Series 4 which includes Atrial Fibrillation (Afib) detection and a built-in ECG (electrocardiogram) support. Despite these exciting advancements, use of telemedicine and remote monitoring has been lagging behind due to two major restraints: reimbursement regulatory constraints and poor adoption by physicians. However, regulatory reform appears to be on the horizon and physician adoption is likely to follow.

According to a new US federal report, "Information on Medicare Telehealth" from the Centers for Medicare and Medicaid Services, published November 15, 2018, showed that almost 90,000 Medicare beneficiaries used telehealth services in 2016 [1]. While this is a 48% increase compared to 2014, it still represents just 0.25% of the 35 million people that have Medicare coverage. The data analysis found that if only one percent of Medicare's face-to-face encounters were instead provided by telehealth, it would result in a thirteen-fold increase in telehealth delivery of health care within the program. The claims analysis identified over 243 million in-person office or outpatient visits that would be eligible for such services. The agency attributed the low level of overall utilization to two "significant" payment restrictions that require the original site of care to be in certain rural areas and prohibit a patient's home to be classified as an eligible originating site. These restrictions will likely be eliminated in the near future.

CMS has been supported by recent legislation aimed at expanding telehealth services reimbursed by Medicare and new flexibilities for Medicare Advantage plans [2]. The agency has also approved Medicaid demonstration waivers to expand access to telehealth services. CMS Administrator Seema Verma voiced support for increasing access to telehealth. In mid-November, she announced at the Alliance for Connected Care's Telehealth Policy Forum for Health Systems that the administration is "looking to especially promote innovation by supporting and furthering telehealth." She continued, "With 20 million people coming into the Medicare program, CMS understands that we need to embrace the promise of technology and innovation" [3].

In addition to reimbursement changes, the way telemedicine is utilized has to undergo an evolution. The evidence has shown us that the current model of telemedicine is inadequate and has lead to poor user adoption rates. Only 0.25% of Medicare recipients have used telemedicine services. This proves that what was initially thought of as a quick way to gain adoption through large telemedicine programs such as Teladoc and Doctor on Demand, has been ineffective. In order for telemedicine to thrive and gain further momentum, patient's own doctors must embrace the technology and offer it to their patients.

Now is the time for us as physicians to start embracing telemedicine. I am a practicing physician and founder and current chief medical officer of Pulse Telemedicine Technologies Inc. As someone who actively engages with patients through virtual visits at my own clinical practice, I would like to offer a few key points to follow for when you and your practice decide to take the leap into telemedicine.

First, find the platform that works for you and your patients. There are several platforms available that work to bring the telemedicine experience into smaller to mid-size private practices. Make sure that the platform is easy to implement into your current workflow structure without making a lot of adjustments. You want to use a platform that is easy for your staff to use. At my clinical practice, we have

an EHR that does not allow for APIs, so I wanted to use a platform that did not necessitate EHR integration and allowed for easy implementation and use for my front office staff and office manager. Find out what your office and system needs are before selecting a platform.

Second, chances are your patients have not heard of virtual care or telemedicine. In a 2016 survey by Healthwire reported by PR Newswire, only one third of tech savvy consumers heard of the technology [4]. For this reason, the patients need to be introduced to it as soon as they walk into the office. Prepare patient engagement tools and encourage your staff to talk about it with all patients. In some cases, the benefits for the physician and patient must to be explained. Verbal description only goes so far. When a patient calls and expresses concern about their eye, they do their best to describe what is happening. Descriptors like red, swollen, puffy, painful, only go so far. As a physician, I need to be able to provide a visual exam in order to prescribe the best diagnosis and medication, if necessary, for my patients. Telemedicine allows me to have a full, virtual visit with my patients when necessary. This provides more confidence in my diagnosis, which provides ease and relief for my patient.

Lastly, telemedicine personalizes and intensifies patient connection and relationship. Each time I have a telemedicine visit with a patient, they are thrilled to see me, their doctor, not a doctor they have not met, which they would be getting if they used a general telemedicine platform upon not being able to come into the office. With telemedicine, the patient feels like their doctor has their back and with physician options, this can be a make or break for the patient.

Technology is becoming an integral part of the practice of medicine in other aspects of our lives as well. The 2018 survey of US physicians concluded that "virtual care capabilities can help physicians meet ever-increasing demands on their time and skill: caring for more patients, dealing with rising clinical complexity, and supporting patients in playing a greater role in their own care" [5]. Furthermore, practices committed to delivering connected, coordinated care are "unlikely to achieve this without developing virtual health capabilities. If they fail to act now, they may risk losing significant market share as customers seek other solutions to meet their health care needs." Virtual care programs within the private practice setting will only succeed with executive sponsorship, a clinical champion. The time to start championing and succeeding with telemedicine is now. Practices that do not start adopting this technology will not only fall behind, but loose significant market share in an already competitive marketplace.

Bibliography

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