Telemedicine for the DPC

Physician

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Doctor-Patient Interaction and the Physical Exam

• Medical School- taught medical history and full medical exam

• Diagnosis should be narrowed down to 1-2 problems after the history 85% of time
  • Exam and testing solidify the diagnosis

• Many fields of medicine lend themselves largely to the history
  • Cognitive fields- neurology, psychiatry
  • ER care, acute stroke, non surgical orthopedics
  • Primary care, many simple questions and follow-ups

• Realized quickly in my practice that I examined about
Future Exam

- Point now where technology allows us to often do remote exams, same proficiency many cases
  - History 100% of the time
  - Standard of excellence the same
    - Stethoscope, otoscope, opthalmoscope
    - Imaging
- Performing surgeries remotely with robots
- Technology advances making it preferable by patients
  - Patient demand and technology will drive this industry
  - Wearable monitoring devices
Where Will Next Generation Seek Care?

- Where will people access information and expertise in the future?
- How long will they want to wait?
- How far will they be willing to travel?
- How will they travel?
Healthcare Delivery Future

• Focus of care back to the primary care doctor’s office with coordinated care

• Specialty care will not go away
  • Driven by advancing, complicated knowledge in different fields of medicine
  • Complex evaluations and management of disease
  • Life threatening treatments
  • Complex monitoring

• Referrals when necessary but follow-up in many cases can go back to the DPC doctor
Neurology-Why I Became Involved

• Georgia MS (multiple sclerosis) example:
  • MS Center of Atlanta
    • Patients from 23/50 states
    • 118/159 counties
    • Complex disease
    • Life threatening complications of care
    • Avg rural patient drives 103 miles for care
      • Gas, loss work, inconvenience
Challenges In Extending MS Care Outside Metro Atlanta…

Original MSCA Plan for Expanding MS Care:

- Develop brick and mortar sites that would be staffed by local neurologists and primary care physicians

Hurdles to expansion of long-term care at satellite location:

- Costly, ongoing operational expenses that would limit the number of satellite facilities
- Because of extensive federal regulations, rigid professional services agreements are necessary between the local physician and the MS Center. These PSA’s limit availability of local physicians and restrict changes that reflect patient volume.
- Limited number of neurologists that have available time for lengthy and reoccurring MS office visits
- Patient apprehension to a new physician for their long-term care

Current Satellite Location:

- Weekly Office and Infusion presence in Villa Rica on the Tanner Medical Campus
Solutions for MS Care Through Georgia Telehealth

**For the MS Patient:**
- Local physician versus a physician office that is an extended distance away
- More available locations for ongoing MS care
- Continued long-term care with the neurologist that developed their MS treatment program
- Real time evaluation by a MS specialist when disease relapses or flare-ups occur.
- Elimination of travel expense and time as a barrier to ongoing care.

**For the Rural Physician:**
- Greater flexibility in the use of staff and resources for administering long-term MS care
- Limited investment and reoccurring costs in the treatment of patients with MS
- MS specialist available to assist in the comprehensive treatment of the MS patient

**For the MS Center:**
- Greater flexibility in the use of staff and resources for administering long-term MS care
- Limited investment and reoccurring costs in the treatment of patients with MS
- A solution that aligns with the MS Center’s mission to extend long-term, ongoing care to a medically under-served population.
What is Telemedicine?

• You have been practicing all of your career
  • Telephone counts

• Formally defined, telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology. American Telemedicine Association

• Includes devices for physiologic information
  • Telemonitoring- diagnostic and chronic disease management
Current Telemedicine Models

- eCompanies that connect patients with providers
  - Patients call for a PCP or specialist consult
  - MDLive, American Well, Teledoc, GPT

- eCompanies that connect doctors to hospitals
  - Virtual Medical Staff, Specialists on Call

- Software connecting patient with own MD
Obstacles

- Legal
- Cost - who pays?
Legal Obstacles

- Technology and medicine are moving at light-speed, laws at a snail’s pace

- Healthcare occurs where the patient is located - current law
  - Location of the patient - State Law
  - Could this change to location of the MD?

- Only real universal law is keeping healthcare information and interactions secure
  - State vs Federal laws
    - Medical Boards and licensing

- State based laws focus mostly on the establishment of a
Teladoc- sued the Texas Medical Board on April 29 in federal court over a new rule that requires physicians to either meet with patients in person before treating them remotely or have other providers physically present with patients when treating them remotely for the first time. Teladoc, which uses technology to facilitate patient-doctor visits, alleges the rule violates antitrust laws because it would restrict the company's ability to compete—and as a result raise prices and reduce access to physicians in the state.
• **In-Person Examination.** Prior to the telemedicine encounter, the telemedicine provider must have personally conducted an in-person examination of the patient unless one of three exceptions apply:

• The telemedicine provider is able to examine the patient using technology and peripherals that are equal or superior to an in-person examination

• Provider is providing care (conducting the telemedicine encounter) at the request of a physician, PA or APRN licensed in Georgia who has personally seen and examined the patient
Why Telemedicine for DPC?

• DPC stems from the understanding that most patient care should occur in the primary care physician’s office
  • Referrals to specialists, hospitals and diagnostic services are limited due to focus on PCP office

• Telemedicine will enhance the DPC physician’s scope of knowledge and practice by appropriately bringing in specialty care when needed
  • Will allow follow-up care after referral back in PCP office

• DPC goal should also focus on keeping patients out of the PCP office unless necessary
  • Patient stays at home, Nursing Home, etc…
  • Improved management of chronic diseases
Telemedicine for DPC

- Connects a defined patient subset to provider

- More simple for DPC
  - Use for the connection and advantage for your patient to improve care

- Legal issues are only obstacles
  - State based, medical license
    - Georgia- Medical facility to office for billing
  - Secure Network

- No billing issues
  - No insurance issues
  - Medicare/Medicaid rules
Telemedicine Example for DPC

- eVisit.com
- Secure network
- $250 per doctor per month, $3000 per year
- Less add doctors
- Unlimited patients
- Offers record keeping as well as eRx
- Billing for services
- Not needed with DPC, ? Specialists

Just secure networks, computer to smart phone

- VSee, Lux SCI- $50 per month
Telemedicine for DPC-Specialists

- Panel of “curbside specialists” - telephone
- 5-10 frequently used specialists
- Per Diem Concept
- HIP Nation
- If phone only used, most legal issues gone

Benefit for specialists to join in telemedicine
You call them anyway
eVisit - from your office at reduced prices
Specialists bill for service
Referrals when necessary
Summary

• Telemedicine is the perfect solution for DPC to streamline and improve care
  • Connect PCP with patient
  • Connect PCP with specialists
  • Connect Patients with specialists

• Overall goal is to keep patient care in the PCP’s office and decrease hospital and specialty referral
  • Telemedicine easily connects specialists and patient with the PCP

• Highly recommend staying up to date on state medical board and join email list for ATA.