Reimagining Telemedicine WHITE PAPER

According to a recent survey by the Advisory Board, 77% of respondents would consider seeing a healthcare provider virtually, and 19% already have. In this white paper, we discuss whether video visits are the best method to provide virtual care, and how to make such visits more efficient for the provider and more engaging, cost-effective, and useful for the patients.

Although there are significant advantages to using video visits to diagnose and treat common illnesses such as cough, abdominal pain, UTI and many dermatological conditions, there are also disadvantages. Many patients shy away from video visits when not feeling well, and some just don't have access to high-speed Internet. For a provider, the most significant drawback to video or telephone visits is that the provider may spend as much time on the call/video as on an office visit, but make only a fraction of the money under the current reimbursement rules. Another challenge associated with video visits is scheduling. Patients and providers often are late for their appointments, and such delays can disrupt an entire series of scheduled video visits. Lastly, many physicians do not want to reserve a day or afternoon for telemedicine visits hoping for patient to signup.

So, how can these problems be solved? The first approach is to shift the burden of asking routine medical questions from the provider to the computer. Using evidenced based-guidelines, machine learning, and artificial intelligence, patients are interviewed based on their chief complaint, real-time patient-generated data, and medical history, which is stored in an aggregated database from multiple EMRs. This report is made available to the provider before the video visit. By quickly reviewing this report, the provider can reduce a significant portion of a typical 20-minute visit and become more efficient. Furthermore, this approach lends itself to an offline encounter—for

many common illnesses, no video visit is necessary and the provider can diagnose and treat based on the patient interview report alone. In special cases where an additional question or two would enhance the encounter, the provider can use secure text messaging to get the answers from the patient. When a video visit would enhance the patient-doctor encounter, a callback method can be used. Using this approach, the patient is first interviewed through evidence-based guidelines, but then instead of booking a specific time slot, the patient requests a call back within a reasonable length of time. The provider can then use down time, last-minute office visit cancellations, and off-hours to call the patient back and address their case.

The offline and callback methods offer an additional advantage to "load-balance" the practice. Patient cases come into a central bucket and similar to Uber all participating providers are notified. The first available provider can then attend the case, making the response time shorter. It can also allow for Nurse Practitioners and Physician Assistants to attend the most common cases, freeing up the physicians to attend and spend more time on more complex patient problems.

GenieMD iVisit Telemedicine platform supports all of these methods and can be private-branded for small and large clinics and hospitals. To learn more visit https://www.geniemd.com

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