

# Insurers, Patients Willing to Pay for Online Visits

BY MARY ELLEN SCHNEIDER

BOSTON — Experts have been touting the potential of virtual office visits for years, but the concept may finally be hitting the mainstream now that technology, reimbursement, and patient demand are starting to catch up.

Patients are willing to pay a reasonable fee to get advice from their physician without coming in to the office, and some

will even transfer to a new practice to get this service, said Dr. John W. Bachman, a consultant in family medicine at the Mayo Clinic in Rochester, Minn. The option to go online for a medical consult is especially appealing for poorer patients who can't afford to take time off from work to get to the doctor's office, Dr. Bachman said at the annual meeting of the American Academy of Family Physicians.

"The biggest problem with doctors is

that we think our patients want to be there," Dr. Bachman said. "The fact is your patients will pay \$35 not to see you."

That's been the experience at the Mayo Clinic in Rochester, where they have been offering online consultations to established patients for \$35. The pilot project, which began in July 2007, uses an online patient portal to link patients and physicians. Through the portal, which was developed by Medfusion Inc., pa-

tients choose a physician and enter information about their complaint through a structured online questionnaire. They can also include a note to the provider and upload photos.

Physicians receive an e-mail notification when a consult request is made. The portal allows them to bring up templates for common conditions. The portal also includes patient education materials. Physicians can also send links and attachments to the patient.

In the first 2 years of the pilot, more than 4,200 patients registered on the site. Mayo physicians provided approximately 2,531 online visits, and billings were made for 1,159 of these. Although the registration figure is low, the number of online visits and billings are the highest reported in the literature, according to Dr. Bachman. More than 70% of the patients who participated in online visits were women, including some who were seeking consults on behalf of their children.

Making online consults available can help keep the worried well out of the office, leaving time for those patients who need to come in, Dr. Bachman said.

The preliminary analysis of the first 2 years of the Mayo pilot found that online consults saved a trip to the office for about 40% of patients and saved a phone call to the office for 46% of patients. The rest of the time, patients were asked to come in to the office.

Patients and insurers seem willing to pay for the service, and many private insurers in Minnesota are paying part or all of the online visit charge, he said. Although Medicare won't pay for an online visit, Dr. Bachman said he thinks many Medicare patients would be willing to pay the fee themselves. During the pilot, many uninsured patients were willing to pay for the online service.

Overall, the Mayo Clinic physicians billed patients for fewer than half of the online consults completed because they chose not to bill for certain services that involved minimal time and effort. ■

The following is a brief summary only; see full prescribing information for complete product information.

## BRIEF SUMMARY OF PRESCRIBING INFORMATION

### Duac® Topical Gel (clindamycin, 1% – benzoyl peroxide, 5%)

For Dermatological Use Only.  
Not for Ophthalmic Use.

#### Rx Only

#### INDICATIONS AND USAGE

Duac® Topical Gel is indicated for the topical treatment of inflammatory acne vulgaris.

Duac® Topical Gel has not been demonstrated to have any additional benefit when compared to benzoyl peroxide alone in the same vehicle when used for the treatment of non-inflammatory acne.

#### CONTRAINDICATIONS

Duac® Topical Gel is contraindicated in those individuals who have shown hypersensitivity to any of its components or to lincomycin. It is also contraindicated in those having a history of regional enteritis, ulcerative colitis, pseudomembranous colitis, or antibiotic-associated colitis.

#### WARNINGS

**ORALLY AND PARENTERALLY ADMINISTERED CLINDAMYCIN HAS BEEN ASSOCIATED WITH SEVERE COLITIS WHICH MAY RESULT IN PATIENT DEATH. USE OF THE TOPICAL FORMULATION OF CLINDAMYCIN RESULTS IN ABSORPTION OF THE ANTIBIOTIC FROM THE SKIN SURFACE. DIARRHEA, BLOODY DIARRHEA, AND COLITIS (INCLUDING PSEUDOMEMBRANOUS COLITIS) HAS BEEN REPORTED WITH THE USE OF TOPICAL AND SYSTEMIC CLINDAMYCIN. STUDIES INDICATE A TOXIN(S) PRODUCED BY CLOSTRIDIUM IS ONE PRIMARY CAUSE OF ANTIBIOTIC-ASSOCIATED COLITIS. THE COLITIS IS USUALLY CHARACTERIZED BY SEVERE PERSISTENT DIARRHEA AND SEVERE ABDOMINAL CRAMPS AND MAY BE ASSOCIATED WITH THE PASSAGE OF BLOOD AND MUCUS. ENDOSCOPIC EXAMINATION MAY REVEAL PSEUDOMEMBRANOUS COLITIS. STOOL CULTURE FOR *Clostridium difficile* AND STOOL ASSAY FOR *Clostridium difficile* TOXIN MAY BE HELPFUL DIAGNOSTICALLY. WHEN SIGNIFICANT DIARRHEA OCCURS, THE DRUG SHOULD BE DISCONTINUED. LARGE BOWEL ENDOSCOPY SHOULD BE CONSIDERED TO ESTABLISH A DEFINITIVE DIAGNOSIS IN CASES OF SEVERE DIARRHEA. ANTIPERISTALTIC AGENTS SUCH AS OPIATES AND DIPHENOXYLATE WITH ATROPINE MAY PROLONG AND/OR WORSEN THE CONDITION. DIARRHEA, COLITIS AND PSEUDOMEMBRANOUS COLITIS HAVE BEEN OBSERVED TO BEGIN UP TO SEVERAL WEEKS FOLLOWING CESSATION OF ORAL AND PARENTERAL THERAPY WITH CLINDAMYCIN.**

Mild cases of pseudomembranous colitis usually respond to drug discontinuation alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation and treatment with an antibacterial drug clinically effective against *Clostridium difficile* colitis.

#### PRECAUTIONS

**General:** For dermatological use only; not for ophthalmic use. Concomitant topical acne therapy should be used with caution because a possible cumulative irritancy effect may occur, especially with the use of peeling, desquamating, or abrasive agents.

The use of antibiotic agents may be associated with the overgrowth of nonsusceptible organisms, including fungi. If this occurs, discontinue use of this medication and take appropriate measures.

Avoid contact with eyes and mucous membranes.

Clindamycin and erythromycin containing products should not be used in combination. *In vitro* studies have shown antagonism between these two antimicrobials. The clinical significance of this *in vitro* antagonism is not known.

**Information for Patients:** Patients using Duac® Topical Gel should receive the following information and instructions:

- Duac® Topical Gel is to be used as directed by the physician. It is for external use only. Avoid contact with eyes, and inside the nose, mouth, and all mucous membranes, as this product may be irritating.
- This medication should not be used for any disorder other than that for which it was prescribed.
- Patients should not use any other topical acne preparation unless otherwise directed by their physician.
- Patients should report any signs of local adverse reactions to their physician. Patients who develop allergic symptoms such as severe swelling or shortness of breath should discontinue use and contact their physician immediately.
- Duac® Topical Gel may bleach hair or colored fabric.
- Duac® Topical Gel can be stored at room temperature up to 25°C (77°F) for up to 2 months. Do not freeze. Keep tube tightly closed. Keep out of the reach of small children. Discard any unused product after 2 months.
- Before applying Duac® Topical Gel to affected areas, wash the skin gently, rinse with warm water, and pat dry.
- Excessive or prolonged exposure to sunlight should be limited. To minimize exposure to sunlight, a hat or other clothing should be worn.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Benzoyl peroxide has been shown to be a tumor promoter and progression agent in a number of animal studies. The clinical significance of this is unknown.

Benzoyl peroxide in acetone at doses of 5 and 10 mg administered twice per week induced squamous cell skin tumors in transgenic TgAC mice in a study using 20 weeks of topical treatment.

Genotoxicity studies were not conducted with Duac® Topical Gel. Clindamycin phosphate was not genotoxic in *Salmonella typhimurium* or in a rat micronucleus test. Benzoyl peroxide has been found to cause DNA strand breaks in a variety of mammalian cell types, to be mutagenic in *Salmonella typhimurium* tests by some but not all investigators, and to cause sister chromatid exchanges in Chinese hamster ovary cells. Studies have not been performed with Duac® Topical Gel or benzoyl peroxide to evaluate the effect on fertility. Fertility studies in rats treated orally with up to 300 mg/kg/day of clindamycin (approximately 120 times the amount of clindamycin in the highest recommended adult human dose of 2.5 g Duac® Topical Gel, based on mg/m<sup>2</sup>) revealed no effects on fertility or mating ability.

**Pregnancy: Teratogenic Effects: Pregnancy Category C:** Animal reproduction studies have not been con-

ducted with Duac® Topical Gel or benzoyl peroxide. It is also not known whether Duac® Topical Gel can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Duac® Topical Gel should be given to a pregnant woman only if clearly needed.

Developmental toxicity studies performed in rats and mice using oral doses of clindamycin up to 600 mg/kg/day (240 and 120 times the amount of clindamycin in the highest recommended adult human dose based on mg/m<sup>2</sup>, respectively) or subcutaneous doses of clindamycin up to 250 mg/kg/day (100 and 50 times the amount of clindamycin in the highest recommended adult human dose based on mg/m<sup>2</sup>, respectively) revealed no evidence of teratogenicity.

**Nursing Women:** It is not known whether Duac® Topical Gel is secreted into human milk after topical application. However, orally and parenterally administered clindamycin has been reported to appear in breast milk. Because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

**Pediatric Use:** Safety and effectiveness of this product in pediatric patients below the age of 12 have not been established.

#### ADVERSE REACTIONS

During clinical trials, all patients were graded for facial erythema, peeling, burning, and dryness on the following scale: 0 = absent, 1 = mild, 2 = moderate, and 3 = severe. The percentage of patients that had symptoms present before treatment (at baseline) and during treatment were as follows:

	Local reactions with use of Duac® Topical Gel % of patients using Duac® Topical Gel with symptom present Combined results from 5 studies (n = 397)					
	Before Treatment (Baseline)			During Treatment		
	Mild	Moderate	Severe	Mild	Moderate	Severe
Erythema	28%	3%	0	26%	5%	0
Peeling	6%	<1%	0	17%	2%	0
Burning	3%	<1%	0	5%	<1%	0
Dryness	6%	<1%	0	15%	1%	0

(Percentages derived by # subjects with symptom score/# enrolled Duac® Topical Gel subjects, n = 397).

Anaphylaxis, as well as allergic reactions leading to hospitalization, has been reported in post-marketing use with Duac® Topical Gel. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

#### HOW SUPPLIED

Duac® (clindamycin, 1% - benzoyl peroxide, 5%) Topical Gel is available in:

- 45 gram tube NDC 0145-2371-05
- Care System (CS) Convenience Kit NDC 0145-2367-01  
includes Duac® Topical Gel  
(clindamycin, 1% - benzoyl peroxide, 5%)  
45 grams and SFC™ Lotion 106.6 mL (3.6 Fl Oz)

**Prior to Dispensing:** Store in a cold place, preferably in a refrigerator, between 2°C and 8°C (36°F and 46°F). Do not freeze.

**Dispensing Instructions for the Pharmacist:** Dispense Duac® Topical Gel with a 60 day expiration date and specify "Store at room temperature up to 25°C (77°F). Do not freeze."

Keep tube tightly closed. Keep out of the reach of small children.

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DUAA006R0 September 2009

## INDEX OF ADVERTISERS

<b>Allergan, Inc.</b>	
ACZONE	15-16
<b>Centocor Ortho Biotech Inc.</b>	
Stelara	12a-12b
<b>CORIA Laboratories, Ltd.</b>	
Atralin	7-8
<b>DUSA Pharmaceuticals, Inc.</b>	
Levulan	27-28
<b>Galderma Laboratories, L.P.</b>	
Oracea	5-6
Vectical	20a-20b
<b>GlaxoSmithKline</b>	
Altanax	19-20
<b>Graceway Pharmaceuticals, LLC</b>	
Aldara	17
<b>Ortho Dermatologics</b>	
Renova	3-4
Retin-A Micro	31-32
<b>Spear Pharmaceuticals, Inc.</b>	
Refissa	11-12
<b>Stiefel Laboratories, Inc.</b>	
Duac	23-24