

Pilot Study Shows Patient Interest in 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 primary care 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., patients 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. "The patient has the skills to do this," Dr. Bachman said.

Physicians receive an e-mail notification when a consult request is made. The portal allows them



to bring up templates for common conditions, such as advice on sinusitis or the H1N1 virus. 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. Of the 293 conditions that were addressed during the online

visits, the most frequent condition was sinusitis, with depression and back pain also coming in at the top of the list. 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.

As physicians begin to do online visits using patient portals, Dr. Bachman suggested that they ask patients to pay up-front with a credit card. This makes payment immediate and establishes the identity of the patient, he said. ■

Disclosures: Dr. Bachman had no relevant disclosures.

Back pain was one of the most frequent conditions for which patients sought online consultation.

DR. BACHMAN

Physician Participation In PQRI Jumped in 2008

BY JOYCE FRIEDEN

Physicians and other health professionals participating in Medicare's Physician Quality Reporting Initiative received a total of \$92 million in incentive payments under the program in 2008, the Centers for Medicare and Medicaid Services announced.

That figure is nearly three times the \$36 million paid out in 2007, CMS noted. The number of medical professionals receiving payments also increased during the same period, from 57,000 to 85,000. The average payment in 2008 was more than \$1,000, with the largest single payment at \$98,000. During 2007, the reporting period lasted only 6 months for all participants, while in 2008 participants could report for a 6- or 12-month period.

"[T]he substantial growth in the national total for PQRI incentive payments demonstrates that Medicare can align payment with quality incentives," acting CMS administrator Charlene Frizzera said in a statement.

Under Medicare's PQRI program, providers receive incentive payments for reporting data on quality measures. The incentive payments currently amount to

1.5% of each provider's total estimated allowed charges under Medicare Part B. Although more than 153,000 health professionals participated in the program during 2008, only 85,000 met the requirements for satisfactory reporting and therefore received incentive payments.

To make participation easier, the CMS expanded the number of measures providers could report on, from 74 in 2007 to 119 in 2008. The measures—almost all of which deal with clinical performance—were developed in cooperation with physician and health care quality organizations. The CMS also added two measures that focus on the use of electronic health records and electronic prescribing technology.

Providers also had the option in 2008 of reporting to the CMS through use of one of the 31 qualified medical registries. Many providers already were using registries to report data to researchers dealing with management of diabetes, kidney disease, and preventive medicine. Nearly 8% of the PQRI participants in 2008 attempted to use a registry to submit data; of these, nearly 96% were successful and received an incentive payment. ■

EXPERT OPINION

Using the Media to Convey Your Message

I suspect that by this point, most of us have tired of hearing about pandemic influenza A(H1N1). We have learned many important medical and public health lessons as a result of this epidemic. However, the reminder that I would like to focus on is the importance of the media in shaping health messages, and your role as a physician.

I am seeing the impact of media coverage every day in my clinic, when I have patients refuse the H1N1 vaccine. Often, they seem hesitant to share their concerns.

My next question is, "Are you concerned about the Redskins cheerleader video?"

As leaders, we must be aware of the impact of the media and know that it can be used to promote health. Good, accurate media coverage can have a very positive impact on our communities, and negative, inaccurate coverage can have

the opposite effect. Print, radio, and television are all outlets we can use to help make sure the media are working with



BY LEE SAVIO BEERS, M.D.

us and not against us. Sometimes, we may actively look for somewhere to share our message, but sometimes reporters may come looking for us. Most of us have not gotten much training in how to communicate with the media, and it can be very different from communicating with patients.

Here are a few tips if you are doing an interview, or writing a letter to the editor or an opinion piece:

► **Plan what you want to say.** Know what the most important messages you want to convey are, and be sure to address those. Don't allow yourself to be sidetracked by lots of background details and statistics. While these details are important, in the context of a media inter-

view or short written piece, they could distract from the key message.

► **Keep your message brief and concise.** Most television segments are approximately 30 seconds, only a small part of which will be your interview. That means you will usually have one statement that gets on the air. Think about this as you talk, and try to state the most important points of your message succinctly and frequently. Remember that reporters are looking for "sound bites," and think about what you want yours to be; that puts you in more control of the message. Even if you have something published, most op-ed pieces are only 400-600 words. That is shorter than this article.

► **Have no fear.** For interviews, don't be afraid to ask ahead of time what types of questions you can expect so that you can prepare. Don't be afraid to say, "I don't know." Definitely don't say, "No comment." That sounds like you are hiding something. Don't feel like you have to

agree with things that are misleading or erroneous. However, don't get argumentative with the reporter—that will never end well.

► **Dress and act professionally.** This is not the time to wear your favorite light-up tie.

► **Smile, and enjoy yourself.** If you are having fun, you will appear more confident and relaxed.

The media doesn't have to be something that is avoided at all costs. If you have the opportunity, you can use it to share important health messages and improve the health of children in your community. ■

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Disclosures: Dr. Beers had no conflicts of interest to disclose. To comment, e-mail her at rheumatologynews@elsevier.com.