

Virtual Visit Pilot Project Shows It Can Work

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," he continued.

That has 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 com-

plaint 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 edu-

cation materials. Physicians can also send links and attachments to the patient, he said.

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.

INDEX OF ADVERTISERS

Air National Guard Corporate	51
AstraZeneca LP. Symbicort	45-48
Boehringer Ingelheim Pharmaceuticals, Inc. Twynsta Micardis	33-35 87-88
Bristol-Myers Squibb Onglyza	90-92
Cephalon, Inc. Amrix	9-10, 67-68
The Coca-Cola Company Corporate	83
Covidien AG TussiCaps	39-40
Eisai Inc. and Pfizer Inc. Aricept	40a-40b
Forest Laboratories, Inc. Savella Bystolic Namenda Lexapro	13-17 53-56 68a-68b 75-79
GlaxoSmithKline Cervarix	5
HealthForce Ontario Corporate	11
King Pharmaceuticals, Inc. Embeda	24-27
Eli Lilly and Company Humalog Evista	20-22, 64-66 28-31
Merck & Co., Inc. Januvia	80a-80b
P&G Prilosec OTC	89
Pfizer Inc. Lipitor Corporate Lyrica Toviaz Caduet	3-4 7, 36-37 36-37, 48a-48d 49-50, 60a-60d, 61-62 43-44 71-73
Sanofi Pasteur Inc. Adacel	59-60
Stryker Interventional Spine Corporate	19
Wyeth Pharmaceuticals Inc. Pristiq	95-96
Xanodyne Pharmaceuticals, Inc. Zipsor	84-86

For your adult patients with type 2 diabetes



Indication and Important Limitations of Use

ONGLYZA is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

ONGLYZA should not be used for the treatment of type 1 diabetes mellitus or diabetic ketoacidosis.

ONGLYZA has not been studied in combination with insulin.

Important Safety Information

- **Use with Medications Known to Cause Hypoglycemia:** Insulin secretagogues, such as sulfonylureas, cause hypoglycemia. Therefore, a lower dose of the insulin secretagogue may be required to reduce the risk of hypoglycemia when used in combination with ONGLYZA

- **Macrovascular Outcomes:** There have been no clinical studies establishing conclusive evidence of macrovascular risk reduction with ONGLYZA or any other antidiabetic drug

Most common adverse reactions (regardless of investigator assessment of causality) reported in $\geq 5\%$ of patients treated with ONGLYZA and more commonly than in patients treated with control were upper respiratory tract infection (7.7%, 7.6%), headache (7.5%, 5.2%), nasopharyngitis (6.9%, 4.0%) and urinary tract infection (6.8%, 6.1%). When used as add-on combination therapy with a thiazolidinedione, the incidence of peripheral edema for ONGLYZA 2.5 mg, 5 mg, and placebo was 3.1%, 8.1% and 4.3%, respectively.

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 physicians' offices, 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



'The biggest problem with doctors is that we think our patients want to be there.'

DR. BACHMAN

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, he pointed out.

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, such as medication reactions that happened in the week following the initial consult, prescription refills, or other minor questions that involved minimal time and effort on the part of the physician.

As physicians begin to adopt the online visit model 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. ■

struggling to gain glycemic control

onglyza[™]
(saxagliptin) 5 mg tablets

Significant reductions in A1C when partnered with key oral antidiabetic agents*

- Onglyza is weight neutral
- Discontinuation of therapy due to adverse events occurred in 3.3% and 1.8% of patients receiving Onglyza and placebo, respectively
- Convenient, once-daily dosing
- Rapidly growing formulary access¹

Drug Interactions: Because ketoconazole, a strong CYP3A4/5 inhibitor, increased saxagliptin exposure, the dose of ONGLYZA should be limited to 2.5 mg when coadministered with a strong CYP3A4/5 inhibitor (e.g., atazanavir, clarithromycin, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, saquinavir, and telithromycin).

Patients with Renal Impairment: The dose of ONGLYZA is 2.5 mg once daily for patients with moderate or severe renal impairment, or with end-stage renal disease requiring hemodialysis (creatinine clearance [CrCl] ≤50 mL/min). ONGLYZA should be administered following hemodialysis. ONGLYZA has not been studied in patients undergoing peritoneal dialysis. Assessment of renal function is recommended prior to initiation of ONGLYZA and periodically thereafter.

Pregnant and Nursing Women: There are no adequate and well-controlled studies in pregnant women. ONGLYZA, like other antidiabetic medications, should be used during pregnancy only if clearly needed. It is not known whether saxagliptin is secreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when ONGLYZA is administered to a nursing woman.

Pediatric Patients: Safety and effectiveness of ONGLYZA in pediatric patients have not been established.

*metformin, glyburide, or thiazolidinedione (pioglitazone or rosiglitazone)

Please read the adjacent Brief Summary of the Product Information.

For more information about ONGLYZA visit www.onglyza.com.

Reference: 1. Fingertip Formulary® data as of October 2, 2009. Data on File, October 2009.

 Bristol-Myers Squibb

©2009 Bristol-Myers Squibb 422US09AB12916 10/09
Onglyza™ is a trademark of Bristol-Myers Squibb

 AstraZeneca

292006