Virtual care holds answers to access, quality and cost, but needs tight integration and the right mix of clinicians to work

'Technology will help us in the quest for virtual care, but we need to have a foundation of continuity first,' says one expert. By John Andrews May 18, 2016

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Policy support for telehealth is on the uptick, with 48 states now allowing full parity for reimbursement, says Mark Noble of Vidyo. But the big barriers to scaling up have often been related to technology and workflow at the hospital-to-clinic level. Proponents of virtual care say it is the wave of the future. Using the advanced communication tools that exist today is a logical way to extend caregivers' reach to those who need it – wherever they may be, supporters say.

But while the healthcare industry might not find much disagreement with the practice in theory, it is in the potential limitations that skeptics might find flaws.

After all, there are myriad questions surrounding it, most notably: "Can a teleconference between physician and patient yield the same level of quality care as a face-to-face visit?"

Samant Virk, MD, chief executive officer of MediSprout.com in Valhalla, NY, acknowledges that the concept needs to be clearly defined and backed up by real methodology.

"Technology will help us in the quest for virtual care, but we need to have a foundation of continuity first," he said. "Continuity is lost in the conversation. There is 'virtual' everything and anything – but until you get the continuity, the technology isn't effective."

A practicing neurologist for 16 years, Virk says he got frustrated with traditional methods of patient scheduling, office visits and overall practice management.

"My practice is the most impractical part of my life," he said. "There are a lot of inefficiencies that consume too much time. I didn't always need to have patients to come into the office for things they didn't need to come in for."

The situation got him thinking about how much the U.S. spends on healthcare and how it doesn't even merit a top 30 ranking in quality across the globe.

"I thought to myself – what do other countries do that makes a difference in quality?" he said. "They have mechanisms to get patients the care they need when they need it."

In founding Medisprout.com, a subscription service for physicians, Virk's purpose was to facilitate continuity and a truly holistic approach by developing a platform that all virtual devices could use. By tying in to the physician "who knows every health story," it gives patients the ability to schedule visits and keep in touch with video "visits," he said.

The virtual practice

With physician offices becoming part of accountable care organizations, the value of electronic communications technology has become paramount due to its ability to connect patients with caregivers, says Daniel Piekarz, vice president of healthcare and life sciences practice at New York-based DataArt.

Logistically, a face-to-face physician office visit can be a convoluted series of processes and time-consuming exercises that outstrip the value of the appointment for patients and physicians, he said.

"Patients get discouraged with having to see the doctor because they have to take time off work and spend an exorbitant amount of time waiting," Piekarz said. "Virtual care centers are the antidote to that problem at a tenth of the cost of a face-to-face meeting."

Piekarz acknowledges that the law and reimbursement policies haven't caught up to the concept and that physicians are still bound geographically to the state where they are licensed to practice. Even so, he sees the virtual care center model emerging and practical application of its potential is occurring.

The viable virtual care centers operating today are situated to deliver care through electronic means with the "right mix" of physicians, nurses, therapists, technicians and experts, Piekarz said. By having a team of clinicians under one roof, it eliminates the circuitous referral process of going from primary care doctor to the specialist to the diagnostic center and back.

"After you meet with your primary care physician and need the help of a specialist, instead of writing a referral for someone to meet with later, that doctor will tap into the center to check on availability and when possible, immediately lock you in for a meeting," he said.

Although the image of virtual care is one where patients' interaction is confined to cyberspace, Piekarz says electronic tools are just a part of the healthcare delivery system.

"There will always be a need for brick and mortar facilities and face-to-face interaction," he said.

The integration process

Hackensack, New Jersey-based Vidyo is a pioneer in videoconferencing technology and company executives see healthcare as a new frontier for their solutions. Working in tandem with McLean, Va.-based ViTel Net, Vidyo has put together a platform for integrating healthcare operations into a full-scale virtual network. Mark Noble, vice president of telehealth business development at Vidyo says "the landscape has changed to support telehealth" with 48 states allowing full parity for reimbursement.

The key barriers for implementing to scale, he says, have been at the hospital-to-clinic level because "the technology required for managed networks to connect and provide a quality medical experience run on devices that don't tightly integrate with workflow tools."

To be sure, "the technology we're seeing is so much better," says Ted Baker, vice president of sales for ViTel Net. "We have full telemedicine solutions that make it easier for physicians to adopt and connect with patients."

The successful virtual care programs have centered around intensive care services that co-locate personnel and services in one area, Baker said. Other virtual care areas that have flourished, he said, are stroke care and telepsychiatry.

"Professionals can work from an office or home, but ultimately it is how care is delivered and improves quality of life for patients," Baker said.

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