Clinical e-mail and e-Care

Peter Basch, MD

Medical Director, e-Health Initiatives

MedStar Health

"Should physicians use & charge for e-mail with their patients?"

There is no e-business strategy, just good business strategy.

Today’s “next new thing”

- Major consulting group - “...you don’t charge for phone calls, do you?”
- Academic - “It is good for medicine, just do it and we’ll figure out the economics later.”
- Business magazine - “...do it for free, and charge more for in-person care.”
- Insurance company - “..$25/structured e-mail for certain chronic illnesses.”

The Next New Thing

There are serious consequences in healthcare when bad strategies are adopted, although not usually to those proposing the idea.

The Next New Thing - Oops!

Most doctors are in small groups - no ability to run at a loss. Create a negative cash flow for a few months - you've killed the practice.

Ask the right question(s)

Model the solutions

Sample e-mails
Refine the question(s)

Patient e-mail

Dr. Basch - I can’t get thru your fuc@#$%! phone system. I am completely out of my BP pills and need to get a refill before I have a stroke.

Please call them in to 202-555-5555 and I will see you next month for my physical.

Patient e-mail

Dr. Basch - the Naprosyn hasn't helped. None of the 11 NSAIDs you and the specialists have prescribed have worked. I have had 3 PT sessions, and they aren't helping. I am at the end of my rope - what do I do next?

Patient e-mail

Dr. Basch - click on the attached link to get my sugars for the past month - after you analyze them - please think thru whether I should remain on insulin, or whether I can go back to an oral agent. Would you please also discuss this with my endocrin-ologist - so the two of you can agree on a strategy before you get back to me.

The correct question is NOT...

"Should physicians use & charge for e-mail with their patients?"

but...

"What types of interactions do physicians and patients have, using which media, when and how are they/should they be reimbursed, and what is the impact of an emerging technology (clinical e-mail and e-Care) on all of the above?"

Why is this distinction so critical?

- Physicians are currently avoiding clinical e-mail because of privacy/confidentiality, and ? re time/reimbursement
- HIPAA mandates certain rules around clinical e-mail
- e-mail is only one part of clinical e-communications, but is a definite entré to e-Care
- e-Care is likely to become a major modality of care, and for certain specialties, the primary modality of care
- e-mail/e-Care is a potential win/win for all parties, and should not contain barriers to adoption

MD ↔ Patient Interaction
(by medium)

- In person
- Letter
- Phone
- Fax
- e-mail

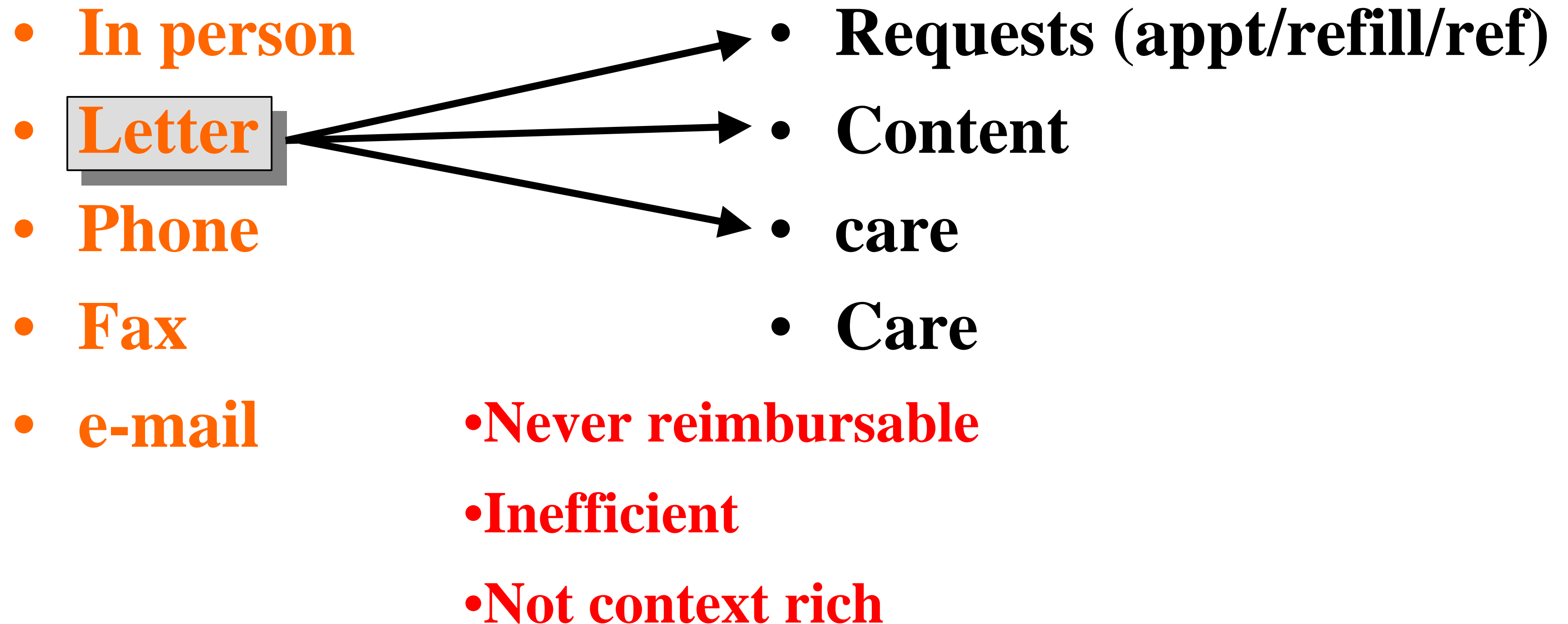
- Requests (appt/refill/ref)
- Content
- care (if ↔ then)
- Care

•Reimbursable

•Inefficient for patient

•Not always necessary

MD ↔ Patient Interaction
(by medium)



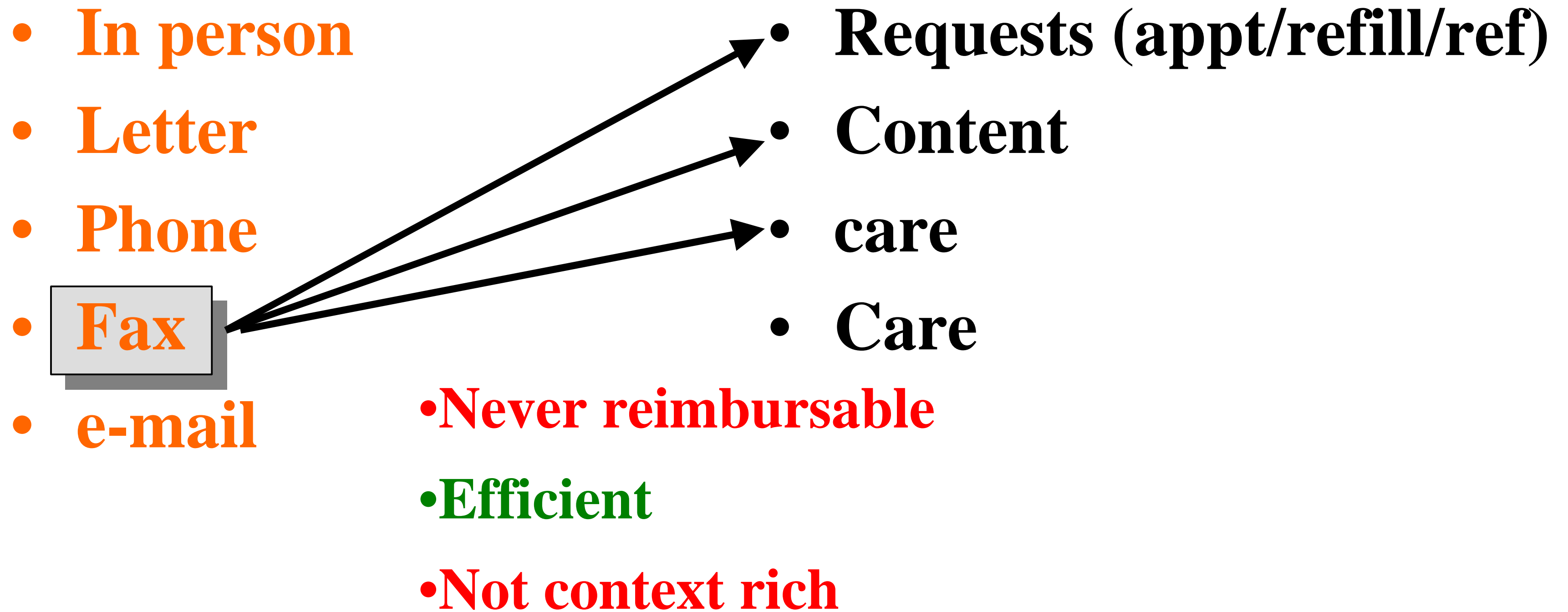
MD ↔ Patient Interaction
(by medium)

- In person
- Letter
- Phone
- Fax
- e-mail

- Requests (appt/refill/ref)
- Content
- care
- Care

•Not currently reimbursable
•Inefficient for content
•Not context rich
•Requires synchronous connection

MD ↔ Patient Interaction
(by medium)



MD ↔ Patient Interaction
(by medium)

- In person
- Letter
- Phone
- Fax
- e-mail

- Requests (appt/refill/ref)
- Content
- care
- Care
- Disease management

•Rarely reimbursable

•Most efficient for both parties

•Natural tie-in to digital health record

•Best model to support built-in sequencing

MD Interaction(s)

- In person
- Letter
- Phone
- Fax
- e-Care

- Requests (appt/refill/ref)
- Content
- care
- Care
- Disease management
- Results reporting
  - text
  - digital
- Scheduling
- Consults
  - formal
  - e-Curbside
- e-Learning

MD ↔ Patient Interaction

(by category)

Reimbursable?

	N	Y
Requests (appt/refill/ref)	X	
Content (discussion)	X	X
care	X	X
Care		X
Disease Management		X

MedStar Health

MD ↔ Patient Interaction
(by category)

	Cap	FFS
Requests (appt/refill/ref)		
Content (discussion)	X	x
care	X	X
Care	x	X
Disease Management	X	x

MD ↔ Patient Interaction

(utility/efficiency for MD and patient)

	IP	L	T	F	E
Requests	3	1	3	3	5
Content (supply)	2	3	1	4	5
Content (discussion)	4,5	1	3,4	2	5
care	4,5	1	4,5	3	5
Care	5	1	2	1	1-5
Disease management	3-5	2	1	1	5
	21-25	9	14-16	14	26-30

MD ↔ Patient Interaction
(as the decade continues)

- ↑ Broadband availability
- ↑ Home biometric devices (also improve)
- ↓ Free time
- ↑ Importance of convenience
- ↓ Distinction between actual and virtual care

e-Care Opportunities

- Medical care will be more convenient, more accessible
- e-Care will become standard for chronic disease management, some acute care
- e-Care networks may replace traditional group practices/call groups
- e-Care will continue one standard of care, but may define two standards of convenience

e-Care Risks/Challenges

- Confidentiality
- Security
- HIPAA
- Digital divide
- Change in traditional networks
- ? Disintermediation of office staff
- In-person care becoming a “loss leader” for e-Care
- Physicians preferring e-Care to in-person care

Patient e-mail #1

Dr. Basch - I can't get thru your fuc@#$%! phone system. I am completely out of my BP pills and need to get a refill before I have a stroke.

Please call them in to 202-555-5555 and I will see you next month for my physical.

Request **No charge**

Patient e-mail #2

Dr. Basch - I am coming back to the US in mid-April and need to get my physical done either the 3rd or 4th week of April - please email me back ASAP.

Request **No charge**

Patient e-mail #3

Dr. Basch - a friend was recently diagnosed with congestive heart failure - could you either send me an article, or recommend a good website for me to look for information.

Content - supply **No charge**

Patient e-mail #4

Dr. Basch - my ear is better - I feel fine - do I still have to come in for an ear check?

care **No charge**

Patient e-mail #5

Dr. Basch - the Naprosyn hasn't helped. None of the 11 NSAIDs you and the specialists have prescribed have worked. I have had 3 PT sessions, and they aren't helping. I am at the end of my rope - what do I do next?

Care **Charge or Office Visit**

Patient e-mail #6

Dr. Basch - thanks for the info you sent me on HRT. What you probably don't recall is that my mother had breast cancer - what do you think for me? Do the risks outweigh the benefits? Should I try Evista instead? What are the pros and cons of HRT for a person in my circumstances.

Content - discussion **Charge or Office Visit**

Patient e-mail #7

Dr. Basch - click on the attached link to get my sugars for the past month - after you analyze them - please think thru whether I should remain on insulin, or whether I can go back to an oral agent. Would you please also discuss this with my endocrin-ologist - so the two of you can agree on a strategy before you get back to me.

Disease management **Charge or Office visit**

Patient e-mail #8

Hello, I was on your hospital's website and noticed that you are listed as someone with an interest in chronic dermatitis and its relationship to nutritional deficiencies. I have, as you might expect, seen many different specialists over the years, and not had much success. I noticed on the directory that you also provide e-consultations. If you are interested, let's discuss your fee schedule. I have several digital photographs, lab reports, and about 50 pages of prior records for you to review.

e-Care **Charge or Office Visit**

How good is their advice?

- Major consulting group - "...you don't charge for phone calls, do you?"
- Academic - "It is good for medicine, just do it and we'll figure out the economics later."
- Business magazine - "...do it for free, and charge more for in-person care."
- Insurance company - "..$25/structured e-mail for certain chronic illnesses."

Economic assumptions

(MGMA - Internal Medicine, 2000)

- Operating Costs - $250,000/MD/yr
- Patient volume - 5000/MD/yr
- Income + benefits = $172,500/MD/yr (150,000+22,500)
- Substitution of IP visits by e-Care @25%/50%/75%

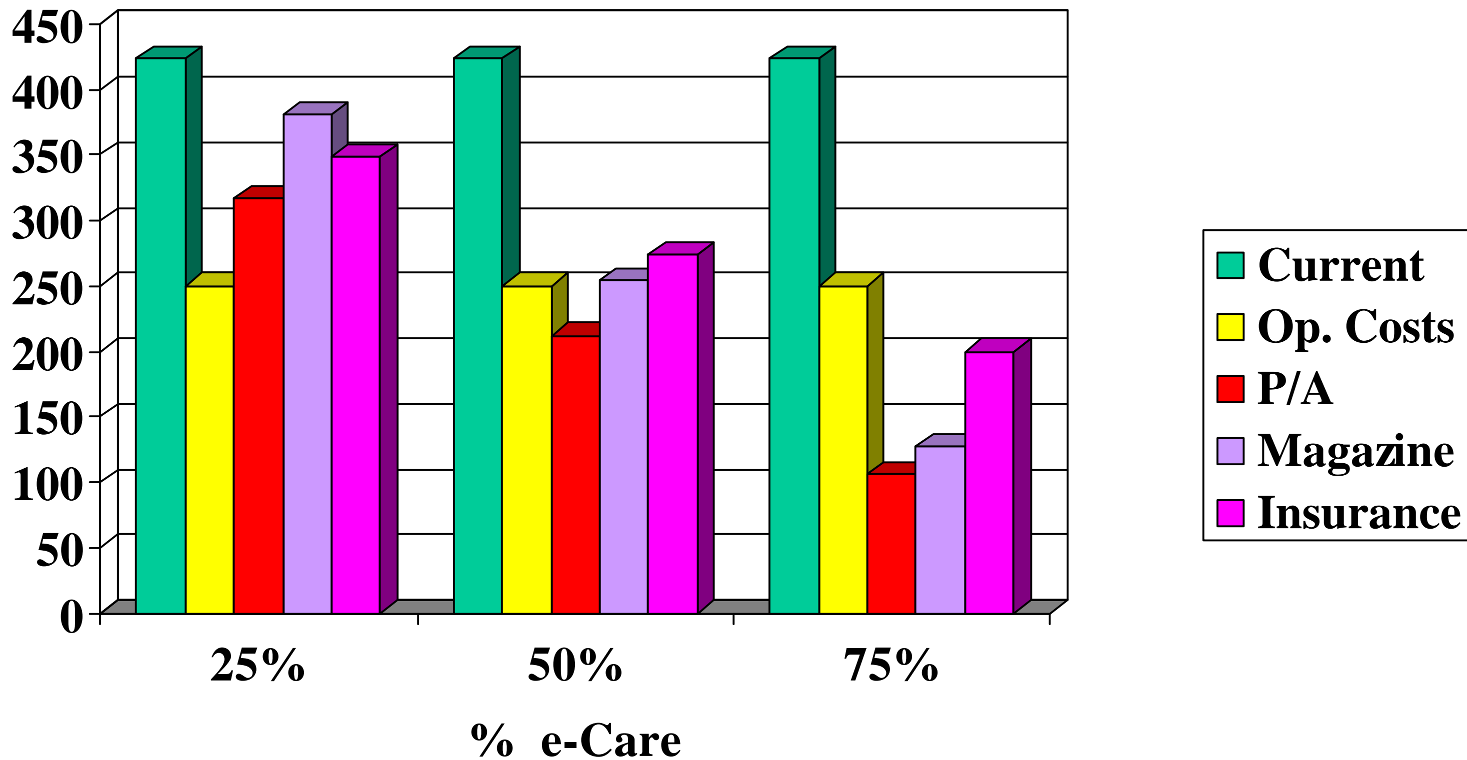
MedStar Health

Gross Income/Operating Costs

450
400
350
300
250
200
150
100
50
0

Current
Op. Costs

Models and Impact on Income



Recommendations for MDs

Use e-communications now

- Requests - secure messaging *****
- Content - supply (including nl results)
- care
- As a loss-leader

Hold off (until $$$)

- Content - discussion
- Care
- Disease Management
- Confidential health material, unless within secure messaging

Office of e-Health Initiatives

- **IDN Paradigm shift**
- **e-Health quicksand**
- **Office of e-Health Initiatives**
  - **physician-centric, vendor neutral compass**
  - ***identify, evaluate, integrate, syndicate*** **e-opportunities**

Office of e-Health Initiatives Vision

- Healthcare @ analog speed
  - ↑ friction, primarily to rules/regs/forms
- Healthcare @ speed of thought
  - automates an inefficient process
  - limited to the attention of distracted MDs
- Healthcare @> speed of thought
  - protocols
  - rules engine/error correction
  - built-in sequencing

E-Health = “One Less Thing”

Office of e-Health Initiatives Guiding Principals

- The key to engaging physicians is to "unveil" clinical applications that enhance productivity and efficiency
- Applications should answer real workflow problems
- There is no such thing as a "killer app" - it is a process
- Truly integrated applications result in process facilitation
- There is almost always synergy of benefits of e-health applications
- Cost of apps/integration should be shared, and greatest % borne by party with greatest gain
- Physicians are not technophobes, nor are we "techno-morons" - we have been sold a "bill of goods" many times before
- There is no e-business strategy, just good business strategy
- Be wary of vendors with solutions in such of a problem/buyer
- We will benefit ourselves and our patients by moving from poor service to excellent self-service

Questions???

Peter Basch, MD

Medical Director, e-Health Initiatives

MedStar Health

peter.basch@medstar.net