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Increasing Utilization of Non-Traditional Patient Care Sites: Opportunities for Physicians

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According to a new white paper by FAIR Health, an independent nonprofit company that manages and analyzes the nation’s largest database of privately billed health insurance claims, telehealth utilization increased 53% from 2016 to 2017—the largest increase of all health care settings examined.¹

Telehealth is often considered one of the most “disruptive forces” in health care, as it can transition care from the hospital campus (including on-campus physician offices) to a patient’s home or other location.² In addition, utilization of other non-traditional sources of care, including retail clinics, urgent care centers and ambulatory surgery centers, were found to have also increased over the same timeframe.¹

Factors Influencing Utilization

As the health care sector continues to be influenced by the rise in American consumerism, i.e., patients seeking health care in relation to cost and quality, and the value of more convenient care, the utilization of non-traditional health care settings such as telehealth will inevitably continue to grow.³ This growth will likely lead to traditional health care providers rapidly transforming their practices in order to compete and meet the demands of their patients.

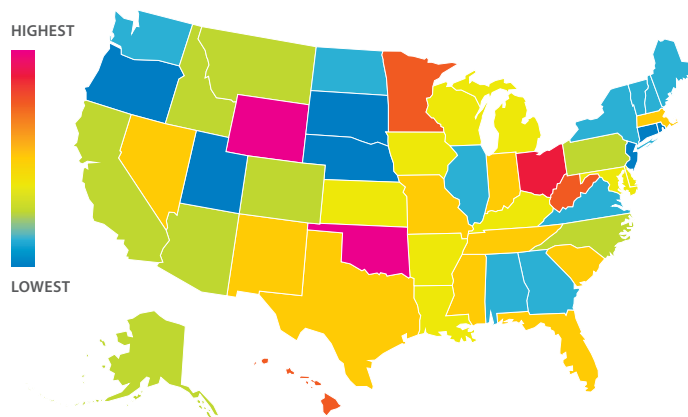
Recent research published in the *Journal of the American Medical Association* confirms FAIR Health’s observation of a large increase in telehealth use by the commercially insured population, finding that most visits were for either tele-mental health or primary care telemedicine.⁴ The rapid increase in

telehealth utilization is likely due to it often being a cheaper and more convenient method by which patients can access health care providers.

Influencing this trend are consumers of all ages (but especially younger patients) who are demanding convenience, affordability and quality in their health care. As a result, patients are opting for non-traditional services/sites, such as virtual care and retail clinics.⁵ According to a 2019 survey, approximately 53% of patients are more likely to use a provider offering remote or tele-monitoring devices, up from 39% in 2016.⁵

In examining the geographic dispersion of telemedicine, the FAIR Health white paper compared telehealth claim lines across sites, and found Missouri to have an average number of claims compared to other states (Fig. 1).

FIG. 1: PERCENT OF CLAIM LINES WITH TELEHEALTH USAGE COMPARED TO ALL MEDICAL CLAIM LINES, 2017



Source: FH Health Care Indicators and FH Medical Price Index 2019.¹

Of note, the *JAMA* study found that tele-mental health service utilization increased “significantly faster” in those counties that had no psychiatrists and in states that had comprehensive parity mandates in place. Other types of specialty care were not commonly utilized in the telemedicine space. In contrast to tele-mental health growth, primary care telemedicine growth was not associated with either the supply of primary care physicians or the existence of parity laws. However, primary care telemedicine utilization did grow significantly in 2016-2017 (as noted above) once “direct-to-consumer” telemedicine insurance coverage expanded.⁴



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Exploring New Opportunities

This patient shift toward non-traditional sites of care may serve as an opportunity for physicians seeking to ensure the sustainability of their practices long term. Research such as the FAIR Health and JAMA studies discussed above can inform physicians as to the specialties, locations and utilization drivers of various sites of services. Such research indicates that non-traditional services, such as telemedicine and concierge medicine, may be of particular interest to physicians.

Telemedicine may be defined as “the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status.”⁶ This generalized definition encompasses a vast array of patient care tactics, including virtual visits and procedures, remote patient monitoring, pharmaceutical prescribing, laboratory sample evaluation, and so on. While telemedicine practice may currently be difficult from a reimbursement perspective, as payors (Medicare in particular) do not pay for all types of telemedicine visits, it offers both physicians and patients flexibility (in terms of time and location) and may allow physicians who are so inclined to expand the scope and/or size of their practices without increasing overhead expenses.⁷ Telemedicine may also be utilized by physicians either as the primary practice, or as a complementary service to an established brick-and-mortar practice.

For primary care physicians seeking to capitalize on the growing emphasis on patient convenience, concierge medicine may be another possible model to pursue. *Concierge medicine* is typically structured as a membership model, where the physician is paid a monthly/annual fee (or a retainer) to provide 24/7 access, same-day appointments and longer face time with patients. This model has been growing steadily over the past 15-plus years, and may be an ideal arrangement for physicians who prefer to operate as a solo practitioner. The concierge model also allows physicians to take advantage of the current

reimbursement environment as physicians can still bill third-party payors for patient visits (in addition to charging patients for the concierge membership fee).⁸

There is no doubt that the most recent iteration of the health care delivery system is moving patient care away from the hospital campus (including on-campus physician offices) to more non-traditional sites of care. While some physicians may perceive this shift as a threat, others may recognize these utilization trends as an opportunity to employ technological advancements and provide patient care in a way that not only is convenient for the patient, but is also advantageous for the physician. These will allow the physician to be at the forefront of these health care advancements while focusing more acutely on the provision of patient care and population health management. ◀

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ON TECHNOLOGY

In today’s modern “tech” world,
are we chained to our computers
or by our computers?

I don’t think anyone will argue with the importance of the computer for a plethora of tasks. Certainly, medical records are now more accessible and transferrable. Someone who becomes ill anywhere in the world can be treated by a physician who can read the patient record online from thousands of miles away. But is this ability attained at a cost? First there is the time to enter data. Does this take us away from face-to-face discussion with our patients? Next there is data security: If you can see the record, who else is looking? And finally, is there a chance the computer will take control of us? There have been scary sci-fi movies about AI (artificial intelligence) for years. But is it fiction? So much to consider as you peruse this month’s issue of *St. Louis Metropolitan Medicine*. Perhaps AI will be benevolent ... or NOT. ▶

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