

Reece Blog for the day

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[Virtual Medicine: The Lever That Just Might Save Independent Practice](#)

Give me a lever long enough, and a prop strong enough, I can single-handedly move the world.

Archimedes, 1267BC-1212BC

The greatest innovation in the last 30 years is worldwide instant distribution of information. The Internet exemplifies how a small lever can move great weights, like healthcare.

Richard L. Reece, *Innovation-Driven Health Care: 34 Key Concepts for Transformation*, Jones and Bartlett, 2007

Independent medical practice in America is in trouble. It is fragmented, with some 900,000 doctors – 300,000 primary care doctors and 600,000 specialists- practicing in disparate settings. These physicians are located in roughly 580, 000 locations. Some are solo, most are in small groups, and many are clustered around 125 academic medical centers, 100 integrated groups, and 5000 community hospitals.

Doctors are not unified – less than 20 percent belong to the AMA. Some 110,000 are members of Sermo – a social networking organization that tends to house dissident physicians. The MGMA is said to represent 300,000 doctors.

The Physicians' Foundation, composed of roughly 650,000 doctors in state and local medical societies, in 2008 surveyed 300,000 primary care doctors. The doctors were unhappy. Many said they would leave practice if they could, and the majority said they would not recommend medicine as a career for their children.

Furthermore, doctors are swamped with work, with not enough time for patients, for leisure, or for mastering skills or technologies necessary for their work. Doctors are in short supply, 125,000 to 200,000 short by 2020-2025 depending on whom you ask.

What to do? No easy answers exist. Current reform bills do not fully address the demand-supply crisis. The crisis will be aggravated if 30 million more uninsured and when 78 million baby boomers start coming on board and flooding into doctor's offices and into hospital ERs and wards.

One lever that might lift the gloom and empower independent practicing doctors is virtual medicine. Virtual medicine has various definitions. I look upon it as independent online physicians linked by telecommunications with each other and with patients. The telecommunication tools allow them to collaborate with each other, access online consultations, diagnose and treat patients at a distance, and instantly gather the latest information in their respective fields. I am talking here about the real-time, on-line world.

Don't get me wrong. I do not view virtual medicine through rosy lens. Virtual medicine has its downsides – medical legal obstacles, payment conundrums, practice disruptions, funding dilemmas, lack of time for training, and absence of workable, flexible, and profitable business

models.

But virtual medicine is worth investigating, if for no other reason that the feds contemplate pouring \$20 billion into ubiquitous EMRs over the next 5 years, rewarding those hospitals and doctors who have EMRs, and punishing those who do not. Big health systems, with sufficient infrastructure, have already installed EMRs and sing the EMR praises (although it's a dirty little secret that about 30 percent of EMRs are "dis-installed" for reasons of dissatisfaction and lack of functionality).

And let's face it. The world is moving on Internet time. Those not moving electronically fast enough are in the doldrums. Look at America's newspapers. Many are closing shop, others are going on line, and all are searching for a profitable business model to accommodate the Internet. Or witness the travails of the book publishing world. Book buyers are flocking to Amazon's Kindle or Barnes and Nobles' Nook. Google is digitizing the world's libraries. Independent book stores are shuttering their doors.

Why am I carrying on about the Internet and virtual medicine?

Two reasons.

ONE, in my book *Innovation-Driven Health Care* (Jones and Bartlett, 2007), I gave numerous practical examples of the positive benefits of virtual medicine, and I have my book-selling hat on.

TWO, yesterday I had a lengthy collaborative conversation with Ron Pion, MD, a virtual medicine visionary and successful entrepreneur with 30 years or so of hands-on experience and real-world experimentation with virtual medicine. Ron is a clinical professor of Ob-Gyn at the UCLA School of Medicine and heads up Medical Telecommunications Associates, which he uses as a platform to advise these companies.

<http://www.medicalhistory.com> (symptom presentation prior to visit)

<http://www.officeally.com> (e-connecting continuum for the small MD office)

<http://www.ideallifeonline.com> (home-based patient management)

<http://www.medencentive.com> (reward for responsible performance)

<http://www.medadherence.com>

<http://www.rediclinic.com> (nurse practitioner in retail location)

<http://www.hpoinstitute.com> (J&J acquisition)

<http://www.healthmedia.com> (Wellness and Prevention)

<http://www.med-flash.com> (e-Patient Health Record)

<http://www.lifeonkey.com> (e-Patient Health Record)

<http://www.digitalunioncorp.com> (collaborative software - low cost, high functionality)

<http://www.specialistsoncall.com> (brings expertise to the hospital ER)

These companies cover much of the virtual medicine landscape. Their central purpose is to help practicing doctors and their patients adapt and adopt to new realities of the new telecommunications world.

As Thomas Friedman, the *New York Times* columnist, observed in a recent piece on December 12, "The Do-It Yourself World,"

"In case you haven't noticed, the U.S. economy today is actually being hit by two tsunamis at once: The Great Recession and the Great Inflection.

The Great Inflection is the mass diffusion of low-cost, high-powered innovation technologies — from hand-held computers to Web sites that offer any imaginable service — plus cheap connectivity. They are transforming how business is done. The Great Recession you know."