

# How telemedicine is working for 3 private practice physicians

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## Andis Robeznieks

Senior News Writer

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The AMA is working to maximize the positive impact technology can have on the evolution of health care by ensuring that new digital health tools—such as telemedicine—are an asset and not burden.

The COVID-19 global pandemic that upended American life and forced the cancellation or postponement of much nonurgent face-to-face care has pushed widespread adoption of telemedicine, thanks to regulatory flexibility from the Centers for Medicare & Medicaid Services.

Three private practice physicians who had successfully integrated the use of telemedicine into their practice prior to the pandemic's hitting the U.S. with full force told the AMA they have found it useful, practical and convenient—though they do have one caveat: Telehealth and driving do not mix.

"Sometimes you can see cars moving around them and I ask: 'Are you driving?' If they say 'yes,' I tell them to pull over or we have to reschedule," said Carolynn Francavilla Brown, MD, an AMA member, family physician and obesity medicine specialist in Lakewood, Colorado. "I tell them, 'This is not safe for you and other people.'"

Stationary vehicles, however, are a frequent and convenient location for telemedicine visits for patients who have 15 minutes to spend communicating with their physician during their workday—but don't have the hour or so it might take to drive to the doctor's office and back, said Dr. Francavilla Brown, a Colorado alternate delegate to the AMA House of Delegates.

"I have a patient who's a teacher and I needed to have a conversation with her, and she was able to schedule the appointment over her lunch" break, said James Boyd, MD, an internist and Dr. Francavilla Brown's partner at Green Mountain Partners for Health, a private practice in the Denver suburbs. "She didn't have to leave school. She didn't have to take time off. She didn't have to rush over at the end of the day."

Televisits also relieve the burden of finding a babysitter and result in a more successful visit, Dr. Boyd said.

"I have a patient who sometimes comes to the office with her two children and it can be difficult to focus on her issues because one kid is wanting to go in the trash bin and the other is playing with something else," he said. "We can have a much better conversation about her health condition by using telemedicine than we could when she's in the office."

Learn more about the AMA quick guide that helps doctors boot up their telemedicine practice.

## 4 key questions

For each new digital health solution that emerges, doctors want to know:

- Does it work?
- Will I receive proper payment?
- Will I be liable and what are the risks?
- Will it work in my practice or workflow?

Drs. Francavilla Brown and Boyd told the AMA that telemedicine works and that it fits easily into their practice workflow.

"It's easier than people think it is to incorporate into a practice," Dr. Francavilla Brown said. "And you can use any computer, cell phone or tablet."

The Green Mountain practice uses Zoom, a popular teleconferencing vendor whose health care system uses encryption, can connect to EHRs and is compliant with HIPAA. The main cost is a \$160 monthly fee.

Dr. Boyd said he's had frequent discussions about telemedicine visits with a physician friend who incredulously asked: "You really get paid for these?"

"I think he didn't believe me," Dr. Boyd added. "So, we set up a time for him and his office manager to come by and we walked them through it."

Learn more with the AMA about the new 2020 CPT® codes recognizing E/M work that happens online

## Problems exist, but are manageable

The system isn't perfect, but Drs. Francavilla Brown and Boyd say the issues are manageable.

Sometimes, for example, patients are in an area with a weak signal.

"I have a patient who works in the prison system and that place is like a fortress—literally," Dr. Boyd said. "So, they had to go outside, which wasn't ideal, but we figured it out."

Another issue is that the practice's EHR allows patients to book their appointment time, but they cannot electronically request a televisit. Patients need to make a call and staff must manually enter the request into the schedule.

"My experience with telemedicine is that it does work," Dr. Boyd said. "But I think how it works is going to be a little bit dependent on where and how you practice."

Colorado physicians are at an advantage thanks to a 2017 law that requires the state's health plans to pay telemedicine visits the same as office visits. Medicare and plans covered by ERISA, the Employee Retirement Income Security Act of 1974, are exempt.

Read why physicians' use of digital health is on the rise and learn more about the AMA's digital health leadership to ensure the physician perspective is represented in the design, implementation and evaluation of new health care technologies.

## The robo doctor



John Bender, MD, on screen, can see patients at any of his three Colorado offices via “reverse telemedicine” and the Beam robot.

John Bender, MD, an AMA member and past president of the Colorado Medical Society, helped write the original bill and shepherd it into law. He was also a telemedicine pioneer in the state and was able to secure payment prior to the law's passage through the use of a direct primary care arrangement.

Dr. Bender, a Fort Collins-based family physician, also uses what he calls "reverse telemedicine."

His practice, Miramont Family Medicine, has three offices and Dr. Bender can be three places at once through the use of the Beam robot made by Sutable Technologies.

He can talk to patients while a nurse takes their vital signs. Patients see his face on a screen, and he can see theirs.

"I can start driving this thing around the office without any assistance and go in the exam room," Dr. Bender said. "I can hear the patient. They can hear me. It's a lot different than a Skype session, because people feel like you're in the room with them because it's driving itself and your face is on it and talking."

Dr. Boys said he's "amazed at how many offices aren't using" telemedicine, likening the reluctance to embrace telemedicine to health care's hesitation in letting go of pagers and fax machines.