

Virtual Visits in General Medical Practice

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Objective

- To examine the feasibility, effectiveness and acceptability of virtual (videoconferenced) visits as compared to standard face-to-face visits

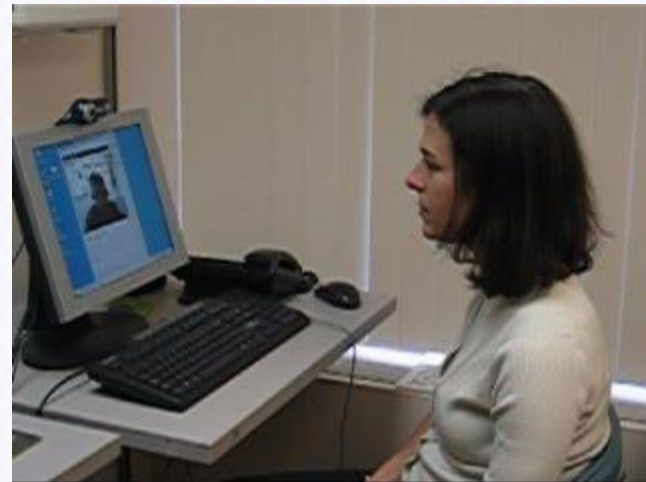


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What is a virtual visit?



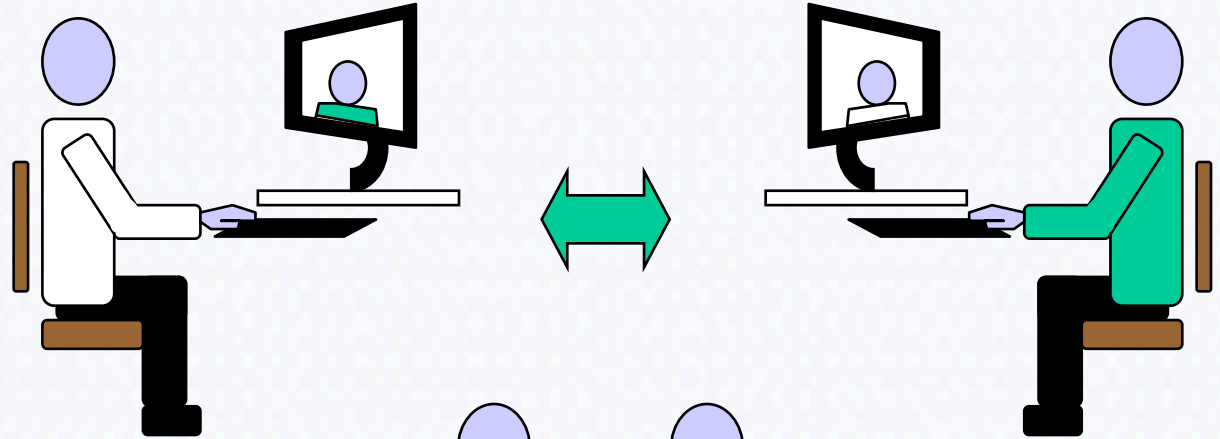
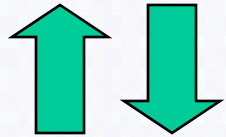
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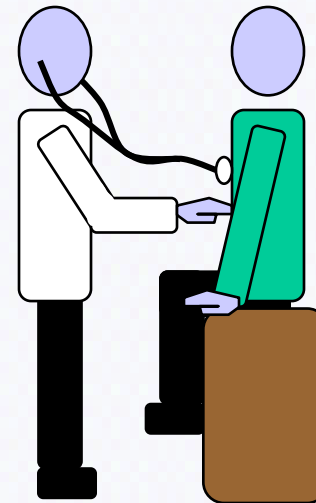
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Visit Types

1 Virtual Visit



2 Face to Face Visit



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Methods

- Randomized crossover design + internal control group
- 2 Visit types
 - Virtual visit (VV)
 - 85\$ web camera and desktop computer with normal resolution screen
 - Face-to-Face (FF)
 - Standard clinical visit



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Methods

- 175 representative patients asked to participate in study
- 4 physicians members of a group internal medicine practice at Massachusetts General Hospital, Boston MA
- Recruited in principal investigators office
- MGH Institutional Review Board approval



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Methods

- Inclusion criteria
 - Age 18 to 85 y.o.
 - Patient known to investigator's practice
- Exclusion criteria
 - Acutely ill requiring same day therapeutic intervention
 - Patient new to investigator's practice



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Methods

- Questionnaire
 - Patient assessment of VV and FF after experience
 - Physician assessment of VV and FF
 - Physician judgment of reliability between the two modalities
 - Likert scale with freetext comment areas available
- Statistics
 - Descriptive
 - Two tailed t-test and ANOVA where comparisons appropriate

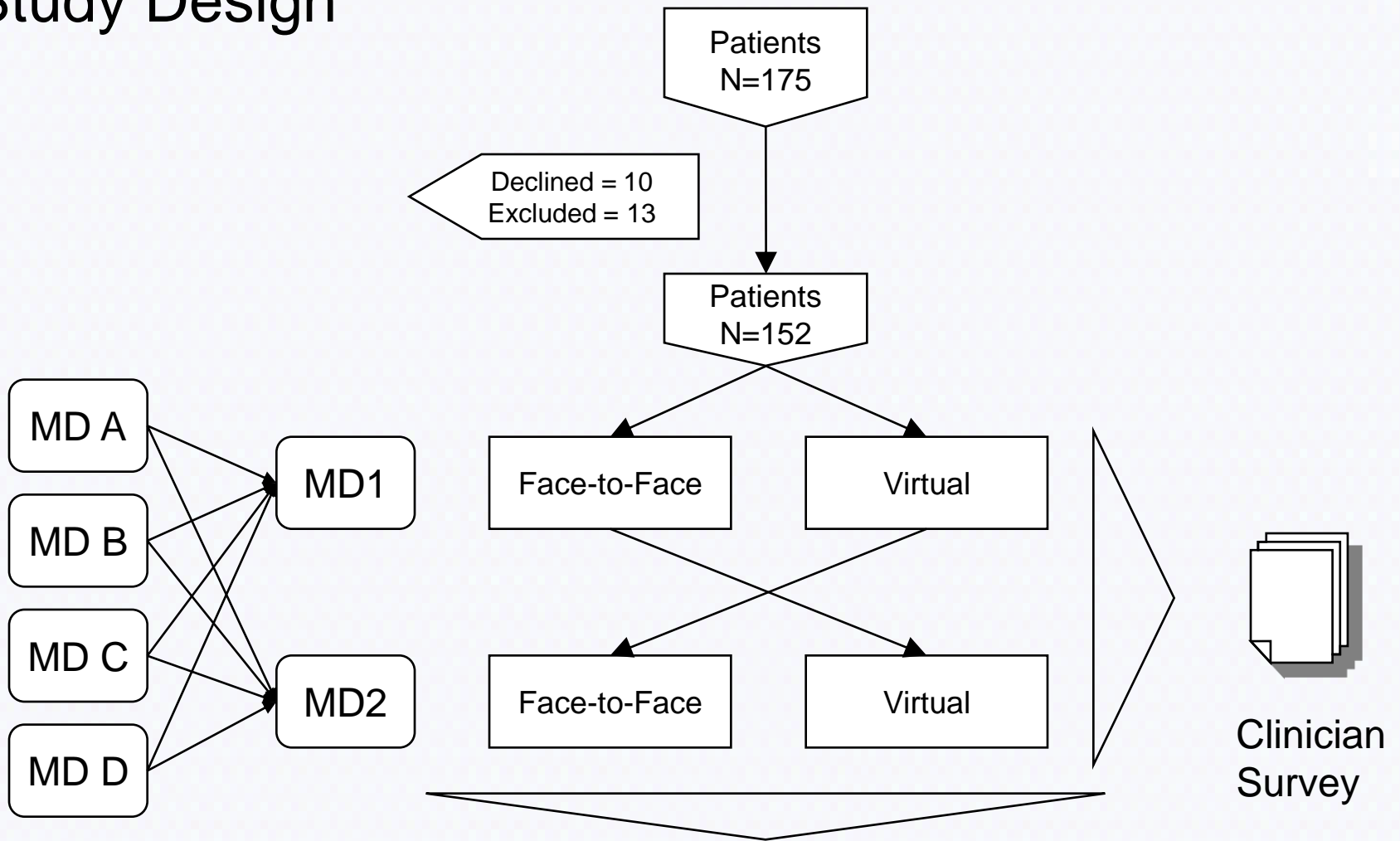


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Study Design



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Demographics

- Age: Mean 48.7 range (28-88)
- Gender: 62% female
- New health problems/chronic problems
 - 34% new problem/66% chronic
- Of the 30 chronic problems
 - 75% had more than 1 visit related to this problem in last 6 months

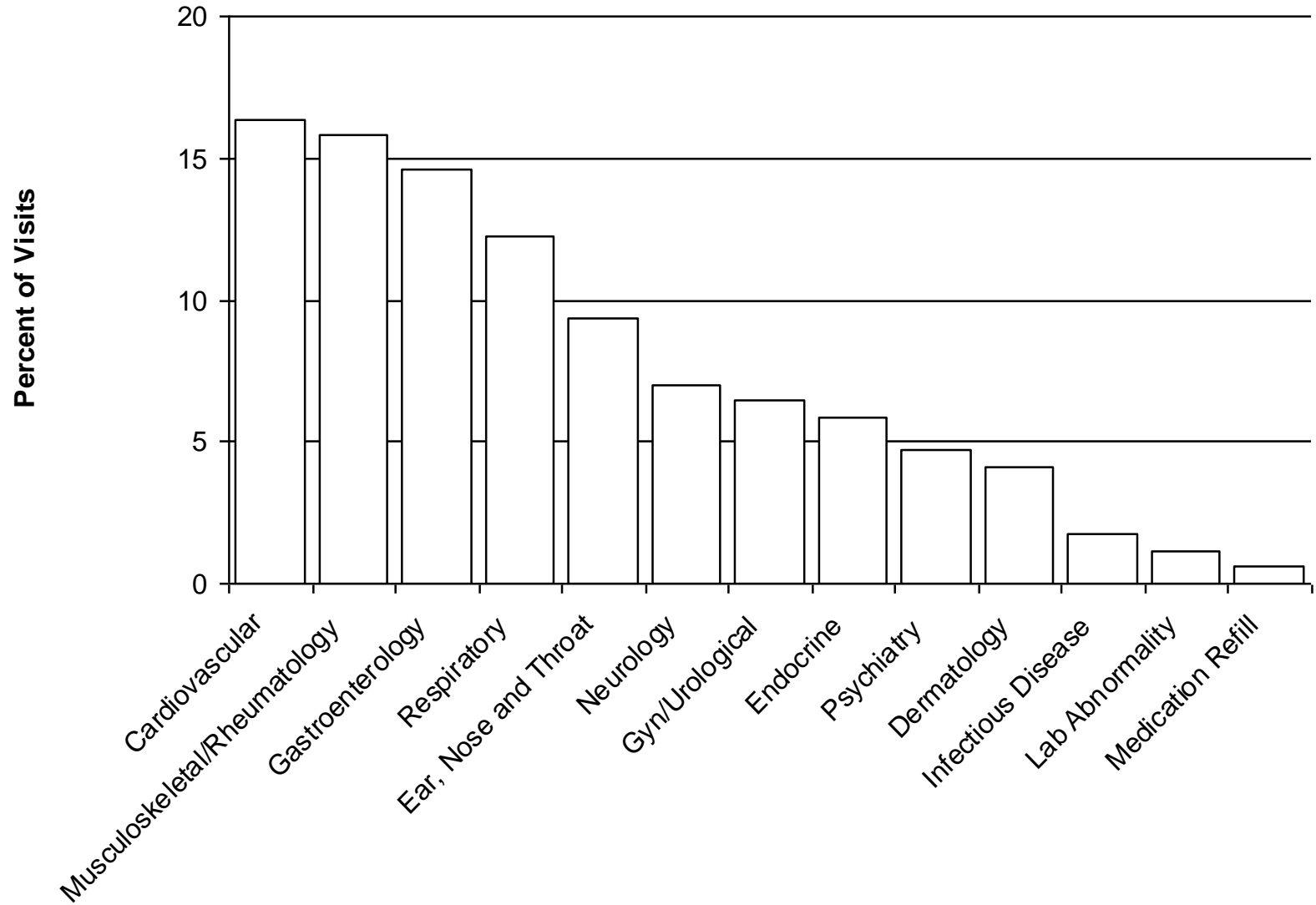


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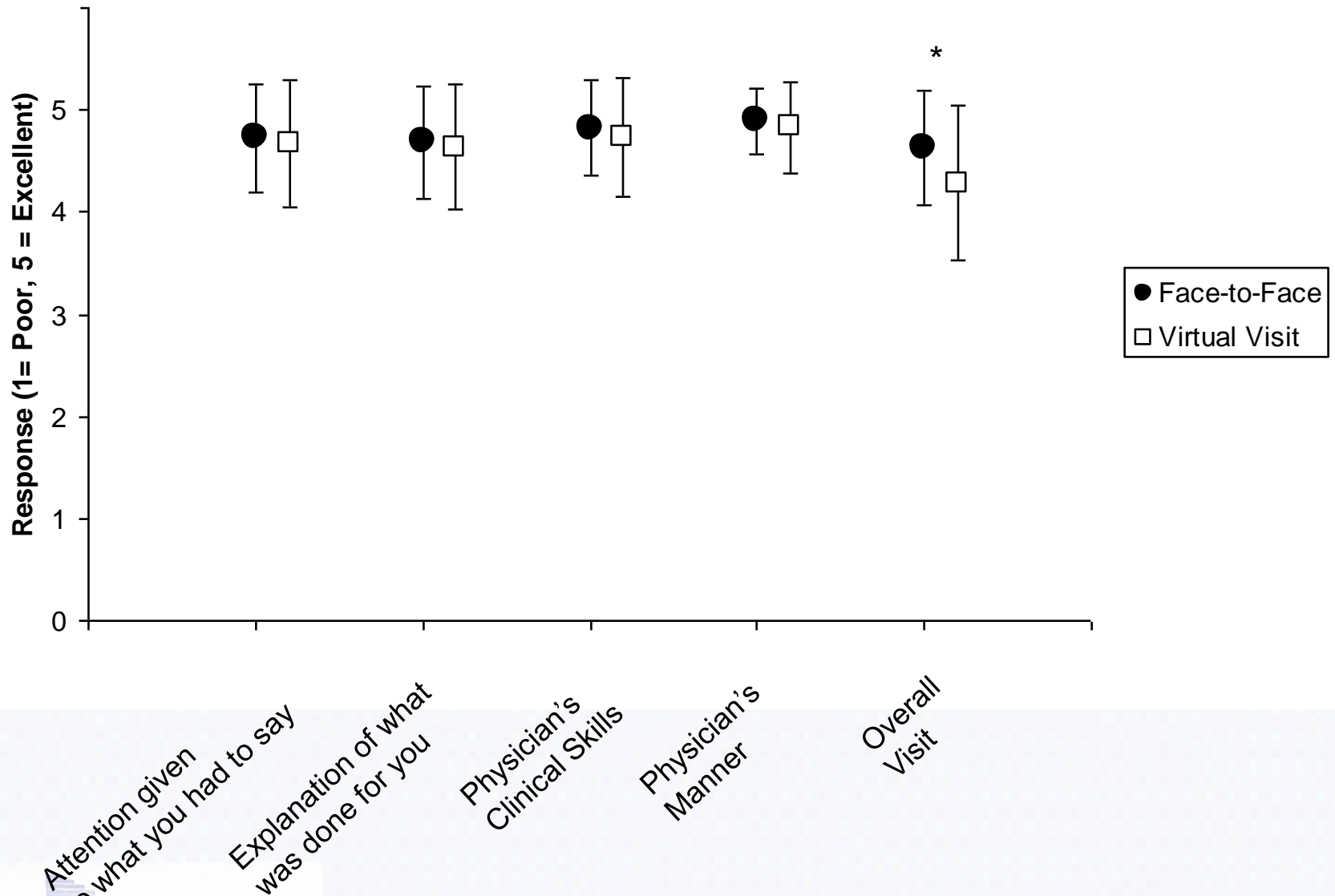


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Types of Complaints Evaluated



Patient Perception

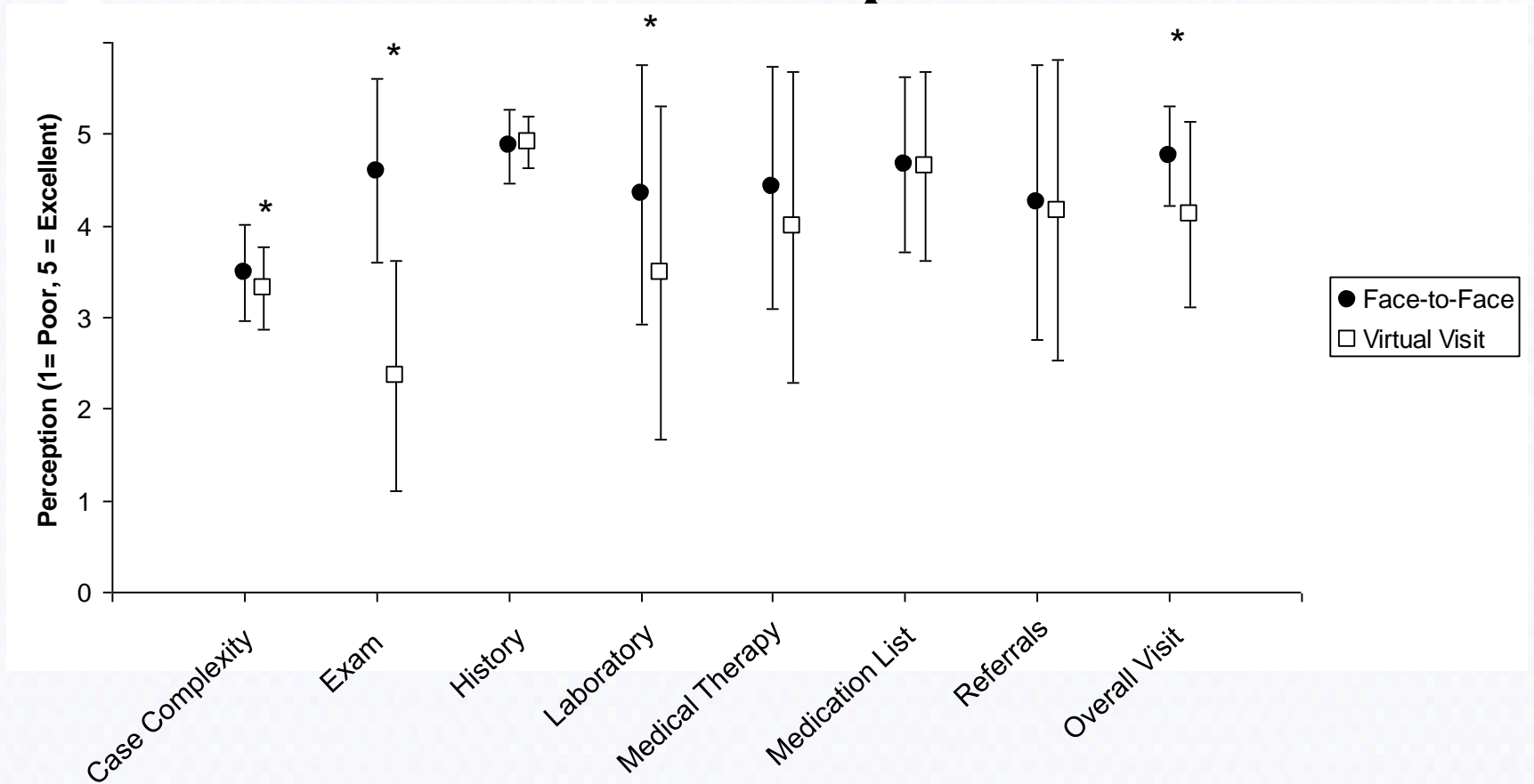


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MD Perception



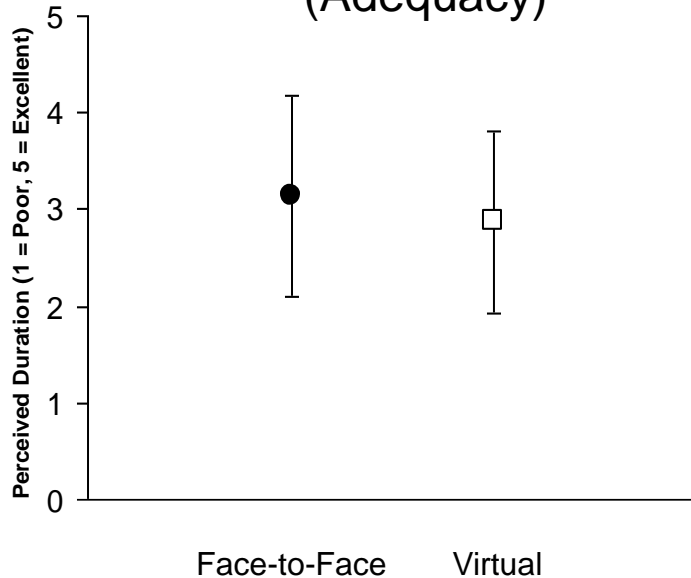
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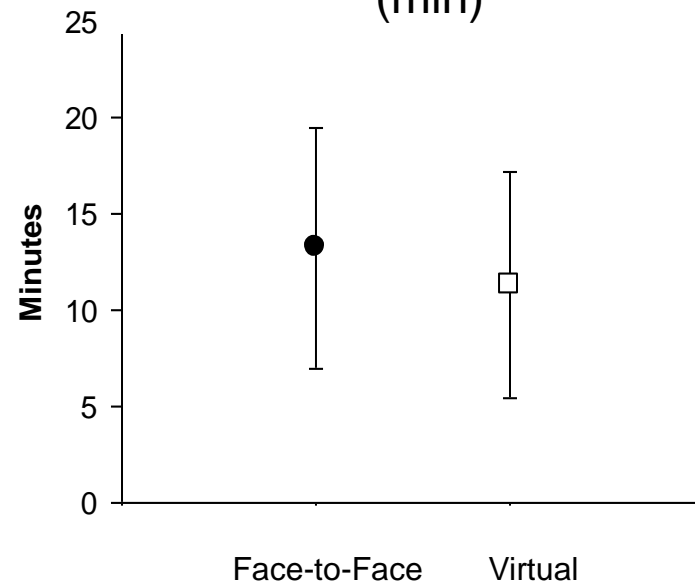
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Facetime duration

Perceived Facetime Duration (Adequacy)



Estimated Facetime Duration (min)

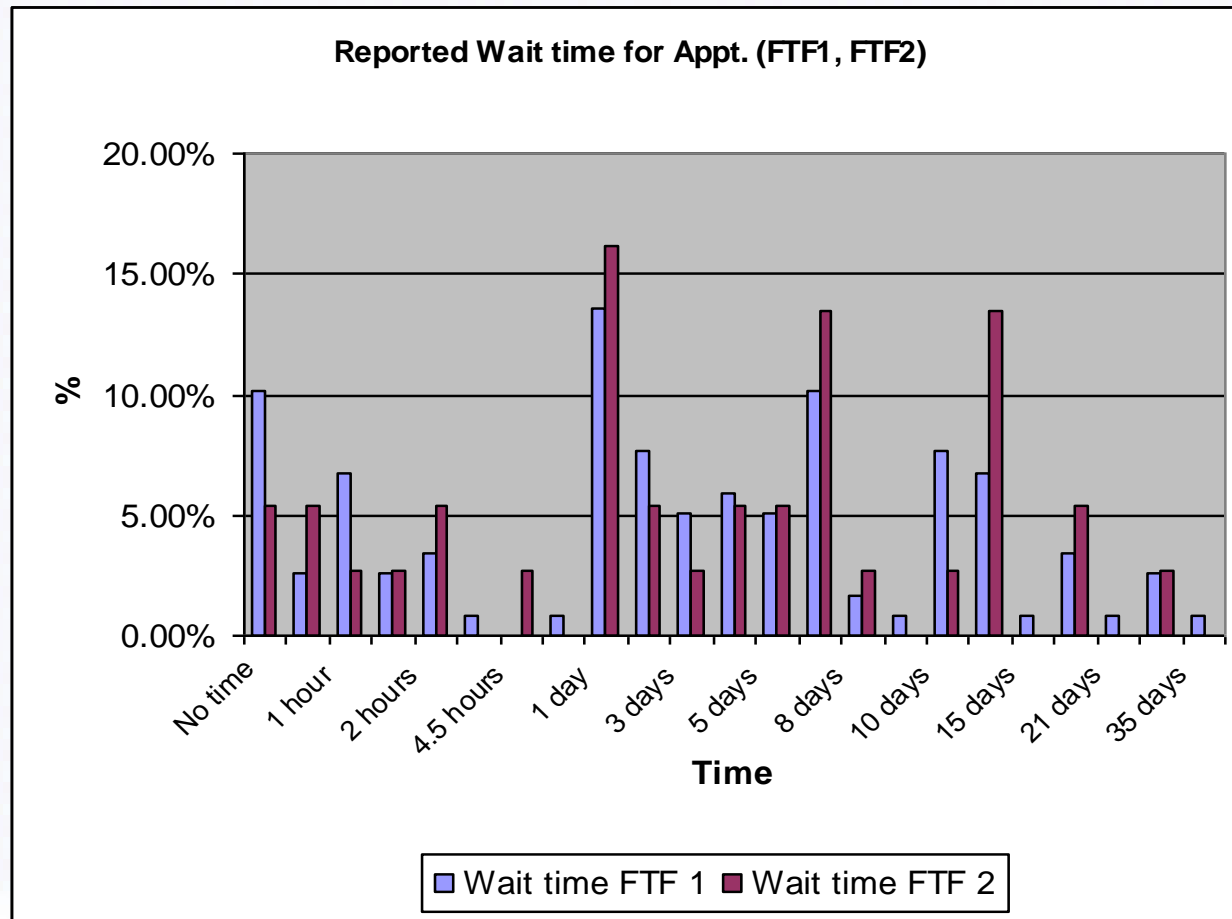


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Reported Wait time for appt days

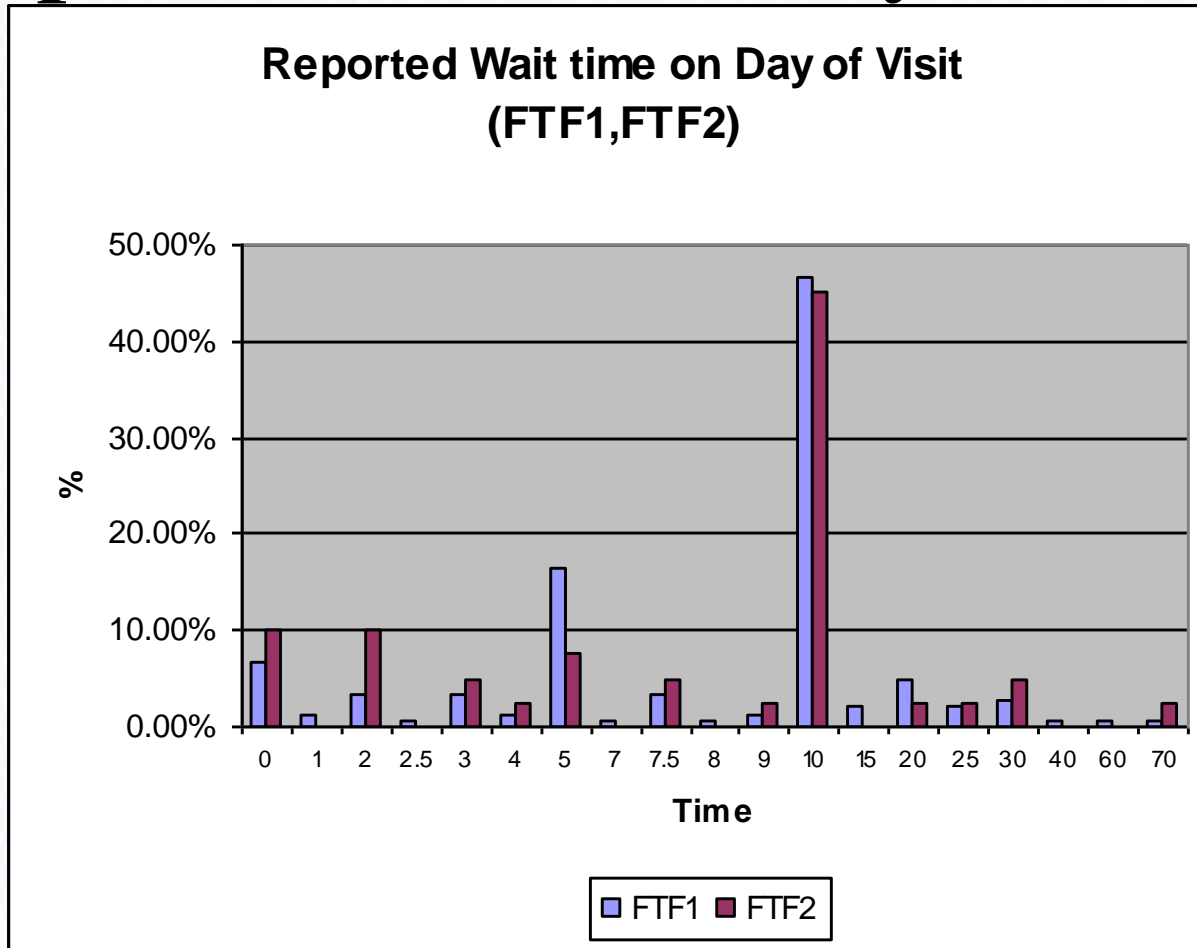


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Reported Wait on day of FTF



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Physician Agreement

- FTF/FTF agreement = 80%
- FTF/VV agreement = 84.1%



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Limitations

- Only established patients evaluated
- Single practice experience
- Technological limitations



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Discussion

- Potentially very useful, with caveats
- Value depends of type of clinical problem
- If introduced, must be added as an option not as a replacement to traditional care
- Potential for coupling with remote monitoring/poc technology



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Future directions

- Implementation pilot
- Identify patient populations in which this technology is best suited
- Cost-benefit analyses



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Conclusion

- Videoconferenced visits for established patients may provide a safe alternative to standard face to face visits in the general medical environment



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