Abstract

Chat with a Doctor: Using Asynchronous Virtual Care Access for On-Demand Physician Advice

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Abstract

Background: As an HMO, responsible for all medical costs of their member patients, Kaiser Permanente Colorado, like most providers, struggle with access: patients want to be seen by a clinician quickly and when they can't get an appointment in a timely manner, patients tend to go to higher-cost points-of-care (including the emergency department, urgent care, and other brick-and-mortar facilities), leading to enormous costs for Kaiser. A solution was needed that would bridge that gap to instantly address their patients' needs at a lower cost. Prior to launching Chat with a Doctor, Kaiser Permanente Colorado had several virtual care options in place to help connect patients with their doctor. This included emailing a doctor, scheduled phone calls, eVisits, and scheduled video calls. These options provided varying quality of resolution and most had underwhelming utilization metrics.

Objective: The pilot aimed to evaluate the effectiveness of a text-based telemedicine platform providing on-demand physician access to patients in Colorado in treating patients in a timely manner and thereby reducing unnecessary utilization of high-cost points-of-care.

Methods: Kaiser Permanente Colorado offered direct, continual patient access to family medicine and emergency medicine physicians via a HIPAA-compliant, text-first virtual care platform which was fully integrated with Kaiser Permanente Colorado's patient portal. The service is being offered to nearly 660,000 member patients in the state of Colorado.

Results: In its first few months, Kaiser Permanente Colorado physicians have effectively diagnosed and treated a wide array of conditions with Chat with a Doctor. Over 12,500 encounters were completed in the first seven months on the platform with the number continuing to grow as marketing efforts around the program ramp up. Seventy-nine percent of chat encounters are handled with advice only or a prescription, while 18 percent are referred for appointments in the Kaiser Permanente Colorado system, and one percent are referred to the ED. Additionally, encounters on the Chat with a Doctor program resulted in 54 percent fewer in-person visits to brick-and-mortar facilities during the seven days following a virtual encounter when compared to the nurse call line. In all, encounters cost Kaiser Permanente Colorado 48 percent of the cost of their nurse call line, and just two percent of the cost of an emergency department visit. As an added bonus, patient satisfaction and likelihood to recommend are extremely high, outperforming other care channels in KP Colorado because the solution improves overall patient engagement by providing a responsive service for patients to access care and answers to their questions.

Conclusions: Implementing an asynchronous virtual care platform improves access, care quality, and patient experience, while reducing avoidable utilization and overall costs of care.

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KEYWORDS

telemedicine; virtual acute care; cost of care

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