



IN PARTNERSHIP WITH PURVIEW

Remote Second Opinion Programs

What you need to know and how to get started



Remote second opinions (RSOs) allow specialists to review and consult on a patient case without an in-person meeting. A patient or referring provider requests an RSO, and the patient's prior records and physician notes are collected so the specialist can review the case or confirm a diagnosis or course of treatment. Effective RSO programs support provider organizations' strategic goals, such as expanding access, improving the quality of care, or creating new revenue streams.

In sponsorship with Purview, the leader in remote expert and second opinion solutions, we put together the following checklist for you to understand how to get started on an RSO program. Read on to see what questions you should be asking yourself and your team.

01 Make a decision and set a timeline

Providers need to decide why they want to offer remote second opinions (RSOs). From there, they also need to set a timeline for when they want to implement the process. Many factors go into decision-making, and the results are usually dependent on whether the hospital wants to control its own process or outsource the administration of these cases to an RSO company. They also must consider if the service will be part of the provider's core offerings.

What are your strategic reasons for offering RSOs? Do you want to expand geographic reach, increase revenue streams, save time, or better prepare for patient encounters?*

Are you planning to make this service available to international patients?

At a macro level, do you have the digital infrastructure needed to implement RSOs?

At the micro level, is the support staff in your clinics prepared for a new process?

How will you compensate physicians for their time?

Do you provide a niche service? What is your expertise, and in which specialty types?

Do you have a regional or national expertise in more than one subspecialty?

Will you acquire a remote opinion software or become a recipient for a third-party network of specialists that refer cases to the hospital?

When do you want to be able to offer your second opinion service?

* Questions in bold are the most important in each section.

02

Establish a process

Providers need to walk through and plan what their ideal program will look like. Sitting down and envisioning how the program will progress through the stages of offering a remote second opinion is critical to success.

What is your vision for the workflow?

What talent do you have? Do you need to hire staff, or do you have people for the job?

Who will be running the program and what skills do you need to run the program well?

Who will initiate the case, receive the case, and manage the case?

How have you achieved specialist buy-in?

What are the expectations for local physicians in the RSO process?

Do you need to implement physician or staff training?

How are you ensuring appropriate documentation for each patient encounter?

Who is collecting records, how are they going to be collected, and how are you going to fund the collection method?

Depending on your record collection, how long will the RSO process take from start to finish?

What type of relationship do you want to have with the patient after the RSO takes place?

03

Determine costs and fees

Generally, the impetus for developing an RSO program is not the direct profit from delivering the opinion, it's the return on investment (ROI) of growing brand awareness and solidifying patient trust. If a procedure is required, the hospital rendering the RSO is often the logical choice for the patient. Also, most patients pay out of pocket for second opinions. Because of this, organizations collect fees outside of the standard collection methods.

Do your competitors offer RSOs, and if so, at what cost?

What will you charge for the RSO, and how will you let patients know?

Will you offer a lower price in the initial stages of your rollout?

Will you be a cash-only program?

If you're serving patients out of network, how will you be collecting the fees?

Do you expect an increase in the number of patients and procedures?

What admin, tech, marketing, legal, costs do you have to consider?

04 Handle legal

Legal considerations will outline your market and process. Legal constraints can differ based on your geographic location. A few universal considerations include the following:

What legalities surround your collection of patient information and medical records?

Do you have an in-house legal team? Will you need to hire an external firm?

What is the level of legal involvement for your referring physicians?

How is the legal process different for in-person consults versus remote consults?

Are you practicing outside of your licensed jurisdiction?

If you are primed to offer RSOs in a place where you don't have legal jurisdiction, what does the process look like? Who are you going to work with in the area so that a local physician is a part of the process?

05

Consider technological capabilities

Maintaining an efficient and well-documented RSO process is critical. You need to decide what records you will collect from patients, what technology you need to complete that, and how physicians will document their notes for the RSO encounter. Your technology considerations may differ depending on whether you use a third party or handle collection in-house. Advances in digital health solutions have enabled the replacement of manual processes—often previously facilitated by concierge services—with digital ones that your own second opinion system can automate.

What kinds of medical records do you need, and how will the physicians document their notes during the encounter?

Will collecting prior patient data and fees be a manual or automated process?

Do you want to add a synchronous encounter after the asynchronous consult?

Do you need to embed messages or integrate billing?

Do you have patient self-service options? Is there a simple patient-provider interface?

Does your system have a way to track case progress along the course of care?

Can your RSO platform interact with your EHR/PACs?

Do you need to implement any essential software related items like a secure web base or single sign-on?

06

Market your services

The more you target and specialize your market for remote second opinions, the better. Also, one of the key factors to success is extending your brand beyond your existing geography. In addition to rural areas in the U.S., there is a global market seeking the opinions of U.S. specialists. You should consider all potential markets when promoting your second opinion services.

Who will you market this to, and how specific/specialized will the market be?

How will you market your service, and will this vary based on your target population(s)?

How will you ensure your referring network is aware of your services to drive traffic?

How will you convey the information to your patients through your website? Have you explained how RSOs work, when they should get one, and how much they cost?

Will you include articles/blogs/testimonials?

How will you ensure that you are the best place for the downstream treatment that occurs after the second opinion consult?

07

Track programmatic progress

Defining metrics for success in your RSO program—and tracking those metrics—will help you reach your goals and operate efficiently. Most importantly, it shows you where you might need to implement changes to make the process better.

How will you define success for your RSO program? For example, how will you prove the ROI of your program, and what metrics are important to your senior leadership team?

What service metrics will you track? For example, how many new consults, procedures, and patients have you received? How long are cases taking to complete? What is your attrition rate, and do you know why some patients leave?

What quality metrics will you track? For example, are Net Promoter Scores or patient satisfaction scores important to your organization?

How will you reward and compensate individuals, teams, departments, and staff? How will they be engaged?

Based on the service and quality outcomes, do you need to make any changes to the marketing or technological capabilities of your program, or even the overall process?

Maturity Model

Health care providers want to expand their geographic reach, increase revenue streams, save time, and better prepare for patient encounters. Leaders can play a critical role in helping their organization reach these goals by implementing innovative solutions like remote second opinions (RSOs). Regardless of the goal for creating an RSO program, however, creating an efficient workstream is important. This maturity model will help you assess the components in your workstream and demonstrate how they can be more streamlined.

How to use the maturity model

RSO programs can fall into three major categories: pilot, intermediate, and established. There are nine dimensions by which to assess where your organization currently is versus where it could be in the future. Your program may fall into different maturity levels across each dimension.

What are RSOs?

RSOs allow specialists to review and consult on complex patients' cases without an in-person patient examination. Patients or referring providers request an RSO, the patient's prior records and physician notes are collected, and then a specialist or subspecialist reviews the case. From there, the specialist confirms a diagnosis and proposed course of treatment, or recommends further testing and treatment plans based on specialty expertise.

RSO MATURITY MODEL

	Pilot program 	Intermediate program 	Established program 
RSO workflow and timeline	Supplements on-premise second opinions with manual workflow; timeline is dependent on prior record collection and availability of the reviewing specialist	Optimizes workflow based on initial experiences; timeline expectations are set on a case-by-case basis	Automates workflow with auto follow-ups and notifications; two-week turnaround expectation
Pricing strategy	Ad hoc; starts with loss-leader pricing strategy and adjusts pricing based on patient demand and internal costs	Establishes pricing with some variability based on specific patient needs	Offers prices on website with ability to accept electronic payment and potential for partial insurance reimbursement
Return on investment (ROI)	Invests in setup, technology, staff, marketing, and partnerships with specialists in anticipation of ROI	Fee-for-service covers ongoing costs and determines staffing expansion and scalability	Collects fees from procedures and admissions that exceed the cost of the RSO
Legal considerations	Focuses on patients in local area	Invites patients from expanded area	Invites patients from abroad and outside of current area with clearly established processes and selected territories of service
Technological capabilities	Uses a third-party concierge service to run program	Uses software system built specifically for RSOs to enable automated workflow processes	Uses “virtual front door” to capture all prior medical records and automates self-service patient intake; transfers records to core systems like EHR/PACS/pathology VNA
Specialist/subspecialist participation	Requests participation from the appropriate specialists to perform the expert consultation; might offer incentives for participation	Establishes set of specialists to consistently review several cases at a time	Gives appropriate incentives to specialists to participate in accordance with their service level agreement (SLA)
Marketing services to patients	None/word of mouth/ad hoc	Promotes services on webpage	Uses an integrated, patient-oriented strategy
Interaction with patients	Individually handles each patient through a third-party concierge service	Internally takes over some of the work that is done through a third-party concierge service	Supplements technology-enabled self-service with internal staff assistance
Long-term impact on RSO patient relationship	Limits RSO patient contact to RSO interaction	Receives the downstream procedure or admission of patient	Maintains ongoing patient relationship well past RSO procedure or admission (if applicable to your program goals)

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