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# How my group scaled...e-visits

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Sentara Medical Group offers phone-based e-visits to their patients. Below you will find their approach to engaging a subset of their physicians in delivering these e-visits.

This continues our series offering detailed profiles of key medical group initiatives. You can find our first profile on online physician reviews [here](#). Looking for more information on an initiative you are pursuing? Have additional details you'd like us to include? Email us at [mgsc@advisory.com](mailto:mgsc@advisory.com).

**Sentara Medical Group** is a 1,197-provider group based in Norfolk, Virginia, that spans Virginia and North Carolina.



## Steps to support implementation

## Detail

### Results

- Participating physicians average nearly 30 visits per month
- 20-30% of visits from patients on Sentara's health plan; remainder are self pay

### Change in compensation

No, but can get 0.3 RVU credits for each e-visit

### Change with EHR

No, integrated into EPIC

### Change with workflow

No, staff needed to tee up the e-visits – just sending them to the providers in basket folder

### Change in team structure

No

### Communication plan

- Medical Director explained e-visits and rollout plan to all physicians
- Identified a local physician champion to serve as a site liaison at each participating practice
- When introduced to sites, highlight advantages of doing e-visits
- Emphasize that providers who participate have not had any issues
- Trained all physicians at pilot sites, but made offering e-visits voluntary; allowed them to do e-visits at their convenience

### Rollout timing

- First pilots began in 2014 with volunteer family practice, internal medicine sites
- Second volunteer site expansion occurred 12 months later
- Takes 1-2 months to go live at any given site, including physician and staff training
- Plan to roll out video visits next

Source: Advisory Board research and analysis.

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### *Most common pushback*

Will take too much physician time

- Allowed physicians to opt into the program
- Allowed physicians to offer e-visits at their convenience, including afterhours
- Offered 0.3 RVU credit for each e-visit

Technology will be too cumbersome

- Train all physicians to use platform via a short, 10-20 slide WebEx presentation
- Use staff to forward visits to providers so providers automatically see pending visits in their queues
- Leverage physician champions to speak to ease of using the platform

Physicians cannot give good enough clinical care remotely

- Predefine a list of conditions for which it is safe to deliver care via e-visit
  - Allow providers to tell patients who they cannot treat virtually that they must book an in-person visit; in that case, patients are not charged for the e-visit
  - Focus on willing physicians who are already bought into the idea of telehealth; leverage them to get others on board
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### *Lessons learned*

Most physicians prefer to offer e-visits outside of traditional office hours

- Mostly answering them in evenings and on weekends
- Hope to have physicians eventually block time in the middle of the day to ensure access to e-visits during normal business hours
- Would like to move towards standardized visit hours, with physicians taking shifts to answer e-visits; working on this for video visits

Once physicians begin offering e-visits, they become champions to get other physicians on board

- Physicians who try out offering e-visits are generally satisfied with the process
  - They then are able to get other physicians at their sites to try them out and even act as champions to other new sites
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### *Other*

- E-visits are open to existing patients
  - E-visits cost \$30 cash or the standard office visit copay for those on Sentara's health plan
  - Pull utilization reports monthly, including number of visits per physician and site, insurance type, and types of conditions treated
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More questions? Contact us at [mgsc@advisory.com](mailto:mgsc@advisory.com).