



Virtual Medicine Practice: Promise and Pre-emption

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Virtual Medicine Promise

- Many opportunities exist for patient interactions beyond the traditional methods of patient care.
- To meet the needs of patients, we must be capable of delivering care when, how and where patients need care at an affordable price
 - Direct interactions with patients
 - Interactions with physicians



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- Finance
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- Diagnosis/Visits/Appointments
- Labs/X-rays
- Medications/Allergies
- Immunizations
- Health Maintenance
- Disease Management
- Ask Mayo/Appointment Manager
- Education Resources

- Triage Web Protocol
- Nurse Message
- E-Consult
- Appointment Manager
- Concierge Service

watch for new online services in the near future. To ensure that you are able to use these services, we must have current contact information. Please take a moment to verify your information by clicking on [My Profile](#).





Referring Physician Portal



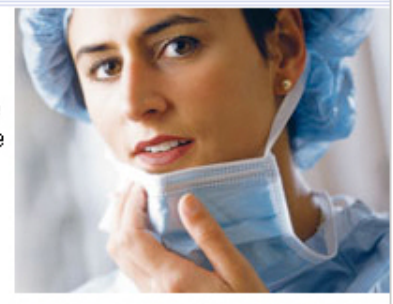
LOG OFF

Patient Specific	Patient A	Patient Clinical Notes
Make an Appointment	Patient B	Patient Labs
CME Opportunities	Patient C	Patient Reports
	Patient D	Consultant Communication
	Add Patient	

Online Services Update

Welcome Dr. Nicholas LaRusso

Watch for new online services in the near future. To ensure that you are able to use these services, we must have current contact information. Please take a moment to verify your information by clicking on [My Profile](#).



Virtual / E-Consults

- **Build on existing projects:**
 - **PCIM-Cardiology/Endo/GIH**
 - **Internal virtual consults**
 - **Built on principle of Common EMR**
- **Mayo-United Arab Emirates**
 - **Local to distant virtual consults**
 - **High tech resource intensive satellite tele-video link**

Virtual / E-Consults Practices without EMR

- Develop web-based interaction with pdf file transmission
- Support with either CD or electronic transmission of images in store-forward mode

Initial Results from Virtual Cardiology Consultations Pilot

Survey of Patients

- 89.9 % patients satisfied or very satisfied
- 80% patients in virtual consult group rated explanation regarding consult to be excellent to very good
- 17.5% patients in traditional consultation group would prefer virtual consultation and for 27% patients in that group it does not matter whether consult is face to face or a virtual

Web-Based Care Algorithms

- Provide simple algorithms for guiding patient care in established practice
 - Can be useful for self-care for acute, self-limited conditions or guided care in chronic disease with effective physician-patient relationship

Community Internal Medicine **Urinary Tract Infection Questionnaire**

[Home](#)

Clinic Number including hyphens (ex: 0-123-456):

Last Name: First Name:

Primary Provider:

Drug Allergies:

Contact Phone Number:

How old are you?

How long have you been sick?
 (select from drop down)

Do you have a fever greater than 101F? yes no

- Please check all symptoms that apply to you:**
- burning when you pass urine
 - passing urine more frequently
 - sudden urge to pass urine
 - new onset of low back pain
 - nausea/vomiting
 - abdominal pain
 - changes in vaginal discharge/odor, itching, painful intercourse

Please check all that apply to your medical history:



Thrombophilia Dosing Adjustment for General Internal Medicine

Protocol applies to patients (15 years of age and older) on Warfarin (Coumadin®) who are not in their initial 30 days of therapy and have a INR goal range of 2 – 3 or 2.5 – 3.5.

This protocol will be electronic only. Documentation of this information will be collected in MICS Lastword Anticoagulation Flowsheet. Viewing of this information will be using the Documents Browser application or MICS Lastword.

- To access this protocol:
1. Access the MICS Lastword Anticoagulation Flowsheet.
 2. Enter patient's clinic number in the number field.
 3. Verify patient's name.
 4. Initiate protocol.

Age: _____

Primary Provider: _____

- Obtain Prothrombin Time (PT) via a point of care or venipuncture test.

Current INR: _____

Exclusion Criteria:

- No goal range identified.
- Patient reports signs of bleeding or clot.
- Patient is pregnant or thinks she may be pregnant (contraindication to Warfarin).
- Current INR is greater than 5.
- Current INR is less than 1.5 (for goal range 2 – 3) or less than 2 (for goal range 2.5 – 3.5).
- Patient has missed 3 or more doses of Warfarin in past 7 days.

If no boxes are checked, **proceed to assessment section.**

If any of boxes are checked, **protocol does not apply, provider input required.**

Assessment section:

- Patient has missed 1 or 2 doses of Warfarin in the past 7 days.
- Patient reports initiation or discontinuation of a medication, that interacts with Warfarin, since last PT (refer to ICSI Anticoagulation Therapy Supplement Guideline, appendix C).
- Patient reports the starting or stopping of any herbal products or nutritional supplements since last PT.
- Patient has had vomiting or diarrhea lasting greater than 24 hours in the past 7 days.

If any boxes are checked, follow steps 1 and 2 in the appropriate tables below and **redraw PT in 5 – 7 days.**

If no boxes are checked, **proceed with protocol.**

1. Patients goal INR level: _____
2. Patients current Warfarin dosing regimen: _____
3. Calculate current weekly Warfarin dose: _____ mg
4. Utilize patient's INR result and follow steps 1, 2, 3 in the tables below to **adjust** dosing to meet patient's established goal level.

Goal INR Level 2 to 3:

Current INR Level	Step 1 Omit Number of Doses	Step 2 Adjustments Note: Round to nearest 1/2 tablet that patient has available.	Step 3 Follow up PT Testing*
1.5 – 1.7	0	Increase weekly dose by 10%	3 – 7 days
1.8 – 1.9	0	Increase weekly dose by 5%	7 – 10 days
2.0 – 3	0	No change	2 – 4 weeks
3.1 – 3.2	0	No change	7 – 10 days
3.3 – 3.5	0	Decrease weekly dose by 5%	7 – 10 days
3.6 – 4	1	Decrease weekly dose by 10%	3 – 7 days
4.1 – 5	1	Decrease weekly dose by 15%	Within 5 days

Virtual Medicine Promise

- Greater connection of specialty care to support primary care physicians and primary care support of patients could effectively mitigate the predicted shortages or geographical workforce disparities
- Greater coordination of care could improve value (better outcomes, less waste, lower cost)

Virtual Medicine: Pre-Emption

- **Payment system limitations**
- **Licensing requirements**
- **Technical limitations**
- **Physician adoption**
- **Patient adoption**



Discussion

