Virtual physician care: How can its use be accelerated?

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Abstract: Although the provision of virtual care, often referred to as telemedicine, has been around for over fifty years, its use by physicians to care for patients has not been widely adopted. This dissertation examines how to accelerate the use of virtual physician care in three aims. Systematic literature reviews were used to understand more about the quality of virtual physician care (Aim 1) and barriers to its use (Aim 2). Aim 3 engaged physician leaders from Carolinas HealthCare System (CHS); the second largest public healthcare system in America, in key informant interviews to better understand what factors could accelerate the use of virtual physician care. Results from the literature review on quality (Aim 1) concluded that virtual physician care results in at least comparable or better quality care. Aim 2, exploring the barriers to virtual physician care, identified nine (9) general themes as contributors to the lack of its adoption including physician attitude, system support, training, patient acceptance, legal/ regulatory issues, quality, reimbursement, liability and technology. Aim 3, focused on the acceleration of virtual physician care, revealed five (5) themes critical from the physician perspective to increase its use and more widespread adoption to care for patients. These themes included: 1. Effective technology to provide virtual physician care must be available in a consistent, reliable format. 2. Providing physician care virtually must meet the same quality standards as the current model of care. 3. Institutional support to provide virtual physician care must be clearly articulated and recognized throughout the organization as an acceptable model of care. 4. The provision of virtual physician care must be efficiently integrated into the current workflow of the physicians in all care settings. 5. The healthcare environment must create a demand for virtual physician care.

Strategic recommendations to support the implementation of virtual physician care at Carolinas HealthCare System include: aligning the system strategy to support its use, identifying both physician and administrative champions, and pilot-testing virtual care programs to demonstrate its efficiency and confirm high-quality outcomes. As the adoption of virtual physician care increases at CHS, the plan also accounts for sharing knowledge through purposeful research to add to the literature on virtual physician care and taking an active role in national policy development. It is anticipated this model of care will continue to received increased attention and its use can be positioned to help advance the work of public health and healthcare to improve the health of populations and individuals.

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