

THE PRACTICAL REALITY OF VIRTUAL CONSULTS



Three virtual consultation misconceptions preventing you from best meeting consumer expectations.
 BY TOM SEERY, CONTRIBUTING EDITOR, FOUNDER AND CEO OF REALSELF

I know how important consultations are to you.

They're essentially your due diligence necessary to deliver the best possible patient outcome. It's entirely reasonable if you're hesitant to embrace virtual, online consultations. There are plenty of arguments you could make that question how informative they can be for both parties, and there are inevitably important patient confidentiality factors at play. But consumers and the overall healthcare industry appear to be primed and ready to support and promote them.

Research and analysis firm IHS Markit projects that medical providers will conduct 70 million virtual consultations in 2020 alone.¹ Within aesthetics, can the benefits of virtual consults overcome the privacy concerns of aesthetic patients? Based on a virtual consult test program running on the RealSelf mobile app, early results are promising. So far, nearly 700 RealSelf app users have opted to participate by adding at least one personal photo of their problem area when sending a consult inquiry to an aesthetic doctor or clinic.²

But if you're still on the fence about offering virtual consultations, consider if the following misconceptions are holding you back from connecting with more potential patients in a realistic and secure way.

MISCONCEPTION 1: VIRTUAL CONSULTS ARE UNTESTED

Your patients are still consumers, and today's Uberized consumers (Read the Virtual Voice May/June 2017 column at modernaesthetics.com/2017/06/) expect the convenience and immediacy of a virtual consultation. So it's easy to see why companies are stepping in to meet demand. For instance, UnitedHealthcare, the largest health insurer in the US, launched their Virtual Visits program all the way back in 2015. Even tech giant Microsoft is invested with their Virtual Health Solutions that connects clinicians, care teams, and patients through a single platform.

With the virtual consultation pilot program RealSelf is running, including a photo or two allows potential patients to better explain their situation ("Should I get Botox or

filler around my eyes?"). It also means providers can better personalize their response as a precursor to an in-person consult. Since introducing this feature two months ago, we've seen significant consumer interest in more context-rich interactions before meeting you. During that time frame, 82 percent of users who contacted a provider using the RealSelf app chose to add an optional photo.²

We also have additional signals that aesthetic consumers want online and on-demand answers from you. Despite initial hesitation from providers about answering anonymous consumer questions on RealSelf, 40 million users view our "Ask a Doctor" content each quarter.³ To be clear, our Code of Conduct explicitly forbids posting medical advice on RealSelf. Whether through a public Q&A or a 1:1 virtual consult, we believe patient education is key, so long as it's done within the bounds of security and professional ethics.

MISCONCEPTION 2: VIRTUAL CONSULTS ARE AUTOMATICALLY RISKY

You research the latest breast implants and lasers. You engage consumers on social media. And your day-to-day operations would grind to a halt without your trusted practice management system. Let's face it, you're not new to leveraging technology to help consumers and to grow your practice.

Yet with communication technology in particular, HIPAA compliance is a big concern. Especially when you consider that a 2016 HIPAA survey notes only 37 percent of practices are "very confident" that all office electronic devices are fully compliant.⁴

You can count Dr. Brannon Claytor among the plastic surgeons with serious reservations about virtual consultations. "Even in 2018, I am still very cautious about opening a live camera feed because I can no longer control the environment or content. Who else might be watching, off-camera?" asks the Philadelphia-area doctor. Dr. Claytor continues, "Not having control over what they say, do, or show you is a challenge. If people can upload a video securely with documentation, maybe I'll change my mind."

However, many private practices and hospitals are already embracing virtual healthcare, including Brigham & Women’s Hospital (BWH) in Boston. As their Medical Director for Telehealth Dr. Adam Licurse reveals in the *Harvard Business Review*, 97 percent of patients surveyed after their initial encounter would recommend the program. In addition, Dr. Licurse notes that, “74 percent felt that the interaction actually improved their relationship with their provider, allaying some of our concerns that what patients would gain in convenience they would lose in a remote interaction.”⁵

The question remains: If you are interested in exploring virtual consultations, how do you safeguard patient privacy while still being part of the innovation vanguard? There are a variety of third-party solutions for PCs, Macs, and mobile devices that claim to be HIPAA-compliant. They’re used for telemedicine video conferencing by hospitals, private practices, even NASA astronauts aboard the International Space Station.

What you definitely don’t want to do is risk HIPAA violations with an unsecure homegrown “solution.” As Dr. Claytor points out, “With Skype or FaceTime, you lose control of the environment. Without criteria and communication methods that allow for maximum protection of patient confidentiality, you risk compromising your ethics.” Whatever third-party service you engage for patient communication, don’t forget to have a HIPAA Business Associate agreement in place as required by law.

I know, you’re dedicated to patient privacy. At RealSelf, so are we. That virtual consult pilot program I mentioned earlier? We made sure to include blurring, cropping, and privacy sticker options so users can anonymize their photos. We also delete these photos from our servers after 30 days. With some upfront planning, you can mitigate technological risks while still giving consumers what they want.

MISCONCEPTION 3: VIRTUAL CONSULTS REPLACE IN-PERSON CONSULTS

Yes, there are valid concerns about how comprehensive virtual consultations can be. But they should set the stage for an in-person consult, not replace it. Misconception, misnomer, call it what you want—as long as you don’t get caught up in poor word choice.

Because, of course, you need enough detail to form your expert opinion about a potential patient’s specific situation. Successful innovators, like Dr. Edward Dickerson, see both the value and limitations of virtual consultations. This facial plastic surgeon or his patient coordinator does one or two informational video calls a day because Dr. Dickerson recognizes that they’re “easy for a potential patient to get to know you. And because she doesn’t have to travel, we can use that time to answer her initial questions.” The North Carolina surgeon continues, “But virtual

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consultations cannot, and should not, take the place of a traditional, in-depth discussion and exam.”

Instead, Dr. Dickerson sees these virtual chats as a pragmatic middle ground that helps both consumer and provider: “With video consultations, I don’t try to get a patient booked right away. I use them to increase her comfort level so when she comes in, we already have a strong rapport built on trust. What seems like an extra step can actually help you convert more contacts into surgeries.”

3 MISCONCEPTIONS VS 1 BIG OPPORTUNITY

Successful practices manage every detail, beginning with the first patient call or email. They design a space that looks more like an upscale hotel than a medical office. They hire experts to identify and correct the smallest issues in the consultation process.

Why? Because these leading practices know that even a small increase in conversion results in significant revenue. And while online consults are virtual, the potential benefits to your practice are quite real—if you can overcome the misconceptions. ■

1. <https://cdn.ihs.com/www/pdf/Technology-White-Paper-The-Connected-Patient.pdf>
 2. RealSelf internal data, January–March 2018.
 3. RealSelf internal data, Q3 2016.
 4. <https://www.nuemd.com/hipaa/survey/2016/>
 5. <https://hbr.org/2016/12/one-hospitals-experiments-in-virtual-health-care>

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