

Prescriptions *Medical Alert*

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Increasingly, medical practices and insurers are recognizing the advantages of allowing patients to communicate with their doctors online.

The Virtues of Virtual Office Visits

The widespread availability of online technologies is starting to change the way physicians “see” patients. Offering patients the option of a “virtual” office visit can be a great way for physicians to improve patient access and satisfaction, while still running an efficient and profitable practice.

Always on the lookout for greater convenience and more choice, growing numbers of Americans are turning to the Internet for shopping, socializing, and entertainment. So if people can communicate with friends, family, and business contacts online, why can't they log on to talk to their doctors? Increasingly, medical practices and insurers are recognizing the advantages of allowing patients to communicate with their doctors online, especially for routine or follow-up consultations.

From the perspective of the patient, having to go to the doctor's office to discuss a matter that does not require a physical examination can be frustrating. Patients may have to spend time driving to get to the appointment and then waste additional time in the waiting room. Many patients are forced to leave work or pull a child out of school for several hours for the sake of a 10-minute consultation with the doctor. Seeing the doctor is even harder if a patient is on vacation or unable to travel due to disability or a lack of transportation.

Offering patients the option of a virtual visit can ease these pressures considerably. There are different types of virtual office visits: Some are conducted by e-mail; some, using a secure Web-based portal; some, via a webcam; and some, using some combination of these communication channels. In its simplest form, a patient may e-mail his or

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Physicians' Ties to Drug Companies under Scrutiny

Amid growing concerns that giveaways by pharmaceutical companies and medical device manufacturers are influencing clinical decisions made by physicians, Senators Chuck Grassley (R-IA) and Herb Kohl (D-WI) have proposed legislation that would require drug companies and medical device makers with annual revenues of more than \$100 million to disclose any payments made to doctors in the form of money, gifts, honoraria, trips, meals, or entertainment. The bill, S. 2029, is titled, "The Physician Payments Sunshine Act."

"Right now the public has no way to know whether a doctor's been given money that might affect prescribing habits," Grassley said. "This bill is about letting the sun shine in so that the public can know. Whether it's dinner at a restaurant or tens of thousands of dollars or more in fees and travel, patients shouldn't be in the dark about whether their doctors are getting money from drug and device makers."

Similar disclosure laws are already in effect in several states, including Minnesota and Vermont, and are currently under consideration in a number of others. Among other possible abuses, concerns have been raised that physicians may be influenced to prescribe a brand name drug, when a less expensive generic version would be equally appropriate.

According to the results of a survey, published in the April 26, 2007 issue of the *New England Journal of Medicine*, 94% of physicians report having some type of relationship with the pharmaceutical industry. Some 83% of the 3,167 physicians surveyed said they had received food in the workplace, 78% reported receiving samples, 35% said they received reimbursement for costs associated with professional meetings or continuing medical education, and 28% said they received payments for consulting, delivering lectures, or enrolling patients in trials. While the survey found that cardiologists were more than twice as likely to receive payments from companies, family practitioners were shown to meet more frequently with industry representatives than physicians in other specialties.

Many physicians believe that accepting gifts from pharmaceutical companies has no impact on their clinical decision making. However, a study examining the conflicts of interest created by health industry practices, published in the January 25, 2006 issue of the *Journal of the American Medical Association*, cited research showing that doctors who receive

gifts tend to have more positive attitudes toward pharmaceutical representatives; also the rate of prescriptions by physicians increases substantially after they have seen sales representatives, attended company-supported symposia, or accepted samples from companies. Moreover, the study's authors concluded that an overwhelming majority of interactions between physicians and sales representatives negatively affect clinical care.

Given these and similar findings, a number of medical associations, including the American Medical Students Association (AMSA) and the National Physicians Alliance (NPA), have declared their support for S. 2029. In partnership with the Prescription Project, the NPA has announced plans to develop a



national physician network to educate doctors about how pharmaceutical marketing to physicians creates conflicts of interest

in the profession and to promote evidence-based prescribing. The NPA said it also intends to develop professional ethical guidelines for relationships between physicians and industry representatives, and offer practical advice to physicians on how they can cut their ties to the industry.

Aware of the criticism directed at the pharmaceutical industry, the Pharmaceutical Research and Manufacturers of America (PhRMA) recently announced that it is considering tightening its code of conduct for sales representatives to limit more sharply the types and size of gifts they may offer physicians. In addition, CMR Institute, an organization that provides education and certification for pharmaceutical sales representatives, recently released the results of a survey showing that doctors value meetings with knowledgeable industry representatives.

"Our research shows that most physicians find considerable value in meeting with pharmaceutical representatives when the call is substantive," said Jim Dutton, president of CMR Institute. "We believe strongly that it is not more regulation that is needed, but stepped-up education, which will benefit physicians and, ultimately, their patients." *LD*

COBRA: Continuing Health Care Coverage after Employment Ceases

The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) enacted health care continuation coverage requirements applicable to most employers with more than 20 employees. COBRA requires an employer who maintains a group health insurance plan to provide employees with an option to remain covered by the employer's plan for a specified period of time, if the employees or their family members lose coverage upon the occurrence

of certain events (such as reduced or terminated employment).

However, it's important to note that COBRA provides for continued coverage under the employer's existing plan, not a new form of coverage. Thus, employees who previously did not elect coverage for themselves, their spouses, or their dependents may not elect continuation coverage that is broader in

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her doctor with a medical question or a request for a prescription refill, and the physician may respond by typing out a short reply and, if necessary, calling in a prescription to a pharmacy. But, while many physicians do communicate with patients via e-mail, more sophisticated systems have been developed that help to ensure that the communication is secure and that physicians have easy access to the medical information they need for the consultation.

Some insurers may encourage online exchanges between physicians and patients by offering online communication services. Following a registration process, insured patients and medical providers can use these web-based services to interact with each other.

Patients can, for example, log on the insurer's system to request an office appointment, get referrals, check test results, ask for a prescription, or make a request for a visit with the doctor. The system takes the patient through a series of questions about his or her condition, symptoms, and medical history designed to be used by the physician in diagnosing and treating the problem. Patients are invited to write in comments and attach images or audio files that could be helpful to the doctor in diagnosing the problem, including the results of medical tests taken at home. The doctor can then view the information the patient has provided and send an e-mail to the patient directing him or her to log on to the system to view the physician's response, which may include

links to further information about the condition or a notification of a prescription that has been electronically sent to the patient's pharmacy. In certain cases, the physician may request additional information or ask the patient to come into the office for an examination or for tests. A small, but growing, number of doctors are even using webcams to conduct virtual office visits in real time.

Insurers with online services may reimburse physicians for these virtual visits, sometimes at rates that are comparable to payments for in-person visits. Physicians also have the option of using technology solutions providers that supply practices with the tools they need for online communication with patients. These services typically arrange for patients to pay for the online consultations out of pocket using a credit card, or when applicable, they can process insurance claims and co-payments. Even in cases where a patient's insurance does not cover the cost of a virtual visit, many patients who value the convenience of the service may choose to use the service and pay out of pocket for the consultation.

Of course, not all types of medical problems, and not all categories of patients, can be properly diagnosed and treated via a virtual visit. Only established patients for whom the physician has medical records on file should be encouraged to use the online service. For managing non-acute problems, online communication can offer an efficient and convenient solution for both patients and doctors. *P*

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scope than the coverage they were provided during their employment.

To qualify for continuation coverage as a “covered employee,” an employee must be a participant in his or her employer’s group health insurance plan. An employee’s spouse or dependent children will be covered as “qualified beneficiaries” if they were covered by the plan at the time of the employee’s termination or reduction in work.

If continuation coverage is elected, the employer may charge the employee or beneficiary up to 102% of the employer’s health insurance premium during the continuation period. The extra 2% is intended to reimburse the employer for administrative costs associated with providing continuation coverage.

COBRA provides that the period of continuation coverage is based on two classes of qualifying beneficiaries. For widows, divorced spouses, spouses of Medicare-eligible employees, and dependent

children who become ineligible for coverage (by virtue of age requirements), continuation coverage must be provided for at least 36 months. Terminated employees and employees with reduced hours are eligible for only 18 months of coverage.

If a qualified person wants to receive continuation coverage, he or she must elect to do so within a 60-day election period. Coverage must be provided during the 60-day period beginning on the date coverage would otherwise have lapsed. If a plan participant waives his or her right to elect continuation coverage during the 60-day period, the waiver may be revoked at any time up to the end of the 60-day period. The employer is not required, however, to provide retroactive coverage in this situation.

The continuation coverage under COBRA is a valuable component of an employee benefits package. With health care costs continuing to rise, having the option of continued coverage can be invaluable. *P*

Lifestyle Considerations Affect Physician’s Relocation Decisions

Physicians thinking about making a career move involving relocation are more likely than they were in the past to consider lifestyle issues, such as work schedule and local amenities, to be more important than potential or immediate income when selecting an opportunity, according to a survey conducted by physician recruitment firm Jackson & Coker.

The survey of 2,831 physicians in 25 major medical specialties was commissioned as an update to a similar survey conducted by the firm in 1987. Results of the most recent survey showed that physicians weighing employment options are greatly influenced by the quality of life that they and their families will enjoy in a new area, including flexible or fewer work hours. When asked what areas of the country they would prefer when relocating, 73.42% of respondents chose the Southwest or Southeast.

Meanwhile, the survey found that potential income and immediate income rank second and third, respectively, in influencing physicians’ decisions about whether to accept a practice opportunity involving relocation. In 1987, researchers noted, the physicians surveyed indicated that they were most interested in associating with hospital facilities where they could develop their practices and stay for a long period of time, with potential earnings and lifestyle ranked second and third, respectively, among the majority of survey respondents. *P*