The Real Impact of Virtual Health

Virtual health can reinvent clinician and patient interactions – and create clinician capacity worth billions of dollars.

**Typical Office Visit**

- Hypertension management:
  - 1 in-person annual physician exam with 1/2 of the remaining hypertension-focused encounters converted to eVisits.
  - Time savings equal to: 37,000 PCPs
  - Annual economic value = $7 BILLION

**Ongoing Patient Management**

- Diabetes management:
  - In-person annual physician exam and technology-enabled self-management the rest of the year.
  - Time savings equal to: 1,500 PCPs
  - Annual economic value = $300 MILLION

**Patient Self-Management**

- Regional health system with ~1,800 affiliated or employed PCPs
  - Annual visit: Applying virtual health to annual ambulatory patient encounters can save each U.S. PCP an average of 5 minutes per encounter.
  - Time savings equal to: 37,000 PCPs
  - Annual economic value = $7 BILLION

- Hypertension management:
  - In-person annual physician exam with 1/2 of the remaining hypertension-focused encounters converted to eVisits.
  - Time savings equal to: 1,500 PCPs
  - Annual economic value = $300 MILLION

- Diabetes management:
  - In-person annual physician exam and technology-enabled self-management the rest of the year.
  - Time savings equal to: 24,000 PCPs
  - Annual economic value = $2 BILLION

**What is virtual health?**

Virtual health combines clinical care and professional collaboration through telemedicine, telehealth and collaboration at-a-distance to connect clinicians, patients, care teams and health professionals to provide health services, support patient self-management and coordinate care across the care continuum.

Specific to physician-patient encounters, virtual health enables live and asynchronous clinical interactions, clinical practice and patient management supported by a wide range of communication, collaboration and cognitive computing technologies along with digital devices and data.

**Methodology**

Accenture clinicians, technologists and economists analyzed the workflows of the most common physician office visits, as documented by the National Ambulatory Medical Care Survey (NAMCS), evaluating how virtual health could be applied to diagnostic, follow-up and condition management encounters. Accenture examined encounters ranging from common preventative care office visits and multiracial infant or child health checks to visits for upper respiratory conditions, hypertension, arthropathies and diabetes. To calculate the monetary value of physician capacity, Accenture referenced the American Academy of Family Physicians (AAFP) and Medscape data on average annual primary care physician salaries, and AAFP data about average hours worked annually. Accenture also referenced data from the following sources: American Diabetes Association, Centers for Disease Control and Prevention (CDC), Healthcare Bluebook, U.S. Bureau of Labor Statistics, and World Health Organization’s International Classification of Diseases Ninth Revision (ICD-9). The analysis was conducted in collaboration with THINK-Health LLC in September 2015.

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