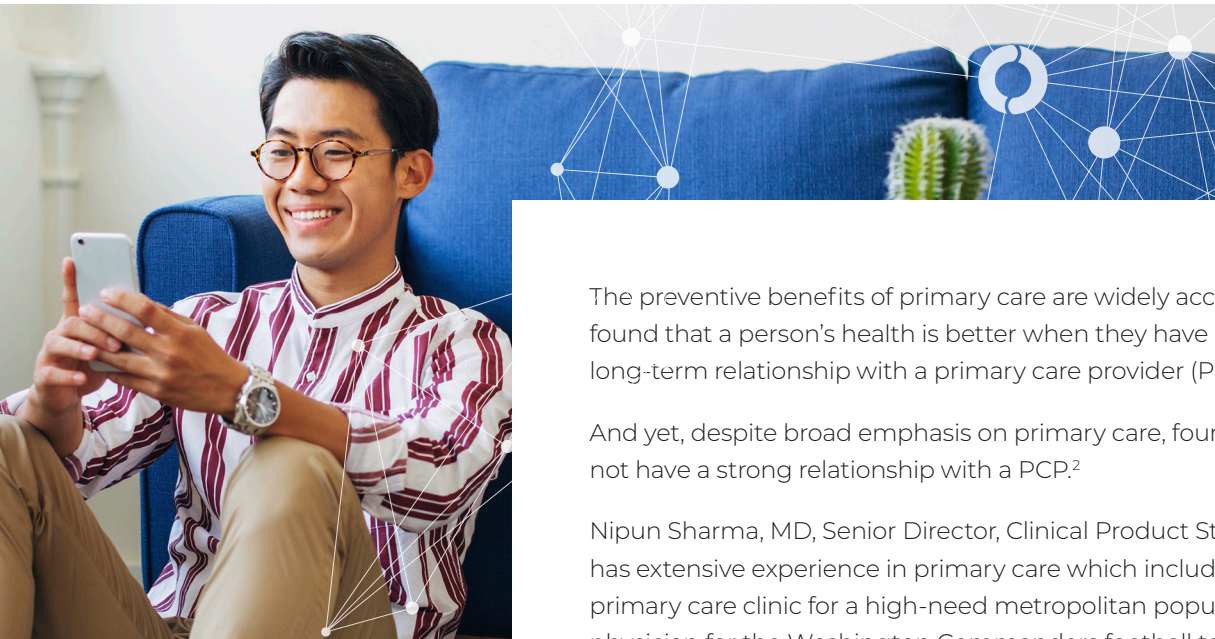


A longitudinal solution to the primary care crisis



The preventive benefits of primary care are widely accepted. A recent study found that a person's health is better when they have a strong, consistent and long-term relationship with a primary care provider (PCP).¹

And yet, despite broad emphasis on primary care, four out of five adults today do not have a strong relationship with a PCP.²

Nipun Sharma, MD, Senior Director, Clinical Product Strategy at Teladoc Health, has extensive experience in primary care which includes running an academic primary care clinic for a high-need metropolitan population, being a primary care physician for the Washington Commanders football team, and teaching medical residents at Georgetown University Hospital.

Troy Russell, MD, MPH, Regional Medical Director of Primary360 at Teladoc Health, is board-certified in Family Medicine and Obesity Medicine and has dedicated his practice to delivering care in a Federally Qualified Health Center as well as academic settings in Illinois, Massachusetts and Washington, D.C.

Dr. Sharma and Dr. Russell both shared their unique perspectives on the value of building longitudinal patient-clinician relationships, including what such relationships might look like in the context of virtual care.

Q: What does a longitudinal relationship look like between a patient and a clinician, and how does it change the perception of primary care being associated with only acute care needs?

Dr. Sharma: With a longitudinal relationship, clinicians develop foundational relationships with their patients and keep building on them over time. A key goal is for that relationship to strengthen as the health and needs of the patient evolve. For instance, you may have a patient you follow up with two or three times before they start doing what you recommend. They're kind of on the fence; they don't know if they trust your advice, but they have heard enough to come back again. Each visit builds that trust, that relationship.

As a physician, you have to do your part to say, "I'm listening and hearing you, specifically. My recommendations are different for you than for anyone else."



Nipun Sharma, MD,
Senior Director, Clinical
Product Strategy
Teladoc Health



Troy Russell, MD, MPH
Regional Medical Director
of Primary360
Teladoc Health

You're seeing, and hearing everything the person is telling you about the unique pieces of their life that are very important to them—their family, friends, job—all those things come to the table when you make recommendations to someone.

What the patient tells you is 99% of this equation. They need to share things with you in order for you to make the best health recommendations. They need to be able to tell you they're depressed. They need to tell you that they've taken up smoking, or that they feel like they have a drinking problem, or they're in an abusive relationship. Those things don't come easy. They come with trust. That's built over time. That's what a longitudinal relationship is all about—if they like you, if they trust you.

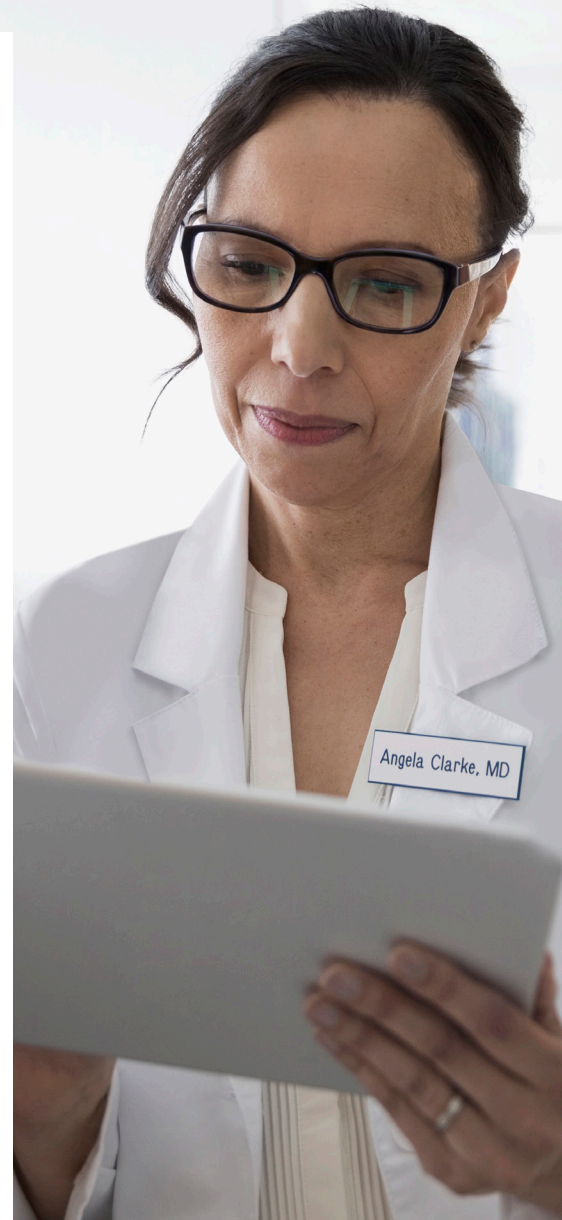
Dr. Russell: I think what I would add here is the value of having a longitudinal relationship with your primary care physician used to be a commonly understood benefit, especially among those who suffer with chronic conditions. The family's doctor conducted routine check-ups, took care of ongoing concerns, knew the patient and family's medical history because they were most likely treating the whole family. Yet, over the years advancements in technology, increased specialization and more geographic mobility have put pressure on the longitudinal model of primary care and, unfortunately, increased the risk of care fragmentation. In simplest terms, we're now in the process of returning to the concept of continuity of care and a clinical team managing the patient's health and well-being throughout the years.

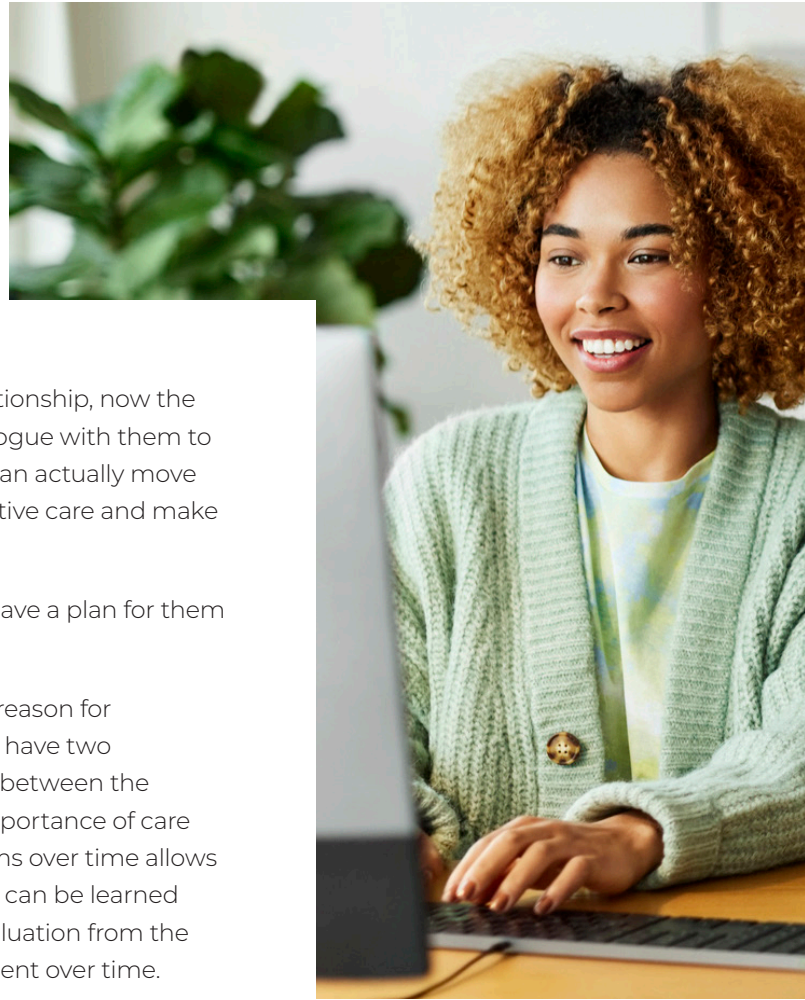
There are countless studies that show a longitudinal relationship with a primary care physician increases patient satisfaction with care and improves clinical outcomes at a lower cost. And related to that, is the impact on health equity—studies show that having access to a primary care physician who knows you is a significant factor in reducing disparities in health, which is another key goal with long-term patient/clinician relationships.

Q: A lot of people only go to the doctor when there's a problem. Are prevention and wellness part of why clinicians should develop long-term relationships?

Dr. Sharma: People have to believe that preventive care is important. But to do so, they have to hear it from someone they trust and believe in. They can get information from a million different places, so why would they listen to you?

I think that's part of primary care that needs to change. A patient goes to the doctor with an issue, and they feel like any other patient who sees a doctor for the same condition gets the exact same treatment and has the exact same conversation they had with their doctor. This leads to people only coming in for a problem because they think that all we as clinicians do is treat problems.





Whereas as we move towards the true kind of longitudinal relationship, now the person knows that we're treating them and we're having a dialogue with them to figure out the best plan for them. And that's where I think we can actually move the needle with someone who is a little bit reluctant on preventive care and make it so they buy into it and follow through with it.

In a longitudinal relationship, they feel like you're treating and have a plan for them as an individual.

Dr. Russell: Preventive care is a major reason, but not the only reason for developing a long-term relationship. Longitudinal relationships have two additional benefits for patients including a higher level of trust between the patient and clinician and second, the often-underestimated importance of care continuity. Being able to identify and trend a patient's symptoms over time allows for a better understanding of the next step in the process. A lot can be learned about a patient and their condition by walking through the evaluation from the beginning and monitoring how the patient responds to treatment over time.

Q: Does virtual primary care present any additional opportunities to build longitudinal relationships that may not be available through traditional means of care?

Dr. Sharma: Absolutely. In traditional care settings experience, you have to drive to a doctor's office. You check in, and you don't know how long you'll have to wait. The clinician has appointments scheduled for 15-minute blocks, which is already too short. So, the clinician may come in and say, "You have an infection; let me listen to your breathing. Let me prescribe you an antibiotic." And then they're out of the exam room within 5 minutes. If you wanted to talk about three or four things, you're frustrated because you didn't have the opportunity to do so. The time you have with the actual clinician is not productive. You may or may not do what was told to you, but you certainly don't feel great about it.

With virtual care, first, if you have an appointment scheduled at noon, you click a button and you're in, at noon. You don't have travel time, and you don't have to wait for your appointment.

Because virtual can structure these appointments and protect the time a patient has with a clinician, visits can be longer. The clinician can get to those details that matter so much. They can really do what medical school teaches these healthcare professionals to do, which is ask open-ended questions and let the patient tell them everything they think is important for them to know. That can inform the treatment plan, not only that day, but for the next visit.

Another thing that virtual does is protect the back end of a visit. Clinicians will go through the care plan with their patient at the end of the visit, but they don't have to go through all the administrative work, because they have a care team that will step in. A member of the care team will reconfirm that care plan, then check a lot of the administrative boxes that need to be checked. That further protects the appointment slot from start to finish.

In addition, most virtual platforms have messaging available so people can reach out to their clinician with questions. For a lot of people, messaging is often preferred to calling. And through that, clinicians are able to provide a lot of asynchronous care for all sorts of needs, including providing refills, referrals, lab orders, etc.

Dr. Russell: I think that's right, and we know there are obvious logistical barriers for in-person visits that can affect the ability to maintain longitudinal primary care. People live busy lives and don't always have the flexibility to take a half day off from work, find a caregiver or babysitter and drive across town for their visit. Even the most motivated patients can struggle to make it happen. Many of my previous patients had work hours that made it challenging for them to be seen for care. The convenience of seeing your primary care team from wherever the patient feels most comfortable opens so many additional opportunities for patients to get the care they need.

However, improved access isn't the only thing required to foster a longitudinal relationship. The primary care practice environment must be designed to allow the patient-clinician relationship to develop. Virtual primary care allows for longer visit times, so the patient and clinician can dive into the necessary medical history and develop a plan to achieve the patient's health goals. Visits can last up to an hour with virtual primary care, which results in high-quality, comprehensive visits with concierge-level attention which is a real game changer in primary care. By making the experience a substantial and positive one, patients feel empowered to improve their health and well-being for the long-term.



Q: What can telehealth do to empower patients and encourage a stronger longitudinal relationship?

Dr. Sharma: A strong longitudinal relationship is built on patient empowerment. We are way past clinicians saying do these three things and leaving it at that. It's all about having a dialogue and saying, "This is why I think you should do these things. This is the evidence. What do you think?" As your clinician, I'm going to give you all the information I think you need to make an informed decision. But in the end, it's your decision. It really is all about empowerment.

Dr. Russell: I agree and to achieve that empowerment, one important thing I want to emphasize about virtual care is the power of care teams to achieve patient goals. For example, chronic conditions are not usually identified and under control during a single visit. It requires a few interactions to communicate a plan that works for the patient and time to see how a patient responds to an intervention. Care teams can add additional layers of support and knowing you have your care team working with you for the long-term helps give patients that sense of empowerment and support that makes a difference for their health outcomes and quality of life.

¹Henry Olaisen, et al. Assessing the longitudinal impact of physician-patient relationship on functional health." *Annals of Family Medicine*. September 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7489969/>

²Internal Teladoc Health data

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