

# Spotlight on Health Care



## “Doc” Thornbury: A Health Care Pioneer ㊦

by Jeffrey Lewis

(NAPSA)—As more physician practices refuse traditional health insurance and fewer medical students pursue primary care medicine, accessing and communicating with your doctor becomes more difficult—but there could soon be change for the better.

E-commerce has changed how consumers buy virtually everything. The use of e-commerce in health care adds efficiencies and opens new pathways to addressing the nation’s health care needs. The cost to provide online health care services is lower; it can be excellent for the majority of minor acute or stable chronic disease care and where the underlying diagnosis is rarely in question.

Given the breadth of current technology, it will become common to communicate with a provider through a secure, handheld device such as a smartphone. The mobile device is one of the most important and cost-effective health care tools.

“mHealth” is the term used for delivery of health care products or services through mobile devices. The value of mHealth is accessibility, since it’s available to everyone with a smartphone. While telehealth is valuable, it attempts to re-create the medical office online. At a time when primary care providers are simply besieged, the efficiency and effectiveness of mHealth can help them address many patients’ needs.

Dr. William C. Thornbury, Jr. (Doc), a primary care physician who practices in south central Kentucky, is pioneering this effort. About four years ago, when looking at the challenge of health delivery in his rural practice, he didn’t kick the can down the road; rather, he asked, “Why not pioneer a solution?” His team devel-

oped “house call via smartphone.” He did this to maintain the relationship with his established patients and improve their access to care.

Their solution: meVisit (which stands for mobile e-Visit), a technology designed by a doctor for use by doctors. meVisit is a mobile model engineered to provide a secure encounter in three to five minutes, the time deemed necessary to keep a physician engaged and the service sustainable. Doc quickly realized that meVisit was more comprehensive than office notes. It was the second generation of telehealth.

Doc came to understand that the difference between mHealth and traditional telemedicine was efficiency. Mobility allowed the encounter to follow the clinician. An immediate response wasn’t necessary in most cases. Turnaround time was quick and it yielded compensation. Plus, mobility in online care meant fewer missed office follow-up appointments.

The design allowed the clinician to determine if or when a synchronous phone or video chat was necessary. Doc collaborated with the University of Kentucky in studying the mobile-to-mobile delivery model. They found that 80 percent of the encounters were safely handled via asynchronous e-visits without affecting outcomes. The remaining 20 percent were augmented by a phone call.

The power of meVisit is practically unlimited. Homebound Medicare patients can have eMobile access to care without the need to leave the house. Every market has embraced mobility and e-commerce except health care. The time for change is now.

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