

CHEAT SHEET

for US health care providers

Remote Second Opinions

Delivering specialists' expertise from afar

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Key takeaways

- Remote second opinions (RSO) allow specialists to review and consult on complex patients' cases without an in-person interaction.
- RSO programs benefit multiple health care stakeholders. Patients get access to specialists, local providers gain insight about how to care for their patients, specialists and their health systems increase their revenue through remote consults and downstream volumes, and health plans and employers limit unnecessary utilization.
- Effective programs require cross-stakeholder buy-in to generate internal support and external demand. Typically, innovation or strategy teams drive the initiative, existing physicians perform the expert consultation, and marketing launches campaigns to garner interest.
- Covid-19 highlights telehealth's value to treat patients in different-in-kind ways. RSOs are a subset of telehealth that empowers patients to seek the right care from the most appropriate specialists.

What is it?

RSOs allow patients and existing providers to access specialist consults for complex cases without the need for in-person encounters. Patients or referring providers request an RSO and a specialist or subspecialist reviews the case and either confirms a diagnosis and proposed course of treatment, or recommends further testing or new treatment plans based on specialty expertise.

The most common populations who use RSOs include patients with complex or life-threatening conditions and patients in rural areas.

RSO companies offer a variety of service models to facilitate specialist opinions. Service companies rely on administrative staff to procure all relevant documents and pass these to specialists, while software companies optimize technology to streamline labor-intensive document consolidation. Both service and software companies transfer patient records and clinical information to the specialist for review.

Spectrum of remote second opinion service models



	Service	Service and software	Software
End-user	Patients, employers	Health systems, medical groups, specialists, payers, employers	Health systems, medical groups, specialists
Functions	Assemble, consolidate clinical documents for specialist review	Assemble documents, provide digital platform to consolidate records for shared viewing by any appropriate provider	Provide digital platform to consolidate records for shared viewing by any appropriate provider
Administrative owners	RSO company assumes administrative duties for record collection	RSO staff and software platform for record collection	Patient and local provider use platform for seamless file-sharing

Why does it matter?

Access to specialty care is limited in large parts of the United States. Many patients who opt for an RSO lack specialists in their immediate geographic area. There are 30 specialists per 100,000 people in rural America, compared to 263 in urban areas. However, RSOs apply to all patient scenarios—including in urban areas where patients or providers seek expert consultations for complex, or rare diagnoses from the most appropriate specialist.

Distribution of U.S. specialists

Rural vs. urban

30

Specialists per capita in rural areas



263

Specialists per capita in urban areas



DATA SPOTLIGHT

9x

Nearly as many specialists in urban areas than rural ones

This disparity is particularly true in oncology, where only 7% of all oncologists practice in rural areas. A 2019 Advisory Board survey of cancer patients showed the most important feature when deciding where to seek cancer care is “a doctor who specializes in my care.”

Oncology

12K+

Oncologists in the United States in 2018

7%

Of all oncologists practice in rural areas

40%

Projected growth in oncology services demand by 2025



DATA SPOTLIGHT

#1

Factor for cancer patients choosing where to get care is a “doctor who specializes in my cancer”

Why does it matter?

Some data suggests that RSOs may result in changes in more than 80% of initial diagnoses. However, more conservative estimates indicate that an RSO can affect initial diagnoses or care plans in 20-40% of cases. RSO consults broadly impact not only patients, but other important health care stakeholders.

Stakeholder benefits



Patient

- Access to specialist care
- Diagnosis confirmation or adjusted care plan



Local provider

- Improved care delivery
- Connection to specialists



Specialist / health system

- New growth opportunities through geographic reach
- Expanded brand recognition



Health plan

- Rightsized utilization



Employer

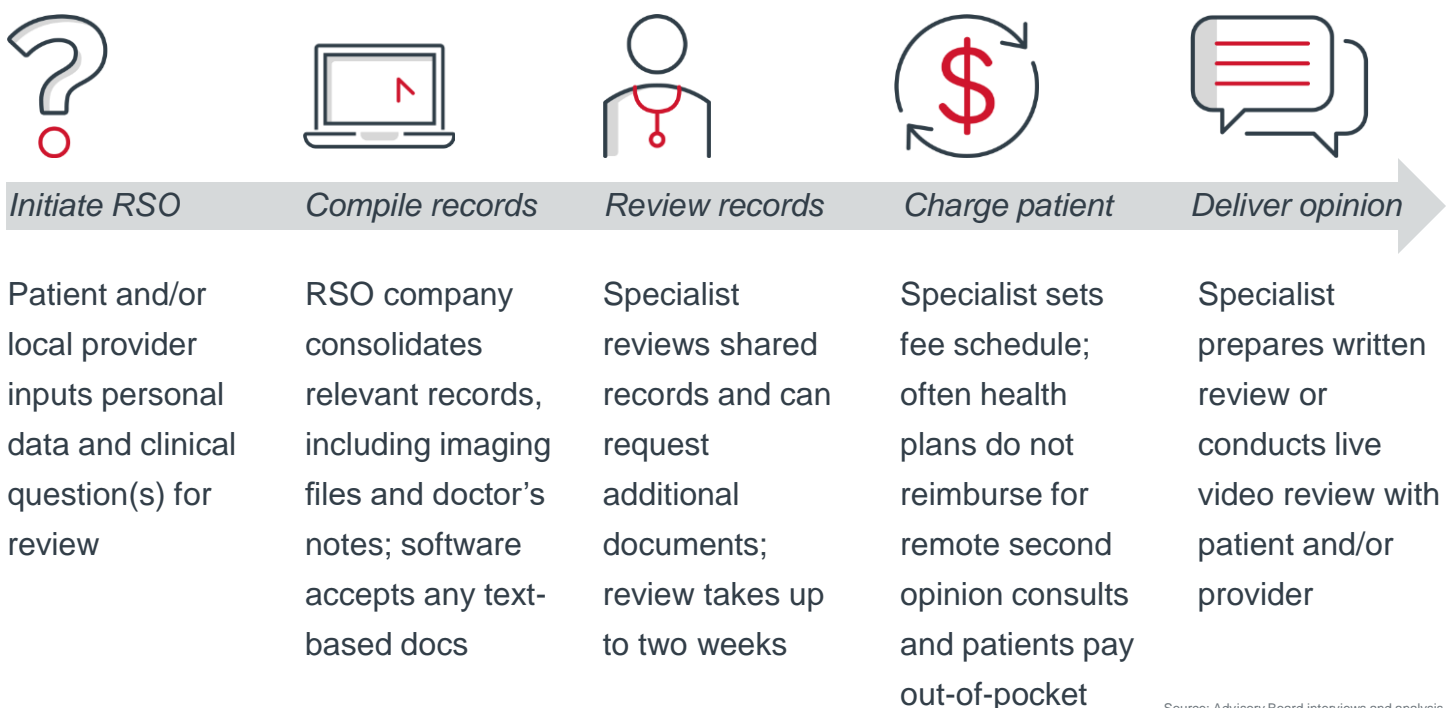
- Employees access to specialist care
- Rightsized utilization

How does it work?

RSOs consist of five main stakeholders: patient, local provider, specialist (sometimes referred to as the ‘expert’), payer or employer, and RSO company. Providers may launch their own program, or can partner with RSO companies to use their software and services to streamline the end-to-end process.

The RSO workstream requires a patient or local provider to initiate a case. Then, a provider—with or without an RSO company—compiles all relevant documentation (e.g., imaging files, labs, pathology records). This is typically the most time-consuming part of the process. After compilation, an assigned specialist reviews the records and the initial clinical question(s). The specialist bills the patient for his/her services and delivers the remote second opinion typically within two weeks of receiving all the files.

RSO timeline



Source: Advisory Board interviews and analysis.

What are the challenges?

While RSOs help patients connect to appropriate specialists around the country, launching an effective program requires clinical and administrative leaders to overcome four main barriers. These barriers include clinician education, organizational buy-in, workflow integration, and reimbursement. Any provider organization should proactively address these challenges when starting an RSO program.

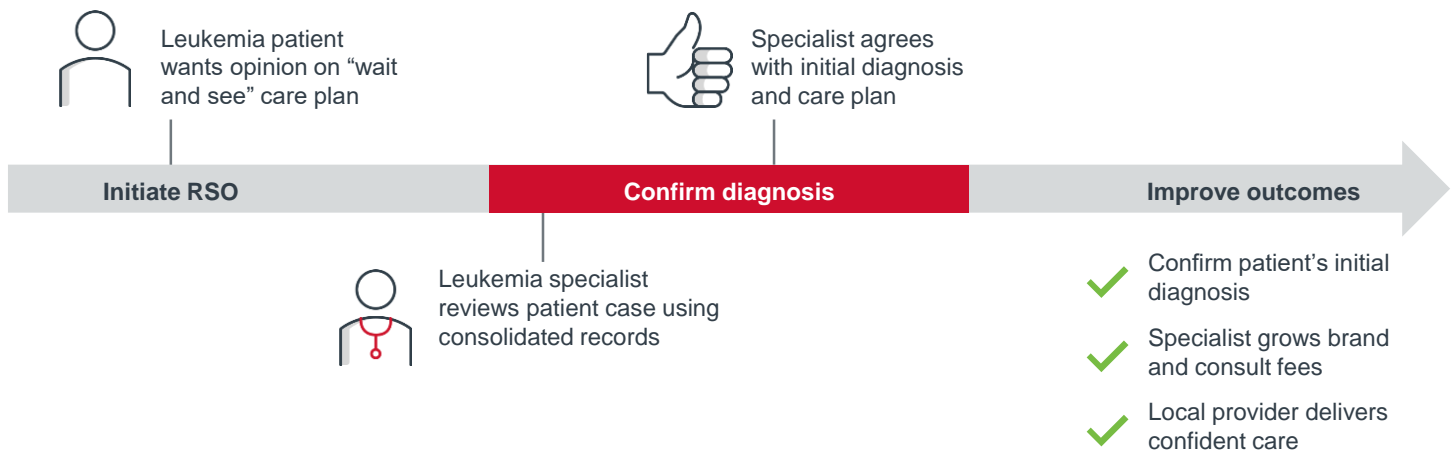
Barriers to success

- 1 Are our physicians and clinical staff **aware** of remote second opinions?
- 2 Is our organization **bought into** the benefits of using remote second opinion programs?
- 3 Can we get **reimbursed** by payers and employers for remote second opinion consults? If not, what is the patient's financial responsibility?
- 4 How do we **integrate** RSOs into day-to-day physician workflows?

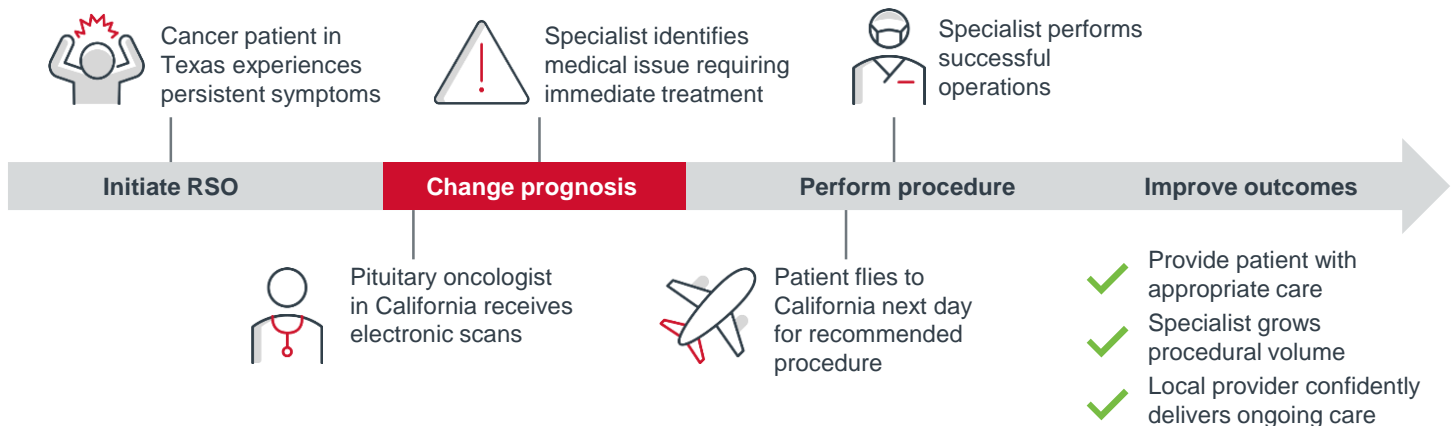
Remote second opinions in practice

RSOs can result in diagnosis confirmations, adjustments, or care plan changes. A confirmed diagnosis brings peace of mind to patients and local providers, while the latter two bring clarity and confidence to the patient and local provider.

Example: Confirmed diagnosis and care plan



Example: Changed diagnosis and care plan



Sources: "Pediatric second opinion," Dana-Farber Cancer Institute and Boston Children's Hospital; Advisory Board interviews and analysis.

Conversations you should be having

01 Current mechanisms to efficiently address rare, complex cases and second opinion consults

02 Strategies for leveraging specialists to increase in-market and out-of-market penetration and direct-to-consumer demand

03 Specialists' buy-in to perform remote second opinions without exacerbating burnout

04 Resources needed to support RSO program investment

05 Covid-19 impact on demand for remote consultations for highly complex, or rare patient cases

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