Virtual Doctor Visits: What's Treated and What's the Cost?

Q&A Offers Answers to Common Questions About Telemedicine

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A growing number of Web-based companies offer virtual medical visits, where users can go online and consult with a doctor or other health-care provider, any time of the day or night, from wherever they are.

How do virtual doctor visits work?

You start by downloading the company's app or going to its website. Most of the services ask first-time users to open an account and fill out a medical history. When you have a medical issue, you log in, request an appointment and, in most cases, wait for a doctor to contact you, generally within a few minutes. Some companies, such as American Well, let users see what doctors are available and select one. Others, including Teladoc, assign a doctor to you. Some give users the option of consulting by phone or video; some work through online questionnaires. Either way, the health-care provider will ask you more questions, consult your medical record, and generally give you a diagnosis, opinion or treatment plan on the spot, including calling in a prescription if it's warranted. Most visits last 10-15 minutes.

How much do they cost?

Generally $40 to $50 for a consultation, regardless of the condition or time of day. Users pay online with a credit card. MDLIVE also offers a monthly plan with unlimited visits for $14.95, or $24.95 for up to six family members, and consultations with a licensed mental-health therapist for $80 a visit.

Are they covered by insurance?

Some health plans and large employers do cover e-visits, with little or no out-of-pocket costs for their members. Check with your coverage provider. Medicare covers them only in some cases, such as if the patient is at a rural clinic or hospital and needs medical help that isn't available there. Many state Medicaid programs pay for at least some telemedicine services, including telepsychiatry, but many conditions apply.

What conditions do they treat?

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E-visits are designed to handle common, nonemergency conditions such as colds, flu, stomach pains, allergies, sports injuries and rashes. They are not appropriate for potentially life-threatening issues such as chest pains, breathing problems, uncontrolled bleeding, seizures or broken bones. They are also not designed to do annual checkups or manage chronic illnesses.

**What medications do they prescribe?**

Mostly antihistamines, antibiotics, anti-inflammatory drugs and topical medications. Federal law prohibits prescribing controlled substances such as opioid painkillers and stimulants by phone or online. Some companies won't prescribe antidepressants or so-called lifestyle drugs like Viagra, either.

**Don't doctors need to do a physical exam or run some tests to know what's wrong?**

That's one of the concerns critics have about these services, particularly when it comes to conditions like strep throat, ear infections and urinary-tract infections that are treated with antibiotics. The companies have varying guidelines for making diagnoses. But the Centers for Disease Control and Prevention says any condition that could lead to an antibiotic warrants an in-person exam. Some experts are also concerned that e-visits may miss serious underlying conditions when patients aren't seen in person.

**Are these services available everywhere?**

Teladoc, MDLIVE, American Well and Doctor on Demand are available in most states. Others are more limited. Virtuwell is available in four, but hopes to be in a dozen later this year. Many states are reviewing their medical practice rules, so availability may change.

**What if I don't get better?**

Most of the services check back with patients in a few days to see how they are doing and schedule another consultation, if necessary. In a recent RAND Corp. study of patients in a large health plan in California, 6% of those using Teladoc had a follow-up visit within 21 days, compared with 13% of those who went to doctors' offices and 20% of those who went to emergency rooms for similar conditions. The study, published in the journal Health Affairs, said that could mean that Teladoc was more successful at treating them—or that patients choosing the e-visits were not nearly as ill.

**Since e-visits cost so much less than a regular doctor visit or going to an emergency room, could they help bring health-care costs down?**

The RAND study addressed that, too, and said it was unclear to what extent the patients using Teladoc would have gone to the their doctors or ERs without it, or let their conditions resolve on their own. For all their convenience, it's possible that telehealth services could lead to more health-care spending rather than less, the authors said.

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