

eVisit Transformation: Billable Medical Advice through EHR Messaging

Thursday, May 26, 2022
11-12pm



[Recording Link](#)

Housekeeping



Rename yourself to include your name and organization



Feel free to speak up during Q&A or chat in responses at any time



You're encouraged to turn on video for peer discussion



This meeting is being recorded and will be posted online



Materials will be available at [SNI Link](#)

Agenda

Topic	Lead(s)
Welcome & Introductions	Zoe So, SNI
Member Presentation: eVisit Transformation	Dr. Maria Byron, UCSF Health
Q&A and Discussion	All
Wrap-up & Announcements	Zoe

Background

- In Medi-Cal and Medicare, providers can use HCPCS codes G2010 and G2012 to bill brief check-ins (FQHCs/RHCs not included) ([source](#))
 - Under the PHE, these codes may be used for “new” as well as “established” patients
- FQHCs/RHCs can use HCPCS code G0071 in Medicare and Medi-Cal during the PHE ([source](#))
- Medicare also covers CPT codes 99421-99423 and HCPCS codes G2061-G2063 during the PHE ([source](#))
 - Medicare refers to these as “eVisits” ([source](#))
- At the moment, lawmakers are working through what will be permanent policy post-PHE and nothing is absolutely set yet

Coding definitions

- **G2010 (remote evaluation services).** : Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 hours, not originating from a related evaluation and management (E/M) service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
- **G2012 (communication technology-based services).** Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion. G2012 can be billed when the virtual communication occurred via a telephone call.
- **99421** Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.
- **99422** Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes.
- **99423** Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

Member Presentation: eVisit Transformation

Dr. Maria Byron, UCSF Health

Associate Chief Medical Information Officer, Ambulatory Care, UCSF Health

Associate Professor, General Internal Medicine



Medical Advice Through MyChart Messages

Converting MyChart messages to billable eVisits

Maria Byron, MD

Associate Chief Medical Information Officer, Ambulatory Care, UCSF Health

Katie Grouse, MD

Physician Lead, Ambulatory Informatics, UCSF Health

Susan Smith, MD

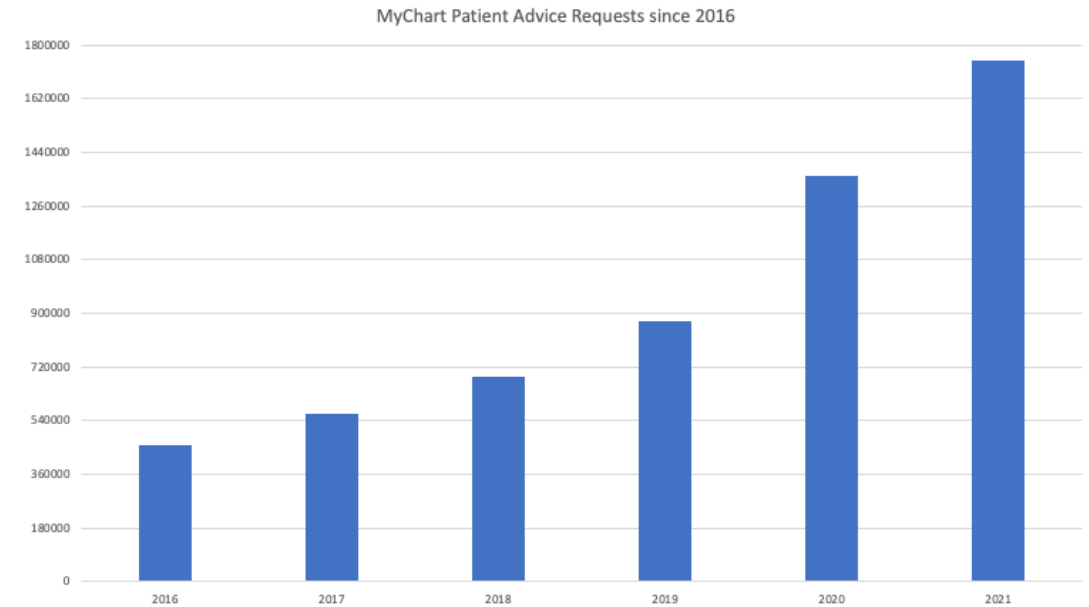
President of Faculty Practice/SVP, UCSF Health

History of MyChart messages at UCSF

Unintended consequences

Increased provider work burden, only partially mitigated by clinic staff

- Volume quadrupled in last 5 years
- Popular and convenient way to get healthcare



Impact of current state on providers

“The main challenge is that the number of MyChart messages has climbed inexorably, so that it is impossible to keep up...Our division has no one to help faculty cover them, even when we are on call for inpatient consults. I am also working 2-4 hrs more at night to attempt to finish working, and another 4-5 hrs on each weekend day.”

“The pandemic shifted a tremendous amount of acute and subacute care to outpatient providers, and much of it was uncompensated because there are no easy mechanisms for converting an In Basket message to a compensated visit. Those of us who are dedicated to patient care will not ignore a plea for help from a patient who is struggling at home...but all of this is unrecognized and uncompensated.”

“The workload has increased immensely. While increased accessibility has been helpful in expanding patient access to care, it has also created challenges in establishing boundaries and patients having expectations of the care team always being available and accessible for them.”

eVisits: A new option for virtual care

Insurers now reimburse for eVisits = written care delivered through MyChart

CPT	Minutes	RVUs
99421	5-10	0.25
99422	11-20	0.50
99423	21+	0.80
G2012 Medi-Cal	5+	0.25

Visit Type	wRVU
99202: Level 2 New (video or in-person)	0.93
99203: Level 3 New (video or in-person)	1.60
99204: Level 4 New (video or in-person)	2.60
99205: Level 5 New (video or in-person)	3.50
99211: Level 1 f/u (video or in-person)	0.18
99212: Level 2 f/u (video or in-person)	0.70
99213: Level 3 f/u (video or in-person)	1.30
99214: Level 4 f/u (video or in-person)	1.92
99215: Level 5 f/u (video or in-person)	2.80
99441: Telephone (5-10 min)	0.70
99442: Telephone (11-20 min)	1.30
99443: Telephone (21-30 min)	1.92
99421: eVisit (5-10 min)	0.25
99422: eVisit (11-20 min)	0.50
99423: eVisit (21-30 min)	0.80
G2010: Virtual Check-in	0.18
G2012: Virtual Check-in (5-10 mins)	0.25
99417: Prolonged services day of visit (each 15 mins)	0.61
G2212: Prolonged services day of visit (each 15 mins)	0.61
99358: Prolonged services different date (30-74 mins)	2.10
99359: Prolonged services different date (each addl 30 mins)	1.00

Medi-Cal pays E & M rates for telephone visits

eVisits: A new option for virtual care

Live at UCSF since July 2020

- 3960 completed 7/1/20 - 9/16/21

Advantages for providers and patients

- Care option when appointments not available
- Fast and convenient
- Compensation for messages we respond to already!

eVisit patient survey results:

- 92% felt the provider addressed their needs completely
- 95% found eVisit helpful and easy to use

Challenges with eVisits

The name causes confusion

Patients currently have to self triage to eVisit

Ask a Question

All MyChart messaging is for **non-urgent communications only** and your questions/requests may take up to 3 business days for a response. If you require a more immediate response, please call your provider's office directly. To request an in-person or video visit appointment via MyChart, please [click here](#) to schedule an appointment.

Please choose from the options below.

If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital.

Message your Provider

You would like to send an update or ask a follow-up question about a recent visit.

Request eVisit (see additional information in right sidebar)

You would like to receive online (written) care from your healthcare provider by answering simple questions about a medical problem, and upload optional photographs.
(NOT for: scheduling video or clinic visits, annual check-ups, or follow-up questions about recent surgery)

COVID-19 & Flu Symptom Checker

Having cold or flu symptoms and worried about the novel Coronavirus (COVID-19)? Click here to get started and connected to care.

Request a Medication Refill

You would like to request a refill or renewal of a current medication.

Customer Service Question

You have a question related to a bill, your insurance, or another non-medical concern.

Schedule a Clinic or Video Visit

Need to make an appointment or request a video visit with your provider? Click here to schedule online!

[BACK TO THE HOME PAGE](#)

eVisit Information

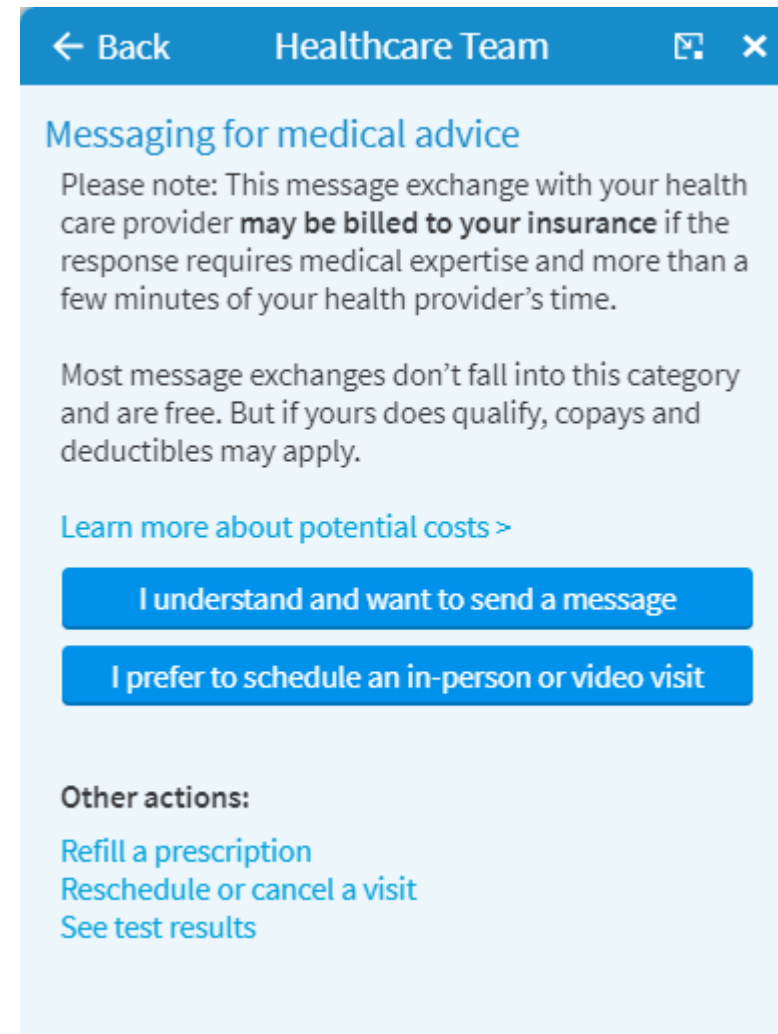
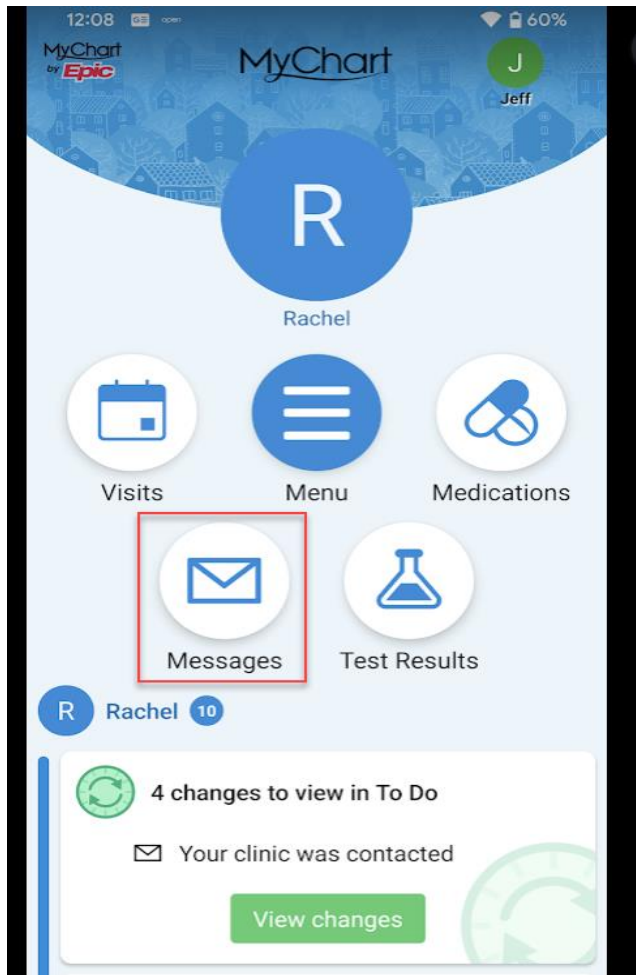
For your convenience, eVisits are available to established patients with clinicians you have seen before, and are recommended for:

- Answers to simple questions about a new or existing problem
- Evaluation of a simple new lesion or new rash
- Chronic disease check-in when onsite, in-person visit is not necessary, including possible need for medication changes
- Flare-up of a longstanding, established condition

For a simple follow-up question related to a prior visit, please select Message your Provider instead.

Note: eVisit communication occurs in writing through MyChart. One eVisit is available per patient, per week (every 7 days). Fees may occur. Please click the Request eVisit button to review the full eVisit Terms and Conditions.

A new approach: Simplify care choices on MyChart for patients



*Updated MyChart interface will go live 11/14


** Spanish MyChart advises patients that we can only accept messages in English

A new approach: Simplify care choices on MyChart for patients

← Back

Healthcare Team



×

To  MD Ucsfambmd

Allow 1 to 3 business days for a reply. [Message & photo submission tips](#)

* Subject

* Enter your message...



Send →

Simplified workflow for providers

All messages go to one In Basket folder

- MAs/RNs can respond via MyChart message
- Providers can respond via MyChart message or Medical Advice Message as appropriate

The screenshot displays the MyChart 'In Basket' interface. On the left is a sidebar with navigation links: My Messages, Chart Completion (40), Rx Request, Pt Advice Request (10), Results (8), Attest/Cosign Notes (11), Open Clinic Encounters (40), My Unsigned Orders (4), eConsult, Media Manager, Misc. Incomplete Work (45), Result Notes, My Incomplete Notes (9), Referral Notification Letter (1), Cosign - Clinic Orders (1), MyChart Notifications (1), Patient Clinical Update, Patient Questionnaires (1), and Timeout Msg (2). The main area shows a list of messages for 'Rachel McTest' with subjects like 'Worsening Headache'. A red box highlights the 'Medical Advice Message' button in the top toolbar. The right pane shows the details of a 'Worsening Headache' message from Rachel McTest, including her contact information and a list of encounter messages.

In Basket New Msg New Patient Msg Refresh Edit Pools Manage Pools Preferences Search Manage QuickActions Attach Out Properties

My Messages

Chart Completion (40)

Rx Request

Pt Advice Request (10)

Results (8)

Attest/Cosign Notes (11)

Open Clinic Encounters (40)

My Unsigned Orders (4)

eConsult

Media Manager

Misc. Incomplete Work (45)

Result Notes

My Incomplete Notes (9)

Referral Notification Letter (1)

Cosign - Clinic Orders (1)

MyChart Notifications (1)

Patient Clinical Update

Patient Questionnaires (1)

Timeout Msg (2)

10 unread, 38 total Sort & Filter

Status Pending Orders M... /2 Ms...

Read N 10/2... 1:17 ...

Patient: McTest, Rachel [80005342]

Subject: Worsening Headache

P...: NO Provider: Ucsfambmd, MD

Auto Compl...: 12/21/21 Def...

Read N 10/2... 1:17 ...

Patient: McTest, Rachel [80005342]

Subject: Worsening headache

P...: NO Provider: Ucsfambmd, MD

Auto Compl...: 12/21/21 Def...

Read N 10/2... 1:56 ...

Patient: McTest, Rachel [80005342]

Subject: Worsening Headache

P...: NO Provider: Ucsfambmd, MD

Auto Compl...: 12/21/21 Def...

New N 10/2... 1:57 ...

Patient: McTest, Rachel [80005342]

Subject: Worsening Headache

P...: NO Provider: Ucsfambmd, MD

Auto Compl...: 12/21/21 Def...

New N 10/2... 1:57 ...

Patient: McTest, Rachel [80005342]

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Subject: Worsening headache

P...: NO Provider: Ucsfambmd, MD

Auto Compl...: 12/21/21 Def...

QuickActions Done Reply to Patient MyCht Enc Medical Advice Message Postpone More

Next appt with me: None

Message Patient Info Labs/Vitals Meds/Problems My Last Note Last PCP Note Open Orders More

RM

Rachel McTest

Female, 19 y.o., 12/31/2001

Weight: None

Phone: 415-810-1766 (M)

Needs Interpreter: None

My Pat List Reminders: None +

FVI

Confidential Encounter

MRN: 80005342

UCSF MyChart: Active

PCP: Me

Coverage: Anthem/Bx Anthem...

Worsening Headache

McTest, Rachel → You 20 minutes ago (1:56 PM)

RM My headache seems to be getting worse. I'm taking aspirin every day, but have not really seen noticeable improvement. Is there something else I can take for this?

Encounter Messages

Read	Composed	From	To	Subject
Y	10/22/2021 1:56 PM	Rachel McTest	Ucsfambmd, MD	Worsening Headache

Message Recipients and Status

Recipient	Status Changed By	Status Changed at	Recipient Status	Carbon Copy?
Ucsfambmd, MD	Ucsfambmd, MD	Fri Oct 22, 2021 2:12 PM	Read [2]	To [0]

New provider workflow

- 1) Reply to patient using .MEDICALADVICEREPLY
- 2) Add diagnoses (and orders if needed)
- 3) Add time spent
- 4) Select LOS based on time
- 5) Sign encounter

9/28/2021 visit with Maria Elizabeth Byron, MD for MYCHART E-VISIT

Family Switch Dosage Table Appts Change Enc Provider/Dept

Contacts Questionnaires Meds & Orders SmartSets Visit Diagnoses Problem List Patient Reported Vitals History Allergies

Medication Review **MyChart Msg** Send Appt Request/Pt Message Visit Media LOS Routing

MyChart Message

+ New Message

Subject Delivery

→ Vomit 9/28/2021 11:19 AM **1** Reply

To: GMMZ MYCHART CLINICAL A
From: Rachel McTest
Created: 9/28/2021 11:19 AM

This message has not been handled.

I threw up, help

Close Previous Next

Send Appt Request/Pt Message

Go to New Patient Message

Visit Media

+ Add
No media to display

Level of Service

Search for new charge + Add **4**

Medical Advice Message Level of Service Quick List

Medical Advice 5-10 minutes 99421 (CPT®)	Medical Advice 11-20 minutes 99422 (CPT®)	Medical Advice >20 minutes 99423 (CPT®)	No Charge NC001 (CPT®)
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+ ADD ORDER + ADD DX (1) **2**

PRINT AVS SIGN VISIT **5**

Create Note 1 Telemedicine 2 New Pt 3 Follow Up

4 Medical Advice

Ucsfambmd, MD Physician
Yesterday

Edit

This patient gave consent for this Medical Advice Message and is aware that it may result in a bill to their insurance, as well as the possibility of receiving a bill for a copay and/or deductible. They are an established patient, but are not seeking information exclusively about a problem treated during an in person or video visit in the last seven days. I did not recommend an in person or video visit within seven days of my reply.

See the MyChart message reply for my assessment and plan. **3**

I spent a total of *** minutes reviewing the patient's prior medical records and current request for medical advice, prescribing medications or ordering tests (if applicable), replying to the patient, and documenting the encounter.

New provider workflow

The reply also functions as the medical decision-making portion of the note.

Use .MEDICALADVICEREPLY SmartPhrase to reply.

The screenshot shows a web-based interface for replying to a patient message. At the top, there are fields for 'To:' (McTest, Rachel), 'Regarding:' (Rachel McTest), 'Subject:' (Your issue), and 'Message type:' (MyChart Mass Message). To the right, there are 'Reply Options' with checkboxes for 'Do not allow patient reply' and 'Allow reply directly to me', and a 'Delivery Date' field with a calendar icon. Below these fields is a toolbar with icons for undo, redo, bold, italic, link, unlink, and a 'Insert SmartText' button. The main text area contains the following content:

Thank you for your message seeking medical advice.* My assessment and recommendation are as follows:

Sincerely,
[Name, MD]

*This exchange required the expertise of a doctor, nurse practitioner, physician assistant, optometrist or certified nurse midwife and qualifies as a Medical Advice Message, please visit <https://www.ucsfhealth.org/mychart/medical-advice-messages> for more details. UCSF will bill your insurance on your behalf; copays and deductibles may apply. Questions? Contact Patient Financial Services at (866) 433-4035 or patient.financialservices@ucsf.edu.

At the bottom right, there are two buttons: 'Accept and Send' (with a green checkmark icon) and 'Cancel' (with a red X icon).

Patient input

- Patient and Family Advisory Councils and patient interviews informed design
- Qualitative research themes
 - Patients state they are unlikely to know when a Medical Advice Message is appropriate and are generally comfortable having the clinician decide
 - Patients are ok with a copay
- PFAC input
 - Generally positive reception
 - Consent about billing was clear
 - Explanatory newsletter and website article were helpful
 - Concern that it may encourage patients to call instead of message
 - Concern that it may be a barrier to care for some patients

Patient newsletter announcement – Nov 10

Medical Advice Through MyChart Messages

Starting Nov. 14, when you message your doctor through MyChart, if the response requires medical expertise and more than a few minutes of the provider's time, **it may be billed to your insurance**. Most messages will be free, and even if a message is billed to insurance, many patients won't have to pay anything. (Learn more about [potential costs](#).)

We understand that messaging your doctor can be a convenient way to seek medical advice, and it has become exceedingly popular – especially in the past year, as the pandemic spurred demand for virtual health care options.

Thankfully, insurance companies recognize that virtual care is a valid and important way for patients to obtain medical advice. They now cover all of the following:

- In-person visits
- Video visits
- Telephone visits
- Medical advice messaging (through MyChart)

We're pleased to offer you all of these choices, and we'll continue to do everything we can to provide our patients with timely, top-tier care.

[Learn more about medical advice messaging through MyChart >](#)

Website article

www.ucsfhealth.org/mychart/medical-advice-messages



MYCHART

Medical Advice Through MyChart Messages: How It Works and What It Costs



Messaging your doctor can be a convenient way to get medical advice. You can send a note through MyChart whenever you have time – day or night – and your provider will typically reply in one to three business days. Depending on your needs and schedule, this can be a great alternative to an in-person, video or telephone visit.

Cost of medical advice through MyChart messages

Most messages are free. But starting Nov. 14, 2021, if a response requires medical expertise and more than a few minutes of your health care provider's time, **it may be billed to your insurance.**

Your provider will determine whether a message exchange should be billed to insurance. If so, UCSF will handle the billing on your behalf. (See the "What counts" sections below for examples of what might be billed and what won't.)

Even if a message is billed to insurance, many patients won't have to pay anything. For those who do, out-of-pocket expenses for this type of care vary by insurance plan and are generally low. Here's what to expect:

Insurance plan	Cost of a Medical Advice Message
Medicare and Medi-Cal	For most patients, no out-of-pocket cost. For a small number of patients, the cost could be \$3 to \$6.
Private insurance	Some patients will have copayments similar to those for in-person or video visits (common copays are \$10 and \$20). If a deductible applies, the charge is likely to be less than the cost of an in-person or video visit (an average amount is around \$65).

Out of pocket costs for patients

- Medi-Cal
 - No out-of-pocket costs
- Medicare
 - No out-of-pocket cost for most patients
 - < 3% of patients paid \$3-6
- Commercial insurers and Medicare Advantage
 - Some charge co-pays similar to in-person or video visits: \$10 or \$20
 - If deductible applies, average \$55

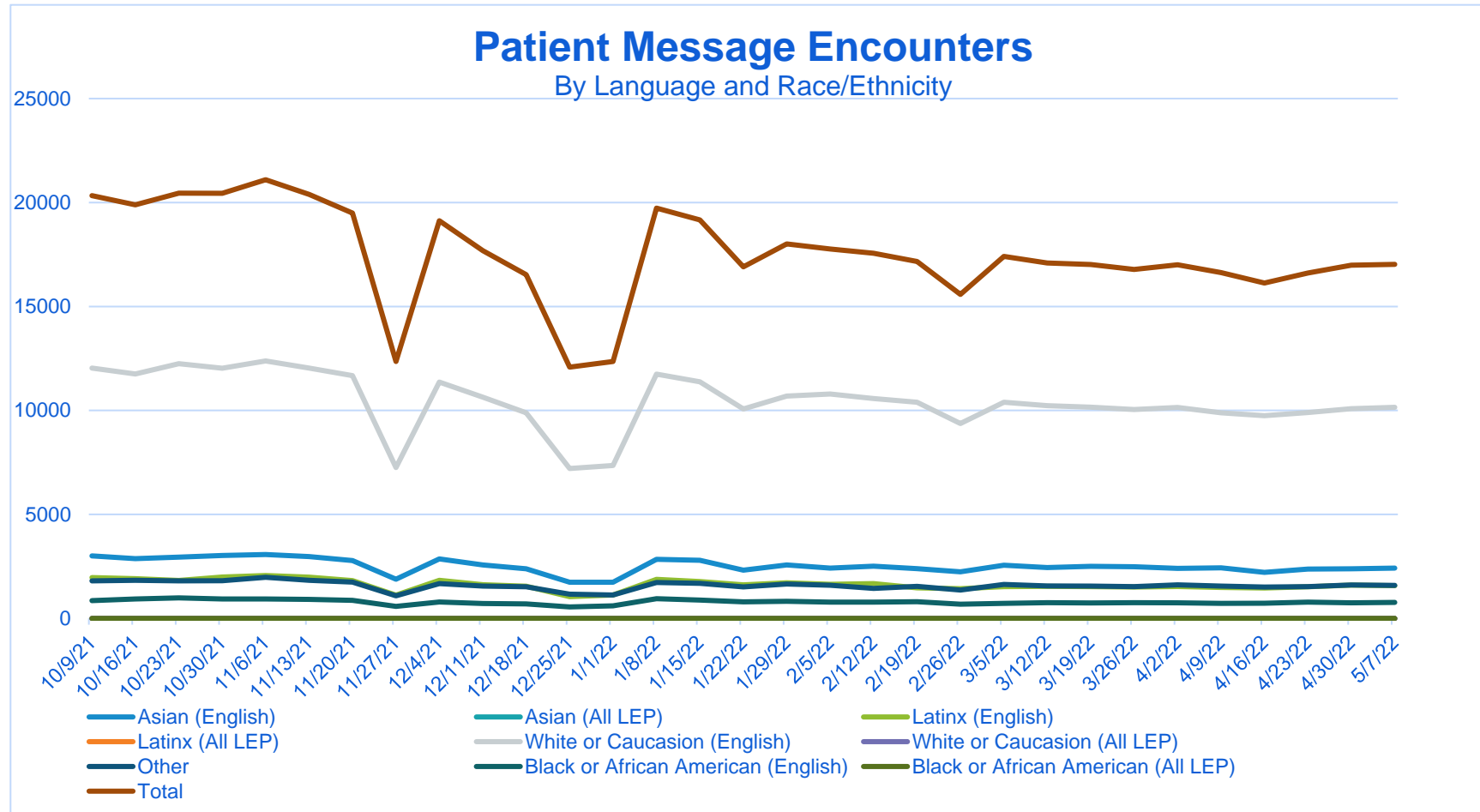
Average reimbursement

- Average RVUs: 0.40/eVisit
- Average reimbursement: \$55/eVisit
 - Medi-Cal: \$20
 - Medicare: \$18
 - Commercial insurers: \$75

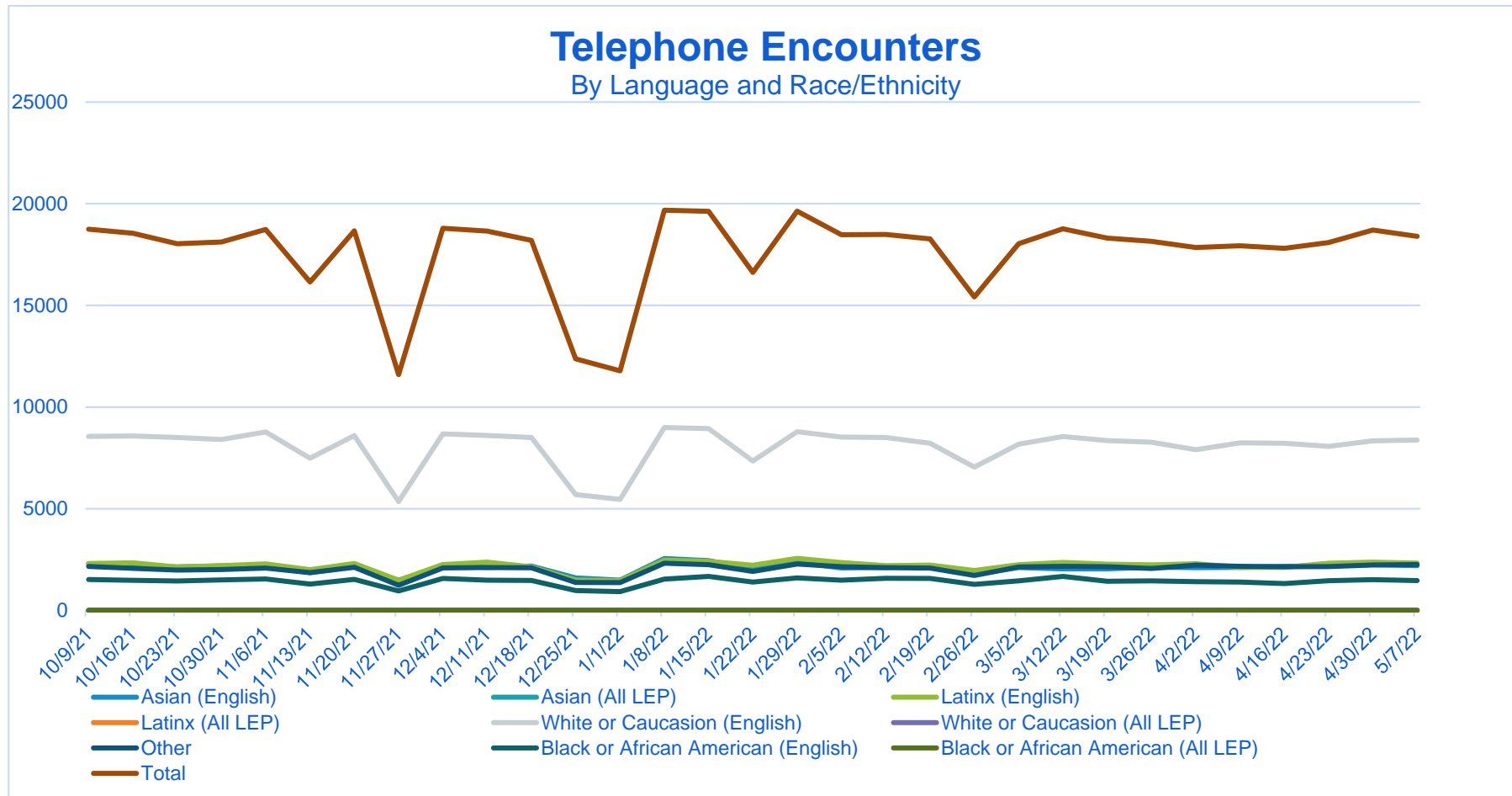
Results since 11/14/21

- 420,200 MyChart message exchanges since 11/14/21
- 5720 (1.4%) billed as Medical Advice Messages
- No reports of patients not seeking care due to fear of a charge
- No increase in phone call volumes
- No complaints to patient relations
- Billing inquiries/complaints on par with all billable services
- No differences in MyChart or telephone utilization patterns when evaluated by:
 - Race/ethnicity and language
 - Age
 - Payor group

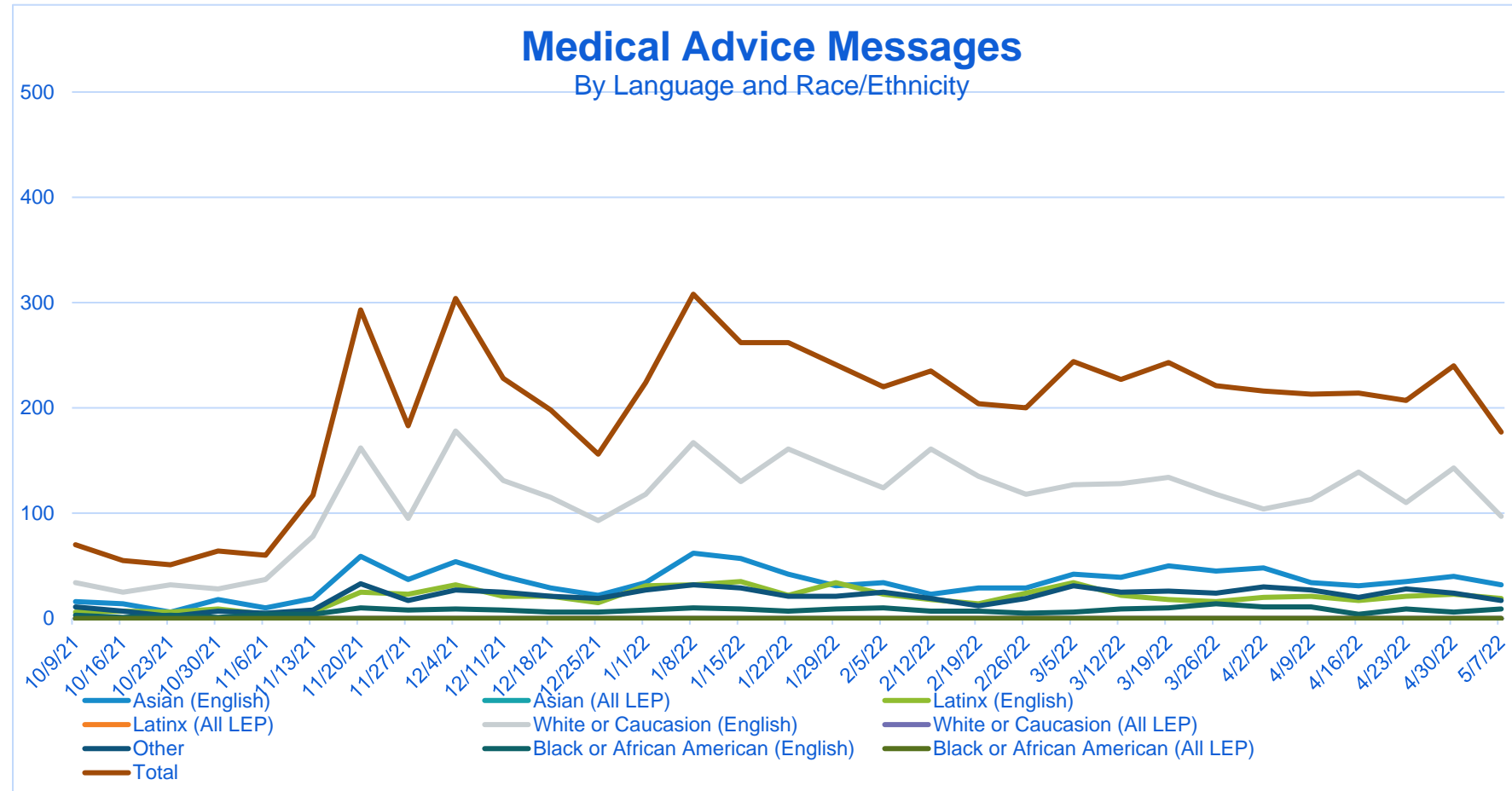
MyChart messages



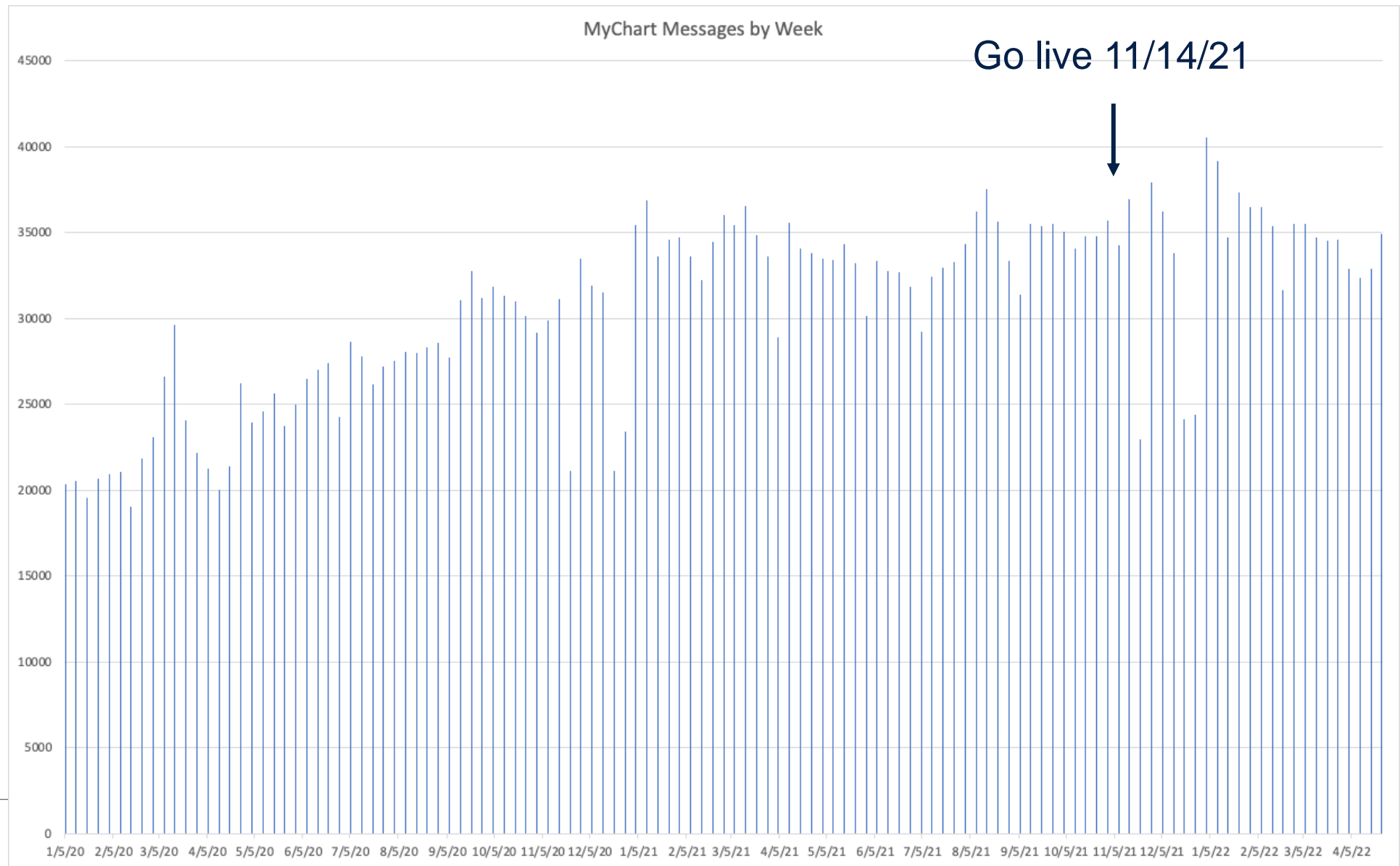
Telephone messages



Medical Advice Messages



MyChart message trend by week 2020-2022



Utilization

- 5720 Medical Advice Messages (eVisits) 11/14/21 – 5/7/22
 - 885 providers
 - 95 specialties
 - 255 DEPs
 - Primary care, Gen Med, Dermatology, GI, Epilepsy, OB, Pain Management, Peds Endocrinology have done 100s each

Questions



Appendix

Requirements to bill for Medical Advice Message

- Doctors, nurse practitioners, physician assistants, optometrists, certified nurse midwives
- Requires medical decision-making and at least 5 minutes time
- Established patient (seen in the department in prior 3 years)
- Initiated by the patient
- Cannot be preceded by visit for same problem in same department in prior 7 days
- Cannot result in appointment in same department for same problem in subsequent 7 days
- Messages pertaining to conditions covered under surgical and perinatal global periods cannot be billed as Medical Advice Messages

Using modifier 24

- If question is unrelated to condition covered at a recent visit or under the global surgical or perinatal period, clinician can bill Medical Advice Messages using **modifier 24**

Level of Service

Search for new charge

+ Add

Medical Advice Message Level of Service Quick List

Medical Advice 11-20 minutes
99422 (CPT®) Qty:1

Medical Advice 5-10 minutes
99421 (CPT®)

Medical Advice >20 minutes
99423 (CPT®)

Charges to be Accepted Upon Leaving the Section

Accept Charges

Description	Code	Dx	Service Date ▼	Service Prov
☆ Medical Advice 11-20 minutes	99422 CPT®		10/22/2021	Ucsfambmd, MD

32 Presentation Title

UCSF Health

Sensitive services for patients 12-17 years

- All Medical Advice Message encounters will be hidden from Past Visits in MyChart for patients 12-17 years at go-live
- Starting December 8, they will be visible for patients 12-17 years by default, and providers can select “Yes” to hide them for sensitive services

The screenshot shows the MyChart Sensitive Designation dialog box. The dialog box has a title bar with a green icon and the text "MyChart Sensitive Designation". Below the title bar, there is a question: "Hide From MyChart Past Appointments?". To the right of the question are two buttons: "Yes" (highlighted with a red box and a red arrow) and "No". Below the question, there is a text box that says: "This encounter will show under Past Appointments in MyChart by Default." Below the text box, there is a text box that says: "If clinically appropriate or for any privacy concerns, a selection of 'Yes' will suppress from MyChart." At the bottom of the dialog box, there are two buttons: "Restore" and "Close".

10/27/2021 visit with Ucsfambmd, MD for MYCHART E-VISIT

MyChart Sensitive Designation

Hide From MyChart Past Appointments? **Yes** No

This encounter will show under Past Appointments in MyChart by Default.

If clinically appropriate or for any privacy concerns, a selection of 'Yes' will suppress from MyChart.

Restore Close Previous Next

When should I use Medical Advice Messages?

What counts as medical advice messaging

If your doctor, nurse practitioner, physician assistant, optometrist or certified nurse midwife needs to make a clinical assessment or medical decision, order a test or medication, or review your medical history in order to respond to your message – or if it takes more than a few minutes to respond – the provider may bill the message exchange to your insurance.

Examples of messages that may be billed to insurance:

- * A new issue or symptom requiring medical assessment or referral
- * Adjusting medications
- * Chronic disease check-in
- * Flare-up or change in chronic condition
- * Request to complete a form

When should I reply as a regular MyChart message?

What doesn't count as medical advice messaging

If your message does not require clinical evaluation or medical advice from a doctor, nurse practitioner, physician assistant, optometrist or certified nurse midwife – or if it can be answered quickly and easily – it won't cost you anything.

Examples of messages that won't be billed to insurance:

- * Request for a prescription refill
- * Request to schedule an appointment
- * Message that leads your provider to recommend a visit
- * Follow-up care related to a recent surgery (within the past 90 days) – with exceptions for some surgeries
- * Update for your doctor when no response is needed
- * Message that takes only a few minutes to answer

FAQ: common scenarios

Adjusting a treatment plan

- Medical Advice Message = incorporating new information or forming new treatment plan
 - Patient with chronic headache, prior medication no longer working
- MyChart message = implementing pre-determined plan
 - Patient seen for back pain, agreed to try home exercises and refer for PT if needed. Patient now messages requesting PT referral.

FAQ: common scenarios

Request to complete a form

- Medical Advice Message = requires gathering new information or medical decision making
 - DMV form for epilepsy requires assessing date of last seizure, compliance with antiseizure medications, and calculating risk of another seizure
- MyChart message = transcribing known information
 - Insurance form for epilepsy requires listing diagnosis and current medications

FAQ: common scenarios

Counseling

- Medical Advice Message = new question
 - I read an article about my condition. Do you think x is right for me?
- MyChart message = clarification
 - I can't remember what you said about when I should use x.

Changes for providers

*UCSF study found 25% of MyChart messages could be appropriate for Medical Advice Message

- Acknowledges work being done to care for patients between visits
 - Helps patients understand that medical advice outside a schedule visit is medical care
- Credits providers
 - Potential additional 67,000 RVUs and \$11 million in revenue/year*
- Creates the opportunity to better recognize and support this work
 - E.g. for providers with RVU targets, helps providers achieve those targets by giving RVU credit for work they are already doing
 - May enable groups to shift this work to a daytime activity
 - May create opportunity for groups to hire billing providers to perform this work as part of their clinical job
- May reduce burnout, but for many, additional RVU credit to the department may not offset the additional work
 - Other strategies are being developed

Other related efforts

- One of 3 projects to enable credit for work between scheduled visits
 - Medical Advice Messages
 - Billing for on demand video and telephone visits
 - Billing for remote patient monitoring
- Effort under way to understand volume of work between visits (In Basket work) and staff support

Changes for patients

- Potential of copay for services they have been receiving for free
- Out of pocket costs
 - Medicare and Medi-Cal
 - No out-of-pocket cost for most patients
 - < 3% of patients paid \$3-6
 - Private insurers
 - Some charge co-pays similar to in-person or video visits: \$10 or \$20
 - If deductible applies, average \$65 (affected 4% of eVisits)
- May be perceived negatively by some patients; we'll be monitoring closely

Wrap Up

Thank you!

Please don't forget to fill out the survey

