Deloitte predicts that in 2014, there will be 100 million eVisits globally, potentially saving over $5 billion when compared to the cost of in-person doctor visits and representing growth of 400 percent from 2012 levels. eVisit usage will likely be greatest in North America, where there could be up to 75 million eVisits in 2014, representing 25 percent of the addressable market: there are 600 million annual visits to general practitioner offices in the US and Canada, and about half are for problems that could also be solved by an eVisit.

In some form or another, there have been alternatives to in person doctor visits for decades. There were new technologies like the telephone in the 1920s, satellite to in person doctor visits for decades. There were new technologies like the telephone in the 1920s, satellite telecommunications infrastructure and also due to adoption, primarily due to changes in technology and telecommunications infrastructure and also due to adoption. Advances in analytics offer much greater ability to automate the back office elements of eVisits, and adoption remains low until recently.

In contrast, 2014 should see an inflection point in their adoption, primarily due to changes in technology and telecommunications infrastructure and also due to continued pressure to reduce medical costs and improve care. Pervasive PC deployment, ubiquitous fixed Internet, greater comfort using technology among older patients, who make up the bulk of doctor visits, and the mass adoption of mobile devices combining with available and affordable wireless broadband make eVisits, and viable in ways that were not possible even four years ago. Advances in analytics offer much greater ability to automate the back office elements of eVisits, and pervasive fiber optic networks to hospitals and clinics facilitate the more data intense applications of eVisits, such as the transmission of brain scan images for tele-stroke applications.

A common misconception of an eVisit is that it is a video conference where the patient sits down in front of a PC, connects with a doctor, and then sticks out a tongue and says “ahhhh” to the web camera. This type of eVisit represents only a small part of the market and offers only minor cost savings compared to an in-person visit. The vast majority of eVisits are likely to be more functional and focus on capturing patient information through forms, questionnaires and photos, rather than through direct interaction with a physician. For example, patients with symptoms of certain illnesses such as sinusitis, strep throat, allergies, bladder infection or acne would complete an online form and then receive a diagnosis and, if required, a prescription.

In the US in 2010 there were 1.2 billion patient visits to physician offices, emergency departments and hospitals (for outpatient services), equivalent to 3.3 visits per US citizen. Just over half of those visits were to primary care doctors. Prescription refill, coughs, stomach pain, sore throat, earache and skin rash accounted for over 110 million of the office visits: all categories that could be screened or resolved via an eVisit.

The total addressable market for eVisits in developed countries is estimated to be about $50-60 billion, calculated as follows. In 2010, EU citizens averaged 6.3 doctor consultations, per capita. Assuming EU habits are similar to North America; about half of those would be for primary care physicians, suggesting that roughly three to four visits per year can be reasonably assumed for a developed world country. That group of countries has about one billion people in it, which means the addressable market in the developed world for doctor visits is approximately 3.5 billion visits annually. The cost of a doctor visit varies considerably from $11 in Spain to $40 in Germany and $89 in the US. If we assume a $50 developed world average, the dollar value of all in-person doctor visits is $175 billion per year. Not all in-person primary physician consults are appropriately handled by eVisit solutions, but even if only 30-40 percent are well suited for eVisits, that still implies a $50-60 billion total addressable market.
eVisits are a subset of the telehealth market, which is estimated to be $25 billion by 2015 and which also includes professional-to-professional consultations, remote monitoring, alerts/notifications, and some other smaller markets.

The business environment in 2014 is primed for significant growth in the volume and value of eVisits. Global healthcare best practices aim to decrease costs by focusing on prevention and early intervention to decrease the burden of illness, and by continuing to integrate information technology. Trends such as the increasing global physician shortage and the increasing availability of health insurance for the formerly uninsured are also likely to drive increased interest in eVisit technology. eVisits enable less travel time and significant growth in the volume and value of eVisits. The business environment in 2014 is primed for eVisit technology. eVisits enable less travel time and decreased the burden of illness, and by continuing to integrate information technology. Trends such as the increasing global physician shortage and the increasing availability of health insurance for the formerly uninsured are also likely to drive increased interest in eVisit technology. eVisits enable less travel time and convenient and faster treatment for patients, so demand should be strong. On the other hand, the greater convenience of eVisits may cause the number of consultations to rise, possibly offsetting some of the savings that eVisits provide.

North America is likely to lead the predicted global increase in the use of eVisit services. Multiple US services are experiencing significant market growth, offering care that is as clinically effective as in-person visits while reducing costs. Further, US technology providers are already working in partnership with government and insurance providers. Canada is also seeing rising use of eVisits at more than 50 percent annual growth, with wait times reduced by days for primary care and by 6-8 months for some highly specialized dermatology consultations conducted via eVisits.

As eVisits are proven and adopted in the developed world, and as the necessary infrastructure is deployed in the developing world, they are likely to offer affordable primary medical and diagnostic care to very large populations that do not have access today. Although the initial benefit of eVisits may be saving billions of dollars, over the greater good may come from saving tens of millions of lives.
Bottom line

Outside the health care field, the most obvious beneficiaries are the technology and telecommunications industries. As the market grows, they will see growing demand for data volumes, quality of service data, high speed broadband and machine-to-machine connectivity, on wireline and wireless networks. Device manufacturers are likely to benefit, and as mHealth (mobile health) accelerates in 2014 and beyond, there are likely to be new growth opportunities for devices, peripherals, and apps. One report that discusses the 66 percent CAGR in data growth between 2012-2017 identifies ‘medical applications’ as one of the key drivers of this traffic increase102.

Public and private organizations should continue the push to reform policies that disallow payment to providers offering eVisits. Such payment reform has already begun in areas with mature telemedicine programs. Ontario, Canada recently added a public insurance payment code for physicians to bill for “eConsults”107 and the Australian and French government health ministries changed funding rules to actively support and promote eVisits108. From a private-sector perspective, US payers are showing interest in eVisit programs, particularly with the number of insured Americans increasing exponentially under health reforms. However, at the moment only 18 US states have passed laws that require or will require private payers to reimburse for telemedicine visits109.

Educational, research-based, and non-governmental organizations have the ability to accelerate eVisit adoption by supporting pilot studies and conducting comprehensive evaluations110. North America’s organizations dedicated to the advancement of telemedicine – Ontario Telemedicine Network and the American Telemedicine Association – will likely need to play a key role in publicizing eVisit potential using these avenues.

Governments with successful eVisit solutions will be in a position to share their insights about impacts, effective incentive structures and ways to combat legal and technical barriers to adoption. Denmark has offered eVisit services for years and is piloting several new variations, such as tele-psychiatry. These pilots will undergo large-scale testing in an effort to produce proven, established solutions that others can draw on to help justify their own eVisit services111.

Physicians, hospitals and other healthcare providers should consider which investments they need to make in patient portals, electronic medical records, and security and privacy systems to benefit from all the efficiencies and improvements in patient care that eVisits promise to deliver. Technology providers should likewise model the burgeoning telemedicine ecosystem that eVisits are likely to accelerate, and then determine how and where their companies should participate in a future where patients themselves are part of the healthcare management solution, leveraging sensors, devices and communications systems to monitor treatments and health status.

Regardless of the institution implementing eVisit services, human resource training, familiarization with computer use and telemedicine, and overall organizational readiness are imperative to success. Support from governments and other partners (such as employers, who will benefit from reduced absenteeism for doctor visits) should include recommendations, public education on the benefits of eVisits, policy changes and financial allocations for implementation112.

One critical step will be to communicate the many benefits of eVisits for physicians. Media coverage tends to focus on the benefits for patients and insurers/payers; however, for eVisits to take root, physicians will need to invest in improving their technology infrastructure and staff up for a potential flood of new online interactions. Although some physicians may view eVisits as impersonal and lacking in human interaction, others will see them as an opportunity to spend more time on more serious and complex cases, while improving quality and efficiency for simpler cases. Also, as long as liability for diagnostic errors is handled properly, physicians will likely enjoy many other features of eVisits, including: the ability to share clinical data and information virtually with colleagues, the ability to help more patients in less time and across greater distances, and the potential for more flexible work arrangements.


108 This WHO study is from 2006, but remains the most cited work on the healthcare professional-talent gap: Forecasting a shortage of 2.3 million physicians, nurses and midwives. See: Forecasting the global shortage of physicians, nurses and midwives: Reference and need-based approaches, World Health Organization, 2006: http://www.who.int/bud/eur/documents/en/10424.pdf


