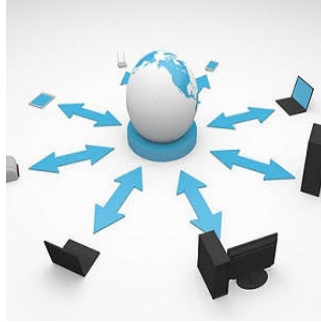


Virtual doctor specialism of future?



Rapid advancements in IT and communication technology are a key factor driving the growth of telehealth. According to one estimate, the global telehealth market is projected to increase at an annual compounded rate of 30% between 2017 and 2022, reaching an estimated value of \$12.1 billion.

Telemedicine is increasingly used to provide healthcare to some traditionally underserved and rural areas across the United States. Moreover, digital advances within healthcare and patients acting more like consumers have resulted in more physicians and other clinicians delivering virtual care in almost every medical discipline.

It is against this backdrop that two physicians at New York Presbyterian have floated the possibility of a new medical speciality that focuses primarily on virtual care. Their proposal for creating this specialisation, known as "medical virtualist", is described in a paper they published in JAMA Viewpoint.

Although telemedicine is gaining a stronger foothold in hospitals across the country, physicians are engaging in virtual services without much formal training, wrote Michael Nochomovitz, MD, the chief clinical integration and network development officer at NYP, and Rahul Sharma, MD, the emergency physician-in-chief at NYP-Weill Cornell Medicine.

"It is possible that there could be a need for physicians across multiple disciplines to become full-time medical virtualists with subspecialty differentiation," they wrote. "Examples could be urgent care virtualists, intensive care virtualists, neurological virtualists, and psychiatric or behavioural virtualists. This shift would not preclude virtual visits from becoming a totally integrated component of all practices to varying extents."

While their proposal has gained the support of some experts, there are those who argue that there is no need to create a new speciality.

For Bob Kocher, MD, a partner at the investment firm Venrock, the idea of a "medical virtualist" could help further legitimise telehealth as a viable method of patient care. As virtual care integrates patient-generated data and sensors to augment video consultations, doctors will require more specialised training.

"In my experience, doctors who do virtual medicine full time are able to deliver better outcomes, higher levels of patient satisfaction and have far greater physician satisfaction as they learn how to be comfortable and effective using new technologies," explains Kocher, who serves on the board of several healthcare companies, including Virta and Lyra Health. "Creating a speciality would ensure that physicians who choose virtual practice are trained in the techniques necessary to deliver great care, know the limits of what should be managed virtually and demonstrate competency which will help inspire confidence among patients and payors."

Other experts, however, say the healthcare industry is still experimenting with the new remote care and monitoring technology to determine where and how it can make the biggest impact.

Eric Topol, MD, director of the Scripps Translational Science Institute and executive vice president of The Scripps Research Institutes in San Diego, expects virtual care will become another tool in traditional medical care.

"I do think we should be training medical students (and in residency training programmes) on telemedicine visits with patients, which is not part of any medical school curriculum today," he explains. "But that doesn't mean we need a new speciality."

Atul Grover, MD, executive vice president of the Association of American Medical Colleges, agrees that education is a critical part of building on the rapid advancements of telehealth technology. But he argues a virtual speciality fails to address the complexities of virtual care that include finding new avenues to train physicians as well as ensuring patients have access to broadband to support the technology.

He also wonders whether the creation of a new virtual speciality could exacerbate workforce shortages by pulling physicians away from other medical specialities.

Source: [FierceHealthcare](#)
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