aTouchAway™
by Aetonix

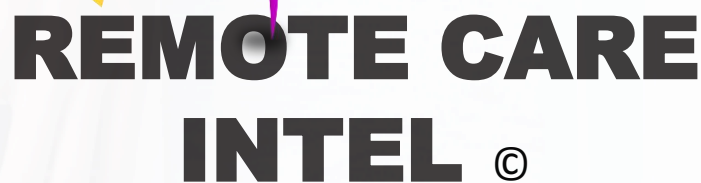## Edition #12
January 15th

REMOTE CARE INTEL ©

Happy New Year to All! Beginning in 2020, we plan to publish twice a month, instead of every two weeks. The difference is subtle. Instead of 26 Editions in a year (52 weeks a year/ 2), we will now have 24 editions a year (12 months a year x 2). The reason for doing it this way, is greater simplicity when it comes to publication dates. For every Tuesday publication date, we would capture the prior two weeks leading up to the prior Friday. So there would be a 3-day lag, where any news published in those 3 days, would get pushed to the next edition, two weeks after. Now, we won't have that lag, as we will capture 14 days of news, offer original takes on them, and publish it on the 15th day. Our publication date will be at the middle of the month, and at the end of the month. 15th and 30th, respectively. If that date falls on a weekend, we will publish that edition on the Monday after. So for every month of the Calendar year, you can expect two updates. One at the middle of the month, and one at the end of the month. First-time readers, you are welcome to check out all prior versions of the RCI. Regular readers skip to this edition's overview.

Going forward in 2020, as projects or partnerships are so common, they will naturally be reflected in either vendors or providers. So it makes sense to scrap the projects category, and separate the vendors and providers into their own categories. Hence, the 4 categories will be Environment, Innovation, Vendors and Providers. Occasionally, such as in this first edition of 2020, Payers will replace providers if there is a noteworthy piece of news in circulation that demands it. So kick back, relax, and I welcome you all again to the Remote Care Intel!

Purpose

After the word telehealth entered mainstream lexicon, most hospitals offer services remotely in some shape or form. But its implementation is taking many twists and turns, that is dependent not just on a hospital's internal situation, but a host of external factors as well from the legal and technological landscape. Remote Care Intel (RCI) is a bi-monthly news report on everything remote care that keeps you updated on what's happening in the industry on matters of digital care. It includes coverage of all components of remote care management such as patient engagement, care coordination, HIPPA compliant messaging, documentation and execution of clinical workflows, patient monitoring, chronic care management, and everything else that gets added to the mix.

WHO SHOULD READ THIS?

We think all stakeholders in healthcare who are eying remote care closely would stand to benefit from such aggregated knowledge. Particularly those inside a provider organization may find it especially helpful due to the time efficiency it offers. In an industry as dynamic as healthcare, it is crucial to be briefed on the latest intel. RCI brings it all together in one place. The following positions below will find RCI's content right up in their wheelhouse.
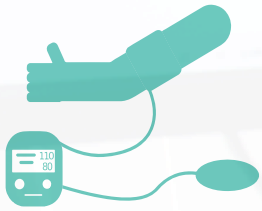
Responsible for implementing remote care on the ground. Have direct contact with patients, and thus are in the best position to evaluate what is working and what is not.

Responsible for overseeing the deployment of remote care. Have to run the program, and thus are in the best position to understand the various factors that help or hinder the program's execution.

Accountable for remote care in their organizations. Have a bird's eye view of the successful piloting, monitoring and updating of remote care delivery, and thus are in the best position to formulate strategy.

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RN, Telehealth	Primary Care Transformation Manager	Chief Patient Engagement Officer
RN, Chronic Care Management	RN, Care Manager	Chief Executive Officer
Advisor, Complex Chronic Care	Director Telehealth	Chief Medical Officer
Telehealth Coordinator	Director of Care Coordination	Chief Innovation Officer
Outpatient Therapist	Patient Care Manager	Chief Medical Information Officer
Chronic Care Coordinator	RN, Case Manager	Chief Nursing Informatics Officer

Overview

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January 1st to 14th

Environment Centric

mRPM(using mobile phones) may notice a greater uptake amongst patients, taking market share away from the tablet.
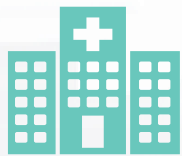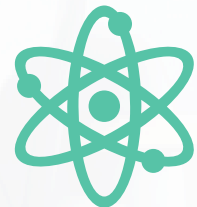
Cigna and MDLive partner to introduce the Virtual Primary Care Platform, which also includes remote patient monitoring as a component.

Payer Centric

Innovation Centric

Study shows that virtual reality is preferable to videoconferencing in behavioral healthcare.

Teladoc acquires InTouch Health for $600 million. It strives to provide more than just primary care.

Vendor Centric

January 1ˢᵗ to 14ᵗʰ

JAN 5th

Medical Economics' Harry Soza writes about what is new in Remote Patient Monitoring. To be fair, most of the heavyweight changes that have happened, all occurred in the last year. So 2019 will be etched in the minds of the people as the year where remote care reimbursement was introduced. Besides the economic value the codes provide from a revenue standpoint, the clinical and cost-effective value of mRPM is discussed. mRPM is just RPM, but delivered via mobile phones. Thus, care management coordination is simplified, as patients are able to communicate and coordinate their care pathways with their clinicians from their cell phones.

RCI Takeaway: *To be honest, mRPM is not a new concept. MHealth already exists, and a big part of mHealth was always managing those patients who are more tech savvy via their cell phones. They would download an app and be good to go. However, as most older patients are not that used to haptics on a cell phone screen, a tablet is more commonly used for them. The article does demonstrate the value of mRPM, where communication and measurement of patient data via push notifications are simplified. This eases the burden on support staff, and makes care coordination a smoother experience. But of course, all of this is dependent on patient engagement.*

Cigna has teamed up with MDLive to introduce the Virtual Primary Care Platform to its 12 million or so members. MDLive's prior dealings with Cigna involved offering urgent care services through telehealth. But for primary care, studies have shown that the younger generations would much rather seek out such services online rather than develop an in-person relationship. This partnership between the insurance and telehealth giants will also include remote patient monitoring through MDLive's Sophie Health Monitoring Platform, which enables patients to self-track data and coordinate check-ins and reminders with clinicians. The Virtual Care Platform can also take in lab results, manage referrals and handle annual wellness screenings and checkups.

JAN 13th

RCI Takeaway: *Insurance firms such as UnitedHealth and Cigna are making big moves lately. The idea is to add whatever capability it takes to modernize the care experience of their members, while also making it more cost efficient. By digitizing activities such as annual wellness screenings, managing chronic care conditions, ordering labs, and referring to specialists, the idea is for their members to avail the digital option whenever they can. While the primary care activities can be digitized fairly easily, it remains to be seen if acute and chronic care will achieve the same level of cooperation from providers. But with favorable legal changes and social push towards virtual care, health insurance companies are indeed coming for the remote patient monitoring space, expediting the reality of it all.*

University of Wollongong's Shiva Pedram writes about a study conducted on mining and construction workers, who often receive their mental healthcare remotely. Normally, videoconferencing on apps such as Skype, Zoom and Facetime via their cell phones is how they communicate with counsellors. In this study, they received care via virtual reality, and reported to more freely express themselves without fear of judgement. Compared to videoconference, the virtual reality care sessions scored higher on the level of presence (them being there), level of co-presence (them being together with their provider) and realism.

RCI Takeaway: *This study provokes many interesting thoughts. While VR may become a popular modality of delivering healthcare in the future, it will no doubt pose its own set of problems. One of them is already identified in this article, called the Uncanny Valley effect, where hyper-realistic avatars of doctors can generate cold and eerie feelings. Also, the disease being treated is a major factor as well, and so far, VR has been used to treat anxiety and stress related disorders, phobias, panic disorder and PTSD. But ultimately, going forward one can see this replace the two-way video conferencing capabilities that most RPM solutions come with. It can be a powerful add on feature, if it can drive greater patient engagement.*

MobiHealthNews's Dave Muoio reports InTouch Health's acquisition by Teladoc Health for $600 million. Jason Gorevic, CEO of Teladoc health, says "Today marks a bold leap forward in Teladoc Health's mission to transform how high-quality healthcare is accessed and experienced, making virtual care available for patients with even the most critical care needs ". InTouch Health had working relations with more than 450 hospitals and health systems. Its offering is more enterprise, compared to Teladoc's consumer level offerings. It provided support for over 40 clinical use cases.

RCI Takeaway: *This is groundbreaking news to say the least. Teladoc is signaling its intent in the telehealth field. It intends to be one stop shop for all virtual care needs, for patients with symptoms outside hospital settings, and patients already involved in established care plans. This has promise to provide integrated care, no matter if it is everyday care, critical care or chronic care. It has been a common move for telehealth giants to merge with others in their space. American Well had done the same last year. It remains to be seen if any of these firms will acquire remote patient monitoring capability in the future, as telehealth and RPM are so closely aligned.*

While initially off to a slow start, 2020 has been blown open with the news of telehealth firms now wanting to get in on the remote care act, either by joining other competitors or by joining payers. It only makes sense, as telehealth has traditionally meant only e-visits in pop culture, and yet we know remote patient monitoring is one of the three major pillars of telehealth, the other two being e-visits and store and forward technology. Health insurance companies like Cigna and UnitedHealth, and telehealth firms such as MDLive and Teladoc, all realize the value in changing the habits of their patients. Because ultimately, as with all industries, it all starts ground up from the consumer level. Providers will provide the type of care that the patient wants. But on the face of all this new technology, patient engagement remains a crucial component for success. There is talk of using more cell phones than tablets in what is mRPM, and also experimenting with VR. But patient engagement might not necessarily correlate with new modes of care. It's an area providers have a lot of insight to offer, dealing with patients on a daily basis.

What's Next?

The next RCI will be released at the end of the month on Friday, January 31st . It will recap the latter half of January. If you are a subscriber, rest assured, it will be delivered to your inbox. But to be doubly sure, please make sure you opt in here.

Apart from our website, we will be circulating this report on our social media channels. If you are receiving this on Twitter, LinkedIn or Facebook, please make sure you subscribe to our list by clicking here. It will allow us email the latest RCI to you directly.

If you know someone who will benefit from this report, please do share. For any questions regarding RCI, please email the editor at rahat.haque@aetonixsystems.com