aTouchAway™
by Aetonix

Edition #13
January 31st

REMOTE CARE INTEL ©

Welcome to the 13th edition of RCI. On Jan 15th, we covered the first half of January. On this edition, we will be covering the latter half. We will stick to the four categories for our format, namely Vendor, Provider/Payor (either one will be featured), Environment and Innovation. Such will be the format going forward. RCI will be published on the 15th and 30th (or 31st) of each month. First-time readers, you are welcome to check out all prior versions of the RCI. Regular readers skip to this edition's overview. It is great to have you all on board!

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.
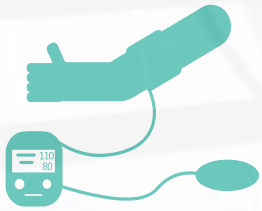
Responsible for implementing remote care on the ground. Have direct contact with patients, and thus are in the best position to evaluate what is working and what is not.

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.

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

January 16th to 31st

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Vendor Centric

Samsung's HARMAN now offers remote patient monitoring.

Private practitioners fear the void that is left to remote care in between visits, but it only takes the right staff and technology to mitigate such concerns.

Environment Centric

Provider Centric

UCHealth to roll out a RPM program this quarter, with BioIntelliSense's Biosticker.

The cardiovascular device market plans to make use of RPM for years to come.

Innovation Centric

January 16th to 31st

Another player has entered the RPM market. HARMAN, a wholly owned subsidiary of Samsung Electronics Co. Ltd, announced the HARMAN RCP (Remote Care Platform). Powered by Intel, it focuses on multiple use cases for healthcare organizations such as chronic diseases management, aging with independence needs and discovering insights for patient health programs. HARMAN's core expertise is the IOT space, dealing with anything where there is data and devices involved. Using Intel's licensed assets for remote patient monitoring, HARMAN expands its offering in the remote patient and elderly care, according to their own words.

RCI Takeaway: *Samsung, which owns HARMAN, makes tablets which are very popular in the implementation of remote care. So, it's natural for them to expand into the software side of the business as well, as it pertains to remote patient monitoring. It's not the first time we have seen a company team up or acquire another company to become a more full-fledged RPM offering. Software centric RPM solutions have paired up with companies specializing in medical device management. Telehealth services have rolled out RPM features by collaborating with others. And now, device manufacturers like Samsung have also forayed into this space, by licensing the necessary RPM technology from Intel.*

Drew Kearney, writes a great article on Physicians Practice about fears physicians may have on remote care. The feature talks about overcoming the remote aspect of care, which is addressed by the patient's ability to call or text a direct clinical contact, their doctors being notified, and their charts updated. It says while providers may be unwilling to cede control by handing over check ins in between visits, it is beneficial for both the patient and the practice. People tend to favor a continuous interaction, and practices have only so much resources to provide care. So it's not really handing over control, but building a more loyal relationship with each and every patient, where they are remotely monitored.

RCI Takeaway: *Drew Kearney is the co-founder and CEO of Signallamp Health, which attempts to bridge the gap between doctors and patients via nurses. Their nurses are trained to handle all aspects of remote care that can happen in between office visits, such as following specific workflows for providers, educating patients on the care plan and to track their vital signs, encourage preventative screenings and immunizations etc. It is true, that we are at crossroads. If providers want to scale using the new reimbursement codes for RPM, they need help. While RPM software is a great way to record and monitor patients, trained nurses who are adept at this technology are also very much needed. They can administer the program, thereby increasing revenues and hopefully improve patient outcome as most studies seem to suggest. But they can also generate loyalty for the hospital or practice in question.*

JAN 28th

Colorado's UCHealth is collaborating with BioIntelliSense on a remote patient monitoring project, that is expected to begin this quarter. BioIntelliSense recently received FDA clearance on the BioSticker, a medical grade wearable body sensor. It has the ability to continuously monitor patient vital signs from home and deliver insights to clinicians. Steve Hess, UCHealth's CIO, says that UCHealth's Care innovation Center will use the device on patients with chronic conditions such as diabetes, heart failure and hypertension, in the hopes of timely prevention to deter escalation of such conditions.

RCI Takeaway: *The BioSticker is a small adhesive that can monitor patient's heart rate, respiratory rate and skin temperature when prescribed by a medical doctor. BioIntellisense founder, James Mault, was a cardiac surgeon, and so it helps to have that clinical expertise when working with large health systems like UCHealth. In fact, Steve Hess says that it was combination of engineering talent and clinical expertise that BioIntellisense provided that swayed the decision in their favor. It goes back to a point we always make in RCI, that no matter how innovative the technology is, the use cases in hospitals have to make clinical sense.*

IDTechEx Research says that remote patient monitoring is the future of cardiovascular disease management. It stresses the role of both wearable and non-wearable devices in the management of heart diseases. Wearables such as sensors, skin patches, accessories or smart clothing provide greater convenience and comfort, but only if they are highly flexible and lightweight. This can be restrictive when it comes to their range of purposes. Non wearable device can be more versatile in the sense that it can combine multiple functions in one product. Cardiovascular diseases such as hypertension, heart failure and arrhythmias have all been treated or managed using RPM. Not only can patients be monitored over the progression of their condition, but they can be monitored to diagnose conditions such atrial fibrillation.

JAN 29th

RCI Takeaway: *There is more information in the report published, but it is premium. From the gist of it that is freely available, we see that how cardiovascular departments plan to keep RPM in its long-term plans for the detection, management and treatment of all heart related conditions. We particularly like the focus on devices, because while there is a lot to be added to software in terms of features, it doesn't mean anything if the patient is not comfortable with the devices on them, wearable or non-wearable. Thus simultaneously in line with software development that finds ways to better integrate patient data into the EHR, hardware development in terms of the most non-invasive and reliable device should also be pursued.*

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This edition of Remote Care Intel wraps up the month of January. Like with most editions, we see a trend of hospitals and vendors collaborating to introduce remote care. We see companies expanding their core offerings to include remote care as a part of their service, given all the upward projections the global RPM market is poised for. In a market that is rapidly saturating, it sometimes doesn't feel like there is room for any new innovations, but this is only because the business models become very predictable. It only takes laser focus on any one aspect of remote care, to develop a new market. Like with the case of Signallamp, there could a huge market developing which simply helps healthcare organizations connect to their patients via the right staff, an invaluable add-on service to take maximum advantage of remote care. Regarding devices for RPM, there could be devices geared solely for the detection of a condition and leave the monitoring to other equipment. All such new developments will only mean more vendor-hospital projects in the years to come. If an offering is not good enough, it will seek out other partners to complete its value proposition.

What's Next?

The next RCI will be released mid February. February 15th will be a Saturday, so it will be published on the following Monday, February 17th. It will recap the first half of month. 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.

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. It will allow us email the latest RCI to you directly.

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