



Edition #14
February 17th



**REMOTE CARE
INTEL ©**



**Introductory
Note**

Welcome to the 14th edition of RCI. On Jan 31st, we covered the [latter half of January](#). On this edition, we will be covering the first half of February. We will stick to the four categories for our format, namely Vendor, Provider/Payor (either one will be featured), Environment and Innovation. Since February 15th fell on the weekend, we are publishing the first half recap of February today. 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!

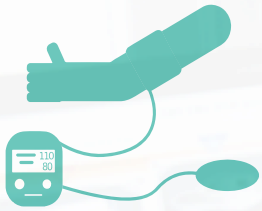
Purpose

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 eyeing 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.

RN, Telehealth

RN, Chronic Care Management

Advisor, Complex Chronic Care

Telehealth Coordinator

Outpatient Therapist

Chronic Care Coordinator



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.

Primary Care Transformation Manager

RN, Care Manager

Director Telehealth

Director of Care Coordination

Patient Care Manager

RN, Case Manager



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.

Chief Patient Engagement Officer

Chief Executive Officer

Chief Medical Officer

Chief Innovation Officer

Chief Medical Information Officer

Chief Nursing Informatics Officer

Overview

aTouchAway™
by Aetonix

February 1st to 15th

Vendor Centric

MASIMO acquires NantHealth's assets for \$47.25 million in cash.

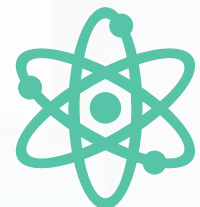


Children's Hospital of Richmond decides to further customize their RPM solution after seeing a drop in rehospitalizations and discharge times.

Provider Centric

Innovation Centric

Remote robotic surgeries could soon become mainstream after successful trials using 5G.



The FCC is close to finalizing its \$100 million Connected Care Pilot Program.

Environment Centric

February 1st to 15th

FEB
6th

Masimo has acquired NantHealth's Connected Care assets for [\\$47.25 million](#), all of which are geared towards the provision of medical device interoperability. Masimo says that the goal of such acquisition is to reduce clinician cognitive overload and errors of omissions via greater connectivity, predictive algorithms and decision support. The transaction is expected to close in the first quarter of this calendar year.



RCI Takeaway: *Almost every edition of RCI, there is an example of different solutions merging together, or one acquiring another, in order to enhance their offering. Such a tradition continues, with Masimo bolstering its core competence of noninvasive medical device manufacturing with the necessary connectivity technology and analytical capabilities from NantHealth. Do not expect such trends of merging and acquisition to stop anytime soon, as vendors race to become full-service solutions. But because healthcare organizations have their own protocols, the need to customize is still an evergreen requirement, and thus no matter how well rounded the product is, it has to make sense to the hospital's use case.*

Children's Hospital of Richmond found great success with RPM for acute care, particularly post-surgery care. By using the remote care software, they were able to review medications, discuss nutrition, view the incision site and decide on next steps for their patients at home. The results are very positive. No additional clinical visits or hospitalizations were needed, and two probable emergency department visits were avoided. Furthermore, two patients were discharged [12 to 24 hours](#) sooner than usual. User experience wise, 92% of the patients said they felt comfortable using the remote care platform to receive care. Going forward, Children's Hospital of Richmond plants to integrate patient questionnaires and educational content into the platform, and allow physicians to customize care plans.

FEB
11th



RCI Takeaway: *Sometimes, hospitals just need to get started on one thing, and introduce other components of a solution's package after initial success. Such was the case for Children's Hospital of Richmond. They achieved their target of reducing rehospitalizations and unnecessary ED visits. Based on the confidence gained from the experience, they are now customizing their platforms further with questionnaires and educational content. Will such additions improve the baseline numbers ever further? That remains to be seen, but theoretically they should. But raw numbers aside, such as discharge times and rehospitalizations, there are qualitative aspects to care as well. Such as patient experience, which is always made easier by keeping them at home while still tailoring their care plans according to their situation.*

FEB
11th

When we think of remote acute care, we normally think of pre and post-surgery care coordination, not the actual operation itself! Ryan Madder, Section Chief of Intersectional Cardiology at Spectrum Health says that the “emergence of ultra-fast, high-bandwidth networks and advancements in robotic technology in recent years” have made it possible to deal with signal loss and delayed transmissions. He talks about his experience of using 5G connection to manipulate a robotic arm in San Francisco, from Boston. [36 simulations](#) of remote coronary procedures were conducted. Eyeing the future, he speaks of a hub and spoke model, where doctors could perform such operations from a central or hub location for patients in spoke locations.



RCI Takeaway: *As this is the Remote Care Intel, we would be remiss not to entertain the possibility of remote care at a procedural level. Already, there are devices which let you do comprehensive exams from the comfort of your home. It goes beyond just measuring your vital signs, which is already extremely valuable for managing chronic care. Offloading actual surgical procedures on organs as important as the heart to satellite locations will be a giant leap for remote care. As Ryan points out, it would have been unthinkable without the rapid progress of internet connectivity such as 5G. The economics of it all is yet to be figured out. It will be a type of remote care that cannot be transferred completely to a person’s home obviously, they will still need to be taken to a satellite location.*

After seeing the cost savings and improved patient outcomes because of remote care in the Veterans Health Administration, the Federal Communications Commission (FCC) is close to issuing its final order for its \$100 million [Connected Care Pilot Program](#). While FCC’s other programs in healthcare involve providing high speed internet services to rural hospitals, the Connected Care Pilot Program aims to use telehealth to serve those who are currently underserved, such as low-income individuals and veterans. FCC Commissioner Brendan Carr says that over a three-year period, the funds will be used to support a limited number of projects using RPM via mobile health apps on smartphones or tablets.

FEB
12th



RCI Takeaway: *This could be a very important financing source for healthcare organizations that are eligible to apply, if there is such an application process. Apart from the traditional methods of financing RPM Pprograms program such as the annual or department budget, or reimbursements, govt. funds should always be explored. Especially at a time when the govt. Is increasingly pushing for value-based payment structure, there will be more subsidies or programs for deploying remote care. Even if one is not benefitted directly from FCC’s efforts, the modernization of rural communication infrastructure is something that will indirectly benefit all organizations hoping to provide care to patients in rural areas.*



While RPM solutions continue to expand their range of offerings, hospitals are taking a slower approach, just beginning to experiment with the basics of RPM. As there is so much value to be added just by starting such a program, more organizations can be expected to deploy an RPM solution in installments, where they first confirm the hardline benefits, before including all the add-ons. But that doesn't stop research and development from continually improving the technology to provide actual procedural remote services such as coronary procedures, that can be conducted 3000 miles away. More such innovations will follow, especially if backed by federal grants. Currently, there is a lot of good work being done in providing internet access to rural areas. Once such infrastructure is fully developed, the next wave of government initiative could involve developing true virtual care where all procedures and tests can be conducted inside homes.

What's Next?

The next RCI will be released end of February. Friday February 28th to be exact. It will recap the latter 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](#).

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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

