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REMOTE CARE INTEL

Edition #2
August 20th

Note

Welcome to the 2nd edition of the Remote Care Intel (RCI), where we cover all the latest news and murmurs in the remote care sector in healthcare. We launched our premier edition a fortnight ago. Check it out on our website. As promised, we cover all pertinent headlines from the last two weeks in this edition. If you are a first-time reader, you may want to read the "Introduction" , "Purpose" and "Who Should Read This" sections. If you are familiar with RCI, skip right ahead to this week's intel by clicking here.

Introduction

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-weekly news report on everything remote care delivery 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.

Purpose

The information presented on RCI is best suited for those who want to stay up to date with the latest insight on remote care. Unlike our other content, it is not published on our website but distributed to individuals who are in a position to affect patient care management using telehealth. The distribution channels are email and relevant social media. We hope that readers find the content useful in discerning the ins and outs of remote care, figure out to make it work for them, and stay one step ahead in cognizing its future development.

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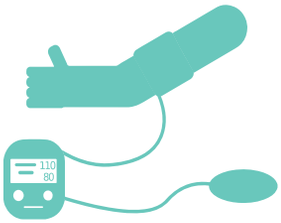
WHO SHOULD READ THIS?

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.

- 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

TIMELINE FOR THIS EDITION

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August 3rd to August 16th

August 3rd

There are many providers launching virtual care facilities. Anne Zieger has been reporting on healthcare for three decades. She has covered Missouri's Mercy Virtual Care Center, Intermountain Healthcare's Connect Care Pro, and LifeBridge Health's Virtual Hospital in Baltimore as prime examples of virtual facilities expansion in the past 4 years, with the LifeBridge Health as the most recent case. LifeBridge Health's Sinai Hospital in Baltimore uses clinical call centers to deliver patient care. Nurses and practice providers staff the call center in Maryland, and two international call centers handle the more administrative related tasks such as prescription refill requests, scheduling appointments, and transportation. Video conferencing allows nurses to conduct triage screening, while doctors simultaneously attend to the patient and use e-portals to request and review tests, access nursing notes and develop care plans. Using videoconference, e-portals and call centers not only increases care coverage, but has increased patient throughput as well. Jonathan Thierman, CMO of Sinai Hospital, says that the virtual care program sees 1000 patient cases monthly.

RCI Takeaway: *From Anne's past and most recent post, there seems to be two ways of going about integrating virtual and hospital based cared. You can do what Mercy did, and offer a full-fledged virtual care center which is a hospital without beds, and yet operates an e-ICU, a Telestroke department, an e-visit department and a home monitoring department. Or you can do what Intermountain did by introducing 35 telehealth programs for all its hospitals in Connect Care Pro. They supplement the system's existing care options, so patients could have access to more specialized care on demand, especially in rural areas. This LifeBridge Health Sinai Hospital example seems to be somewhere in the middle where the technology used does not have a separate building to manage it as with Mercy's Virtual Care, but they are not treated as add-ons to existing care as with Connect Care pro. Rather Sinai Hospital's Virtual Hospital integrates technology to its existing hospital infrastructure and operations.*

August 7th

It is interesting to hear how telemedicine improves patient outcome as a whole. But companies are not just specializing in remote care, which by itself would be a unique selling point perhaps a decade ago, but they are now positioning themselves as experts in certain clinical areas. One such company is Seattle's Genneve, a telemedicine clinic for menopause. Eye-opening is the fact that menopause care can be expensive. HIT Consultant's Jasmine Pennic writes that it can cost on average $20k for 4-10 years of menopause care for women going through that phase. So then, Genneve has found a great market segment to provide value-based care to. It charges $65 and $45 for doctor and nurse practitioner consultations respectively. Insurance is accepted for prescriptions only at this time.

RCI Takeaway: *Where there is a market, the demand will naturally dictate things. Thus, if patients see that traditional hospitals are not valuing certain conditions the same way that they do, they will look to receive that care elsewhere. Services that add value to the community, such as Genneve's free access to physician informed blogs, enhances that reputation of the care giver in the eyes of the consumer. Healthcare seems to be getting more and more decentralized. Hospitals must find a way to reach patients, and not make assumptions on the level of care that is sought. After all, treating menopausal symptoms costs $248 a year, excluding prescriptions. But it seems that the actual patients themselves seek a level or personalized care that can easily surpass that price tag.*

August 12th

This piece of news is very timely, as it is yet another example of a hospital that is innovating on the virtual front. Much like Mercy launched its 4 story Virtual Center 4 years ago in Missouri, CHI Franciscan has launched what it is calling the "Mission Control Center" where virtual care is being assigned a separate facility. Located away from all other hospitals in the CHI Franciscan system, the facility is situated in Gig Harbor, Washington. It's a glass walled room with a wall of twelve screens facing rows of computers, in what resembles an actual mission control center, like the ones NASA operates. What CHI Franciscan is doing is truly unique, as they are not trying to solve just a remote care need, but solve an operations problem. For large health systems such as CHI Franciscan, coordination of operations between multiple healthcare facilities of various sizes and multiple healthcare providers of various specialties is crucial. Thus, there are tremendous efficiencies to be gained, if such coordination is centralized, which is exactly what the Mission Control Center at Gig Harbor aims to do. There are wall tiles showing patient flow, bed capacity, and care progression. The idea is to be patient centric where each patient's journey through the health system is tracked as they wait for imaging, procedures or services. According to Mission Control Center Director, Jessica Schlicher, the end goal is to increase care capacity, decrease wait times and enrich patient experience as they interact with the system to get the care they need.

RCI Takeaway: *Often in conversations about reaching patients, we get lost in translation about how it all relates to operations. Technology helps bridge the gap between patients and physicians, but does it complicate or simplify healthcare operations? That is the question CHI Franciscan answers with their design of the mission control center at Gig Harbor. While they built the whole thing to solve an operational need, they also have staffed it with nurses and physicians with over a decade of experience, ambulance dispatchers and transfer managers. So it is possible to remotely on board a patient, get the clinical expertise that is required, and formulate and execute a care plan for a patient. So it's an instance where operations is simplified while still extending the hospital's reach. It definitely is a model worth watching out for in the future.*

August 12th

New studies are always coming out on telehealth. It's apparent that people want to scope the market that exists currently, and its future potential. One of the best companies producing such efforts is Definitive Healthcare who routinely conduct research on hospital executives. They have some eye-popping numbers to report in their fifth annual inpatient telehealth study. 70% of all healthcare facilities (includes, hospitals, health systems and academic medical centers) are using two-way video technology, mostly between physicians and patients, a 23% jump from 2016. Population management tools such as SMS text and remote patient monitoring also grew, albeit more slowly. 12% to 19% and 8% to 14 % in the last three years. Patient portals market shrinked from 48 % to 40% in the last 4 years, probably due to patient engagement software substituting some of the same core functionalities offered by these portals. One other important finding is that while less than 10% of organizations have telehealth facilities like the virtual centers previously discussed in this report, another 10% of organizations are currently building such a center or are looking to do so in the future.

RCI Takeaway: *It is apparent that hospitals are feeling the heat from the vast e-visit marketplace, and hence why video technology received such a great boost in uptake from past years. For other remote offerings, the climb is still slow but steady. There don't seem to be any triggers yet that may expedite the process. Especially as patient awareness about telehealth services among consumers is still low. But if innovative providers backed by physicians strategize to educate the patient on such services, then it may cause a chain reaction where other bigger health systems do the same. Investment on standalone telehealth centers seem to be the endgame, but it must start with using more of patient engagement and remote monitoring software. Once the staff feels comfortable enough in integrating such services into their healthcare practice, only then will the conversations swing to centralizing the management of all these technology in one place.*

August 13th

This change of legislation is pertinent to one state, New Hampshire, but it signifies a larger trend that may well unfold in the future. New Hampshire's Medicaid program expanded its coverage to primary care providers and pediatricians. Previously, it was restricted to specialists. Governor Sununu signed the law which will go into effect in 2020. New Hampshire joins 20 states whose Medicaid programs reimburse for remote patient monitoring, and 11 states who reimburse for Store & Forward. If you are curious about the third major type of telehealth visit, all states' Medicaid programs allow reimbursement for video visits, except Massachusetts. These numbers were collected from the Center of Connected Health Policy.

RCI Takeaway: *One of New Hampshire's cited motivations to do this was that it wanted to keep up with the rest of the states. This signals strategic intent, as for Remote Patient Monitoring and Store and Forward mediums of telehealth, the majority of states' Medicaid programs have still not come on board. And yet, New Hampshire recognizes that this will happen sooner rather than later. They sense that the further thawing of the regulations seem to be on the horizon, not just because the administrators want to increase the quality of care, but because they want to cut costs as well. Wherever the tax payer's money is involved, the government is always under pressure to be accountable.*

IN SUMMARY

It has been an eventful two weeks. There is pressure to innovate, from other health systems, from smaller health companies, and even from the government. Whether that innovation takes shape in the form of remote care or some other technology remains to be seen. Video visits have gained popularity in no time, and other technology such as patient engagement and remote care monitoring are hot on the heels. But depending on the exclusivity of the functionalities each product offers, there may be a call for greater consolidation and standardization. But even if that were to happen, there would be smaller clinics and unorthodox healthcare organizations filling in the vacuum of specialized care that consumers seek. The type that can be only provided by using new age tech services. Perhaps the healthcare model can accommodate all these different players, but the coordination a patient's journey can be left up to the hospital, which is a huge task onto itself, but a valuable one.

What's Next?

The next RCI will be released on Tuesday, September 3rd. It will build a report using articles from August 17th to August 30th. 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.

We will also 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 to maintain a more direct relationship with you.

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