



REMOTE CARE

INTEL

Edition #3
Sep 3rd

Note

Welcome to the 3rd edition of Remote Care Intel (RCI), where we cover all the latest news in the remote care sector in healthcare and offer original takes on them. If you haven't seen the first two editions, I would strongly encourage you to do so by visiting our [website](#). We are a month old now, so you don't have that much catching up to do. Just like last time, you may skip the "Introduction", "Purpose" and "Who Should Read This" sections if you are already accustomed to the format, and [jump right to this edition's timeline](#), from August 17th to August 30th.



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 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.



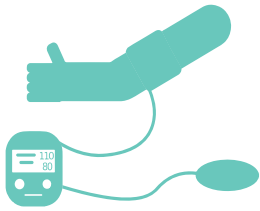
Purpose

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 exclusively 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.



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

August 17th to August 30th

AUGUST
19th

Due to rising healthcare costs, the mega tech companies of USA have swooped in to make a splash in the healthcare industry, trying to win a chunk of its business. Stanford University's Alyssa Rapp [covers](#) the most noteworthy activities of such tech giants, as technology and healthcare fuses together to drive down costs. Amazon's voice assistant Alexa is now HIPPA compliant, and that means patients will be able pull up medical records, and schedule doctor visits or appointments on voice command. The Apple Watch 4 can detect atrial defibrillation and is an example of the latest on wearable technology. It is not an untested feature either, Apple had collaborated with Stanford University in a study involving 400,000 participants. It was determined that Apple can reliably identify heart rate irregularities. Google for its part, has the Cloud Health Care API, a highly interoperable EMR system based in the cloud. Having such a system based in the cloud comes with all the benefits that we know cloud architecture to have, i.e., ease of access and collaboration amongst various healthcare practitioners.



RCI Takeaway: *Three of the Big 4 tech companies of USA, have been making some sort of noise in telehealth, using their respective strengths. The day may soon come when Facebook also decides to get in on the act. It has already dabbled in mental health aspects in the past, attempting to prevent suicides and tackle opioid use. It seems that any company out there with any type of technology clout will have something to say about the rapidly evolving field of telehealth. What ultimately gets traction is dependent on many other things such as the legal and cultural landscape. But because virtual care is a product of the advance of technology, it is only natural for companies who have tech as their core competence to be interested.*

Versatile Med's Lisa and Jerriene do a great job at picking out some [eye-popping stats](#) from Deloitte's recent report titled Accelerating the Adoption of Connected Health. Connected Health of course is yet another name for telehealth, with virtual care, digital health, mhealth, and remote care all being similar monikers. It would be great to make an infographic one of these days highlighting the nuances and definitional coverage of each. But whatever it is, remote patient monitoring stakes out a very important place for itself in the grand scheme of telehealth. Over the next quarter of the century, remote patient monitoring is expected to save \$200 billion in healthcare costs globally. Pertaining to inside USA, federal healthcare spending is fast approaching 20% of GDP. Chronic care accounts for most of this spending, with it being 3.5 times more expensive than other forms of care and the leading cause of hospital admissions at 80%. As more RPM programs are projected to be deployed over the next few years, the article makes a strong case for analytics being a major component of the respective programs.

AUGUST
22nd



RCI Takeaway: *Telehealth is not just one device, or one type of technology. It's a paradigm shift, and thus pulls with it an ecosystem of products and services that all complement each other. As hospitals are hiring an ever-increasing number of analysts, not just to analyze revenue cycles and reimbursements, but also patient populations, having the right tools in place will become very important to achieve accountability for these programs. Where there is general consensus building up that telehealth can drive improved patient outcomes, this proclamation still needs to be supported by monitoring certain data from the patient population. As RPM companies mushroom to counter the rising costs of chronic care, they must also be fitted with proper analytic capabilities to show improvement. Or, such a gap in the market will be filled by healthcare analytics vendors, who exclusively analyze data but do not provide the software or hardware through which RPM takes place.*

AUGUST
26th

The U.S. Food and Drug Administration (FDA) has [cleared](#) Biobeat's patch and watch which track vital signs and upload them to an app through which they be accessed by appropriate healthcare providers. Biobeat's devices allows for the tracking of temperature, blood volume, electrical conductance of the skin, blood pressure, arterial pressure, pulse and respiratory rate, etc. via continuous and real time measurements. The Israeli company considers the FDA approval as a significant step to its expansion in the USA. Arik Ben Ishay, founder and CEO of Biobeat, is excited about the "tremendous opportunities" this "clearance opens up".



RCI Takeaway: *It is interesting, that every now and then, there is news about the FDA clearing a RPM solution. But unlike HIPPPA, one does not see a FDA approval being included in a company's promotions as much. It seems then, that most of the RPM solutions that are out today are approved, but not cleared. An approval is sufficient for marketing purposes inside USA. It includes a premarket approval, which demonstrates that a device is safe, or a Humanitarian Device Exemption (HDE) which demonstrates that a device is intended to benefit patients in the treatment or diagnosis of a rare disease or condition that affects not more than 8,000 individuals in the United States annually. As chronic disease is not rare by any means, I believe most RPM companies out there have the premarket approval, through which they make the list of approved medical devices. Very few of them however, have a clearance, for which one must prove that a medical devices is substantially equivalent to a device already existing in the [three device classifications](#). Thus, a clearance is worn like a badge of honor.*

AUGUST
28th

There are many academic-industrial partnerships fostering when it comes to the testing of RPM solutions. Just as we saw with the partnership between Stanford and Apple, Atlanta's Emory University and California's VIVALnk are [working](#) together to deploy an ECG patch. The objective is to monitor patients who have undergone coronary angiography outside the hospital in 72 hour stretches. The rechargeable ECG patch is the size of a small bandage. It features an electrocardiography sensor and accelerometer to capture various electrical activity and thereby improve care for coronary artery disease. This project is a follow up on the finding that lower heart variability causes subclinical myocardial ischemia.



RCI Takeaway: *Despite the large tech entrants into the space to reduce costs and standardize care as we saw earlier, wanting to improve patient outcome is just as important trigger when it comes to the adoption of remote care solutions. It is also an area where there is greater convergence of interest among universities and hospitals, as the former seeks to publish papers in this field, and the later seeks to use the evidenced based studies on its patient population to achieve better outcome. It's not that other companies could not have done what VIVALnk did, but it's that VIVALnk cared enough to position themselves in the cardiology sector, thereby building the type of relationship that it with cardiology practitioners in healthcare. The future development of such particular care areas will be fascinating, as further studies reveal new insight, and newer RPM deployments in turn act on those very studies to unearth new findings, thus continuing the cycle of evidence and practice.*

Another area of care that has been adopting more remote care solutions is Otolaryngology, particularly ear care. Hearing aid devices have gained mass popularity over the years and have become a staple of ENT care. Thus, it's a natural development in this area to enable those hearing aids to be equipped with tracking ability, which not only enables hearing but collects bio signals from the patient to better monitor the situation. Prime [example](#) is Widex Remote Care's EVOKE, which enables the wearer to optimize their listening experience by comparing and selecting different versions of sounds in real time. In a study involving 9 countries, and 118 participants, people reported greater satisfaction in their listening experience with EVOKE in different listening circumstances. In this sponsored article by Widex Remote Care in the website Audiology Online, the connection is made between increased satisfaction levels of patients and greater referrals to the care practice.

AUGUST
30th



RCI Takeaway: *Thus far into the third edition of RCI, we come across different care departments, and how they are adopting remote care in their operations. Following that same though current, it's interesting to notice that hearing aid technology is not just being left up to the consumer anymore. Rather it is being used as a hub for two-way communication between the patient and the ENT doctor. Hearing aid as a device is perhaps not associated with remote care as much as some other devices are, because it is perceived as aid and not care. But in the future, if certain breakthroughs are made in this field, where hearing can not only be salvaged, but improved, then the potential of hearing aids as remote care devices will shoot through the roof. Such an occurrence will further necessitate the communication between the patient and doctor, and the earpiece will be the focal point of care.*



We see that everybody, from big tech companies, to device manufacturing specialists, and also academic institutions are interested in a slice of the virtual care market. And why not, since it's still an area where there is much exploration left to do. Medical device makers are continually adding features to their products which transform them from transactional to relational. University medical centers are on the lookout for collaborators in the form of these companies, who seek to optimize care for a patient population by remotely tracking their life forces. Large tech companies are interested in releasing products that impact the way people think about health, where everything begins from a prevention perspective. There is still room for further collaboration between interested bodies. As it stands, it is still a very fragmented industry. Once the discovery stage is over, there shall be more consolidation.

What's Next?

The next RCI will be released on Tuesday, September 17th. It will build a report using articles from August 31st to September 13th. 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

