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by Aetonix

Edition #4
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REMOTE CARE INTEL

Note

This is the 4th 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. Regular readers know the drill by now, which is that you may skip the "Introduction" , "Purpose" and "Who Should Read This" sections, and jump right to this edition's timeline, from August 31st to September 13th. For first time readers, I would encourage you to visit our website or Social Media pages for earlier versions of RCI, and subscribe to our RCI list for future updates. See last page.

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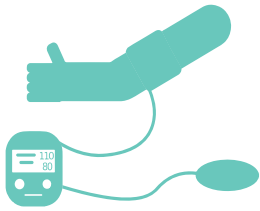
Responsible for implementing remote care on the ground. Have direct contact with patients, and thus are in the best position to evaluate what is working and what is not.

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

SEP 4th

More research has come out confirming what we already know to be true for the elderly population residing in USA, that they are set to further fuel the demand for chronic care. Berg Insight is a Swedish market research firm that specializes in technology. They forecasted the growth of chronic care management at 18.3% per year, for the next 6 years. Out of the 117 million adults suffering from one or more long term chronic care diseases, Remote Patient Monitoring (RPM) is set to reach 47.4 million users by 2024. The next two largest segments are the medical alert response systems and medication management, which are set to reach 4.3 million and 3.2 users respectively. We are informed of these numbers thanks to a press release from MobileHelp, where these statistics from Berg Insight are cited. MobileHelp is one of many companies in the sector who provide all three services of RPM, PERS (Personal Emergency Response System) and Medication Management or Adherence solutions.

RCI Takeaway: *Indeed, tracking of vital signs, medical alert systems in the form of personal emergency response systems (PERS), and medication management features have become essential in every RPM solution. It's usually the case of the respective vendor having a software to manage the application of such functions, and hardware in the form of wearables to capture patient data, and a tablet to run the software. The three aforementioned functions have become the bare minimum constituting the core functionalities of most solutions in this space.*

Suffering with chronic ailments can be difficult enough, but the seriousness of the situation is felt more by those living in rural areas. Healthcare Informatics consultant, Reza Chouddani reminds us of one of the greatest drivers of growth in this sector, i.e., the need for serving rural communities. Rural areas have a shortage of physicians. Remote care thus helps connect patients to physicians via virtual visits and follow ups. For the elderly, for whom commuting to critical access facilities can be challenge, remote monitoring enables them to stay in their private homes or nursing homes, where a nurse can visit and coordinate care for them with the physician. Additionally, many of the RPM solutions have some sort of fall detection feature, as wandering and falling are common risks associated with the elderly who may be suffering from dementia and lack of mobility respectively. In such situations, a readymade turnkey solution to connect them to care as soon as possible is helpful.

SEP 5th

RCI Takeaway: *From a provider's perspective, it should not matter where the patient is located if a robust RPM strategy is in place. A city dweller could just as easily take advantage of the service, as could someone residing in a rural area. It's just that rural areas have poor connectivity to the internet. This is where the governmental communications and healthcare bodies need to collaborate. Federal Communications Commissions (FCC) chairman Ajit Pai have been very vocal on his part, to ensure that telehealth coverage is increased in rural areas. Task forces to better understand broadband connectivity have been created.*

More interesting projects on remote care delivery between university health centers and the industry continue to happen. Brigham Young recently conducted one such study on home care patients which found that they slept better and were more physically active than patients in a hospital. But just as the lack of rural access to reliable and speedy internet is a hindrance for remote care, so is the user experience gap. Senior Human Factor Engineer Katie Cornish informs us of such a concern surrounding RPMs, which is their usability. It is amazing to learn the concept of Human Factor testing, and just how many [variables](#) have to be taken to account when designing a medical device that will not result in errors or negligence due to human use. Socioeconomic intelligence factors such as social acceptability and learning curves, direct user experience factors such as dexterity and vision, and environmental factors such lighting, temperature, and humidity levels all need to be taken into account.

RCI Takeaway: *While RPM steamrolls ahead with more deployments seeking to monitor different types of patient data, it is important to remember all the dangers that could make such experiments problematic. There are always two sides to a story, and Aetonix believes in transparency while depicting the full picture. An article listing all the disbenefits of telehealth is in the works. But every area of concern is an opportunity to fix the chinks in the armor that currently exists in the delivery of virtual care, and provide a solution that will more readily be acceptable by all.*

SEP 10th

There are many components to remote care. But the most exciting one is technological capability for a lot of people. For a moment, one can let their imaginations run wild and just envision what can be achieved remotely via technology. The Center for Bio-Integrated Devices at Northwestern University are doing some incredible research in this field, and two examples of their work for local hospitals is shared in the Chicago Health Online magazine. The first is the epithermal sensors which are used to monitor patients recovering from stroke. The band aid like sensors attach to the skin and are able to monitor all vital signs, plus motion and speech. The second is the ultrathin waterproof sensors which are used in the Neonatal Intensive Care Units to track vital signs of babies, without the hassle of any wires attached to them.

RCI Takeaway: *Such advancements tie back to the usability aspect of RPM devices, regarding how they must be tested for human factors. Indeed, it's seen that the less invasive a particular device is, the better it is for both the patient and clinician. Not only does it enhance the ease of care deliverability, but it removes the social stigma outside hospital settings, where one may not want to be seen with very visible medical devices on them. More advancements will sprout in the future for sure. This isn't the first time such news is shared on the RCI. More bio integrations will be the order of the day.*

Duke's Margolis Center for Health Policy is a perennially top 10 ranked public health school in USA. They recently released a concept paper on the future of Patient Centered Outcome Measures (PCOM). While there has been a lot of talk about how to move forward on increasing accountability of care, things have not moved as fast as people would expect due to many reasons. Chief among them are are: the lack of outcome measures themselves, the lack of systematic approach to retire low value measures, existing focus on point of time estimates and not longitudinal assessments, and lastly unfair and undue burden on the providers to do it all. The concept paper breaks each point down into further details and is a must read for all public health enthusiasts.

SEP 12th

RCI Takeaway: *The fee for service (FFS) model is not going away anytime soon. It can be argued that in some instances, the model is necessary. But everything that is going on with the development of alternative payment models is to address the very inefficacies of the FFS model. In particular, Centers for Medicare and Medicaid Services' (CMS) Meaningful Measures framework contains 6 priority domains which should be scrutinized. It provides a great starting point for the categorization of PCOMs in the future. The 6 domains mainly talk about reducing the burden of care, achieving cost savings and improving communication and coordination of care to achieve greater outcomes and access.*

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There is a lot of think tank activity happening right now. Ultimately either the insurance agencies or the government will have to start implementing some of these accountable measures to take the pressure off hospitals. Providing such leadership would help to thaw a convoluted space which any stakeholder is fearing to change at the moment. The payers must use their clout to enact some changes, which once made will be irreversible and etched into the new standard of healthcare operations. From the chronic care angle, the rising elderly population also puts emphasis on the demand for such new patient centric measures. As it stands, the industry keeps coming up with new devices which specialize in the tracking of vital signs, but also the measurement of data concerning certain diseases. They are in a place to scale up if need be. But the government should also make sure that all current regulations are followed, and new regulations are put in place to protect the patients in light of such new telehealth technology. Afterall, one of the big patient centric outcome measures is the safety of the patient. If adequate safety measures are integrated into new patient centric outcome measures, then that would be the ideal scenario. It would ensure that the rapid change that is happening is not offset by a disregard for safety.

What's Next?

The next RCI will be released on Tuesday, October 1st. It will build a report using articles from September 14th to September 27th. 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
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