

**Edition #6**  
**October 15th**

# REMOTE CARE INTEL

## Introductory Note

Welcome to the 6th edition of Remote Care Intel (RCI). In its 6th edition, the RCI will undergo some formatting changes to better reflect the type of news stories that are released by all respective media. Time and again, we see four types of information being discussed in press releases, website updates, blog posts, and news items. Some are vendor centric, which examines the latest remote care products and services from new and existing vendors alike. Some are project centric, which informs us of the latest collaborations between academic health centers or hospitals and the industry. Some are environment centric, which explains the new external situational factors that have changed in the social, legal or economic landscape which affect the remote care space. Lastly, some are innovation centric, which have tinges of Vendor Centric and Project Centric in it, but gets a category of its own due to not quite being a part of either one. It discusses the innovation or newness of a certain current of thought of technology without being too focused on any particular vendor or project. In every issue of RCI, these 4 categories are invariably always represented. So we shall continue the calendar theme of RCI, which focuses on news from the prior two weeks, but in addition, we are going to quadrifurcate them into Vendor Centric, Project Centric, Innovation Centric and Environment Centric. First-time readers, you are welcome to check out all [prior versions](#) of the RCI. Regular readers [skip](#) to this edition's overview.

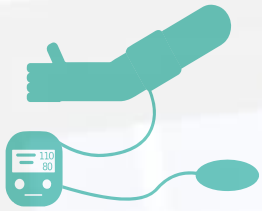
## Purpose

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-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. 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

**September 30<sup>th</sup> to October 11th**

## Project Centric

Maury Health launches televisit app on demand, as a part of its care offering beyond primary care.

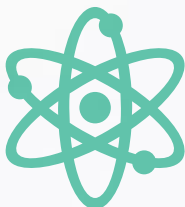


Stratus Video educates us on the merits of Video Remote Interpretation (VRI) which uses qualified remote interpreters to facilitate communication where appropriate.

## Vendor Centric

## Environment Centric

Department of Health and Human Services wants to deregulate certain laws in order to enable greater coordination to deliver value-based healthcare.



There is need to manage care traffic flow. There is not a clear leader yet who will assume responsibility beyond what EHRs offer right now.

## Innovation Centric

## September 30<sup>th</sup> to October 11th

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Tennessee's Maury Regional Health has launched Maury Regional [ondemand](#), a mobile app designed to provide urgent care when the patient's primary care physician is not available. It is essentially a case of telemedicine, which uses video conferencing to conduct face-to-face visits with physicians contracted from American Well. The ondemand service is offered to patients at \$69 a visit, which is advertised as less costly than an ER visit, and boasts average wait times of 5-7 minutes. Checking for coverage and filing for insurance is left up to the patient.



**RCI Takeaway:** *Provider organizations partnering with large telehealth marketplaces like American Well is an expected move. Patients are free to avail tele visits independently of course, especially as there is no innovation in the payment, where they are expected to pay for this service out-of-pocket, and bear the responsibility of checking if they are covered by insurance. But the solace gained from familiarity, i.e., staying with the same hospital or health system cannot be discounted. For patients who would never consider telehealth, it is the perfect gateway to get them accustomed to receiving care remotely.*

[Video Remote Interpretation \(VRI\)](#) is an on-demand service that helps limited English proficient (LEP) and Hard of Hearing (HoH) patients communicate with their care providers via a large pool of qualified interpreters well versed in multiple languages, including sign languages for HoH patients. Prior correlation has been established between non-English speaking patients and care dissatisfaction. Communication is a vital piece of healthcare for proper diagnosis, treatment and patient engagement. Patients that have a great communication experience naturally develop better rapport with their care providers, increasing the likelihood of a positive outcome.

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**RCI Takeaway:** *It is fascinating to consider just how many aspects of healthcare are being stripped from being on-site only. Language is obviously crucial in order to make healthcare work, especially as studies have found less communication errors when using a qualified VRI interpreter, as opposed to an untrained or ad hoc interpreter. Thanks to Stratus Video's awareness piece about VRI in HIT Consultant, we come to know of a very important problem that can often be overlooked or underemphasized because most of the population is expected to be naturalized to English at some level. And yet, demography is changing at a fast pace in USA, and globalization is only speeding things up, with facilities adopting a global outlook and staying prepared to treat any person, residents and non-residents. It is important then, for remote care technologies to be equipped with a VRI component if they are to claim themselves as full-service remote care suites.*



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The Department of Health and Human Services (HHS) announced their plans to reform [Stark Law and Anti-Kickback Statute](#) to facilitate the provision and coordination of value-based care. At first glance, both these laws are terrific at protecting the system from corruption, where quality of care does not take a backseat to business dealings. But such is the strict nature of regulation, that it snuffs out any level of coordination, even if it is to provide better care for the patient at no extra cost. Examples included are: Shared data analytics between the physician and hospital, the hospital providing cybersecurity services to providers that refer patients to them, and provider practices employing home health aides to better educate patients on medication adherence via smart pillboxes.



**RCI Takeaway:** *There are many who are equally for and against deregulation. But the current administration has taken steps to advance the progression towards value-based care. It all comes down to this one central question: can outcome be improved if the many care practitioners are allowed to collaborate as they see fit? No one is advocating for the annulment of current regulations. But in scenarios where it can be demonstrated that a potential collaboration can improve care quality with no added cost, should the business model aspect be left up to the different parties involved with minimum interference?*

Healthcare has spread its long tentacles to attract firms you would not normally associate with the industry. Care teams have the ability to order rides for their patients using Lyft in the same workflow as the rest of the care plan. Salesforce is partnering with health systems to consolidate data such as medical history, insurance, care workflow, and patient preferences under one unified shared viewing experience. Google and Amazon have pledged to increase data interoperability in the industry by way of sharing data using APIs. Healthcare and Life Sciences industry specialists, Ashwini Zenooz and John Fox make a case for more efficient care traffic control in this [Harvard Business Review](#) piece. Care traffic control is a term attributed to Beth Israel Lahey Health's John Halamka, who uses it to mean the orchestration of care into single pane by integrating data across an increasingly diverse and virtualized environment.

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**RCI Takeaway:** *Information Technology knows no bounds when it comes to transforming industries. But on the road to making operations more efficient, multiple partners emerge all which provide some type of value, but all which create more data as a byproduct. Such streams of data have no intrinsic value of their own besides their primary usage, unless they can be unified into one comprehensible interface, which physicians can use to make clinical decisions. We are not all the way there yet. The legacy EHR systems will also have something to say about it. Functionally speaking, it makes most sense for the EHR systems to assume these integration responsibilities. But if they don't do it, CRM companies are eyeing the space.*



We continue to see the remote care space evolve into a full-fledged service, where no aspect of care is left undigitized. An important consequence of this is all the data spillover. But even out of that, there is the health IT integration sector brewing, which is set to become the new age EHRs. At the patient level, it must be remembered that the overwhelming majority of them are still used to dealing with hospitals as their first point of contact, and rightly so. Generationally speaking, we encounter enough day to day technical issues whereby a trusted institution such as hospital should still be the primary reference. However, to keep up with the increase demands of care, both in terms of quantity and quality, the hospitals should introduce the patients to the different remote facets of care that are available today. The legal atmosphere is certainly conducive to doing just that, as the legislative bodies are making a push for increased coordination.

## What's Next?

The next RCI will be released on Tuesday, October 29th. It will build a report using articles from October 12<sup>th</sup> to October 25<sup>th</sup>. 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](mailto:rahat.haque@aetonixsystems.com)

