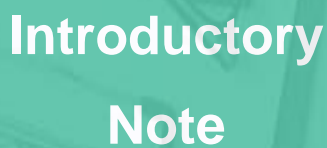




**Edition #7**  
**October 29th**



# REMOTE CARE INTEL



## Introductory Note

Welcome to the 7th edition of Remote Care Intel (RCI). Last edition we switched the format to represent the four most common types of news categories in remote care. Namely, they are Innovation, Environment, Project and Vendor. We decided on sticking to the original theme of presenting the news in a chronological fashion, but organizing them to reflect each of the four mentioned categories. We shall stick to those changes in this edition, with one small adjustment, instead of allocating Vendors their own space, we will rename the category vendor/provider to reflect both stakeholders. This is because there are enough cases which do not discuss any collaboration, but only talk about a sole vendor or a sole provider organization. Thus it would be restrictive to give vendors their own space, but not provider organizations. Hence the newly named Vendors/Providers category will account for both. The Project category will continue to reflect collaborations between stakeholders, most commonly between a vendor and a provider. Innovation and Environment categories will also retain their definitions, with Innovation reflecting any new occurrences or shifts in remote care that can be brought about by any stakeholder, and environment reflecting any changes in the external landscape. First-time readers, you are welcome to check out all [prior versions](#) of the RCI. Regular readers [skip](#) to this edition's overview.

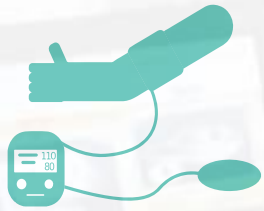
## Purpose

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 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.



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

RN, Chronic Care Management

Advisor, Complex Chronic Care

Telehealth Coordinator

Outpatient Therapist

Chronic Care Coordinator

Primary Care Transformation Manager

RN, Care Manager

Director Telehealth

Director of Care Coordination

Patient Care Manager

RN, Case Manager

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

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

### Vendor/Provider Centric

Ohio Living's use of RPM is highlighted, which it uses to run its home health agency operations.



Novant Health partners with Tyto Care to enable their patients to conduct comprehensive remote self examinations.

### Project Centric

### Environment Centric

Patients are more willing to use technology and intend on keeping doctors in the picture, ResMed survey reveals.



Sensors dominate as the new modality of tracking technology in RPM.

### Innovation Centric

## October 12<sup>th</sup> to October 25<sup>th</sup>

OCT  
13th

Home Healthcare News' Valerie Arko brings our attention to a whitepaper written by CDW Healthcare, on telehealth's role in home health's future. It cites Ohio Living's best practices in implementing a RPM program for home health. [Ohio Living](#) first evaluates a patient's eligibility for the program and acquires their consent respectively. It then establishes the services at home by educating the patient on how to use the system via nurses. It keeps a line open for patients to provide updates on their condition. Patients who do not enter their values receive a follow-up contact from a case worker. Those who do not comply with updating procedures are removed from the system.



**RCI Takeaway:** *It's very interesting how home health agencies such as Ohio Living already have a system in place to utilize remote patient monitoring platforms. At a time when hospitals are interested in setting up chronic care programs for their elderly patient population who are eligible, home health agencies are already running similar programs but billing them under the prospective payment system (PPS), where the agency receives a predetermined base amount that can be later modified to reflect the health condition of the patient.*

North Carolina's Novant Health, an integrated healthcare system, [partnered](#) with Tyto Care to provide their patients with the option of remote medical exams. Tyto Care produces a first in industry all-in-one modular device and telehealth platform. TytoHome is a handheld device which is capable of conducting comprehensive physical exams virtually. Its stethoscope and high definition camera enables providers to listen and see multiple areas of the body from afar for a diagnosis. It can also take temperature and connect via bluetooth to other devices that track vital signs. This partnership enables Novant Health patients to conduct virtual examinations during their virtual visits with providers from healthcare system. This is a significant step in enriching the healthcare experience for the patient. Before anything else, one of the greatest boons of digital or virtual care is its convenience. This deal takes convenience to new heights, by allowing the patient to stay at home, and yet be examined the same way that one would normally see in an in-person visit.

OCT  
16th



**RCI Takeaway:** *Some advancements in remote care make you think if telehealth is still the correct umbrella term to capture its three most used mediums, video conference, store and forward, and remote patient monitoring. RPM already has separate CPT codes which are not treated the same as telehealth CPT codes. Thus, it is not really seen as a tool for just convenience and speed of access, but rather an integral part of the healthcare value delivery model as well. Similarly, now with Tyto Care, it's almost as if they are replicating a virtual hospital in the home of the patient with so many examination capabilities delegated to the patient.*



OCT  
22nd

Sometimes the greatest environmental shifts are the ones in our own minds. The epic rise of healthcare consumerism has broken down many information barriers, where the patients want to research symptoms, providers and prices on their behalf before any consultations or recommendations from others. A recent survey conducted by ResMed shows how far the willingness to engage has come along due to technology. [60%](#) of patients self-diagnose first over the internet, and over 50 % of them claim a better relationship with their primary care physicians because of technology. 68% of them want this relationship to improve further with the real time sharing of medical information. Over 75% of them say they felt more assured about their health with the availability of access and information.



**RCI Takeaway:** *Technology improving patient engagement is not a surprise. But its positive impact on the physician provider relationship is eye-opening. It shows that patients enjoy their freedom in being able to self-diagnose first, and also access education resources throughout their patient journey to heal faster. But all this does not compromise their communication with their primary care physicians. If anything, they want greater assurance or reassurance in case of health status change from their doctors, which can be conducted in faster and more frequent fashion with the availability of remote patient monitoring platforms.*

Remote Patient Monitoring (RPM) owes much of its success to the development of technology over time, especially sensors and wearables. The many collaborations between hospitals and vendors you hear about all involve monitoring patients through wearable devices or sensors. RCI has covered many such instances in the past. Virtually every edition features one such example. Given the popularity of these two modalities, Dr. Tsao, Senior Technology Analyst at IDTechEx, [covers](#) the history of this whole space very well in this article. She writes how flexibility, comfort, and low power usage are important features which keep improving in these wearables and sensors. The latest examples of RPM technology cited are: invisible skin patches, digital pills, connected inhalers and smart mattresses/shirts.

OCT  
25th

**RCI Takeaway:** *Dr. Tsao writes that while some of the sensor technology was borrowed from other industries such as health or fitness, more sensors will be designed in mind for particular diseases in the future. Patient acceptance is a major issue here. Part of the reason why wearables are gathering such momentum in the healthcare zeitgeist so rapidly is that it already gained acceptance into popular culture. But although wearables are sans wires, they can still be clunky. Developing micro sensors seem to be the new wave. For e.g., in a chronic disease (one of the applications of RPM) like diabetes, tiny sensors can now be inserted under the skin, where one's glucose levels can be continuously monitored. But is acceptance will depend on how noninvasive it is, and what level of comfort it provides to the patient. It will also depend on how adamant hospitals are on adopting and pushing it, especially if it is found to result in better clinical outcomes.*



In this issue of RCI, we notice a shift of outlook from providing care to providing empowerment, not that they need to be mutually exclusive of course. Patients have shown signs of accepting more responsibility, such as the willingness to self-diagnose first, use technology to communicate with their physicians, and use more complex devices that allow them to conduct self-examinations under the remote supervision of a physician. As devices and knowledge centers continue to improve, patients are expected to use the greater convenience and transparency to their advantage. For e.g., nano technology may make data tracking as noninvasive as possible, where patients will be quite content in not having to ever visit a hospital, rather relying on the physician's expert advice from a distance. But amid all this, what is not being considered is what happens when any patient becomes functionally impaired where they need physical help. Home health agencies and chronic care programs designed for the elderly will provide great insights as to how to manage such a population, which will still involve technology but a healthy dosage of reminders, compliance checks and nurse visits as well.

## What's Next?

The next RCI will be released on Tuesday, November 12th. It will build a report using articles from October 26<sup>th</sup> to November 8th. 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)

