aTouchAway™
by Aetonix

# Edition #8
November 12th

REMOTE CARE INTEL

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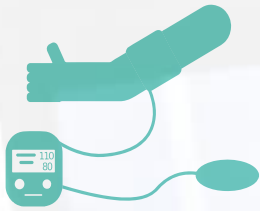
Responsible for implementing remote care on the ground. Have direct contact with patients, and thus are in the best position to evaluate what is working and what is not.

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.

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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

Overview

October 26th to November 8th

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Vendor/Provider Centric

Two specialized RPM solutions, Validic and Trapollo, partner to launch a more general RPM solution.
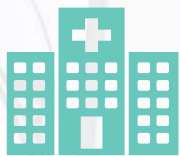
Project Centric

United Health acquires Vivify Health.

Environment Centric

90% of providers are eyeing remote care.

Innovation Centric

The 2020 Final Rule introduces CPT codes to extend time spent with the patient, but retains all former codes in the RPM and CCM space.

OCT 30th

In an undisclosed deal, United Health's Optum have acquired remote patient monitoring firm Vivify Health. Optum is a division of United Health that provides personalized care and pharmacy services to individuals, and technology to organizations. Vivify has been one of the more successful RPM startups in recent times. The health insurance giant United Health have bought many companies before, and this won't certainly be the last. It makes perfect sense because, as the payor in the healthcare industry, one would want to minimize costs, and RPM solutions is definitely one way to do that.

RCI Takeaway: *Integrations are nothing new in healthcare. There is great advantage in the consolidation of vertical operations, where healthcare delivery can be streamlined to the end consumer. Previously, integrated healthcare systems have captured a lot of the market share via horizontal integration. By ownership of multiple types of facilities, one is more responsible for the patient's journey throughout the healthcare system. Vertical integrations take it one step further in the form of the managed care models, where the health insurance companies have contracts with providers. This not only increases the breadth of care coverage, but ensures timely access as well. UnitedHealth's latest purchase pushes the envelope further.*

In a report released by Spyglass Consulting Group, 90% of providers are in the process of developing or have already developed strategies to increase patient engagement. The goal of such strategies has been to make patients, family members and caregivers play a more proactive role in managing chronic conditions. It is said that chronic conditions such as diabetes and hypertension are very costly to manage if treated in inpatient settings. Hence clinicians are turning towards remote patient monitoring (RPM), consisting of mobiles, tablets, and wearables devices to keep the chronic patient outside of the hospital. The major problems faced in doing so is the lack of integration with existing clinical IT systems such as EHRs. Budget and resource limitations are also major hindrances to RPM adoption.

NOV 4th

RCI Takeaway: *As more such reports come out, it further solidifies one's belief about remote patient monitoring as genuine modality of healthcare. But it also makes it clear that the problems of yesteryears continue to be thorns in RPM adoption today. A great deal of money has been invested into legacy IT systems by hospitals. Deep integration remains elusive to this day. Also, there is much hesitation in hiring resources such as care coordinators or technicians, who would have a part to play in keeping the patient at home. The beauty of RPM is, it can start to provide value at small installments as well. Greater care plan compliance and patient engagement can be achieved at an individual level. But if scaling up, it's best to ensure satisfactory integrations and the right staff to achieve optimum efficiency.*

NOV 5th

CMS released the final rule for the 2020 Physician Fee Schedule. The changes have been very beneficial for remote patient monitoring. The two major ones are as following. From January 1st, 2020, physicians will be able to bill for an added 20 minutes per patients who require more than the initial 20 minutes of remote care services. Direct supervision has also been changed to general supervision, meaning that physicians or other qualified health professionals can now supervise clinical staff while not being in the same building at the time of the actual service.

RCI Takeaway: *All the proposed changes have been accepted by CMS in regard to remote patient monitoring. There were initial plans to replace many current codes, but as they would increase administrative burden, all of them have been maintained to give users more time to habituate billing for them. Indeed, chronic care codes have existed only from 2015, and the remote patient monitoring codes since last year. So the changes have either been additions or relaxations of the requirements. But no chronic care management or remote patient monitoring code was displaced. It is important then, for physicians and other qualified professionals to start billing for these codes, as the knowledge to do so already exists out there.*

NOV 7th

End-to end solutions are quite the proposition in RPM, a field which involves the collaboration of multiple actors to provide one service. There are those who specialize in hardware, more focused on the monitoring devices and the logistics of setting everything up. Then there are those that focus on just the software, more focused on user experience and data analytics derived from patient data. There are also connected health consultancies that bring it all together. So it was a big news when Validic and Trapollo announced a collaboration to offer comprehensive remote patient monitoring services. Validic supports access to data from multiple devices, while Trapollo handles the device provisioning, logistics and other forms of technical assistance.

RCI Takeaway: *Validic and Trapollo are specialists at what they do. But for that very reason, synergy between them is all the more difficult. While the desire to provide an end to end solution is respected, collaboration of specialists is not the only way forward. A firm can also be built from scratch that provides an end to end RPM solution, by sourcing the necessary devices, and having a best of class software to handle all the patient data management. Such an entity would be very proficient in delivering an end to end solution, as it was made to do just that. Also, contextualities of hospitals are a factor. The same type of operation cannot be enforced upon every hospital. Hence, firms taking a consultative approach by first partnering with organizations is also a consideration. They would know the hospitals' workflows better than anyone else, and thus could manage the right hardware and software.*

It has been a resounding last two weeks for remote care. Legislation changes have favored it, physicians are always warming up to it, and payors are also legitimizing the service by buying out successful startups. There are still problems regarding adoption however, and players in the industry have been combining their resources to strengthen their propositions. But unless such propositions address all technical issues such as integrations with IT and the hiring of new staff, the impetus will be stalled. Specializing in one thing and partnering with a hospital to solve the mentioned issues is still a popular approach. It is very interesting to speculate where things will go from here, but thus far, the global remote patient monitoring market seems to be at pace to surpass three billion dollars in 2024.

What's Next?

The next RCI will be released on Tuesday, November 26th. It will build a report using articles from November 9th to November 22nd. 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