aTouchAway™
by Aetonix

Edition #10
December 10th

REMOTE CARE INTEL ©

Welcome to the 10th edition of Remote Care Intel (RCI). We continue with our theme of dividing up news stories into the four categories of Environment, Innovation, Project and Vendor/Provider. After some prior experimentation, we have found these four categories to best reflect of the type of updates one hears in the remote care space. We intend to stick to this format indefinitely. 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.
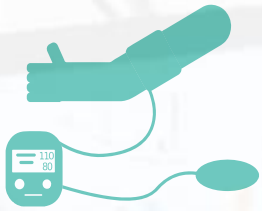
Responsible for implementing remote care on the ground. Have direct contact with patients, and thus are in the best position to evaluate what is working and what is not.

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

Overview

November 23rd to December 6th

Environment Centric

More hospitals are building their own virtual visit capabilities.
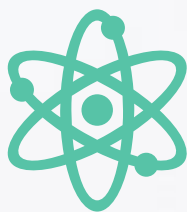
Humana and Phillips have partnered to set up CHF patients with RPM kits.

Project Centric

Vendor/Provider Centric

HealthSnap has added an RPM feature to its health & wellness analytics app.

Orpyx has developed a sensory insole product for detecting diabetic foot ulcers.

Innovation Centric

NOV 27th

Global Med's Patrick LaVoie writes about how insourcing telemedicine is becoming more popular. Many studies cite telemedicine or virtual visits not picking up in pace because of the loss of a personal connection. Indeed, randomly being matched with a doctor for certain conditions through an app seems like fast food health. People doubt the quality of it. But from the organization's end, they do not want to lose out on the many benefits of virtual visits such as managing capacity and triaging patients from afar. So the standard practice has met both these demands halfway, where patients are still being connected to doctors, but doctors from a certain health system which they can also visit in person if they wish.

RCI Takeaway: *Most people associate telehealth with virtual visits. And why not? It was the first of the three main modalities of telehealth to get traction in pop culture. The other two being store and forward technology (securely exchanging results, reports and messages), and remote patient monitoring (transmission of patient health indicators wirelessly). To this day, telemedicine (or two-way video conferencing, or virtual visits as they are popularly referred to today) will be many people's only contact with telehealth. For those undergoing chronic care or acute care, remote patient monitoring may be their first point of contact with telehealth. In 2017, 30 million people in USA had virtual visits, whereas 7.1 million people used remote patient monitoring using connected devices.*

When it comes to announcements of projects, there are few journalists better than mHealth Intelligence's Eric Wicklund. Featured in multiple past editions, he breaks the story of Humana and Phillips collaborating on a project called remote member monitoring. It is an RPM program for some selected Medicare Advantage members that have congestive heart failure. Humana wants to reduce post discharge readmissions for its members suffering from CHF, but also help them manage their daily health needs proactively by sharing data with care managers.

DEC 4th

RCI Takeaway: *In a bid to reduce the $30 billion annual cost of CHF, Humana is partnering with Phillips for this deployment. On the heels of UnitedHealth acquiring Vivify Health for RPM capability, here we see another payor interested in RPM. The reasons given are all textbook RPM sales points, such as helping members be at their homes, thus reduce readmissions, improve patient engagement, and prevent exacerbation. Outpatient care is truly making a name for itself. In an attempt to fix the healthcare system, people have come to one conclusion unanimously. That is, patients who need not be at the hospital, should not be at the hospital. It unnecessarily drives cost and increases resource burden.*

The RPM space is really heating up. Provider organizations are adopting it, payers are adopting it, and other companies who do not have the remote patient monitoring function are adding it to their repertoire. HealthSnap is the latest name on this list. Famous for its lifestyle analytics programs in the past which took into account exercise, nutritional and behavioral data, they are now also remotely transmitting vital signs of the patient. The addition is an obvious play to capitalize on the new rule changes that favor building chronic care programs with remote patient monitoring. Furthermore, their Lifestyle Profile™ is more complete with these vital health indicators.

RCI Takeaway: *Other than the vendor-payor collaboration, there is another collaboration trend that we are picking up. It is the feature extension of a digital health service, which may or may not be achieved by collaborating with another specialty vendor. Validic had collaborated with Trapollo to have the RPM feature complement its data analytics feature. In this case, HealthSnap has developed the RPM ability in-house. Having such a consumer-friendly app now have RPM capability is praiseworthy. But not having care pathways for certain conditions could be an issue, which is a feature RPM companies gradually build with experience of working with health systems.*

Orpyx's SI Sensory Insoles is the latest example of trying to solve a health problem by identifying signs that can be picked up remotely from the human body. It monitors pressure, temperature and movement of the foot to detect Diabetic Foot Ulcers (DFU). It provides real time visual alerts to resolve high pressure areas. Orpyx's CEO & Co-inventor, Dr. Breanne Everett emphasizes the seriousness of Diabetic Foot Ulcers. 25% of diabetic patients will develop DFU, 40% of first-time cases will develop a second ulcer after the 1st one is healed, and the condition has a 5-year mortality rate of almost 50%. So early identification is crucial, to say the least.

RCI Takeaway: *With the help of wearables, sensors and patches, the idea of a digital twin is becoming a reality. So many data points can now be collected and managed by physicians from afar. With AI in the mix, predictive analytics can be used to determine the best course of action after collecting all these data points. But one must tread with caution, because ultimately healthcare cannot be micro-managed for you. Even if you were the most willing patient, and be fitted with sensors head to toe, you still need to be accountable for your own lifestyle.*

There is no denying the effect CMS's new rules have had on remote patient monitoring's acceptance, as it is now possible to be reimbursed for it separately, and not bundled with other care services. Just as CMS had lead the early efforts in developing value based care programs, it is now making it more financially attractive to provide remote care. Thus payors, providers and otherwise non-RPM vendors are getting into the act. It's interesting as the video conferencing aspect of telehealth is being insourced due to its level of mass acceptance. Perhaps RPM will undergo the same fate someday, where every hospital will see it worthwhile to develop their own RPM system in-house. But then, there is a lot to be said about device and software innovations as well in the RPM sector. As long as there are new innovations, there will be room for partnerships.

What's Next?

The next RCI will be released on Tuesday, December 24th. It will build a report using articles from December 7th to December 20th. 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