

Healthcare Innovation NEWS

Telemedicine Holds Value for Sickest Patients

by Rachel Sackrowitz, M.D.


In this age of instant communications and technology-aided, information gathering, the concept of telemedicine is easy enough to understand. The idea of accessing a doctor's expertise remotely via technology is becoming as intuitive as using Google or checking WebMD. Much of today's conversation focuses on the use of telemedicine as a primary care tool, either replacing doctor visits with a remote consultation or relying on technologies such as a Fitbit to help monitor one's condition and suggest changes. However, many of these concepts are in their earliest stages of development, with little clarity yet regarding how they will fit within the health system or personal medical practices in the future.

It is important to recognize the value telemedicine has already proved in clinical settings, especially for the sickest patients in the healthcare system—those in intensive care units (ICU). Tele-enabled ICU technologies (or tele-ICU) expand value by providing the expertise of a remote intensivist (a physician specially trained in critical care) to the care team in the hospital.

Tele-ICU works by fostering clinician-to-clinician collaboration, improving patient-to-physician access and supporting clinicians with technology-assisted insights and diagnostics. The approach, which has been in use in the United States for more than 10 years, has demonstrated a significant impact on saving lives, reducing patient length-of-stay in the ICU and achieving adherence to life-saving, clinical best practices for critically ill patients.

To provide ICU patients with the highest standard of care, the Leapfrog Group, a national group dedicated to quality and safety in healthcare, recommends that hospitals have one or more board-certified intensivists dedicated to the ICU. In addition, an intensivist should be available at least eight hours per day, seven days a week, and return calls within five minutes 95% of the time. Yet today, fewer than half of U.S. hospitals meet this standard.¹

Tele-ICU not only provides access, supporting the delivery of intensivist coverage 24/7, but it also has the value of fostering clinical relationships to improve quality. This advancement is easily recognized in smaller communities, where the occurrence of specific severe illnesses or situations can be infrequent, thereby possibly limiting opportunities for physicians to gain experience with these rarer scenarios.




2015 HIGHLIGHTS

A Technology-Enabled Clinical Services Organization

The Largest and Most Experienced Tele-ICU Partner Nationwide


Providing 24/7/365 Remote Patient Care

CLINICAL




-34%

Reduced ICU patient mortality by 34%*



1,400

Over 1,400 lives saved*




FULL DAY

Patient ICU stay reduced by a full day*


OPERATIONS

ONE MILLION

Over 1 million patient interactions

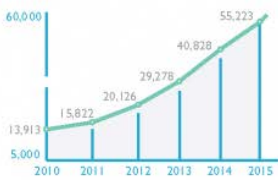


Responded to over 90% of Alerts within 60 seconds




Over \$6,000,000 in ICU Length of Stay savings*

GROWTH




Year	Patients
2010	13,913
2011	15,822
2012	20,126
2013	29,276
2014	40,828
2015	55,223

Cared for over 55,000 patients



Top 20 US "Hospital" by patient count



2 new operations centers

* Compared to APACHE IV projections

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Telemedicine Holds Value for Sickest Patients...continued from page 1

Tele-ICU services that offer national coverage can orchestrate the gathering of multiple perspectives and experiences on how to bring the best possible care to every ICU patient, regardless of how sick they are, where they are located or the size of the hospital they happen to be in. This level of care is difficult to achieve when hospitals rely exclusively on their available in-house staff, especially with the growing demand for ICU care and the increasing shortage of intensivists. And yet, it is estimated that fewer than 20% of U.S. hospitals utilize tele-ICU services.

Simply sharing observations from 1,000 miles away or backing up a bedside physician when they must rush to the needs of a more critical patient has dramatically improved outcomes for patients. It's clear how telemedicine can help close the gaps in patient care that once seemed unavoidable. These are the kinds of stories that can and should be incorporated into the ongoing conversations about telemedicine's value in reinventing the most complex and difficult areas of the health system—where patients need it the most. Technology-enabled and assisted care does not reduce the personal nature of healthcare; it actually improves it by allowing tele-ICU intensivists to focus on the specific needs and conditions of each patient.

¹ "Intensive Care Unit Physician Staffing." Castlight Health and The Leapfrog Group. 2016.

Rachel Sackowitz, M.D., is national medical director of Advanced ICU Care.

Industry News

Inaugural Medical Capital Innovation Competition Invites Start-up Businesses

CLEVELAND—The Global Center for Health Innovation (GCHI) is launching its inaugural Medical Capital Innovation Competition—"All Things Data in Healthcare"—a two-day event to be held in the HIMSS Innovation Center at the GCHI in Cleveland, April 25 to 26.

The Innovation Competition welcomes all innovators, collegiate and professional, focused on the collection, management, analysis and optimization of health data. Ideas will be judged by industry experts using specific criteria, including, but not limited to, commercial and technical viability and the strength of the team.

It offers \$100,000 in prizes; mentoring; and access to business advisors, including world-class healthcare systems and collaborators.

"Hosting this unique competition in the county's Global Center for Health Innovation will attract and support start-up businesses as we continue to grow into the medical innovation hub of the world," says Cuyahoga County Executive Armond Budish.

"The Medical Capital Innovation Competition will pull together the smartest minds and the best ideas to solve some of our greatest challenges," says Carla Smith, executive vice president of HIMSS.

Cigna Launches Fingerprint Access to Help Customers Manage Their Health

BLOOMFIELD, Conn.—Cigna has added fingerprint access to both the iOS and Android versions of its myCigna app for customers. With one touch of a fingertip, the app allows Cigna customers to manage their health by accessing health account information, search for in-network doctors and health services and manage medical and dental claims. Dave Vonesh, director of global digital marketing at Cigna, says the new fingerprint functionality enhances all the goals Cigna has for its app: offering ease of use, helping customers avoid financial surprises and encouraging use of preventive care services.

"Fingerprint access eliminates the need to remember multiple IDs and passwords and provides quick and easy access to the tools within the application. Cigna was looking for new ways to improve its app, which launched originally in 2012, as we're seeing increased interest in mobile use from customers," Vonesh says. Since the myCigna application was created four years ago, there have been nearly two million downloads of the application.

The new fingerprint feature also enables users to check their health and flexible saving account balances, submit receipts to get reimbursed, manage claims, view ID cards, compare drug prices and find and book appointments with in-network dentists.

Thought Leaders' Corner

Q. Will the Trump Administration Create New Challenges in Healthcare Innovation?

Under the new administration, it will be critically important for every sector of the healthcare industry to articulate its value. It's time to end our health system's stigma of being expensive and producing sub-optimal outcomes in comparison to other countries, and we all have our part to play.

Federally Qualified Health Centers (FQHCs) are addressing this issue head-on. One in five Medicaid beneficiaries nationwide are served by FQHCs,¹ and our spend represents three cents of every Medicaid dollar. Yet, both appropriate primary and preventive care are the keys to costs throughout the system.

Our approach is to innovate by focusing squarely on the triple aim—improving patient care and quality while reducing cost by accelerating the clinical integration of services across member centers. This approach eliminates variation that does not show value, improves data collection and creates a consistent patient experience—all of which are particularly beneficial for patients with multiple comorbidities, low health literacy and cultural/socioeconomic barriers to care.

Widespread adoption of our patient-centered, clinical care model is tailored to the diversity of our patients. Challenges in our communities will drive us to our optimal state of patients accessing state-of-the-art, primary care with integrated behavioral health seamlessly at any network health center, thereby, cutting costs, saving time and showing the value of integrated services. While the future of the healthcare system is somewhat uncertain and thus challenging, organizations must embrace the opportunity to be part of improving and streamlining the system for the benefit of all.

¹ Shin P, Sharac J, Barber Z, et al. "Community Health Centers: A 2013 Profile and Prospects as ACA Implementation Proceeds." Kaiser Family Foundation. May 17, 2015.



Sabra Matovsky
Executive Vice President
Integrated Health Partners
San Diego, Calif.

While the future of healthcare reform in the Trump era is less than clear, early indications give us potential insight as to the impact on innovation. As a leading employer-provided, benefit delivery company, we spend our time in the market where most Americans (more than 170 million) receive their health insurance. In this market, there are fewer calls for "repeal and replace"; instead, the likely impact is to "deregulate and tweak," especially as the changes in employer-provided benefits could be tied to job creation and tax reform—two other significant interests of the Trump Administration.

In terms of insurance products offered, ObamaCare sought to deliver access by regulating what could be sold and what had to be covered. Over time, this reduced the number of differences in health insurance products and stifled innovation in the areas of employee decision support and usability tools, especially in the application of big data and artificial intelligence (AI).

The Trump Administration appears to favor an approach with fewer mandates and much more product diversity. This approach focuses on the lack of "affordable" insurance by allowing people to choose from a wide variety of plans, some of which limit coverage that might be necessary for certain populations—especially women and people with pre-existing conditions.

This confusing array of products will increase the need for innovation in the areas of decision support tools that aim to decrease the likelihood that employees make "bad" choices merely in search of a lower premium. This innovation will be forced to leverage emerging technologies in big data and AI to simplify employee experience without reducing the integrity of recommendations. Furthermore, these technologies will be necessary to address the demanding cycle times of employer-provided benefits, when decisions on what to offer and how much to charge employees are often made days before annual open enrollment begins. There is simply no time to configure complex systems.

Greater choice can address affordability but create greater confusion. Innovation must provide the tools to empower employees to take charge of their benefits in this confusing world.



Eric Helman
Chief Strategy Officer
Hodges-Mace, LLC
Atlanta, Ga.

Thought Leaders' Corner

If a poll were conducted asking people if they were in favor of innovation in healthcare, I imagine close to 100% would say "yes." The new administration's pledge to repeal and replace the ACA is raising an obvious question: How will the new plan impact innovation in the healthcare sector?

It's no secret that language in the ACA includes several incentives and statutes designed to accelerate innovation in healthcare. For example, the Act contains language allowing states to, beginning in 2017, apply for an Innovation Waiver if they want to opt out of the Federal exchange and pursue their own innovative strategies to provide residents with access to high-quality, affordable health insurance. This has created huge market opportunity for digital technology entrepreneurs and established IT companies to develop solutions that do just that.

One of the most powerful, yet underpublicized sections of the ACA, is the Center for Medicare & Medicaid Innovation, which creates incentive for providers to deploy innovative reimbursement systems that shift traditional models based on the volume of services provided to value-based systems that reward the value of care. This has also energized the health IT market to focus on technologies that streamline care and has encouraged faster adoption by providers.

The ACA is steeped in innovation, written with an intent to improve access and quality of care, requiring the healthcare industry to up its game in providing the latest, most secure technology-based solutions that improve patient outcomes. It is too early to know the full impact of an Obamacare replacement plan on innovation as key components of the plan are only now taking shape. We must encourage our lawmakers to continue steps toward advancing care that benefits all, leveraging the innovation already underway. Let's not move backwards.



Bret Waters

Chairman of the Board/Cofounder
Tivix
San Francisco, Calif.

At MatrixCare, we believe that any resulting challenges to healthcare innovation will be short term in nature. While the ACA insurance coverage model will most certainly be overhauled or at least significantly modified under the Trump Administration and Republican control of Congress, the migration toward fee-for-value/fee-for-quality, healthcare payment models encouraged in the ACA will not only persist, but that migration also will accelerate in alignment with the Trump business-focused approach.

The combination of many factors is what will actually unleash the wave of true healthcare innovation needed to "make the math work" and achieve the triple aim. They include a more market-driven and consumer-focused coverage model; ongoing migration to fee-for-value, payment models; powerful consumerism traits of baby boomers and millennial generations; and a bare-bones, regulatory approach focused on the basic standards required to enable healthcare commerce across the value chain.

In long-term, post-acute care where MatrixCare is focused, it is only by radically bending the cost/quality/access curves through technological innovations that we will be able to efficiently and affordably provide quality care to an exploding senior population. Just as "dial tone" and deregulation on the public switched telephone network unleashed a huge wave of innovations, mass adoption of basic standards around healthcare interoperability will be the catalyst that unleashes massive investment and innovation into our sector.



John Damgaard

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Mari Edlin serves as editor of *Healthcare Innovation News*. She is a graduate of Stanford University and a long-time San Francisco Bay Area freelance writer, specializing in healthcare. Mari invites you to submit bylined articles on innovations in healthcare and case studies describing forward-thinking examples. For more information, contact her at MLEdlin@comcast.net.