

FREE WEBINAR

Telehealth The New Normal









SPEAKER

Jamey Edwards

HIMSS20 Digital Influencer and CEO at Cloudbreak Health

Jamey Edwards, the CEO of Cloudbreak Health, is on a mission to leverage technology to ensure health equity for underserved patients. Jamey is a serial entrepreneur with numerous contributions to hospital management, physician outsourcing, and telemedicine. Along with being honored as a HIMSS Digital Influencer this year, he is also a member of the Global Army of Healthcare Transformers of StartUp Health and the #PinkSocks Tribe of healthcare innovators. He even serves as a Board Member for many healthcare institutions, including the EMA, American Heart Association, and the Young President's Organization (Santa Monica Bay Chapter).

With a career spanning over 47 years, Nicholas Bucciarelli brings his experience in advanced technologies and strategies. His key skill is framing a product's vision and structure to deliver perpetual growth. He has played a long list of roles as AI Strategist, Bioinformatics Expert, Clinical Solutions Architect, CIO at renowned companies like Oracle, IBM, Lockheed Martin, Kodak, and eClinicalWorks. Nick's advanced tech expertise is boosting OSP's advancement in healthcare technology.





Nicholas Bucciarelli



Bioinformatics Scientist & Clinical Architect at OSP



How can Telehealth help hospice, especially to the patients receiving palliative care?



Jamey

Telehealth is currently being used in hospice and palliative care today. Companies like ResolutionCare and others are using telemedicine to create highly engaging encounters and be available on demand for patients when and where they need them. Telehealth tools allow these services to interact with not just the patient but the family as well so that difficult care decisions can be made together with all stakeholders hearing the same information in a timely manner. These services show that digital empathy is possible as hospice and palliative care can sometimes be an isolating experience and the digital tools allow the clinical teams and family members to check in on the patient often regardless of the challenges of geography, work schedules and more.





The Teladoc and Livongo deal brought Telehealth and remote patient monitoring together. Do you think this combination will be successful?



Jamey

I do. The play for these companies isn't what they are today, but how a company of this size and means can evolve to meet the future needs of our healthcare system. Teladoc was already a leader in the payor space and had one of the first telephone driven telemedicine solutions. They acquired InTouch Health at the beginning of 2020 which gave them a legitimate solution for healthcare systems. After that Livongo gives them population health and chronic care management, but more importantly, it brings remote patient monitoring expertise that they can use for home health and integration into their hospital based platforms. They become a compelling one stop shop as time goes on with the ability to bring payors, health systems and home health together on a single platform.





How are the changes and relaxations in telehealth services and laws going to affect the adoption of telemedicine?



Jamey

Well as Medicare goes, the payors usually follow, so I expect we will see telemedicine become more of a daily part of the practice of medicine. COVID helped patients and providers alike build muscle memory with telehealth and the final thing missing was reimbursement policy that would help shift the focus from in-person healthcare (which our whole infrastructure has been built on) to a more efficient digital front door with proper escalation in place to ultimately the in-person intervention, if required. If doctors get paid for value instead of fee for service (see Kaiser and VA Health), telemedicine takes a primary role in care with closed end healthcare systems doing over 50% of their visits w/ telemedicine. This should be the future state regardless of payor.





I have heard that billing for Telehealth is confusing for many. What changes are necessary to ensure the smooth functioning of the coding and billing process for telehealth applications?



Jamey

Let's be honest, billing in healthcare globally is confusing irrespective of modality. Simplifying billing in healthcare could save the system billions of dollars in administrative costs, reduce bankruptcies and beyond. Initially telemedicine made payment easier via accepting credit cards for payment and producing superbills for reimbursement. Then payors began covering services and applying co-pays at the time of care. In truth, it's not the billing of telemedicine services that is complex, it is navigating the labyrinth of regulations and how different payors compensate for these services. Movement towards parity by Medicare is a step in the right direction, but there is more work to do here to streamline telemedicine reimbursement and coverage.





VA providers can offer Veteran patients Telehealth-based care, irrespective of the location of the provider or the Veteran. Do you think that should be allowed for all the telehealth providers?



Jamey

Yes. COVID showed us Telemedicine can be used to "load balance" the healthcare system, allowing us to utilize the shared expertise of our nation's clinical teams to address physician shortages, especially for certain specialties. Medical deserts exist not just in rural environments but in urban ones as well. In fact some of our nation's biggest cities, counterintuitively, have severe medical deserts and underserved communities. Telemedicine can help beam critical specialties like tele-dentistry, tele-stroke and tele-psychiatry into communities which normally would suffer from a lack of access to these types of services. Breaking down the geographic boundaries of where our clinical teams can lend their expertise helps to resolve disparities and increase access across the healthcare landscape.





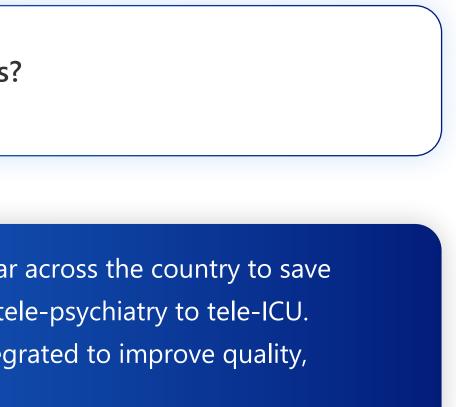
Can specialty treatments actually be done through remote consultations?



Jamey

Yes. Today, specialty telemedicine medicine is actively used millions of times a year across the country to save lives and bring critical expertise to the point of care ranging from Tele-stroke, to tele-psychiatry to tele-ICU. Within every specialty currently practiced, some form of digital health can be integrated to improve quality, increase access and enhance satisfaction.







What are efforts underway to expedite ET3 and other programs to ensure reimbursement for services in the field using Telehealth without necessarily having to transport patients?



Jamey

There are some innovative companies out there putting telemedicine equipped devices (tablets, toughbooks, etc...) into the field and creating new models to treat patients in the field and avoid transport and the resulting wall times for paramedic teams. I am not sure what is currently happening to expedite ET3, but you can look up more on the CMS website: https://innovation.cms.gov/innovation-models/et3/faq.





I agree with the notion of interoperability, which I think is critical for successful telehealth programs. How can the industry motivate the RMS providers, which have traditionally offered closed, proprietary solutions, to open their platforms to enable data sharing, governance, and integrity to improve efficiencies and lower costs for consumers, healthcare providers, and first responders?

Jamey

I think if RMS providers don't begin offering to open their platforms, hospitals and patients will choose providers that are open. We saw it happen with closed end video point solutions that have now evolved into open integrated video platforms.





You mentioned chatbots and my addition. To that are the emergency call centers. My one straight-up question is: Considering current and possible future HIPAA rules and regulations- do you think these chatbots/ emergency call center employees should be in the US and certified personnel or can be conducted outside of the US such as credit card and amazon and many other tech company customer services? Thanks for the great webinar BTW...



Jamey

I think we will see standards emerge for telemedicine (ISO, SOC, HITrust and others) that are already becoming table stakes for US healthcare. International medicine is already occurring with many foreign companies and patients seeking care in the US and vice versa. Each country has different privacy and security rules which is always going to be a challenge, but I could see a scenario where foreign providers could qualify for US certifications that would get a firm here comfortable that the same safeguards apply across borders.





What is the last word in "don't give up the" behind you



Jamey

Ha! Don't give up the ship! I like authentic things that have a history and we have many flags hanging around our office (a 48 star US flag, a California republic flag that flew over a ranger station in Yosemite) and this flag struck me when I saw it as the best entrepreneurial mantra that can serve as a reminder that when things seem bleak, there is always a way through it. The phrase was originally uttered by Captain James Lawrence of the USS Chesapeake during the War of 1812. It ended up not working out to well for him, but it serves a great reminder for me





Many physicians implemented Telehealth quickly, and they might not be secure, they might require a second device, and there might not be any workflow coordination with their EMR. However, they don't necessarily want to rip and replace. What is your recommendation to those practices as to move forward intelligently that won't be financially painful.



Jamey

Many physician practices and health systems made a "Mr. or Mrs. Right Now" decision instead of "Mr. or Mrs. Right." Most of these services were simple to use and setup but not necessarily HIPAA compliant, interoperable or a long-term solution that supports the strategic initiatives of that specific practice. The right solution for you depends on your needs and I think we will see a second wave of implementations when health systems and practices select longer term solutions that fit their strategy and go with platforms instead of point solutions. There will be a little bit of pain and friction here, but the good news is that most of these services that were implemented were fairly lightweight and didn't require a ton of effort to get up and running. They just aren't currently sophisticated enough to be long term fits for more enterprise driven organizations.





Do you think universal licensure will be a step in the right direction? Shortages of specialties won't change with Telehealth. Getting a surplus of skill sets into areas of needs is key.



Jamey

Absolutely. The breaking down of practicing over state lines has been in process for a long time with the FMLC. When COVID hit, we really saw the ability of telemedicine to "load balance" the healthcare system. In a system rife with health disparities, telemedicine can help address them by beaming much needed resources into underserved communities both rural and urban.





What would be the direct impact of the telehealth inclusions in Medicare on the payer community?



Jamey

Payors typically follow and price off Medicare so I would expect much of the same here. The good news here is when it comes to telemedicine, many payors have been forward looking and implemented telehealth services in advance of Medicare's moves. Payors see a way to help patients navigate to the appropriate level of care, matching cost to acuity and saving their companies millions of dollars by doing so, while speeding care to patients.





In some states, clinicians can consult patients through telehealth solutions, but face legal barriers in e-prescribing medications if they do not already have a pre-existing relationship with the patient. What's your take on this?

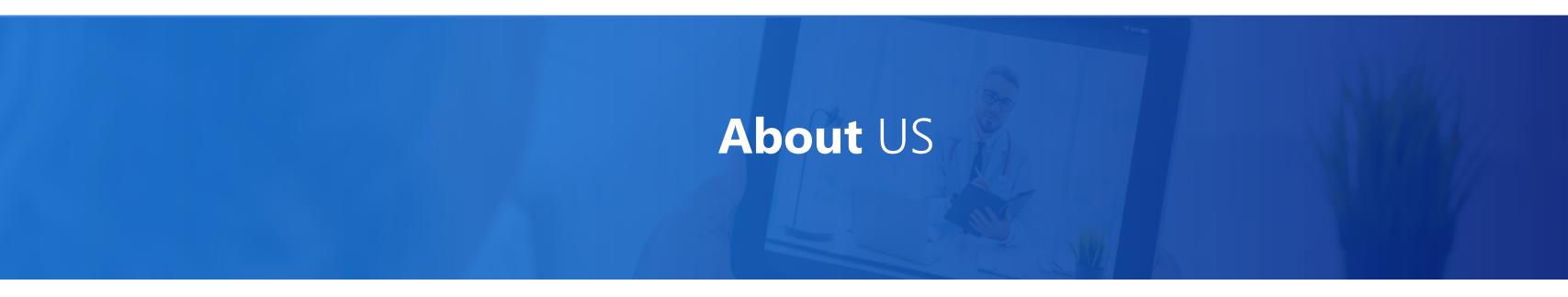


I expect that as telemedicine continues to ingrain itself in US healthcare that these issues will be addressed. Sometimes the regulatory environment takes a little bit of time to catch up.



Thank You





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