



FREE WEBINAR

Telehealth The New Normal



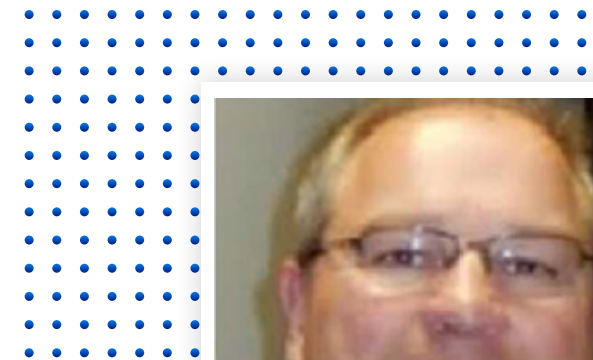
SPEAKER

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

HOST

Q1



Nicholas

Could you tell us about your experiences as a member of this ground-breaking inaugural HIMSS20 program?



Jamey

Yeah, HIMSS is one of the largest organizations pushing progress forward in healthcare with technology and innovation. I was honored to have been selected for this digital influencer program because of the theme of being the change that you desire in the healthcare system. So, the hashtag #bethechange was a key part of it. It's super interesting to be a digital influencer for a virtual conference. Michael Gaspar did an incredible job by bringing together people from all walks of life in healthcare. Rasu Shrestha, Geeta Nayyar, and Lygeia Ricciardi to people who represented the patient perspective, like Stacy Hurt and Jen Horonjeff, and a few others as well. I learned from every one of them, and it was fascinating.

It helped me think about the industry from a different perspective. HIMSS has put out how to handle digital innovation and transformative times when it comes to COVID. It's been interesting to see how all shifts to digital.



Nicholas

Do you think COVID19 is a precursor to the current crisis? Healthcare is shrinking in terms of the availability of clinical facilities and physicians. Is Telehealth the face of digital health today?



Jamey

Since the trends from the last few years, there have been more hospitals closing than opening. It has been harder to get an appointment with your primary care provider, creating an access issue. Telemedicine has been around for 30 plus years. From starting with the phone, we had Telemedicine 1.0 being a ubiquitous technology at everyone's fingertips. But, COVID has accelerated digital transformation where healthcare was lagging.

As a member of startup health - the largest technology incubator in the US, we discuss the different moonshots. Increasing access is one of them where Cloudbreak Health spends a lot of its time. How do we resolve healthcare disparities? How do we put healthcare at our patient's fingertips? So that's been a big push, and it's driven by telemedicine.



Nicholas

Patient compliance is a provider's pain point, apart from appointment no-shows, prescription management and adherence to treatment plans. Have you seen any improvement in patient compliance through the use of Telehealth?



Jamey

Yes. Telehealth is the digital front door of the healthcare system because it's a convenient, cost-effective way to access healthcare. It's part of a broader set of tools that the healthcare system surrounds patients with, in their continuum of care. So from a compliance and convenience perspective, telemedicine has made it easier to access healthcare without the added factors of travel and parking and going to sit in the waiting room.

Appointment no-shows are down, and patients can be seen from places where they're intrinsically satisfied, their home, or their work. And most of us are walking around with a smartphone in our pockets that can help us, reminding us when to take our meds or walk us through really engaging patient content when usually we'd be sitting in a waiting room. Patient compliance is a sector where key measures are on their way to a big improvement.



Nicholas

Does Telehealth's integration with other systems, such as EHR or RPM, help improve insights into creating personalized care for patients as opposed to an in-person visit?



Jamey

Nick, I love this question as it focuses on interoperability. Interoperability can fix our healthcare system by getting a bunch of disparate systems together. Health systems collaborating remains the Holy Grail in healthcare. Telemedicine platforms should think about interoperability and interfacing with the EHR and RPM tools such as blood glucose glucometers and others.

Hospitals don't want to maintain multiple point solutions. They prefer a one-stop-shop where they aren't hopping from platform to platform. The market moves quickly towards enterprise solutions that integrate with the EMR and RPM tools with customized branding and customized workflows. We don't need solutions that commoditize doctors. We surround a patient with a precision care team, where patients can connect with multiple providers from multiple locations to get the right care.

Q5



Nicholas

So, technology can help you reduce the waiting time for a referral?



Jamey

Yes, the tech is not the problem. It's our healthcare system's culture, and it's changing basic human nature to your point and bringing people in. So, a lot of the time it's not the technology that's the big issue. And as more and more systems migrate to the cloud, interoperability issues should become easier to solve.

Q6



Nicholas

The traditional communications have been an HL7 message. For Telehealth, maybe there is a new structured record using AI capability to collect the data and structure a new patient record?



Jamey

Yeah. I believe the patients should own the patient record, and then the patient should grant access to a provider and get things documented in their patient record. It's still too hard for patients to get the information they want from physicians.



Nicholas

I heard one of your talks where you mentioned that Telehealth helps in measurement and hence better management of data. Could you elaborate on that?



Jamey

The cool thing about telemedicine is it's a digital structure, and so it can be measured. We have the duration of calls we have. Who is on the call? We can even record the calls, layer AI over them, and gather key metadata to learn what happened during that call. We can measure the call qualitatively and understand differences in the opinions of two doctors.

Telemedicine is not just a video call or an audio call. It's AI; it's chatbots. It's remote patient monitoring and a whole slew of different modalities. As the management guru Peter Drucker said, "What gets measured, gets managed." So there are tons of big data out there. But how do we make it small again? How do we take these big pools of data, and make the information digestible to drive insight and then in action? We can measure what would be a cycle of continuous improvement.



Nicholas

Cloudbreak Health has pioneered many industry firsts. The first company to bring a certified medical language interpreter into a video telemedicine call. One of the first companies to follow the patient from the home to the hospital and back again. Could you tell us a little about that?



Jamey

In the next 20-30 years, everyone's going to have digital health tools in their home. And when you call your doctor, it's going to be a strap on this armband that measures your vitals and does everything you want.

We strive to help address healthcare disparities and increase access to our health. Our mission as a business is to humanize healthcare and restore the joy of calling back to providers, to make their work meaningful. During COVID, we built a new Free app called TeleQuarantine - the first health quarantine app. It was to protect frontline healthcare workers, lower their risk of contagion, and reduce PPE use as it is a scarce resource. Our language services platform allows us to create a room into a connected care room, and doctors can virtually see the patient from outside the room, maintaining patient isolation.



Nicholas

Has Telehealth brought back a personal connection?



Jamey

Studies have shown that people are more honest with an AI than they are with a doctor in the room. We, human beings, have this fear of judgment; we're afraid of what that reaction looks like. But that little telemedicine distance makes you more honest with the provider because you're not worried about seeing them at your local supermarket. You can still have a very intimate experience on the screen.

The gold standard now in healthcare doesn't have to be that in-person visit. The gold standard is the appropriate modality for the appropriate condition of that patient. So in certain instances, it's the in person; but in others, it's telemedicine. There is the consumerization of healthcare, and people are struggling with this patient vs. consumer definition. Now it's getting easier for the patient to be more engaged in their care and control it. Patient experience is a key part of what health systems need to focus on delivering.

Q10



Nicholas

Reports show that in 2019, only 1 in 10 Americans used a telehealth service. While telemedicine has been around for over 20 years now, what were the reasons you think providers and patients stayed away from Telehealth until the current pandemic?



Jamey

Great question, Nick. Our healthcare system has been built and structured around this in-person visit. Hospitals and reimbursement are built around the in-person visit. We haven't built a digital-first healthcare system. It was designed from the ground up to be how we get people into beds or offices. Many of the issues our healthcare system faces aren't a certain technology not existing. It's centered around the health system's culture and its structure that won't allow tech to be deployed due to the competitive environment regulations or simply what we're used to as humans.

The medical education system is training doctors for the in-person visit and not trained around telehealth at all. There needs to be a lot of change management that needs to occur. COVID catalyzes the digital health transformation from a clinical standpoint, but the payment system standpoint is yet to be discussed.

Q11



Nicholas

To establish Telehealth as a new normal, what kind of HIPAA-compliant cloud software and infrastructure will hospitals and providers need to switch to telehealth consultations?



Jamey

If you're a health system today or a hospital, you need to consider integrating digital health tools that can make patients' and providers' lives better. A lot of hospitals wanted to offer these telemedicine services during COVID. They are making decisions that suit today's healthcare situation.

I think we're going to see the second wave of platform decisions where people demand interoperable platforms with different tools. This brings the full weight of a healthcare system to bear around their patient with interoperability being the key. Think about a solution that can mold to your workflows, not commoditize you as a healthcare system, rather makes it a whole. Not a platform you bought from someone else, but your own and part of a strategic advantage in the market.

Q12



Nicholas

Do you feel that Telehealth helps establish a better means of communication with patients and give the customer/patient the feeling that the medical providers establish an emotional context with the patient?



Jamey

Yes. Communication is the number one diagnostic tool a clinician has and the number one empowerment tool that a patient has. Communication can be improved and be done virtually. There are many different skills that we need to train our clinical teams to convey that empathy over the video, over the phone. And that's a new ballgame for a lot of clinicians that are out there.

We spoke about the fact that distance creates honesty and less fear of judgment. And we know that different telemedicine services, like Telehospice, companies like Resolution Care are happening today and that solutions like our TeleQuarantine solution help reduce the feelings of patient isolation. So we know that the technology can enable a better emotional experience, but the person on the other end of that camera must convey that appropriate emotion.

Q13



Nicholas

Statistics clearly show that the pandemic has affected African Americans, Hispanic Americans more. Healthcare professionals attribute this high ratio to a very fragmented and unequal healthcare system. Do you agree? And how do you think Telehealth can help reduce this disparity?



Jamey

It's a point of focus for our company. We started off bringing language interpreters to the point of care, trying to resolve that healthcare disparity, and making sure that these LEP and deaf patients could receive equal care as their English-speaking counterparts. This solution launched us into 1500 hospitals across the US on over 10000 video endpoints doing 85000 encounters a month. Unfortunately, we're living in a situation where many of the populations you mentioned are profoundly affected by what we call social determinants of health. They're living in close quarters without access to preventive care or social distancing. And as a result, they have a different effect when it comes to things like COVID. Telemedicine can bring resources such as primary care, dietitians, and urgent care into these communities that allow them to address their needs. Technology is not biased; it depends on the data interpreter to be biased or not.

Q14



Nicholas

PHI has always been a challenge in healthcare. The recent breach of a telehealth application, Babylon Health, has raised a host of privacy concerns about telehealth apps. Has this impacted from a negative perspective the adoption of telehealth applications?



Jamey

As technology has started to permeate our society, we have traded privacy for convenience every day in a digitally connected world. I've had my credit card stolen several times over the last few years. It's become a part of life. Thank God that systems handling this data have ways to help you protect your identity and whatever it might be. I still think PHI needs to rest under the patient's control and not in the hands of the hospital or an EMR company. I'd love to see a situation where patients grant access to their records to those treating them instead of having such a difficult time accessing their data. Sometimes this information is going to get hacked. So we have all the right approaches to stem that from happening.

So I don't think it's going to be a primary reason to stand in the way of Telemed. I think it's something that we need to take into account. Always be looking to enhance security, always be looking to protect this information.

Q15



Nicholas

What about a related niche like the supply chain of medical equipment or pharmaceutical firms to expedite. What's the impact telehealth would have in moving these two areas closer to patients?



Jamey

Great question. Are there virtual clinical trials that can be done? Many companies are working in that space right now. From a supply chain perspective, we need to tweak its focus a bit, away from cost savings and towards creating value as we move towards a value-based healthcare system - a difficult thing to do during COVID when health system volumes are down overall. That's a big mindset change that should happen.

We're looking forward to the day where it's not Telemedicine or Telehealth anymore. It's just healthcare and medicine. When someone uses a stethoscope, we don't say they are practicing stethoscope medicine right now? So we're just hoping that people understand that all of these digital tools are just really the digital transformation of healthcare and that they are going to become integrated into the daily practice of care and into the daily practice of how people surround care. More integrated they become, the more value they're going to give.

Q&A Session

Webinar Attendees



How are HIMSS and other telehealth technical professionals looking at addressing and promoting Telehealth from the field based on first responder and EMS response to both emergencies and in connection with community peer medicine programs?



Jamey

We're working on a project right now that is taking our iPads and putting them into ambulances to offer better support to those paramedic teams. And a lot of it is not just supporting those paramedics, but it's also supporting the patients the paramedics see so that the paramedic doesn't need to bring them back to the hospital. Maybe some things could be done in the field under doctor's supervision, where that paramedic could then treat the patient. Then the paramedic can go on to their next visit instead of going to the hospital and suffering from what we call Wall Times.

I also like to look at whether there's a continuum of care that hits us with first responders, not only at home, but also in schools and workplaces. And so how can you extend and use telemedicine to attack all of these different geographic areas and play space issues to resolve them and tie them into a broader continuum of care? There's a program out there to enable telemedicine with great cellular broadband called FirstNet. There are things like that and infrastructure that's being put in place so that these first responders can get better support from the base station or M.D. teams.



Do you believe the current popularity of Telehealth is due to the pandemic? Will health practitioners and patients prefer Telehealth over in-person care post-COVID-19?



Jamey

What we saw with COVID-19 was telehealth visits initially spiked, and then as the healthcare system started to open up, telehealth visits have gone down a little bit. People are like, oh, my God, the decline of telehealth. But no, what it is, is us adapting to whatever this new normal looks like. And I used to run an E.R. business, and those E.R. companies are taking a much more structural approach by integrating digital into what we're doing so that these patients who don't want to come into the E.R., we still have a mechanism to serve them.

And people think that might be 20 or 30 percent of the visits that used to be in-hospital may not come back. So as we look at that, it's again a question of load balancing the healthcare system and putting patients, matching cost to acuity and giving patients the appropriate care for whatever their condition might be. And Telehealth can be that first front door before escalating to that in-person visit. And so I think it's here to stay and we're just going to continue to see it grow.



Nicholas

What do you know about forward deploying hardware to support effective telehealth visits and mobile providers, incorporating applications to support telehealth visits?



Jamey

Yeah, so there's a lot of different models that people have been using here. And one was during COVID monitoring. You have a patient, they've tested COVID positive, but they don't need to be in the hospital. So you want to send them home. How do you enable them with monitoring tools? Do you send them to the home? Do you support how they work with videos and a call center? A lot of hospitals have opted for the we-have-your-telemedicine RPM tools right here. The industry is still figuring it out what the best methodology is.

There have been a lot of rapid innovations that have happened there. There are companies out there like Vivify Health, who was acquired last year who get how to do this well at scale. And so I think a lot of it's going to be mailing people a package. We're going to be seeing many more of this and mobile providers incorporating apps to support the Tele-visits. I mean, that's happening today. You can download hundreds of different telemedicine apps to help support these visits.



How do you distinguish between the implementation and adoption of Telehealth? How exactly would you define the two? And how do you leverage unstructured data?



Jamey

It's like having several hospitals contracted vs several hospitals using the platform. Engagement rates can measure adoption. A challenge that telemedicine had before was that Telehealth had been implemented, but not adopted. People used to say, why are we paying for these telehealth platforms? Only 1% of our member base is using them. When you're talking to a payer, and they were using American Well, MDLIVE, why wasn't utilization higher before? I think some of that adoption has been solved via COVID and people building muscle memory with how these platforms work. I believe American Well and MDLIVE's usage went through the roof. So that's how I would run through and define it.

I think we're going to see much more adoption. Most people don't realize that telemedicine has been used in the hospital market forever with telestroke, telepsychiatry, etc. It saves hundreds of thousands, if not millions of lives a year, because of Telestroke and those types of applications. So, I think we're going to start seeing more implementation, but also more adoption.



Mobile medical imaging provides X-rays, ultrasounds, and cardiac studies at your location, nursing facilities, and private homes. So how would Telehealth support those areas?



Jamey

So, it's funny, radiology, they're the O.G.s of the telemedicine world. They were some of the first people to use telemedicine to do subspecialty reads and do night calls. You had NightHawk, a firm in Australia, that was reading films in the United States overnight due to the time change and doing back-up. You know, radiologists soon discovered that if they were going to grow their practices, subspecialty reads were key. So how do you do that? You do that with file sharing, image sharing, and running it through like that.

A lot of radiology companies and their backbone are telemedicine, and most people don't realize that that's the way it is—a lot of respect for what radiology has done to push the telemedicine industry forward from that perspective. And with integrations like Box.com and Dropbox and a few others, they have Dicom readers built into them so that patients can see their films at home and do those types of things. I think that that proliferation of that is only going to get bigger.

Thank You

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