



October 31, 2015

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Are You Ready For The Impact of Telehealth and Telemedicine?

Telehealth and telemedicine are poised to change healthcare practice. Your practice. Do you have a strategy to adopt it or to deal with it?

What They Are

Very broadly speaking, telemedicine is the electronic exchange of medical information via real time communication from the site of the patient to the site of the provider. The concept of telehealth is more broad, and doesn't necessarily involve clinical services. For example, and quite importantly, it includes things such as the remote collection and transmission of a patient's physiological data.

Why They Matter

Whether you are an office practice physician, a hospital-based physician, or the owner of a healthcare-related business from DME to pharmacy, you attract patients as a result of your referral relationships and, probably to a lesser extent, through some form of marketing. You benefit from patients getting into the referral loop. For example, a patient sees her primary care doctor, is given a prescription (filled at the pharmacy across the street) and is referred to a specialist on staff at the same hospital.

Both telehealth and telemedicine will easily disrupt all of those relationships.

A Few Examples

Teladoc

Teladoc, founded in Texas in 2002, is one of the largest telehealth services in the United States. It has a network of around 700 board-certified primary care physicians who consult remotely with patients via telephone and a web-based interface. It serves approximately 11,000,000 patients in 48 states.

If they had not "seen" a Teladoc doc, those 11,000,000 patients would have seen a face-to-face doc, maybe you or someone who refers to you.

Teladoc has had a long-running series of disputes with the Texas Medical Board. Most recently, it's obtained an injunction barring the TMB from enforcing regulations designed to make it impossible for physicians to prescribe medications completely remotely.

Tricorder XPrize

Remember the "tricorder" from Star Trek, the handheld medical diagnostic device? Now, it's time for the real one.

The Qualcomm Tricorder XPRIZE is a \$10 million dollar prize for a tool capable of capturing key health metrics and diagnosing a set of 15 diseases.

Currently, there are 7 finalists. To give you a flavor for what the prize is stimulating, consider that a team member of one of the finalists is set to launch a device that's smaller than a hockey puck and costs less than taking a family of four to a hockey game, that can record and transmit physiological data (temperature, blood pressure, heart rate, pulse oximetry, ecg, heart rate variability, and stress), all measured by touching the device to one's forehead.

The question, of course, is transmit that data to whom? Will it be to you or to a physician who directly or indirectly refers to you? Or, will it be to someone else?

Regulation Will Not Stop The Tide

Regulation of the sort that we're seeing from some state medical boards will not stop the telemedicine tide. In fact, those regulations are signals of the death spiral of traditional medical practice. They are they equivalent to the taxi companies' attempts to regulate away competition from Uber.

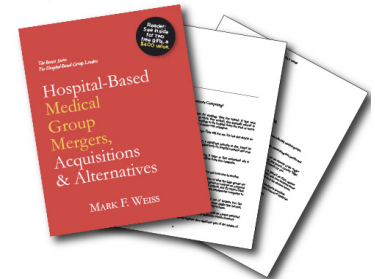
In the not too distant future, people will have ready access to monitor their own health and to remotely, and in some cases completely automatically, receive a diagnosis. They will have ready access to ways of receiving care remotely, and they are going to expect it and even demand it.

If you thought that a patient armed with Wikipedia was disruptive to your practice, wait until one armed with more data and analysis than you can imagine shows up, or decides never to show up, at your office.

What's your action plan?

Embrace telemedicine and telehealth. Investigate how it will work in your practice. Do you reject the notion of a patient collecting his own physiological data or do you promote a way for him to share that data with you as a part of a relationship that goes beyond an office appointment? Do you know what your referral source physicians are doing to assure that their patients remain in their sway?

Hospital-Based Medical Group Mergers, Acquisitions & Alternatives



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Some days, it seems as if everyone, from anesthesia groups to vascular surgery practices, is talking about selling their practice to a larger group, to private equity investors, or to a hospital.

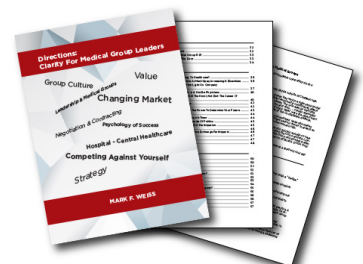
The reality is that some practices can be sold, some can never be sold, and some have nothing to sell.

The reality also is that there are a number of strategic alternatives to a practice sale.

A perfect storm of factors is accelerating the market for hospital-based medical group mergers and acquisitions.

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Directions: Clarity For Medical Group Leaders



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The healthcare market is changing rapidly, bringing new sets of problems.

How can you find a solution, how can you engage in the right development of strategy, and how can you to plan your, or your group's, future without tools to

I can guaranty you that someone else is working on how telemedicine and telehealth are going to work in their practice, and that includes on the patients of your practice that they'll be targeting.

Sure, there is a plethora of regulatory issues, from licensing to HIPAA and other compliance matters. But dealing with them pales in comparison to having little to nothing of a practice left to deal with.



Wisdom. Applied. 82 - RFP For Physician Services: Really Foolish Proposition

Hospitals that use RFPs and others fool's tools in respect of physician relationships will surely suffer as fools in the end.

All Things Personal

Departing Charleston, South Carolina, I kept hearing a gate agent make the same announcement over and over as she moved from gate to gate to assist with departing flights. It went something like, "Flight such-and-such to such-and-such a place is about to depart. The door will be closing in five minutes and will not be reopening."

Years ago, if you got to a plane a little bit late, they'd re-open the door. After all, the plane was still sitting there. And sometimes it was still sitting there 10, 15, even 20 minutes later until it finally backed away from the gate.

So, why don't they re-open doors any longer?

The reason is that airlines can claim an on-time departure based upon when the door closes, even though the plane is still sitting there for another 10, 15, or 20 minutes.

On-time departure measurement is a prime example of efficiency over efficacy. Efficiency is doing the thing the right way (i.e., as to method and time). Efficacy is doing the *right thing* the right way.

So it's efficient for the airline to close the door in order to maximize on-time departure scores even if it means not letting a slightly late and very upset passenger board the plane. Of course, what they really did was game the system. There's no score in the game for pissing off a passenger. Of course, she may never fly on that airline again, but that's not (or so the gate agent believes) the gate agent's problem.

Think about this in the context of healthcare. You're told that such-and-such is the measure by which you'll be paid an incentive bonus. But does it really make sense? Is it really the right thing to do?

Consider whether it's simply efficient but not at all efficacious.

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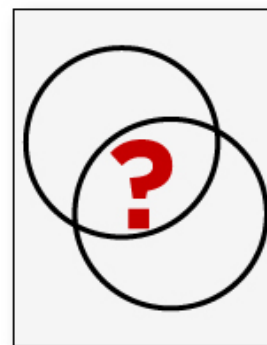
help clarify your thinking?

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