

Telehealth: Strategies

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Beam Healthcare
TELEMEDICINE MOVING FORWARD

A quick

Disclaimer





Health Tech Opposition, still in 2023...

Telemedicine & AI often get similar opposition.

Insurance companies won't pay for services.

Telemedicine reimbursements may go away.

Telemedicine | AI is not personal.

Quality of care would be subpar.

Our community won't accept it.

Telemedicine can never serve complex patients.

Telemedicine state based limitations.



Best physician opposition quote I have received to date: “There will be no robots (virtual providers) in our hospital until I’m alive and rounding.”



Tech and Services that are already changing healthcare

Care that is simple.

Care that is fast.

Care that is affordable.

Care that is custom.



01

Telemedicine / Telehealth

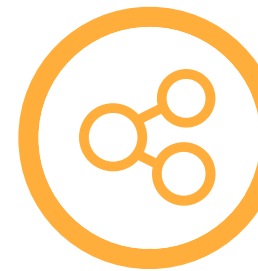
Patients are custom to having access to virtual services from home, at work, and on the road.



02

Artificial Intelligence

AI has already passed the medical licensing exam and is being utilized on clinical and operational side.



03

Direct Primary, Specialty, & Surgical

Growing market that provides patients the highest level of customer service at a fraction of the cost.



04

Direct to Consumer & Employer

Employers and consumers can now subscribe to monthly membership for outpatient and UC services. Also ER now.



You Can...

Be The Game Changer



You don't need to be a

Techie. Just Be You.



**Why I am
up here...**

My Background & Founder Of...



Background in OMIS (Operation Management Information Systems) before pursuing the field of healthcare. My passion: Health/wellness + Simplifying the complex + Tech.



Beam Healthcare
TELEMEDICINE MOVING FORWARD

Providing virtual care to healthcare systems since 2014. From micro hospital to CAHs to enterprise clients.



FLOW

Automate onboarding, credentialing, and privileging. Went from weeks to hours to onboard clinicians.



Our social impact entity with global footprint. Focused on nutrition, education, and healthcare.



Direct to Employer & Direct to Consumer private health & wellness subscription.





Beam Healthcare's Telemedicine History

Quality | Team | Efficiency | Social Impact



The Joint Commission

Accredited
Telemedicine
Program since
2016



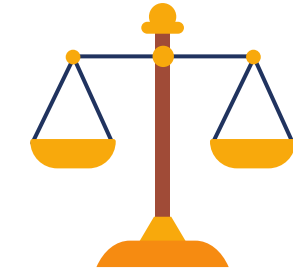
Nationally Recognized Team

There is no Beam
without the team
that shares our
common mission.



Paperless Company

From Day 0: save
trees and save time.
Easier said than
done, and we
continue to focus on
lean methodologies.



Focus on Social Impact

Volunteering and
Supporting
communities locally,
nationally, and
globally including
during COVID times.



How **YOU** Can Be the Health Tech Game Changer. Tech background is **NOT** necessary.

Today's Agenda



Past - Learn from ancestors



Present - The Good | The Bad |
The Ugly



Future - Growth mindset.
Tech Second.



Execution - Walk the Vision.





The Past

One must understand where we came from to create the best path forward.



Evolution of Telemedicine / Telehealth

1st Transmission

First transmission of radiologic images by telephone (24 miles away)

2-Way

2-way interactive television to transmit neurological examinations across campus to students

1924

1924

1950

1959

1961

The Dream

Imagination of telemedicine is documented on Radio News

Tele-Rad

Tele-radiology systems are developed

Monitoring

Radio-telemetry for patient monitoring



Other Highlights

from the NCBI article

1960s-1970s: Mass General

- Telecommunications link with a medical station staffed by **nurse clinicians** at Boston Logan Airport
- Established a **tele-psychiatry** link with the Veterans Administration Hospital in Bedford, MA

1971/72: National Academy of Engineering

- Focus on telemedicine and **urban areas**
- Physician services for nursing home patients; another use involved the **supervision of non-physician providers** in ambulatory care clinics.
- **Nurse practitioners providing pediatric primary care** at a clinic in an Hispanic area of the city

1960s-1970s: U.S. Indian Health Service, NASA, and the Lockheed Company

- Joined in sponsoring STARPAHC (Space Technology Applied to Rural Papago Advanced Health Care), which tested **satellite-based communications** to provide medical services to astronauts and to residents of an isolated reservation.
- The STARPAHC project lasted for about 20 years with most of its elements being phased out in the late 1970s



The basics of Telemedicine

Core concepts. Types of Services.
For your reading pleasure.



Telemedicine vs Telehealth



Telemedicine

This is the practice of medicine using technology to deliver care at a distance.

A provider in one location uses a telecommunications infrastructure to deliver care to a patient at a distant site.



Telehealth

This refers broadly to electronic and telecommunications technologies and services used to provide care and services at-a-distance.



Telehealth refers to a broader scope of remote health care services than telemedicine. **Telemedicine** refers specifically to remote clinical services, while telehealth can refer to remote non-clinical services.



Tele-Applications

1 Live (Synchronous) Videoconferencing

A two-way audiovisual link between a patient and a care provider

2 Store-and-Forward (Asynchronous) Videoconferencing

A transmission of a recorded health history to a health practitioner, usually a specialist.

3 Remote Patient Monitoring (RPM)

The use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time.

4 Mobile health (mHealth)

Health care and public health information provided through mobile devices. The information may include general educational information, targeted texts, and notifications about disease outbreaks.



The Present

Based on our first-hand experiences at Beam Healthcare with Micro-Hospitals, CAHs, and Large Healthcare Systems.

The COVID and Telemedicine Timeline & Progress...



COVID / 2020 01

Hospitals had no choice but embrace telemedicine routine care & for surge.



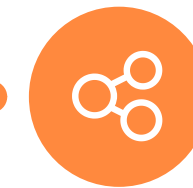
02 2021-2022

Many start investing in telehealth equipment/ services. Telehealth companies were forming left and right. AKA Gold Rush



2023 03

The new norm is settling in. Health systems are open to and diligent with their digital health investment. Payors & CMS stance remains questionable.



04 Future

Do we go back reimbursement based strategy or are we seeing the big picture on the TRUE ROI with digital health?



Who can benefit from
telemedicine/telehealth?

Everyone.

Preventative and Specialty Care

Rural and Urban

Able and Disabled

Poor and Wealthy

Young and Old

Outpatient and Inpatient



Examples of Our Experience Since 2014. Patient Wins.



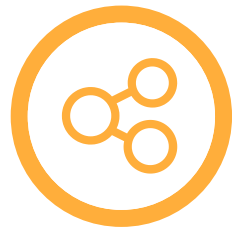
Tele Hospitalist Hybrid - 2x IP Rev

Patient leakage decreased.
Acuity volume increased.
Post-DC workup increased.
Nursing with better support.
RTs with better support.



Tele-ID Increasing Infusion & Wound Care Volumes

Tele-ID has led to retaining complex medical & surgical patients which led to increase in AIC & Wound Care.



Tele-Cardiology procedures & timeliness

Health system went from limited echo availability to training local team members & now hours turnaround time.



Tele-Pulm and Tele-Rheum Clinic

Proved that complex patients can be managed in the community with proper tele-clinic workflows.



What is currently working

01

Tech

Quality tech is now affordable and scalable. You can go live with couple hundred dollars per month.



02

Patient Acceptance

Patient's love the convenience and the access telehealth provides to multi-specialties from their homes.



03

Clinical Teams

This is still work in progress but many more providers have learned to leverage tech to serve their patients better.



04

Admin

Similar to clinicians, this is still a work in progress.





What is or went wrong

Healthsystems Overbought

During covid, health systems over bought telemedicine tech or services and now are reevaluating their investments.

Commodity vs. a valued service with ROI

Post-Covid, telemedicine services have become a commodity with less focus on provider to patient ratio what this is doing to the downstream revenue and overall patient/staff's journey.

Quality Conversations Lag

Telemedicine service conversations often revolve around coverage vs. talking about workflows, patient journey, outcomes, etc.

Reimbursement rules back to old ways

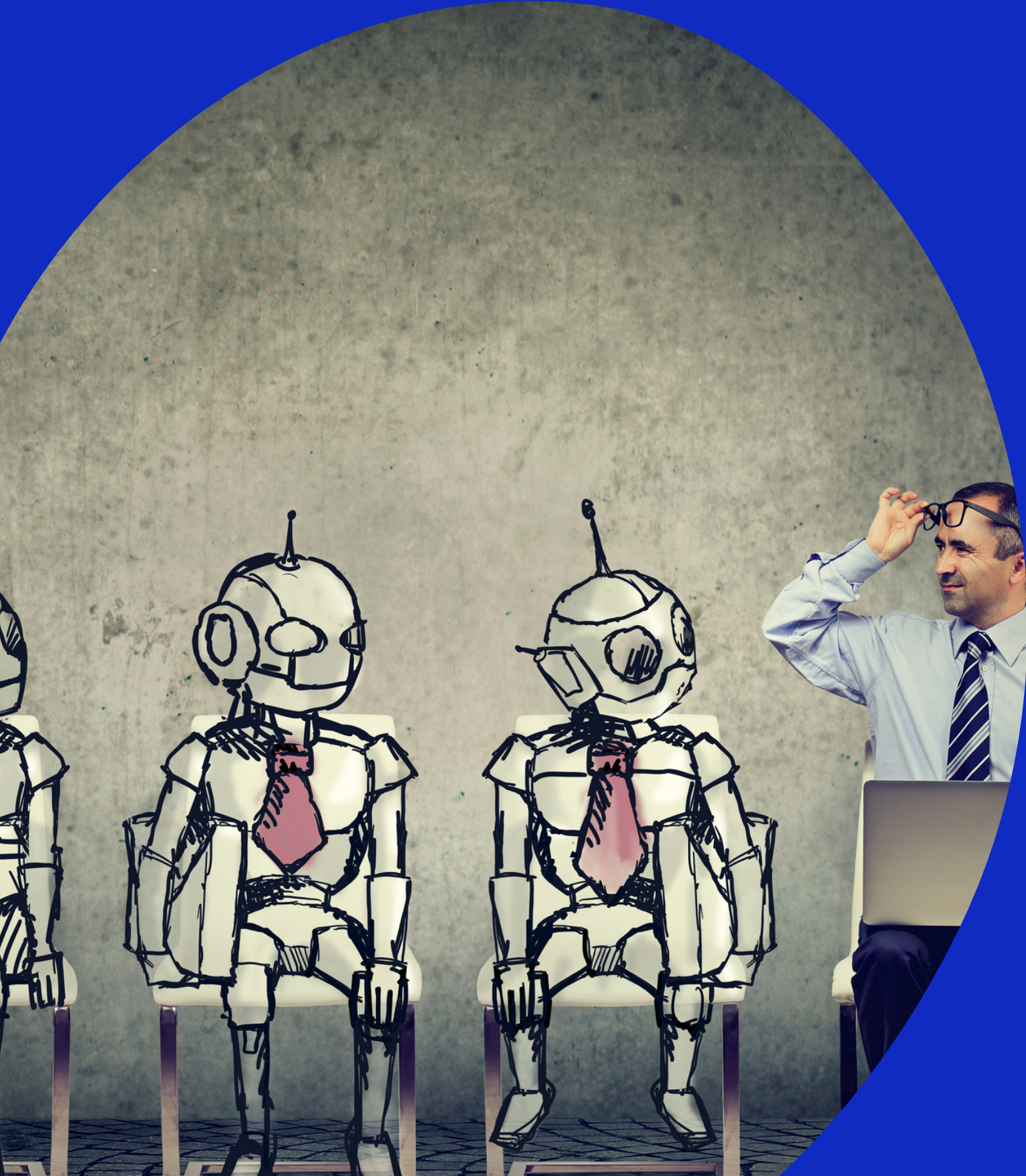
Sadly we are seeing some payors trying to revert back to the old ways. Public worried about CMS's approach to digital health and tech in general.

Present Problem - We are Building Digital Healthcare on the Analog Past. Do the pics before remind you of a story?

Digital Healthcare ...

- Cannot be an add-on or an after thought to the current system
- Must be built on a foundation that healthcare should be simplified, streamlined, automated, and customized leveraging tech and tech-enabled services.





The Future

Don't let legacy decisions
decide the future.

Don't let YOUR legacy be the
status quo one.



“Never doubt that a small group of thoughtful committed individuals can change the world. In fact, it's the only thing that ever has.”

- Margaret Mead



Here is where you come in:

C-Suite

Managers

Clinical Staff

Payors

EHRs

Everyone in Healthcare

CAHs

Where telemedicine should be leveraged

01 Hybrid Staffing | Cost Reduction - Multiple Depts.

02 Specialty - Curbside | Econsults & Tele consults

03 Improve Downstream ROI

04 Team based care at lower cost

05 Lower malpractice risk



Clinics

Where telemedicine should be leveraged

01 Specialty Access for Patients

02 Specialty Access to support PCPs

03 Increase resource utilization

04 Avoid losing patient to external system

05 Avoid delay in care





Executing the Vision

Only happens with Discipline.



Growth Mindset With Tech

Learn to **LEVERAGE** tech, not just use it:

Meaning: use (something) to maximum advantage

Etymology: “We can trace its origins back to the Proto-Indo-European 'legwh' which described something light, agile, or easy. From this, the Latin 'levare' formed, which referred to something that was 'not heavy’”

Telemedicine is not ‘heavy’ (affordable, easy to install, & easy to use) and it should be thought of a solution for 1 to many in terms # of sites it serves, problems it solves, and patients it can help.

Lastly: rules & policies are meant to be questioned & challenged every day.



Healthcare teams...

**We must learn from
Engineering, Product,
and Tech teams.**



Healthcare

**Often goes into
analysis paralysis with
more theories than
practical experiences.**

4 Steps Your Team Can Take to come up with where telemedicine can help



**STEP
01**

List current gaps

This can be People gap (Staffing) or it can be a workflow gap (due to limited resources).

**STEP
02**

Identify opportunities

Example would be providing better specialty access or increase the capabilities to manage higher acuity patients.

**STEP
03**

Brainstorm together

Brainstorm solutions with everyone in one room. Don't decide. Just jot down. It's about What & not how or who.

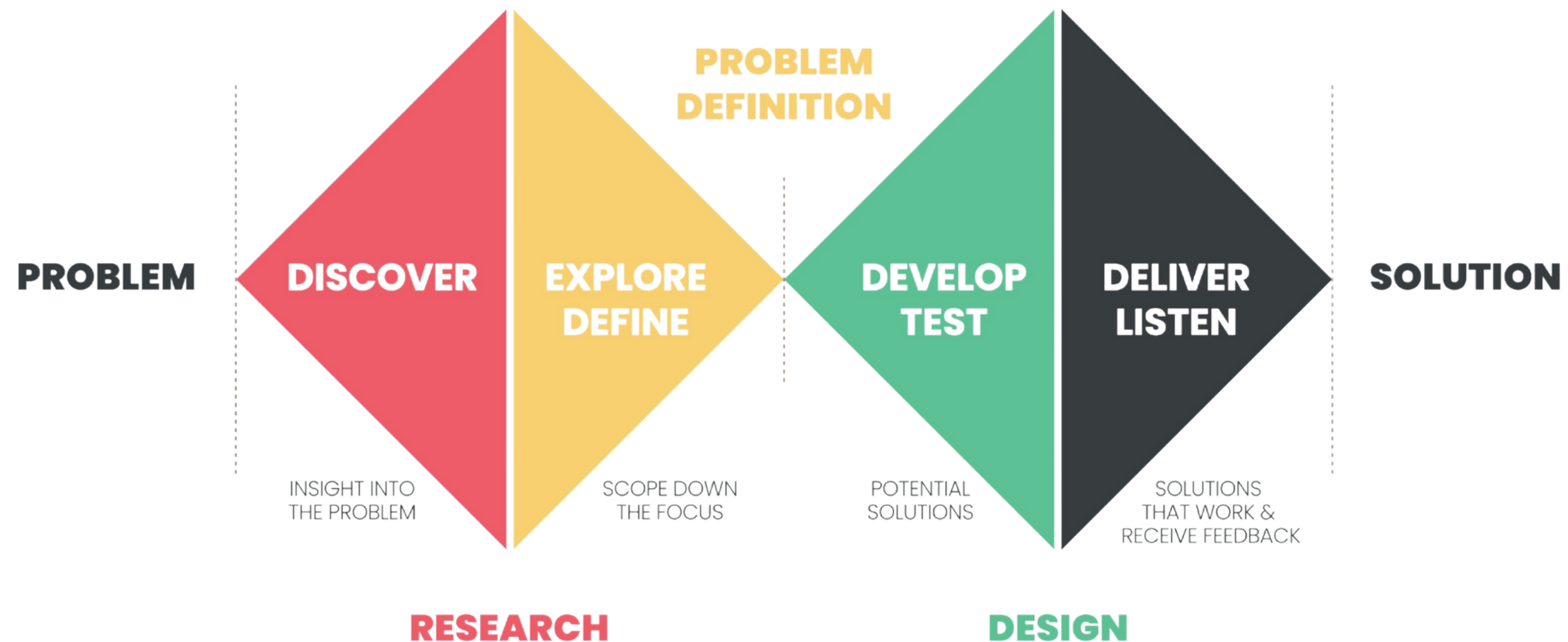
**STEP
04**

Narrow the solution

Debate and discuss all the ideas and narrow the solution and execution plan.

Think Double Diamond Approach from Design Teams

DESIGN THINKING PROCESS





Execute using the Engineering & Tech sector's approach

Question Every Requirement

- Elon is a big fan of this and there are plenty of videos him talking about this approach.
- **In Healthcare:** There are only two journeys that matter - Patient's Journey & Team's Journey.
- We routinely work on these two journeys at Beam.
- For Patient Journey: draw every touchpoint from registration to clinical care to follow-up to finance
- Just because requirements exist doesn't mean they are necessary
- Risk avoidance cannot be the answer to how we provide care. Look at the risk benefit ratio

The Power of No

- Steve Jobs was a big supporter of this, minimalism, and user experience.
- **In Healthcare:** Remove unnecessary steps & requirements that hinder the patient and team's journey.
- It is important to note, just because something adds value, doesn't mean it's required.

Simplify | Optimize

- This is an ongoing / never-ending process
- **In Healthcare:** Leverage telemedicine and AI to streamline & improve.

Expand & Automate with quality in mind

- This can only be achieved after the first three
- **In Healthcare:** Start tackling health equity at a larger scope and expand your footprint.



There is no magical playbook for Digital Health.

It's a marathon. One step at a time.
Stay **disciplined** with the 5Ps.

PAIN

Seek Pain

No pain no gain is true for a reason. If you want to evolve, you must get ready to be uncomfortable; financially & operationally.

PROGRESS

Make Daily Progress

Ask yourself, your dept, and your company if you are making daily progress on the healthtech side or just putting out fires with the status quo.

PEOPLE

Work with People that Push You

Surround yourself with people who push you and question you.

PATIENCE

Practice Patience

Transition to digital healthcare systems will take time from an operational and community level.

PERSEVERANCE

Persevere

You will fail. You will succeed. You need to persist. You need to remain focused.



Healthcare teams...

**Communication will
be key to success
moving forward.**



Beam Core Values & Action Cycle

How we approach – Every Day | Every Idea | Every Obstacle

1 Be Patient



Listen and seek to understand.

2 Be Curious



Ask questions, engage, and dive deeper.

3 Be Empathetic



See the world from other's point of view.

4 Be Honest



Debate with respect and push for greatness.

5 Be Inclusive



Problem-solve, take risks, and move forward as one.

6 Be Scrappy

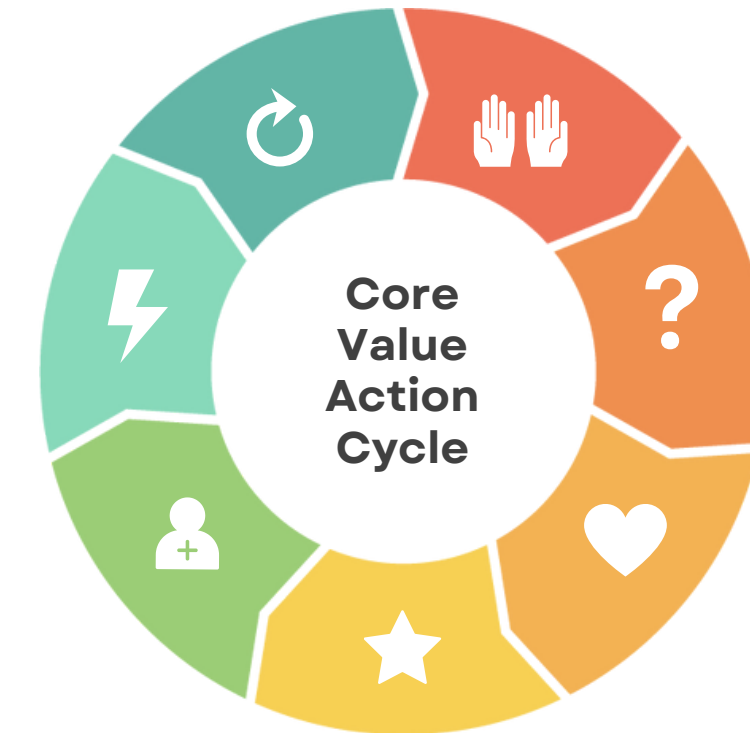


Figure it out, take initiative, and deliver.

7 Be Open



Fail forward, take feedback, learn, simplify, & evolve.





Thank you for your time.

Please send your
questions and feedback to
spatel@beam.healthcare