

# Telemedicine's Missing Link- Connected Care

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Telemedicine's missing link: connected care

There's a lot of hype and excitement about telemedicine, but for it to be the healthcare revolution it promises to be, it needs a connected care delivery model.



Connected Care

Telemedicine today is mostly built around devices and telemonitoring – people keeping track of their physical activities with Fitbits or monitoring their blood pressure with AliveCore. These and other monitoring devices are essentially just toys because they are not actually coupled with actual clinical practice.

Even services like Teladoc don't go far enough. These services have a great economic case – they are inexpensive and very convenient – but they are basically a physician phone service for minor urgent care. They can't possibly be equated with real healthcare.

Real healthcare happens when telemedicine is joined to a connected care delivery model that has prevention at its core. This model is in use today, it's just not broadly adopted – yet. I can attest to how needed this is and how impactful it is when you do it right. Take for example a congestive heart failure patient of ours.

Before he joined our practice, he had been admitted to the hospital for congestive heart failure three times at a cost of \$175,000. To keep him as healthy as possible and out of the hospital, we put him on an aggressive monitoring treatment plan.

Part of that plan requires him to weigh himself every day. His weight is reported to us. When he reaches his predetermined weight tipping point – suggesting he is on the cusp of fluid overload for his congestive heart failure – we order a dose of Lasix (a diuretic) which clears out the excess fluids, returning him to a stable weight. On this treatment plan, he has avoided a hospitalization for 23 months. Statistically speaking, as a congestive heart failure patient, he should have had at least two hospital admissions.

A hospitalization for congestive heart failure is about \$40,000, depending on where you are in the country. His single dose of Lasix cost about 40 cents. That's a huge savings. Not to mention, he avoids potential complications associated with hospitalization.

This continuous care telemedicine model works by combining the technology of telemedicine with active clinical care. Patients are given the appropriate devices to use – a blood pressure cuff, a fitness monitor, a connected weight scale, a connected glucometer – and the data from those devices is captured. Physicians compose intelligent clinical rules to interpret the data and to guide clinical action. In the example above, the clinical rule is when the patient hits his predetermined weight, he gets a dose of Lasix. In this model, you have a closed feedback loop: you collect data, convert that data into a clinical action and then you see immediately the outcome of that action.

The beauty of this model is that you really know what's going on with your patient, and your patient is very aware of what's going on so they're now part of the solution, and the net effect is superior care and management of chronic disease.

That all sounds great, you may be saying, but how can this model possibly work on a large scale and how can I, as the physician, not be overburdened by what sounds like a huge amount of detail work for which I won't have the time and won't be paid appropriately to do?

Such a model won't be a burden for physicians. It's terrifically scalable. It's terrifically efficient. And when physician compensation is fundamentally tied to outcomes, it's profitable. I'll tell you all about it in my next blog.

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<http://www.mhealthnews.com/blog/telemedicines-missing-link-connected-care>

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