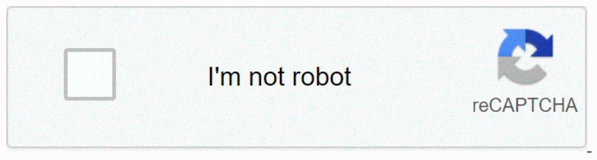


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# Telemedicine companies in europe

For decades, remote medicine has been associated with patients who are far away: Native Americans in Alaska, oil rig workers, Antarctic scientists or astronauts in space. Multiple obstacles — chief among them reimbursement, physician license, clinical workflow, infrastructure costs and uncertain value propositions are, for the most part, hindering the advancement of remote medicine into the delivery of regular care. However, 2013 may be the year the healthcare industry is starting to move from isolated pilot programs to wider use of remote medicine. It's not just that technology is cheaper and easier to use, either. washington d . C notices. The Obama administration's health reform law emphasizes coordinated, responsive care - where remote medicine can play an important role - while the proposed law removed from U.S. Rep. Michael Thompson (D-California.) many bureaucratic hurdles that hinder the spread of remote medicine. Analysis: 13 Health Trends IT and Forecasts for the 2013 American Remote Medicine Association was formed in 1993, so CEO Jonathan Linkous did not exaggerate when he says he is waiting 20 years for this. Healthcare is a late acceptor, he says, and it doesn't do anything without plodding, moving forward and thinking about it. Now is the time, he says, because the healthcare industry in the United States is undergoing transformation. Healthcare reform, baby boomers' needs, a growing challenge in treating chronic conditions and the full number of unsured Americans leaving the industry at the point of influx, and remote medicine could accelerate this transformation. This is not the answer, but the tool:hellip;to solve many health problems. Slow remote medical admission; The cost of healthcare increases fastThose problems well documented. In 2012, the United States spent 18 percent of its GDP on healthcare, compared with less than 5 percent in 1950, and is projected to increase to 30 percent by 2050. Meanwhile, nearly a third of the $2.5 trillion spent in 2012 was wasted thanks to a combination of fraud, red tape and repeated tests. Jonathan Gruber, an economics professor at the Massachusetts Institute of Technology who spoke at the recent MIT Future Health and Wellness Conference, says American healthcare is broken because the status quo works well for 75 percent of Americans -- largely healthy ones covered by corporate insurance plans -- but remarkably broken for each other. The Affordable Care Act — which Gruber helped draft, along with the Massachusetts Health Reform Act 2006 — took several steps to change this, with initiatives like the Accountability Care Organization and the Health Insurance Exchange, but it's a process that requires humility and patience, he notes. (Few in Washington have both features, Gruber adds.) In most cases, adoption The remote medicine went similarly far. Case studies such as the Heath Veterans Administration, which uses telecommunications and home health monitoring technology to keep tabs on more than 50,0 patients and report a patient satisfaction level of 85 percent, are the exception to the rule. The majority of remote medical implementations, research firm Gartner notes on its hype cycle for remote medicine, pilot projects, and few have made it into a self-sustaining state where costs are offset by reimbursement and clinical value obtained. Case study: Cisco Telepresence allows Swiss doctors to perform virtual consultations reimbursing the word of action. Of the 22 remote medical technologies Gartner identified, failure to reimbursement is an adoption barrier for at least seven—including some, such as home health monitoring and remote video consultations, which are high-benefit for health organizations. (Without a refund, the doctor only sticks to the office for which they are reimbursed.) Licensing is another issue, as many doctors have licenses to practice in states that do not allow remote medicine to practice across state lines. The law aims to remove Telemedicine's bureaucratic hurdles where Rep. Thompson's bill, the Remote Health Promotion Act of 2012, comes into play. (The bill was introduced in the days of the 112th Congress, which ended January 3, 2013, and therefore should be reintroded this year. Lynopoulos says the bill drew support from both political parties and judging from what he represents in consumer electronics, technology executives as well. Among other proposals, the bill will no longer exclude federal reimbursement medical services furnished through a telecommunications system. In addition, licensed physicians in a state could treat patients anywhere in the country, and care agencies would be held accountable for remote medical cost limits for exempt services. Eventually, hospitals received incentives to use remote medical technology to reduce readmissions. This is in line with healthcare reform, which punishes hospitals if too many patients are admitted within 30 days. Hospitals that miss the mark could lose up to 1 percent of their annual Medicare reimbursement. David Lindman, director of the Center for Technology and Aging and co-director of the Center for Innovation and Technology in Public Health, both within the Institute of Public Health, says that delivering healthcare reforms is driving organizations to determine how they can ramp their remote medical efforts beyond the pilot phase and start incorporating them into care management strategies. That, says fellow CITPH co-director Andrew Broderick, comes cost savings as well as more productive and efficient clinical staff. PHI recently reviewed three case studies on long-distance medical adoption. In all three cases, Broderick says, pilot projects succeeded because leadership saw the value of expanding the use of technology to accomplish a larger strategic initiative, whether it was reduced readmission, better patient engagement or improved long-term care for those with chronic conditions. Britain also led painsStrong's growing remote medical experience also driving long-distance medical adoption in Britain. There, as in the United States, most pilots have started at the local rather than national level, says Tula Sargeant, director of analyst firm TechMarketView. That said, those programs grow when there is a close relationship between national and local health authorities, he adds. This is important; In the British healthcare system, distance medicine benefits National Health Service hospitals (which reduce their costs as admission rates go down) at the expense of local social care providers (who take responsibility for home care). One way the UK is advancing remote medicine is through private sector partnerships, which the sergeant describes as remotely unhealthy as a service. Many NHS hospitals already outsource human resources and information operations, so outsourcing remote medical management to install medical devices or even triage services makes sense for some institutions. Related: The top challenges facing CIOsUse Healthcare from remote medical technology is even more nascent in Britain than in the US, and it has largely been current vendors participating in early UK pilot projects, but the sergeant sees the market progressing with the expansion of broadband, smartphones, tablet PCs , Mobile applications and smart TV. We see the remote unhealthy as something that will become mainstream in the not too distant future, however slower than the government wants. (The UK's 3 million campaign aims to attract three million long-term care patients to remote medical technology by 2017, but it remains an un funded mandate and questioning about how to provide services to local authorities.) It's been talked about for a long time, but I think we're finally at a tipping point. To fulfill savings, remote medicine will give a few masses of denial of the role that remote medicine can play in improving healthcare. Even now, with reimbursement and licensing questions still unsealed by federal law, 10 million Americans benefit from remote medicine, he says. For example, many may not realize that one out of every 10 beds in the intensive care unit is supervised by an offsite teleICU. Growth will continue. According to research firm InMedica, the worldwide use of remote monitoring devices is wireless For a six-day increase by 2017, with the majority of users being monitored for chronic conditions such as diabetes, heart disease or mental illness after hospitalization. Features: 10 mobile apps that promote health and wellness and toy mobile health for better, longer lives meanwhile, researchers at Indiana University have found that artificial intelligence improves patient outcomes by simulating treatment pathways and making adjustments as additional information becomes available. This type of mathematical modeling made it possible to identify more possible outcomes than the physician could, the researchers found. However, the key to successfully using remote medicine is not in the latest technology, or even in the expansion of broadband Internet communications, which the Federal Communications Commission continues to prioritize and which the sergeant says is also important for Britain. As Lygos put it, you may fancy using a digital stuscope, but it's still a heart with basic, basic issues that you need to diagnose and treat. When barriers to adoption pop medicine remotely, Broderick suggests, they have 10 percent technology issues and 90 percent are human or organizational factors. Patient interaction, physician interaction, clinical workflow, business processes, return on investment and overall difficulty in tracking and showing both clinical and financial outcomes are noted. (For this reason, the Center for Technology and Aging has assembled an ADOOT Toolkit that outlines these challenges to providers seeking to implement remote medicine.) Finally, Linkous says, remote medicine will succeed when it transcends simply using technology to transform care delivery in a meaningful way. Putting another way, as InMedica notes, it's about encouraging patients and their doctors to use technology like home health monitoring before they end up in the hospital primarily. Only then can the healthcare industry begin to realize the value, financial and clinical value, of which medical promises are remote. Brian Eastwood is a senior editor at CIO.com. You can reach him on Twitter or @Brian_Eastwood by email. Follow everything from CIO.com on @CIOonline, Facebook, Google+ and LinkedIn.  Inc.