



Telehealth: A Case for an Integrated Care Approach Beyond COVID-19

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Introduction

COVID-19 accelerated the digitalization of healthcare and the adoption of telehealth globally. Amidst global lockdown and quarantine measures imposed due to COVID-19, access to telehealth is increasingly crucial. The World Health Organization (WHO) defines telehealth as:

“...the delivery of healthcare services, where patients and providers are separated by distance. Telehealth uses ICT for the exchange of information for the diagnosis and treatment of diseases and injuries, research, and evaluation, and for the continuing education of health professionals. Telehealth can contribute to achieving universal health coverage by improving access for patients to quality, cost-effective health services wherever they may be. It is particularly valuable for those in remote areas, vulnerable groups and aging populations [\(1\)](#).

Nextcontinent believes the following approaches are key components of a comprehensive telehealth service:



TELEHEALTH CONSULTATION

Live, synchronous, interactive encounters between a patient and a healthcare provider via video, telephone, or live chat.



TELEHEALTH TREATMENT

Prescription of a treatment remotely by the physician, via the use of ICT following telehealth diagnosis without clinical examination to the patient or upon telehealth prescription of treatment based on diagnosis conducted through the traditional clinical way.



TELEHEALTH DIAGNOSIS

Identification of the illness and the patient's health condition by the healthcare provider via the use of ICT including wireless devices, wearable sensors, and mobile apps. Asynchronous diagnosis by a specialist using store and forward ICT is included.



TELEHEALTH INTERVENTION

Any telehealth intervention via the use of ICT.



TELEHEALTH MONITORING (ALSO KNOWN AS REMOTE PATIENT MONITORING)

Collection, transmission, evaluation and communication of individual health data and vital signs, from a patient to the healthcare provider or extended care team from outside a hospital or clinical office (i.e., the patient's home) via the use of ICT including wireless devices, wearable sensors, implanted health monitors, and mobile apps.

Across the world, most stakeholders now acknowledge the benefits of telehealth including improved convenience and access to care, better patient outcomes, and a more efficient healthcare system. Healthcare players need to move now to support such a shift and pivot to longer term strategies to improve their future position.

Telehealth maturity levels across the world

Maturity levels vary among countries in terms of implemented initiatives, regulation, and integration of the ICT within the value chain of the healthcare system.

In **Europe**, telehealth is considered both a health service (Directive 2011/24/EU) and an information service (Directive 95/46/EU, Directive 2000/31/EC, and Directive 2002/58/EC) (2). Early adopters of telehealth such as Sweden, France (see case studies 1 and 2) and Portugal are well positioned in terms of legislative framework and reimbursement policies, which were already in place before the pandemic.

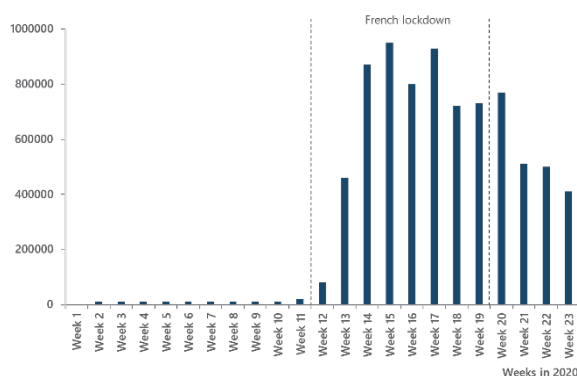


CASE STUDY 1: TELEHEALTH CONSULTATION - FRANCE



France has seen its number of telehealth consultations explode since the beginning of the pandemic, going from 38,000 teleconsultations in February 2020 to 4.5 million consultations in April 2020.

Number of teleconsultations in France:



In other words, an increase by a factor of 120 in 2 months, reflecting an unprecedented rise triggered by the health

crisis. Beyond the needs of patients and healthcare professionals, this wide deployment of teleconsultation in France has also been facilitated by a favorable evolution of the reimbursement policy (teleconsultations are 100% reimbursed, whatever the reason, for the duration of the epidemic).

In addition, telehealth consultation tools, such as the French platform Doctolib, have greatly increased during the pandemic. The Doctolib platform allows healthcare professionals to manage their patients and consultations more easily (in person or remotely via teleconsultation) thus freeing up medical time and allowing patients to make appointments online. A few key figures:

- 1,600 employees
- 20,000 healthcare professionals offering video consultation via Doctolib
- 100,000 teleconsultations/day on Doctolib platform and 6 million since the service was launched in 2019.



CASE STUDY 2: TELEHEALTH INTERVENTION - FRANCE

The European Otelio project, coordinated by the Université D'orleans in France, (mObile Tele-Echography using an ultra-Light rObot) consists of an echography remotely operated by a physician allowing an ultrasound examination of the patient in order to make a diagnosis. This mobile tele-echography system is designed for population groups that are not served locally, either temporarily or permanently, by medical experts.



Countries

in the developing stage, such as Germany, Spain, Poland and Italy, have rapidly deployed solutions during COVID-19 but still need to strengthen their effort for the adoption of telehealth. In Italy, for example, in response to the COVID-19 emergency,



the Ministry of Health issued specific guidelines which provide useful indications on how telehealth services should be performed in Italy and introduce the possibility of reimbursement for telehealth services by the National Health Service (NHS) (3).

On the other hand, some countries have lagged behind due to the lack of preparedness of their healthcare IT system. Nevertheless, several initiatives have been launched during the pandemic. For example, Italy now allows physicians to issue electronic prescriptions for drugs reimbursed and not reimbursed by the

NHS, sending them to patients by e-mail and phone message (4). In addition, the Italian National Recovery and Resilience Plan includes measures in digitalization, urging the spread of electronic health records and of telemedicine systems (5).

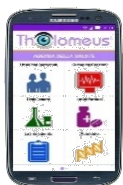
Despite the widespread awareness of the benefits of telehealth, the lack of legal clarity remains one of the biggest challenges to telehealth adoption in Europe (6).

The threat of COVID-19 has also necessitated the need to make telehealth platforms readily available to patients. Telehealth services such as *Doctolib* (see case study 1) and *Qare* in France, *LIVI* in Sweden, and *Tholomeus* in Italy (see case study 3) have all seen considerable increases.

CASE STUDY 3: THOLOMEUS PLATFORM - ITALY



Until January 2021, 201 telehealth initiatives have been activated by Italian healthcare companies to respond to the healthcare needs of patients in the midst of the pandemic. In 70% of cases, initiatives are for non-COVID patients (7). One of these initiatives is the Telemedicine and Home Telemonitoring for Medical Surveillance of Chronic Diseases (THOLOMEUS); is a telehealth service that facilitates the screening of the management of some of the most common chronic cardiovascular, pneumological and metabolic diseases.



How it works:

- The devices associated with the system allow you to monitor multiple vital signs
- The data recorded by the devices are sent through PC software (e-THOLOMEUS),

or through a smartphone or tablet app (a-THOLOMEUS), to a web portal for the service

- The data are analyzed with medical reports
- The exam information can be integrated with a patient's clinical data, thanks to the availability of an electronic medical record
- The report can be viewed on the web portal or on the transmission interface and / or sent by e-mail.

THOLOMEUS represents advantages for the patient (e.g. constant monitoring of the state of health thanks to data sharing); the healthcare providers (e.g. simple, immediate and cheap diagnosis service to offer to the patient); and the pharmacist (e.g. the pharmacist provides a highly specialized service to its customers and their doctors through the THOLOMEUS Specialists).

Leading up to COVID-19, the U.K. already had a burgeoning telemedicine market. The acute capacity challenges and the requirement to reduce face-to-face contact further expedited the adoption of

telehealth services in the U.K. (see case study 4). Telecommunication companies such as *BT*, *Virgin Media*, and *Sky* have agreed to support the National Health Services (NHS) in rolling out telehealth to healthcare providers (8). Primary care, clinical trials, counseling, and chronic disease reviews are all rapidly being moved to telehealth delivery (9). The U.K. market is highly competitive with a number of top market players including *Babylon*, *Doctor Care Anywhere*, *Immedicare*, *Telemedicine Clinic*, *Push Dr*, *HomeTouch Care Ltd*, *Now Healthcare Group* and others (see case study 5).

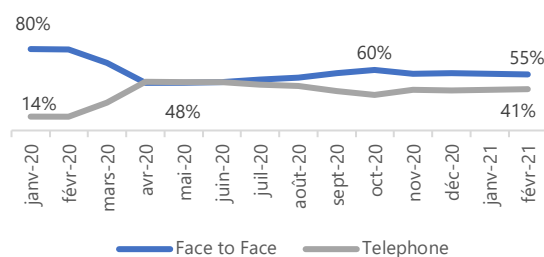
Before COVID-19, the government had already announced a centrally funded “Long Term Plan” to reduce the number of outpatient presentations. This plan had to be put into place much faster than planned as the need for telehealth to manage outpatient visits has drastically increased (10).



CASE STUDY 4: FACE-TO-FACE CONTACT VS TELEPHONE – U.K.



Prior to the pandemic, 80% of General Practice (GP) appointments across the U.K. took place face-to-face. By June 2020, this had fallen to 47%. This has since levelled out at 55%. (12).



This eye-catching trend is not restricted to GP appointments within the NHS. Registrations to the NHS app increased 111% and use of non-emergency online advice site, NHS 111 online, increased 257% with 99% of triage consultants taking place online/on the phone, within a month of the first COVID case in the U.K. (11). This trend is likely to continue going forward, with the U.K. market expected to continue to grow at a CAGR of 10.4%.

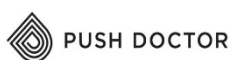


CASE STUDY 5: TOP MARKET PLAYERS – U.K. (PART 1)

A few key figures of top market players in the U.K.:



Q2 20' Revenue growth of 85%



Launched 'Pharmacy-First' digital health



2021 Revenue expected to increase 10x on 2020

Telehealth in the U.K. cannot be discussed without mentioning Babylon Health. The revolutionary company,

founded in the U.K. in 2013, has a vision to make healthcare accessible for everyone. The service claims to reduce the cost of care by 35% and strives to do so at scale, “for millions of members and 170 global partners, in several countries across 4 continents”. Babylon provides an easy-to-use app that enables patients to access doctors rapidly through their smartphones. Accessible through any internet connected device, Babylon combines an AI powered platform with best-in-class, virtual clinical operations to give patients 24-hour access to information, health monitoring, and clinical professionals. Critically, Babylon integrates with the NHS in several ways.



CASE STUDY 5: TOP MARKET PLAYERS – U.K. (PART 2)



The Babylon GP at hand service offers full NHS primary care services, through a standard GP contract, but takes a digital-first approach. This involves an initial video consultation with the opportunity to conduct face-to-face appointments should the need arise like a traditional GP.

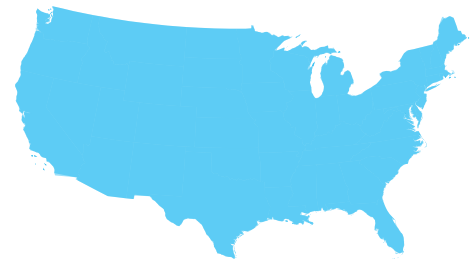
Babylon's colossal reach is enabled by the integration of telehealth with Smart-Diagnostics. It is transforming the way doctors make decisions, augmenting the diagnostic process with volumes of data points which would not be possible without the use of AI.

2 million Digital clinical consultations since 2020

24 million People covered across the globe

\$1.9 billion Valuation in 2019

In the [U.S.](#), healthcare systems connect providers directly to patients using multiple forms of telehealth. The most frequent uses of telehealth are for radiology, behavioral health, cardiology and episodic primary and urgent care. With the increasing need for a multidisciplinary approach to care and patient-provider partnerships, telehealth has helped further strengthen connections among patients, healthcare providers and other stakeholders.



With the rapid rollout of telehealth in response to the pandemic, (see case study 6) laws on its coverage and reimbursement are rapidly changing. However, different policy frameworks across the different states remain a challenge. Moreover, several commercial insurers have also followed suit in paying healthcare providers for telehealth services or are directly providing telehealth access to their members as part of benefits [\(12\)](#).



CASE STUDY 6: TELEHEALTH REGIONAL TRACKER & DIAGNOSIS – U.S. (PART 1)



Telehealth claim lines increased 2980% nationally from September 2019 to September 2020, rising from 0.16% of medical claim lines in September 2019 to 5.07% in September 2020, according to new data from FAIR Health. Higher telehealth utilization from March to September 2020 in comparison with the same months in 2019 was likely a result of the COVID-19 pandemic. In March and April 2020, many states prohibited in-person rendering of elective procedures, making telehealth a viable alternative. Many of these prohibitions expired in May as states began to open up. But despite some month-to-month decline, telehealth

usage remained high in comparison to 2019, as the pandemic continued. Another notable finding of the September Monthly Telehealth Regional Tracker concerns the top 5 telehealth diagnosis by volume. Mental health conditions, the number one telehealth diagnosis nationally and in every region since March 2020, continued to rise in every region as a share of all telehealth diagnoses, growing nationally from 48.93% in August 2020 to 51.83% in September 2020. The trend toward increased delivery of mental health services via telehealth was also apparent in the top telehealth procedure codes by utilization [\(13\)](#).



CASE STUDY 6: TELEHEALTH REGIONAL TRACKER & DIAGNOSIS – U.S. (PART 2)



In terms of telehealth diagnosis solutions, TytoHome, designed by TytoCare, is the first comprehensive, at-home telehealth solution. TytoHome is a handheld examination device with attachments that can examine the heart, lungs, skin, ears, throat and abdomen, as well as measure body temperature. The solution enables patients to perform comprehensive medical exams and send the captured exam data to one of TytoCare's healthcare provider partners for diagnosis of conditions such as ear infections, sore throats,

fever, cold and flu, allergies, stomach aches, upper respiratory infections, coughs, rashes and more.

Patients can connect with a provider 24 hours a day, seven days a week, 365 days a year, no matter their location.

TytoCare has partnered with leading US health systems to offer nationwide coverage for TytoHome users. Providers include American Well, LiveHealth Online, Ochsner Health System, Sanford Health and Novant Health.

TytoHome exam kit:



Since 2014, Latin American countries including Peru, Colombia, Guatemala, Panama, Uruguay, Mexico, Costa Rica, Chile and Argentina have developed a national telehealth strategy (see case study 7). Significant progress has been made in the adoption of this technology in the public sector, which is 30 percent higher than in the private sector, with countries like Chile and Uruguay leading the way in the region ([14](#)). In addition, officials have established innovative inter-country programs for myocardial infarction treatment, facilitating links through a centralized network between patients in Columbia, Mexico and Brazil.

As a result of COVID-19, telehealth is becoming increasingly popular, but certain regions still need to work to exploit its full potential ([15](#)).



CASE STUDY 7: NATIONAL PLATFORM TELEHEALTH - ARGENTINA



Argentina's telehealth program, which resolved telemedicine actions, was not disseminated and therefore was not used.

With the explosion of COVID-19, the system was adapted to generate specific queries for the pathology.

Each virtual meeting between provider and patient must be registered in the National Platform Telehealth and Distance Communication Program.

In addition to solving the initial consultation, it allows to take the evolution of the cases until the closing. It also includes Communities of Specialist Physicians in different Regions of the country, for the exchange of knowledge and second opinions regarding a case.

This technological advance, given the particular design of the solution, allows that by changing certain parameters, the system can be used for other chronic diseases, which have the same monitoring process (16).

In [Asia](#), the early adopters of telehealth are mainly China and Singapore. Not far behind are Japan and Indonesia which are experiencing ongoing growth in the telehealth adoption resulting from the increase of companies in the field. Conservative adopters such as Hong Kong and South Korea were slow to adopt telehealth before COVID-19.



Physician scarcity in Asia has facilitated the multiplication of telehealth apps such as *Doctor Anywhere* and *MyDoc* in Singapore, *Halodoc* in Indonesia, *Ping An Good Doctor* in China, *Grab* in Southeast Asia, and *SoftBank* in Japan (15). *Ping An Good Doctor* is the largest telehealth app in China in terms of user scale and coverage and is the most widely used in the world (17). The pandemic has prompted governments in Asia to re-examine how telehealth fits into their overall healthcare system. In Japan, regulations have been relaxed temporarily to allow doctors to carry out first-time visits virtually. In Indonesia, Thailand (see case studies 8 and 9) and Singapore, regulations allow telehealth operators to conduct their services in a relatively unhindered manner. Many health insurers quickly added telehealth services to standard policies during the pandemic (18).



CASE STUDY 8: TELEHEALTH MONITORING - THAILAND



In Thailand, system providers such as Tytocare and SCG Docare provide hospitals with technology to enable monitoring of patients outside of conventional clinical settings, such as at their homes or in a remote area.

Key functions include:

- Patient identification: doctors are able to access patients' information and monitor their current vital signs based on information they registered with the system
- Consultation: doctors or general practitioners can make adjustment to monitoring systems

- Prescription: system allows doctors to prescribe the right medication to patients based on their symptoms
- Follow up: continuous monitoring of vitals and other mandatory health.

Example of user:



Example of system providers:



CASE STUDY 9: TELEHEALTH CONSULTATION - THAILAND

Telehealth consultation is widely used in Thailand. Real-time telehealth allows for doctor-patient visits anytime, anywhere. Live telemedicine includes any two-way communications such as video conference and phone consultations that let providers and patients communicate in real-time. Psychiatry and medical consultations that do not require physical examination are current uses of real-time telehealth in Thailand. Physical monitoring is available upon patient's demand. Real-time telehealth implementation allows for real time consultation upon scheduled appointments.

Real-time telehealth is mostly used for recurring check-ins with patients with high blood pressure, diabetes, eye disease and skin illness, four diseases representing 70% of hospital cases.

Example of users:



Example of system providers:



Our Insights

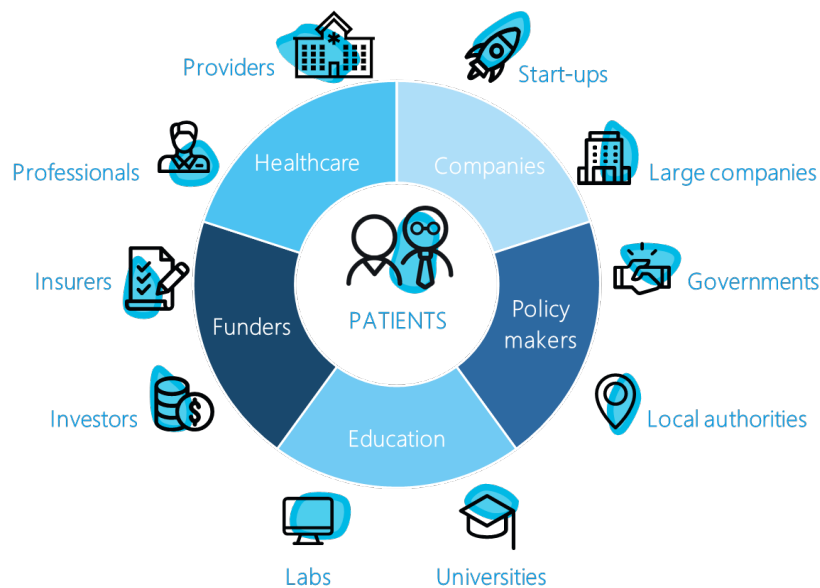
The pandemic has pushed patients, healthcare providers and insurers to review what is possible and desirable to adapt care models to the rapidly evolving situation.

The different maturity levels in telehealth across the world serve as clear evidence that there are still barriers to full adoption in the delivery of care, namely, the lack of harmonized regulation and integration of stakeholders within the healthcare system. On the other hand, the COVID-19 pandemic has broken through previously challenging provider and patient adoption barriers. Both providers and healthcare consumers that utilized telehealth in the last year fully anticipate utilizing it as a channel of care going forward.

An Integrated Care Approach

The ongoing integration success of telehealth depends on all stakeholders involved in the healthcare system (as represented on figure 1) and a cultural shift that focuses on the patient (consumer-centric orientation) to improve both the health of the individual and the healthcare system in general.

Figure 1: consumer-centric model within a healthcare system as a whole



In addition, digital transformation is not simply about technology. It is about adopting a change management process enabled by technologies to increase the benefits for patients and the healthcare system as a whole. The entire healthcare system must heed this shift and work together to integrate telehealth into care and business models to deliver a true consumer-centric model.

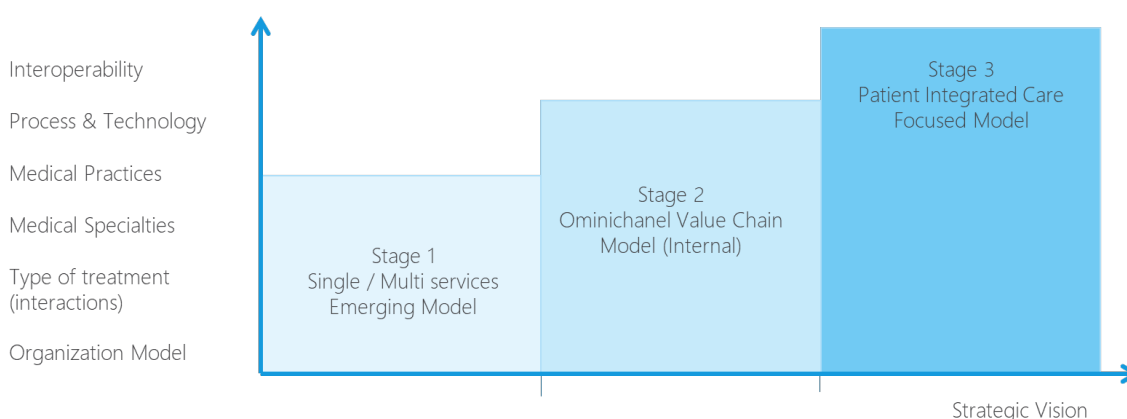
Government and reimbursement need to support the health technology industry in developing and testing new telehealth solutions that are simultaneously safe and agile.

Telehealth has already disrupted the traditional primary care sector. However, it is important to highlight that telehealth services must be integrated with, not replace, traditional care.

Maturity Model Guides Long-Term Telehealth Vision

Nextcontinent's citizens have designed a maturity model (see figure 2) to assess the current stage of telehealth, drive future-stage design and develop a sustainable telehealth growth strategy, integrating our own experience and point of view with specialized opinions and market trends.

Figure 2: our maturity model



As we move through the model, the proportion of preventive medicine over care medicine grows, with a higher profitability based on better costs and longer duration of the relationship. The table below explains the different stages through the six following drivers: Interoperability, Process & Technology, Medical Practices, Medical Specialties, Type of treatment and Organization Model.

	Stage 1 Single / Multi services Emerging Model	Stage 2 Ominichannel Value Chain Model (Internal)	Stage 3 Patient Integrated Care Focused Model
Interoperability	- Non integrated	- Internally integrated - Clinical data generated during telehealth visits or remotely collected is available for clinical decision making in the patient's medical record	- Internally and externally integrated, throughout the full value chain - Managed with International Protocols
Process & Technology	- Ad Hoc - Chaotic - Non sistematic - Just technical support	- Standardized It can be adapted to the diversity of medical services, guaranteeing protocols, data model, interoperability, storage and quality of information	- Redefining care delivery by creating innovative care delivery models including virtual hospitals - Patient Centric Services
Medical Practices	- Non developed	- Aligned to the target; integrated with basic medical devices - Integrating remote patient monitoring services	- The virtual medical center model is installed and coexists with face-to-face care - Blended Model
Medical Specialties	- Basics: clinical/pediatric/triage	- It begins to add specialties with contained demand due to low supply, wich allows opening markets	- Health prevention Programs is as important as healthcare
Type of treatment (# interactions)	- Related to the first diagnosis - One or more, depending on the Dx - No chronicities	- Related to the medical records - Allows Telehealth Programs	- Expand care beyond current patient market boundaries, develop net new revenue streams, and better manage patient populations
Organization Model	- Non existent or no integrated to the strategic goals	- There is a Telehealth area, focused on the development of services in a structural way - Coordinated but not full supportment	- Proactively using telehealth programs to promote the fulfillment of its strategic organizational objectives - Flexible and results-driven, go-to-market strategy

Nextcontinent supports clients in assessing their current stage to help them evolve along the maturity model.



CASE STUDY 10: MATURITY MODEL – U.S.



Point B worked with an accountable care organization (ACO) to create a telehealth maturity model for Federally Qualified Health Centers (FQHCs) and determine what could/should be the future vision for delivering care to the vulnerable populations whom telehealth serves. The team set up the domains of a maturity model to devise a long-term strategy that considered a holistic view of the future of integrated telehealth. These domains included clinical (workflows, policy, procedures), tools and technology (platforms, electronic health record integration, remote patient monitoring tools, Wi-Fi, and

hardware), strategy (leadership roles, change management, integration into financial and strategic plans), policy (drive towards value-based care, lobby for reimbursement parity), and people (patient and provider satisfaction, role and responsibility definition).

Point B provided strategic guidance on telehealth evolution and how to apply health industry changes to their population. Leveraging the board-approved maturity model, the team designed the maturity assessment process for each FQHC and advised the customer through execution of that assessment.

The maturity model outlines a sustainable, long-term telehealth growth strategy for the future that gives companies visibility into how their investments are shaping plans and where their funding and efforts must be focused to move forward along the maturity model.

Conclusion

Despite the growth opportunity presented by COVID-19, the implementation of telehealth within a healthcare system as a whole remains a complex process that requires all stakeholders to play a role. In addition, the lack of incentives to promote widespread adoption including funding, regulatory and cultural issues, represents a critical challenge. Finally, the increased use of telehealth is exposing the lack of integration, a gap that must be covered to improve the future of care.

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