Why Telemedicine, *Why Now?*

GlobalMed®

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INTRODUCTION

Healthcare in Crisis

Introduction

Modern healthcare is a minefield of challenges. Patients lack access to care, must often choose between food and medication, struggle with high deductible health plans or no insurance at all. Clinicians are stretched thin by exhaustive documentation requirements and dispersed geographic coverage while being obligated to provide the highest quality medical care. Hospitals and health networks must meet increasing pressure to improve care outcomes while lowering operational costs. Medical debt is the leading cause of bankruptcy.[1]

Does anyone want to be in the same healthcare system 10 years from now?

According to a recent Gallup poll, 70 percent of Americans say healthcare has "major problems" or "is in a state of crisis."[2]

Healthcare leaders are calling for new care delivery models that can triumph over challenges such as:

Lack of access to quality care.
Remote communities suffer from provider shortages and a lack of medical expertise. When the closest specialists are hours away, many people delay traveling for services until a problem or condition reaches a more serious stage. Patients may skip annual screenings and ignore early disease symptoms – narrowing their chances for positive outcomes.

Provider burnout.
Many clinicians spend hours every day on regulatory documentation and traveling between multiple clinical locations, which limits their revenue and the number of patients they can see. If patients can't schedule an appointment during the provider's limited presence at the nearest clinic, consultations can be delayed for weeks.

Care gaps in chronic disease management.
When patients see multiple providers who aren't aware of each other's prescriptions or diagnoses, clinicians can miss relevant symptoms and dangerous drug interactions. Healthcare complexity can silo valuable information in disparate EHR and other systems, limiting insight into patient needs.

Capacity management.
Hospitals struggle to balance staff utilization and resources with a shifting volume of admissions, outpatient and emergency department visits. Health networks are asked to reduce operational costs while investing in the right medical innovations.

Escalating costs.
Providers are caught between payer fee schedules and limited patient incomes; many write off balances for no-show visits or uninsured patients. Insurance premiums have risen dramatically in recent years, with many patients opting out of care when faced with high deductibles, coinsurances and expensive medications.

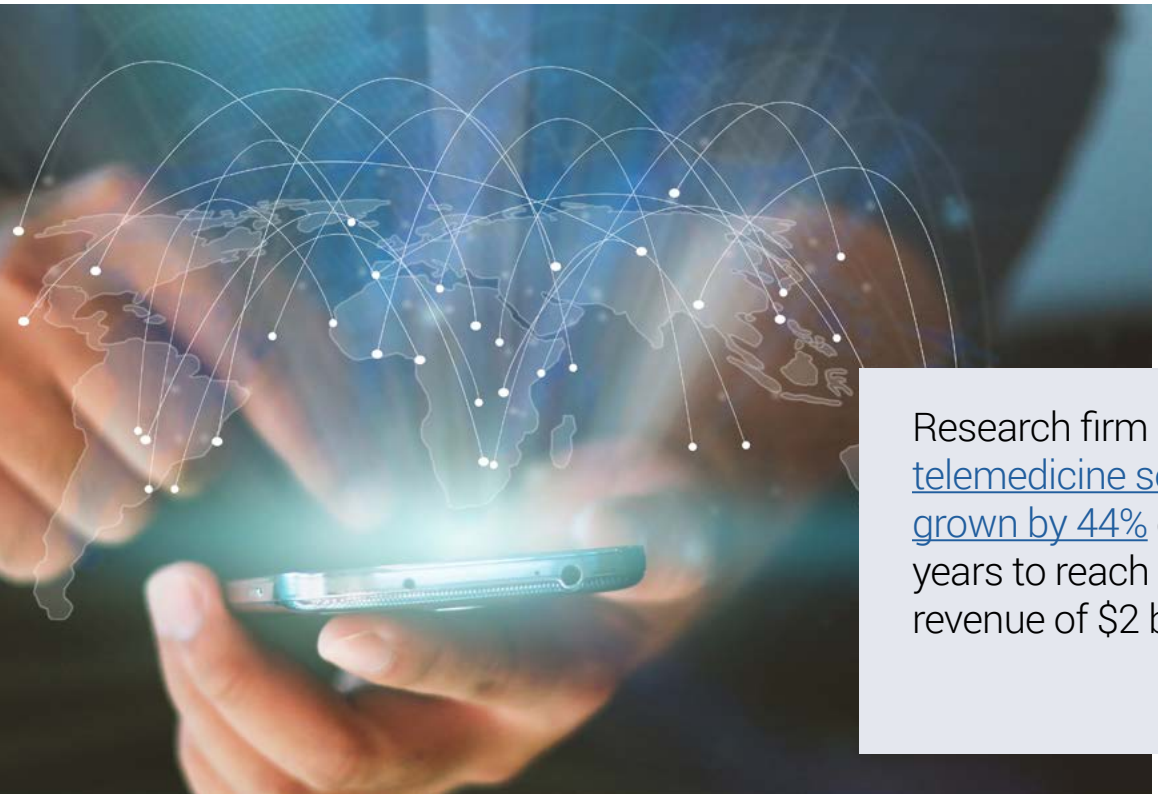
The Ascendancy of Virtual Health

As a sustainable care delivery model, telemedicine is taking patient outcomes and cost savings to a higher level. In the industry's search for fresh approaches to the above challenges, virtual healthcare delivery has become a clinically and economically successful option alongside acute and ambulatory care.

Why is the adoption of virtual care accelerating? One answer is that it puts the right patient in front of the right clinician at the right time. Patients can communicate, often in real-time, with clinicians, pharmacists, laboratories and therapists, whether they're traveling across rural Africa, on a plane at 30,000 feet or confined to their home by an acute or chronic condition. Location ceases to be a limitation with telemedicine, which can bring specialty services and valuable care coordination to patients who would normally go without treatment.

By partnering patient convenience with medical expertise, telemedicine solutions are improving outcomes, reducing healthcare costs and increasing physician productivity. They're also setting the stage for a future where today's crowded waiting rooms are yesterday's healthcare. Patients are demanding more accountability and convenience from their health plans and providers; digital titans like Amazon, Google and Apple have entered the market specifically to disrupt existing delivery models.

While those proposed changes are still taking shape, one conclusion is undeniable: medicine is merging with technology. Patients have already adopted wearables that track their vitals, body functions and sleep patterns. Artificial intelligence, nanobots and genomic-based precision medicine dominate healthcare research. As we move into a future where technology renders many in-person visits irrelevant, the ascendancy of virtual care looks inevitable.



Research firm IBISWorld reports telemedicine services have grown by 44% over the past five years to reach a total market revenue of $2 billion in 2018.[3]

CHAPTER 1

The Clinical Evolution of Virtual Healthcare

Modern telemedicine represents a quantum leap from the early days of virtual care delivery. Initial telemedicine solutions offered simple video calls where a clinician would diagnose patients based on their symptoms. Typically, those services treated uncomplicated conditions like ear infections or influenza.

The next stage in telemedicine offered store-and-forward tools that allowed a provider in one location to share clinical data with a specialist in another location. After sharing x-rays, ultrasound images or photos of skin lesions, the provider waited for a later result or recommendation.

Today's virtual care delivers sophisticated evidence-based medicine. Providers still use video platforms and store-and-forward models of telemedicine for real-time treatment of acute conditions. But increasingly they turn to secure and intuitive platforms that integrate with the provider's workflows and EHR systems for efficient data sharing. Providers can collaborate with PCPs and specialists in real-time and integrate valuable evidence into the care continuum for faster treatment.

According to the American Telemedicine Association, "Studies have consistently shown that the quality of healthcare services delivered via telemedicine are as good those given in traditional in-person consultations."[4]

Transcending Traditional Treatment Barriers

Telemedicine can dismantle traditional healthcare limitations in several ways:

Synchronous telemedicine.

Advances in real-time videoconferencing and communication mean a patient or clinician in one location can communicate directly with clinicians and patients across the world.

Evidence-based clinical care.

Providers can obtain the data and evidence they need to make a differential diagnosis and deliver a research-based consultation. Interoperable devices help them address a variety of needs such as blood glucose monitoring, blood pressure and other vital sign measurements, heart ECG data, ultrasounds, x-rays, retinal examinations, periodontal care and more. Doctors can complete Healthcare Effectiveness Data and Information Set (HEDIS®) measures and address gaps in care, such as directing the patients to have a diabetes A1C test.

Remote patient monitoring (RPM).

While considered a separate discipline from traditional telemedicine, RPM is a form of virtual care that can improve outcomes for patients with chronic conditions, as well as elderly and disabled patients who find it difficult to leave their homes. Innovations in biosensing, wireless and other technologies can keep patients out of the hospital while providers guide their treatment plans from afar.

Immediacy of care.

Instead of scheduling a doctor appointment in the future and waiting for an examination and treatment, patients and their clinicians can connect immediately – giving the provider instant clinical data to prescribe medications or make recommendations in a care plan. Patients receive treatment sooner, reducing the cost of care, lowering readmissions and emergency room visits, and helping them recover faster.

Translating Technology into Stronger Patient Outcomes

An ever-increasing body of medical literature is showing that telemedicine improves healthcare outcomes in diverse fields such as management of strokes, high blood pressure, diabetic retinal disease, pediatric intensive care and other disciplines.

- A Kaiser Permanente study showed an almost 75 percent increase in the timely use of the clot-dissolving drug tPA following a telemedicine consult with a specialist. Stroke patients received a diagnostic imaging test 12 minutes sooner, and the drug was administered 11 minutes sooner – reducing the door-to-needle time to less than an hour. In stroke care, "time is neurons" and minutes can make the difference between little or no impairment versus devastating paralysis and other stroke complications.[5]

- Telemedicine has also shown a reduction in PICU admissions. Pediatric telemedicine patients are 2.55 times more likely to triage to a non-ICU level of care, while providers rated the accuracy of their assessments higher in telemedicine consultations.[6]

- Virtual care decreased wait times by 89.2 percent for diabetic retinopathy screenings in one underserved community. By reducing the wait time from 158 days to 17 days, telemedicine helped preserve patients' vision through earlier diagnosis and treatment.[7]

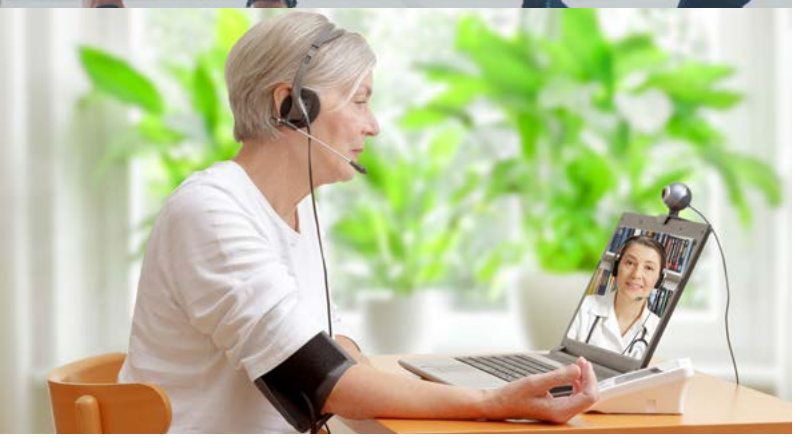
- A 2018 peer-reviewed analysis of Nemours Children's Health System's pediatric telemedicine program in Telemedicine and e-Health Journal found 67 percent of parents who used telemedicine services reported they otherwise would have visited an emergency room, urgent-care center or retail health clinic; 27 percent would have visited an ER. The analysis suggested a savings of $113 million out of the $480 million the Florida health system spent in pediatric ER costs that year. The study also demonstrated that patients with communicable diseases can often be treated at home, limiting exposure to others and thus reducing transmission of illness.[8]

- The Care Beyond Walls and Wires™ (CBWW) remote monitoring program improved outcomes for patients suffering from chronic disease in rural communities and remote Native American reservations. Over a six-month period, readmissions dropped by 44 percent, patients were hospitalized 64 percent fewer days, and hospital charges reduced by $92,000 per patient.[9]

CHAPTER 2

The Telemedicine Advantage

In addition to its clinical value, telemedicine offers multiple advantages by empowering healthcare systems to:



Provide access to quality care.

Rural patients can receive specialist care and focused medical expertise that wouldn't otherwise be available in their community. Rather than delaying annual exams and screenings, patients can receive timely preventive care and maintain consistent relationships with PCPs.

Manage capacity.

Virtual services can reduce unnecessary hospital and emergency room visits, while opening up capacity for patients who do need inpatient care. Hospitals can extend services beyond their walls through remote ICU and specialist consultations, rather than paying doctors to be on call without clinical need. Provider groups can also load balance patient coverage across several offices to decrease wait times.

Meet patient demand.

74% of Millennials prefer telemedicine visits to in-person appointments.[10] Instead of driving 40 minutes to a hospital to wait another 30 minutes for a 10-minute exam, these "digital natives" demand the immediacy and convenience of virtual care from their healthcare experience.

Fill care gaps for aging populations.

In Japan, more than one in four people are at least 65 years old. The United States will have 78 million people 65 and older by 2035 – outnumbering children – and half a million centenarians by 2060. Given that elderly patients often require frequent care while finding it difficult to attend in-office appointments, telemedicine is the most seamless delivery model to provide thorough and consistent senior care.[11]

Offer a 360-degree view into patient care.

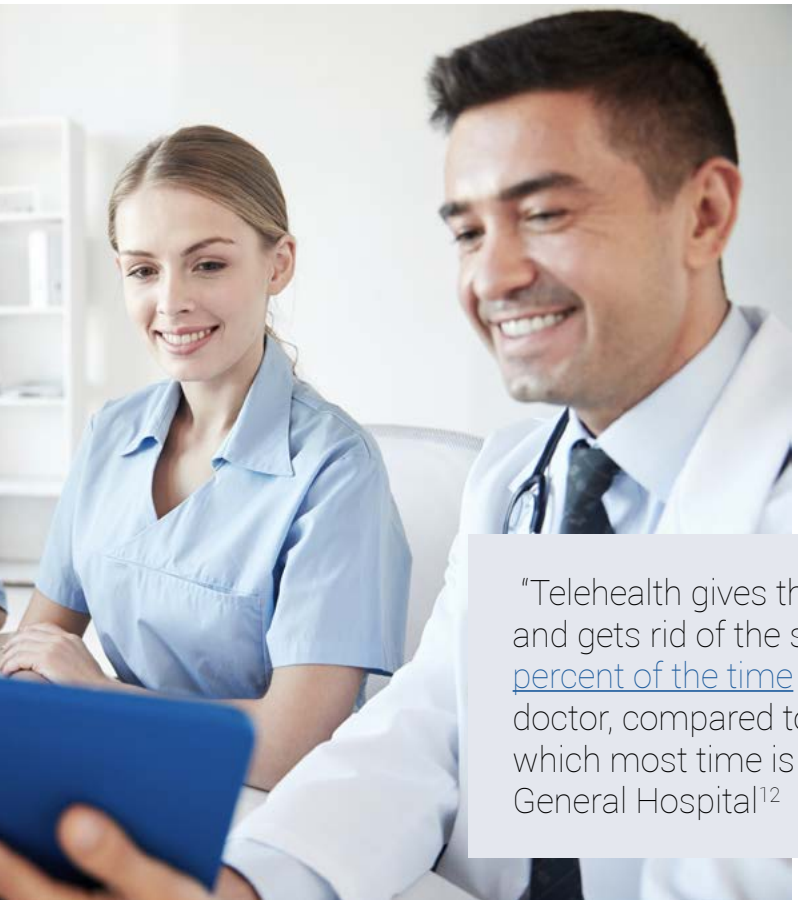
By inserting telemedicine at the right touchpoints across the continuum of care, providers can improve care coordination, spot evolving issues, accelerate interventions and reduce treatment costs. Treating patients in their home environment can help providers gain deeper insights into their social determinants of health and address barriers related to economic challenges, family environment and personal behaviors.

Offer faster triage to urgent care or ER.

Telemedicine can save lives by having doctors remotely evaluate patients in those critical minutes after a heart attack or stroke as paramedics treat them in their home. Lower-acuity patients can virtually consult doctors to determine if a clinic or ER visit is necessary – freeing up exam rooms for patients with truly critical issues and limiting the transmission of illness such as colds and flu.

Boost provider productivity.

Clinicians can expand their geographic service coverage without driving to different offices in different cities. Instead of hours wasted on the road, providers can drive higher revenue by seeing a greater number of patients, eliminating appointment delays, and offering extended service hours.



Bring care to the patient.

Instead of forcing disabled patients to visit a doctor's office or requiring parents to travel with sick children to distant specialty clinics, telemedicine brings medical care to where the patient is located. Remote doctors can connect to patients on naval ships and oil rigs, in prisons and remote villages, or at the site of a natural disaster. Behavioral health patients wary of the stigma associated with mental health facilities can receive therapy at home. Home health nurses can also provide post-acute care after hospitalization and surgical procedures.

Improve physician shortages.

Scalable and flexible, telemedicine solutions can help recruit and retain physicians, while filling care gaps in rural areas and small hospitals. Clinics and hospitals can also create a sustainable income stream by offering virtual services that connect their local patient base with remote specialists.

Reduce the carbon footprint.

Transportation to traditional medical visits can generate carbon dioxide (CO_2) and other greenhouse gases. Just one health network can involve thousands of provider, staff and patient car trips each day. Virtual healthcare can dramatically reduce that number and mitigate the industry's carbon footprint.

"Telehealth gives them (patients) more of what they want most and gets rid of the stuff they don't want. With a telehealth visit, 95 percent of the time spent by the patient is face-to-face with the doctor, compared to less than 20 percent of a traditional visit, in which most time is spent traveling and waiting." - Massachusetts General Hospital[12]

CHAPTER 3

Virtual Health: Saving Lives and Saving Money

A Towers Watson study concluded that telemedicine had the potential to generate $6 billion in annual healthcare cost savings for US. employers.[17]

The Centers for Medicare & Medicaid Services (CMS) reports that U.S. healthcare spending reached $3.5 trillion in 2017.[13] Of that amount, Americans paid $365.5 billion out of pocket – which is perhaps why 66.5 percent of all bankruptcies are caused by medical bills.[14]

Lack of care and catastrophic medical costs can have a domino effect across every player in the healthcare ecosystem. When a patient doesn't want to drive to a hospital two hours away – or pay a high deductible – they skip preventive screenings until their condition worsens and they're forced to undergo complex treatment with a higher price tag. A patient who can't afford to miss work or find childcare during a doctor's appointment may be a no-show, with the provider often absorbing the cost.

Providers spend so much time fulfilling documentation requirements that they often cut back on the number of billable services they can deliver. Hospitals are expected to invest in the latest medical innovations, but also reduce operational costs and fight off cyberattacks that can cost millions in compliance fines and lawsuits.

With policy experts predicting that U.S. health expenditures will climb to almost $6 trillion by 2027, it's clear that radical cost savings are desperately needed.[15]

New Revenue, Smarter Savings

Telemedicine can lower patient spending and drive provider revenue in a number of ways, such as:

- Reduce no-show appointments
- Prevent the patient's wage loss, childcare and transportation costs of traveling to a distant hospital
- Boost downstream referrals, patient retention and patient acquisition without building new facilities
- Help providers in oversaturated or dispersed clinics see more patients through virtual care sessions with flexible hours

Virtual care delivery can also drive down the cost of healthcare through shorter hospital stays, shared staffing and better chronic disease management. One percent of the U.S. population incurs 20 percent of health care costs – and more than 90 percent of those high spenders have chronic conditions such as high blood pressure, diabetes, and high cholesterol.[16]

Remote patient monitoring at home can help many of those patients avoid expensive ER visits and hospitalizations by monitoring weight for congestive heart failure patients or treating blood sugar fluctuations. Virtual care collaboration between providers such as exchanging discharge care plans and medication histories can create a 360-degree view into the patient's story that eliminates redundant care and connects symptomatic dots.

Another immediate cost saving is the elimination of medical air transport, which can run $25,000 or more per flight. A small hospital without inpatient dialysis service and local nephrologists, for instance, may need to fly patients with kidney issues to other hospitals. Oils rigs, military stations and remote villages may also need to transport patients by plane to mainland or city hospitals. Telemedicine can reduce or eliminate those expenses by connecting the patient and local provider to virtual specialty care.

As parity laws and state regulations catch up to telemedicine's efficacy, virtual health programs are also providing a new revenue stream for many providers. While physicians weren't always compensated well for remote services in the past, carriers are steadily expanding their payment policies. Providers are finding that telemedicine can attract younger patients, increase referrals, and recoup weekend and evening service revenue from patients who would otherwise go to urgent care centers. They're also expanding into their communities without increasing their need for expensive facility space and other capital expenditures.

3 Stories of Virtual Care Delivery Value

Telemedicine Eliminates 93 Percent of Air Evacuation Flights

Telemedicine helped Brazilian petroleum giant Petrobras dramatically lower costs with telemedicine with fewer urgent helicopter evacuations. With Hospital Israelita Albert Einstein providing virtual care for their rig workers using GlobalMed connected devices, Petrobras avoided helicopter trips for 93.2 percent of 965 telemedicine visits – and of the remaining 6.8 percent, most required non-urgent and less expensive flights.[18]

Reducing Hospitalizations at the VA

Because many veterans live in rural areas, they often travel long distances for medical appointments – a major expense for the Department of Veterans Affairs. In addition to controlling travel costs, telemedicine also helped the VA save an estimated $6,500 per telemedicine patient by expanding care access and decreasing hospitalizations.[19]

- 40 percent reduction for mental health patients
- 25-30 percent reduction for heart failure and hypertension
- 20 percent reduction for diabetes and COPD

Texas Saves $780 Million on Prisoner Healthcare

Inmate healthcare is costly. Many inmates enter prison with chronic health conditions, while longer sentences have created an aging population who need extensive services. Telemedicine can reduce the number of inmate trips to outside emergency rooms. The Texas Department of Criminal Justice (TDCJ) invested in a telemedicine program that stopped 85 percent of Texas inmates from leaving the prison for healthcare. With guard and transportation costs estimated at $350 per visit, the telemedicine program ultimately saved the TDCJ $780 million over 14 years. Delivering care at the correctional facility also prevented escapes and other safety risks associated with transporting inmates.[20]

Conclusion

GlobalMed's Healthcare Revolution

As the world leader in virtual health solutions, GlobalMed is transforming healthcare across the planet. GlobalMed solutions have helped providers deliver responsible telemedicine to Air Force One, the Havasupai tribe at the bottom of the Grand Canyon, U.S. veterans, survivors of Hurricane Maria, Zimbabwe villages, and the Olympics.

Our interoperable telemedicine solutions integrate with data-driven devices like stethoscopes, ultrasounds, dental endoscopes or x-ray machines so providers can deliver evidence-based virtual care. Hosted in Microsoft's secure Azure cloud, our scalable, cloud-based eNcounter® platform supports specialty workflows like stroke, behavioral health, cardiology and pediatrics. While other telehealth companies rely on simple video calls and reported symptoms, we elevate virtual care delivery to a sophisticated data-driven experience that fits into every point of the continuum of care.

Discover the GlobalMed Difference

We've provided the most people with virtual care. GlobalMed has connected patients all over the world with urgent care and experienced specialists. Our solutions are portable and flexible enough to be used anywhere, including disaster sites, prisons and mobile clinics. We've provided more than 15 million virtual consults in more than 60 nations – from Argentina to Zimbabwe.

We give control back to providers and patients.

Unlike other telehealth companies who assign unfamiliar physicians to patients, GlobalMed is provider agnostic. Any facility can use our solution, so patients can see the clinicians they already know and trust while hospitals can manage capacity and protect their brand and protocols.

We provide end-to-end telemedicine solutions.

GlobalMed provides both live videoconferencing and Store-and-Forward (asynchronous) capabilities. Providers can transmit electronic healthcare data and artifacts such as images (MRI, CAT, PET and others) or laboratory results to a specialist in real-time or for later review when it's convenient.

We make virtual care fast, reliable, secure and easy to use.

Our intuitive, HIPAA-compliant solutions remove the IT factor from telemedicine, so providers and patients can focus on the treatment rather than the technology. Because our software is hosted in the HITRUST-certified Microsof Azure cloud, our platform offers the highest security, uptime and performance in the industry – so providers can swiftly and safely share clinical data in real-time.

We work across the continuum of care.

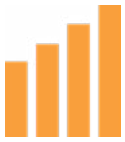
GlobalMed solutions can optimize care coordination, cost control and patient outcomes across the care spectrum. We provide all hardware, software, and devices on one platform and can share data with anyone regardless of their EMR and other systems. For added flexibility, providers can also use our eNcounter® software and devices with other solutions. Our solutions can connect to any clinician, hospital, payer, therapist, pharmacy, laboratory, rehabilitation center, assisted nursing center or other facility for the ultimate collaboration and convenience.

Vision of a Virtual Future

Telemedicine isn't just redistributing care delivery – it's reinventing the relationship between patients and providers. Virtual care can dissolve barriers to responsible medicine, liberate patients from current access limitations and open the door to cost-effective care. It's time to transform momentum into action and change healthcare outcomes across the world.

Appendix

4 Steps to Implementing a Successful Telemedicine Program



Step 1 Define Challenges

Identify pain points you're trying to solve.

Healthcare access: Are you treating patients in remote areas? A shortage of medical specialists and services? Do you want to monitor elderly or disabled patients at home?

Cost savings: Are you trying to reduce high hospital readmission rates, no-show appointments or other system inefficiencies?

Consider system workflows: How will telemedicine encounters be captured and stored? How will they interface with EHR and PAC systems? Who will need to be trained to use the technology? What communication networks will be involved – and how will any network gaps be addressed?

Step 2 Formal Analysis

Your clinicians, healthcare administrators, IT leaders and other key stakeholders should analyze and document all clinical, technical, security and training requirements. This information will guide the development of your formal project plan and budget.

Your team can also learn best practices at this stage by consulting with telemedicine leaders like the American Telemedicine Association.

Step 3 Solution Evaluation

Does the solution offer evidence-based care or just video calls? A telemedicine solution should integrate with data-driven devices like ultrasounds or x-ray machines so your providers can deliver evidence-based consultations.

Is it intuitive enough for patients and staff to use immediately? Virtual care needs to be fast, safe and easy to use so providers and patients can focus on the treatment.

Does the solution offer end-to-end telemedicine? You'll need both live videoconferencing and Store and Forward (asynchronous) capabilities so your providers can transmit electronic healthcare records such as images (MRI, CAT, PET and others) or laboratory results.

Will the solution easily integrate into your existing technology? The solution should interface with any existing EHR and PAC systems so you can streamline clinical workflows, capture data and provide timely critical care.

Is the solution provider agnostic? Many telehealth solutions require patients to use their own provider networks. Look for an agnostic solution that can be used with any provider, so you can collaborate with specialists in your network, manage capacity and use your own care protocols.

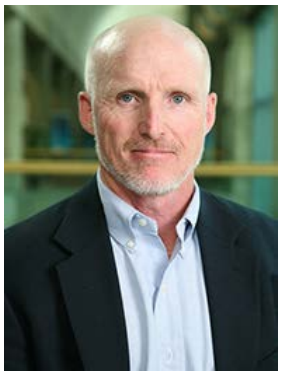
Is it secure? Look for a solution that's HIPAA compliant and HITRUST certified, so you can safely transmit and receive clinical data, test results and diagnostic images.

Step 4 Implementation Plan

Once you've selected a solution, you'll need to:

- Establish a timeline for implementation, onboarding and go-live.
- Train staff to use the telemedicine solution and check insurance telemedicine coverage for your state and patients' insurance plans.
- Document your workflows, billing policies and webside manner best practices.
- Run through practice sessions to tweak workflows and build your team's confidence before serving patients.
- Educate patients with signage, mailers, and during appointments.

Authors



Dean Smith, MD, MBI

Chief Medical Information Officer and Senior Vice President of Government Relations

A licensed, board-certified physician, Dr. Smith has held positions in the U.S. State Department since 2000. From 2008-2018, he served as the department's Senior Advisor for Medical Informatics. In that role, Dr. Smith led a team that implemented synchronous telemedicine at U.S. diplomatic missions worldwide, launched an electronic prescribing solution; enhanced cyber security and HIPAA compliance of health information systems at the State Department; and upgraded all health information systems to the latest coding standards and developed a database of global medical resources with algorithms for management of over 40 common diseases.

From 2014-2017, Dr. Smith served as Principal Deputy Medical Director of the State Department where he managed the department's global healthcare enterprise and collaborated with medical leaders at the White House, the Department of Defense and other government agencies. From 2007-2008, Dr. Smith served as the State Department's Regional Medical Manager for Asia, and Chief of Examinations Clinic from 2005-2007. At various times in his career, Dr. Smith oversaw clinic operations at U.S. diplomatic facilities in Russia, Peru and Iraq.

Prior to joining the State Department, Dr. Smith delivered ambulatory, acute and intensive care in Bend, Oregon, and Missoula, Montana. He was also an emergency department physician at Valley Medical Center in Renton, Washington, and served as a Lieutenant Commander in the U.S. Public Health Service. Dr. Smith earned his medical degree from the Medical College of Wisconsin and completed his residency in internal medicine at the University of Washington. He holds a Master's degree in biomedical informatics from Oregon Health & Science University.

Gigi Sorenson, RN, MSN

Chief Clinical Officer, Vice President of Operations

Gigi Sorenson, RN, MSN, is GlobalMed's Chief Clinical Officer and Vice President of Operations. Previously, Sorenson was the System Director of Telehealth & Community Connected Care for Northern Arizona Healthcare (NAH), where she helped launch their remote patient monitoring program, Care Beyond Walls & Wires™, a program nationally recognized for its impact and outcomes in healthcare.

Sorenson has further developed programs in remote patient monitoring, pre-hospitalization, direct-to-consumer, outpatient care delivery, transitional planning through connected care, and inpatient acute care while working within the telehealth space. At GlobalMed, she assists customers in the strategic planning and operational implementation of its telehealth programs and services.

Sorenson is a thought leader, national speaker, and industry expert in telehealth program development, mHealth, and rural health. She has been the principal investigator for funding projects to expand telemedicine programs across the rural Southwest. She is actively involved in the American Telemedicine Association as an Executive Committee member and past chair of the Business & Finance Special Interest Group and is a member of the Arizona Telemedicine Council. Sorenson is a graduate of Northern Illinois University with a Master of Science in Nursing and holds a Lean Six Sigma Green Belt.

Bill Lewis, MD, MBA

Chief Medical Advisor

As an expert in the field of occupational medicine, urgent care, telemedicine and utilization review, Dr. Lewis is currently a Senior Consultant for Telemedicine for Humana and the Chair of the ATA/CHQI Telemedicine Accreditation Committee. He sits on the GlobalMed Advisory Board and services as a consultant for Fortune 500 companies providing telemedicine implementation and product development support. He also serves as the Chair of the UCAOA Telemedicine Section.

Dr. Lewis served as the Senior Vice President of Medical Operations for Concentra Health Services and within Humana and Select Medical for 20 years. Dr. Lewis received his medical degree at the Ohio State University and did his emergency medicine residency at the University of Oklahoma.

About GlobalMed

GlobalMed powers the world's largest, most advanced virtual health programs by designing and manufacturing integrated software and hardware telemedicine solutions that support a patient at any point in the continuum of care. Providers are enabled with data capturing tools to deliver evidence-based treatment and improve patient outcomes while lowering costs. Providers looking for their own technology to manage capacity, save money, and deliver responsible medicine, will get all they need from one platform. Recognizing the importance of trust and consistency in healthcare, GlobalMed also offers white-label versions of their systems so that providers can self-brand their virtual care offerings to strengthen the patient relationship with their organization.

With over 15 million consults delivered in 60 countries and specializing in both federal and commercial spaces, GlobalMed's virtual health platform deploys in its highly secure Azure environment and is used worldwide from the Department of Veteran Affairs and White House Medical Unit to rural hospitals and villages in Africa. Founded in 2002 by a Marine Corps Reserve Veteran still serving as CEO, GlobalMed is proud to be a Veteran-Owned Small Business (VOSB). Learn more at www.globalmed.com.

Ready to learn how we can help you realize the benefits of a virtual health program?
Contact us online or call directly to 480-922-0044.

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References

[1] "Health Care Cost Facts," The Balance
thebalance.com/healthcare-costs-3306068

[2] "Most Americans Say U.S. Health Care Is in a 'State of Crisis,'" Fortune
fortune.com/2019/01/15/health-care-problems-poll/

[3] "Telehealth Services Industry in the U.S.." Ibis World
ibisworld.com/industry-trends/specialized-market-research-reports/life-sciences/healthcare-services/telehealth-services.html

[4] "Why Telehealth?" South Carolina Telehealth Alliance
sctelehealth.org/About/

[5] "Kaiser Study Shows the Value of Telestroke Care," mHealth Intelligence
mhealthintelligence.com/news/kaiser-study-shows-the-value-of-telestroke-care

[6] "The Impact of Telemedicine on Pediatric Critical Care Triage," NCBI
ncbi.nlm.nih.gov/pubmed/28922271

[7] "Los Angeles County Department of Health Services Reduces Diabetic Retinopathy Screening by Nearly 90% Using Telemedicine," Fruit Street
fruitstreet.com/los-angeles-county-department-health-services-reduces-diabetic-retinopathy-screening-nearly-90-using-telemedicine/

[8] "Analysis of a Pediatric Telemedicine Program," Telemedicine and e-Health
liebertpub.com/doi/10.1089/tmj.2017.0281

[9] "Care Beyond Walls and Wires™" Qualcomm Wireless Reach
qualcomm.com/media/documents/files/united-states-care-beyond-walls-and-wires.pdf

[10] "6 Key Statistics About Millennials and Telemedicine," Media Logic
medialogic.com/blog/healthcare-marketing/6-key-statistics-millennials-telemedicine/

[11] "The U.S. Joins Other Countries With Large Aging Populations," U.S. Census Bureau
census.gov/library/stories/2018/03/graying-america.html

[12] "Patient and Clinician Experiences with Telehealth for Patient Follow-up Care," American Journal of Managed Care
ajmc.com/journals/issue/2019/2019-vol25-n1/patient-and-clinician-experiences-with-telehealth-for-patient-followup-care

[13] "National Health Expenditures 2017 Highlights," Centers for Medicare & Medicaid Services
cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/highlights.pdf

[14] "Medical Bankruptcy: Still Common Despite the Affordable Care Act," American Journal of Public Health
ajph.aphapublications.org/doi/10.2105/AJPH.2018.304901?eType=EmailBlastContent&eId=a5697b7e-8ffc-4373-b9d2-3eb745d9debb&=&.

[15] "National Health Expenditure Fact Sheet," Centers for Medicare & Medicaid Services
cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet.html

[16] "The Concentration of Health Care Spending," National Institute for Health Care Management
nihcm.org/pdf/DataBrief3%20Final.pdf

[17] "Current Telemedicine Technology Could Mean Big Savings," Willis Towers Watson
towerswatson.com/en-US/Press/2014/08/current-telemedicine-technology-could-mean-big-savings

[18] "An Interesting Telemedicine Story From Brazil Told in Israel," MedCityNews
medcitynews.com/2019/04/an-interesting-telemedicine-story-from-brazil-told-in-israel/

[19] "Telehealth: Helping Hospitals Deliver Cost-Effective Care," American Hospital Association
aha.org/content/16/16telehealthissuebrief.pdf

[20] "Correctional Telemedicine," GlobalMed
globalmed.com/correctional-telemedicine/