

Fever, Dry Cough & Digital Health

**11 Reasons why Telemedicine
will be the new face of
Healthcare in 2020**



Dr. Ismail Sayeed
Founder
VIOS

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The **World Health Organisation** (WHO) states that **healthcare access** is a very important and crucial aspect of a diversified and **robust** health system.

In many countries in Southeast Asia there is a severe **deficiency** in the number of active and **quality-centred** healthcare professionals that are able to cater to the increasing health issues of their community.

The world population is increasing drastically as are our purchasing capabilities, with increasing income capacity of the middle class, this brings about a double **burden** of disease in developing countries; such as the risk of **noncommunicable diseases** due to our lifestyle habits and the ever present **endemic** diseases in each region.

The Western model of a modern medicine whereby healthcare facilities, especially **specialised** medical services, (which can only be accessible in primary, secondary and tertiary levels of care) may not be robust enough to provide the **necessary** care as per the **Sustainable Development Goals**. In most urban healthcare facilities there is a large influx of sick and **neglected** populations rushing into the emergency rooms, due to the deficiency in universal healthcare **coverage** and the unattainable **out of pocket** expenses necessary to access high grade medical services. Such astronomical costs are beyond the reach of most people in the low income classes.

The difficulty in accessing quality healthcare is multiplied 10 times in rural areas. In **Bangladesh** and elsewhere there is an added issue affecting the whole system, namely the high rates of provider **absenteeism** and low quality healthcare **provision**

in the rural areas. Many doctors prefer to work in the private sector to **complement** their income generating **capacity**.

However such capacity is also limited inside the cities, this is because of inefficient **branding** and **marketing**, either individually or even as part of a private care facility. This means that the community is not aware of the presence, the doctors' skills and the capacity of a healthcare professional.

Healthcare professionals also have various issues in carrying out other duties in an efficient and economic method. Most doctors have limited **knowledge** capacity about aspects of business and marketing, therefore they are often **exploited** by middleman brokers and other third-party agents. This means another bottleneck is created whereby such unprofessional individuals **control** the patient flow and therefore the healthcare **access** to both these parties.

Under these circumstances it is quite possible that digital health technology will create a sort of '**medical democracy**' i.e. the ability of the population to **choose**, **assess** and gain **access** to health in a **transparent** and **hasslefree** method to healthcare professionals or medical facilities of their choosing. Doctors can further **leverage** this technology in the form of **social media branding** to promote their unique **high-value skills** to their communities. In essence, this creates a sort of digital **marketplace** where healthcare seekers and healthcare providers may engage with each other in real time, openly, securely and safely to meet each other's demands.

In many developed economies, digital health has gained some traction, but quite poorly in comparison to other industries such as transport, logistics, food delivery, telecommunication and even **e-governance**. The reason for this '*anti-disruption*' mentality in the healthcare industry could be due to the wide scale **regulations** and inherent **bureaucracy** that needs to be overcome by digital health **startups**.

However even under such **challenges** it is possible to create the necessary **value** and problem-solving **narrative** of healthcare **entrepreneurs** and related startups, if a problem can be solved efficiently, economically and moreover, easily for all parties involved, as long as no regulations are broken.

As I had mentioned, doctors and dentists alike are unable to leverage the full potential to reach career **autonomy**, **independence** and **financial freedom** mainly because of the underdeveloped and underdeveloped systems which they are a part of.

Digital health is needed now more than ever. It is apparent that a new paradigm shift is occurring in all aspects of human society. We must all come to the realisation that the world you knew in 2019 is long over, but concordantly the remaining 2020 and perhaps even as far as 2021 will build a brave new world.

A Brave New **Digital** World.

It is not a large step up from what we were already used to. Everything is in the **cloud** as they say. Online banking, contactless transactions, cloud kitchens catering to food deliveries platforms, online communication, digital payments and online education.

Everything is online so why not healthcare?



In this publication we will briefly discuss the future **potential** of telemedicine as a **component** of Telehealth or *eHealth*, as a robust platform to improve and ensure **Health 2.0**.

As a disclaimer I would like to mention that I had begun this research in the hopes of debunking the concept that telemedicine would be the future of healthcare.

Through some background research it became apparent that the various obstacles or challenges there are commonly associated with telemedicine or Telehealth, were actually more or less cultural in that the '*anti-disruption*' narrative of the health industry is basically due to the confusing lists of regulations by health policy makers.

In the following sections we will briefly explore the so-called obstacles and challenges of incorporating telemedicine as a vital component of the health system, in doing so we shall assess how can healthcare entrepreneurs and health startups can overcome such challenges to provide the necessary value in these crucial times.

What are the **challenges** in providing telemedicine?

Issues with the regulations and technology.

Many providers, legal experts and policymakers state that due to this new paradigm of digital health and telehealth in particular, medical **jurisprudence** or laws related to patient safety and patient rights have not **evolved** at the same speed as technology.

Most people are hesitant to trust any new technology that is not explicitly controlled by the legislative bodies. Such thinking is correct because one should have clear-cut guidelines to practice any process, especially when dealing with the health of a population.

Ever since the creation of telemedicine, what people do not realise is that strict regulations do in fact exist to cover telemedicine. This includes data **security**, patient **rights**, doctors **reimbursements** and various other new concepts covering Telehealth.

Confusion about new technology

Most doctors reach a certain age when they are fully licensed and confident to practice medicine. At this age often in a culture like modern medicine, stakeholders are **reluctant** to try anything new that may **disrupt** the *status quo*, especially when it comes to innovation.

Many doctors are reluctant to try anything new; be it medications, procedures or even adopting the clinical management from other health systems. It is no surprise that something so revolutionary as Telehealth would create the most **pushback** from various health sector **lobbyists**.

This is not something new.

Doctors have always **consulted** over telephone and smartphone messaging apps. Many such apps have video functionality as well. In light of the coronavirus lockdown and emphasis on social distancing, many organisations have created elaborate (some slightly cumbersome) **appointment** processes to book an appointment with a specialist and then arrange a video call through such third-party **apps**.

All healthcare innovations experience a great deal of **resistance** from mainstream provider **networks**, but when the right **language** and **benefits** to the user is properly communicated, there is widespread disbursement of new technology.

It is the responsibility of the telemedicine provider to clearly elaborate the benefit to the patient and the provider, not just in financial terms, but in long-term **gains** in professional branding, quality service provision and a safe **sustainable** clinical practice.

Patient adoption of new technology

It is not only doctors who may be reluctant to try new technologies in healthcare, even the wider community may initially be hesitant and put their trust into unfamiliar innovations.

However when dire situations force people to make drastic **choices**, the only thing on their minds is the rapid resolution of their **pains**, or their loved ones'.

People will always overcome their mental obstacles when lives are at stake.

Again this comes to the point about clear communications. Together with professional patient groups and patient rights **advocates**; safety regulations, **affordable** access to quality healthcare and the general convenience of telemedicine can be easily promoted in mass **media** channels.

The consumer objections are often overcome when a clear economic **advantage** is clearly communicated eg. savings for a procedure before the next symptom.

Transparency, Licensing & Credentials of Telemedicine providers

In many health systems there is a great deal of concern about unqualified healthcare professionals providing health interventions to a **naïve** population. Tabloids are filled with instances of various *quack* doctors providing unnecessary or wrong healthcare management to patients. This is a problem where the people are unaware of how a doctor's credentials can be properly tracked and **verified**.

In digital healthcare this **transparency** is ensured since all licensed providers within any network or even a hospital, have to provide verified and appropriate licensing certificates before any employment.

Telemedicine ensures that the provider in the digital network is not only licensed to practice but has the right verified **credentials** to provide the specific **specialist** care that the patient is looking for, which the user can see in their **profiles**.

Digital health can be conceived as a form of medical **democracy**, whereby the consumer i.e. the patient population has clear access to who is going to treat them and if that person is appropriate.

Remuneration to telemedicine providers

In health economics there are various methods in which providers are reimbursed for their services. Most doctors are paid by contract, **fee-for-service**, referral commissions, salaries and a blend of the aforementioned systems.

As previously mentioned any out of office hours consultation by telephone or otherwise is not reimbursed in any way, simply because there is no **documentation** to prove that such a consultation had occurred, this means that the doctor will not get paid for the clinical advice given over a simple telephone call.

Although it may seem too simplified to say the doctors *deserve* to get paid well in return for their specialist feedback, nonetheless the continuous practice of providing free out of office hours consultation is not a sustainable nor a **respectable** method of practising medicine.

Telemedicine consultations are a simple, clearly defined, transparent and **sustainable** method in being paid for the care given to a patient, in the setting of a **professional** network. In many countries the law states that a doctor must be paid the same amount if a patient was to visit them in their clinic physically, this means there are physicians who can easily **practice** medicine in the office or at home for the comfort of **gainful** employment and reimbursement for their hard earned services.

This notion is especially relevant in these troubling times of **social distancing** and difficulty in accessing healthcare consultation safely and securely. This is why telemedicine is the ideal form of providing the same expert care in a safe distance away from any **exposure** but still with the same professional attitude and respect, additionally doctors can still be reimbursed for the patient care and not worry about not earning a suitable revenue for their livelihood.

Concerns about malpractice

Malpractice is defined as the act of causing harm to a patient by a healthcare provider doing the act of clinical management, by improper, incorrect or negligent clinical practice. It is a devastating **legal** issue for both parties, in many instances it may even lead to loss of practice to license, and of course **bankruptcy** of the provider. This is why a strict adherence to documentation of any and all practices may be the difference between a loss of reputation, livelihood or even in many cases physician suicide, and a clear **evidence** that no wrongdoing has occurred.

Many doctors claim telemedicine increases the chances of malpractice, since they are not able to see the patient and physically examine them. This notion is correct *to an extent*, physical examination is an important aspect of proper **complete** clinical diagnosis.

However it can be argued that more than 90% of any diagnosis is in fact from proper **history-taking**. There are various peer reviewed articles mentioning that many

providers do not take a proper history, jump straight to a rudimentary physical examination and rush to diagnosis (and many times to overdiagnose an expensive chronic disease for overbilling). With the right bedside manners and empathy, a trained clinician can extract the necessary preliminary diagnostic information, just by taking the time to have a detailed conversation.

“We’re trained in medical school to ask the right battery of questions to get patients talking, if you talk to a patient long enough....they’ll tell you exactly what’s wrong with them...”

-Dr. Bob Kremer MD (Pediatric Pulmonologist & Chief Medical Officer of TeleDoc)

To overcome the fear and risk of malpractice, healthcare providers can be adequately **trained** on healthcare **soft skills** i.e. communication with patience in a clear and defined way so as to improve the chances of a correct crackle diagnosis – through evidence-based methods and extracting patient history.

It is the duty of the telemedicine provider to provide such operating manuals and **guide** the provider network on how to create the right virtual **environment** so the patients are at ease and can fully describe their symptoms.

Another point in favour of telemedicine, is that such video consultations are in fact **recorded** and **accessible** to both parties (especially medical auditors), so if a diagnosis is in question or needs to be re-assessed, then the provider can easily access that recorded session and proceed in a clear and defined manner.

Patient health data started with paperless electronic health records and now to the next generation of documentation by a **video health record**.

Issues with e-prescription

Along with the problem of patient consultation from only a **visual** point of view (without the physical examination), another point of criticism is related to digital prescriptions or **e-prescription** as it is widely known.

Many times doctors will prescribe medication which may not be covered by the insurance provider, or a slight mistake in typing may end up with an **adverse** drug reaction, this is known as malpractice.

There are many innovative platforms where prescription delivery **logistics** help patients fill up their medical orders as per their doctors request, and deliver to the patients homes, quickly easily and of course **contactless**.

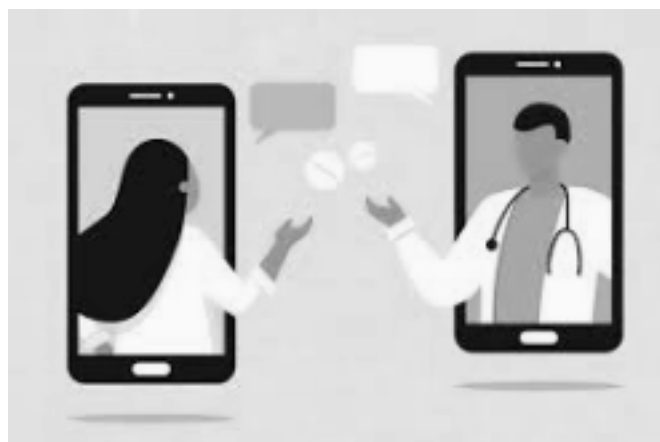
The main issue resides with the regulations regarding the prescriptions and of course insurance reimbursements in this form.

Telehealth is actually a wide encompassing term i.e. it is not just telemedicine and epharma as separate entities, rather they are **collaborative** and **integrative** solutions to the problem at hand.

The digital prescription concept is nothing new, such healthcare delivery solutions were already in practice for decades. The digital solution basically improves and enhances the medication delivery pathway to patients in a more **structured** manner.

The prescription gateways are also another method of safe, secure and personalised care systems to the patient profiles i.e. any doctor with the right to access such data will immediately know the full patient history and management timelines.

An effective Telehealth solution is the perfect integration of telemedicine, e-prescription, healthcare IoT infrastructure and perhaps in the future AI-enabled **virtual reality** healthcare experience.



Why would a healthcare system use **telehealth**?

Cost effectiveness

Rising healthcare costs & cost **containment** are two very important shifting paradigms in the health economics narrative in global health sector planning. There are various reasons why every fiscal year the cost of accessing healthcare, healthcare innovation, reimbursement to providers, and of course medical jurisprudence cases keep rising every year. The most important cited reason for the rising cost of healthcare globally, are increased high impact **technology** used in diagnostics, medication delivery, stringent regulations, general audit oversight, and of course as a global population **lifespan** is increasing i.e. the number of elderly people is increasing – this means that in most developed and developing countries there are more and more elderly people with comorbid conditions requiring the above mentioned technologies. Naturally healthcare costs are on an increasing trend, but it is hoped that cost-effective innovations will at least *flatten this curve* i.e. decrease the rate of price increases to coincide with general inflation.

Telemedicine allows both users to transact the healthcare consultation remotely and therefore decrease the cost of actually meeting in person in a particular site. A patient no longer wastes time and energy searching for providers based on

suboptimal standards, and concurrently healthcare providers do not have to be **localised** to a particular site.

Telemedicine brings the two users together on a platform virtually instead of physically therefore decreasing the cost of access. Easier acquisition will have better control on **quality**. This means the telemedicine facilities can be situated in any geographical location as per state policy regulations and still provide the same **point of care** healthcare consultation to a population who may not be able to physically go to them otherwise.

This action decreases the patient **turnover** in various emergency settings and of course decreases the load on the outpatient service (for easily manageable cases) - allowing greater **optimisation** for providing the right care to patients who actually requires on-site physical consultation. Under the ongoing COVID-19 crisis, decreasing the exposure to coronavirus or any other infections diseases unnecessarily i.e. a patient with low grade fever, an ankle sprain or just the skin rash can be easily managed **offsite** and **online**.

Easy access

Access to quality healthcare is a primary intent of the **SDG** for any country with a functional health system. Being able to find the nearest doctor at the right time with the right skills is a major obstacle throughout the world. With telemedicine, at least a person with a basic smartphone device and some level of tech-savviness can at

least avail a qualified doctor, who may not be able to come to the community, or if that location that does not have the healthcare facility in the first place, but nonetheless a virtual healthcare access is the first step in **universal health coverage** given the resources at hand.

In many countries, IT infrastructure is at least 10 times more developed than any existing public health facilities. This means that most people have the ability to use 3G-enabled smartphones but they may not even have clean drinking water, nonetheless this **leapfrogging** civilisation can gain the most out of telemedicine whereby a centralised medical personnel can still provide the right value to the population - regardless of distance or infrastructure deficiency.

Increase healthcare usage

In certain health systems the annual **budget** allocated to improving existing structures depends on the end user **analytics**. This means that a patient population **census** is taken based on healthcare services usage i.e. the number of patients that have properly utilised the public health facilities invested by a central government. Telemedicine may increase the healthcare usage for a neglected demographic such that there is better financial **optimisation** of investment from public funds.

As mentioned above, many facilities are not in easily accessible locations, however a minimal public investment in distributed networks of telemedicine facilities enhances

sustainable public health initiatives and guides a proper referral system to the right facilities.

Enhanced usage of public health facilities increases the healthcare **outcomes** of neglected populations i.e. better **lifespan**, increase in life **quality**, decrease in **mortality**, decreasing **morbidity** and increased consumption of other **public health initiatives** eg. family planning.

Improved care

In many cases, people have the personal contact details of their own preferred provider and often make **out of office** hours calls for various health issues. A doctor by virtue of their profession is obliged to respond to such calls or even give a quick prescription over the phone.

Although this act is virtuous and commendable, this out of office transaction has no recording and no documentation. There is no **proof** that such an activity increases the healthcare outcome of the population or the person in question (with regards to compliance with medications). Another point to be taken into consideration is that such a transaction is not reimbursable to the provider henceforth the doctor gives free advice just to maintain professional courtesy regardless of **opportunity cost**.

With telemedicine the doctor is in control of the actual office hours rather than the consultation hours, a person can avail the service as long as the doctor is free,

capable and **able** to provide consultation even though he or she is not physically present in the clinic or care facility.

The added benefit is that this transaction is recorded and stored in a **protected** server facility. The provider and the person can access this data at any given time to follow up orders, recommendations and other **private** patient data. The provider may choose to alter the order based on this data just because there is a recording, which was not possible by regular telephone contacts.

Lower cost

Lowering healthcare costs is a long standing goal of many health economists and public sector representatives. It is unlikely that a downward trend would occur even towards 2021, given the drastic impact of COVID-related pressures on the health systems in developed countries.

In economic terms, lower costs can occur when a certain process innovation allows for large **economies of scale** - where the added cost of every added product or service actually decreases irrespective to the number of users consuming it.

Lower cost of care can occur in response to healthcare process **innovation** (primary care systems) and **value-based** pricing for an **impactful** intervention (eg. vaccination). If there is a process which allows for more patients to be on board or a better quality is provided, this strategy may in fact decrease costs to at least

manageable and affordable ranges. Although technology has increased, certain healthcare costs have increased due to the high sunk costs in acquiring and integrating that technology (eg. PCR laboratory diagnostics).

Digital technologies like telemedicine may in theory decrease the overall costs by reason of **preventive** care i.e. improving access to a person who is showing early signs and symptoms of a potentially expensive chronic disease (type 2 Diabetes) allowing for early impact clinical management down the line.

This is the reason for the increased narrative on preventive care, not only of the public health matter but in terms of health insurance reimbursements, whereby it is cheaper and more cost-effective to manage a simple early onset case (with conservative management) than it is to arrange triple bypass grafts, or worse the high intensive care costs of ventilators.

Beyond hospital care

Since the turn of the century modern medicine is mostly defined by **hospitalised** care, or rather care delivered only in three-dimensional structures in a centralised manner – where all specialised professionals, products and services are **localised**.

In the new era of **decentralised** yet quality-centric healthcare, digital solutions allow the same point of value-based care to certain patient populations without the need of

crossing geographic boundaries and spending a great deal of time and resources to reach such facilities.

Community-based care is the new paradigm from WHO and other bodies, citing the need for more democratised healthcare access.

Telemedicine will serve this purpose perfectly.

A robust referral system, much like the **NHS**, whereby patients are taken through a type of **user journey** from general medicine where symptoms and signs are **triaged**, based on probability of disease management at that stage are assessed, and if not able to be taken care of at that level - a more specialised centre can be provided. In fragmented health systems where there is a large emphasis on **out-of-pocket** payments and **fee-for-service** reimbursements to providers - there is no such referral. As those who can afford it will always choose the best high-value specialist, regardless of need.

Telemedicine access as a preliminary **point of care** is actually shown to be quite **effective** in providing various modalities of healthcare - appropriate at that level, for example basic health issues related to fever, allergies, cough, mental health issues, and physiotherapy follow-ups among others can be effectively managed virtually without overcrowding the other higher levels of care – who would otherwise be unable to provide the resources to patients will really need them at that time.

Safety

Patient safety is an essential social prerequisite to quality based healthcare. Proper documentation and serial auditing is a necessary process to maintain good **practices** and clinical **management**. However due to regulations and sometimes overhanded oversight by medical insurance, providers are often spending a great deal of time on such documentation, and less so on the actual patient care. This leads to more backlogs and increasing costs.

Out of office hours consultation via telephone, which is quite common for many purposes, can be quite risky from a legal and medical point of view, since the doctor may not be in the frame of mind to give the right care. Ofcourse the issue of anonymity and privacy is a big factor.

Another point to consider is that such interactions can be considered *informal* discussions, lacking the professional care and **conduct**, therefore patients may not be able to fully describe the issue, and doctors may not be able to fully ascertain the clinical aspect, thereby providing a quick relief method or just a quick prescription over the phone. This is a high risk situation as there is a great deal of **miscommunication** (since there is no actual proof that such a conversation has taken place, except for the timestamp).

What the patient hears is often not what the doctor has just said.

The telemedicine system allows the doctor to at least have a visual **guide** to what the person is saying and perhaps a quick visual physical examination before considering the clinical management via prescription. Due to video technology, this conversation can be saved securely to servers accessible by both parties at any time.

Additionally this process not only ensures some level of **privacy** and **security** for the patient, the provider can be adequately reimbursed for providing this **safe** and professional service in this professional matter.

Reduce unnecessary patient transport

In many chronic diseases there is a certain *golden hour* where immediate treatment is the difference between life or death, unfortunately this is the end game of most chronic diseases which have not been properly managed in a frequent and holistic matter. Most diseases progress simply because the patient was unable to maintain **regular** follow ups in a **timely** manner.

Many patients have to stop working for an entire day, travel long distances and bear the expenses of the transport, on top of the healthcare cost. This means there is an added **burden** to the caregivers – not only is it hard to find the right doctor at the right time, now people have to travel long distances even in crowded congested urban cities (like Dhaka). Such chronic delays lead to greater **dissatisfaction** with the health system of a country, and of course the healthcare providers.

Video portals where the doctor can be virtually in the same room as the patient removes this physical **barrier** of transportation to a specialist centre, therefore increasing timely access, compliance and perhaps long-term provider **satisfaction**.

Chronic shortages of healthcare providers

There is a global **shortage** of specialised manpower in the health systems. Although the number of graduates may have increased in many countries, this increase is not on par with the increase in the global population, and of course the rising trends in chronic diseases of the population. Quite simply it is getting more and more difficult to recruit enough doctors to keep up to the demands of an **overstretched** health system.

Technology may allow a specialist or a consultant to provide their expertise in a cost-effective and time-effective manner, if they were to guide the clinical management of a patient from any hospital in any country, while connected to a strong digital health **infrastructure**.

Although the actual shortage still exists, there is optimisation of **existing** specialised human resources, to at least give some time and value to the existing patient population and their disease management.

Reduce the time and costs of provider transportation

Most hospitals do not have the luxury of on campus accommodation for their medical staff, therefore even doctors have to travel large distances in congested cities as well. There is a negative health **impact** on the existing stress levels of most doctors if they have to deal with adverse traffic congestion twice a day, every day. When a provider is late for duty the schedule of every single operation or a consultation session becomes delayed as well, meaning there is a **backlog** of existing patient consultations, which can stretch into the night, further adding to the **stress** on the health care provider even before retiring for the day.

Telemedicine would allow this doctor to practice specialised consultation from the safety and comfort of their homes, without even leaving their homes. The doctor is free to consult the patient at any given time as per their convenience.

Nowadays under **quarantine** lockdown there are extra hours to the day, the doctor can see even more patients if they wish to.



Treat patients in their homes

There is a great deal of discomfort and apprehension that people have when they see a doctor. White coat hypertension occurs when a patient has raised blood pressure just by staring at the white coat of a doctor. Imagine the fear in pediatric patients as well!

Access to healthcare is particularly a **challenge** for the handicapped, undocumented migrants, elderly population and caregivers who have sick children at home and are unable to manage the time and cost to come to the hospital.

At least with telemedicine a comforting face of a doctor, from the comfort of the patient's known surroundings, can sometimes have a **healing** effect on such neglected populations.

If you cannot reach the doctor - at least the doctor can reach you, is the winning **mantra** of digital healthcare in the near future.



Covid-proof Medicine

As of March 2020, most people around the globe are in self-isolation, quarantine or nationally enforced **lockdown**, including many doctors. People are abiding by various degrees of **social distancing**, in the attempt to decrease the spread and infectivity of the coronavirus.

Due to occupational hazard, poor implementation of universal precaution against infective materials, lack of training, lack of PPE and other protective gear, healthcare providers are becoming '*super-spreaders*' of COVID-19 infection, amongst themselves and the community.

A large number of people are showing symptoms of acute infection as well. It is perhaps more saddening to mention that many frontline healthcare providers have succumbed and died as we publish this article.

There is another massive **global health** issue that will arise in the coming few weeks; the rising incidence of **unmanaged** underlying chronic diseases that most of the vulnerable populations have to begin with. Since many doctors are overwhelmed with covid cases, or are themselves under lockdown, the vast majority of the population have no safe way to continue their healthcare **management**, without the risk of outside exposure.

Telemedicine is the ideal tool for a select group of people to continue their contact with their usual provider, or may in fact have even better access to providers with the help of an **optimised** and **responsive** digital platform. Ofcourse not all communities have internet infrastructure, smartphone devices nor the necessary tech savvy knowledge to fully utilise telehealth services, it is nonetheless a worthy solution under these conditions.

In a virtual clinic visit at least none of the parties will expose each other, or others to any infection and atleast some degree of **continuity** of care can be managed.



Conclusion

Professor Dr. Alan Pitt, Professor of Neuroradiology (Barrow Neuroradiological Institute) & Chief Medical Officer of CloudMedx, summarises this publication by giving his expert feedback on the future of telemedicine, as the evolutionary next step in healthcare 2.0.

“...the key for successful growth of telemedicine is figuring out why providers (doctors) want to do telemedicine preferentially, over their usual practice.....in the world of Covid it's obvious.....nobody wants to get sick or I have no other way to see my patients except telemedicine.....”

Critics may voice concerns about the **over-reliance** on digital products in our daily lives. That *too much* digital transformation removes **humanity** from healthcare. **Employability** of future healthcare professionals is a top discourse in the health industry as well.

We can argue that out-dated political/academic hierarchies of a **bygone era** that created the healthcare industry into a form of pseudo-society, was itself the main cause of the bottleneck that prevents adequate number of doctors to graduate into more value-based specialities, and of course the **unnecessary** delays in incorporating other technologies was responsible for the sufferings of the people.

Since most digital innovations exist in the '**cloud**', there is some possibility for **bypassing** excessive and often illogical regulations. The **entrepreneurial** drive of many healthcare startups may be questioned for efficacy and safety. But in these crucial moments where globally most health systems are on the penultimate **verge** of collapse - maybe now is the time to **rethink innovation** in healthcare as a dire need for the species.

Telemedicine is not *perfect*.

But most solutions were never perfect to begin with.

The evolving **process** in solving a drastic problem requires some leniency in **expectations**, in order for society to mold an existing concept into something more valuable.

In the end, the global market will give the true **value** to a solution.

The opinions expressed in this publication are purely the opinions of the relevant authors and relevant stakeholders mentioned.

This publication was endorsed by **ViOS**, a robust video telemedicine **platform** to help you **connect** with your chosen specialist in a safe, secure environment - in a **virtual clinic**.

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