Clinical telemedicine services converge with m-health systems of engagement to lower cost of care and improve quality of care. Tele-medicine and M-Health Market Convergence driving forces relate to an overall trend toward ordinary people taking more responsibility for their own health. This trend has been more prevalent for women in the past 100 years than for men because women used to die very young and they had to learn how to keep themselves healthy. Women have been able to reverse this trend of dying young and to live longer than men in the past 40 years, illustrating that paying attention to health is important.

Healthcare patient, physician, and facility decision support markets are forecast based on the broad availability of smartphones combined with the IBM Watson technology that Watson offers Interactive Care Insights for Oncology. The cognitive systems use insights gleaned from the deep experience of Memorial Sloan-Kettering clinicians. Watson is positioned to permit clinicians to provide individualized treatment.

More options are based on patient medical information. IBM Watson in combination with Memorial Sloan-Kettering Cancer Center has information that represents the synthesis of a vast array of updated and vetted treatment. It is able to compute individual treatment guidelines. This represents a revolution in cancer treatment care and presages a major revolution in all healthcare treatment and diagnosis.

Because Watson is able to leverage published research it can stay more current than any clinician or group of clinicians can. Watson is a cognitive computing system. The aim of Watson is to streamline the healthcare delivery process. Watson supports the healthcare decision making process. The system has the ability to ensure evidence-based care is provided.

Both tele-medicine and m-health contribute to healthcare delivery in the home. M-health will surely be delivered over the smart phone. Tele-medicine is evolving toward smart phone device delivery as well. The cost of tele-medicine for the US veterans' administration is $1,600 per patient per annum. This is substantially less than other NIC programs and nursing home care which can easily run to $100,000 per annum. VHA's experience is that an enterprise-wide home tele-medicine implementation is an appropriate and cost-effective way of managing chronic care patients in both urban and rural settings.

Chronic disease conditions are best treated early on when there is a change in patient condition and an early intervention can make a difference. It is even better to treat them in a wellness treatment environment before there are indications of chronic disease, before symptoms develop, by addressing lifestyle issues early on.

Left to their own judgments, some patients typically are apt to make terrible decisions relating to their personal health either because of ignorance, genetic inheritance, or because of lifestyle habit. The ability to accurately access patient condition via a combination of advanced testing and telemonitoring creates the opportunity to intervene when what is called for clinically can make a difference, and permits provision for education regarding healthy living in a way that is likely to create compliance with clinician recommendations.

Home telemonitoring programs need to use advanced technology. Effective monitors support patient education. They support timely clinician intervention based on real vital signs data gathered on a daily basis. Health care for patients with congestive heart failure has been shown to be successful in reducing hospitalizations and trips to the emergency department, making these critical measures unnecessary in many cases.

Home patient monitoring means two things: the imminent rise of the expert patient whom the health authorities anticipate would self-manage his long-term medical conditions and the prominence of mobile devices as the go-between for clinicians and patients.

Telemedicine markets are emerging software markets. The consumer tablet computers are poised to become ubiquitous and inexpensive. As this happens telemedicine is becoming a fee for services much as a cell phone. The software runs on industry standard tablet computing devices. Clinicians gather patients'
information on a daily basis and provide consultation and intervention as needed for chronic conditions.

Telemedicine now delivered on proprietary devices is becoming obsolete. The Honeywell / Samsung strategic alliance represents the model that works. Telemedicine market analysis indicates that the price points are way below device costs and that companies are seeking to gain market share by working with clients.

Telemedicine device and software companies recognize that their revenue stream will come from services delivery. Just as cell phones are paid for in conjunctions with the services contracts, so also the telemedicine applications will be paid by insurance. In some cases the insurance companies recognize that their long term costs are lower by delivering clinical intervention to try to impact lifestyle for patients with chronic disease conditions.

The telemedicine in the home is cheaper than the consequent emergency room visits and hospitalizations that occur if chronic conditions are ignored. There is a certain inevitability related to chronic disease condition care delivery. People that take care of themselves tend to stay healthy. People that are not attentive to protecting their health tend to have medical conditions that contribute to deteriorating health and benefit from early intervention when it is delivered in a manner to which the person can relate.

Telemedicine is, at its core, a way to extend clinical services to make them part of lifestyle consultation. It provides a way to initiate two way communications with a patient, forever changing the doctor – patient relationship to a collaborative one. It means that physicians need to build collaboration skills or delegate those to their nurses which they have always done, but this time in a more effective manner, on that is supported by technology.

Telemedicine systems come from IBM, Intel, Honeywell, Vitarian, and Bosch Diagnostic Support Expert Systems. Tablets are poised to change telemedicine as are telepresence systems from Logitech among others. Clinical diagnosis is being impacted by the decision support systems. Clinical decision support systems (CDSS) have been a key aspect of telemedicine. Bosch offers the ability to track and update on a daily basis, questions that are able to address actual situations that patients face.

Diagnostic support expert systems promise to revolutionize healthcare. The mandated electronic health record (EHR) systems in all healthcare facilities, is a key enabler of diagnostic support expert systems. The objectives are to promote better and cheaper healthcare using diagnostic support based on the patient data collected from the telemedicine systems. With the large amount of new data collected by the newly installed EHR systems, computers like the Watson will be able to find optimal answers to clinical questions much more efficiently than the human mind.

Two major categories are diagnostic support tools and treatment support tools. Chronic conditions requires continuous diagnostic support because a continuous flow of information on patient change in conditions helps physicians make a better diagnosis based on the patient symptoms, medications, and medical records.

Treatment support helps clinicians stay compliant with known treatment guidelines such as avoiding known drug interactions, dispensing the right medication to the right patients, and staying on schedule with response to changes in patient condition.

According to Susan Eustis, lead author of the team that prepared the telemedicine market research study, “Differential diagnostic tools support differential telemedical treatment. The decision process take into account clinical findings form the home monitoring devices and from symptoms verbally communicated in a clinical services implementation.”

She continued, “Care delivery is enhanced by having clinicians be responsive to changes in patient condition that the authors know will lead to further patient deterioration if not treated immediately. A core part of responsible healthcare delivery is to use technology for healthcare reform. There is a focus on how to deliver care differently using telemedicine. No matter who pays for it, the use of telemedicine is anticipated to reduce the overall costs of healthcare delivery. Innovation is key to achieving improvements.”

For long-term success, telehealth solutions require sustainable financing models. Investments in telehealth technologies foster sustainability by enabling productivity and efficiency gains and other improvements that can more than justify investment costs.

Government and local authorities have long recognized the potential of telehealth technology as a tool for
delivering health and social care services. This is an increasing imperative given the increasing age
demographic and the backdrop of static or reducing funding. Telehealth initiatives must demonstrate
credibility and viability beyond the pilot and trial programs in order to achieve the goal of increased
capability through technology.

Device installer partners define benefits in terms of increased sales and consultancy. A sustaining finance
model is an essential aspect of telehealth. Telemedicine is analogous to the telecommunications industry
where a large upfront investment is required an, usage models and complementary technologies must
emerge and finally they must be integrated into existing healthcare service delivery paradigms.

Workflows are required to integrate the telehealth components into the existing solutions. This is possibly
the area of greatest challenge. Upfront costs are high. Once the telehealth solution has been implemented
initiatives are cost effective.

Since insurance companies have the responsibility for taking care of all people, not just the healthy ones and
the health conscious people, they benefit from encouraging the use of telemedicine. The US veterans'
administration recognizes this reality and has in place extensive telemedicine programs. While some
hospitals benefit from an increase in hospitalizations, insurers do not.

There is a services component to the business that makes it attractive to sell the devices below cost. The
tablet market revolutionizes telemedicine.

Once FDA approved software runs on a tablet, people with an existing unit can download software and be
equipped with a way to interact with the clinical service that performs monitoring. Long term, the services
will be a very attractive part of telemonitoring.

Telemedicine dedicated device and software markets at $843 million in 2012 are anticipated to reach $2.9
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Telemedicine and M-Health Convergence Product Description

This section describes selected companies and selected products. Products for this market segment are described with attention to the most significant aspect of features and functions in this category of product. The juxtaposition of a range of different product descriptions from a single market category provides a really good way to access market directions and achieve market competitive analysis. This section is arranged products. Company products are described in the appropriate sections, meaning a company is mentioned several times in the chapter in different places.

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5. TELEMEDICINE / M-HEALTH COMPANY PROFILES

THIS SECTION SELECTIVELY DESCRIBES COMPANY STRATEGIES, PARTNERS, ACQUISITIONS, AND REVENUE BY SEGMENT AND REGIONAL REVENUE WHEN AVAILABLE. COMPANIES ARE DESCRIBED BY LOOKING AT WHAT IS MOST INTERESTING ABOUT THAT COMPANY. THE DESCRIPTIONS COLLECTIVELY GIVE A SENSE OF MARKET DIRECTIONS WITHIN THE INDUSTRY SEGMENT. THE ALPHABETICAL LISTING OF COMPANY THUMBNAIL SKETCHES PROVIDES AN ACCESSIBLE WAY TO FIND OUT WHAT IS GOING ON IN ANY PARTICULAR COMPANY.

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