

# The Intelligent Guide to Acute Telemedicine



How telemedicine helps hospitals  
improve care and save lives



SOC Telemed™



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**SOC Telemed™**

# The Challenge for Healthcare Leaders



## INTRODUCTION



*In today's rapidly changing  
healthcare environment,  
hospital executives confront multiple  
and often competing challenges.*

They must meet or exceed clinical guidelines aimed at establishing a national standard of care, while looking for ways to make that care more accessible and affordable. Administrators face a Gordian knot of federal data privacy and security regulations along with an industry-wide move to value-based care and population health management—changes that are driving massive shifts in payment and reimbursement systems and creating pressure to expedite care and prevent readmissions.<sup>1</sup>

These demands are also taking place against a backdrop in which it's increasingly difficult to hire enough specialists to serve a growing—and aging—patient population. Pew Research Center places the U.S. population of people 65 and older at 83.7 million by 2050.<sup>2</sup>

According to the Association of American Medical Colleges (AAMC), the United States could see an estimated shortage of between 54,100 and 139,000 physicians, including shortfalls in both primary and specialty care, by 2033.<sup>3</sup>



BETTER OUTCOMES



DATA PRIVACY



AGING POPULATION



Such pressures are forcing many hospitals, including a growing number of Critical Access Hospitals, to close or reduce their services. More than 162 rural hospitals have shut down since 2005, and nearly 800 rural hospitals across 42 states are vulnerable to closure. HRSA predicts this trend will accelerate and that those most affected will be some of the nation's most vulnerable: poor, minority and elderly patients with chronic health conditions.<sup>4</sup>

While the day-to-day challenges of running a 24/7/365 business are numerous, large-scale natural disasters such as wildfires, hurricanes and flooding, along with emerging biological threats, also challenge hospitals to find new and more effective ways to mobilize and coordinate rapid response and recovery.

*How can hospitals  
create and sustain a  
successful model that  
balances the natural  
tensions between  
financial performance  
and patient care?*

These challenges prompt an urgent question: how can hospitals create and sustain a successful model that balances the natural tensions between financial performance and patient care?

Increasingly, hospitals and health systems are turning to acute telemedicine for some of the answers.



SHIFT TO VALUE-BASED CARE



SPECIALTY SHORTAGES



DISASTER RESPONSE

# Increasing access to care

## CHAPTER 1



*When it comes to providing access to high-quality care, hospital leaders are up against a basic staffing problem: a lack of specialists.*

The National Rural Health Association estimates there are only 30 specialists for every 100,000 patients in rural parts of the U.S. As a result, a person experiencing a stroke who goes to the ED in one of these areas may not be able to see a neurologist at all.<sup>5</sup> Other specialist shortages include critical care, endocrinology, psychiatry, pulmonology, nephrology, infectious disease, and maternal-fetal medicine.<sup>6</sup>

While attracting highly-qualified clinicians may not present as much of a problem for large, urban teaching hospitals, physician burnout is an issue in all settings. The New England Journal of Medicine Catalyst Insights Council survey reported that 96% of executives, clinical leaders and clinicians agree that physician burnout is a serious or moderate problem in the health care industry. Reducing evening, overnight and weekend shifts, as well as letting physicians go on vacation without being on call can improve work-life balance and lessen burnout. At the same time, hospitals still face the need to staff appropriately.<sup>7</sup>



SPECIALTY SHORTAGES



PHYSICIAN BURNOUT



ACCESS TO CARE

*In addition to hiring shortages, access to care in rural hospitals is also limited by “windshield time,” or the time it takes a specialist to drive to a more remote area. Even in larger suburban and urban hospitals, the 15 minutes or so a neurologist may need to get from one medical building to another for a consult can critically delay care.*

Even if a qualified neurologist is on site, what happens when multiple stroke patients arrive at the ED at the same time? Administrators can attempt to staff for peak times to address this situation, or keep three neurologists on call at all times, but these approaches are financially impractical in the long term.

## **Shorter distances, faster treatment**

Acute telemedicine solves staffing issues by giving hospitals the ability to deliver qualified care to any location in minutes, essentially creating coverage on demand. Using telemedicine, a smaller hospital in a “hub-and-spoke” system can contact a larger facility the moment a patient arrives in the ED to ask if a qualified specialist can respond via telemedicine. By removing geography from the equation, patients are treated faster and before their conditions worsen.



SUPPLY AND DEMAND



COORDINATION OF CARE



HUB & SPOKE



*Telemedicine also enables coordinated care for patients recovering at home or in post-acute care sites such as rehabilitation facilities or nursing homes. This is more comfortable, promotes faster healing and reduces the need for patients to travel to outpatient clinics for follow-up.*

Hospitals, physicians and staff benefit from this arrangement as well. When hospital systems integrate acute telemedicine, physicians can treat patients more effectively while working in the hospital and city of their choice, which raises their job satisfaction and helps address hiring issues. This approach also helps hospitals take advantage of “excess capacity”—and fixed staffing budgets—by empowering on-call specialists to consult remotely at other hospitals when they are not seeing patients of their own. With telemedicine, nursing teams don’t need to incur the costs of traveling to patients; patients are able to recover in place. This follow-up care, even if not in person, can reduce 30-day readmissions rates and lower the risk of fines under the CMS Hospital Readmissions Reductions Program.<sup>8</sup>



REDUCE READMISSIONS



GEOGRAPHY CONSTRAINTS



EXCESS CAPACITY

## Protecting our providers

The pandemic showed us just how vulnerable our healthcare workers are to illness. Many hospitals implemented “virtual visits” to protect their clinicians and their patients. The benefits are numerous:

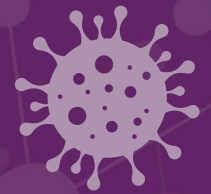
- Limited clinician exposure to COVID-19 and minimized risk of infection
- Limited physical strain and exhaustion
- Intelligent load balancing across departments and facilities
- Increased clinician capacity to manage patient surges

*Telemedicine is more than putting a clinician on a video screen for a point-to-point evaluation. Telemedicine in an infectious disease crisis and disaster is about protecting clinicians, protecting patients and the strategic and efficient management of our most valuable asset—human capacity.*

*“The best PPE is telemedicine.”*



PROTECTIVE GEAR



PANDEMIC



PHYSICIAN BURNOUT

# Providing and enriching clinical expertise



## CHAPTER 2

*Physicians deepen their expertise through both case volume and variety. That can be a challenge in smaller or more rural facilities, where physicians may have fewer opportunities to develop and reinforce their clinical knowledge.*

*This expertise is not only the foundation for patient health, but also the basis of a hospital system's success—including its ability to standardize treatment at a high level across facilities. That can affect whether an individual hospital is accredited as a Primary Stroke Center by The Joint Commission, for example, which determines whether or not paramedics will deliver stroke patients to their doors or bypass the hospital.<sup>9</sup>*



CASE VOLUME



CASE VARIETY



STANDARDIZED CARE

## Time is brain.

In the case of a stroke, the chance of brain damage and death increases with every second treatment is delayed. The 2018 stroke guidelines urge centers to achieve door-to-needle times under 60 minutes for administering a thrombolytic, or clot-busting drug, the mainstay of early stroke treatment.

In the interest of speeding treatment, the new guidelines also recommend that hospitals without neurologists on shift use telestroke evaluations to determine whether patients are eligible for a thrombolytic or for transfer to receive mechanical thrombectomy.<sup>10</sup>

Because telemedicine allows them to see far more stroke cases than they otherwise would, teleNeurologists have more experience assessing the appropriateness of prescribing a thrombolytic to ischemic stroke patients. When prescribed appropriately, it can break up a clot and help restore blood flow, returning oxygen to the brain. However, because the drug also increases the risk of intracranial hemorrhage (ICH), physicians with less experience—like emergency department physicians—may be reluctant to prescribe it.

In robust teleNeurology programs, however, a thrombolytic is administered more often and with a lower bleed rate, making it an invaluable tool for effectively treating stroke. Neurologists participating in such programs may also have a better understanding of the latest stroke research regarding the treatment window for mechanical thrombectomy for certain patients.

*“There is a premium  
on speed....  
Literally every  
minute counts.”*



QUALITY OF CARE



WAIT TIMES



NEUROLOGY



## Mental health patients straining hospitals

One of eight patients in the emergency department has a mental health or substance abuse issue. However, there are few psychiatrists on staff at hospitals nationwide. Experienced telePsychiatrists can make admission and release decisions more quickly, including reversing Involuntary Commitments (IVCs). This allows busy emergency departments to increase patient throughput and devote the appropriate resources to all patients. The average patient with mental health or substance abuse issues waits three times longer than other emergency department patients because many hospitals don't have psychiatrists on staff. TelePsychiatrists can lower those wait times significantly.



**1 in 8 patients**  
has a mental health or  
substance abuse issue



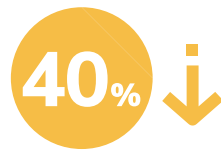
**Mental health patients**  
**wait 3 times longer**  
than other patients



**Average boarding time**  
ranges between  
**8 and 34 hours**



**75% of emergency doctors**  
**experience at least one**  
violent incident annually



Reimbursement  
**is 40% lower**



Average wait cost  
**\$2,264 per patient**



COLLABORATION



SPECIALTY SHORTAGES



PSYCHIATRY

## Practice makes perfect

*Acute telemedicine deploys physicians across a broader area, enabling them to increase their caseloads and build clinical muscle memory. The immediate and most important benefits are better patient care and better outcomes.*

*Telemedicine extends clinical expertise across hospital systems, making a board-certified specialist just a video call away. Hospitals can form collaborative networks with telemedicine solution providers to help them improve patient access to specialists by augmenting their own physicians. This relationship can also help standardize and reinforce robust protocols across the departments, outlying hospitals and partner organizations, as teams work together across those areas more frequently.*



CLINICAL MUSCLE MEMORY



TEAMWORK



BETTER OUTCOMES

# Easing financial pressures



## CHAPTER 3

*“No margin, no mission.”*

— Sister Irene Krause,  
Daughters of Charity National Health Care System

As CFOs know all too well, healthcare providers can't pursue their missions without sufficient revenue, and their financial pressures are increasing. The American Hospital Association, for example, reports that government payers underpaid hospitals for medical services by \$75.8 billion in 2019.<sup>11</sup>

To close the gaps, administrators often focus on cutting costs, pursuing reimbursements and reducing inefficiency, sometimes overlooking the staffing and coverage issues that contribute to the problem as well. Retaining physicians, nurses, and other clinicians can be challenging when hospitals are understaffed. Patient care can suffer if there are inadequate resources, and care givers may move on to more profitable hospitals, taking their knowledge and expertise with them.

For example, a patient who needs a psychiatric evaluation often has to wait in the ED for a consult because of limited bed availability. Nationwide, the average boarding time for psychiatric patients is eight to 34 hours. This delay causes undue stress on the patient and strains morale in the emergency department. This inefficient and ineffective use of resources also increases facility fees for the hospital and saddles the patient with a far larger bill.<sup>12</sup>

Hospitals that try to solve hiring issues by using local staffing companies or locum tenens face higher costs for a short-term solution, as well as issues with standardization and inefficiency.



COSTS



REIMBURSEMENTS



SPECIALTY SHORTAGES

## Creating new revenue streams

Telemedicine helps hospitals balance financial needs with patient care, providing a range of benefits in the process. One is that this model offers better utilization of existing staff. Consider the case of the specialist working in a large urban hospital; the physician receives a set salary but sees more patients per shift by providing video consults to outlying areas. In addition to helping more people, the physician is increasing billing without accruing additional costs to the hospital. He or she can also help reduce costs by stepping in to help alleviate immediate staffing issues in other hospitals.

Acute telemedicine also makes it possible to generate additional revenue by reducing transfers and expanding service lines. For example, a larger hospital can create a transfer agreement with a smaller one to provide access to their in-house neurologists for stroke patients. Those neurologists can then improve the speed and quality of care at the smaller hospital by quickly and correctly assessing whether a patient should receive a thrombolytic. Patients who are transferred to the larger hospital for additional treatment benefit from improved care, including being more likely to be treated by the same doctor they first saw on screen in the ED. The larger hospital receives a high-value patient and both facilities reinforce their qualifications for primary stroke certification, which brings more patients through their doors.



RESOURCES



REPUTATION



UTILIZATION



*Through telemedicine, physicians can travel or go on longer vacations, giving hospitals the powerful hiring draw of more flexible shifts. When not limited by geography, physicians have the opportunity to see more unique cases. Telemedicine also empowers physicians to perform to their highest level of certification, focusing on patient care specific to their training and experience, while also allowing hospitals to allocate clinical resources more appropriately.<sup>13</sup>*

Finally, thorough patient follow-up facilitated by telemedicine can catch complications earlier, making it possible to treat patients in an outpatient or even at-home setting. In these cases, there is no need to send care teams off premise or return the patient by ambulance, which reduces costs as well as the potential for Medicare readmissions penalties.



EXCESS CAPACITY



STAFF RETENTION



GEOGRAPHY CONSTRAINTS

# Supporting people with technology



## CHAPTER 4

Healthcare is one of the most heavily regulated and complex industries in the U.S., complicating workflow issues and business challenges. These include incorporating electronic health records along with mobile and connected devices into their workflows and dealing with some of the nation's strictest data security and privacy requirements. Hospital and health system executives also have to arrange for 24/7 coverage from shift-based physicians across all care sites while undergoing a sea change in their billing models as they move from pay-per-visit to value-based care. Last but certainly not least, hospitals must pursue continuous improvement in the form of meeting and exceeding a national standard of care across specialties.

*In the face of all these requirements, hospital staff can be understandably reluctant to add one more piece of technology into their workflows. Administrators can also be concerned about creating an in-house telemedicine program that requires heavy up-front technology investment or which may be difficult to scale.*

## Building from a strong foundation

Telemedicine as a platform does much more than simply solve short-term staffing issues by providing physicians: instead, it can help hospitals streamline their ability to provide excellent care as well as meet operational and financial goals. With the right solution, telemedicine can be deployed, optimized and scaled across many care sites rapidly, seamlessly and cost-effectively, solving coverage issues.



CLINICIANS



PATIENTS



SCALABILITY

For those hospitals who need help load-balancing their clinicians, telemedicine as a platform can help with analytics to predict supply and demand, to integrate scheduling of telemedicine consults with existing workflows and EHR systems, and to provide performance measurements on individual clinicians.

Telemedicine is no longer uncharted territory, but is secure, easy to use, and accessed from technology like tablets and video carts that are familiar both to physicians and patients. Studies consistently show that the quality of care delivered via telemedicine is as high as care provided in traditional in-person consultations.<sup>14</sup>

Especially during the pandemic, patients supported the use of telehealth and telemedicine in hospitals and appreciated the speed and convenience of the technology. In an NIH study, between 94% and 99% of 3,000 respondents reported being “very satisfied” with telemedicine, with one third preferring it to in-person visits.<sup>15</sup>



*“Every once in a while, a new technology, an old problem, and a big idea turn into innovation.”*

— Dean Kamen, Inventor



INNOVATION



WORKFLOWS



PATIENT SATISFACTION

*Building a telemedicine program from scratch requires a significant outlay of capital, resources and time. Hospitals can take advantage of telemedicine as a platform to provide enterprise-level infrastructure with tested controls, proven workflows, 24/7 support and continuous improvement and upgrades. This also offers hospitals the advantage of sophisticated reporting, analytics and benchmarking to support clinical outcomes tracking, workflow optimization, and supply and demand scheduling based on actual patient volume patterns.*

Most importantly, a good telemedicine provider can act as a true partner, collaborating to align their services and technology with existing workflows and offering the benefit of their own operational, clinical and technical expertise.



SUPPLY AND DEMAND



VALUE BASED CARE




QUALITY OF CARE



# Making providers more efficient



## CHAPTER 5



*“The old saying is true: if you staff to predicted volume, you are understaffed half the time and overstaffed the other half.”*

— Dr. Jason Hallock, Chief Medical Officer, SOC Telemed

Telemedicine meets both ends of the staffing challenge with supply-side elasticity and fractionalized care. At a high level, telemedicine has the power to make clinician staffing a variable cost from what has traditionally been a fixed cost.

The COVID-19 crisis has made it clear: the business model of many hospitals is no longer viable as presently constructed, in the absence of elective procedures. The economic reality we are in demands a different strategy, one where health systems do more to optimize their spending, and weather the economic storm with efficiencies gained. It is important to understand how telemedicine powers fractionalized medicine.

One target for a more efficient care model is in the costs associated with the provision of coverage. In hospitals and outpatient care today, coverage comes in the form of doctors providing care to patients on day-long shifts—something we’ve all taken for granted.

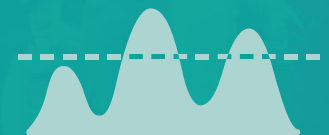
But what if we didn’t have to provide care that way? **What efficiencies could we gain by moving to on-demand care where warranted?**



SUPPLY AND DEMAND



COSTS



VOLUME VARIABILITY

## How can fractionalized medicine help?

Most commonly, when adding a virtual program into an on-site operation for support, a hospital system will opt to preschedule the days or times of day for virtual care. By planning an “either/or” model, providing both a doctor on site or available virtually, health systems can avoid the clunky exercise of bolting on-site and virtual services together at the same time.

The great thing about telemedicine is that those prescheduled times and shifts don’t have to be full days or even “half days.” Instead, we can fractionalize the work to cover timeframes as small as an hour.

In the brick and mortar arena, it’s hard to add a half shift. But with telemedicine, it’s easy to provide coverage in small time increments.

## Telemedicine platforms expand existing capacity

Telemedicine-trained physicians do not have to come from outside physician groups or vendors, either. Your clinicians can use the telemedicine platform to triage patients remotely or provide in-house coverage offsite. With telemedicine in place, your doctors can access on-demand Emergency Department (ED) and urgent care patients from home. Emergency Medicine physicians or Hospitalists can triage Skilled Nursing Facility patients and determine if they need to come to the hospital or stay in their regular place of care.



FRACTIONALIZED CARE



RESOURCES



EXCESS CAPACITY

# Reimbursing telemedicine services

## CHAPTER 6

*Revenue cycle management is the primary form of collecting revenue for most hospitals. As a result, they are rightfully keen to control the processes associated with revenue generation, such as the billing of payors and patients for professional services.*

When billing insurers for professional services, most physicians allow the hospital they serve to handle the billing through reassigned benefits (billing rights), or they manage it themselves. However, when a hospital contracts with a telemedicine company with geographically-distributed physicians, it is best for the hospital and the physician for the telemedicine provider to manage the process.

Hospitals traditionally use telemedicine as a way to improve specialty care available to patients. But things can get complicated when it comes to billing, compliance, and liability. Take, for example, the reassignment of billing rights for a physician. A hospital billing for the services of a telemedicine provider knows that they must bill a patient's insurer for a particular service. However, what they might not know is that to bill Medicare, the place of service is considered the home state of the physician, not that of the hospital.



REIMBURSEMENTS



GEOGRAPHIC CONSTRAINTS



REPUTATION



Hospitals implementing telemedicine programs should consider forgoing the reassignment of billing rights. Partnering with an experienced telemedicine partner allows hospitals to avoid circumstances that lead to financial risk and disruption, including:

- Increased Claims Scrutiny
- Painful Audits
- Reduced Profits Due to Avoidable Errors

## How has the pandemic changed telemedicine reimbursement?

While many restrictions were loosened in response to the pandemic, some may remain, and others may be pulled back. Issues such as telehealth coverage requirements, payment “parity” with in-person visits, and geographic and originating site restrictions are still fluid. State and Federal legislatures have introduced over 300 bills aiming at expanding access to telemedicine. It is uncertain whether interstate licensing issues will be resolved.

*“It is time to rethink revenue cycle management for telemedicine.”*

CLAIM

CLAIMS SCRUTINY



REDUCE RISK



RESTRICTIONS LIFTED



When you look at the legal and regulatory considerations in aggregate, hospitals that choose to manage telemedicine billing for contracted tele-physicians bear significant risk. As do the doctors who reassign their benefits (since they are jointly and severally liable according to the OIG).

With increased attention to fraud, waste and abuse throughout the health care industry, and a well-publicized increase in attention to telemedicine billing on the OIG work plan, more claims will be scrutinized, and mistakes may ultimately lead to painful audits and reduced profits for hospitals that choose to manage billing themselves.

This is exactly why hospitals implementing telemedicine programs should look for an experienced partner to avoid financial risk and disruption to otherwise refined and optimized billing and credentialing operations.



REPUTATION



REIMBURSEMENTS



TEAMWORK

# Securing patient data and privacy



## CHAPTER 7

*More than half of healthcare vendors have experienced at least one data breach of patient protected health information (PHI) belonging to the healthcare providers they serve. With only 6% or less of the information technology budget typically allocated for cybersecurity, it is no wonder hospitals experience breaches. In fact, in just the top ten healthcare security breaches in 2020, over 10 million patients had some of their data leaked.*

## **Too many vendors, too little time**

The average hospital has relationships with 1,300 different vendors, many of which provide solutions such as medical equipment, EMRs, imaging, and billing. Hospital information security does not have time or budgets to interview vendor staff or for on-site visits to ensure that their vendors have implemented required security controls. Instead, many hospitals ask vendors to fill out lengthy security assessment surveys to identify potential risks. Hours are spent reviewing the survey responses and chasing down additional information. Some hospitals outsource these evaluations, which is a costly endeavor. Document reviews are not as effective as on-site interviews and may miss security flaws bad actors could exploit.



DATA BREACH



RESOURCES



REDUCE RISK

## Effects of the pandemic on telemedicine cybersecurity

As patient visits transitioned from in-person to virtual during the pandemic, telemedicine cybersecurity became a top concern for many hospitals. In an industry that processes the most sensitive information about our lives, that is not surprising. The good news is that healthcare organizations can rely on HITRUST certification to confirm that their partners have implemented administrative, operational, and technical controls for telemedicine cybersecurity.

Hospital information technology staff was already stretched thin before the pandemic. Then we asked them to implement virtual care capabilities almost overnight. Many care providers used their own phones and tablets to connect with patients, limiting the effectiveness of established security controls. While health organizations adjusted and figured out how to provide patient care virtually, these new operations came with significant information security risks.

As more care becomes virtual, hospitals will invest in more technology with multiple vendors, only compounding risk and complexity.



DATA PRIVACY



HEAVY LIFTING



COSTS

## Benefits of HITRUST certification for hospitals

HITRUST certification maps to multiple security standards, including HIPAA and the National Institute of Standards and Technology (NIST) Cybersecurity Framework, as well as state-specific regulations. Unlike broad-based information security standards, such as ISO 27001, HITRUST is prescriptive and not open to interpretation. This design provides transparency on controls that are appropriate for the scope of a vendor's operations.

Because HITRUST is an independent verification (and not a simple vendor attestation), hospitals can trust that security controls are in place. While like an independent security audit, HITRUST is much more rigorous than what a hospital would be willing or able to pay an outside auditor to conduct. HITRUST includes on-site walkthroughs as well as reviews of policies, procedures, and logs.

Instead of conducting a high-priced security audit on multiple vendors, hospitals can accept HITRUST certification. Since each vendor pays for the certification, hospitals get the benefit of knowing that patient data will remain secure without the cost. In addition, the hospital IT team gains valuable time for projects improving patient care and efficiency of operations.



*“Technology trust is a good thing,  
but control is a better one.”*

— Stephane Nappo, Cybersecurity Expert

# HITRUST®

DATA PRIVACY



RESOURCES



REPUTATION



# Looking to the Future



## CONCLUSION

When it comes to assessing the future of healthcare in the U.S., one thing is clear: there's no shortage of forces working to drive change and disruption in this vital industry. Regulatory requirements, payment systems and reimbursement models will continue to evolve. Studies predict that patient populations will continue to grow as the number of qualified new specialists shrinks. Large-scale crisis events will continue to challenge hospitals to find new and more effective ways to mobilize and coordinate a rapid response. And clinical advances will continue to raise the bar on how quickly and effectively physicians can save and improve lives.



*“Wherever the art of medicine is loved,  
there is also love of humanity.”*

— Hippocrates

Telemedicine is a powerful tool to help hospitals build the resilience and expertise they'll need to meet the challenges of the coming decades. As successes in neurology, critical care and psychiatry are replicated in more specialties, telemedicine will become a well-integrated part of American medicine, with established protocols that help hospitals comply with regulations, control costs and offer rapid, effective and compassionate patient care.



DISRUPTION



CHALLENGES



COMPASSION

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# About SOC Telemed





At SOC Telemed, we believe geography should not limit timely access to the highest quality specialty care. As the largest telemedicine provider in the U.S. dedicated to acute care, we enable hospitals and other healthcare organizations to increase access to care, reduce patient transfers, improve patient outcomes, and promote organizational sustainability.

Over the course of 17 years and millions of video-based tele-consultations, we truly understand what it takes to manage complex, acute workflows and the rigor required to achieve the highest clinical quality standards. Our commitment to quality is demonstrated by the fact that SOC Telemed was the first-ever telemedicine company to earn the Joint Commission's Gold Seal of Approval, which we have maintained since 2006.

Our goal is to be healthcare organizations' single partner for acute care telemedicine solutions. Through an aligned success model with our customers, we build sustainable specialty programs in a multitude of clinical service lines through optimization and virtualization of clinical staff.

Our proprietary software technology, Telemed IQ, allows us to virtually deliver time-sensitive care when and where patients need it most. We created Telemed IQ to enable providers to deploy, optimize and scale a telemedicine program rapidly, seamlessly, and cost-effectively across all care sites and in any specialty.

Please contact us to learn more about how acute telemedicine can help you address specialty coverage needs.





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