



5 Reasons Why Telemedicine Is the Health Care Industry's Underdog

The word “telemedicine” may seem as paradoxical in name as it is in practice.

At no other time in the history of medicine have we ever seen such a documented expansion in the variety of services that empower health care professionals with more opportunities to optimize patient care than we have in the last 20 years. Still, the practice of medicine—in any regard—normally involves a direct encounter between a patient and health care professional, so providing historically tangible services in real time to intangible patients is beyond ironic. The stigma surrounding tangible interactions continues to persist despite the exponential growth in the telemedicine industry and shows no signs of slowing down.

That said, the demand for telemedicine—driven partly by the need to keep up in the ever-accelerating pace of societal demands and partly by the “coolness” factor associated with technology—still fails to transform the perception of telemedicine in the minds of many providers and patients alike. I could go on and on as to why this is the case, but for now, here are 5 key reasons why telemedicine has not gotten its due in the dynamic world of health care care.

1) Providers in the telemedicine industry cannot decide what to call themselves. Despite the fact that telemedicine has probably been around since the invention of the telephone to some extent, the industry has not yet reached a consensus on whether our services should be classified as “telemedicine” or “telehealth.”

Some experts believe that “telememecine” refers to the provision of services over a distance that is facilitated through the incorporation of technology. Meanwhile, “telehealth” is a broader term that not only encompasses telemedicine, but also the lesser-known sector of telecare, along with any other activities in which services are provided and/or received over a distance. Depending on which expert you talk to or what book you read, you may find that the terms “telehealth” and “telemedicine” are often used interchangeably.

I can't always explain the difference, and I've worked in the industry for several years, not to mention researching the subject and asking around. Embarrassing, but true. While my self-admitted ignorance is clearly not helping the situation, it does manage to reinforce my initial point: If we can't agree upon what to call our industry, how will that impact our ability to educate others and win over skeptics, let alone demonstrate how well we can provide those services? In case you haven't already figured it out, when I use the word "telemedicine" in this article, I'm referring to either telemedicine or telehealth—just to keep things more simplistic.

2) Many individuals inside the industry and out still don't fully understand what we do. There are many different areas of telehealth/telemedicine services, or whatever you want to call it. For those of us who've either practiced in this setting previously or are still involved in it, we may know our own specific operations inside out, but that doesn't mean that we're as well-versed in the practices of our "tele-colleagues" in other areas.

Some of us use telephonic and Internet-based media to provide services, while others rely on data collected from apps running on their patients' phones. Some lucky clinicians may use videoconferencing and computer-assisted aids to deliver care. I'm just pointing out some of the more commonly recognized applications, but there are many more being used currently, and even more under development.

Isn't it amazing that so much money, time, and innovation are constantly being funneled into a specialized area of health care about which so many of us remain unshared? Which brings me to my next point...

3) Telemedicine is 1 of the fastest-growing areas of health care. Despite the nebulous nature of "what [they] do," some projections forecast that the telemedicine/telehealth industry will multiply by at least 10-fold in 2018. That's HUGE.

True, government mandates like meaningful use and outcomes-based compensation have undoubtedly contributed to this estimation. Still, my best guess is that this industry would still boom even *without* the government regulations helping to drive that demand.

Why? Because we live in a culture, a society, and a world that *loves* technology. Technology is "cool." Having the latest technology and mastering its use automatically qualifies you for membership in the socially elite club. Seeing your grandma read *Reader's Digest* on her iPad and your grandpa check his schedule on his cell phone are no longer social anomalies. Neither is friending your great aunt's Bingo buddy on Facebook.

While some of the more mature members of our society may still appear less inclined to use technology,

more and more of them who have access to technology and are able to use it are doing just that. Or, they get their kids or grandkids to set it up for them so that they can. Either way, it's safe to say that the percentage of individuals from all backgrounds who are not only incorporating but also *embracing* technology continues to rise.

4) Many health care providers who practice in more “traditional” settings often view telemedicine services as being inferior or substandard to face-to-face ones. While I'd like to think it's safe to say that virtually every area of health care—and pharmacy, for that matter—relies on technology to some extent, the utility of that same technology to provide health care services in a situation where the provider and the patient are separated by miles often remains understated.

A common misconception tied to this premise is that remote medical services should be rendered **ONLY** when there are no other options available. The reality is that, depending on the nature of the service, some patients who might live right around the corner from a medical facility may refuse to actually to show up in person to receive care—regardless of whether they're bedridden or able to run a marathon.

Such perceptions can be dangerous because they neglect the fact that not all telemedicine involves extreme distance. Sometimes, that distance may actually be from the patient to the computer in the operating room. Ever witnessed or been a recipient of a computer-assisted surgery? Your highly skilled physician is able to perform an intricate surgery with much greater precision by using a technology that enlarges very small cells and tissues that are not as visible to the naked eye.

I watched an urologist remove cancerous cells from prostate tissue doing this once. The computer screen clearly magnified what would otherwise have been invisible to the doctor's naked eye. The doctor inserted a probe into the patient's, er, male area and watched the screen as he removed the cancerous tissue. Yes, the doctor had to touch the patient to operate, but he wouldn't have been able to find those cancerous cells if he had actually opened up the patient for a more invasive procedure, because he wouldn't have been able to see them! It's probably 1 of the most fascinating medical miracles I've ever witnessed, but I digress.

The reality is that, in some cases, providing health care services without actually touching or even seeing the patient or the affected area requires additional skills. First and foremost, you must understand and be able to use the technology appropriately. Being flexible with that technology and its own unanticipated challenges is important, too. You must understand and anticipate potential barriers to each individual patient's care, and trust me, there are many more barriers than just distance. It may actually require some detective work.

You have to know how to ask the right kinds of questions and be more insightful. Oftentimes, it's helpful

to have experience in or at least an understanding of how similar services are provided in a face-to-face setting to help navigate barriers created by distance. In fact, I know 1 state in particular has a law that actually requires its pharmacy technicians to have at least 1 year of experience in “traditional” pharmacy practice before working in a remote setting. What does *that* tell you?

5) There aren't many studies out there supporting whether telemedicine “works” or is at least as effective as care provided in more “traditional” environments. Yet, there have been some recent studies showing that telemedicine services are beneficial, including 1 that revealed little difference in the outcomes of services provided between telemedicine and traditional setting. Still, that's not enough to shake off the rampant skepticism that abounds.

Now that the standards of evidence-based medicine have replaced the former default of seeking an expert opinion, the first thing skeptics and naysayers want to see is the data. Does it work? Who's done it before? How have they done it? If you happen to work for a federally funded entity or an academic institution, then you might be more likely to have some funding or support to help prove the effectiveness of telemedicine. Right now, the rest of us have to fend for ourselves.

Hopefully, I've shed some light on an ever-growing yet highly misunderstood industry and some of its challenges.