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Growing telemedicine reimbursement could attract CROs and clinical data provider interest – experts

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Growing levels of reimbursement for telemedicine in the US could spur clinical service providers and CROs to consider turning trial technologies to general healthcare usage and fill data requirement gaps, according to experts.

Telemedicine visits are electronic communications - for instance video calls -- between specialist physicians and patients, said Richard Kimball, CEO of healthcare technology company HEXL. Typically, telemedicine has been used for specialist virtual visits with patients in remote areas who would otherwise be unable to attend such consultations, James Stansel, partner at Sidley Austin, said. In these cases, the patient must still attend a nearby clinic to take the video call, he said.

However, there is now more movement toward Centers for Medicare & Medicaid Services (CMS) reimbursing telemedicine in a home setting and widening the scope of indications that doctors can treat through telehealth, including recent provisions for remote chronic care management under new current procedural terminology (CPT) codes, Kimball said. Doctors would get paid around USD 43 to USD 57 a chronic-care visit, according to a 31 October 2014 document on Medicare's 2015 physician payment rules.

CMS tends to lead reimbursement decisions that often influence commercial US insurers and this may trigger more payers to reimburse telemedicine doctor visits, Kimball said, noting United HealthCare is already doing so. In an April 2015 press release, United announced it will cover real-time video-based virtual physician visits via mobile phone, tablet or computer, with the patient able to get prescriptions for such minor medical needs as allergies, sinus and bladder infections. WellPoint covers telemedicine in certain plans with a view to providing it in all coverage, according to news reports. It is also now a requirement in 24 states and the District of Columbia require that private insurers cover telehealth the same way as they cover in-person services, according to the American Telemedicine Association website.

CRO and other service provider involvement

With this boost of use and insurer support of the system, there is potential for CROs and other service providers to move into telemedicine offerings, the experts said.

Electronic medical record (EMR) providers and CROs with data mining, management and storage capabilities built to be compliant with Health Insurance Portability and Accountability Act (HIPAA) privacy laws could see telemedicine as a new business opportunity. This was agreed upon by Kimball, Simon Schurr, president of US health informatics company Collaborative Medical Technology Corporation (CMTc), and Michelle Marlborough, vice president, product strategy for cloud-based clinical service provider Medidata Solutions (NASDAQ: MDSO).

Providing telemedicine services compliant with HIPAA rules is not just having a secure line, but also providing documentation for patients, gaining agreement from doctors and handling the data in a secure manner, Schurr noted. This has the potential to be applied in clinical trial visits, Marlborough said.

Schurr and Kimball noted that some general health service providers already have offerings supportive of telemedicine such as Teladoc (NYSE:TDOC), MDLIVE, American Well, HealthTap and Doctor on Demand, which is working with United. There could be consolidation among these players which has not occurred so far since the space is relatively new, Kimball said, pointing out that a couple of companies will become big players in telemedicine while others will drop out.

However, these existing providers still have gaps in their offerings such as combining fragmented information from a patients' various healthcare provider (HCP) visits, said Schurr and Ramon Chen, VP marketing for cloud-based data management provider Reltio. This is crucial since doctors' time in telemedicine visits is compressed so they need the right data at their fingertips, both noted. This is where CROs and those providing clinical data services could branch out and fill the breach, said Schurr and Chen. CROs could take a "back-door entry" into the market by facilitating intelligent information sharing which could aid teleconsultation, Schurr noted.

It would be possible for a CRO with electronic data capture technology to apply their platform in the general healthcare space to capture information or footage from video calls and store it in a HIPAA secure way, as well as handling auditing, for instance, Marlborough said. For instance, video consent tools could be applied to this, she added.

However, Mark Shapiro, VP of clinical development at US CRO Clinipace said CROs turning their offerings from clinical trials to the wider healthcare space would likely involve a whole new level of software validation as the general healthcare setting has separate regulations to clinical trials. Since the general healthcare setting is outside of CROs' core business, this may not interest many CROs, he said, noting this would likely be the case with Clinipace. Working in the telemedicine space in the general healthcare setting would not be natural growth for CROs, Schurr agreed, though both he and Marlborough noted early takers could benefit from its growth.

CROs could spin out data platforms for the purpose, Shapiro and Kimball said. Though both noted there are probably technology companies - such as those dealing with EMR -- better suited to telemedicine needs.

EMR providers could, for instance, partner with big IT players which have existing video conferencing tools like Skype, Webex or Microsoft to integrate their technologies, Shapiro said. CROs on the other hand are still integrating information from EDC systems and data management tools so adding a video calling component may be a step too far, he added.

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Companies such as Oracle (NYSE:ORCL) and Medidata which specialise in data services could potentially look at telemedicine as a new business venture, Shapiro said. Though the key focus is clinical trials for Medidata at this time, Marlborough noted. Healthcare IT vendors such as those working in radiology and other conglomerate healthcare IT would also be interested in telemedicine, Schurr said.

by Natalie Morrison in London

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