

53 Million Family Caregivers Need Access To Quality Health Care

**Marketing Telehealth Enabled Local Physicians
Can Help Solve The Problem**

**A White Paper by:
Robert Roth, Ph.D.**

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Introduction

The Department of Health and Human Services (HHS), reports that, as of 2022, approximately **53 million** U.S. family caregivers were caring for an elderly parent, spouse or friend, or other family member with a chronic health condition or disability.

The majority of America's family caregivers are challenged (often severely challenged) by:

- The stress of 24/7 caregiving
- Social and geographic isolation
- Financial strain

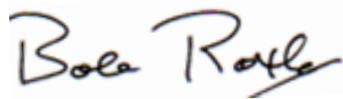
As a result, caregivers often require health care both for themselves and for the loved one they are caring for. And, when family caregivers need medical help, they need help **when, where** and **as they need it**. Waiting days or weeks is not an option. Travelling long distances may be difficult, or impossible. And surprise medical bills can be catastrophic.

Fortunately, today's telehealth technologies have potential to deliver many of the health care services that caregivers need. And, when telehealth availability is integrated into a local medical practices, telehealth enabled local physicians can provide caregivers with exactly the services they need . . . when, where and as they need them. But there is a problem.

The problem is that very few of America's 53 million family caregivers are aware of their local telehealth options because very few telehealth enabled local healthcare providers are their consumer marketing options.

My goal in writing this White Paper is to encourage the integration of robust telehealth options into local primary care practices nationwide, and to make local primary care providers aware of their numerous consumer marketing options.

Please contact me to share more.



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Marketing

by Dr. Bob

Why Family Caregivers Need Telehealth Health Care

Because of their isolation, financial stress and transportation challenges, Family caregivers find it difficult (often very difficult) to access affordable quality health care. Their challenges include:

- **Isolation**

The U.S. Census Bureau estimates that 60 million people living in rural communities receive lower-quality healthcare and have worse outcomes compared to urban and suburban dwellers. In addition to geographic isolation, many caregivers are isolated by 24/7 caregiving chores, limited financial resources and personal health challenges.

- **The Cost of Care**

According to the CDC, 13 million Americans failed to obtain needed medical care due to cost during 2017.

- **Long Wait Times**

A [report](#) published by Merritt Hawkins notes that the average wait time for a new patient appointment with a provider, in the 15 largest U.S. metropolitan areas, was 26 days during the January to September 2022 period.

- **Transportation**

According to the American Hospital Association, 3.6 million Americans are unable to receive medical care due to transportation challenges.

Integrated telehealth and local care can help caregivers overcome many of these challenges by providing virtual services that:

- Require no transportation
- Disregard isolation
- Deliver care at far lower cost
- Eliminate long wait times

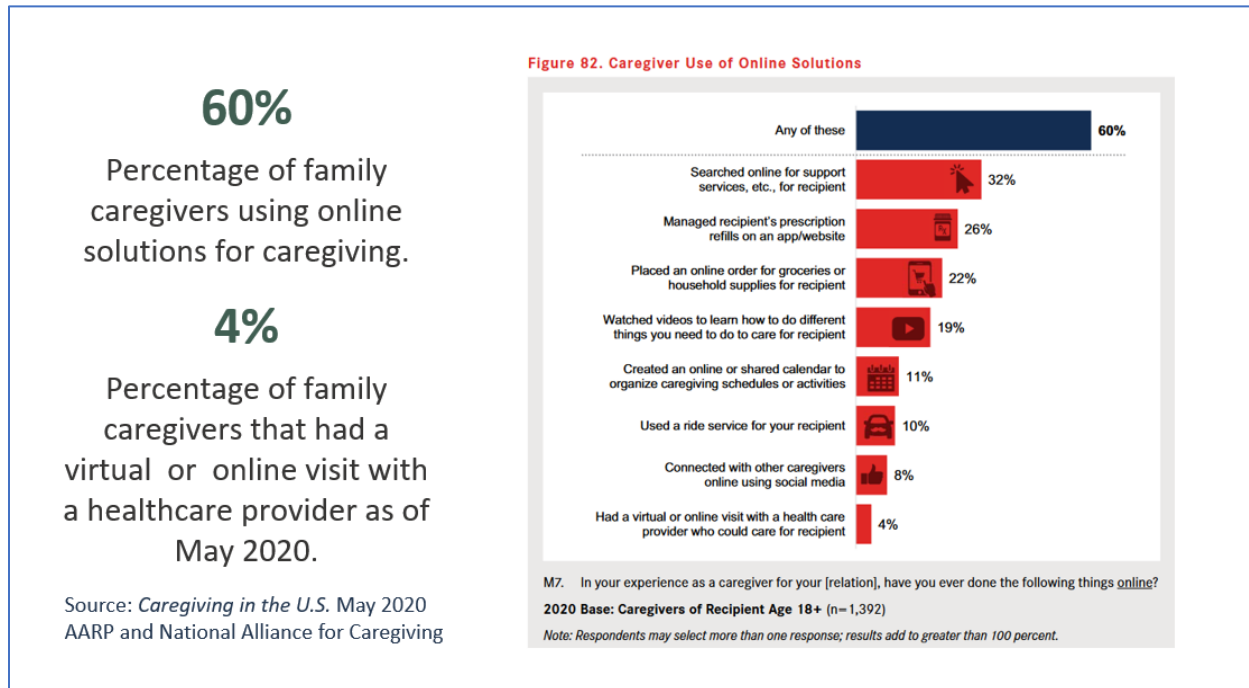
Today's Telehealth technology can deliver a wide range of services including wellness visits, prescriptions for medicine, dermatology, eye exams, nutrition counseling, mental health counseling, urgent care, participation in drug trials and monitoring for high blood pressure, diabetes, weight loss or gain, heart conditions, chronic obstructive pulmonary disease, sleep apnea and asthma.

By integrating telehealth services into local health care practices, both caregivers and family members can get the full range of medical services they need, both at home and in their local doctor's office.

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The Telehealth Disconnect

Despite the fact that Telehealth services can overcome many of the barriers to quality health care, *very few* family caregivers are taking advantage.



This AARP and National Alliance for Caregiving study indicates that, as of 2020, **60% of family caregivers were using online solutions for caregiving; but only 4% had participated in a virtual or online visit with a health care provider.**

Following on this AARP-NAC study, during October 2022 Trilliant Health, the leading predictive analytics and market research firm in the healthcare industry, reported that **demand for telehealth services was 37% lower in Q1 2022 compared to its peak quarter in 2020 and Nearly half (48.7%) of first-time users used telehealth only once.**

Source: <https://www.businesswire.com/news/home/20221019005398/en/Trilliant-Health%E2%80%99s-Second-Annual-Trends-Shaping-the-Health-Economy-Report-Details-Major-Economic-and-Market-Forces-Defining-U.S.-Healthcare>

These study findings suggest that awareness and first-time trial of telehealth care was, even at the height of the pandemic, severely lacking.

This low level of consumer adoption is remarkable considering the wide range of telehealth benefits that became available during the pandemic. In the next section of this White Paper, we will look at a little telehealth history.

A Little Telehealth History

As discussed in the last section, it seems remarkable that telehealth options have not been enthusiastically embraced by family caregivers. This is puzzling considering that telehealth technology has been evolving for almost a century.

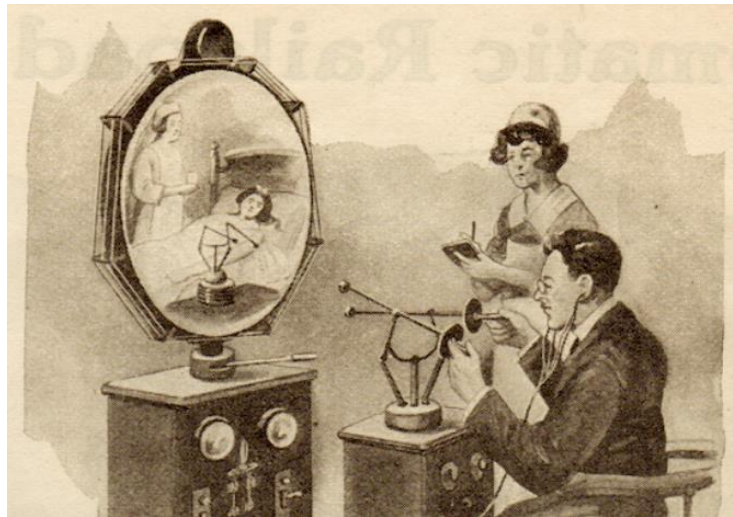
Consumer Telehealth Care

An early attempt at communication aided telemedicine was proposed by Hugo Gernsback during **1925**.

Mr. Gernsback called his proposed telemedicine system the “teledactyl.”

In theory, the teledactyl system would allow doctors to not only see their patients through a television screen . . . but also “touch them” from a distance by manipulating his controls which then control a similar mechanism at the patient’s bedside.

The advanced technology envisioned by Mr. Gernsback eventually came to fruition and initiated a new era of telemedicine and telehealth innovation.



Source: <https://www.smithsonianmag.com/history/telemedicine-predicted-in-1925-124140942/?no-ist>

During 1959, the University of Nebraska utilized video telemedicine to transmit neurological examinations for consultations. Other programs used in academic setting transmitted fluoroscopy images, x-rays, stethoscope sound and electrocardiograms to support health care providers in rural areas.

Source: <https://medcraveonline.com/IJBSBE/the-evolution-and-transformation-of-telemedicine.html>

In the 1970s, Kaiser Foundation International partnered with Lockheed Missiles and Space Company to create a remote monitoring system capable of providing healthcare delivery. The system enabled physician assistants to send patient information from a remote facility to a hospital or medical facility many miles away. The goal of this program was to enable rural areas around the globe to receive better healthcare services and improve patient outcomes.

Source: <https://mhealthintelligence.com/news/the-history-of-remote-monitoring-telemedicine-technology>

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During the 1990s,

The 1990s were the “developmental years” of telemedicine. This was the decade during which many large state and system projects emerged, telecommunications evolved to the point that it was more available and affordable, and passage of state and federal legislation propelled the field forward by recognizing telemedicine as a reimbursable mode of care provision.

Source:

<https://accessmedicine.mhmedical.com/content.aspx?bookid=2217§ionid=187794434#1158358711>

During 2014 Cleveland Clinic eHospital program. This program provides patients at 4 hospitals with input from staff intensivists and experienced critical care nurses during the night (7 pm to 7 am) via remote monitoring.

During 2016, Cleveland Clinic launched its Remote Hypertension Improvement Program, an enterprise-wide initiative to minimize hypertension-associated mortality and morbidity with the assistance of telehealth services.

Source: <https://www.ccjm.org/content/ccjom/85/12/938.full.pdf>

During 2016, VeeMed began offering a complete telehealth platform for the full continuum of healthcare. VeeMed rebranded as VeeOne Health during 2021 and continued its evolution to become the first end-to-end virtual care solution to address the needs of patients, providers, and healthcare systems at every stage of the patient journey. The VeeOne Health platform provides everything healthcare systems and remote physicians need to stand up a world-class virtual care program.

Source: <https://veeonehealth.com/>

During 2020, VeeOne Health led the way in providing acute-care, telehealth solutions to address the overwhelming influx of patients needing care at healthcare facilities while reducing additional exposure to COVID-19 in hospitals.

During January, one of the largest non-profit healthcare systems in the United States, Banner Health, selected VeeOne Health to enable ambulatory and acute virtual care services across all 28 Banner Health facilities.

VeeOne also partnered with the UAE-based SEED Group to make use of advanced telehealth solutions throughout the UAE and northern Africa. VeeOne also provided telehealth technologies to Wellstar Health System, one of Georgia’s largest integrated health systems and CommonSpirit Health, a nonprofit health system that services more than 20 million patients through 1,000 care sites in 21 states.

During 2020, and throughout the Covid-19 pandemic, a number of telehealth companies attracted substantial investment and innovated to offer 24/7 access to doctors wherever and whenever a patient may need it. Leading competitors included Teladoc, Livongo, Navigating Cancer, 98point6, 23andMe and Amazon.

Telehealth Assisted Drug Trials

In addition to providing virtual medical services to patients, telehealth technology has been innovating drug research processes since shortly after the dawn of the 21st Century.

During 2008 and continuing through 2017 technology-assisted glucose-lowering diabetes drug trials involving more than 140,000 participants were ongoing or completed. These studies highlight the operational and technical challenges of international multicenter trials including differences in technology infrastructure, logistics for drug distribution and clinical specimen collection, cost structures, language, definitions of adverse events, and country-specific clinical practice and ethical perspectives.

Source: <https://www.sciencedirect.com/science/article/pii/S014929181730200X>

During 2011, the Tufts Center for the Study of Drug Development reported that bringing a new therapeutic entity through research and development (R&D) required at least 10 years, and the average capitalized cost exceeded \$2.6 billion.

The period necessary for clinical testing was particularly time and cost-intensive, with site monitoring alone comprising between 9% and 14% of overall expenditures. In addition, uncertainties of recruitment and retention posed additional risks. An estimated 11% of sites in any multicenter global clinical trial were failing to enroll a patient, almost 40% were failing to meet initial recruitment targets, and 49% of all enrolled participants dropped out before study completion.

Perennial barriers to recruitment and retention included lack of proximity to academic medical centers, where trials are usually conducted, and the inability or unwillingness of participants to commit to multiple follow-up visits. Additional hurdles included inefficient trial management and the demand for larger and more diverse sample sizes over wider geographic areas, to determine whether a drug is well tolerated and efficacious across all age groups and ethnicities.

Responding to these challenges, pharmaceutical manufacturers began incorporating emerging telehealth technologies into trials during 2011.

Source:

https://f.hubspotusercontent10.net/hubfs/9468915/TuftsCSDD_June2021/pdf/PROFILES+OF+NEW+APPROACHES+TO+IMPROVING+THE+EFFICIENCY+AND+PERFORMANCE+OF+PHARMACEUTICAL+DRUG+DEVELOPMENT+.pdf

During 2011, Pfizer conducted the first U.S. Food and Drug Administration (FDA) approved clinical pharmaceutical trial using Web and smartphone-based technologies to recruit and manage participants entirely from their homes.

The REMOTE Research On Electronic Monitoring of [Overactive Bladder Treatment](#) Experience study was initiated in response to an increasingly challenging drug development environment marked by rising costs, lengthening cycle times, escalating levels of protocol complexity, and a dynamic regulatory environment.

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During 2015, the “virtual” trial concept was reinforced when the U.S. FDA solicited feedback on the use of [telehealth](#) technologies to improve efficiency of clinical trial conduct.

Major drug companies in Europe and the United States launched feasibility trials using Web-based methods. The European trial, sponsored by Sanofi, assessed the utility of a 3G-enabled wireless blood glucose meter for glucose profiling from remote sites.

Participants registered themselves by a clinical research cloud platform, reviewed patient information electronically, signed informed consent electronically, and received other study materials directly at home. Coordination of the study required 66% less time compared with a conventional site-based study using a similar protocol, and compliance improved 18%.

In the United States, Genentech incorporated a videoconferencing and messaging platform into a trial of treatment for a rare autoimmune skin condition occurring in less than 1/100 of 1% of the global population. Candidates from seven US states were recruited through the “virtual” site, and enrollment was more than 20 times faster than that projected for non-remote sites.

During 2017, additional technology-aided trials conducted prior to and during 2017 included:

The Fox Trial Finder, an online Parkinson disease trial-matching tool that enabled researchers to solicit volunteers from throughout the United States to use videoconferencing from their homes. The Trial Finder provided a database of more than 42,500 individuals for Parkinson research.

The Oregon Center for Aging and Technology (ORCATECH) provided a far-reaching prototype for In-home Monitoring for Mild Cognitive Impairment associated with Alzheimer Disease. Researchers installed a system of strategically placed sensors in more than 480 homes.

During 2021 the National Library of Medicine published study results on Using Digital Tools to Advance Alzheimer’s Drug Trials During a Pandemic.

Study findings suggested that, despite the fact that the 2020 COVID-19 pandemic disrupted Alzheimer’s disease clinical studies worldwide, digital technologies may help minimize disruptions by enabling remote assessment of subtle cognitive and functional changes over the course of the disease.

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8244451/>

During 2022 Ro (a leading direct-to-patient healthcare company) announced an Agreement with the National Institute on Aging (NIA) to Diversify Clinical Trial Registration Using its Telehealth Platform.

Source: <https://www.prnewswire.com/news-releases/ro-announces-agreement-with-the-nih-national-institute-on-aging-nia-to-diversify-clinical-trial-registration-using-its-telehealth-platform-301642069.html#:~:text=The%20hope%20is%20that%20telemedicine,clinic%2C%20or%20lab%20for%20testing.>

Today's Robust Telehealth Processes

One positive outcome of the COVID-19 pandemic is robust telehealth systems that provide clinicians with an easy way to implement virtual visits. Several of these systems allows patients to benefit from a wide variety of health care benefits conveniently and economically from home or wherever they may be.

Some of the features of these robust systems include:

- HIPPA compliant audio, video, and messaging
- Easy appointments
- One-click links that take patients directly to their visit.
- Multiparty video that connects clinicians with specialists and caregivers
- Flexibility to use any computer or handheld device

The Consumer Marketing Challenge

It seems clear that telehealth enabled local physicians have potential to dramatically improve quality of health care for 53 million family caregivers. But it also seems clear that making family caregiver/telehealth enabled local physician connections is going to require a great deal of consumer marketing because, for family caregivers, telehealth enabled local physicians are a NEW PRODUCT (or more accurately a new service). And, as every consumer marketing guru knows, introducing a new product (or service) requires a substantial marketing investment. Fortunately, because many clinicians are associated with nonprofit institutes or foundations, taking advantage of [nonprofit marketing opportunities](#) is an economical marketing option.

Introducing telehealth enabled local physicians, through a passionate and well strategized *local* consumer marketing campaign has potential to dramatically improve delivery of affordable quality health care to America's 53 million family caregivers.

So, What do you think?

Is your medical practice ready to engage your community's family caregivers?

If the answer is YES, let's please share more.

With appreciation,

Bob Roth (AKA Robert Roth Ph.D.)

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