



THINKSTOCK

# POINT OF WHERE?

With rare exceptions, the point of care used to be one of three places: the doctor's office, the hospital or the pharmacy. But with advancing technology and connectivity facilitating physician-patient sessions that can take place with one—or both—participants lounging on the beach, the point of care is now officially wherever patients want it to be. **Rebecca Mayer Knutsen** reports

**T**he term *point of care* is passé. Thank technology, which has overhauled points of care to provide more convenient, productive and efficient experiences for healthcare providers and patients. By pushing interactions beyond the doctor's office, patients have access to care in places and at times that would have been thought impractical even a few years ago.

While the POC has historically been a doctor's office, technology has prompted patients and providers alike to rethink what—and when and where—they want the POC to be. “POC is widening dramatically in terms of location and time,” says Hensley Evans, principal at ZS Associates. “Consumer expectations are pushing access to care beyond the standard 9-to-5 office hours.”

The new definition of POC lets a mother use her smartphone to check vaccination records from the soccer field, then scan a prescription bottle to electronically request a refill at the pharmacy so it's ready on the drive home. It also allows a 65-year-old managing diabetes and high blood pressure to video-call a physician from home at no cost or pose questions to an HCP through a retail clinic kiosk.

According to ContextMedia: Health EVP Ashik Desai, technology has opened up opportunities for other healthcare locations, such as pharmacies and urgent care facilities, where patients are making relevant treatment and care management decisions. And the movement is just beginning to scratch the surface of its potential. Technology experts are poised to unleash a bevy of management tools, diagnostic tests and wearable devices that will defy our wildest imaginations. A smart contact lens with the potential to monitor the wearer's blood-sugar levels is in development through a mash-up between Google and Novartis's Alcon division. Sudden Impact Analytics is designing a chip worn in an athlete's mouth guard to measure the real-time impact of a concussion.

“Nearly all of these marvels sit at the intersection of modern telecommunications advances and the mobilization and miniaturization of medical testing and monitoring tools, with the almighty smartphone running much of the show,” says Kathryn Gallant, CEO New York, Cello Health Insight.

Mobisante's ultrasound can provide diagnostic imaging via a smartphone or tablet to knock down distance barriers for patients unable to visit a doctor's office. Adhere Tech's pill bottles track when medications are taken, send updates to the HCP and alert the patient of a missed dose. “The shrinking of technology—being able to do an EKG or ultrasound through the phone—means it isn't always necessary for the patient to visit a physical location,” Evans notes.

From Gallant's perspective, this quick evolution of modern healthcare relies heavily on technology, from staying in touch with HCPs via services like EHR portal MyChart to using remote monitoring services for interventions including periodic pacemaker interrogation.

## CUT COSTS, BRIDGE GAPS

Smartphone-based systems naturally hold the appeal of convenience but also the promise of sweeping savings to an overburdened healthcare industry. Using technology to follow a patient's care from the beginning can slash costs by addressing treatment gaps along the way.

Sandeep Pulim, MD, chief medical information officer at @Point of Care, divides the patient-provider touch points into three phases: preventative, face-to-face and post-episodic encounters. Technology, then, serves as the mesh that connects one episode to the next.

In the pre-encounter, patients focus on staying healthy to prevent a doctor visit while a doctor might, for instance, manage a group of

prediabetic patients via digitized programs to avoid the incremental costs of diabetes care. Post-appointment care, on the other hand, prevents hospitalizations and breakdowns in adherence and compliance. Pulim points to tools that a patient managing COPD can use at home—such as Propeller Health—to help patients keep track of medication use and be more aware of triggers.

Evans says technology has driven the POC expansion owing to the near ubiquity of faster Internet, mobile devices and smartphones, which give patients instant access to telehealth and remote services. She points to the more than 75% of physicians who use email on a semiregular basis with patients. “Increasing use of email means patients can ‘see’ their doctors in their in-boxes,” she notes.

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Through apps that allow patients to track exercise, weight, water consumption and more, patients can orchestrate vast amounts of personal healthcare with just a few finger taps. Wireless devices and wearables are driving services and capabilities in remote monitoring and telehealth. “Devices are no longer just clip-ons. Now patches are becoming more convenient and less expensive,” Evans says.

“The influence of technology is powerful,” Desai says. “What we can do to inform and better impact patient actions is incredible.” ContextMedia: Health is developing a product that endeavors to elevate the patient-physician interaction to its most productive level.

## WHAT MESSAGE, AND WHEN?

Take a patient who has rheumatoid arthritis, a chronic condition that might require four annual doctor visits. With such frequent touch points, the encounters should be as seamless and productive as possible. To that end, ContextMedia: Health plans to send patients text messages or emails before an appointment—to serve as a reminder of the where and when as well as to get patients thinking.

“It improves the dialogue in the office,” Desai says. “A patient might be asked, for example, to answer a health assessment questionnaire on how to better manage her RA before the appointment.”

Desai advocates for in-the-moment contextual messaging to ultimately improve patient outcomes. The big issues, he says, are identifying the right time to deliver a patient message and determining what information to include. For a patient on a cholesterol product, for example, the messaging pushed right after the patient receives the prescription would differ from the education provided two days before a follow-up appointment.

According to Evans, remote health has potential as a marketing channel. “Soon a Google ad will pop up when you are conversing online with your doctor about a prescription,” she explains. “Marketing will catch up to the POC changes but nobody has a clear model for how it will work. As more consumers migrate there as a bigger part of their health attention, payers and pharma will follow.”

Adds Gallant, “The ultimate point is increased convenience and immediacy for patients and healthcare providers alike, with an eye toward providing faster in-the-moment results and, hopefully, improved decision-making and health economics outcomes.” ■