Signify Research’s key takeaways from HIMSS 2018. Topics covered:

Page 2 - Interoperability: A Sheep in Wolf’s Clothing at HIMSS18
Page 5 - AI and SDOH to Revolutionise Healthcare Prediction
Page 8 - Partnerships Enabling Enterprise Telehealth – HIMSS18
Introduction
This show report presents the views from Signify Research's leadership team attending the 57th Healthcare Information and Management Systems Society (HIMSS) Conference and Exhibition:

- Interoperability: A Sheep in Wolf’s Clothing at HIMSS18
- AI and SDOH to Revolutionise Healthcare Prediction
- Partnerships Enabling Enterprise Telehealth – HIMSS18

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Interoperability: A Sheep in Wolf’s Clothing at HIMSS18
Written by Steve Holloway

Wandering the exhibition floor this year, any outsider to the health IT industry would have assumed interoperability was a problem already solved. Exhibitors across the hall boasted ever-growing portfolios of clinical, diagnostic and operational software, all of which seemingly could be implemented and interconnected simply and efficiently. Yet dig under the surface of this glossy marketing and all is not what it appears.

Most solutions at the show don’t interface well with existing and legacy health provider networks or other third-party software. Worse still, software modules from within a vendor’s own portfolio commonly don’t interface well together. Many require individual customised implementations, at significant cost to the provider. Others have developed or partnered with third parties to establish application programming interfaces (APIs) to make more common combinations of software easier to integrate.

Essentially, there is a huge gulf between the “vision” being displayed in the exhibition hall and the reality for healthcare providers when they come to implement software. Admittedly, healthcare has come a long way, most notably with common use of HL7 v3 standards and solid progression of the emerging Fast Healthcare Interoperability Resources (FHIR) standards. Yet, much of this work has still only enabled relatively basic exchange and “messaging” of administrative and basic clinical data, typically centred around EHRs – though even here data protectionism remains rife. But this is only part of the problem. Outside of core EHR and administration, healthcare providers also have an array of smaller clinical and diagnostic modules, catering for everything from diagnostic imaging to departmental operational workflow to clinical care coordination. Few of these systems, especially older legacy systems, can exchange information within the health provider’s network, let alone externally with other providers. So, what can be done?

Unsurprisingly, there is no simple fix for such a complex problem, especially given the big issues interoperability can stir-up: data ownership, patient access, cybersecurity, inter-provider competition. Healthcare is an enormous business, meaning significant change will require a commercial driver as well as clinical and ethical pushes. The high-profile announcement from the US government at the show, aiming big fines at interoperability “blockers” was clearly intended to signal a “big stick” approach to data protectionism, by targeting health providers’ balance sheets. The expectation is that vendors will also be impacted due to the trickle-down effect in the long run. However, any fines are likely to be tied to an overhaul of the Meaningful Use and MACRA policies overhaul, suggesting a drawn-out and lengthy process. It will also mostly address core EHR and administration, with some expansion on Population Health Management (PHM) and patient data access.

A Little Less Vision, a Little More Action Please
Yet this does little to change how vendors develop or market their products, especially outside of the core EHR and administrative space. It also only impacts the US healthcare market, doing little to change the agenda in international markets. So, what can clinical and diagnostic IT vendors do to get ahead of the curve on interoperability? Here’s our thoughts:

1) “Value-based” will Increasingly Create Market Value
As IT and digital technology is seeping into healthcare delivery, there has been a marked improvement in healthcare providers analysing operational data, to try and run their systems more efficiently, as well as longer-term patient outcome measurement. Both are already dramatically altering the way in which procurement of IT is
What can clinical and diagnostic IT vendors do to get ahead of the curve on interoperability?

1) “Value-based” will increasingly create market value
Vendors serious about winning in the increasingly value-based market need to increase both the volume and prominence of customer success stories based on value-based care.

2) Transparency counts – as painful as it may be
Vendors also need to be taking a more transparent approach to their ability to integrate, both within their own portfolio and with other third-party solutions.

3) “Clustering” is coming – focus on integration for the most common partners
The scale and complexity of health IT has rapidly grown, resulting in no single vendor being able to provide an all-encompassing offering. Vendors are now needing to partner far more to service the needs of expanding healthcare provider networks. However, the must look to improve the maturity of their integration with selected partners – an embedded hyperlink to launch a new application and different interface is rarely well received by users.

Conducted, as well as fundamentally shifting how healthcare funding is provided.

Yet today, health IT vendors have been slow to jump on the “value-based” bandwagon. After three days at the HIMSS show visiting imaging IT, clinical IT and EHR vendors and seeing various demonstrations, I could count on one hand the case study examples demonstrating the actual value of their products in real terms over time (operational spend or clinical outcome).

Admittedly, healthcare providers are still getting to grips with use of analytics and value-based care management. But given the growing push by vendors for selling consulting and professional services to support use of their software, vendors serious about winning in the increasingly value-based market need to increase both the volume and prominence of customer success stories based on value-based care.

2) Transparency Counts – as painful as it may be
There is also an argument that vendors also need to be taking a more transparent approach to their ability to integrate, both within their own portfolio and with other third-party solutions. Moreover, many vendors present their “vision” for their product portfolio as if all their solutions are “off the shelf” ready, when most are far from well-integrated and may require years of further development to be developed as a fully integrated product set.

Enterprise imaging IT is a great example; too often we hear reports of failed or delayed implementations due to certain software modules or components being incompatible from the same portfolio. Add in unique challenges associated with legacy applications and software at the commissioning provider and the validity of vendor marketing claims is seriously called into question. Therefore, vendors need to be more transparent and up-front in the capability and maturity of their solutions today. Many have traded too heavily on over-promising and under-delivering, creating a culture that expects costly delays and customisation. While being more transparent may be viewed by some in the hyper-competitive market as a sign of weakness, greater clarity on product capability and interoperability maturity of a portfolio will go a long way to winning the trust of current and potential new customers.

This should also be the case for third party integration. The industry and providers have done a poor job thus far of establishing a defined scale for what can be counted as “integration”. There were certainly various degrees of integration observed at the show, from seamless integration (essentially embedded within the same user interface) to web-enabled hyperlinking and results integration (the “app store” model being commonly touted for diagnostic AI solutions). Yet in most cases there is little understanding for customers on the maturity of each vendor partnership. At best, most will show a list of logos for partnerships, but give little away on the interoperability and the workflow supporting use of applications in each partnership.

3) “Clustering” is Coming – focus on integration for the most common partners
Why is this so important? Because the structure of the clinical IT market is also undergoing a significant change. The scale and complexity of health IT has rapidly grown, resulting in no single vendor being able to provide an all-encompassing offering. Instead, vendors are now needing to partner far more to service the needs of expanding...
healthcare provider networks. While some may argue the acute EHR market consolidation suggests clinical and diagnostic IT will follow suit, especially given the push from healthcare providers for fewer vendors in their supply chain, this is a more nuanced and specialist market. Experience and best of breed capability really counts when it comes to the surgical scheduling, cardiology catheter lab management or diagnostic imaging workflow.

Therefore, we see a definitive shift in market direction to "clustering" of vendor solutions. Collaboration in tenders and procurement deals has long been a characteristic of the clinical IT market, but most vendors have entered into these arrangements on a case-by-case basis. Moving forward, this will proliferate into more established common clusters of partnered vendors, to offer a more mature, integrated and quicker to implement solution across a wider breadth of clinical capability. These clusters may associate more closely around a specific EHR partner in some markets, or others may emerge from leading health tech firms positioning themselves as a central clinical IT platform and central contractor – or as we define, agnostic clinical enterprise (ACE) platforms. However, the success of these alliances will be heavily dependent on their ability to integrate seamlessly. Thus, vendors must look to improve the maturity of their integration with selected partners – an embedded hyperlink to launch a new application and different interface is rarely well received by users. How vendors position partners must also improve, especially requiring more clarity on both the level of capability and interoperability. Even better, be able to showcase working case studies that can demonstrate the operational and clinical value of the combined capability of the product cluster.

A.I. Caramba! We Need Interoperability

On reflection, HIMSS18 offered a glimpse of a bright future overshadowed by the legacy issues of the past. Many of the challenges surrounding interoperability in healthcare stem from past decisions - most notably the sluggish adoption of standards, protectionism from vendors and healthcare providers, all set against the ongoing tussle between commercial gain and patient care.

From three days of meetings and viewing product demonstrations, it was evident that the market legacy continues to doggedly slow movement towards a more interoperable future. There was certainly more discussion on interoperability than in past years, somewhat buoyed by the emerging hype surrounding blockchain technology and the growing presence of FHIR (boosted by its use in the recent launch from Apple for integration to select healthcare providers’ EHRs). However, both are a long way from widespread adoption across all aspects of healthcare IT and much more work is required. But why the big fuss over interoperability? We’ve made it this far without it after all. Apart from the fact that many health systems still rely on fax machines, improving interoperability for health data is essential to better manage the cost and adherence to care in the 21st century. Healthcare needs to catch up with industries such as finance, travel and retail in ease of access, transfer of data and adoption of IT. Healthcare is also becoming hugely expensive for society, hence the growing momentum for more value-based care.

Perhaps above all, access and exchange of data will be fundamental to the long-term improvement in care provision and management. It was nigh on impossible to avoid artificial intelligence (AI) at HIMSS, such has been the rapid emergence and potential uses. More efficient and cheaper care, better diagnosis and precision medicine, smarter care management and improved care outcomes were all touted as a potential output from the new era of AI. Yet for AI to have any real impact or success in healthcare, it relies on a significant improvement in the way in which health data is managed and shared, for which interoperability will be an essential component. No AI system can be developed if data remains marooned in siloed proprietary archives produced from software applications that won’t interface with each other. While interoperability might not today have the most glamorous image, it is perhaps one of the most fundamental challenges facing the healthcare IT sector today. Here’s hoping for HIMSS19 it gets some serious attention.

About the Author

Steve has 8 years’ experience in healthcare technology market intelligence, having served as Senior Analyst at InMedica (part of IMS Research) and Associate Director of IHS Inc.’s Healthcare Technology research practice. Steve’s areas of market expertise include Healthcare IT and Medical Imaging.
AI and SDOH to Revolutionise Healthcare Prediction
Written by Alex Green

My key PHM-related takeaway from three days touring the booths of the leading vendors at HIMSS 2018 was the increasing importance of prediction.

The scene was set during the opening keynote speech from Eric Schmidt, Technical Advisor and former Chief Executive of Alphabet (owner of Google) who stated “The really powerful stuff is prediction. What I want is prediction to be able to intervene earlier.”

Within this wider theme of prediction, developments in two areas of PHM analytics were the talk of the show, namely:

• AI/Machine Learning
• Social Determinants of Health (SDOH)

Social Determinants of Health
A complete PHM solution includes risk stratification tools that enable a provider or payer to segment a population into different groups based on risk. PHM solutions typically use a range of analytics tools to segment populations into different groupings based on several different factors.

At its most basic level this involves defining patient cohorts based on administrative codes relating to conditions or procedures associated with each patient. EHR data supplemented with claims data has been the traditional source of data used for this process. However, it misses a huge proportion of information that can heavily influence the future health of a patient. This includes data relating to behaviours (e.g. exercise, tobacco use, alcohol consumption), physical characteristics of patients and patients’ ease of access to healthcare services. Vitally, it also misses social determinants of health (SDOH) such as data on patients’ living arrangements, family support groups, community support networks, education levels and safety in workplaces. Expanding the datasets used for risk stratification to include SDOH was a key theme at HIMSS with several companies such as Caradigm, Innovacer, SCIO Health Analytics and LexisNexis pushing this theme and/or showcasing new solutions that heavily expand the sources of data used in the stratification process. For the first time a specific conference educational topic was also set aside for “Social, Psychosocial and Behavioural Determinants of Health”.

Just How Important is SDOH?
Vendors have started to compete with each other in terms of stating just how important SDOH are in the care process, with claims that social determinants account for anything from 15% to 80% of health outcomes. The processes used to come up with these estimates aren't always clear; however, it is clear the use of SDOH will be an increasingly important battleground for differentiation between vendors in terms of their PHM analytics and stratification tools.

Remaining Challenges
As healthcare providers implement PHM solutions that utilise SDOH, they will need to start to interact with a wider range of social services organisations in order to address given social problems that may be impacting the health outcomes of specific patient cohorts. Some providers that have a history of working with large Medicaid populations have developed some of this resource in-house or have developed links with community organisations and social services agencies. But for many this will present a new challenge, both in terms of establishing relationships but also in terms of ensuring the IT put in place to support communication and execution of care plans can be accessed by this wider group of agencies involved. This wider group of out of network agencies may need at least partial access to EHR and PHM information to track the patient’s progress or to respond to care plan actions.

AI/Machine Learning’s Place in PHM
Once a broad pool of data is aggregated that includes SDOH, EHR data, claims data and behavioural data, the next challenge is to put in place algorithms that can
provide the most useful data that will enable healthcare organisations to improve outcomes and better manage costs. Historically, algorithms were used to associate risk and likely outcomes for different cohorts based on simple rules or scoring systems. These rules and systems are fixed and can often be based on old data, or evidence based on data that has been gathered from populations that are less relevant to the cohort a specific provider is trying to manage. Further, they do not learn and cannot adapt to new evidence that is gained from care management programs that are put in place. AI and machine learning based algorithms differ in that they can learn and develop based on the experiences of outcomes for specific populations that a healthcare organisation is managing. A big theme for many of the PHM vendors exhibiting at HIMSS was outlining their plans for how machine learning and AI algorithms would be offered as part of their PHM solutions in the future.

Areas of focus for vendors using AI algorithms in PHM solutions include:

<table>
<thead>
<tr>
<th>Use Case</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Admission/Readmission</td>
<td>Reducing readmissions/admissions to hospital by giving providers timely guidance as to which patients are most likely to be readmitted and how they can best manage that risk.</td>
</tr>
<tr>
<td>Managing Hospital Length of Stay</td>
<td>Managing hospital length of stay by identifying patients that are most likely to have increased LOS and ensuring best practices are followed when managing the patients' clinical journeys.</td>
</tr>
<tr>
<td>Predicting Chronic Disease</td>
<td>Predicting which patients will develop chronic disease and offering patient specific prevention suggestions or identifying patients with undiagnosed chronic disease.</td>
</tr>
<tr>
<td>Predicting Chronic Disease Escalation/Progression</td>
<td>For those patients already managing chronic diseases, identifying those where the condition is most likely to escalate and providing best practice care management workflows to minimise risk.</td>
</tr>
<tr>
<td>Predicting and Managing Costs</td>
<td>Using AI to proactively identify where a healthcare organisation is performing well and where it's underperforming in terms of controlling costs. This can range from identifying which patient cohorts to target with specific interventions, to which providers/services are employing the most cost-effective services.</td>
</tr>
<tr>
<td>Managing Patient No-show</td>
<td>Reducing rates of appointment no-shows by identifying the most likely patients and using patient engagement tools to improve their management.</td>
</tr>
<tr>
<td>Precision Screening</td>
<td>Identifying cohorts more likely to be susceptible to certain diseases and rolling out targeted screening programs for early diagnosis.</td>
</tr>
<tr>
<td>Improving Medical Adherence</td>
<td>Improving medical adherence rates by identifying those patients most likely to fail to observe the physician's recommendations and use patient engagement tools to manage more closely.</td>
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There were several AI product launches relating to PHM solutions during the show. The below summarises the products announced alongside our views on their likely impact on the market.

**Orion Health** announced its new machine learning service, Amadeus Intelligence. This was developed by Precision Driven Health (PDH), a New Zealand partnership between Orion Health, the University of Auckland and Waitemata District Health Boards. The solution focuses on how AI can be used to minimise wastage in healthcare, predict patient costs, help clinicians make more accurate decisions at the point of care and support organizations in reducing hospital readmission rates.

It is also intended to be used to support precision screening. For example, Orion has used its machine learning models to develop the Health Outcome Prediction Engine (HOPE). HOPE is designed to identify patients at risk of an Abdominal Aortic Aneurysm (AAA). Based on epidemiological studies, 800 New Zealanders were identified through data analysis of patient records as likely candidates for AAA during a precision screening trial. All the patients identified during the precision screening trial were contacted and 632 took up the offer of an ultrasound exam. 36 were found to have AAA, a prevalence rate of 5.5% and almost exactly the rate that was predicted by the data analysis.

**Allscripts** announced AvenelTM, a Microsoft Azure-hosted tool designed to create community-wide shared patient records and that uses machine learning to reduce time for clinical documentation, support improvements in care coordination, and to provide analytics at both a patient and population level. Avenel is positioned as an EHR interface app, and while it has been developed to address clinician frustrations in relation to EHR workflows, its functionality around population level analytics and integration into Allscripts FollowMyHealth patient engagement module mean that it has the potential to significantly add to Allscripts’ overall PHM offering.

**Health Catalyst** introduced Touchstone, an analytics application that focuses on benchmarking and prioritisation capabilities using AI technology. The company claims Touchstone is able to review over 300 billion patient facts generated by more than 600 million patient visits, across 125 million distinct patients. Touchstone has been launched with a population health specific module that focuses on enabling healthcare organisations to track performance against risk-adjusted benchmarks for metrics such as cost, utilisation, hospital length of stay and hospital readmissions. It can also be used to obtain insight into chronic condition populations for whom care can be improved, viewing primary care physician performance and supporting health plans when looking for opportunities to adapt workflows to reduce expenditure.

**Philips** launched its Healthsuite Insights marketplace which allows users to access curated AI-based assets from Philips and others through its own private ecosystem.
Initially the solutions on offer within the marketplace are more focused on other healthcare applications such as diagnostic imaging, patient monitoring, oncology and genomics. However, it is expected that Philips will leverage the marketplace and its expertise in other areas of AI to develop solutions that support the PHM portfolio that it has brought in house via the acquisition of Wellcentive and VitalHealth Software. Indeed, the company has stated that it sees PHM as one of four primary applications for AI in healthcare, with a focus on using predictive analytics to support healthcare providers take preventive action, reduce health risk and save unnecessary costs.

Announced well in advance of HIMSS, Lightbeam has also recently set out its plans for AI. Towards the end of 2017 it announced it was integrating AI technology provided by DocSynk (a provider of AI solutions targeted at supporting care delivery organisations) into its PHM product offering. Initial applications targeted by Lightbeam include supporting the identification of prediabetics and undiagnosed diabetics in support of programs such as the Medicare Diabetes Prevention Program (MDPP).

**Will Vendors Make Money from AI/Machine Learning in PHM?**

There is no question that AI is going to become an increasingly important component and differentiator of future PHM offerings. However, a key question that came up during many of my discussions at HIMSS in relation to PHM is whether vendors will make money directly from the development of AI algorithms.

My discussions with several vendors revealed they did not all expect to charge extra for AI. A typical view was that over time AI would increasingly be used as standard in risk stratification algorithms – it would be a differentiator and one that increasingly customers will expect to be offered at no extra cost.

Certainly, for the PHM platform providers, this model could well be the one that is used in the medium term. However, revenue opportunities exist for specialist analytics vendors that are developing point solutions using AI algorithms targeted at the PHM platform vendors, as the example between Lightbeam and DocSynk illustrates.

The model deployed by Philips also offers revenue generating opportunities both for Philips (in terms of charging for accessing its marketplace) and for third-party vendors that sell their solutions through the marketplace. Medium-term, questions remain as to whether that business model can endure as AI becomes a standard feature of risk stratification modules.

**About the Report**

The information presented in this insight is taken from Signify Research’s coverage of the population health management market. During 2017 two reports were published providing insight into the North American market, this will be updated early in 2018, alongside two further PHM reports. The first covering PHM outside of North American (i.e. EMEA, Asia and Latin America) and the second examining the use of AI and machine learning in PHM solutions.

**About the Author**

Alex has 21 years of experience in technology market intelligence. He leads on Signify Research’s Digital Health offerings with a focus on population health management and telehealth. Prior to joining Signify he served as a Senior Research Director at IHS and as a Business Analyst/IT Project Manager in a joint NHS/Government role. Alex is responsible for Signify Research’s coverage PHM and wrote the 2017 edition of “Population Health Management - North America”.

**Partnerships Enabling Enterprise Telehealth – HIMSS18**

Written by Alex Green

Partnerships were king for telehealth vendors at HIMSS this year. The reason? The increasing importance of being able to offer enterprise scale telehealth solutions.

We explore some of the partnerships that were announced at HIMSS in detail a little later, but to understand what’s driving this, it’s first important to understand the evolution of telehealth in terms of maturity from small-scale, point solutions to enterprise offerings that can be used across a range of healthcare settings.

**Telehealth Maturity Model**

The diagram at the bottom of the page outlines this maturity model.

Although telehealth has existed for many years, until recently most providers were still at the pilot stage, particularly outside of North America. Pilot deployments are smaller scale by definition, but they were also typically...
focused on one specific use-case, or care setting, or are addressing one specific problem. For example, better triage of stroke victims as they arrive in the ED, reducing re-admission rates for congestive heart failure patients after they've been discharged from hospital or addressing the primary care needs of sufferers of musculoskeletal disorders (MSDs).

These projects were often limited to one department in terms of scale and the solutions used were often point solutions designed to address a single use-case or problem in question. At this stage, vendors that specialised in the specific use case in question were often successful.

The next step for a health care provider after this pilot stage tended to then be a ramp-up of the initial pilot to a larger scale service rollout and the deployment of new pilots in other departments. There may have been some level of coordination as telehealth expertise and knowledge started to increase across the organisation, but often these deployments were still implemented in isolation, using hardware, software, platforms and services from different vendors, with limited integration to other healthcare IT such as EHR, workflow tools or imaging IT.

As the provider’s understanding of telehealth evolved in terms of how it can be used in the most effective way, pilots started to be connected and a more strategic vision developed. It is at this point that demand started to transform from point solutions targeted at specific functions, to enterprise solutions that can be leveraged across organisations. Platform vendors that were already supporting departmental level pilot deployments, but that could also support a provider as it started to examine how it scaled up and connected its deployments were well positioned at this point.

Within the more evolved regional markets, such as the US, several providers are now at the Scale & Connect point (outlined in the diagram below) in terms of telehealth maturity. This point marks the evolution of deployments from pilot to full-scale services using centralised planning and cross departmental solutions. As more advanced markets have started to approach this point the demand for enterprise-scale platforms has really started to kick in. Many solution vendors that have had historic success are now finding themselves unable to service the demand of providers with their existing offerings and expertise, and this driving many of the recent partnership announcements. Some examples from HIMSS include:

**Avizia** announced it had partnered with athenahealth to offer the AviziaOne telehealth platform within the athenahealth Marketplace. The Marketplace is an app environment that allows athenahealth customers to license additional platforms to operate within its EHR environment. athenahealth has several other telehealth vendors listed on its Marketplace including Babyscripts, SimpleVisit, esvdal, The Rowe Network, iTel, eVisit, SnapMD, uCare Connect and Healthchat. However, being able to launch apps for telehealth within an EHR environment does not represent full integration into clinicians’ workflows. Whilst a step in the right direction, tighter integration is required for a truly integrated clinician experience when utilising telehealth applications.
from within an EHR at an enterprise level.

**Teladoc** announced an expansion of its collaboration with **Microsoft**. The two companies are developing a joint go-to-market strategy utilising Teladoc's telehealth platform and Microsoft's Azure cloud platform. HIMSS saw the two companies showcasing multiple demonstrations of their collaboration with Teladoc presenting case studies of Teladoc Azure hosted solution during the Microsoft Health Forum.

Telehealth video conferencing solution provider **Vidyo** demonstrated multiple examples of interoperability during the show. Within the Interoperability Showcase area of HIMSS it demonstrated how it had worked with **Epic** and **ViTel Net** to develop telehealth solutions for stroke services in rural areas. It also announced it had partnered with **Honeywell Life Care** Solutions to provide video communications within Honeywell's LifeStream platform, a platform historically targeted toward remote patient monitoring and less focused on video consultations.

Partnerships announced during HIMSS were an extension of several others in the months leading up to the show. Vidyo had already announced during 2017 that its solution would be integrated into **Allscripts**' “FollowMyHealth” patient engagement offering and in January 2018, **Philips** signed a strategic partnership with **American Well** to support both companies’ initiatives to deliver virtual care solutions around the world. While the deal initially focused on supporting Philips in its integration of telehealth services into some of its personal health products, in the medium term it will allow both companies to better address the demand for enterprise telehealth.

The final step in terms of the maturity model is when telehealth has evolved to become a core service delivery method for the provider, with its use having permeated most departments and care settings using a common enterprise platform. At this point the platform needs to be highly integrated with other core IT systems such as EHR, PHM and imaging, and telehealth needs to be incorporated into standard workflows. EMR integration should be the priority here as it is often the environment clinicians are most accustomed to working from. However, consumer telehealth is increasingly becoming a core component of a patient engagement strategy, so overlooking integration with PHM solutions should not be overlooked.

It is essential for vendors that are looking to be able to service markets at this level of maturity that they follow a standards-based approach that allows for their telehealth platform to be integrated with other core healthcare IT solutions, a process that is far from easy, as discussed in our other show report insight covering interoperability (insert link). Often this will entail developing strategic relationships with EHR, PHM and imaging solution vendors as per some of the examples above. Developing a telehealth platform portfolio via M&A can support a vendor as it evolves its portfolio to address the demands of enterprise telehealth, a topic Signify Research has examined over several recent insights (see https://www.signifyresearch.net/digital-health-posts/); however, collaboration and strategic partnerships will still be required to achieve seamless workflow integration.

**About the Report**

The information presented in this insight is taken from Signify Research's just published market report “Acute, Community and Home Telehealth—2018 Edition”. This report will present the market for telehealth platforms, hardware and services and will include projections and market sizings for more than 20 countries.

**About the Author**

Alex has 21 years of experience in technology market intelligence. He leads on Signify Research’s Digital Health offerings with a focus on population health management and telehealth. Prior to joining Signify he served as a Senior Research Director at IHS and as a Business Analyst/IT Project Manager in a joint NHS/Government role.
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Market Reports and Intelligence Services
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- Machine Learning in Medical Imaging - World - 2018
- Clinical Content Management Intelligence Service - 2017
- Imaging IT & Archiving Management IT - World - 2017
- Advanced Visualisation and Viewing IT - World - 2017
- Population Health Management - North America - 2018
- Population Health Management - EMEA, Asia & Latin America - 2018
- EMR/EHR - World - 2018
- AI & Machine Learning in PHM - World - 2018

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