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Timothy D Law^{1,2,3}

¹Ohio University Heritage College of Osteopathic Medicine ²Department of Family Medicine, ³Department of Geriatric Medicine

Telemedicine in the Heartland: Managing Chronic Disease from Afar

For many decades Telemedicine has been adopted and utilized in a vast array of health care settings. Increasing access to care, lower cost of care and improved patient satisfaction have all been touted as benefits of this brand of medicine. Telemedicine in this context is the use of various technologies to remotely diagnose, monitor and treat disease. In the rural areas of the world chronic disease is one of the hardest things to convince patients to seek care for due to travel and time away from home. In the United States, eighty-six percent of the nation's \$2.7 trillion annual health care expenditures are for people with chronic and mental health issues. Cardiovascular disease alone costs the nation on average \$316 billion back in 2013. In one look at over 141 randomized controlled trials, in which 148 telemedicine interventions were tested, 108 found positive effects and only 2 reported negative effects. Any chronic disease intervention would have to be applied for a long period of time to have an effect and needs to be prioritized into the disease management process. I have been utilizing telemedicine for 20 years on a rural population of Amish, Mennonite and Plain communities in the Heartland of Ohio. Conclusions and Significance: This presentation will point out the increased access to care management among the study population. The differences between telehealth and telemedicine as well as the economic impact to providers and the insurers will be reviewed. I will also demonstrate the advances and the capabilities available for handling chronic diseases from a distance utilizing real world case examples.



Figure1: Conceptual interactions between remote patient data and health care provider networked from afar.

Biography

Timothy D Law is a board certified physician with two decades of clinical experience, and serves as the Medical Director of the Clinical and Translational Research Unit (CTRU) as well as the Ohio Musculoskeletal and Neurological Institute (OMNI) at Ohio University and the Science and Health in Artistic Performance (SHAPe) clinic. During the first decade of my career my primary focus was on military medicine and acute care. During the second decade of my career I transitioned into administration in my roles as a physician for the Federal Employee Program (FEP) (the largest managed health care company in the Blue Cross and Blue Shield Association), medical director of Acute Care for the Hardin Memorial Health system (a 10-county regional hospital and health services system in Kentucky), and CEO of, and practicing physician in, Vine Grove Family Medicine, P.S.C. (primary care practice with 10,000 patients). I have transitioned into an active scientist role with a focus on clinical and translational research on treatment of musculoskeletal pain conditions, and preventative and rehabilitative medicine for older adults and patients with orthopedic and neurological disorders as they relate to fatigue and aging and injury.

lawt@ohio.edu

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