Telemedicine Solution that Allows Physicians to Remotely Treat Acute Medical Conditions

Mr. Agate: What we do is we enable physicians, especially specialists like neurologists or cardiologists, to remotely, from any device connected to the internet from anywhere in the world, to treat acute medical conditions such as strokes or heart attacks. With over sixteen clinical modules our secure, scalable and extensible web based and mobile enabled platform enables the treatment of and delivery of care to patients, to virtually any corner of the world from any internet connected device used by a physician. That is the thought behind Krixi Care.

Mr. Agate: Our tag line is, “All you need is what you have.” You do not need proprietary software. You do not need proprietary hardware. All you need is what you have. You have a laptop or a tablet. You open up a tablet and use our application or you open up a laptop and go to our secure website. You can look at the patient, talk with the patient—you can review their medical images like CT scans, x-rays and MRIs. You have complete decision support built in, enabling you to complete the consultation very, very rapidly and you have automatic documentation for full billing purposes and certainly for eventual integration with EMRs or the patient’s medical records. Therefore, all the tools that you need for a

Sandeep Agate
President & CEO
Krixi Corporation

“Krixi Care is a comprehensive telemedicine platform that has been designed by physicians for physicians with one goal in mind; to help deliver care to every patient that needs it. Every life matters!”
- Sandeep Agate

Krixi Corporation
For more information visit:
www.krixi.com

Contact:
Sandeep Agate
+1.803.KRIXI.CARE (+1.803.574.9422)
media@krixi.com
complete bedside consultation are available, either on your mobile device or on your web browser from any laptop or PC or Mac. Therefore, you do not need any robot, any special cart or any special camera. You have everything that you need right at your disposal.

CEOCFO: Why do you not need to be in the room? Why do you not need to assess the person's energy or demeanor or even personality sometimes? Can you do it electronically in some way?
Mr. Agate: You certainly can. As technology improvements have taken place it is certainly possible for a physician to have a much better toolkit at hand to remotely evaluate, diagnose and even recommend treatment. Sometimes though, this telemedicine platform is used when time is of the essence. For example, let us take a stroke case. For eighty percent of the strokes that happen in the United States or worldwide there is only one FDA approved drug that can be used to treat these patients. Unfortunately, this drug must be given within three hours of the onset of symptoms. Therefore, you do not have the chance or the time to either transfer the patient or make the doctor go to the patient. The patient goes to the closest emergency room and there is a very good change that there is no neurologist on call, there is no cardiologist on call, there is no specialty physician on call. This is the condition in rural areas, frontier states, community hospitals, small hospitals and even urban areas where there is a problem with getting the doctors to the patients or the patients to the doctors. However, telemedicine can step in and eliminate unnecessary transfers. Remotely, the physician can evaluate the patient, talk to the patient and see the patient. S/He can pan, tilt and zoom the camera to get an idea of the surroundings like you talked about the patient’s energy level. In stroke care there is something called an NIH stroke scale which evaluates the condition of the severity of the stroke of that patient. The physician can then quickly recommend treatment and then transfer the patient in much better clinical condition to a hospital where they can be cared for post treatment.

CEOCFO: Who is embracing this? Are there particular groups of doctors, demographics or geographic? What has been the response?
Mr. Agate: We have been in business in the field of telemedicine for the last nine years. We have seen a huge change in the adoption rate—a positive change in the adoption rate of telemedicine. You find that certain medical conditions such as strokes and heart attacks lend themselves to telemedicine, because treatment for these acute medical conditions are very, very time sensitive. We find that, across the world, people are going to figure out how to deliver care through technology, and telemedicine delivers just that. It disrupts the delivery of care model, the traditional bedside care model and allows the physician to treat patients in areas and geographies which were either not accessible or simply had a huge deficit in the number of physicians that were needed to care for their populations. We have had experience setting up over twenty five telemedicine networks in the United States under a previous company that we built and sold. With Krixi we have actually expanded to India, Singapore and the Asia Pacific region. We are working with ministries of health in African nations. We find that worldwide there is a huge demand for telemedicine. People are no longer asking what telemedicine is. They are asking how they can leverage telemedicine to improve the quality and the availability of care in their respective geographical areas.
CEOCFO: Do you find that because Krixi is available it would encourage an emergency room to perhaps look at someone with certain pains faster? Does it make a difference in getting the person to be assessed initially?

Mr. Agate: Absolutely! I have seen emergency rooms now in three or four continents and I can tell you emergency rooms are always packed with patients and not with enough specialists and physicians. Often, there aren't enough doctors and specialty physicians available on call either. Therefore, with the availability of Krixi Care, it is very easy for an ER nurse to initiate a telemedicine consult; let us take a telesstroke consult for a stroke patient. While the neurologist is actually evaluating that patient or making recommendations, the nurse can multitask and do other things. They rarely have the luxury of focusing on only one thing in an emergency room. What they are bringing into the emergency room via technology is specialty coverage which would otherwise be unavailable, increasing their ability to treat patients, increasing their ability to deliver care on time and increasing the chances of a much more positive clinical outcome for the patients. There just are not enough specialty physicians across the world; whether it is the United States or Africa or Asia or countries like India and Singapore; everywhere we go we find that there just are not enough doctors for all the patients that come to an emergency room. Therefore, emergency room physicians, clinical personnel and nurses can all leverage technology to get external help without having to make the patient wait or be transferred unnecessarily. They can quickly triage the patient, move them to a trauma bay, initiate a telemedicine consultation, get the delivery of care started and then move on to the next patient in line. This process increases emergency room productivity. Krixi Care documents key performance indicators (KPIs) such as onset to treatment time and door to treatment time. We have found significant increases in these KPIs. Hospital administrators can measure and optimize their KPIs with telemedicine and say, “You know, we seem to be treating patients sixty minutes after they come in the door. How can we bring that down to twenty minutes? How can we bring that down to ten minutes? What operational efficiencies can we leverage via telemedicine to cut my door to treatment time?” This business intelligence is automatically provided by Krixi Care.

CEOCFO: Does the long history of Krixi or the people at Krixi matter when a hospital is looking at what you are doing?

Mr. Agate: It certainly does! In 2006, our team pioneered the concept of commercial, 100% web based, browser based telemedicine and telesstroke platform. Since then, we have worked with dozens of physicians across the world to create a telemedicine platform designed by physicians, for physicians. We talked about workflows and resistance to adoption earlier. We have ensured that Krixi Care seamlessly integrates with the clinical workflow that doctors use in their own offices and clinics. The system is designed so that it requires virtually no training. We have done everything to make sure that our experience is the physician’s and the patient’s advantage.

CEOCFO: How have you decided what countries and what geographies are best?

Mr. Agate: The United States is where we started with telemedicine in 2006. Since then, we have established a solid team in the Asia Pacific region. In 2010, we worked with government entities in Singapore to establish their first telesstroke platform. We were selected from a global
list of telemedicine service providers and it has been a privilege to serve our customers in Singapore since 2010. After Singapore, we decided to leverage telemedicine in India, which is a very densely populated country and in desperate need of telemedicine; not just in rural areas, but also in urban metros like Mumbai and Delhi. Then, through our partner and reseller network, we are expanding in Africa, the Middle East and in Europe as well. The bottom line is, we see the need for telemedicine globally. We cannot do this fast enough to be able to make sure that this technology is available in every corner of the world. So far, our technology platform was a business to business service offering. We now have a business to consumer model as well, where a physician, whether alone or in a group practice or associated with a hospital, can sign up and patients can schedule an appointment for a remote consultation; meet in a virtual private meeting room with the physicians and get care from anywhere in the world. Patients anywhere in the world are now empowered to get care from doctors from anywhere in the world. With respect to access to quality care, the world is now flat.

CEOCFO: Do you find that as people are more involved with technology and used to online interactions working with a doctor that is out of physical reach is just natural progression?

Mr. Agate: Indeed! People were averse to banking online a few years ago and look at how adoption has increased over the past few years. Most people now prefer to not go to tellers or visit their local branches. They use online banking. Similarly, telemedicine offers a very strategic advantage to consumers. Now I can go from Boston all the way to California and still see my primary care physician in Boston via telemedicine. Women can see their preferred gynecologists in their home towns and not have to worry about physically being at the clinic. Remote consultations can be possible using telemedicine for a wide variety of clinical conditions; either because you cannot get to the hospital and you want to get care from home or you have your favorite physician or you would like to experiment with different physicians or different medical centers. Across international boundaries, imagine someone in Dubai or in Africa or in India wanting to get consultations with board certified doctors based in the USA. There is a lot of demand to get care from physicians based in the United States. American doctors can now provide consultations worldwide via telemedicine. Our platform has built-in capability for multiple languages and supports the ability for any type of physician to treat any acute medical condition from anywhere in any language. Therefore, as you tear down language barriers, technology barriers and geographical barriers, we see the application of telemedicine in virtually every part of the world. More importantly, people are not going to use telemedicine because they have no other choice. People may use telemedicine BECAUSE they have a choice. We talked about an emergency room earlier. What would you do? Go to an emergency room or just quickly contact a physician online who is available and could quickly give you, at least a first opinion and tell you whether you need to go to an emergency room or not. And all this can be done from the convenience of your living room with your favorite laptop or tablet. That is the kind of advantage that Krixi Care offers patients and physicians alike. Just like online banking is available 24/7, care will now be available 24/7, globally, through a huge network of qualified doctors.

CEOCFO: How important is the data collection and the automatic reports and all of the parts that do not involve the immediate care?
Is that a deciding factor, often, for someone to go with Krixi, as opposed to perhaps some other system?

Mr. Agate: It certainly is, Lynn. Telemedicine means different things to different people. Calling someone on the phone and saying, “Take an Advil” is considered telemedicine. A Skype call is also telemedicine. Holding a CT scan in front of a camera and letting a neurologist read that scan is also telemedicine. What Krixi does is it puts all those things together and adds automatic documentation capabilities. Automatic documentation facilities reporting and analytics capabilities, including an audit trail. You have a complete report of everything that happened in the consult, all the data entry that was made, all the milestones that were achieved and any treatment recommendation. Documentation reduces medico legal risk for the consulting physician. The physician can also use this documentation as part of their billing process. They can now get reimbursed through private payers and Medicare for telemedicine consultations. We see a huge positive change in reimbursement policies as well, as long as there is documented two way audio/video enabled telemedicine consultations, which Krixi Care provides. Through highly customizable reporting, analytics and quality measurement, Krixi Care enables hospitals to report the effectiveness of a telemedicine network or a telemedicine consultation with key progress indicators such as onset to treatment time and door to treatment time as well as other milestones. We are able to help physicians and optimize the way they deliver care, figure out where the operational efficiencies can be achieved and help implement them effectively.

CEOCFO: How is business?

Mr. Agate: Business is definitely growing. Telemedicine is a thirty year startup industry. With the increase in the availability of 3G and 4G wireless services, the increase in the processor speed of mobile devices and the capability of handheld and mobile devices to communicate using audio/video using very sophisticated applications, there is a significant increase in the use and adoption of telemedicine across the globe. Krixi, as a debt free, privately held and profitable company, is well positioned to take advantage of this positive change in the telemedicine industry.

CEOCFO: What should people remember about Krixi?

Mr. Agate: Krixi Care is a comprehensive telemedicine platform that has been designed by physicians for physicians with one goal in mind; to help deliver care to every patient that needs it. Every life matters!

Interview conducted by: Lynn Fosse, Senior Editor, CEOCFO Magazine