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Creative Destruction in the Field of Healthcare

To what extent is the technological advancement in the field of healthcare accelerating creative destruction and bringing about a new era of telemedicine?

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ABSTRACT

This research paper will cover in detail the evolution of telemedicine over time and its prospects while explaining the theory of creative destruction. In the past, healthcare involved medical professionals delivering specialized expertise and care to patients. Throughout most of the history of healthcare, medical care was produced and administered by a small group of professionals. Under that traditional approach, medical services were provided only through in-person consultations and exclusively in facilities that were specifically designated for the purpose of in-person consultations—such as hospitals, clinics, and private offices of medical professionals. Over time, healthcare has become more affordable and the convergence of the Information Technology sector has revolutionized the way medicine is dispensed to patients (Thimbleby). We are seeing the dawn of a new model of healthcare delivery, where in-person consultations at medical facilities are replaced by remote consultations and monitoring of the patient (Coughlin 1). Joseph Schumpeter devised the term 'creative destruction' in 1942, which he described to be a "process of industrial mutation that incessantly revolutionizes the economic structure from within, incessantly destroying the old one, incessantly creating a new one" (Schumpeter 83). This research paper will be discussing the current structure and the inefficiencies of the healthcare industry. Moreover, it will elaborate upon how telemedicine might eliminate payment models like the Fee to Service Model and how the incentives different insurers provide will be altered. Overall, this paper explores how telemedicine can possibly take over the medical industry thanks to its economic benefits and convenience.

Introduction

The healthcare sector is becoming more accessible to the isolated and medically vulnerable due to the constant improvement and expansion of technology, which has made it possible for healthcare to be distributed to many consumers using simply a mobile phone (Bai). Telehealth is a concept that is becoming increasingly more accessible. Telemedicine, which is a subcategory of telehealth, specifically refers to a general health practitioner caring for a patient remotely through the use of modern technology (Mayo Clinic Staff). The USA Health Resources and Services Administration, which offers healthcare services to isolated and uninsured individuals, refers to telehealth as "the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration" (Health Resources and Services Administration). At first, traditional consumers and healthcare providers felt that patients would continue to prefer in-person consultations. However, the majority of the evidence from the California Telehealth Resource Center attests to the fact that telemedicine has become prevalent and that the reach of nursing can greatly extend to different demographics thanks to its recent innovations.

The growth of telemedicine is being driven by the increasing dissemination of information technology in the medical services field, which in turn responds to an ongoing shortage of local specialized healthcare in rural areas

throughout America. According to sources like the American Telemedicine Association, over 200 telehealth networks exist in the USA including some in rural areas (American Telemedicine Association). Individuals can now simply call up their dieticians and healthcare specialists, who can advise them on what and when to eat certain foods. Moreover, elderly patients can now be administered medicines and be monitored using advanced technology like sensors from the comfort of their homes (Siwicki). This creates a market that is increasingly becoming more affordable for rural inhabitants. Telemedicine also promotes virtual check-ups for individuals living in rural areas and the elderly (Tele-Med2U). Due to healthcare delivery becoming more accessible, the role of specialists and other medical practitioners will noticeably change over time. It can be argued that their roles will change from being primary care providers to simply advisers.

If we just step back and look at the recent past, we can see how dramatically even a rudimentary piece of technology, such as email, can very rapidly and comprehensively transform the field of medicine. The existence of email has dramatically changed the way general practitioners and patients interact. *Both* patients and doctors can access health records via email, and doctors and nurses can even set reminders for patients to take their prescribed foods and medicines. Telemedicine offers attractive incentives to both patients and doctors. For patients, the monthly subscription fees for telemedicine can often be cheaper than traditional medical insurance rates (American Hospital Association 1). Additionally, although telemedicine has not replaced traditional insurance-based medicine yet, the subscription fee model of medical service may attract enough patients away from traditional insurance to the new model of telemedicine. For doctors, telemedicine makes it easier to interact with and check up on patients remotely. Soon, chronically ill patients may even be able to have day-to-day checkups virtually. Disease management companies will monitor patients regularly and will constantly contact their healthcare provider, general practitioner, and specialist. These virtual checkups and consultations will revolutionize the costly and time-consuming visits that patients usually have to interact with their healthcare provider.

Theory: Creative Destruction

Joseph Schumpeter predicted that every industry or firm would eventually be destroyed by incessant innovation and outdated processes would ultimately be rendered obsolete (Komlos). He contends in *Capitalism, Socialism, and Democracy* that a private enterprise is rarely fixed and is in fact continually advancing, with new markets and new items entering the circle (Adler). He is generally known for begetting the expression "creative destruction," which portrays the procedure that sees new advancements supplanting existing ones that are rendered out of date after some time. For instance, in the late 1800s and mid-1900s gradual enhancements to horse and carriage transportation became prevalent, and developments in the cart and carriage whip could amount to a significant price in the market. He saw Henry Ford's assembly line and quickly noticed that he was on the verge of revolutionizing the automobile industry (Kopp). With the presentation of Ford's Model T in 1908, nonetheless, these "advances" were successfully pushed out of the market by his dominant innovation. Similarly, after some time, more up to date and better healthcare strategies like telemedicine will keep on driving out older models. Schumpeter's hypothesis of creative destruction interfaces intimately with his perspective on the significance of how dynamic the economy seems to be. Most financial investigations are conducted in the static sense, where the market analyst takes a glance at the world in its present status to assess the impact of perhaps a new government-imposed policy. While this depiction investigation can most of the time be valuable, it likewise chances clouding a significant issue – the impact of a strategy during the current day can be different than when it is enacted many generations later (Adler).

Creative destruction is a continual process where new firms and technologies can take advantage of the opportunities that traditional firms did not. Innovators and new business owners cause the market to be in disequilibrium as soon as they enter. In Schumpeter's idea of capitalism, he stated that this unsettling force used by entrepreneurs drove economic progression despite destroying the value created by old companies. The new technology in this case is telehealth, which is making use of the rapid advancement of the Information Technology sector. The field of healthcare has experienced creative destruction since it began. At first, physicians would come home and administer

medicines for basic ailments. As new medical discoveries and diagnoses were made, hospitals and medical clinics were built so that care could be provided with the proper facilities. Innovation happens in the field of medicine all the time, even though the fundamental nature of medical industry has remained exactly the same for centuries as care has been provided in hospitals or clinics. The new, groundbreaking service did not have the same appeal as the status quo, or in-person checkups. However, as time progresses, its lower cost and increased availability will manage to appeal to a steadily increasing number of individuals. Some telehealth services include monitoring blood pressure and vitals from a remote location, which was unheard of less than fifty years ago. Currently, many firms are considering the longevity of telemedicine and telehealth given its low cost and high availability (Siwicki). Individuals living in rural areas are attracted to the idea of remote check-ups done by medical professionals, if they have mediocre specialists where they live.

Healthcare was only administered in hospitals and medical clinics in the past. However, recent developments such as a rapidly aging population and costly treatments for chronic diseases have forced the healthcare industry to adapt to the situation. Telemedicine firms provide telehealth sets and bodysuits that constantly monitor a patient and inform the doctor of their current condition. Healthcare is now offered in residences and even workspaces. Insurers will also adapt to the increase in demand for telemedicine by altering incentives they offer to customers of their service living in rural areas. This is because insurers will have access to every customer's data and will offer supervision when describing how they will insure aspects of treatment.

Telemedicine firms like Teladoc Health and Telus Corporation have been around for quite some time. The former was launched in 2005 and is the largest telemedicine platform in the United States of America. It currently has consumers in 130 countries, thus highlighting its popularity (Microsmallcap). A lot of firms that offer telehealth services are over a decade old and are not a very new concept. However, they have become extremely popular during the period of the coronavirus pandemic due to Medicare and Medicaid coverage, becoming widespread in the United States of America.

Before the coronavirus pandemic occurred, in spite of all this potential, telemedicine was not taking off. We, as a human race, are resistant to change – making the full adoption of telemedicine unlikely or difficult to accomplish because people are resistant to change. However, with the recent pandemic, perhaps people will become more inclined to try telemedicine. Some of the traditional barriers that prevented the full adoption of telemedicine may start to crumble, as people begin rethinking their set of financial priorities in their consumption of medicine. Although telemedicine may not completely creatively destroy traditional medicine because of these limits, telehealth—partly due to the most recent developments of coronavirus—may be on the verge of becoming one medium through which technology like bio signal sensors will be used to enhance the traditional medical profession so that traditional doctors become "supervisors" of the consultation. Before the pandemic, lots of barriers pertaining to the business structure of the telemedicine industry prevented the development and popularity of telemedicine. According to Forrester analyst, Arielle Trzcinski, telemedicine services will not be able to replace in-person consultations and treatments. She stated, "if a patient was able to see their existing provider, they were much more likely to use the service" (Coombs).

The cost and lack of availability of telemedicine firms were the predominant barriers preventing telemedicine from really booming. In March, however, telemedicine virtual visits rose by 50% and Teladoc Health, a leading telehealth company, informed the public and healthcare officials that they received over 15,000 video requests everyday (Teladoc Health). It has also become increasingly more affordable during the spread of the coronavirus and a lot of firms have collectively invested over $788 million in telehealth in the first quarter of the year 2020 (Landi). According to Raj Prabhu, the CEO of Mercom Capital Group, which is a clean energy communications firm, an increase in funding in this field has got nothing to do with the coronavirus situation (Landi). He believes that investors had started considering the telemedicine industry as a valid prospect and invested large amounts of money in it. It is predicted that by the year 2021, medical healthcare will make up 20% of the U.S's Gross Domestic Product (GDP), an increase from 18% in the year 2011 (Nursing Center). Additionally, according to the Census Bureau, by 2030, 19% of the American population will be older than sixty-five (Nursing Center). Due to the constant evolution of technology used in the field of healthcare, this older population can now have access to exceptional general practitioners at a lower

price from the comfort of their homes. Evidence shows that the coronavirus pandemic will be able to accelerate the growth and popularity of telemedicine and it will be used even after people are free to leave their homes. Will face-to-face health checkups and interactions truly cease to exist due to creative destruction?

Current Market Structure of Healthcare Industry and Traditional Players

It is important to first analyze the current market structure of the healthcare industry in the United States of America. In today's day and age, employees in the country primarily receive their insurance from their employers (Freedman). This is true mostly for full-time employees. For the financially disadvantaged and the elderly there are the options of Medicaid and Medicare, which are government funded. After President Barack Obama's Healthcare Reform Act, there is also the availability of government subsidies to help people purchase insurance without involving their employer if they are self-employed, have a small business, or are uninsured. Recently, amidst the spread of the coronavirus, President Donald Trump and his administration announced that the prior restrictions associated with the cost and availability of telehealth will now be lifted to encourage American citizens to stay at home. He announced an expansion of telemedicine services for senior citizens, assuring them that if they are Medicare patients, they can schedule a video conference call with their general practitioner without incurring an additional fee (Facher).

Currently, Medicare covers over 62 million Americans, and multiple officials believe that telehealth will now expand from simply older individuals living in rural areas to senior citizens living throughout the United States of America. Seema Verma, the administrator of the Centers for Medicare and Medicaid Services said, "Medicare beneficiaries across the nation, no matter where they live, will now be able to receive a wide range of services via telehealth without ever having to leave home"..."these services can also be provided in a variety of settings, including nursing homes, hospital outpatient departments, and more" (Facher). Trump signed a new law authorizing $500 million to be spent on expanding telehealth services and products. Typically, since insurance companies underwrite the main cost of healthcare for those who are insured, most insured patients and users of healthcare do not have to experience the cost directly. At the same time, the Fee for Service model encourages medical providers to over treat, do more tests, and provide more services since they get reimbursed by insurance companies and by the government for the services they provide. The Fee for Service model allows consumers to choose their medical doctor and which hospital to go to without the insurer interfering (Nehk).

However, despite these advantages, Fee for Service payments encourage high-volume care and general practitioners have an incentive to provide the maximum majority of treatments possible. Most telemedicine firms provide the opportunity to decide how monthly subscriptions and payments through insurance will be made. According to healthcare policy reports, the Fee for Service model is perceived to be the cause of unnecessary treatments and healthcare inflation. The revenue for Fee for Service compensations dropped from 43% in 2016 from 62% in the year 2015 (Nehk). Furthermore, this model has led to a massive increase in the costs for healthcare as neither patients nor healthcare providers are held fiscally responsible. It is reported to have overburdened government-funded programs like Medicare and Medicaid and other third-party insurance providers over the years. Analysts are concerned that this type of fee for service model poses long-term risks to American healthcare, because the spending is unsustainable. Thus, a number of analysts have proposed to regulate or ration the industry so that patients and doctors don't overspend—but Americans would likely be hesitant to adopt such a system. The next section depicts how telemedicine offers one opportunity to eliminate the use of Fee to Service payments.

It is important to consider that Americans prefer to have the choice and freedom to decide their healthcare. A majority of American citizens would choose to have access to the best healthcare system, treatment, and equipment in terms of quality and access—regardless of its costly nature. This creates a set of contradictory incentives and clashing interests. While telehealth services and products are cost-effective and are extremely accessible, the American's prioritize choice above all (National Academies Press). The results of the Health Maintencance Organization (HMO) model provide striking evidence. In 1972, the National Association of Insurance Commissioners came up with the HMO Model. The HMO is a medical insurance group that offers healthcare services for an unchanging annual fee

(Zarabozo). HMOs allowed patients to choose their primary care physician. In the case of a medical emergency, the primary care physician would have to write a referral for the patient to allow them to see another healthcare specialist. This referral would not be authorized unless it complied with all the guidelines of the HMO.

Americans continued to try to keep healthcare costs down. Hence, many insurance companies started shifting patients to HMOs away from the standard Preferred Provider Organization (PPO) model, which gave patients the choice to choose which doctor they went to and for whatever preferred service. However, under the HMO model, through insurance, patients could only obtain healthcare services from one particular healthcare group/organization. The group decided whether the patient could see the specialist at all. Moreover, the organization decided which specialist or general practitioner could be seen. This heavily restricted choice was not preferred by many Americans. Moreover, the doctor paid through the Health Maintenance Organization would be paid a fixed amount each month, regardless of whether or not care was provided to patients. Hence, it was deemed more profitable if no care at all was provided to some patients. If a patient could get better access to healthcare from a specialist outside the HMO, the primary care physician would not recommend them to due to the guidelines not allowing it (Hayes).

Consumers were frustrated by how despite paying money for the best treatment, they were sometimes deprived due to the HMO not wanting to lose any clients or losing any money. American citizens were frustrated by some of the HMO medical plans and preferred to choose which specialist they could see. In addition, they want to have access to the best healthcare regardless of the cost. Hence, the HMO model never completely took off. It was incapable of truly replacing the PPO model despite the number of plans the HMO devised. The PPO model continued to be appealing as people preferred to get their medical insurance through their employer and have the freedom to choose their doctor and other medical specialists. Due to Americans wanting the freedom of choice, the HMO model was an attempted reform that did not work. Any future reforms need to work around the problem that was inherent in HMOs: the lack of choice. Therefore, telemedicine may be attractive for Americans as it offers ample choice while not compromising the quality of the healthcare offered.

Inefficiencies of Current Healthcare Structure

Healthcare costs are much higher in the U.S. than they are in other countries with equal or better healthcare system performances like Australia and Switzerland (Radu). Wasteful spending in the medical industry has caused a lot of consequences for society, which could be eradicated by using strategies to reduce waste. Waste is brought about by factors like health insurance and other kinds of medical uncertainties that have encouraged ineffectual and low-value services to be provided to patients (Bentley). The current market structure of healthcare in the U.S. has multiple inefficiencies, with rural areas providing no access to proper medical infrastructure. Systemic attempts to control costs and reduce wasteful spending, such as the HMO model, which has been discussed above, tend to fail in the American system. This is because attempts to reduce costs and wasteful spending often require painful tradeoffs that result in the reduction of patients' freedom of choice. Medical service costs in the U.S. currently account for around 17.7% of its GDP, and per capita medical spending is double that of other major developed nations (CMS). Given that the inputs in the U.S. are quality of care, equipment and specialized medicine, its framework is not superior to that of different nations. A significant part of the cash must be spent pointlessly or inefficiently (Commonwealth Fund). This spending makes medical services and medical coverage progressively exorbitant, leaving 26.7 million Americans with no medical coverage, as of 2016 (Damico et al). Medical innovation in America, which is the primary medical innovator in the world, tends to take place in the private sector: its private pharmaceutical and biomedical companies develop new medicine and treatments. They then receive patent protection from the government which gives them the ability to sell the new medicine as a monopoly for some temporary period of time. The medical care is covered not primarily by the government, but mainly through the private insurance system. However, government medical coverage through Medicare for the economically disadvantaged and Medicaid for the elderly is costly.

Wasteful aspects exist inside the medical services industry in light of the fact that—as opposed to other commercial zones in which competition and other fiscal incentives act to decrease the degree of waste—none of the

healthcare industry's traditional players have incentives to cut back on spending and improve quality (Martinez et al. 5). In spite of the general belief that America is the home of the free market, the American health care field is actually dramatically insulated from price competition. Because the medical insurance is privatized and underwritten by the employer, patients are protected from the accurate cost of healthcare, and cost transparency is low (Young and Olse). Fee for service providers are disbursed for all treatments, regardless of them being essential or not. Moreover, doctors counsel patients on the care they require and administer the patient's care, without being motivated to restrict their spending. Firms providing coverage and medical firms suppress price competition and in their competitive realm, encourage over-screening and unnecessary treatment (Bentley et al). Health insurers, berated by the reaction to the care provided, act latently in compensating medical spending. As expenditures continue to become bigger, simply pass costs along to patients in terms of higher premiums, albeit indirectly since insurance is subsidized by the employers. It is also important to note that the influence of these higher premiums on insured individuals is restrained due to Medicare and additional types of public healthcare insurance, as well as the broader subsidization of business- sponsored healthcare insurance (National Academies Press). Altogether, these components cause overspending to overwhelm the U.S. medical system.

In addition to low cost transparency and overspending, poor access to healthcare— especially the lack of public health infrastructure in rural areas—leads to poor medical outcomes. Rural inhabitants regularly experience limits to medical services that constrain their capacity to get the care and treatment they need (Rural Health). Even when multiple healthcare services are available to people living in rural areas, there are many other factors that determine whether someone can obtain care. Furthermore, they should have dental protection that is acknowledged by their medical supplier. Distance and lack of geographic concentration of medical service in rural areas decreases the ability of people to get medical care. Furthermore, patients must be able to trust that they can utilize the service without compromising their security in any way. Patients must be able to trust the specialist to provide them with the best possible care.

The affordability of medical coverage is a concern for people residing in rural areas. A RUPRI Center for Rural Health Policy Analysis strategy brief, "Health Insurance Marketplaces: Issuer Participation and Premium Trends in Rural Places, 2018," assessed changes in the normal Health Insurance Marketplace (HIM) plan premiums from 2014 to 2018. According to a study conducted by researchers, normal premiums were higher in rural areas than in urban districts in 32 out of the 40 states studied (Wengle). Also, rural regions were bound to have just a single insurance backer taking part in the HIM. Time is one more area of concern where American medical services miss the mark; it commonly takes two hours to see a specialist for a mere 20 minutes in most communities (Turner-Lee et al). While the Affordable Care Act (ACA) tried to bridge the uninsured gap and provide reasonable access to medical services, they were not generally accessible, particularly for people living in rural areas. Rural groups are additionally affected by the absence of vicinity to nearby clinical offices and providers. In March 2020, the whole medical services framework—from emergency clinics to clinical experts to specialists on call—was additionally tested by the quick and mass spread of the novel coronavirus, COVID-19, and its related sickness. Clinical foundations and suppliers were affected by the absence of individual defensive equipment (PPE), deficient patient testing, and institutional worries being taken care of by contaminated people. Beyond the U.S., negative mental wellbeing results of COVID-19 have crippled entire nations from China to Italy and that's only the tip of the iceberg, bringing remarkable death rates (Turner-Lee et al).

While the quest for a worldwide inoculation to fix the infection is in process, the weight on clinical suppliers and emergency clinics incited a memorable push toward the approval and appropriation of telemedicine telehealth administrations. Involved in decades-old discussions over its adequacy in giving patient medical services, telehealth has additionally confronted different hindrances to its selection and use, including licensure, repayment, and qualified administrations. However, in light of the coronavirus flare-up, the Trump organization and the U.S. Branch of Health and Human Services (HHS) made sweeping endorsements in order to utilize telehealth benefits as a component of the Coronavirus Preparedness and Response Supplemental Appropriations Act (Landi). Recently, most Medicare installment prerequisites were postponed, and beneficiaries had the option to get to remote consideration. During the

pandemic, telehealth administrations were likewise charged at a similar rate as ace-to-face clinical administrations. The transition to quicken the utilization of telemedicine comprised of different exemptions, including some HIPAA special cases for providers when Facetime or Skype was utilized by specialists to speak with patients.

Telemedicine - Investing in the recent past, the acceleration during Coronavirus, and the Future

Before the COVID-19 pandemic occurred, telehealth activities provided a platform to battle the weaknesses of cost, quality, and access imbued in American medical services. The expansiveness of telehealth administrations incorporates remote clinical healthcare services and wellbeing organizations by means of electronic data and media-transmission technologies. (Turner-Lee et al). Health-care conveyance administrations are likewise coordinating computerized reasoning (AI) frameworks into the set-up of telehealth administrations, as the two specialists and patients move from exclusively remote patient checking for the persistent chronicling of crucial signs to constant checking from a patient sensor when there is a disintegrating change in condition. Further, AI is aiding the monitoring of chronic illnesses, including diabetes and coronary illness, in addition to when patients require care from numerous experts working on various occasions and areas. In these examples, existing applications, AI, and other rising advances are composed under the pretense of telemedicine for complex medicines, as essential helpers to assist patients with completing treatment designs by sending suggestions to take meds and giving pertinent wellbeing information (Kuziemsky et al. 35-40).

As organizations all over the U.S. face two months of financial closure and high unemployment numbers, speculative firms are finding solace in modern technologies, where the change to remote administrations is occurring at a rapid speed. From telehealth to remote checking apparatuses, venture-backed businesses are thriving, helped by an insurance protection industry that is currently paying for its clients to utilize virtual healthcare services while they are staying at home. Jake Dollarhide, CEO of Longbow Asset Management who has equity in Teladoc, a supplier of remote social insurance said, "things that were 10 years away are presently here"..."As organizations question, do I need a lasting office or as enormous an office, they're additionally going to state, how would I save money on wellbeing plans" (Farr and Levy).

Carena is a telemedicine firm that was founded in 2000. It started as a primary care company and is now an end-to-end telehealth provider. The firm has medical service and staff available 24/7 unlike other telehealth providers. Operating support is available for customers whenever needed. Their virtual clinic is a platform through which patients can communicate their concerns without knowing what is troubling them. Patients have multiple video formats available to choose from and it takes less than five minutes to enter some medical information. The software tools are delivered by Carena and they incorporate the details from the virtual clinic into the patient's health system. Carena is clearly succeeding at giving completely virtual consultations, and only refers patients to emergency care centers if absolutely necessary. Once the consultation is over, a summary of the visit is generated along with any other critical information and sent to the patient. Ralph Derrickson, the CEO of the company said, On average a patient will wait less than 10 minutes; maybe 15 minutes. They will be notified when the provider arrives in the virtual exam room in whichever video format they choose. Our visits last 20 minutes, we do a full history, we make sure we can treat them, if not we refer them to an urgent care center or encourage them to wait for their regular doctor if appropriate (Siwicki).

After considering Carena's experience with successfully offering medical staff on-demand, it can be presumed that in the future, if telemedicine takes off, consultations will continue to be conducted virtually. Medical staff will be available to come to the patient's home and assist him or her as the doctor gives further instructions. Once the consultation is over, information is be sent to the patient's primary care provider if requested. In the future, patients will go to the hospital or an urgent clinic only in the case of surgeries and emergencies. Most procedures and even post-surgery check-ups can be done from the comfort of patients' homes.

Another interesting telemedicine provider is Beam and the way in which it is billable for the services it provides. It makes it easier for primary care providers easier to submit claims and capture reimbursements. Beam streamlines the reimbursement process which makes it unique from other telemedicine providers. Healthcare providers can connect to patients using text and video for free through Beam. Providers have the chance to make profits while ensuring that their patients are satisfied with the consultation (Beam Health). This is useful because usually telemedicine firms are subscription or membership based. A patient or member usually pays a yearly or monthly fee on top of the existing health insurance. Telemedicine companies are usually covered by insurance carriers. Some include United Healthcare and Aetna. Some carriers have started telling patients to move to telemedicine providers. This expanded coverage will help curb the spread of the coronavirus and will significantly drive down costs of healthcare. An increase in in-network providers can also become a possibility in the future according to the Sunshine Community Health Center. Moreover, the removal of deductibles and co-pays for patients can also become a likelihood, paving the way for telemedicine to become extensively popular. Patients will prefer the change in structure of healthcare and will move away from the Fee for Service model.

Conclusion

Regular disruptions and the innovation of technology have not only caused the quality of healthcare to ameliorate but have also forever revolutionized the way in which it is administered to patients (Coughlin 2). Technological advancement in the field of healthcare will accelerate creative destruction and will help bring telemedicine to patients. True advancement in an industry or market does not simply better what an industry does—it revolutionizes it forever. The IT sector has caused some firms to shut down and influenced some people to start their own. It has imposed significant modifications on organizations centered around technology to at first simply survive and to later flourish. Specialized employees, who were unable to be employed quick enough a couple of years back, will be re-appropriated to experts who, for a couple of dollars, are just an email away. Interconnected and associated wellbeing virtually might just be a superior method deal with the matter of wellbeing.

History hints that this might be the start of another universe of healthcare services with new jobs, various establishments and players, and a reallocation of expenses and advantages. The accessibility of these new innovations and administrations that telemedicine offers, combined with the urgency with which rural areas desire it will alter jobs throughout the healthcare services field. General emergency clinics may change from being focused on care to simply a data center point. Insurance companies may transform into organizations that deal with the information gathered by different associated wellbeing applications. By doing so, they will present incentives and medical information to their customers, instead of simply dealing with the financial aspect of healthcare like before.

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