



Equum Medical - On Track to be the Dominant Acute Care Telehealth Services Company in the US



Dr. Corey Scurlock MD, MBA
Founder and CEO

Equum Medical

Interview conducted by:
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CEOCFO Magazine

CEOCFO: Dr. Scurlock, what was the idea when you started Equum and what is your vision for the company today?

Dr. Scurlock: When you think of Equum and how it was created and what it comes from, Equum is a take on the Latin word "aequum" for equality. We are trying to create quality for patients regardless of their geography. Every patient deserves the same level of access to care no matter if they live in an urban environment, rural or in-between. All those environments now face clinician shortages where technology can benefit access, quality and cost and generate better care.

Equum Medical is an acute care telehealth services company. We are laser-focused on being inside the hospital space, whether that is the ER, intensive care unit, Med-Surg, or Post-Acute areas. We have four verticals including physician-based tele-multi-specialty and tele-critical care services, virtual nursing services which focuses on accelerating the admission and discharge process, and virtual sitter safety technicians which help reduce variable cost and falls. What is unique about these service lines is there is an intense strategic focus on patient flow which means getting the right patient, and the right care, at the right place all at the right time. These relationships with hospitals are growing as we help respond to the national clinical workforce shortage, and in our twelve-year history, we have never lost a client.

Today, with our footprint increasing nationally and our service portfolio maturing across inpatient care we are on the right track to be the dominant acute care telehealth services company in the country.

CEOCFO: What are some of the challenges in providing remote care and what is better today than it might have been two or three years ago?

Dr. Scurlock: If you think of the telehealth landscape, particularly acute care telehealth inside the hospital, there have historically been four distinct phases. There was the pre-COVID era in which acute care telemedicine grew at a 300% annual rate. Then there was the COVID pandemic where the adoption curve really got shifted and telemedicine grew to a 2000% annual rate during that time. What we saw across the landscape was that hospitals had real crises in front of them and they tried to solve these crises by buying either niche products or single-service vendors to solve their problems.

Now as we are emerging out of COVID and the pandemic is ending, what I see hospitals doing is looking at their purchases from the COVID period and saying, "Those are great, but I want them to be more connected and more

integrated." They want to know if they are truly getting a return on investment from what they purchased. They are also going back to their workflows and trying to re-define them to drive value. For example, they may have a tele-ICU vendor and/or a tele-Hospital vendor, but are those two vendors working strategically together to try to solve the hospital's problems and are they communicating and facilitating patient flow? Probably not.

Where I see telehealth going in the next few years is this integrated state which will be the future in which hospitals streamline their vendors and look for multiservice vendors of choice who can help them whether it is in the ER, the ICU, the med-surg, post-acute, and eventually into the home, and somebody who is a strategic partner with them instead of just a vendor. This will likely be a partner who is highly integrated into the EMR. What they are looking for is a platform that is scalable, modular, flexible, and can grow with them and allow them to integrate.

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CEOCFO: *Do you see potential acquisitions in the future for Equum and is the industry looking to consolidate?*

Dr. Scurlock: Right now, the acute-care telehealth space is fragmented. Several vendors service different parts of the continuum. We have plans for not only organic but also inorganic growth and we want to consolidate to help bring order and efficiency to the acute-care telehealth space and truly help hospitals. We also think using telehealth can augment rural hospitals which are the lifeblood of the country and are critical to our healthcare system to stay open, which can help with load balancing across large healthcare systems.

"At Equum Medical we are laser focused on bringing a digitally enabled clinical workforce to support care from ED to discharge. With over a decade of telehealth experience Equum is becoming the partner of choice for inpatient telehealth." Dr. Corey Scurlock MD, MBA

Our mission is to get the right patient the right care in the right place at the right time. Acute-care telemedicine is where we feel we fit in. We think there is a lot of room for consolidation to do that.

CEOCFO: *Would you give us a few examples of what can be picked up through equipment or people monitoring?*

Dr. Scurlock: There are three pillars to telehealth: people, processes, and technology. The technology is important and must work, but we always position ourselves as technology agnostic. We can work with any hospital systems technology; they do not have to change it for us. A large part of that is our experience level in this space. Our C-Suite has over 100 years of acute-care telehealth experience. An average Equum clinician has six years of telehealth experience. There are two examples of things that we can see and find with telehealth technology. For example, in the ER we know there are delays in care and that there is a proportionate increase in length of stay in the hospital and mortality for every hour that care is delayed, or the patient waits in the ER. With our service and audio-visual platforms, we can start rounding on an ER patient immediately once the decision to admit the patient has occurred. That prevents delays in care and impacts the patients further care locally in the community. If for some reason the patient needs to be transferred to a higher level of care, then we have already started some of their treatment plans so their lengths of stay are shorter and their complications are less.

Secondly, clinical workforce shortages are impacting hospital care quality as evidenced by the Joint Commission Annual Findings Report. This effects every hospital area but is felt amongst nurses on the floor. Here is where both virtual nursing and virtual safety sitting can have a direction impact on patient quality, nurse burnout and safety, and family satisfaction. Patient admissions and discharge processes can be optimized now through telehealth, and quality concerns like patient falls can now be monitored continuously with strong results in ROI and patient value. There are all kinds of

reductions in cost and benefits to the patients beyond that into the hospital system we can now realize through telehealth.

CEOCFO: *Regarding the emergency room setting, how do you begin the process and how does it work?*

Dr. Scurlock: Once the decision to admit has been made, typically by the ER physician and the primary care physician, there is telehealth technology that is placed right in front of the patient. It is a cart-based technology with an audio-visual platform and a high acuity camera which we call a pan-tilt-zoom camera. Patient vitals data, labs, and other medical information is available through the EMR. Our response time in the ER is about a minute from the time that we are called until we start seeing the patient. Those minutes are critical. We know that every minute care is delayed can increase patient harm.



We can start seeing that patient and we will talk to the family and the patient and place orders directly in the EMR. We also write notes and do almost everything else that a physician would do if they were standing in the hospital. Telehealth has allowed for our teams to be available 24/7, and our clinical providers are not limited by geography so through the click of a button we can start seeing the patients rapidly. Providing immediate access to a specialist prevents those delays in care that can cause complications.

CEOCFO: *Are hospitals serious about speeding up things in the emergency room?*

Dr. Scurlock: The short answer is yes, and the reason is that hospitals are now struggling to be more efficient in an environment of rising patient acuity, reduced clinical workforce, and lower reimbursement. Workforce is what hospital executives are serious about; in fact, a 2023 survey conducted by The American College of Healthcare Executives surveying over 100 hospitals said the #1 concern keeping executives up at night now is manpower. For the previous twenty years that they had done the survey, it had always been financial, but manpower is the #1 concern today.

The reason manpower is the main concern is that there is a lack of staffing which causes congestion, and that congestion backs up into the ER. If you think about where we are as a country in the healthcare system, there was this period during COVID when routine care could not be done as easily. Screening exams were not done, and chronic diseases were not managed as well. In fact, acute MI (myocardial infarction) rates went up during the pandemic. That caused the accumulation of what we call a care debt.

As a country, we are now repaying that care debt which means the patients presenting to our hospital are more acute than they were before the pandemic because they had that two-year period where they did not get treated. Those high acuity patients coming in at the time when we also face a staffing shortage is creating a perfect storm.

CEOCFO: *What is involved in implementation?*

Dr. Scurlock: Lets again reference the three pillars of telehealth which are people, process, and technology; when you implement telehealth there are two components. First there is the technical process design, which is where the IT teams

are getting connected determining how we are getting everything hooked up and making sure that the cameras are working and information flows. Then maybe more importantly there is the clinical process design which is how the clinicians work together and communicate about patient care during and across shifts. That is where great telehealth programs differentiate themselves.

The key to success is not typically the technology- the technology will work, and you need to pick the right technology based on what you want to do. However, when telehealth programs do not work, it is because the clinicians on both sides of the technology are not communicating or do not have the same common goals or are not familiar with each other's practice patterns. That clinical process design is so important. Both of those are a sixty to ninety-day process with lots of meetings, so we invest a lot in change management skills.

We want to form a strong coalition to help guide this program and we want that coalition to come up with what a vision of success looks like for the program. After that, we want to not just communicate that vision out but we want to over-communicate that vision. Next, we will find an early and easy win to build credibility for the team so that both sides feel good about themselves and are delivering value. In that early win, we will try to hit some quality metrics or best practices. We will then hardwire that into the organization and pick progressively harder and harder things to do and that is where the magic is in telehealth.

CEOCFO: *Would you tell us about the medical professionals who want to work in telehealth?*

Dr. Scurlock: Just as COVID has changed the trajectory of telehealth adoption, it has also changed the trajectory of clinicians who want to work with telehealth. Pre-pandemic it was early adopters who were interested. Now we see the largest group coming to us are older clinicians who maybe do not want to be at the bedside now but still want to contribute cognitively to the patients and they can do that through telehealth. The flexibility telehealth affords the provider is the opportunity to care for patients anywhere, even from their home. Medical professionals today are coming out of school grounded in telehealth use so it is now seen as part of the evolution and digitization of healthcare. At Equum, our proprietary ProviderPOD™ model enhances the physician experience further through its decentralized and distributed national framework, not requiring physicians to move, or travel to work at Equum.

We are at the point where telehealth is not going backward, it is only going to accelerate as we find new ways to do this.

CEOCFO: *What surprised you from the start-up until today at Equum?*

Dr. Scurlock: I am the product of a rural community. The hospital in my town closed when I was a teenager which meant that families had to travel two or three hours to get their care. That is why I came up with the idea of how I could contribute back to the US healthcare system. What surprised me is growing up in a rural area I thought patients would be dubious of telehealth and not like it. Now with 150 different implementations and hundreds of thousands of patients that have gone through it, never once have you heard a patient complain. They realize that they are getting access and convenience with telehealth and extra amounts of patient safety.

If you design it right, it is a win/win/win for the healthcare system, but the biggest thing is that patients get it more than anybody else. They understand this is the way of the future and if it is done the right way it can help them and their communities.

CEOCFO: *What is ahead for Equum?*

Dr. Scurlock: At Equum our solution offering is one that's in tune with and anticipating where our hospital partners are moving next. Even in a short time, we have introduced new services which strengthen our ability to connect care in parallel to the bedside, from ED to discharge. One example of this is virtual nursing. We see virtual nursing as a huge growth vertical for us and a great thing for the healthcare system and hospitals in general. Having a virtual nursing solution that can unload and unburden the frontline nursing staff is critically important. As a country, we had a nursing shortage before COVID, it is just that no one was talking about it, but COVID and clinical burnout accelerated the prioritization with which we need to solve this gap. Beyond our services alone, opportunities exist to harness software to innovate in provider productivity and advance responsiveness to care needs through Artificial Intelligence.

CEOCFO: *Why pay attention to Equum Medical? Why does the company stand out?*

Dr. Scurlock: Equum Medical is physician founded and physician operated, and its inpatient services portfolio is an example of how digitally enabled clinical workforces can support many of the present challenges hospitals face. With over

150 implementations, 12 years of experience, and a C-Suite with 100 years of acute-care telehealth experience Equum is becoming the telehealth partner of choice for many health systems across the nation. While we do solve immediate staffing challenges in key hospital areas through the power of telehealth, Equum stands out for its focus in transforming patient flow across the acute care continuum which is where greater value is unlocked for our customers. If you want a valued partner in telehealth, we think we are the right solution.

