Tele-Intensive Care Unit (ICU) Market - Global Outlook and Forecast 2022-2027

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Report description:

The global Tele-Intensive Care Unit (ICU) market is expected to grow with a CAGR of 19.69% from 2022 to 2027

MARKET INSIGHTS

In recent years, the number of patients requiring ICU care has increased without a corresponding growth in the availability of intensivists. Critical care is in high demand due to a dearth of intensivists, a smaller number of ICUs, and the expansion of the pandemic. Through real-time, remote consulting drastically lowers ICU mortality. Tele-ICU makes remote critical care and full-time bedside care accessible as the demand for critical care and full-time bedside care grows.

KEY HIGHLIGHTS OF THE INDUSTRY

The shortage of critical care specialists is burdening hospitals globally. Many small rural hospitals often struggle to hire critical care specialists and retain critical care centers due to a lack of reporting on holidays and weekends.

The burden of serious illness in low-income countries is high and can increase with increasing urbanization, epidemics, and less access to hospitals. Therefore, data on intensive care capabilities that consider access to both physical resources and healthcare professionals are essential to planning a healthcare system but are generally lacking or difficult to find.

The number of ICU beds in low & middle-income countries (LMIC) is estimated to be less than 3 ICU beds per 100,000 population. In contrast, high-income countries (HIC) are estimated to be more than 30 intensive care beds per 100,000 inhabitants. Tele-ICU shows potential as a clinically and economically viable approach to expanding healthcare infrastructure in developing countries.

COVID-19 PANDEMIC IMPACT ANALYSIS

-The global COVID-19 outbreak has underlined the crucial role that modern technology can play in critical care in the twenty-first

century.
-The COVID?19 pandemic has exhausted health care systems, emphasizing ICU bed capacity burdens, specifically in outbreak hotspots. ICU beds are necessary to treat the sickest COVID?19 patients and are always the subject of bed capacity concerns.
-Due to the adoption of the Tele-Intensive Care Unit, clinicians can now treat critically ill COVID-19 patients without exposing themselves or others around them to the highly contagious disease.
-It has also provided smaller, regional hospitals with unprecedented access to high-quality intensive care management from critically qualified specialists. The COVID-19 pandemic has also brought attention to the acute shortage of critical care physicians, which was already a concern before the epidemic.
-The situation was disastrous in some metropolitan hospitals and worsened in many regional hospitals. These small hospitals lack the expertise needed to treat complex and critically ill patients and usually transfer such patients to more extensive facilities with the right equipment and personnel
-Amidst the COVID?19 outbreak, intensive care unit telemedicine is essential to facilitate high?quality patient care, particularly in rural parts of the US.
-Tele Intensive Care Unit networks in rural areas are often set up in a hub-and-spoke model, and central hub hospitals host many of the resources that are virtually deployed to multiple-spoke hospitals requiring critical care services.

MARKET DRIVING FACTORS

Tele-ICU Partnership Yields Clinical and Administrative Benefits

a)The tele-ICU has proven to be effective in generating significant clinical and efficiency gains in hospital Intensive Care Units across the globe, starting with saving lives, reducing the length of stay (LOS), lowering infection rates, and ventilator time.
b)The reduced mortality rate is the essential benefit of a successful tele-ICU relationship. Actual performance is often compared to APACHE (Acute Physiology and Chronic Health Evaluation).
c)Tele- Intensive Care Unit teams can collaborate with clinicians and respiratory therapists at the bedside to extubate patients more quickly and cut down on ventilation days. Based on prior findings, better ventilator management in a 30-bed ICU at a hospital that earns $2,700 per vented day might save 794 ventilated days each year, resulting in a cost savings of over $2.1 million.
d)Tele- Intensive Care Unit solutions are becoming more popular to improve clinical outcomes while addressing the shortage of intensivists and lowering costs. A robust technology platform, a way to provide qualified and credentialed intensivist-led teams around the clock, process integration and modification, close collaboration, launch, and ongoing client relationship management are all required for a successful partnership.

High Growth Potential for Tele-ICU In LMICS

a)Acute care for critically ill patients is a global concern, regardless of the capabilities of the healthcare system. However, the high cost of trained medical staff, infrastructure, and consumables limit the development of intensive care units in low-income countries.
b)LMIC remains significant, mortality rates remain unacceptably high compared to HIC, and an estimated number of premature deaths exceeds 8 million. Given the prevalence of infectious diseases and the increased burden of non-communicable diseases such as cardiovascular disease, diabetes, and chronic obstructive pulmonary disease, LMIC's latest critical care program can help reduce this burden.
c)Highly skilled and well-qualified doctors and nurses are usually located in or near major cities, but remote areas often have limited access to critical care services. For example, in India, 80% of doctors work in urban areas, while 70% of the population live in remote areas suffering from a serious shortage of doctors and trained emergency workers.
d)The tele-Intensive Care Unit shows potential as a clinically and economically viable approach to expanding healthcare infrastructure in developing countries.

Growing Target Pool of Patients Requiring Tele-ICU Services

a) 90% of persons over 65 are thought to have one or more chronic illnesses that necessitate special treatment and care, setting them distinct from the rest of the population.
b) Non-communicable disease (NCD), a chronic disease, usually results from a combination of long-lasting, genetic, physiological, environmental, and behavioral factors.
c) According to a Global Disease Burden 2017 survey, an estimated 22.8 million cases of sepsis occurred in Asia in 2017, accounting for 47% of all cases worldwide.
d) According to the National Safety Council, the top 3 preventable related injury deaths are poisoning, motor vehicle, and falls, accounting for over 86% of all preventable deaths.

SEGMENTATION ANALYSIS

a) The centralized tele-ICU market reported a major share of around 51.65% in 2021 due to wider acceptance across the globe. The Centralized Tele-ICU is a hub-and-spoke model, where critical care services originate from the hub and services are delivered by the spoke facilities. A hub (or center) is an established site with staff, including emergency physicians, nurses, and clinical and technical staff. The established hub is connected to one or more medical facilities and/or several ICUs. Centralized tele Intensive Care Unit can:
- Continuously collect and analyze data
- Allows data to be researched over time trends, allowing providers to draw conclusions and make meaningful contributions to managing the health of critical patient populations.
- The centralized Tele Intensive Care Unit is ideally suited for vertical growth, including more critical care programs, by extending the same service line with more critical care staff.

Market Segmentation by Model
- Centralized Tele-ICU
- Decentralized Tele-ICU
- Hybrid Tele-ICU

b) The hardware segment reported a major share of around 68.76% in 2021. Hardware segments include computer systems, communication lines, high-resolution cameras, video display boards, physiological monitors, medical records, and more. The Tele-Intensive Care Unit system includes hardware that collects and compiles patient data and sends it remotely. Patient data includes physiological conditions (such as EKG and blood oxygen saturation), treatment (such as specific drug infusion rates and ventilator settings), and medical records.

Market Segmentation by Component
- Hardware
- Service
- Software

c) The adult Patients segment reported a major share of around 80.73% among all Patient groups in 2021. The adult patient segment is witnessing a high share because non-communicable disease (NCDs) is one of the leading causes of death globally, accounting for about 41% of all deaths globally. Thus, increasing chronic disease in the adult population has surged the share of adult patients. NCDs impact people of all ages, from all walks of life, areas, and countries. Although these diseases are frequently associated with older age groups, research suggests that more than 15 million of all NCD-related fatalities occur between the ages of 30 and 69.

Market Segmentation by Patient Group
- Adult Patients
- Neonatal & Pediatric Patients

d) Among all Hospital types, the system Affiliated Hospitals segment reported a major share of around 69.57% in 2021. The system Affiliated Hospital's segment is the witness of high share because the network's hospitals collaborate to deliver various services to single or numerous communities. Participating in a hospital network is cost-effective mainly because it improves efficiency, eliminates service redundancy, and ensures that all patients, whether in small towns or large cities, receive high-quality care. There are numerous advantages.

Market Segmentation by Hospital Type
- System Affiliated Hospitals
- Independent Hospitals

GEOGRAPHY ANALYSIS

North America reported a significant share of around 40.84% in 2021, because the US has the world's highest number of ICU beds per capita. Over 5 million patients are admitted to the Intensive Care Unit in the US annually for intensive care or invasive monitoring. Approximately 2,100 rural hospitals that provide rural Americans with access to community care can be difficult to provide critical care during a surge in events. Tele-Intensive Care Unit can be a mechanism by which local hospitals can provide critical care to local Americans.

Market Segmentation by Geography

- North America
  - US
  - Canada
- Europe
  - Germany
  - France
  - UK
  - Italy
  - Spain
- APAC
  - China
  - Japan
  - India
  - South Korea
  - Australia
- Latin America
  - Brazil
  - Mexico
  - Argentina
- Middle East & Africa
  - Turkey
  - Saudi Arabia

o South Africa
o UAE

VENDOR ANALYSIS

The market is consolidated as prominent players cover the market's larger share. For instance, GE Healthcare, Koninklijke Philips, Teladoc, and Hicuity Health have vast product and service offerings required by the Tele-ICU system. These companies are offering robust tele-ICU systems such as the Philips eICU program, a transformational critical care tele-ICU program that combines A/V technology, predictive analytics, data visualization, and advanced reporting capabilities, delivered by Philips experts with more than 15 years of proven success.

Other challenging players such as Apollo telehealth, SOC Telemed, intercept Telemed, and Eagle Telemedicine also has a significant share in the regional market and focus on continuous expansion. This is further intensifying the competition in the global market.

Key Vendors
- Apollo TeleHealth
- Eagle Telemedicine
- GE Healthcare
- Hicuity Health
- Intercept Telemed
- Koninklijke Philips
- SOC Telemed
- Teladoc health.

Other Prominent Vendors
- Avel eCare
- Ceiba Health
- CLEW
- Cloudphysician
- CritiNext
- iMDsoft
- RemoteICU
- Sri Laxmi Kravia Techlabs
- VeeOne Health
- eNext ICU
- Inova
- T-ICU

KEY QUESTIONS ANSWERED:
1. How big is the global Tele-ICU market?
2. What is the growth rate of the global Tele-ICU market?
3. What are the growth factors in the Tele-ICU market?
4. Who are the key players in the global Tele-ICU market?

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