Healthcare IT News

Proving the Value of Telemedicine

September 29, 2011 | Eric Wicklund, Contributing Editor

It’s not about the technology.

One would think, given the struggles of telemedicine programs to gain a foothold in the healthcare landscape, that advocates would point first to the tools and gadgets that help connect doctors and their patients in different locations.

Nope. First and foremost, this is about people.

“We are not a technology vendor and we don’t start with the technology,” says Karen Deli, executive vice president for Westlake Village, California-based Specialists on Call, billed as the largest provider of teleneurological services in the country, serving some 130 hospitals and providing over 13,000 consultations a year. “We start by identifying the fact that they have a service gap.”

‘We’re all about the quality of the clinical encounter,” she adds.

Specialists On Call neurologist Mitchell Rubin, MD, consulting with a stroke patient using telemedicine.

“We’re not just dumping technology (on a hospital) and saying, ‘OK, keep doing what you’re doing,’” adds Elizabeth Allen, director of telemedicine for the Ochsner Health System in New Orleans, which has launched a telestroke program with REACH Health. “We want this to be an ongoing quality perspective. … It’s about forming relationships and touching people.”

Teleneurology is the second most popular telemedicine program in use in the nation’s healthcare system, behind only telemental health services. Part of that program is telestroke care – and it’s a significant part, as it offers the most dramatic examples of how telemedicine can save lives.

Consider Sandra Bowden. She’s alive and well because her stroke symptoms were diagnosed by a specialist half a country away.

Bowden, the director of medical post-surgical services at the Christus St. Michael Health System in Texarkana, Texas, suffered a stroke while at the hospital last year. The small, 312-bed, acute-care hospital didn’t have a neurologist on hand, but it did have a relationship with Specialists on Call. In little time, the hospital had set up a video consult with Todd Samuels, MD, a Baltimore neurologist.

Samuels completed a neurological assessment of Bowden, talked to her and her husband about the results, and prescribed a clot-busting drug called tPA, which has to be administered within a few hours of a stroke

in order to be successful. Eventually, her symptoms eased, and within months she was able to return to work.

Bowden’s story was one of the more dramatic moments at this year’s annual conference and exhibition for the American Telemedicine Association, a rapidly growing gathering of the nation’s telemedicine, telehealth and mobile health advocates. It was also a showcase moment for Specialists on Call and others focused on telestroke services, like REACH Health and Global Med.

For Richard Otto, REACH Health’s president and CEO, and William Hamilton, its co-founder and executive vice president, the telestroke program was just the first brick in the Alpharetta, Georgia-based company’s platform. Hamilton says REACH is moving into several areas, including emergency and acute care, telepsychiatry, cardiac care and other specialties.

“We’ve gone well beyond the idea of telemedicine being a computer on a pole,” says Otto. “We’ve got to overcome the stigma. Telemedicine isn’t an EMR, and it’s not Skype. It’s access. It’s evolution.”

“It’s all about access to specialists, which is important in any situation involving urgent medical care when there’s a clock ticking in the background,” adds Hamilton. “It’s just not feasible to have a highly trained specialist get in a car and drive a couple of hours.”

According to Deli, many hospitals have the technology in place to support some sort of telemedicine program. What they need is access to specialists who will help them keep their critical patients, rather than transferring them to other facilities.

At Ochsner, Allen started at telestroke program in 2009 with the health system’s three hospitals, and has since created a network of about a dozen around the state, cutting across what she says are competitive and political boundaries in the process. What began as a program that treated one to seven patients a week now touches close to 40, she says.

Allen says hospitals in that network are reducing transfers by about 30 percent. They’re reducing mortality rates, too, and improving clinical outcomes.

“We’ve actually had a few of those – lives saved,” she adds.

While the life-saving stories like Bowden’s are rare, and the monetary advantages of telemedicine are still in the data-gathering stages, hospital administrators and vendors alike say the ability to create networks of specialists is what will make telemedicine successful in the long run. If a hospital of any size can have immediate access to almost any source of information, it will keep patients it would otherwise lose.

Figuratively and literally.