Teledicine Extends the Reach
BY JOHN MORRISSEY

The days of dismissing telemedicine as a more technology option are over. Advances and refinements in the delivery of health care through telemedicine connections are proving not just individual ‘vistas’ between clinicians and patients, but entirely different ways to spread specialty expertise around, correct shortages of medical professionals, compete in metropolitan areas and anticipating health reforms as well.

Telepharmacy programs fan out to multiple states providing check-in for deceased medications where no pharmacist is available. Towns without a primary care doctor are struggling to coordinate care for chronic patients where no pharmacist is available. Telemedicine programs initially launched for CHI’s telestroke subsidiary, operations for CHI’s telemedicine subsidiary, don, says Win Vaughan, vice president of Medical Imaging Services. Patients can have their eyes of suspected stroke patients with cameras strong enough to “see individual

...But Joint Commission and skeptical budgeters, he says, noting that the 4-year-old program took two years to get going. Even though pharmacists were scarce, the ones that were there “became über-sensitive to the fact that they may lose their jobs.” Many hours were spent with pharmacy directors to help them understand how the service enabled more of the right care in a region of professional shortage. For instance, having a remote pharmacist con-...
Mobilizing health care

An agile and responsive health system should provide caregivers with access to data and decision support information anywhere, anytime and on any device. “Not only is speed and ease of access increasingly expected by our medical providers,” says Scott R. Sirich, vice president, enterprise services, Mercy Technology Services, Chatsworth, Mo., “but there are direct implications to health outcomes when health decision making only rely on prompt, frequent access to Mercy’s electronic health record and other clinical systems.”

While hospitals are extending more services on mobile devices both inside and outside inpatient and ambulatory settings, they are taking steps to minimize data breaches. Nearly all Most Wired hospitals support handhelds and employ stringent security measures on mobile devices to protect patient data—94 percent require encryption. In comparison, 91 percent of all surveyed hospitals support handhelds and 72 percent support encryption. Security experts recommend encryption of mobile devices. — SUZANNA HOPPSZAL

Percentage of hospitals that provide a portal where patients can:

- Access (check) test results
- Access full medical records
- Direct patient-generated data

Security measures used to safeguard information on mobile devices

- Data encryption
- Two-factor
- Executive or smartphone/tablet
- Mobile device password/password
- Enterprise or smartphone/tablet

Are apps part of a patient engagement strategy?
We are rolling out our consumer/patient portal and one of our primary objectives will be to enable access on any device. We want our patients to have access from any location using any device that works best for them.

How can vendors ensure that apps keep up with devices?
The technology is moving so quick with a variety of different architectures and platforms. Enabling all applications to run on all platforms will continue to be a costly and difficult proposition. However, I believe vendors should have a mobile strategy that will support the most common platforms and make sure customers have some options available.

About the series
As health care moves rapidly toward a value-based delivery model, a greater emphasis will be placed on care coordination. We must ensure that patients not only get the right care at the right time in the right setting, but also that every part of the delivery system is connected and understands that a patient’s need will be critical going forward. Information technology will be instrumental in making sure that these connections take place and in providing clinicians with valuable new decision support tools.

H&HN, with the support of AT&T, has created this yearlong series called Connecting the Continuum to explore how hospitals are extending more services on mobile devices both inside and outside inpatient and ambulatory settings, they are taking steps to minimize data breaches. Nearly all Most Wired hospitals support handhelds and employ stringent security measures on mobile devices to protect patient data—94 percent require encryption. In comparison, 91 percent of all surveyed hospitals support handhelds and 72 percent support encryption. Security experts recommend encryption of mobile devices.

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Telemedicine Extends the Reach

BY JOHN MORRISSEY

The days of dismissing telemedicine as a mere technology option are over. Advances and refinements in the delivery of health care through telemedical connections are proving not just individual “nests” between clinicians and patients, but entirely different ways to spread specialty expertise around, correct shortages of medical professionals, compete in metropolitan areas and anticipate health reforms as well.

Telepharmacy programs fan out to multiple states providing checked-in ordered medications where no pharmacist is available. Towns without a primary care doctor can have virtual clinics for follow-up treat- ment, negating a long car trip. Telestroke programs are bringing the unique skills of vascular neurologists to bear on possible strokes in far-flung areas and connect with an emergency department anywhere in its telestroke system within a few minutes. That applies equally to situations across the state or across the Ochsner campus.

“Many of the telehealth services are not being developed as stand-alone organizations only, they’re being developed with the thought that they’re a capability we want to offer to other rural health care providers,” says Jonathan Linkous, vice president for strategy and business development in CHI’s Fargo division. “Expanding access to specialty care is an operation with serious health care implications.”

In Kentucky, where some rural areas are far from a critical access hospital, virtual clinics under development are more than a health-care option; they’re a component of a continuum of care extending out from state hubs like Lexington, Louisville or London, says Win Vaughan, executive director of operations for CHI’s telemedicine subsidiary, Medical Imaging Services. Patients can have follow-up sessions with, say, a cardiologist at a local facility staffed by a nurse and with some technology for diagnostics.

“I think that the right thing to do is to develop a regional platform, and connect with an emergency department anywhere in its telestroke system within a few minutes,” says Jones. “That’s what we’re doing, and it’s working.”

In July, more than 2,300 consultations had been performed on 500 or more patients in a region of professional shortage. For instance, having a remote pharmacy con- tacts on site allows the pharmacist on-site to have meaningful dialogue with physicians about appropriate drug management for given conditions. “We’re doing more of something they wanted to do all along,” says Jones.

The program calculated it could provide telepharmacy for about $32 per hour, compared with $25 to $55 an hour for a typical pharmacist makes in the region. Hospital CEOs counted that the extra coverage was still a cost they never had before, despite the cheaper rate. But Joint Commission and state health standards requiring 24-hour pharmacist availability woes but approach- ing, and suddenly the model made sense.

Merging telepharmacists with local staff still presents communication and accountability challenges. “How do you make someone who’s remote, who’s on a bunch of other people’s teams, [also] on your team?” Jones asks. “We’re still working through that.”

Teledermatology edges out for a local doctor with the right experience to come in from home or an off-site office, much less having to enroll a patient to a stroke center. Telemedicine can “take this expertise and spread it out geographically, and offer it 24/7 in a time frame that makes sense,” says Gaines.

CASE STUDY

When Gaines is on call for Ochs- ner’s telestroke program, he can open his laptop at the office and connect with an emergency department anywhere in its telestroke system within a few minutes. That applies equally to situa- tions across the state or across the Ochsner campus.

Given the vagaries of elevators and other things, it would take me probably 10 minutes even to get to our hospital emergency room,” says Jones. “So its right to the door and does the initial initial survey in a learning hospital, offer- ing sophisticated use of clot-busting, brain- imaging drugs where there had been two of them at all.

That being the case, imagine waiting five minutes earlier, you’re better off than if you treat five minutes later.”

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