

# Telemedicine brings experts to rural patients

Trish Welsh Taylor  
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Seeing your doctor on a screen sounds impersonal, but it is one way to get doctors to patients who would otherwise not see a doctor at all, or risk traveling while suffering symptoms in bad weather.

Eastern Plumas Health Care's Mark Schweyer, M.D., is so excited about the new telemedicine program he doesn't talk about much else.

He is the lead on EPHC's telemedicine program, having secured three years of grant funding for the program. His colleagues and the EPHC board are equally excited.

Just as the low-dose mammography machine brings to the county a modern technology that benefits patients, telemedicine promises to increase access to diagnosis, consultation and treatment.

EPHC board chairwoman Gail McGrath said of the program, "This is something we

need to take advantage of."

Telemedicine is a tool of medicine. The tech is basically a camera, a type of speaker-phone and a computer for processing the meeting. It comes on a well-styled cart with a real human being who facilitates the face-to-face screen meeting of doctor and patient. The cameras are top notch and can zoom in to allow the medical expert to have an ultra close-up view, as would be needed in dermatology. Patients' medical records and pertinent facts are available to doctors prior to appointments.

EPHC plans to contract respected medical specialists from California medical institutions for blocks of several hours at a time. Patient appointments will be half an hour.

The main objective of the EPHC telemedicine program is simple: grow the local availability of medical specialists.

Telemedicine will become available from EPHC clinics around the county as Schweyer's program gets put into place. The beauty of telemedicine is that it doesn't come to or from just one location. A doctor from anywhere in California can see patients in four locations in Plumas County in a two-hour period.

Plumas County faces big medical challenges. Currently, there is only one physician per 844 people in the county.

California's statewide ratio is one physician per 417 people.

There is no endocrinologist in the county. In Eastern Plumas County there are no privately practicing medical doctors, and there is only one day of psychiatry service available per month. The medical community serves a huge area of dispersed residents with minimal to no public transportation, a 19 percent senior population, and an unemployment rate that has fluctuated between 12 percent and 22 percent in the last two years.

With EPHC's new telemedicine capability, the county's ratio of doctors to patients will improve and the range of expertise will increase. The key function telemedicine delivers is medical presence from a distance. It brings medical help to patients, rather than patients having to go a long distance to their doctors. That means access, and access means healthier people.

Tele-psychiatry is ready to begin. At the Aug. 25 board meeting, Schweyer discussed the potential for bringing telepsychiatry services into the schools, the county's newly developing drug and alcohol programs and the jail.

Tele-endocrinology is anticipated to start Nov. 1. With about 670 diabetics in EPHC's service area, this is a huge benefit.

Tele-pulmonology is scheduled to be available by early

2012. It will increase the hospital's ability to accommodate asthmatic, emphysema and sleep apnea patients, as well as those suffering from other pulmonary diseases.

If the future is bright, the fields of cardiology, pediatric intensive care, oncology, rheumatology, nephrology (dealing with kidneys) and more can be explored.

Other critically needed experts, such as cardiologists, will be brought into the telemedicine program as it grows.

Telemedicine also will increase professional growth opportunities for doctors and staff, and provide health education to residents.

The program has to be better for patients than going all the way to Reno or Chico, and it has to be cost effective for the hospital. That is the consensus of the EPHC board members. They are hopeful that telemedicine can be part of the solution to the inequities in rural access to health care. It can potentially greatly improve quality and quantity of care for area residents.

Local doctors will need to be trained on when to recommend telemedicine and how to maximize its usefulness for patients who are still getting familiar with this modern tool. McGrath said, "Telemedicine is something that is going to have to evolve."

Other news and continuing circumstances at EPHC are predictable, given previous status reports. Visits to the EPHC clinics overall are down 10 percent, mainly due to 200 fewer visits to the Loy-alton facility. Coming to terms with the figures, McGrath suggested that this might be "the new norm for the short term."

The budget is holding, but it's not rosy. Chief Financial Officer Jeri Nelson is preparing for a standard audit. The analysis of costs and income is getting more and more refined, using a data-based understanding of what is working and where the weak points are. Thirty-six charts, prepared by Nelson's office, compare projected and actual costs and revenues for functions as particular as respiratory procedures, ambulance runs, length of stay and so on.

Also, denials of insurance claims continue with no relief, and the cost of health care coverage for employees is up 2 percent to 5 percent. Nelson said, "This is not a blip but a trend."

Chief Executive Officer Tom Hayes spoke of continued progress on his 2010-11 Operation Plan, mandated work coming first. Big expenses, like a much-needed new phone system, are being postponed. Everyone is adjusting to the new norm.

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