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N. Idaho robot connects doctors and patients

By Kathy Hedberg

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OROFINO, Idaho — The newest member of the medical staff at Clearwater Valley Hospital here looks like a giant silver floor polisher with a flat-screen head.

It's not a housecleaning appliance, though. This device is a robot that is helping doctors and nurses in this small, rural hospital, and at St. Mary's Hospital in Cottonwood, expand their access to big-city medicine.

The 5-foot-2-inch robot -- which, as yet, has no name -- connects primary care doctors with psychiatrists and other specialists at Saint Alphonsus Regional Medical Center in Boise. It also allows nurses, while they treat patients or assist in the operating room, to be critiqued and guided by experts at the larger hospital.

Casey Meza, chief executive officer of Clearwater and St. Mary's hospitals, said the robot is opening a new realm of medical services that wouldn't be available otherwise.

"In a rural setting, flesh and blood just doesn't exist," Meza said of the dearth of specialists available to small hospitals. "We don't have psychiatrists -- we certainly don't have child psychiatrists; we don't have neonatologists, we don't have neurologists. We have wonderful primary care providers who do a wonderful job, but they need specialty support and this is a way for them to get specialty support."

The robot is manufactured by InTouch Technologies of Santa Barbara, Calif. It is a wireless, mobile device that uses secure Internet technology to link physicians and others to people at a control station in a different location.

Using a laptop computer at their offices, doctors, through the robot, can discuss a patient's status with nurses or others, drive into the patient's room, observe patient behavior, check bedside monitors and ventilator settings, discuss care with the patient or family members and give directions to care providers and talk about next steps.

The robot can be stationed in the operating room during a procedure and allow the nurses to take instructions or discuss their activity with a trainer at a control station hundreds of miles away. It also allows local nurses to be present in the operating room of a bigger hospital during a surgery.

"It's almost like a back seat driver in the emergency room," Meza said. "It's another voice in the room of knowledge that can step in at a critical moment and give support. From a psychiatric position this is the greatest thing that has ever happened to either of our hospitals. We now have weekly child and adult psychiatric services that we didn't have before."

The robot came about as the result of a $1 million U.S. Department of Defense grant and a $100,000 grant from the St. Alphonsus Foundation. It and seven other models scattered around southern Idaho and eastern Oregon are part of an outreach effort by St. Alphonsus hospital to provide services to remote areas, said Michael J. Ward, executive director of St. Al's corporate network development.

"The whole thing for us is, we want to get specialty care out across rural hospitals in Idaho and Oregon," Ward said.

Although there is no direct financial benefit to the hospital, Ward said it is committed to the program for the long term.

"One, it's the right thing to do. But it's also building a relationship because there are multiple tertiary hospitals where, when they have to transfer patients (they can go).

"We figure if we're building a relationship, supporting them with our specialists; they can stay in the community and if they need to transfer for continued care they come to our hospital."

Ward said as long as the three-year grant holds, there is no charge to patients or the hospitals for use of the robots. In the future there may be a maintenance charge.

And while other hospitals in the network may transfer patients to St. Al's if the need arises, that's not likely to happen with the Orofino or Cottonwood hospitals.

That's because most patients prefer going to Lewiston or Spokane if they need additional care, Meza said.

Ward and Meza insist St. Al's motivation is strictly altruistic in the interest of giving smaller hospitals the resources they otherwise would not have.

The main reason Meza got involved with the program came as a result of her service on the five-county, north-central Idaho Region 2 mental health board, where she became acquainted with St. Al's staff. Both hospitals were interested in the acute problem of a lack of psychiatric services in this area. Ward pointed out that Idaho ranks 50th out of the 50 states for the availability of psychiatric services.

"There are psychiatrists in Lewiston," Meza said. "But they are doing all they possibly can do to serve the region's needs. We've tapped Lewiston out. That's not to say we don't still transfer to St. Joe's (St. Joseph Regional Medical Center in Lewiston) and use their specialty care and psychiatric care. We most certainly do, but over and above what they can support us, that's where this comes in."

It's not uncommon for a doctor to be treating a patient for a physical ailment, who also has depression or some other mental health problem.

"Our family practice docs are great at managing and maintaining, but oftentimes these patients just have that higher level of need that a doctor just needs a specialist to step in once in awhile and assess the situation and give another thought process to it," she said.

Both Meza and Ward believe the added resources the robots provide can help small, rural hospitals attract primary care physicians in the future.

"I think it will help recruit primary care physicians because they think: 'We can't be out here if we don't have any backup or any support.'" Ward said. "They've been out here trying to be everything for everyone for a long time and felt very alone."

Patients who are being evaluated with the robot's assistance are made aware of the technology and must sign a consent form, Meza said. So far it has not been an obstacle in patients' comfort levels during the treatment process.

"I've talked to a few patients and they were receptive," said Deb Tylzynski, one of the registered nurses who is training with the robot. "We haven't had any problems so far. The patients are curious about it (but I think) this is a positive for medicine."

Marvin Cook, another of the registered nurses in the training program, said it was a little hard to get used to the robot at first. But after a short time the nurses adjusted and now they appreciate being able to get instruction from outside experts while still working in their own hospital.

Bryan Skinner and Drew Johnson are the information technology specialists at Clearwater and St. Mary's hospitals who deal with the robot. It is easy to use and relatively maintenance free, the two say.

Skinner said the hospitals already had a strong internal wireless network, which allowed them to adapt the robot to their systems.

Meza is optimistic the program will have ongoing benefits for patients while helping rural hospitals remain viable and competitive for the future.

"The beauty of this system is, it's obvious there's a critical need throughout the state of Idaho -- throughout the country -- for

psychiatric services. And getting mental health (care) close to home is incredibly important when patients need the support of their families.

"Just because you live in a small town doesn't mean you don't deserve high-quality medicine. And high quality means access to various services, Meza said."

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