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The robot doctor will see you now

Telemedicine is giving Idaho patients health care from a distance

A few years ago, if a father in Cottonwood noticed symptoms of depression in his son, he would have had to drive hours to the nearest child psychiatrist in Spokane or Boise. And that's if the waiting list was short enough to get an appointment. Now a telemedicine system in Idaho, using robots and video screens, can beam in treatment for such a child as often as once a week, in the patient's hometown, at a lower cost than before.

Few health insurance companies in the state are paying for these services, though. Hospitals hope to change that. Saint Alphonus Health System is the main pioneer of telemedicine services for the western half of the state. Saint

Alphonus launched its program in 2007 with grant funding from the U.S. Army's Telemedicine and Advanced Technology Research Center, which supports research to solve military medical problems.



Dr. Po Huang demonstrates how telemedicine "robots" work. In the control center at Saint Alphonus Regional Medical Center in Boise, and using a robot located in an emergency room somewhere else, Huang can help doctors diagnose and treat patients. The robot essentially gives rural patients and hospitals access to other doctors and specialists. "That's the hope," says Huang.

The network now reaches north to Orofino and west to La Grande, Ore., and averages about 120 patient visits per month. It continues to get grants from

federal agencies and Saint Alphonus' own foundation, for a total of about \$1 million over the past five years. Four hospitals in Idaho have Saint Alphonus' telemedicine carts that doctors can use to communicate with patients. Five are equipped with robots that a doctor in Boise can drive remotely around a hospital, doing rounds of patients in Grangeville.

Medical providers acknowledge that computer-aided office visits can't replace hands-on treatment for everything, but they say the benefits are many, including:

- The availability of specialists to rural doctors and patients.
- Lower travel costs for patients and family members.
- Reduced needs for expensive transportation like helicopter flights.
- Remote appointments that let patients stay close to home, which can lead to better health outcomes.

- Lower treatment costs.

“It’s not about increasing health care costs,” said Tiffany Whitmore, telemedicine manager for Saint Alphonus. “It’s about reducing” them.

The use of telemedicine at Grande Ronde Hospital in La Grande, Ore., has saved patients about \$1 million just in transportation costs, according to Dr. Po Huang, a Boise emergency physician and medical director of the Saint Alphonus emergency specialists program.

ROBOT TEACHERS

The robots don’t just help put patients in touch with faraway physicians. They give doctors and nurses a link to emergency second opinions and longer-term training.

The emergency specialists program is around-the-clock. Many rural hospitals don’t have any emergency-specialist doctors on staff. So when patients come through the door with severe heart attacks, strokes, traumas or life-threatening infections, the hospital can get a live video feed with an expert in the network.

Telemedicine might also help solve the problem of small communities losing or not being able to attract doctors.

Casey Meza, CEO of Clearwater Valley Hospital in Orofino and St. Mary’s Hospital in Cottonwood, plans to use it to recruit and keep doctors who might otherwise be turned off by a rural hospital setting. The reason: “It really enables the doctors to practice the level of medicine they know they can practice but just need a second opinion.”

Through telemedicine, nurses and doctors are also getting training and education. Huang said this helps hospitals that lack staff and resources to keep track of all the latest medical research. For example, they may not be up to speed on the practice of cooling a patient’s brain for 24 hours to prevent damage from a stroke.

Using the machines, medical providers leading training sessions from somewhere else in the Saint Alphonus network can watch another hospital’s staff run through exercises. They can critique as though they were in the same room as the students. That helped eight nurses in Meza’s hospitals learn advanced operating-room techniques, she said.

“It was an extreme learning environment,” Meza said. “Otherwise, we would have had to send nurses to other communities (like Boise or Spokane) for a period of time to get the same kind of training.”

SAVING, KEEPING MONEY

The foremost financial benefit for rural hospitals may be the ability to keep patients there. Sending a patient to Boise or Spokane is expensive for the patient, but also for the hospital, which loses that patient’s health insurance reimbursements. Now a hospital in Cascade can simply beam in a specialist to make the call on whether the patient needs to get treatment at one of the bigger hospitals, or if he — and the revenue for treating him — can stay in Cascade.

Saint Alphonus would not say how much the machines or telemedicine sessions cost. But a hospital can actually recoup the cost of a telemedicine cart or robot if it hangs onto just five patients, said Huang, basing that on the experience of two hospitals.

Besides its transportation savings, Grande Ronde Hospital has saved \$1 million it would have spent without telemedicine, Huang said.

Meza tallied about 30 patients and \$230,000 net revenue her hospitals kept because of telemedicine. She also just launched an agreement with a Minnesota dermatologist to treat patients in Cottonwood and Orofino.

LONG-DISTANCE PSYCHIATRY

Idaho doesn't have enough psychiatrists, especially in the remote areas. Telemedicine is changing that — or at least filling in gaps. Besides saving travel money, it reaches patients who might not otherwise get mental health treatment.

Since telepsychiatry started linking psychiatrists with distant clinics and hospitals — three sites in Idaho are doing it now through Saint Alphonsus — the number of patients has “pretty steadily grown,” Saint Alphonsus’ Whitmore said. She estimates that those patients have saved about \$160,000 in travel costs, or 320,000 miles driven.

People who are already scared and nervous about tackling their psychiatric issues find it easier to get care using telemedicine, Meza said. “We can keep them close to home with family support,” she said.

Telemedicine helps some children do better in school, too. Ever since Meza’s hospitals started patching in a child psychiatrist, schools have been saying, “Oh, this is making such a difference,” she said. “The continuity of care is helping these kids stay on focus.”

UNEQUAL INSURANCE PAYMENTS

Despite the raves from its users, telemedicine visits aren't being covered by some health insurers in Idaho. There are no laws forcing them to. But some telemedicine bills are covered by Medicare.

“Reimbursement is tricky in this state,” Meza said. “We are actually in the process of pulling together what we’re going to call, for lack of better terms, a telehealth alliance” and explain to insurers that it could save them money, she said.

“Thirty people didn’t get shipped somewhere” at \$12,000 to \$13,000 per helicopter flight, she said. “Right there, those are bills that didn’t get sent to the insurers.”

Regence BlueShield has covered telemedicine services for about seven years, said spokeswoman Georganne Benjamin. Regence pays for about 20 to 25 services each month, at a cost of \$5,000.

“We have seen an increase over the past year in the number of facilities across Idaho that use telemedicine options,” Benjamin said.

Blue Cross of Idaho just launched a pilot program to cover telepsychiatry.

“Our medical policies are always evolving,” spokeswoman Karen Early said. “It’s one of those things (that) wasn’t, until now, addressed.”

Saint Alphonsus and Portneuf Medical Center in Pocatello just signed up for the pilot, she said.

Getting all insurers to cover telemedicine, possibly through legislation, is “on our to-do list,” said Steven A. Millard, who leads the state’s hospital association.

“We’d rather have (insurers cover) it voluntarily than shove it down their throats, but we think it’s a good way of providing care,” Millard said.