

How to know when a ‘rash’ is serious? video chat!

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Rose Ferrara looks as spry at 97 as some people do at 77, but if a health concern arises outside of a regularly scheduled doctor’s appointment she would rather not leave her comfortable home to get evaluated. A University of Rochester Medical Center research project that uses telemedicine for senior citizens seems made-to-order.

The URMCC merged the old-fashioned concept of house calls with modern Skype-like technology to create a new way to evaluate and treat senior citizens. Approximately 250 people at seven senior living communities in the Rochester area are enrolled in the research project, which delivers same-day health care services.

The project follows a model of telemedicine long established to treat children at day care centers and schools. (The Golisano Children’s Hospital operates the Health-E-Access program.) In the case of older adults, once a person is enrolled, he or she (or family, or caregivers) can call The Strong Health Geriatrics Group any time they are concerned about a new health issue. A nurse specialist triages the complaint and a trained technician travels to the patient’s home with the appropriate software and sets up a live video conference between the patient and a physician.

During the telemedicine conference, doctors and nurses use the computer to look at and talk to patients. They can take vital signs, listen to the heart and lungs through an electronic stethoscope, assess pain, order blood work, and have a prescription faxed automatically to a

preferred pharmacy. This level of care takes place all within the same day, and often within a few hours of the original call.

“Our preliminary feedback shows that patients and families are very, very satisfied,” said principal investigator Manish N. Shah, M.D., M.P.H., associate professor of Emergency Medicine, Community and Preventive Medicine, and Geriatrics/Aging at UPMC. “And from our perspective, it is gratifying to be able to identify a pneumonia early on, which can avert a hospitalization, or treat something described as a ‘rash’ or ‘foot pain’ that turns out to be a diabetic ulcer or cellulitis.”

In some instances, Shah said, a patient may be experiencing significant pain but will minimize it to family and friends because he or she does not want to go to the hospital. Telemedicine can allow a doctor to evaluate the pain and, if there is a real need to get to the hospital, the patient is more accepting of the idea when it comes from a doctor.

With a shortage of geriatricians amid a growing population of elderly people, the goal of the UPMC telemedicine research is to find out if the program can reduce unnecessary emergency room visits, boost patient satisfaction, and reduce costs to the health care system. Although the concept of telemedicine is not new, the application to geriatrics and the use of telemedicine in geriatrics research is novel, Shah said.

In addition to carefully documenting every telemedicine visit, and tracking the effectiveness, safety, and the potential for cost reduction, Shah’s team also is identifying factors unique to delivering health care in senior living communities. Eventually they would like to offer a subscription telemedicine service to local residents in partnership with the senior facilities.

The Agency for Healthcare Research and Quality, part of the U.S. Department of Health and Human Services, funded Shah’s project with

\$1.8 million. After a planning phase, researchers began enrolling participants in November 2010. By the end of 2013, Shah said, he will be ready to analyze data.

Rose Ferrara is a fan of the program. “At my age, the technology is a change,” she said. “But I love it because you stay right in your room and they come to you and do what they have to do.”

Co-investigators of Health-E-Access for Senior Living Communities include Dallas L. Nelson, M.D., medical director of The Strong Health Geriatrics Group, and Suzanne M. Gillespie, M.D., assistant professor in the Department of Medicine, Geriatrics/Aging.

The participating senior living communities are: Cornerstone, of Rochester; GrandVie, of Penfield; GrandVille, of Greece; Heather Heights, of Pittsford; Legacy at the Fairways, of Victor; Rochester Presbyterian Home, of Rochester; and St. John’s Meadows, of Brighton.

Provided by University of Rochester Medical Center

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