

Devices slice time, distance for patients via 'telemedicine'

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Concerned about a growth on his face, Mt. Lebanon, Pa., resident, Robert Johnston could have made an appointment with the dermatologist already treating him for other reasons.

Instead, he snapped photos of himself and the affected area, uploaded them to the doctor's website and waited.

"I got feedback from him the same day. It was probably within three, four hours," Johnston, 52, who required follow-up care at the doctor's office, said.

Such is the promise of [telemedicine](#), the use of technology to connect patients and [health care providers](#) who may be miles or even half a world apart. The growing trend is touted as a way to increase access to medical care, especially among patients in remote areas, and to bring efficiency to an overburdened health care system.

It is, said Robert McCaughan, vice president for pre-hospital care services at Allegheny Health Network, one more way to improve care. It already is being used in dozens of specialties and, at least in the Pittsburgh area, on the front lines of emergency medicine.

McCaughan this year helped to establish what the network is billing as the state's first pre-hospital telemedicine initiative.

When paramedics answered a June 30 diabetic emergency call in

Leechburg, Pa., they brought a doctor with them. So to speak.

After assessing 59-year-old Barbara Verdu's condition, paramedics used an iPad to set up an on-the-spot video consultation with an emergency department physician at Allegheny Valley Hospital, in Natrona Heights, Pa. In the end, patient and caregivers agreed that Verdu had no need for a hospital visit, a decision that saved her time and money, put the paramedics back in service for other calls and helped to prevent overcrowding in the hospital emergency department.

It was an interesting experience, said Verdu, who had called 911 after waking up with low blood sugar. "I was just so nervous because it wasn't going up," she said.

The number of telemedicine services is increasing around the country, and research supporting the initiatives is growing, too. In July, for example, the journal *General Hospital Psychiatry* published a University of Pittsburgh School of Medicine study showing that telephone follow-up helped patients manage symptoms of depression - and reduce medical costs - following coronary artery bypass graft surgery.

The telemedicine market includes not only services provided by local [health care](#) organizations such as Allegheny Health Network and UPMC but those offered by out-of-state, investor-backed networks, such as 12-year-old, Texas-based Teladoc and six-year-old Florida-based MDLIVE.

While the concept may sound new to patients, telemedicine originated with doctor-to-doctor telephone consultations and has been evolving for at least 25 years, said Natasa Sokolovich, executive director of telemedicine for UPMC.

"It's been around for longer than I think most people realize,"

Sokolovich said. A shortage of psychiatrists helped give telemedicine a boost in the early 2000s, she said.

Technological advances - some that have improved diagnostics and others that have ensured the confidentiality of patient communication - also have fueled the surge.

But insurance hasn't yet caught up with the technology. In some cases, patients have to pay out of pocket for telemedicine, though the fees may be no more than the co-pay for an office visit.

In November, UPMC established AnywhereCare, offering around-the-clock consultation on common ailments. Patients log on to a website, answer a series of questions and usually get a diagnosis and treatment plan from a nurse practitioner, physician assistant or physician within 30 minutes.

If follow-up questions are necessary, Sokolovich said, patient and practitioner may communicate by phone, email or a video conferencing capability built into the website. So far, the service has had more than 2,100 patient visits.

Another UPMC initiative connects patients and healthcare providers at community hospitals and outpatient centers with the system's Pittsburgh-based specialists. In all, more than 30 specialties and subspecialties, including endocrinology and surgical follow-up, are included in the program.

To aid in care, the specialist can examine the patient via cameras, digital stethoscopes and other devices operated by counterparts at the community hospital or outpatient center.

"The patient truly has a visit that is comparable to what they would have

had in person with that specialist," Sokolovich said.

In addition to the pre-hospital program, Allegheny Health Network this year allocated funds for a "telemedicine lab" at Tyrone Hospital to enhance access to network specialists and partnered with DermatologistOnCall, the service started by Johnston's doctor, Mark Seraly.

Shery Varghese, a network dermatologist, said DermatologistOnCall benefits patients who may have to travel long distances for an appointment (some of his come from Erie) or those who don't want to wait for an office visit.

"If you try to make an appointment with a dermatologist, usually, on average, you're talking a six-month wait," he said.

Telemedicine knows no borders. Last month, the journal Telemedicine and e-Health published a Children's Hospital of Pittsburgh of UPMC study showing that doctors in Colombia and Mexico were pleased with help they received via video consultations with Children's cardiac specialists.

From July 2011 to June 2013, doctors at Children's consulted with counterparts in the two countries 1,040 times on 476 patients. Nearly 25 percent of the time, the consultations took place while the patients were undergoing procedures such as echocardiography.

Ricardo Munoz, the study's lead author and chief of [cardiac intensive care](#) at Children's, said the study and three years of consultations had addressed important questions.

Is international telemedicine technically feasible? "The answer is yes," Dr. Munoz, who is also the hospital's global business and telemedicine

director, said. "Have we changed the practice there? The answer is probably yes."

Dr. Munoz and Alejandro Lopez, a pediatric cardiologist in the cardiac intensive care unit and the [telemedicine program](#), said they'd like to expand the program to other countries because of the global shortage of pediatric cardiac specialists.

"It is actually almost like being there," Dr. Lopez said of the consultations.

The technology is so good, Dr. Munoz said, that thousands of miles are reduced to "centimeters of distance."

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