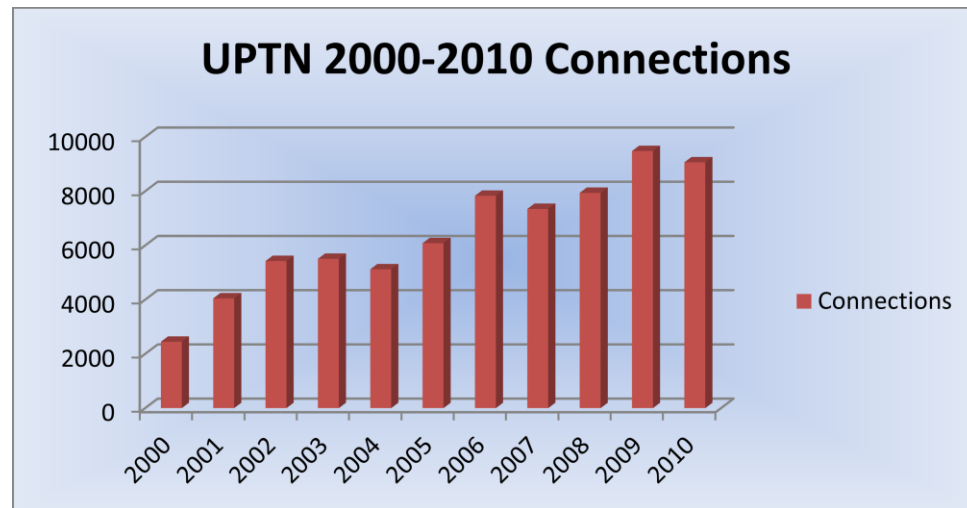
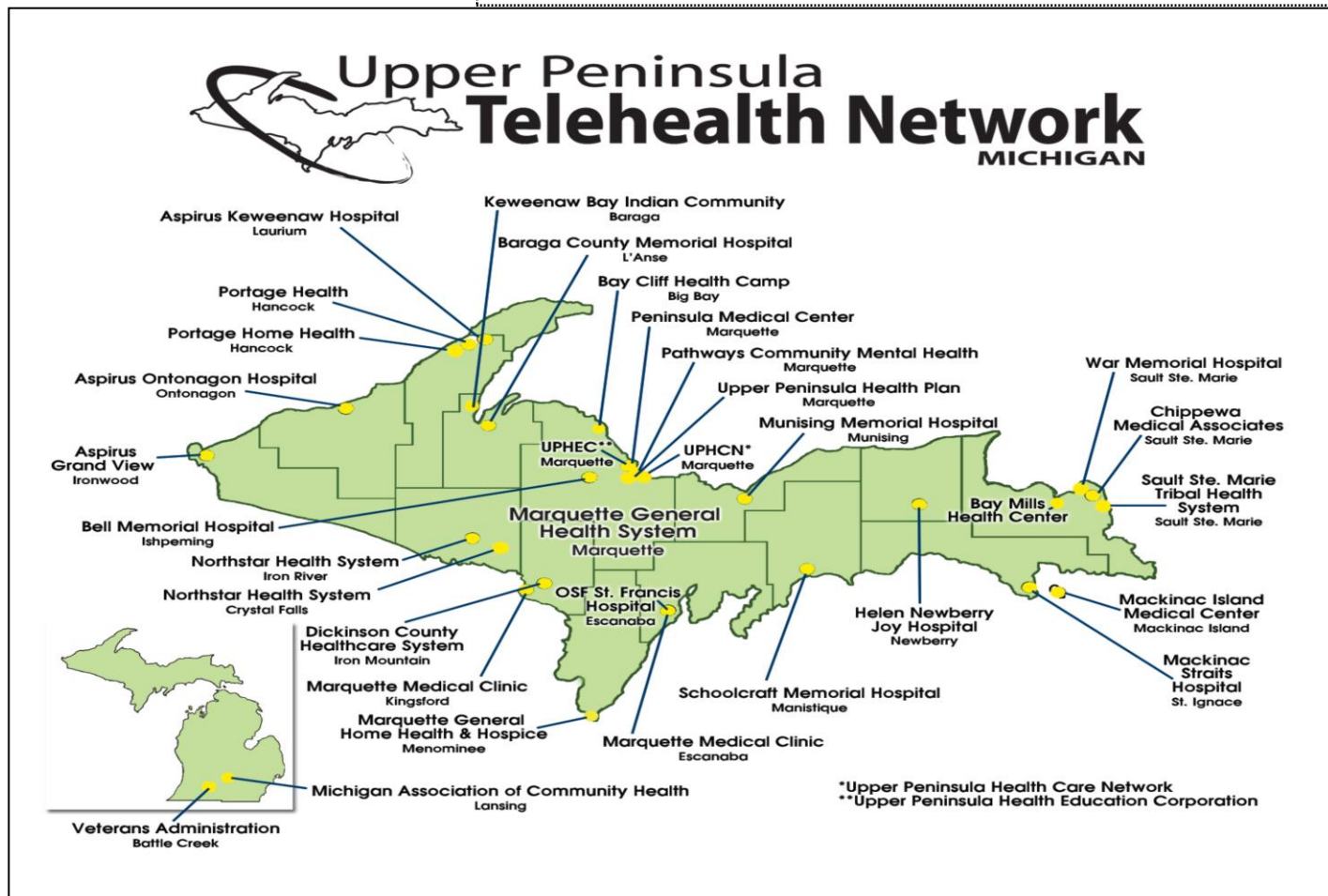


STATISTICS

The graph at the right represents the growth seen in UPTN connections over the past 10 years. Telemedicine has sustained itself demonstrating patient satisfaction, quality care, confidentiality and security of health information, and increased health care access.



Need telehealth site information? Go to: www.mgh.org/telehealth, click on the name of any site on the map for local information.



Published by: Upper Peninsula Telehealth Network, Marquette General Hospital, 580 W. College Ave., Marquette, MI 49855
 Phone: 906-225-4766, Fax: 906-2257696, web address: www.mgh.org/telehealth

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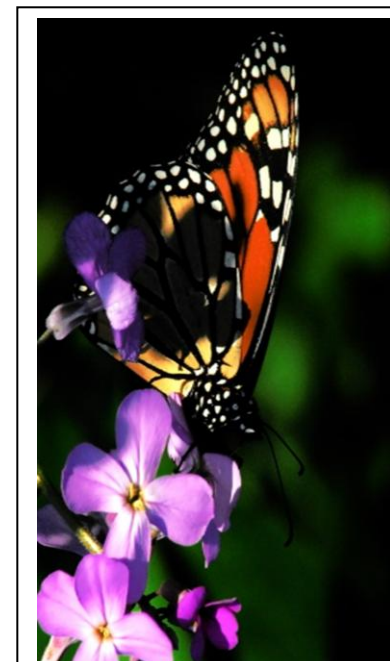
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STATISTICS

What is an ACO/ PCMH?

Healthcare reform legislation enacted in March 2010 authorized the Medicare program to contract with accountable care organizations (ACO's). ACO's are networks of physicians or other providers that will work together to improve the quality of health care services and reduce costs for a defined patient population. One of the key differences in the ACO model is the design - the model requires healthcare providers such as, primary care physicians, specialists and hospitals, to be accountable for the health of the population they serve across the entire continuum of care. Superior Health Partners (SHP), located in Marquette, is in the process of developing an ACO. Currently, there are nine patient centered medical homes (PCMHs) or health homes that have been certified by Blue Cross and Blue Shield of Michigan (BCBSM) throughout the Upper Peninsula, seven of the health homes are affiliated with SHP, and two others are independent. Patient Centered Medical Home recognition requires physicians or medical practice locations to meet

measures and undergo an extensive application and review process. Some of the goals of PCMH are improving care access during and after office hours, better collaboration with patients and families, helping patients with self-care, and facilitating access to community resources. Telemedicine fits in well with the PCMH model. Telemedicine increases access to health care even in bad weather and with long driving distances. Because of access within the UP, there is better collaboration with patients and their families. Patients have remained satisfied over the years that telemedicine has been available in the UP. In a study conducted by the Upper Peninsula Telehealth Network in 2003, patients rated "satisfaction with telemedicine visits" at 4.39 on a 5.0 scale. In a repeat study in 2010-11, patients rated "satisfaction with telemedicine visits" at 4.33 on the same 5.0 scale. Comments made by patients using telemedicine include "Telemedicine is fantastic; it saves me a trip to Marquette since I live 2 hours away." "Telemedicine provides contact in winter without difficult driving conditions." "It is an enormous time and money saving option". "I think it is cool".



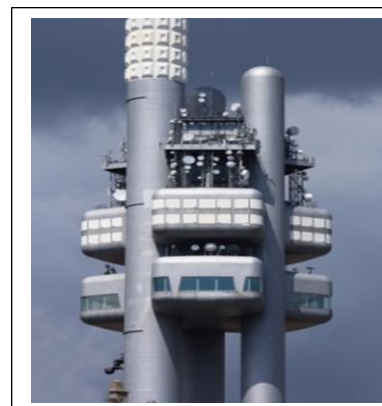
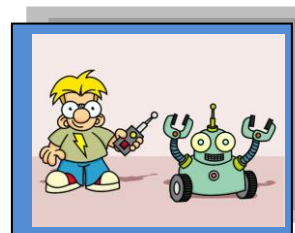
CLINICAL SPOTLIGHT Telemedicine meeting the health care needs of Pediatric Patients in the UP

Many of us may remember the futuristic cartoon, *The Jetsons*, which premiered in 1962. *The Jetsons* depicted what living might be like in the year 2062 with flying cars, cell phones, the Internet, videoconferencing and moving walk ways. While in the 1960s many of these inventions seemed far-fetched, some have been a reality in the Upper Peninsula for the last fifteen to twenty years! We don't have flying cars in the UP but videoconferencing and telemedicine have been a part of every-day operations in healthcare in the UP since 1995. Videoconferencing was used in *The Jetsons* by Mr. Spacely, George Jetson's boss, as a way for him to yell at George without leaving his desk. The Upper Peninsula Telehealth Network (UPTN) uses videoconferencing for much more than Mr. Spacely's 'administrative meetings.' One of the applications of the UPTN is telemedicine, where physicians are seeing their patients utilizing videoconferencing. Marquette General Health System's Specialty Clinic is using *The Jetson's* as a model to provide pediatric subspecialties such as pediatric neurology and hematology/oncology. Specialty physicians from downstate quaternary care centers bring the medical care close to home. In addition to the Specialty Clinic's traditional clinics where visiting physicians from Helen DeVos Childrens Hospital in Grand Rapids and Sparrow/Michigan State University (MSU) in Lansing are on site, some of these physicians are also utilizing telemedicine. Two and soon a third, Pediatric Neurologists who come to Marquette are conducting telemedicine clinics. The telemedicine clinics supplement the onsite visits and are used to see patients already established who do not require a physical exam, such as migraines, well controlled seizures

and medication reviews. Experienced nurses present patients to the specialists or function as a liaison between the patient and physician. Six telemedicine clinics are scheduled for 2011. Some of the DeVos Pediatric Neurology partners who do not travel to the UP are credentialed at Marquette General Health System for telemedicine and to read EEG's for their UP patients. These physicians have requested to use telemedicine to follow up on patients whom they have seen at their office in Grand Rapids, thus improving the continuity of care. Another pediatric subspecialty using telemedicine from the MGHS Specialty Clinic are the MSU Pediatric Hematology/Oncology specialists. Six such telemedicine clinics are scheduled for 2011. Since these patients are a bit more complex, a physician's assistant (PA) will present the patients from MGHS to the specialists in Lansing. The PA will conduct a hands-on physical exam functioning as an extension of the specialist. These clinics will begin in February and will be scheduled per the need. The majority of patients will have a hematological diagnosis. "Staffings" on patients seen at the Specialty Clinic's Developmental Clinic are done via telehealth allowing multidisciplinary team members to participate in discussions of patients seen in the clinic. Dr. Nidiffer, an MGHS pediatrician often follows up with parents via videoconferencing after these case conferences. Dr. Nidiffer also has a small videoconferencing system in his office setting from

which he sees ADD/ADHD patients from across the Upper Peninsula. By offering this service, school age children do not have to be out of school for an entire day to travel to Marquette. Instead, they simply travel to their local hospital and utilize telemedicine to see Dr. Nidiffer. Recently a child needing speech therapy following a head injury was seen by an MGHS speech therapist via telemedicine. In an effort to minimize the child's time out of the classroom, the parents requested and had approved by their insurance provider to cover this service, with the school being the site with the patient. Under most insurance guidelines, the presenting site must be a clinic or a hospital, not a school. This experience reinforced to us that 'thinking out of the box' is what brings about changes to benefit the patients.

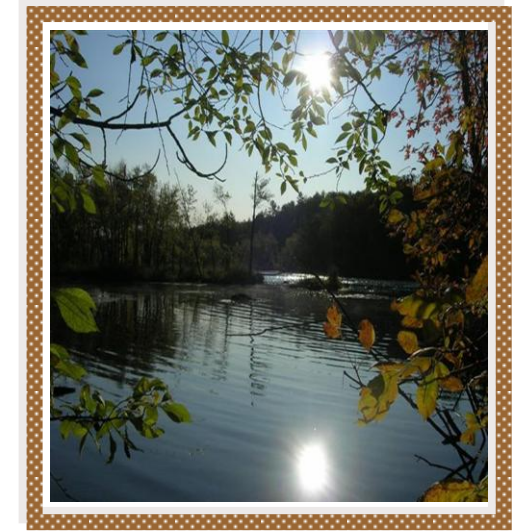
So, what's next in the Upper Peninsula-perhaps flying cars?



EDUCATION UPDATE – MGHS ondemand

MGHS ondemand is a web based educational programming system that allows 24/7/365 access for users. It has a community section as well as a professional section. Currently, MGHS ondemand has 108 programs available and has 6026 viewers. Of the 108 programs, 14 have professional credits. The professional credits include nursing, social work, substance abuse, athletic trainer and physician. This technology allows busy health care professionals to access

needed continuing education credits that are required for continued licensure. Currently, 337 health care professionals have taken advantage of this service. Not only is MGHS ondemand available for MGHS employees, but it is also available to the Upper Peninsula Telehealth Network (UPTN). The network spans the UP. This is an example of technology assisting rural communities "to get the job done!"



UPTN ON THE NATIONAL FRONT - PRESENTING TOES

Once again the UPTN has been represented in the national spotlight. May 1-3, JoAnn Manty, DNP, RN, Telehealth Distance Education Coordinator represented the UPTN at the annual American Telehealth Association Conference in Tampa, Fl. She presented the results of the Telehealth Office Efficiencies Study (TOES) in a poster presentation. Patient wait time data was during clinical encounters for telemedicine (TM) and face-to-face (FTF) visits for practitioners in the Upper Peninsula Telehealth Network. Wait times for clinical encounter milestones (time taken to exam room and provider entry) were documented for providers who see patients via TM and FTF during May, Aug., Nov, 2010 and Feb. 2011. Data analysis indicated TM

patients (n=47) wait an average 7.76 minutes less than FTF patients (n=245) to enter an exam room (M=7.53 and M=15.29 minutes, respectively, Welch t-test=-3.12, p<.01) and there are no significant differences between groups in the time spent waiting for providers in the exam room. Additionally, TM patients were surveyed on their perceptions of efficiencies created by TM. Respondents agreed TM saved time (87%), the care received via TM is "as good as" FTF (76%), and without TM, they would have to wait longer between visits (29%) or would have not have seen their provider (45%). TM saves patients time as FTF encounters would necessitate 4+ hours of travel time for 46% of respondents. Survey data indicated the majority of TM patients were white (85%), females (73%), with a mean age 46+/-16.97

years. Reasons why TM patients wait less than FTF patients are unclear. Future research should seek to understand these reasons as they may streamline FTF processes. Furthermore, data from this study may help to build the business case for TM. Sue Holbrook, telehealth site coordinator in Newberry, one of the TOES data collection sites, also attended the ATA conference.



