



FEDERAL TELEMEDICINE

Update

**Two recently updated reports
save you valuable time...**

**NOW
Updated for
2004!**

**Two new reports
on telemedicine
activities:**

Federal Agencies

Activities in
Telehealth,
Telemedicine,
& Informatics

Federal Agencies

[More details...](#)

[Order...](#)

University and State Activities:

Telemedicine,
Telehealth,
Informatics,
and Research

University & State

Activities

[More details...](#)

[Order...](#)

[About the Author](#)

[Helpful Links](#)

[Contact Us](#)

[Back to
Home Page](#)

Federal Telemedicine News

See free newsletter subscription offer on our [home page](#)

September 13, 2004

Capitol Hill News

eHealth Tools for Preventing and Reducing Chronic Diseases was the topic for discussion at the Steering Committee on Telehealth and Healthcare Informatics session held on Capitol Hill on September 8, 2004. The speakers talked about using electronic communications to monitor patients with chronic diseases.

Sandra Foote, Director, Division of Chronic Care Improvement Program, CMS, session moderator, discussed the Medicare legislation that created the new chronic care improvement (CCI) program. Today, many Medicare beneficiaries have multiple chronic conditions, and these conditions can include congestive heart failure, complex diabetes, and chronic obstructive pulmonary disease.

The pilot phase of the CCI program consists of 10 regional programs serving 150,000 to 300,000 chronically ill people in regions where at least 10% of the Medicare beneficiaries live. The CCI program will help patients manage their health by providing a wide variety of tactics to enhance the communication of clinical data and enhance the physician-patient relationship. The pilot phase of the program will operate for 3 years and right now, the proposed projects are being reviewed with awards expected in December 2004.

The programs are not focused on one disease, but are designed to help participants manage all of their health problems at the same time. The shift is from treating acute chronic diseases towards preventing chronic diseases from developing in the first place.

John Wiecha, MD, MPH, Director, Distance Education for Health, Department of Family Medicine, Boston University School of Medicine, said “the U.S. spends \$3.2 billion per year to treat asthma, and the disease has increased dramatically in all age groups with an increase of 12% in the pediatric population. Doctors really don’t completely understand the reasons for such an increase.” Children in the inner cities and particularly African American and Hispanic children suffer disproportionately from the disease.

Primary care physicians care for three-quarters of the patients with asthma. It has been found that clinical teams that work together with primary care doctors and specialists can improve outcomes in the disease. What is needed is a collaborative relationship between doctors and specialists such as mental health professionals, plus the need to develop action plans for patients, educate patients on taking medications, look into controlling environmental problems, provide patient education, and use monitoring systems to treat the disease.

Dr. Wiecha said “the Commonwealth Fund looked at an internet site in Germany that provides educational activities and enables self management of chronic conditions. The Commonwealth Fund wanted to fund a project to develop a web-based tool similar to the German site, but the site needed to be developed for the U.S. pediatric audience with asthma. The site is now one year old and is continuing to move into the field.

The site provides educational activities and answers questions as to why medicines are important, monitors environmental risks, takes measurements of the patient’s disease state one or two times a week, and sends the data to the primary care doctor so that the patient’s health can be followed closely.

Timothy Bailey, M.D. Endocrinologist, President, North County Endocrine, Scripps Health in San Diego, and on behalf of iMetrikus Inc., emphasized that changes are greatly needed to treat chronic diseases especially diabetes and by using telehealth devices to treat diabetes in underserved communities, care would greatly improve.

He explained that the average doctor sees one patient at a time especially in the smaller practices with the average diabetic patient visiting the doctor every 3-4 months. With the growing needs of the population, this means that treating diabetic patients is not as effective as it could be because more frequent interventions should be provided. Using

telehealth technologies, doctors would be able to provide care for more patients in their practice, and at the same time, provide cost-effective intervention between visits.

Dr. Bailey mentioned a grant funded program called “Project Dulce” geared to low income and uninsured diabetic populations to provide clinical care and educational programs at 13 community clinics in the San Diego Center. The program uses multiple approaches with nurses and volunteers to help empower the patients.

Walter Palmas M.D., New York-Presbyterian Hospital also talked about treating diabetes effectively and discussed the IDEATel 2 funded government program. The project uses informatics for diabetes education and brings telemedicine into the homes of underserved rural and inner city residents.

He mentioned that for people over 60 years of age, 20% of this population have chronic diabetes and is at risk for strokes and heart disease. Medicare spends \$5.1 billion annually due to kidney failure as a result of this disease.

Presently, there are 775 patients enrolled in the program in New York City, with 890 enrollees in upstate New York. Of the patients enrolled, 800 received a telehealth unit. For diabetic patients in the program, two way video conferencing is provided, and the computers are complete with devices to read blood sugar levels and to check blood pressure. The patients are able to send email, review their own medical information, and learn more about the disease itself. Remarkably, the system is connected by just using existing telephone lines.

In the future, the challenges will be to keep up with knowledge, not overburden providers, and to help keep costs down. Eventually, there will be improvements in technology, better reliability, and the systems will be more portable. The program has been funded for 4 more years.

David K. Ahern, Ph.D., National Program Director, Health e-Technologies Initiative, Robert Wood Johnson Foundation described how the Health e-Technologies Initiative

housed at the Brigham and Women’s Hospital in Boston, is a grant making program that is evaluating promising new interventions and plans to provide the evidence base and knowledge required to build better eHealth programs.

In 2002, a Call for Proposals (CFP) was issued. Eventually 18 sites in the U.S. were selected to receive \$4.8 million in

September 2003. Ten sites received \$100,000 a year and eight sites received \$500,000 for up to 3 years.

In 2004, a CFP was released looking for ways to provide care for the chronically ill using electronic communications. Funding of \$2.45 million will be awarded in 2004 with grants up to \$400,000 each. Dr Ahern released information at the Capitol Hill Session on the 5 grantee awards as of September 2004. So far the grant funding has gone to:

- Aurora Healthcare
- Beth Israel Deaconess Medical Center
- Geisinger Clinic
- Cleveland Clinic Foundation
- University of Colorado Health Science Center

Abstracts will be available in 1 or 2 weeks on the web site at <http://www.hetinitiative.org>.

Honorary Steering Committee Co-chairs are Senators Kent Conrad (D-ND), Mike Crapo (R-ID), and Representatives Charlie Norwood (R-GA) and Rick Boucher (D-VA).

For more information contact John Scott of the Center for Public Service Communications (703) 536-5642 or email jscott@cpsc.com or contact Neal Neuberger, Health Tech Strategies (703) 790-4933 or email nealn@hlthtech.com. The next session on Patient Safety will be held on 9/22/2004.

Tennessee Governor Proposes Volunteer eHealth Initiative Technology Project

The Governor of Tennessee Phil Bredesen has announced a new healthcare technology pilot project aimed at improving healthcare delivery in Southwest Tennessee that will lay the groundwork for better care and disease management statewide. The Governor said his administration will commit up to \$10 million to fund the initial phase of the project over the next 5 years. Additionally, the State is seeking federal funding through AHRQ.

The proposed project called “Volunteer eHealth Initiative” will provide a framework for hospitals, physician groups, clinics, health plans, and other healthcare stakeholders in Shelby, Fayette, and Tipton counties to work together to establish regional data-sharing agreements. The project is being prompted by long-term efforts to reform TennCare, but if the pilot project is successful, eventually the program

would be expanded to other parts of the state.

TennCare is the state's \$7 billion Medicaid expansion program and serves 1.3 million enrollees. The Governor wanted the Memphis areas to be the site for the initial effort because it has the highest concentration of TennCare patients in the state with 18% of TennCare enrollees living in Memphis and Shelby County.

The plan is to provide electronic medical records and computerized order entry systems for the patients. It will enable every TennCare provider in the area consisting of 12 hospitals, clinics, and public health offices to access patient records. Economically, the savings are in preventing duplicate diagnostic tests and eliminating drug prescribing errors.

The initiative will be managed by the state in partnership with Vanderbilt University Medical Center's new Regional Informatics Program, a part of the Vanderbilt Center for Better Health. Bill Stead, M.D., Associate Vice Chancellor for Informatics at the university said "Our informatics program success stems from our combination of biomedical informatics research with joint clinical-informatics teams that work to develop tools and optimize workflow."

For more information contact Lydia Lenker (615) 741-3763 or cell (615) -289-9375.

OSU Telemedicine Center Using Mobile Integrated Medical Instruments

The Oklahoma State University Telemedicine Center is working with Mobile Integrated Medical Instruments (MIMI). MIMI is the conglomeration of many different medical applications and functions, and has many useful tools and medical devices on one mobile platform. All of the individual programs and applications are being used by other medical facilities, and some facilities may be using wireless technology, but combining all of these different medical instruments with the latest in network technology on one mobile platform makes MIMI unique.

At the most basic level, MIMI is a mobile videoconferencing device that can be wheeled to a bedside for a videoconference with a specialist using the Polycom Via Video attached to the cart. MIMI is wireless to the web and uses the same wireless technology to videoconference over IP. The system enables nurses and physicians to be able to access medical records and look up treatment options on

the web.

On board the cart is a device called SmartSteth. The digital stethoscope uses a highly sensitive diaphragm and software to transmit heart and lung sounds in real time and is able to send audio files later in a store and forward manner. The digital stethoscope is much more sensitive than a normal stethoscope and has options which allow the physician to change the audio frequency to isolate certain sounds.

Another medical application that runs on MIMI's onboard computer is called Efilm. Efilm is teleradiology software that enables the nurse or technician to view films that have been digitized and sent to workstations. Physicians and nurses can view x-rays at the bedside while speaking with a specialist over video.

MIMI 2, the second MIMI built is being used in Henryetta Oklahoma in the telecardiology clinic in the hospital. The nurses at the hospital use MIMI 2 once a week to do cardiovascular exams with a cardiologist at TRMC in Tulsa.

NIH Funding the Pacific Northwest National Laboratory to build Virtual Lung

NIH is funding the Pacific Northwest National Laboratory (PNNL) to lead a \$10 million 5 year NIH study to devise 3-D imaging and computational models that will show unsurpassed detail of the respiratory systems in humans and other mammals. This grant will enable PNNL and its partners to devise imaging and simulation techniques that will give a better understanding of airborne contaminants in the respiratory system, and to help improve treatments for asthma and other respiratory ailments. The research will culminate in a web-based model for researchers and clinicians.

The project will provide tools to understand the impact of airborne environmental agents and inhaled drugs on human health and answer important questions on how respiratory structure relates to function. This will help researchers to evaluate, diagnosis, and develop new treatments.

The other institutions participating in the study are the University of Washington, University of California at Davis, the University of Iowa, Oregon State University, University of Utah, CHT, Centers for Health Research in Research Triangle Park, N.C., Mountain-Whisper-Light Statistical Consulting of Seattle, and Computational Geometry Consulting of Los Alamos, N.M.

For more information contact Bill Cannon (509) 375-3732.

U.S. Agency for International Development Funds Health Channel in South Africa

USAID is funding \$3 million as part of the federal government's Emergency Plan for AIDS Relief and will use the funding to expand South Africa's public health education channel. The HIV/AIDS pandemic is putting the South African public health care system under a huge strain. The Health Channel will be a satellite broadcast channel to deliver free education to patients and healthcare workers in clinics and hospitals in South Africa. The channel was created through a public private partnership between the Department of Health, Sentech, and Mindset Network.

After a successful piloting of the Health Channel on the Sentech infrastructure the information was sent into 56 healthcare clinics and hospitals in October 2003. At this point, the Department of Health with Sentech established a strategic alliance with Mindset Network. Mindset Network is a partnership led by Liberty and Standard Bank Foundations.

The Mindset Health Channel aims to be in all 4,000 public healthcare sites in South Africa within 5 years, serving 97,000 nurses and 36 million South Africans. Eventually, the channel has the potential to be extended across all of Africa and will create a sustainable, mass-scale public health intervention tackling all major health issues.

For more information call (202) 712-4320.

Researchers are Finding that Clinical Trial Coordinators Benefit from Simulation Training

Duke University Medical Center researchers have found that clinical trial coordinators collecting data at research sites should be trained with computer-controlled simulated patients before the beginning of a trial, and as a result, potential risks to patients would be reduced. The findings indicate that the use of human simulators provides a key element to effective learning that traditional training programs can lack and therefore, human simulation training should be an integral part of any complex clinical trial.

The simulators used are life sized human models that can be

programmed to react physiologically to different scenarios, such as the administration of drugs or the placement of intravenous lines. The researchers can control the reactions of the simulated patients to allow learners to experience a variety of situations that might occur.

To test their hypothesis, the researchers put 18 clinical trial coordinators through training at the Duke Human Simulation and Patient Safety Center. During the clinical trial, the coordinators were to administer anesthetics during an open heart procedure. The procedure required constant monitoring of the patients' vital signs, as well as interacting with other members of the surgical and anesthesia team.

The researchers measured the coordinator's confidence in their knowledge and their ability to react appropriately to changing conditions. They tested how the learner feels about what is being learned, the learner's actual knowledge and intellectual skills, and the learner's physical skills and movement.

The Duke team plans to conduct an analysis of the quality of the data collected by coordinators who have had simulator training. They will compare that data to data collected by the coordinators who received more traditional methods of training.

For more information email Jeffrey.taekman@duke.edu.

Maryland Patient Safety Center Has Funding to Use to Implement Strategies and Systems

According to ADVANCE for Health Information Executives, the Maryland Health Care Commission has selected the Maryland Hospital Association and the Delmarva Foundation to develop and operate and fund the new Maryland Patient Safety Center for the next 3 years.

The Center will use a collaborative approach to bring providers together to develop and implement strategies and systems to improve safety. Using the Veterans Health Administration's model for improving safety, the Center will have a confidential data repository for errors and near misses in care delivery as well as serve as the primary facilitator for education and collaboration among healthcare providers.

The Center supplements the state's current regulatory and statutory requirements for hospitals and nursing homes that

require reporting errors resulting in death or serious disability to the Department of Health and Mental Hygiene.

The Center will initiate data collection systems by early 2005 and it is anticipated that patient safety initiative will expand from hospitals and nursing homes to include ambulatory surgery centers and other care settings after the initial three-year period.

Telehealth Conference to be Held in Arlington VA on December 6-8, 2004

The Conference Best Practices in Telehealth Reimbursement Programs for Health Plans will be held at the Sheraton National Hotel in Arlington VA. December 6-8 2004. The conference will provide attendees with an in-depth look at the most efficient and cost-effective strategies used to develop and implement successful telehealth reimbursement programs.

The latest strategies, methodologies and technologies will be available to aid in overcoming obstacles within the telehealth arena. Attendees will find out how to:

- Significantly reduce hospital visits and to achieve substantial cost savings
- Establish criteria for implementing an effective telehealth reimbursement pilot program
- Overcome the challenges of integrating new technology into a telehealth reimbursement program
- Successfully establish and support a framework that facilitates telehealth programs
- Using telehealth programs to improve relations with customers and physicians
- How to select proper metrics for monitoring and evaluating outcomes in remote patient monitoring

Speakers will come from federal agencies such as CMS, Department of Veterans Affairs, Walter Reed Army Medical Center, and from the Office for the Advancement of Telehealth. Some of the other speakers at the meeting will represent Blue Cross Blue Shield, Partners Telemedicine, Johns Hopkins Healthcare/Priority Partners, University of Virginia Office of Telemedicine, California Telemedicine & eHealth Center, and the Center for Telemedicine Law.

Plus on December 6th and 7th 2004, Pre and Mid Conference Interactive Workshops will be held on:

- Supporting physician and patient relations via health coaching to improve outcomes and control costs in remote patient monitoring
- Practical methods for developing a telehealth program on a system-wide level
- Using current reimbursement opportunities in telehealth
- Effectively facilitating doctor-patient communication via the Internet

For more information go to <http://www.iqpc.com/na-2231-01> or email info@iqpc.com or call 1-800-882-8684.

The editor of this newsletter is Carolyn Bloch. Bloch Consulting Group is not responsible for the information provided on other Web sites. If you have any comments or additions, please contact cb@cbloch.com