NO, SERIOUSLY. CALL ME...

One of the big missions of all the TRCs is to provide information and assistance to telehealth users throughout the region (and the nation). NRTRC uses several different approaches to accomplish that mission. We offer monthly webinars, this newsletter, our annual conference, white papers, tool kits and direct assistance.

TECHNICAL ASSISTANCE CALLS

Direct assistance, or technical assistance as our funder labels it, is available to anyone who is interested in starting, expanding, enhancing or just learning about telehealth. Our technical assistance calls cover a wide range of topics. I’d like to show you the sorts of assistance we offer, so I’ll share a selected list of calls. In the last several months, we’ve fielded requests for information or assistance on:

• Offering particular specialties or disciplines through telehealth. We’ve been asked for information about tele-hospice, tele-mental health, tele-speech therapy and a wide range of other care areas and whether they were compatible with distance delivery of health care (most of them are, by the way!).

Continued on next page
• We’ve talked with hospitals that are just about to start telehealth and don’t really have any idea where to begin. With our available resources, we were able to help them find the right path to telehealth for their needs. Some of them are checking on the feasibility of telehealth, others are in the building phase right now, but will be delivering care soon.

• We’ve worked with subspecialty physicians who want to start providing care via telehealth and are wondering who to contact, what the challenges are, what the advantages are, and what to do next.

• We’ve worked with physicians who want to start a care co-op, so that the members can take a day off once in a while and still know their patients’ needs are being cared for.

• We’ve fielded calls from providers asking about legal questions. (We have to be careful here, obviously. We’re federally funded and not attorneys, so we can’t offer legal advice.) We’ve referred them to experts who can probably give them the right answer.

• We’ve been involved in discussions with community health centers who are starting new projects and just want an outside voice to help them figure out the right questions to ask about the process and where to find the answers.

• We’ve had people call and ask about the telehealth climate in our member states. Sharing that information helps “outsiders” understand what they might be dealing with if they choose to start working in those states. It’s also fun, because we’ve got some significantly advanced programs in our states and it’s always pleasant to brag about them.

REGIONAL PARTNERS AND EXPERTISE

When we get requests, we contact our regional partners to see where the expertise lies in this area, then make an introduction between the requester and the expert, if the requester okays it. We believe that maintaining confidentiality is key to our discussions, so we never share information without permission.

We’re sort of a virtual library or information broker. But one big advantage: we don’t charge for what we do. That’s right. You’ve already paid for our services through your taxes (thank you!), so what we can do for you is already covered. And we act in full confidentiality. If you have a question and we need to go outside the office to find an answer, we protect your identity. If we refer you to an outside source for information or guidance, we’ll be sure to get your permission before we share any information.

Of course, when we help you it helps us, too, because we are required to report our contacts to our funders to show that we’re doing what we’re expected to. The reports are all de-identified, of course, and mostly reported by state or type of request. No proprietary data are shared without permission.

The big key is that it’s fun for us to provide information and assistance to the region and we are happy to do the research, digging, asking questions. I used to be a newspaper publisher/reporter and I loved it because I could be “professionally ignorant” when I covered a subject. I got to ask a lot of questions and dig for answers. Working as an information gatherer in telehealth allows me to slip back into that mode and it’s a lot of fun.

The best way to contact me is to go to our website and click on the information request you’ll find at http://www.nrtrc.org/contact-us. The “Reason for Contact” button will be sure the inquiry is routed to the right person and the other information will help us get back to you. We usually answer requests within 24 hours, so give it a try! Call me! Seriously!
NRTRC States Have 20 of the Top Critical Access Hospitals
By Patricia Inabnit, NRTRC Marketing/Outreach Specialist

Critical Access Hospitals located in NRTRC states were included in the iVantage 2015 list of the top 100 Critical Access Hospitals in the United States. According to iVantage, “These hospitals are excelling in managing risk, achieving high quality, outcomes and patient satisfaction and operating with lower costs and charges than their peers.” Of the 100 hospitals, twenty were in NRTRC states. That means our region, with very low population density is offering top level care at twice the expected frequency (10% of the United States has 20% of the best hospitals). We’re proud to note that and offer our congratulations to these hospitals!

IDAHO
- Steele Memorial Medical Center
- Caribou Memorial Hospital
- St. Luke’s McCall Medical Center
- Bonner General Hospital

MONTANA
- Phillips County Medical Center
- Frances Mahon Deaconess Hospital
- Livingston Healthcare
- Barrett Memorial Hospital
- Beartooth Billings Clinic
- Community Hospital of Anaconda*
- Central Montana Medical Center

OREGON
- Peacehealth Cottage Grove Community Medical Center
- Wallowa Memorial Hospital
- Peace Harbor Medical Center
- Providence Hood River Memorial Hospital
- Grande Ronde Hospital

WASHINGTON
- Whitman Hospital and Medical Center
- Tri-State Memorial Hospital
- Kittitas Valley Community Hospital*

WYOMING
- Star Valley Medical Center*

*Hospitals that have appeared on the top 100 list five years in a row. Information courtesy of iVantage: http://www.ivantageindex.com/2015-top-100-critical-access-hospitals-list/
A soldier currently serving in Afghanistan was able to learn about his son’s health condition and discuss it directly with the child’s pediatrician through a telehealth link provided by Partners in Health Telehealth Network (PHTN), a service line of St. Vincent Healthcare in Billings, Montana.

The story starts when a mother and her two-year-old son came to Billings to visit grandparents. The boy became ill during the visit, exhibiting some strange symptoms. The family brought him to St. Vincent Healthcare’s Pediatrics department where, after a wide range of lab testing and consultation with Children’s Hospital of Colorado specialists, he was diagnosed with a very rare genetic disorder which stops him from metabolizing protein properly. With careful management and amino acid supplements, the condition can be managed.

Naturally, the situation frightened the parents, who were talking with physicians, searching the internet and texting their discoveries back and forth, hoping for the best. When the physician confirmed the diagnosis with the mother, the hospital staff started looking for the best way to share information about the illness and reassurances with the father. Telehealth seemed to be the answer,
Pediatrician | continued

so PHTN was contacted to see if they could establish a connection between the physician and the boy’s parents. PHTN uses Vidyo, an internet-based video conferencing system which offers two-way video conferencing on a web browser. The father was sent a link to connect with the physician and mother in the hospital and the connection was made.

The boy’s mom and the physician could be seen and heard by the father in Afghanistan and he could be seen and heard by the Billings folks. The dad used his laptop and the mom and doctor used an Apple® iPad® mounted on an IV pole for their communication device. The video was slightly delayed, but the audio portion of the connection worked just fine. With the connection made, the care conference started. The physician explained the condition to both parents and suggested two websites that she knew to be reliable on the subject. St. Vincent staff will scan and transmit further educational materials to the parents.

The family is expecting a second child and now that the diagnosis of a genetic disorder is clear, the fetus can be tested and if she carries the condition, plans can be made ahead of time.

BEING THERE FOR THE FAMILY

Thanks to the willingness of the physician to use telehealth for this long-distance video conference, the parents to join in the conversation and PHTN to make the connection, the family can rest more peacefully. Even though he’s halfway around the world and will be deployed for another four months, the dad is able to “be there” for the family.
UPCOMING EVENTS
By Martha Nikides

For more information on upcoming events, please go to www.nrtrc.org.

EVENT SUBMISSIONS
Please forward event information to martha@nrtrc.org

ABOUT US
The Northwest Regional Telehealth Resource Center leverages the collective expertise of 33 telehealth networks in Alaska, Idaho, Montana, Oregon, Utah, Washington and Wyoming to share information and resources and develop new telehealth programs.

NRTRC SERVICES
• Provide technical assistance for new programs and applications
• Increase exposure to telehealth as a health care delivery tool
• Improve access to specialty care through regional collaboration
• Develop information on best practices and telehealth toolkits
• Provide current information and facilitate discussion of regional regulatory, policy and reimbursement issues

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NEWS & VIEWS
August 20, 2015
National TRC Monthly Webinar
All Roads Lead to Collaboration
2:00pm MST

August 20, 2015
NRTRC OpenMic Webinar
The Warm Handoff: Hospital to Skilled Nursing Facility
2:00pm MST

SAVE THE 2016 DATE!
2016 TELEMEDICINE CONFERENCE
SEATTLE, WASHINGTON MARCH 21-23

ARTICLE AND PHOTO SUBMISSIONS
If you would like to write an article or provide photographs for this publication, please contact Bob Wolverton bob@nrtrc.org or 406-237-8660