COURTESY OF DARTMOUTH-HITCHCOCK MEDICAL CENTER

Ronaldo Pelchat consults with his doctor via teleconference.

Telemedicine Brings Specialists to Rural Hospitals

BY RACHEL M. COLLINS

Ronaldo Pelchat has lived in northern NH his entire life. It is where he's raised a family, taught social studies for 30 years and become an integral part of the Lancaster community. It is here, too, where he learned he had Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's disease. Since that news four-and-a-half years ago, he has lost the ability to speak and walk because of the progressive, fatal neuromuscular disease. But thanks to great strides in telemedicine in NH, Pelchat continues to live at home with his family.

"It's been quite advantageous to stay in my community because it's less stress on me and my family, both financially and emotionally," says Pelchat, 57, in an email interview made possible by the DynaVox Vmax+ ™ speech generating device. "Plus the support and care we receive from family and community—for example church groups prepping and delivering meals regularly, volunteers helping with house work and home repairs—takes a great burden off my wife and me so she can concentrate on my need for constant care."

Rather than make what has become a daylong journey back and forth to Dartmouth-Hitchcock Medical Center in Lebanon for consultations with his neurologist, Pelchat travels 15 minutes to Weeks Medical Center in Lancaster to teleconference. Telemedicine—supported by a local team of home care providers, visiting nurses, a speech therapist, a physical and occupational therapist, and pulmonology and nutrition specialists—allows Pelchat to help raise his grandchildren, spend time with wife Anita and stay in touch with colleagues.

All of this would not have been possible a few short years ago. Dartmouth-Hitchcock and its Center for Telehealth, now serving about 200 patients, were awarded two three-year telemedicine grants in April totaling $998,356.

Those grants from the U.S. Department of Agriculture are paving the way for tele-

medicine equipment and services across 13 counties in rural NH and Vermont. The Center anticipates serving 5,458 rural residents throughout the region during the next three years, says Alexander "A.J." Horvath, administrative director for the Center for Telehealth.

"In New Hampshire and Vermont, because of the geographical challenges and the number of rural communities, there has been a strong interest in using these telehealth technologies," says Sarah N. Pletcher, director of Dartmouth-Hitchcock's Center for Telehealth. "Just in the last year or so, we have really seen a major growth in using these technologies."

Thanks to the first of the grants, $500,000 will be used to expand the technology infrastructure, including software and equipment, at Dartmouth-Hitchcock, as well as purchase telemedical equipment for 18 NH sites. The second grant of $498,356 will be used for telemedical equipment at an additional eight sites in NH and 15 in Vermont. With attachments like stethoscopes and special cameras with magnification, the telemedical equipment at health clinics and hospitals now will be capable of doing everything from monitoring vital signs to clearly seeing a skin rash.

"We really think of it as allowing collaboration," Pletcher says. "The local providers in the hospitals and clinics are doing a great job for the patients. This allows collaboration among those providers and the specialists. It's a win, win, win. It's a win for the patients. It's a win for the academic medical centers like Dartmouth-Hitchcock, and it's a win for the local community health providers."

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- Dr. Sarah N. Pletcher, director Dartmouth-Hitchcock's Center for Telehealth

Horvath agrees. "Telemedicine is used for a variety of reasons, including, but not limited to, patients with difficulty traveling long distances to the medical center, patients in emergency situations where a specialist can consult with emergency department physicians and providers, patients needing follow-up care post-surgery, etcetera," he says. "Providers and patients are connecting from a variety of locations, including hospitals, community clinics, skilled nursing facilities, a patient's home, and [telemedicine] is being used every day."

For Scott Howe, CEO of Weeks Medical Center, having telemedicine available for patients has been "pretty fantastic" as it improves patient access. "For some patients it is a real hardship to make that two-and-a-half-hour drive one way to go for an appointment," he says. "Now we are able to offer them more services that are more affordable and more accessible."

For instance, patients connect via telemedicine with specialists in areas like dermatology, rheumatology and neurology that often are not available on staff at smaller hospitals. The technology is also being used by physicians in emergency rooms to con-

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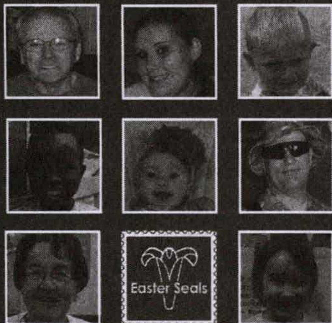

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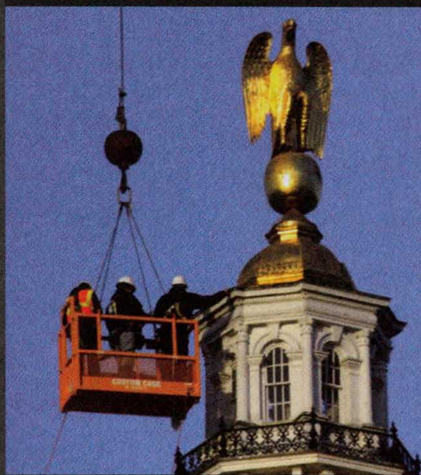

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sult with specialists when a patient is having a stroke or has suffered a major trauma.

"For time sensitive injuries and illnesses, like stroke or trauma, when the clock is ticking, the patient has to go to the nearest health care facility to be seen by a provider," Pletcher says. "Telemedicine allows those providers to make a connection with the specialists in a very short time frame."

Bruce King, president and CEO of New London Hospital, says the benefits even extend to the ambulance services the hospital manages for seven towns. Dartmouth-Hitchcock has piloted full video in ambulances using cellular data connections. "Telemedicine has got tremendous future applications," King says. "It is still sort of emerging, but we think it has a lot of potential and a lot of practicality."

But there are limits to telemedicine. For instance, suturing, setting of fractures and hands-on care cannot be provided via the technology, Horvath says. But he adds, "We will be implementing telemedicine within services that can demonstrate value to the patient, while being more efficient with health care resources."

Telemedicine saves costs for patients in terms of transportation expenses and less missed work time to make appointments. Horvath says telemedicine provides quality care at lower cost to hospitals, which results in lower costs for patients who need specialty care. Reimbursement varies by state. In NH, insurance companies and Medicare pay telemedicine services the same as in-person care, although it is not covered by Medicaid.

As King sees it, telemedicine not only "offers better care at the local level while keeping down the costs of specialist reimbursement treatments, but it is cost effective and, instead of jamming up the system, patients can be seen on their own terms."

For Pelchat that certainly has made all the difference. "Being close to grandkids, friends and family allows for me to feel some sense of normalcy and maintain some pride in who I am when this disease strips the human dignity and normalcy away," he says. "So staying local, and in my community, allows me to sort of be me, thus a healthy spirit is a healthy mind, even if the body ain't." ■

Ronaldo Pelchat would like to help others by sharing his journey with ALS. You may visit his website at http://rpelch57.wix.com/alsdisease

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