Special Audio Report Transcript

Text:

Earl Ferguson, director of the Southern Sierra Telehealth Network

"I'm the director of the Southern Sierra Telehealth Network, which has its hub at Ridgecrest Regional Hospital, in Ridgecrest, California, which is an isolated high-desert town of about 26,000, and it's a sole community-provider hospital, which is 90 miles from the next larger hospital."

"The challenge that all the people face in our community is the lack of access to specialty care, and particularly subspecialty care. Many patients have to choose between going without care, which many of them do, or driving two to three hours at least, each way, to get specialty care. In fact, even primary care is a problem in our area."

"I think telemedicine can really change the way particularly rural clinic providers practice by giving them access to information that they otherwise don't have. And the same way with patients. If a provider can refer a patient through a telemedicine system to a specialty care provider and sometimes sit in on the consultation or just get the results of the consultation, it does two things. One, it trains the rural providers to take care of more difficult cases -- kind of the bread-and-butter issues. For example, I see a telecardiology consult in Lone Pine. I've been working with a nurse practitioner for the last decade, and I know when she sends me a patient, or when I do a visit over telemedicine on one of her patients, it's usually very appropriate. And so I don't spend a lot of time dealing with issues that really local-area providers could really take care of if they had some assistance."

"One thing that we have learned as we've implemented these systems is the importance of high-definition video. We have been doing telepsychiatry for over a decade, and we implemented high-definition video about two years ago. And we do as many as 50 telepsych visits a week. And our psychiatrist has commented that he could not believe how much information he was missing before we went to high-definition video. Little things -- pupillary changes, grimaces, tics, sweating, things that you do not see with regular video. And as an example, I took our CEO to show him high-definition video equipment, and he was standing two feet away from me, and I was looking directly at him, and we had the camera focused on him. And as I looked at the monitor, I could see him much, much more clearly, and see all of his

features much more clearly, with the high-definition video monitor than I could see looking at him directly from two feet away. So that's a very powerful tool for not just dermatology, but also psychiatry, where visual cues are extremely important."

"In terms of what's really needed for telemedicine and telehealth related to health care reform, I think we've got to have changes in reimbursement. Medi-Cal has probably the most enlightened policy that there is for telemedicine. They will reimburse for the specialty care by a telemedicine consultant at one end, to the provider who refers if they're at the other end. They will reimburse for the line charges and also will reimburse for facility fees at each end. And all you have to do is document a clear barrier to service. And that can be somebody in an urban area that can't get an appointment to somebody in a medical center across the street for two to three weeks. Medicare is entirely different. For Medicare to reimburse telemedicine, you have to be in a census tract of less than 20,000. Ridgecrest is a great example. We're in a town of 26,000 people, and even though we're 90 miles from the specialty care providers that we need to do intensive care unit consults -- neurologist, intensivist, pulmonologist; I can go on and on -- we cannot get reimbursement through Medicare for those consults because we're in a census tract of over 20,000. That makes absolutely no sense. So until the reimbursement comes in line with reality, and until we can get reimbursement for the services that we can't get otherwise and we really need and can easily be justified, it's going to be a problem to build cost-effective solutions."