



Nebraska specialists bridge the distance gap

Nebraska, like many other rural states, has large geographic areas of medically underserved people. Two thirds of the state population reside in the Eastern one third of the state, that is where the concentration of physician specialists reside as well. A big challenge for Nebraska specialists, was how to extend their reach to provide services to these underserved populations.

The traditional solution was for either the physician or the patients to travel for a face-to-face appointment. Along with the inconvenience and time involved, winter ice/snow and severe summer storms would often make travel risky. Invariably, this would result in schedule disruptions and delays in diagnosis and treatment.

One group of physicians interested in a better solution was The Midwest Independent Physicians Practice Association (MIPPA). MIPPA is a group of about 450 primary care physicians and specialists not tied to a specific hospital system. Although they are primarily based in Omaha, their member physicians span a large area of Nebraska and Western Iowa.

In late 2015, MIPPA began to explore options on how to implement a teleconsultation program to connect their member specialists with patients who live in rural or distant areas. A teleconsultation, or teleconsult, allows a patient to experience a "virtual visit" with their specialist from their local physicians office and avoid the time, expense and inconvenience of travel to a distant location for an in-office visit.

The goal was simply to provide a convenient, consumer focused option for patients to see their doctor through virtual means when a physical, in office visit wasn't really necessary. The idea wasn't to replace in-office visits but rather to offer the virtual option to patients for things like treatment follow ups, care plan changes, medication adjustments and second opinions.

For the teleconsult infrastructure, MIPPA was looking to partner with a company that would not only provide an easy to use video/data sharing platform but would also have local personnel available. Since the MIPPA organization is made up of independent physician groups, most of whom do not have dedicated staff for IT, it was important to have a "personal touch" component to educate physicians, staff and patients about the process.

MIPPA ultimately selected to partner with AET LLC, a Norfolk, NE based company specializing in technology integration and new healthcare delivery models. AET's video/data sharing platform, the CPI Exchange is a HIPAA secure, cloud-based system, that doesn't require special hardware or equipment. This system would provide the flexibility and interoperation ability needed to meet the demands of their disparate group. Together they created a program tailored to the needs and desires of their physician members and patients. Participation by the physician member was voluntary and required only an "opt in" form to get started.

The program model incorporated AET's Customer Service Center (CSC) to oversee each teleconsult. Under the model, when a patient is identified as someone who is interested in and would benefit from a teleconsult, AET would be called into action. AET personnel would locate a suitable originating site close to the patients' home, train the local staff and set up the video link. The specialist schedules the appointment into their daily workflow identified as a "teleconsult". Prior to the appointment, the video room link is emailed to both the specialist and the originating office. When it's time for the appointment, each party simply clicks on the provided link and they are joined together in a virtual room.

"It just makes the specialist more accessible ... many of my patients are elderly women, who are daunted by driving into a big city or need a family member to drive them. Telemedicine provides an important service for them." Dr. Rebecca McCrery MD, Urogynecologist

The program kicked off in June 2016 with an educational webinar jointly sponsored by MIPPA and AET. Participation enrollment began immediately. The first group of physicians to enroll were cancer specialists at the Nebraska Cancer Specialist group. Four cancer specialists opted in and were trained on how to use the CPI Exchange.

The first teleconsult was initiated by Dr. Ralph Hauke. He had a patient that was scheduled for a follow up appointment who lived in a rural area 120 miles from the doctor's office. Since this patient was elderly and traveling was a burden for her, he felt strongly that she would benefit from the new model. His staff contacted the patient to see if she would be comfortable doing a teleconsult for the appointment instead of traveling to the office. The patient was very interested and excited about the new option. From that point, AET personnel worked with the patient's local primary care physician to schedule the teleconsult originating from their office. AET trained the local physician's staff on how to use the CPI Exchange and validated the clinics in-house computer, web camera, speakers and internet. One hour before the appointment time, an email providing the video room link was emailed to each party.

The teleconsult appointment went off without a hitch and both doctor and patient were immediate converts to the new model. The patient was thankful for the new option and the doctor was impressed with the ease of use and seamless flow into his schedule.

“This is going to be the healthcare of the future. It's not going to be a flash in the pan.” Dr. Gamini Soori, Cancer Specialist and CEO of MIPPA.

Since the initial teleconsult, MIPPA members have conducted over 50 successful teleconsults acting either as the destination (specialist) or the originating (PCP) site. The original goal of implementing a convenient, consumer focused telemedicine option was met. The CPI Exchange proved to provide the ease of use, security and flexibility desired by both physicians, staff and patients. Another factor appreciated was that the teleconsult was conducted without the need for any dedicated hardware or network requirements. Everything needed for the teleconsults was already in use.

Going forward, more emphasis will be placed on marketing directly to patients. Communication between providers is critical because many patients are unaware that teleconsults are an option.

Specialists are in the best position to identify patients who might benefit from a teleconsult and PCPs play an important role as well. Any patient under the care of a specialist for which travel is a burden should be educated about teleconsults and given the opportunity to try it.