Rural Health and Telemedicine

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Interim Health Care Committee
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On the road to Duckwater
Presentation Focus

Telemedicine

Rural Programs/Services

Recommendations
Center for Education and Health Services Outreach

Nevada State Office of Rural Health-established by Nevada Legislature 1977; Authorizing language NRS.396.906

Three office locations with 16 faculty who administer more than 25 programs

– Las Vegas
– Reno
– Elko
CEHSO FY06 Funding Sources
Total Funding to-date: $3,732,832

State Funds
$1,102,070
30%

Grant Funds
$1,963,298
52%

Contract Funds
$36,311
1%

Self-Supporting Funds
$631,153
17%
Data Linking Policy and Program Development with Needs

• Strategies
  – Developed mapping and data resources;
  – Legislative creation of the Medical Education Council to initiate Health Profession workforce analyses;
  – Economic impact of health care in rural communities (IMPLAN data);
  – Collaboration with training institutions to address needs and partnerships to develop rural based training;
  – Strategic Plan for Rural Health provides baseline assessments.
Telemedicine in Rural Nevada
Telecommunications and Telemedicine

Education
Continuing and Medical-CE/CME, core teaching (nursing, EMS, integrated clerkship-UNSOM), library and internet support services

Clinical applications
Telemedicine clinical services-Cardiology, Teleradiology, Behavioral Health, Alzheimer's, Dermatology, Endocrine

Administrative support
Rural hospital administrators, Infection control officers, Bioterrorism coordination, Nevada Check Up, EMS Medical Directors, Quality assurance

Medical Storage and Archiving
Nevada Rural Hospital Partners project in data, archiving, electronic medical records and PAC’s.
• Partnerships within NSHE (NevadaNet) includes Nevada Rural Hospital Partners, Inc., Nevada Health Centers, Inc., and Indian Health Services;
• Developed and maintain 22 community sites
  – Examples of current development: Confederated Tribes of the Goshute project (includes Ibapah, Duck Water, and Minden); N. NV HOPES HIV clinic
  – Rural hospitals (including IHS facility)
  – Many Nevada Health Center rural clinics
  – Many Tribal Health Centers
Telemedicine Consultations

Cardiology
Radiology
Sleep Medicine
Alzheimers
Neurology
Endocrinology
Dermatology
Nutrition
Psychiatry
Pediatric Behavioral Medicine
Newest Expansion

Telemetry
Remote Patient Monitoring
Staffing Issues
Rural support of rural Fallon and Battle Mt.
Incentives for Telemedicine Development

- Telemedicine has the potential to reduce Medicaid expenditures and improve access to care.

- Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act 2000 (Public Law No: 106-554) loosened Medicare reimbursement rules.

- The Center for Medicare and Medicaid Services (CMS) encourages states to incorporate telemedicine in their Medicaid programs (CMS 2004)
Consolidated Telecommunication Applications
2003-2006

Number of Classes: 19%
Number of Academic Classes: 42%
Number of Meetings: 32%
Number of Telemeds: 7%
Rural Services/Programs
Rural Obstetrical Access Program

Malpractice subsidies
Uncompensated care offsets
Education and training
Telemedicine linkages
UNSOM clinical services provided to rural communities
Dental Access

• Partnered to adjust state licensing benefiting rural;
• SORH qualifies rural underserved counties to Nevada State Board of Dental Examiners;
• Developing rural clinical services and training sites with UNLV third year dental students;
• Partnership to develop clinical services:
  Four chair operatory in Elko (partnership with GBC, NvHC, Inc, UNLV Dental School, Elko County, Local Industries and AHEC)
  Three chair operatory in Yerington (GBPCA, So.Lyon Medical Center, AHEC)
  Miles for Smiles – five county area (CCSN, NvHC, Inc, UNLV, AHEC)
Nevada Health Service Corps

- Recruitment and Retention Services
- Liaison with J-1 Visa Placements
- Coordination with National Health Service Corps Placements
- Partnership with WICHE to leverage diffusion and state funds
Nevada Health Service Corps
Established by Nevada Legislature 1989

- Seventeen year operations history-distributed over $2 million in state/federal/community funds;
- Field strength of 84 MDs, PAs, NPs, Nurse Midwives, Mental Health Practitioners across fifteen counties;
- Provided significant health care to vulnerable populations by opening access to uninsured and underinsured.
Area Health Education Center Program-Est. 1987

Northeastern Nevada AHEC-Elko 1988

Southern Nevada AHEC-Las Vegas 1990

High Sierra AHEC-Reno 2002
Nevada Area Health Education Centers

Map of Nevada's health education centers showing regions.
Major AHEC Focus Areas

- Continuing and Distance Education
- Nursing Diversity/Education
- Student Recruitment
- Telemedicine
- Dental and Obstetrical Access
- Health Profession Program Development
- Library and Internet Resources
Nevada Rural Hospital Flexibility Program

• Est. 1998; Limited stay facilities; Converted 10 hospitals
• Cost based reimbursement-Medicare
• Hospital Performance Improvement fiscal impact since first 5 certified facilities converted: $7.2 million
• Reduction of operating loss from $ 3.6 M to $ 100,000
• Investment from 5 hospitals: $ 4.5 M in facility improvements
• Community health planning
• EMS
• Telecommunications and Telemedicine infrastructure
• Quality improvements
Nevada Rural AED Program
2002-2006
479 Units Distributed

Statewide 4%
Carson 0%
Churchill 6%
Clark 1%
Douglas 5%
Eureka 3%
Esmeralda 4%
Lander 7%
Humboldt 6%
Eureka 3%
Lincoln 10%
Lyon 7%
Mineral 1%
Nye 11%
Pershing 1%
Pershing 1%
Washoe 6%
White Pine 6%
Storey 0%

Note:
Carson City and Storey County are not eligible under federal program guidance.

63 individual communities reached, in addition to county-wide and state-wide placements in fire, EMS, and law enforcement.
Recommendations
Telemedicine

• Request Medicaid to develop budget concept with fiscal impact to institute Telemedicine Services

• Provide funds to initiate a Telemedicine pilot through the Nevada Telehealth Network for rural Medicaid recipients. Services defined and identified through Medicaid and the Network provided by University of Nevada School of Medicine and its partner members.

• Enact legislation defining Telemedicine as a legitimate provision of medical services, and provide laws requiring public and private insures to recognize payment and delivery of services to isolated populations as such.
Health Services

- **Health Workforce**: Provide appropriations for the defined work of the Medical Education Council of Nevada;
- **Education**: Support expansion of the University of Nevada School of Medicine Family Practice Rural Residency Training Track;
- **Student Recruitment**: Expand the Area Health Education Center system to address health careers recruitment and rural health professions student training.