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Turning On to Telemedicine

□ System works 'very well,' saving time and money

By **DEB NICKLAY**
Of The Globe Gazette

MASON CITY — "Connective tissue" could have a whole different meaning for some at Mercy Medical Center-North Iowa these days.

In this case, fiber optic cable is the networking fabric over which health services are being delivered.

"And we are just scratching the surface" of other potential uses for telemedicine, said Dr. Ron Larsen, senior vice president of physician integration at Mercy Medical Center-North Iowa.

Larsen has been an enthusiastic user of the system whose foundation was built on the Iowa Communications Network (ICN). Larsen, a psychiatrist, treated scores of patients needing services over the ICN prior to taking his current position.

THANKS TO THE ICN, telepsychiatry is just one way health care is delivering services via video and cable, saving time and travel.

Larsen, first as an employee at the Mental Health Center of North Iowa and then at Mercy, regularly saw six to seven patients a day three days a week via teleconferencing. Patients sat in medical offices in Algona or Iowa Falls and received counseling from Larsen from his office in Mason City.

Two monitors and a speaker were used at each end point so the patients could see Larsen and Larsen could see them. Patients sat with a nurse during the sessions.

"It worked amazingly well," Larsen said. "I would have spent an hour driving each way and the time spent on the road could have been enormous. But as importantly, it seemed to have a positive impact on patients."

DR. STEVE GOETZ, chief pathologist at Mercy in Mason City, regularly uses the system to meet with doctors and staff from

outlying medical centers who contract with Mercy for pathology and diagnostic services.

For example, a biopsy taken at the Mitchell County Regional Health Center in Osage is sent and evaluated at Mercy in Mason City.

"It is really helpful and works very well," Goetz said, noting that problems with the networking are minimal. Regular video conferencing brings staff from outlying clinics together with Mercy pathologists to talk about a range of issues, cases or trends.

"Smaller hospitals cannot afford a full-time pathologist; this is one way to address that," Larsen said.

Mercy recognized early the potential for telemedicine in a largely rural state with small communities, said Fred Eastman, project programming administrative services coordinator for Mercy Medical Center-Des Moines. Mercy began its involvement in the early 1990s with ICN as its foundation.



Eastman

The foundation established by ICN was instrumental in the founding of effective telemedicine, he said.

"Iowa has 154 phone companies, the most in the nation," Eastman said. "By using the ICN, we really circumvented having to go through so many different providers to access to the lines we would need."

"I go to other conferences or meetings in other states, and I hear, 'Oh you're from Iowa. You have that ICN thing.' And I say, 'We certainly do and we are very happy to have it,'" he said.

MERCY IN MASON CITY and Des Moines worked with ICN to establish the foundation for the Midwest Rural Telemedicine Consortium, a MRTC project developed in 1993. Eastman was instrumental in securing early grants.

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TELEMED: Clinical use holds potential

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The MRTC includes more than 30 hospitals, clinics and long-term care facilities throughout central Iowa that are linked via advanced communications technologies in order to provide clinical, educational and administrative services.

The MRTC is the largest telemedicine network in Iowa and one of the larger in the country.

Cost of telemedicine services through ICN is underwritten in part by grants from The Universal Service Administrative Co. (USAC), a not-for-profit corporation designated as the administrator of the federal Universal Service Fund by the Federal Communications Commis-

sion.

The Mercy group successfully worked to gain Medicare reimbursement for services delivered over the system.

TO DATE, the network is used most notably in education, Eastman said. Mercy's cardiology fellowship program, for example, uses the system for case reviews across the Mercy system. Any number of meetings are held within the network by way of teleconferencing.

Its clinical use, however, perhaps holds the most tantalizing potential.

A number of areas are growing, such as in dermatology and nephrology, and in Larsen's original arena, psychiatry.

A slower pace is seen in

areas where more sophisticated diagnostic equipment is needed in coordination with the video image.

However, doctors are able to look at sonograms miles away and even listen to a heart beating over the fiber optic highway.

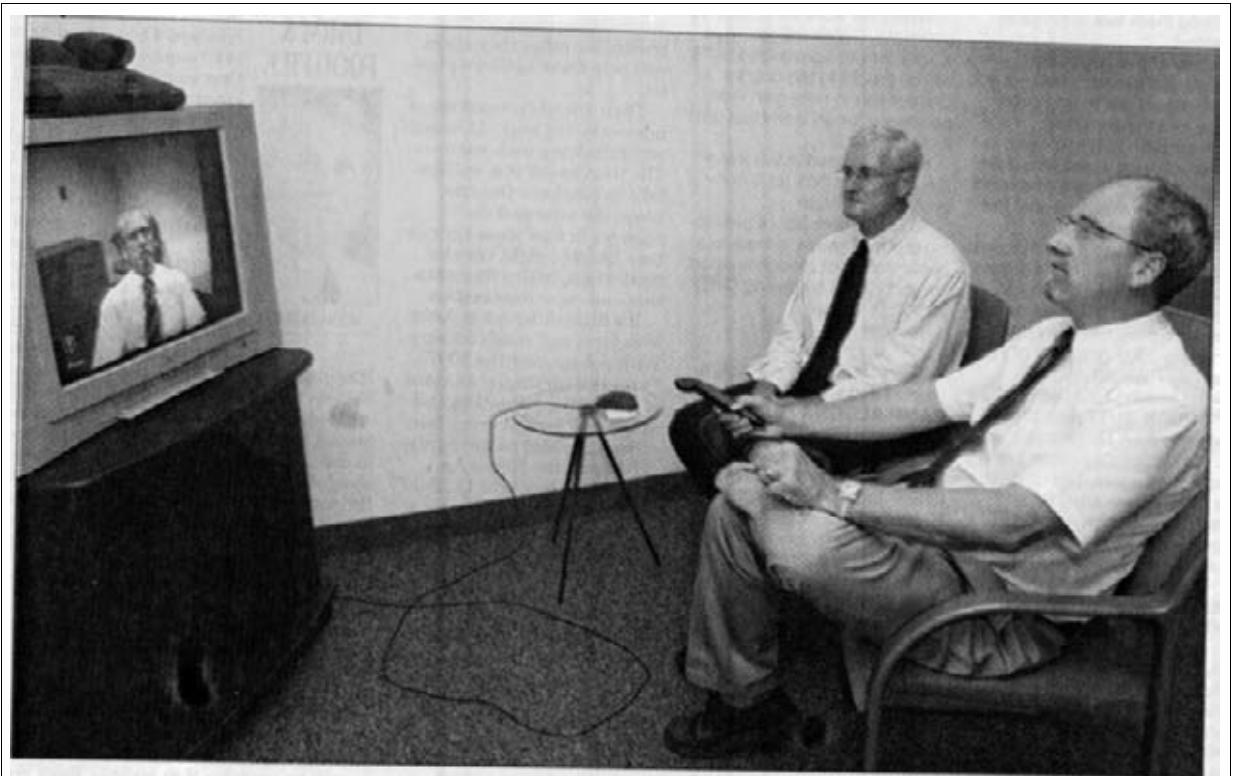
Telemedicine will become more important in the next few years, Larsen predicted.

"The projections are that the number of graduates in specialist areas will be strained across the U.S.," he said.

"We've set the bar high in the delivery of quality medicine and everyone wants and expects the same level of care. This is definitely one way of addressing that need."

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Dr. Ron Larsen (left) and Dr. Steve Goetz say video conferencing is being used more frequently at Mercy Medical Center-North Iowa. Larsen, senior vice president of physician integration, used the Iowa Communications Network (ICN) for his psychiatric practice. Goetz, chief pathologist for Mercy, regularly uses the system to confer with doctors from outlying clinics who contract with Mercy for pathology services.

SARAH ARONSEN/The Globe Gazette