

Network News



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Heartbeat Sent Across Montana to Cardiologists

Heart sounds originating in the chest of a patient in northeast Montana are simultaneously heard by a cardiologist at the Welsh Heart Center at Billings Clinic. Cardiologists Scott Sample and Barbara Dudczak offer monthly visits to patients in the region using telephonic stethoscope technology.

A cardiology patient living in Plentywood, Montana is 356 miles from her Billings Clinic cardiologist. Yet, with the assistance of a specialized stethoscope, Dr. Sample can assess the rate, rhythm, and quality of the heart sounds. In addition, lung sounds are auscultated and evaluated signaling any changes that need attention.

Dr. Barbara Dudczak added telemedicine visits to her practice beginning in December of 2007. Visit assessments and length mimic the in-person evaluations. Reimbursement is identical to an in-office visit in most cases.

In addition to monthly in-person Outreach visits, Dr. Dudczak "arrives" virtually in Miles City once monthly. A patient checks into Billings Clinic Miles City and is greeted by Meredith Hirsch, RN. The vital signs and weight are recorded in the electronic medical record that is shared with all Billings Clinic branch sites. Dr. Dudczak has immediate access to the information from her Billings office.



The patient and doctor review history, medications, and any current changes in health and patient concerns. This is followed by the physical exam. Meredith places the chest piece on the patient at the direction of the physician. She listens to the heart sounds in Miles City while Dr. Dudczak in Billings is also listening on her headphones. After evaluating heart sounds at several locations, the stethoscope is moved to the patient's back and lung sounds are further assessed. "The quality of the heart and lung sounds are superior to what I hear with my regular stethoscope that I use in daily clinics", states Dr. Dudczak.

Peripheral edema is evaluated through the use of a separate camera focused on the patient's feet and ankles. The nurse may assist in evaluating the degree of pitting edema and palpating pedal pulses. Finally, changes in medication, additional lab tests or the need for other studies are prescribed.

Comments on a visit questionnaire from an elderly Miles City

patient speak to the experience, "It was better than any in-person visit I have had." Dr. Dudczak adds, "It is great to have an option to see patients when the weather prevents me from traveling to Miles City. I have been able to reschedule my in-person visits to telemedicine and still see patients in a timely manner."

ATA Advocates for Providers and Patients

Regulations, credentialing, licensing, and access are some of the many issues that individuals working within the field of telemedicine address on a daily basis. The American Telemedicine Association serves as a resource and advocacy group to promote telecommunication technology.

ATA was established in 1993 and is headquartered in Washington, D.C. This non-profit group seeks to bring together telecommunication companies, medical societies, government, academic and traditional medicine and others to overcome barriers to the advancement of telemedicine.

ATA's Mission and some of its key activities include:

- **Educating government and the public about telemedicine as an essential component in the delivery of modern medical care:** As the voice of telemedicine, ATA is recognized throughout the world as the primary authority about telemedicine and actively works with Congress, the administration as well as with other governmental bodies to eliminate barriers to the use of telemedicine
- **Serving as a clearinghouse for telemedical information and services**
- **Fostering networking and collaboration among interests in medicine and technology**
- **Promoting research and education including the sponsorship of scientific educational meetings and a peer-reviewed journal**
- **Spearheading the development of appropriate clinical and industry policies and standards**

ATA is currently working on expanded reimbursement from Medicare and Medicaid to include home telehealth and remote monitoring, store and forward technology, addition of CPT codes, and credentialing and privileging for telemedicine providers.

Information in this article is taken from
www.americantelemed.org