

Network News



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Teleneurology Reality

Teleneurology is the provision of a neurology consult using videoconferencing equipment. A patient is seen via cameras in an exam room at one site by a neurologist who directs and evaluates the exam from another location. A trained presenter functions as the hands of the neurologist testing strength and eliciting reflexes and sensations which are reported by the client.

Techno dreaming...neurons misfiring? Rather this is a regular office experience for Billings Clinic neurologist Dr. Patrick Cahill and Glendive Medical Center nurse Ginger Reiss. Ginger spent several days at the Billings Clinic with Dr. Cahill training to present patients. Dr. Cahill and Ginger answer some questions that arise when considering teleneurology.

Dr. Cahill:

What can you evaluate using telemedicine? There are no limitations with the exception of the fundoscopic exam which the referring provider performs. Every other aspect of the neurological exam is doable and easily seen. The exam is largely observational and there is no difference between the exam I do in the office and the exam done in Glendive under my direction. We have seen patients post stroke, with Parkinson's disease, exhibiting dementia, with gait disturbances, MS and seizures. All exams were great!
Describe communication over the system. The communication is wonderful, very clear.

Is this exam of equal quality to that of an "in person" visit? Absolutely! I was willing to give telemed a try to provide care to patients who cannot travel and therefore will go without care. I was initially uncertain if it would work. It is beautiful. These exams are identical to what I do when teaching medical students.

Ginger:

How do patients react to seeing their doctor on a TV screen? There is some uncertainty until they actually see the doctor on camera. Then they are at ease.

How do patients react to you as the extension of the neurologist? They seem very comfortable. I spend a few minutes with them prior to the consult explaining the visit and obtaining medical information. Patients

and families appreciate the financial savings and the availability of local care. The presence of a nurse provides reassurance. I serve as a connection to the doctor.

Changing Lives Through Telemedicine

Traveling two to three days weekly across rural Montana roads is a reality for many Chemical Dependency counselors. Leading evening groups addressing problems like drug abuse, early recovery and relapse prevention, trauma and addiction, alcoholism, anger management and family sessions complete 50–60 hour work weeks. Fatigue, burnout and staff shortages add additional strain.

Eastern Montana Community Mental Health Center located in Miles City covers 12 counties for chemical dependency services. The area is larger than 24 of the 50 states and is staffed by six full-time addiction counselors, two case managers and one director. With the initiation of CD groups that require leadership four nights per week, a telemedicine opportunity arose.

Beginning in May of 2006, patients and providers connect several times weekly from up to seven different locations. Consistent programming with specific staff leading different groups from one of the sites provides a high level of care and continuity. Through telemedicine this can all be accomplished without the counselors spending valuable therapy hours driving. Clients continue individual sessions, evaluations, and group work using the technology. Counseling staff is able to cycle through group leadership roles, leaving them time periods with no group work. Counselors and clients report positive experiences.

Attendee comments follow:

"I think videoconferencing works good and is a good tool."

"This telemed is live yet it's not like an "in your face" group. It gives people in rural MT access to this type of thing without extended travel."

"I think this is a very good opportunity for anyone interested."

Submitted by John W. Rex Chemical Dependency Program Director