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Taking Rural Healthcare to Heart

Creativity, Collaboration and Commitment Bring Specialist Care to the Peninsulas

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Forks, Washington, is lucky. Not because it boasts a lush green landscape fed by nearly 100 inches of rain annually. Or even because of its recent claim to fame as the setting for the popular **Twilight** books. It's lucky because the residents have access to specialist care – locally.

In a town of roughly 3,000, local access to specialist care is not typical, a plight shared by rural dwellers who make up 25% of the US population. In fact, nationwide, the specialist ratio is approximately 40 per 100,000 rural residents as compared to around 134 specialists per 100,000 urbanites.[i] That disparity disturbs Kitsap and Olympic Peninsula leaders like Mary Berglind, Administrator of Kitsap Cardiology Consultants, and Camille Scott, CEO of Forks Hospital.

Forks is located at the northern tip of the Olympic Peninsula and Forks Hospital is part of the Clallam County Hospital District #1. Its service area covers over 9,000 people, including four tribes. The population struggles continually in an economic downturn since the drop in logging and commercial fishing, once the area's mainstay industries.

How did Forks get a leg up? Old-fashioned partnering. Berglind explains, "We'd heard Camille was bringing in specialists from Seattle. She's very passionate about quality care in her community. So I called to talk about the feasibility of providing cardiology care in Forks." The two quickly established a rapport that lead to cardiac care in Forks, expanding accessibility.

For Kitsap Cardiology, partnership is part and parcel of how it does business. In addition to Forks, it serves patients in Port Townsend, Sequim and Port Orchard, with several other Critical Access Hospitals (CAHs) in the offing. All Kitsap Cardiology doctors share equally in the region's rural clinic coverage, when and where needed. The independent physician group specializes in all aspects of cardiology, vascular services and electro-physiology (rhythm disorders), striving to keep the patient, procedures and resulting revenues in the local communities whenever possible. For more acute conditions, patients are transferred to Harrison Medical Center in Bremerton where they offer comprehensive cardiology services.

Care Innovation

The rotation model works, but Scott wanted patients to have ongoing care without constant travel on the part of either doctor or patient. That's when she began exploring telemedicine as an option. Through the USDA Grants under the Rural Development Distance Learning and Telemedicine Program, hospitals can receive matching funds for equipment and deployment. Telemedicine (also called e-health or telehealth) allows health care professionals to evaluate, diagnose and treat patients through devices connected via telecommunications technology. Its uses in radiology are widely known, but less so in a cardiac care situation.

Too, Scott wanted to take traditional uses a step further. At a regional trade show, she discovered one of the products that Alaska uses to provide care in remote

areas called the AMD Integrated Medical Cart. Its application intrigued her, because they were using it more extensively than she'd realized possible. Next, she set out to learn how other rural clinics and hospitals were using telemedicine.

Understand that Forks area residents are largely dependent on Medicare, Medicaid and self-pay, since there are few employers to provide coverage. "We have a big enough population to exist, but not large enough to draw services like you get in urban settings," Scott says. Moreover, there is a high incidence of cardiovascular disease in the population. The nearest hospital neighbors, Aberdeen (110 miles to the south) and Port Angeles (65 miles to the north) are limited on the number of Medicare and Medicaid patients they take. Northern peninsula patients would often find themselves making a nearly four hour trip to Seattle for specialty care.

"When we started down this road two years ago, I couldn't find anyone else in the lower forty-eight using telemedicine to the extent we are now," Scott says. Realizing the benefits such a product could bring to rural areas like Forks, she and her colleagues took a leap of faith.

Collaborative Commitment

Berglind remembers the initial conversations between her and Scott. "Kitsap Cardiology had never done telemedicine. Yet we decided to work together and get the program going based on a handshake – very old-school," she laughs. They collaborated on the grant, though Berglind says Scott was the driving force. "Camille got the grant money for the cardiology equipment – treadmill, cardiac ultrasound machine and so forth. We house the audio/video equipment in our clinic." Prior to purchase, they had to determine what the cardiologist would need in order to work remotely with a patient. The two entities decided on a highly versatile cardiology-based telemedicine unit. It can show EKG streaming in real-time, has a stethoscope attachment so the doctor or nurse practitioner can hear the heartbeat, and has a handheld camera that lets the physician see the patient's every physical detail.

During deployment, doctors continued to travel to Forks because as Berglind explains, "We've found telemedicine works best if you develop a relationship to discover what truly needs to be supported in their community." The organizations co-developed policies, procedures and training to fully support the care goals they wanted the program to provide. Trust and hard work on the part of both organizations helped make it happen, in some cases turning potential obstacles into positives.

For instance, Kitsap Cardiology is a nationally accredited cardiac ultrasound site, but the accreditation cost is prohibitive to many small hospitals. So the group added the hospital under their license, an arrangement allowing the hospital to participate as a site without incurring the expense of accreditation, if (1) the hospital follows the Kitsap Cardiology's template and (2) if Kitsap's doctors handle the review and quality assurance. Another area that needed synchronization was insurance – there were network and coverage gaps to address.

Both parties credit the success to a strong relationship bolstered by the time spent hammering out the details, but Scott gives full marks to the Kitsap group for educating staff and drafting the protocols. Also, Kitsap Cardiology takes any patients that Forks refers, a receptiveness Scott deeply appreciates. "It's tough to find willing partners, but Mary and her group were as enthusiastic as we were about the potential and dived right in with us."

With the trial phase complete, they are filling slots for the virtual cardiology clinic; however, Scott estimates it will take another twelve months before patients feel fully comfortable with the setup. "It's not the kind of care situation we grew up with, but once you see the potential, it's amazing. Of course, kids think it's the coolest thing ever," she laughs. The program's aim is to address the chronic care issues where people can't access specialist care because of either locale or affordability. "Patients come in for a regular office appointment, we get them attached, the doctor is on the other end and off we go!" Scott enthuses. Quality isn't compromised because the patient is seeing a practitioner face-to-face – via live video.

Model Efficiency

Besides the obvious benefits to the patients, Scott says the model is highly efficient. "People are doing the jobs they need to be doing – lab results, patient prep, testing – all done prior to when the physician becomes involved." She acknowledges there is a drawback on the revenue side. The specialist collects on the visit yet the hospital receives only the lesser facility fee. That's an issue for insurers to address as telemedicine becomes more widespread.

The best thing about their telecardiology program? It's highly replicable, a feature that the USDA Distance Learning and Telemedicine grantors use to measure success. Scott believes the program meets important criteria, such as being key to care-giving, expandable and able to withstand the test of time. "I truly believe this is the direction health care is going. You'll have the specialist in one area and using this modality, you'll be able to get to the rural, even some urban, areas." Such accessibility is essential, and if the primary care physician downturn continues, all areas of care will use telemedicine.

Berglind adds that telemedicine has the potential to help creatively address physician shortages. "Consider the age most physicians retire," she says. "If there was a way for them to continue to provide care without carrying a full patient load, many would." She points to cardiac ultrasounds as an example, reiterating that doctors can read those without being in the same room as a patient. "If this [telemedicine] catches on, then you will have qualified cardiologists who continue practicing longer." It also helps independent practices and small hospitals stretch their resources, allowing for a safety net when there's staff turnover.

Paying It Forward

With sights set on the future and the program in full roll-out, Scott is forging ahead. The second unit is set for installation at the Clallam Bay Clinic this summer. Expansion plans include extending the "how to" package – implementation plan, training, policies and procedure templates – to their nine-member CAH collaborative and beyond. "We must help others in the same situation. Because we're cost-based reimbursed, there's not a lot of extra money. Also, we anticipate an $800,000 loss on our state-funded programs between this year and next. Just because the monies don't come through doesn't mean the need for care stops."

Commitment from both organizations is making the difference in the lives of people frequently underserved merely because of where they live. Both leaders are effusive about the benefits of telemedicine and its boost to accessibility. But give credit where credit is due – technology is only as good as the people who use it. It takes collaboration and care to make a real difference. For these enthusiastic entrepreneurial spirits, it's all about getting the very best care for the people in their communities. Telemedicine is simply the best tool they've found to do that.

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Mary Berglind began her healthcare career over 25 years ago in nursing in Spokane, WA. She went on to management roles in health insurance, home care and for the past 9 years, cardiology. Berglind grew up in Grandview, a rural community in Eastern Washington.

Camille Scott has been in healthcare for over 40 years. She holds degrees in Nursing (BSN) and Hospital Administration (MA) and has worked in large urban facilities and small rural programs from the Eastern US to Washington's Olympic Peninsula. She has served on the Idaho Hospital Association Board, Association of Washington Public Hospital District Board, Clallam County Board of Health and is a member of ACHE. Scott is currently Chairperson of the Western Washington Rural Health Care Collaborative.

[i] Statistics from Rural Health People 2010 - "Healthy People 2010: A companion Document for Rural Areas."

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