Telemedicine Comes to El Paso

Telemedicine made it’s way to the El Paso area in early March with an electronic ribbon-cutting ceremony that unveiled the El Paso Telemedicine Network linking TDH clinics in the communities of Ft. Hancock and Sierra Blanca to the TTUHSC Northeast Family Practice Clinic and the TTUHSC Regional Campus in El Paso.

This TIF-funded project enables Texas Tech University Health Sciences Center to reach out to communities in the region and offer support for what is often a fragile health care infrastructure.

The project is designed to provide support to the sole physician in Sierra Blanca with specialty care for his patients. Residents of Ft. Hancock, who are without a community health care provider, will receive primary and specialty care via telemedicine.

“Telemedicine changes our internal vision. We have been, in our own eyes, sort of limited to where our doctors could go, and this expands our horizons. We’ve been limited by geography, but this really opens up our physicians’ abilities to provide care across west Texas,” says Dr. Manuel de la Rosa, Dean of the TTUHSC Regional Campus in El Paso.

Limited by geography is an understatement. “Once you hit the city limits of El Paso, you’ve reached the frontier. We have to recognize that and provide some kind of support system for the doctors in rural West Texas and the upper Rio Grande border region,” he continues.

Not only does the telemedicine system provide services to the communities of Ft. Hancock and Sierra Blanca, it also allows the TTUHSC Northeast Clinic to participate in specialty and sub-specialty consultation with the Regional Campus. Just a couple of months old, doctors in El Paso are becoming familiar with telemedicine capabilities and are impressed with the quality of the transmissions.

Dr. Mary Spalding, Chair of the Department of Family Medicine in El Paso adds, “We have incorporated telemedicine training as part of our residency program. We see it as a tool to recruit and retain health care professionals into the rural border area.”

Dr. Oscar Noriega, who is the telemedicine director for the Department of Family Medicine is excited about the possibilities that telemedicine offers. “The response to telemedicine training has been very positive. Most of our residents will be going into a rural or underserved area—the continued on page 4
Texas Tech has completed the first round of the Tech 5000 Survey measuring health status and satisfaction with health services in the West Texas area. The study, which had approximately 5,000 respondents aged 65 or older, is based on individuals’ perceptions of their own health.

“Our study is very unique. I don’t think anyone else has evaluated satisfaction in this way except for some really big HMOs and a couple of national studies. We’re going to be able to figure out why people in West Texas are or are not satisfied with various dimensions of health care—and also who is or is not satisfied,” says Ty Borders, PhD, of the Texas Tech Center for Health Services Research and Management.

One of the primary purposes for the study was to determine if rural residents perceive that the quality of care they are receiving is better than, equal to, or worse than the quality of care that urban residents receive. Study findings show that rural residents are as satisfied with their health care as are urban residents.

“We did find that older women in West Texas are less satisfied overall with the quality of their health care than are older men. Hispanics are also less satisfied with their health care than are non-Hispanic whites, although they generally report better health status,” continues Borders. “The reasons for these lower levels of satisfaction require further in-depth study. It could be due to differences in expectations and beliefs about the benefits of health care or to language or cultural barriers.”

The study also confirmed what other studies have found—other factors like income and education are strongly associated with health.

“This tells us that, to improve health status, we have to focus on more than just medical care. Social and economic factors are also important, especially for younger people,” says Borders. “It is important to understand that, among older people, much of the cumulative risk for poor health has already occurred. That is, much of the way they have lived their lives has determined what their health status is now. For them, the focus is on what medical care can do to improve their health and quality of life.”

The second phase of the study will focus more on some aspects of the first phase as well as examine specific issues related to access to care. Researchers will look more in-depth at the use of—access to—pharmaceuticals. Do older residents of West Texas have access to medications when they need them? In addition, multiple dimensions of satisfaction will be assessed that cover primary care, specialty care, and various facets of the interpersonal doctor/patient care relationship.

The first phase of the study had a 75% response rate. Participants were from the Texas Tech 108-county service area.

“Having a local health-care delivery system in a rural community also contributes to the economic health of the community. It is well documented that businesses seek communities with an adequate health-care infrastructure when choosing location.” — Select Committee on Rural Development, Interim Report to 77th Texas Legislature

Building Strong Rural Communities

Texas Tech University Health Sciences Center is in the final stages of completing a TIF grant-funded project that has enabled the HSC to enhance its technology infrastructure and improve the access, scope and quality of its distance education and telemedicine services. “TIF funding has enabled the Health Sciences Center to expand West Texans’ access to critically needed clinical and academic services,” says Mike Phillips, Chief Information Officer at TTUHSC.

TTUHSC’s distance education and telemedicine network provides the connectivity for over 11,000 hours of fully interactive distance education and over 2,500 telemedicine consultations each year.

TTUHSC has been able to double the existing capacity, which was completely saturated. With the technology upgrades, 64 additional distance learning and telemedicine sites can be added to the network. In addition, through this grant and another project, 14 classrooms were upgraded with current technology, enhancing the quality of education provided to over 1,700 students at the regional campuses in Amarillo, El Paso, and Odessa.

In addition, a telemedicine station will be placed in the ER of University Medical Center, the only Level 1 trauma center in the western half of the state. This station will help improve access to emergency care. A telemedicine unit has also been placed in the El Paso TTUHSC surgery clinic, which will enable burn patients from the El Paso area to receive follow-up care with burn specialists in Lubbock without having to travel 300 miles to receive care.

The public health grant was provided by the Telecommunication Infrastructure Fund Board to each of ten health sciences centers in Texas.
NEW STATE AGENCY TO SUPPORT RURAL TEXAS

A new state agency will open its doors on September 1, 2001 which will have an impact on rural Texas and rural health issues. The new agency, known as the Office of Rural Community Affairs was created by the 77th session of the Texas Legislature. The office is actually a combination of the Center for Rural Health Initiatives and the Community Development portion of the Texas Department of Housing and Community Affairs. The new agency, already referred to as ORCA, will be governed by a nine-member citizen board.

The duties of the Center for Rural Health Initiatives and the Community Development program should continue with little change in the new agency, but with some added policy development. According to the House Research Organization analysis of the creating bill, the primary duties of the office will be:

- Develop a rural policy for the state in consultation with local leaders, academic and industry experts, and state elected and appointed officials;
- Work with other state agencies and officials to improve the results and cost-effectiveness of state programs affecting rural communities;
- Develop programs to improve the leadership capacity of rural community leaders;
- Monitor developments that affect rural Texas communities and prepare an annual report on the condition of rural communities;
- Administer the Community Development Block Grant nonentitlement program and the programs now administered by the Center for Rural Health Initiatives; and
- Perform research to determine the most beneficial and cost-effective ways to improve the welfare of rural communities.

The funding currently provided by the state to the two agencies will carry over to the new Office.

Changes to Texas Medicaid Telemedicine Policy

Senate Bill 789, sponsored by Senator Mike Moncrief and Representative Glen Maxey, revises and broadens Medicaid policy on telemedicine reimbursement. The statute establishes a new definition of eligible health care providers who can participate in telemedicine services, opening the door for more health care professionals—including nurses—to be presenters if they are acting in their scope of practice under the supervision of a physician. It also removes language limiting telemedicine to rural areas, allowing urban areas to benefit from telemedicine services.

The legislation also directs the Texas Commission of Health and Human Services to define minimum standards for telemedicine activities, to establish an advisory committee to coordinate state telemedicine efforts, and develop two pilot telemedicine projects—one in home telemonitoring and one in mental health patient jail diversion.

For more information about SB 789, check out the state legislative website at http://www.capitol.state.tx.us/.

Diabetes Education Project with Presidio Clinic

A new grant-funded research project, testing the efficacy of providing diabetes education via telemedicine, has begun at Texas Tech. Through a partnership between the Center for Telemedicine, the TTU Department of Nutrition, and the Big Bend Regional Medical Center clinic in Presidio, Texas, thirty clients in Presidio are receiving diabetes nutrition education. From a distance of 300 miles, a dietitian in Lubbock uses the long-distance videoconference system to work with the participants in Presidio.

The study will examine the benefits and considerations for providing diabetes education to remote border communities that might otherwise not have access to such education. Participants in the education program have two education sessions with a dietitian as well as have blood drawn periodically to monitor long-term glucose control.

“We believe that there are a number of great applications for telemedicine, and this research project is intended to help us determine whether or not we can effectively deliver patient education to an extremely remote region,” says Dr. Patti Patterson, Vice President of Rural and Community Health at TTUHSC. “With favorable results, this project can be duplicated in other remote areas.”
same areas that could really utilize telemedicine to its fullest potential.”

He continues, “The patients that we have treated using telemedicine were both excited and apprehensive at the same time, since they weren’t familiar with how telemedicine works. Some were a little camera shy at first. But their level of comfort improved through the consultation, and satisfaction surveys have been very positive.”

The TTUHSC El Paso campus will soon offer follow-up burn care via telemedicine with specialists in Lubbock. Currently, TTUHSC burn specialists in Lubbock see about 30-35 burn patients from the El Paso area each month. These patients will no longer be forced to travel 300 miles to Lubbock for burn clinic follow-up visits.

The TTUHSC El Paso telemedicine network was made possible by grant funds from the Telecommunication Infrastructure Fund Board.

Children who start immunizations early in life are more likely to complete the 4-3-1 series of vaccinations and enjoy better protection against diseases. The 4-3-1 series, which should be completed by age 2 includes:

- 4 doses of DTaP vaccine (diphtheria-tetanus-acellular pertussis)
- 3 doses of polio vaccine
- 1 dose of MMR vaccine (measles-mumps-rubella).

Currently, only about 70% of two-years-olds in Texas have completed this schedule, leaving children vulnerable to these diseases. There are barriers that need to be addressed:

- increased awareness by families. Providers need to have up-front and honest discussions about the benefits of and need for vaccinations,
- time and distance from health care services, particularly an issue and rural or medically underserved areas, and
- diminished access to health care services due to underinsurance.

It also is important to remember that children are not the only ones who need vaccinations. There are several vaccinations that adults must have periodically. For instance, a tetanus booster shot should be received every ten years. In addition, those adults who are highly susceptible to illness or who work in high-risk environments, should consider getting an influenza vaccine and the PPV.

The Texas Commissioner of Health has set a goal to improve the rate of vaccinations to 90% by year 2005. This will require a sustained effort by state and local governments, community businesses, health care providers and churches working together. Success will come community by community.

There are some activities that communities can engage in to improve immunization rates in their area. These activities include:

- “adopting” children in census tracts (aiding them in obtaining vaccinations);
- encouraging companies to offer incentives to providers and parents to increase vaccination rates; and
- provide access for vaccinations by conducting vaccination clinics in malls, schools, child-care facilities, and neighborhoods.

For more information about vaccination requirements and schedules, see the Texas Department of Health website at http://www.tdh.state.tx.us/immunize or call the TDH Immunization Division at (512) 458-7264.

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<tr>
<th>TELEMEDICINE 101: All about the BASICS</th>
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<tbody>
<tr>
<td>Texas Tech University Health Sciences Center will offer a training seminar about basic telemedicine information. Attendees of the “Telemedicine 101” course will learn about the basic operating principles of telemedicine, legal issues, funding, costs, applications, and technology.</td>
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<tr>
<th>Who should attend:</th>
<th>Community leaders, elected officials, school officials, physicians, hospital and health administrators</th>
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<tr>
<td>When:</td>
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</tr>
<tr>
<td>Where:</td>
<td>Texas Tech University Health Sciences Center, Lubbock, TX</td>
</tr>
<tr>
<td>Cost:</td>
<td>$295 per person</td>
</tr>
<tr>
<td>Contact:</td>
<td>Jon Phillips, TTUHSC Center for Telemedicine, (806) 743-4440</td>
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Visit us online at: www.ttuhsc.edu/telemedicine

Do you know anyone who would like to be on our mailing list? Did we get your address wrong? Please contact us at (806) 743-4440