Texas Tech VP of Rural Health testifies before U.S. House Ag Committee

In reviewing the measure of success of the DLT Program, both past and in the future, Patterson told the Committee that two things must be carefully evaluated: Are we reaching the people who would benefit most? And, are we getting a significant long-term impact with those funds?

To better serve its rural constituents, Patterson recommended that the committee revisit its criteria for selecting grant recipients to make the application process more manageable for small rural communities and organizations. In addition, she suggested that they consider changes to their match language.

A WORD FROM TEXAS TECH

By Don McBeath, Director of Telemedicine and Rural Health, TTUHSC

Telemedicine: Soon to be a household word?

Even though the concept of telemedicine has been around since the 1930s and in use by many, such as Texas Tech, for several decades, “telemedicine” is still not a household word. And, it is still not in widespread use by most practicing physicians, health care providers and hospitals.

But that may soon change. The three big barriers for telemedicine—equipment expense, connectivity cost, and physician payments—are rapidly becoming less of a barrier.

Over the past five years, we have seen the cost to set up a remote telemedicine location cut in half. Like all technology costs, it will continue to drop to very affordable levels. Remember what happened to VCRs! We are now moving in the direction of using home computers as the basis for a telemedicine unit—simply connecting special exam tools to the basic home computer. We have also seen the ability to connect up telemedicine units over a communication network become a reasonable cost. At one time, the annual satellite budget for Texas Tech telemedicine was $365,000 and that was just for the privilege of bouncing a video signal off a satellite. We still had the ground cost of satellite related equipment. Now we are connecting to sites over T-1 broadband phone lines paying as little as $200 a month. We have even ventured into DSL and the Internet at one site, which is only a few dollars a month. In the physician reimbursement arena, we have marched from none to some to considerable in the last ten years. Medicaid, Medicare and insurance still do not treat telemedicine examinations totally the same as face to face, but they are getting closer by the day. The politicians are realizing telemedicine is a good thing, so the legal recognition is not far behind.

So what does this all mean? Some refer to it as the “planets beginning to align.” There is little question as to the ability of telemedicine to be effectively used in the practice of medicine and electronically connect a patient to their physician over distance. The largest deterrent to telemedicine has been the big obstacle of money. With that vanishing, telemedicine could be on the verge of exploding. And, as soon as consumers realize that they can visit their physician electronically from their home computer, when medically appropriate, they will demand it. Telemedicine will not totally replace a face-to-face visit with the doctor in many situations. But, in the near future—maybe two years or two decades—“telemedicine” will be a household word.

Texas Tech University Health Sciences Center
TTUHSC WELCOMES NEW PRESIDENT

Roy Wilson, M.D., M.S., began his duties as the president of the Texas Tech University Health Sciences Center in early June, following a nationwide search to find a new president when Dr. David Smith stepped into the role of Chancellor for Texas Tech University System last year. Before donning the Red and Black at Texas Tech, Dr. Wilson served as dean of the school of medicine and vice president for health sciences for Creighton University in Omaha, Nebraska.

Wilson earned his M.D. in 1980 from Harvard Medical School and his master of science degree in epidemiology in 1990 from the University of California at Los Angeles. He also holds a certificate of management from the Andersen School of Management at UCLA and a certificate of executive development from the Marshall School of Business at the University of Southern California.

Wilson’s medical interests are in ophthalmology and epidemiology. His research on glaucoma is internationally recognized. He has repeatedly been named one of the Best Doctors in America. He has published more than 150 peer-reviewed articles, chapters, editorials and abstracts.

Wilson actively participates on numerous national and international committees. A sampling of these include the following: the American Academy of Ophthalmology EyeCare America, Glaucoma Project; the Advisory Council of Center for Minority Health and Health Disparities, NIH; the FDA Advisory Committee, Ophthalmic Devices; Institute of Medicine, Committee on Roles of Academic Health Centers in the 21st Century; the Glaucoma Advisory Committee of Prevent Blindness America, and the Scientific Advisory Board of the Glaucoma Foundation.

Wilson also brings to Texas Tech a commitment to community health. He is particularly interested in addressing health disparities among underserved populations—and is concerned about the growing problems of obesity and diabetes in community health.

HEALTHFIND 2003 TO BE HELD IN AUSTIN SEPTEMBER 5TH-7TH

HealthFind is an annual job fair that links rural communities with primary care healthcare professionals. Communities have the chance to showcase their rural practice opportunities and their unique community characteristics. Health care professionals are able to meet several communities in a setting that minimizes the cost of recruitment for both communities and professionals.

This year’s fair will be held September 5-7, 2003 in Austin, Texas. For more information about registering, please contact Robin Houston at the Office of Rural Community Affairs (ORCA) at 1-800-544-2042.

TIF Board dissolved by governor’s line item veto

With the signing of House Bill 1, Governor Rick Perry exercised his line item veto authority to eliminate the Telecommunications Infrastructure Fund Board (TIF). The TIF Board had been responsible over the last several years for the deployment of major telecommunications infrastructure across the state of Texas, mostly in schools, libraries, health institutions and rural areas.

The Legislature had appropriated money to operate the agency through the year 2004. They had also passed legislation to raise the cap on the fund. Under prior law, the Fund would have reached its maximum amount at $1.5 billion in the third quarter of 2004. The legislature raised that cap to $1.75 billion and will continue to collect through the end of fiscal year 2005.

The Fund is financed through an assessment, basically a tax, paid by consumers on long distance and cell phone bills. This assessment has been collected since the TIF Fund was instituted in 1995.

With the elimination of the TIF Board, the vehicle used by the state government to disburse the funds, the Governor’s office will have to establish a new mechanism for overseeing the collected revenues. That mechanism has yet to be established.

There are still active 2002 grants, which will be closed out over the next couple of months. The TIF’s grant funds for 2003 were frozen by the legislature and then applied to the budget deficit, so no grants were awarded by the TIF in 2003.

Dirk Jameson, the executive director of the TIF, says, “The state budget situation and the politics were just a hump that couldn’t be gotten over. Our legislators had to make some tough choices.”

He adds, “The TIF is a program that has changed the face of Texas, and the positive impacts are enormous.” Presumably the staff of the Governor’s office and key members of the Legislature will work out final details of the agency closure plan over the next few weeks.

The Mobile Mammography Clinic of Texas Tech University Health Sciences Center provides mammography services to communities in the Permian Basin and Big Bend regions. Based in Odessa, this mobile clinic makes the rounds to such places Alpine, Monahans, Kermit, Pecos, and Fort Stockton—just to name a few.

In operation since 1996, the mobile clinic has traveled almost 100,000 miles and screened more than 12,500 women. The mobile clinic performs approximately 350-400 mammograms each month.

The clinic schedule is arranged in such a way to arrive in communities either on a monthly, quarterly or yearly rotation to ensure that patients have access to annual exams.

“We want to provide the best care possible to women in West Texas. Annual exams are vital to detecting cancer in the very early stages,” says Jim Laible, vice president of health care systems at TTUHSC.

The clinic is fully equipped with mammogram and film processing equipment, dressing rooms, and patient reception area. Mammogram films are processed on the unit and then delivered to a radiologist to read. Results are sent to the patient and her referring physician.

The American Cancer Society recommends that women ages 35-39 should have a baseline mammogram. Women age 40 and older should have a mammogram every year. Those at high risk should speak with their physician about the need for earlier or more frequent screenings.

For more information about the Mobile Mammography Clinic and service offerings in your area, please call the clinic at 1-800-222-8388.
ATA PUSHES FOR TELMEDICINE EXPANSION IN WASHINGTON, DC

The American Telemedicine Association (ATA) and the Center for Telemedicine Law are seeking to expand Medicare telemedicine reimbursement policy through the Prescription Drug bill. Both the House and Senate have gone home for August recess, but work is ongoing on the Prescription Drug bill in Conference Committee. Staff continue to work through provider issues, and Congress will revisit these items after Labor Day.

The ATA is seeking to add new originating sites to the list that Medicare will reimburse for telemedicine services. These additional sites include skilled nursing facilities, assisted living facilities, board and care homes, community mental health clinics, long term care facilities, and facilities operated by the Indian Health Service or Indian Tribes.

The telehealth provision in the bill is under $100 million. The entire package is $400-440 billion. The ATA expects the Conferees to cross out any provider provisions that do not have strong support because the overall bill is about $40 billion over budget.

“We are very close to achieving one of our primary objectives, expanding originating sites. Now we need to push this issue over the goal line,” says Jonathan Linkous, executive director of ATA. Texas Representative Tom Delay sits on the Conference Committee.

TELEPHARMACY GOING STRONG INTO SECOND YEAR

Since conducting its first telepharmacy consult in September 2002 from Turkey, Texas, there have been more than 390 prescriptions filled in Turkey using the telepharmacy system. The availability of this technology has enhanced the community’s timely access to pharmacy services. Prior to telepharmacy, residents had to travel an hour each way to fill prescriptions.

In addition to bringing pharmacy services to the community, Texas Tech University Health Sciences Center (TTUHSC) School of Pharmacy uses the system as a training tool for its students. Over the past year, fourteen 3rd and 4th year pharmacy students have traveled to Turkey for weekly rotations to work in the remote pharmacy, gaining valuable experience in rural practice as well as telemedicine technology. This month, another 17 students will begin weekly rotations to Turkey.

Dr. Charles Seifert, professor and regional dean of the TTUHSC School of Pharmacy, says that “the telepharmacy project has been a good learning experience—both as an educational opportunity for students and as an operational model for expanding telepharmacy services into other rural areas.”

Summer health career activities foster development of future professionals

More than 100 students of all ages participated in Health Professional Academies, Summer Health Career Camps, and science camps sponsored by Texas Tech, the West Texas AHEC, South Plains College, and Wayland Baptist University. These activities were geared to foster students’ interest in health careers and to prepare them for entry into collegiate and post-graduate programs. High school students completed first aid training and worked on skills development for succeeding in college. College students participated in various hands-on activities in the gross anatomy lab as well as clinical shadowing. Students were also exposed to telemedicine technology and its uses in providing health care to rural and underserved populations.
requirements for grants. While only a 15% match is required, currently the scoring methodology clearly favors participants who can bring a 150% match to the table. This means that areas with extremely limited infrastructure and massive health care needs are penalized and would be unlikely to receive funding.

This type of hands-on information about the grant process is what the Committee is looking for as they review and modify the DLT Program to better serve rural communities. In the ten years of the DLT Program, the Department of Agriculture has provided $173 million to fund over 500 projects in 45 states and four territories. This funding is available through grants or grant-loan combinations and primarily assists with the procurement and initial deployment of equipment and networks.

With hot summer weather upon us, and the grilling and picnic season in full-swing, it is important to know the dos and don’ts of safe food preparation and storage.

Grilling and picnicking create particular challenges in keeping food at the appropriate temperatures. There is a tendency to leave food out for extended periods.

Here are some tips that will take the guesswork out of grilling:

- The best place to defrost meat is in the refrigerator. You can microwave defrost if the food will be placed immediately on the grill.
- Marinate food in the refrigerator, not on the counter.
- Be careful with utensils and cutting boards that you don’t cross contaminate other foods with raw meat.
- Do not use marinade that has been contaminated with raw meat to moisten through the grilling process or as a sauce on cooked food.
- Cook foods to a safe internal temperature to destroy harmful bacteria. Here are recommended temperatures for various meats:

  - Whole poultry 180 F
  - Poultry breasts 170 F
  - Hamburgers made from ground beef 160 F
  - Ground poultry 165 F
  - Beef, veal, and lamb steaks, roasts and chops 145 F
  - All cuts of pork 160 F

  Note: Never partially grill meat or poultry and finish cooking later.

- Smoking and pit roasting require the use of a meat thermometer to ensure that the food has reached a safe internal temperature.
- Hot foods should be kept at 140 F or warmer until served. Cold foods should be kept at 40 F or cooler until served.

Once the grill has cooled and your guests are lounging on the patio enjoying balmy breezes, your work isn’t over. Foods should be refrigerated as soon as possible. Cooling food too slowly is the major cause of foodborne illnesses.

Meats, seafood, and dairy products must be cooled rapidly from 140 F to 70 F within 2 hours, then from 70 F to 41 F within 4 hours. To do this:

- Store foods in shallow containers.
- Put hot foods, uncovered, in the refrigerator immediately.
- Do not place tight covers on foods during the cooling period and allow adequate air circulation in the refrigerator.
- In hot weather (90 F and above) food should not sit out for more than 1 hour.

This information is taken from the Texas Department of Health, Retail Food Division. For more information, call (512) 719-4262.