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March 25, 1996

Office of the Secretary
Federal Communications Commission
Washington, D.C. 20554

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Re: Telemedicine Importance

Thank you for your interest in the provision of telemedicine in our rural communities. To make matters simple and easy, my letter on this topic is divided to three sections and are: a) How we are currently using telemedicine, b) Future plans or desires for telemedicine and c) What we think is important about the development and access of this technology. My comments and observations are as follows:

Current Uses:

1. EEG: Our site is too small and remote to support an neurologist so we do EEG's through telephone lines to St. Alexius in Bismarck, a hospital and community some 150 miles distant. Our staff work with the patient, situate the cap and otherwise ensure that a proper brain wave study is completed and transmitted.
2. Lifeline: This is an emergency response system through local telephone lines used primarily by elderly residents in our service area. If assistance is needed, a button is pushed on a device worn on the person that activates a telephone call to our hospital. We have had people on this service as far away as 100 miles away.
3. Neo-nate EKGs: We have the equipment and capability to record EKGs of unborn infants and transmit same by telephone lines to St. Alexius in Bismarck. This allows a consult to the neonatologist in situations where there is question or difficulty with an unborn child.
4. FAX Machines: We use FAX machines to occasionally send portions of medical records to physicians in our outlying clinics. We also send EKG strips to the cardiologists in

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Bismarck in situations where our Family Physicians or Internists need an immediate consult on a patient.

5. Teleradiology: We presently have teleradiology connections in four of our clinics. This allows an immediate consult to our radiologist or other appropriate physician.
6. Interactive Video-Education: We are a participant in the MedStar network for the purpose of medical education. The system uses satellite transmission of various medical education programs from the University of North Dakota Medical School.
7. Plain Old Telephone: Like all other remote sites, our practice uses the telephone for numerous telephone consultations with other physicians on a daily basis.

We also use the plain old telephone for interactive education through the ETN Network with the UND Medical School. This education network was established prior to MedStar and is still the source for educational offerings to some of our staff.

Future Plans:

1. Interactive Video-Medicine: We are in the process of connecting with St. Alexius in a interactive video network. This will use high band-width telephone lines to transmit images and data real time to specialists in Bismarck. The equipment is on site and staff is in the process of being trained on the equipment so our start date is in the very near future.
2. Teleradiology: We are planning to increase our number of clinic sites with teleradiology over the next few years. At the present one-half of our sites have this technology available and, over time, we desire all our sites to have such capabilities. We also are looking to add in at least two other remote rural sites that are not presently affiliated with us but could benefit from the availability of immediate radiology consultations.
3. Store and Forward Telemedicine: Because the coordination of schedules of patients, their physician and consulting sub-specialist physicians is difficult to coordinate, we see a future need for use of store and forward technology. It is our desire to implement this type of "medical e-mail" in our clinic sites and then connect such to a tertiary care center and its sub-specialty physicians.

We envision a system that allows the sending the necessary parts of a medical record (x-ray films, EKG strips, blood test results, progress notes, etc.) to appropriate sub-specialty physicians in a manner that is for the convenience of all the parties involved.

What is Important:

1. **ACCESS!:** Our medical system has long prided itself on its ability to provide high quality medicine on a local basis to the people of our service area. Maintaining and improving that access is the primary promise and benefit of telemedicine.
2. **AFFORDABILITY!:** Telephone line charges for remote areas such as ours is a major barrier to achieving the full benefit of the technology of telemedicine. We need to be able to add connections of rural clinics to other rural clinics and to urban sub-specialists without adding hundreds of thousands of dollars to our operating expenses.
3. **PATIENT CARE!:** We want to improve the quality of life of the patients of our service area. Adding years to their lives is not as important as improving their health status while they live. We believe much more can be done to improve the general health status and quality of life through appropriate use of telemedicine consults.
4. **Convenience:** Although not near as critical as the first three items, it becomes indirectly important. Many older people of our service area suffer through medical ailments rather than suffer the hardship of traveling 150 miles away to see and unknown physician. Lost wages and other costs and inconveniences of travel may apply in the case of younger patients.
5. **Reimbursability:** Because of the costs involved in providing telemedicine consultations and the corresponding effect of reducing the need for office visits to the sub-specialist physician, it is necessary for telemedicine consultations to be reimbursable. Unless such services can be billed, the reimbursement system will incentivise sub-specialty physicians to require patients to drive 150 miles to see them rather than accomplish the same through a telemedicine consultation. They would not like to require this but know that you can't pay many bills through the provision of free services.
6. **Networking:** With telemedicine technologies we hope to provide peer support to our physicians, physician assistants, nurse

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practitioners and other medical providers. Helping each other to help our patients should be the goal of all rural medical providers.

We hope that the preceding was of some help to you. We know that telemedicine at the present is an expensive undertaking but we think the benefits will prove its value over time. If, at the same time, it can be made more affordable then the benefits will be achieved much sooner.

If you would like to discuss this further, please feel free to call. I would be happy to discuss this with you.

Sincerely,


Jim K. Long, CPA, FHFMA
Administrator/CEO

JKL/ht

cc: Brad Gibbons, UND Center for Rural Health
Ryn Pitts, Blue Cross Blue Shield of ND