

Emergency doctors cheer growth of telemedicine

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PORTSMOUTH – Because of the coronavirus pandemic, health care professionals embraced the use of telemedicine as a safe way to help their patients, and maybe no group more than emergency and critical care doctors decided it was the future of their professions.

Instant assessments can be made, and decisions are often timelier than they would have been before televisits began happening.

Dennis Walker, Emergency Services Director at Seacoast Mental Health Center, said he is excited about the possibilities now that HB 1623 has been signed by the governor, assuring parity in insurance billing for telemedicine.

HB1623 ensures reimbursement parity, expands site of service, and enables all providers to deliver services through telehealth for Medicaid and commercial health coverage. It also enables access to medication assisted treatment (MAT) for drug addiction in specific settings by means of telehealth services.

“Now that this is law, we can continue to expand the use in ways we may not have even thought of before,” said Walker. “This is exciting and will help many people.”

Walker and his emergency services of SMHC are embedded at Exeter Hospital. They are there to be on hand when a mental health crisis comes in.

“But not everyone in a mental health crisis wants to come to the emergency room,” said Walker. “That’s always been a problem we deal with. Then COVID-19 came, and we reached a real dip in services. People stopped coming because they were scared to come to the hospital. When we started using telehealth, it opened our eyes.”

Walker said SMHC was seeing more and more people in crisis, even before COVID-19.

“Now with COVID and this bill, we have been operating in the zone,” said Walker. “We have been using this routinely and we know it will become the standard. It has been a huge benefit for the families we serve.”

Walker said with telemedicine, a person in crisis or a family member can open up their laptop and get a mental health evaluation – immediately.

“We had been testing those parameter before the pandemic,” said Walker. “We were looking to see what can be done with televisits. Some people do need to be hospitalized and that generally meant they needed to come to the emergency department. Sometimes they wouldn’t come.”

Now, Walker said they are linked virtually with Exeter Hospital and with Hampstead Hospital, the local psychiatric hospital.

With COVID restrictions, Walker said the process could be a horror show with the restrictions on who can stay with the patient.

“We have a new format,” Walker said. “We can do a telehealth evaluation, get the information we need, and we can send the patient directly to Hampstead. This can make it easier for everyone. Consider, we get an adolescent into Exeter Hospital. The staff will take his clothes, his blood and they often have to tell their story over and over. It is stressful to them and to their family. Instead, we do the evaluation on Zoom and send them to Hampstead, or the adolescent can be picked up at their home. The family is extremely grateful, and the process is better for everyone.”

At Dartmouth Hitchcock Medical Center, the innovation and expertise of physician anesthesiologists is being used to help monitor and consult with Intensive Care Units (ICU) in the more rural hospitals in their health care network.

Physician anesthesiologists have been on the frontlines caring for COVID-19 patients throughout the country, but in New Hampshire Dartmouth Hitchcock doctors have innovated with a Tele-Intensive Care Unit (TeleICU) hub to collaborate with physicians in rural hospitals to ensure infected patients from across the state get critical care expertise at no expense while receiving care close to home.

“Anesthesiology has long been a specialty of innovation,” said Dr. Stephen Surgenor, president of the New Hampshire Society of Anesthesiologists (NHSA). “During this health care emergency, telemedicine has been a helpful way for critical care anesthesiologists to care for COVID-19 patients who wouldn’t otherwise have the ability to be seen by these specialists”

The TeleICU is a remote video technology platform that allows physicians in rural hospitals to confer with critical care specialists at DH until the patient can be transferred to the larger hospital. The conferences take place at the patient’s bedside with the conferring physician and the physician anesthesiologist at Dartmouth-Hitchcock Medical Center in Lebanon, NH, similar to a Zoom or Skype video call.

The guidance physicians provide to more than 20 rural hospitals includes advice on sedation and pain management, blood transfusions, ventilator, and equipment management, as well as management of sepsis, shock, organ dysfunction and acute respiratory distress syndrome. With the technology and cooperation of the anesthesiologists educated and trained in critical care and crisis management, New Hampshire’s COVID-19 patients in rural areas have access to the same expertise as those in urban areas.

Surgenor said their TeleICU happened in two phases

“I wrote a proposal for doing this in 2007,” said Surgenor. “It was a noble idea, but we needed electronic health records. We could not write orders in a three-ring binder when we were 600 miles away, so it got tabled. In 2015, we got interested again. Dartmouth Hitchcock developed their Connective Care Center, so we felt ready to try again. We started really using it steadily in 2019 at Southwest Medical Center in Bennington, VT, and Cheshire Medical Center in Keene. Later we added Littleton Regional Hospital.”

Surgenor’s team acts as consultants. He said the billing is done by each facility. The hospitals pay a monthly fee for coverage of their ICU needs. The system provided by Phillips E-Care system, is a product of Visicu, who Surgenor says created the first analytic system for ICUs.

“They can ask us for what they need at a moment’s notice,” said Surgenor. “Big or small, it makes no matter to our services. We operate off a control panel that can prioritize across hospital to triage the order of patients. We can videoconference 24/7 with every single room, with the doctors the patient and even the family.”

Phase two arrived when COVID-19 did.

“I am on the state disaster medical advisory committee,” said Surgenor. “We have done well in New Hampshire, Maine and Vermont. We are not seeing the levels of cases in states like New York, Florida, and Arizona. Part of the reason for that is we want to see everyone get the right care. That happens and we are seeing cases, but more often not the critical care cases because we “see” the patient virtually and get them on the right plan, the right track.”

Surgenor is medical director for the TeleICU program at the Dartmouth-Hitchcock Connected Care Center for Telehealth, which now covers all the ICU beds at Littleton Regional Hospital in Littleton, NH; Cheshire Medical Center Dartmouth-Hitchcock in Keene, NH; Southwestern Vermont Medical Center in Bennington, VT, and Dartmouth-Hitchcock Medical Center. Dr. Surgenor led the expansion of the TeleICU service to a number of smaller, rural New Hampshire hospitals through a cart-based program, including Alice Peck Day Memorial Hospital in Lebanon, Androscoggin Valley Hospital in Berlin, New London Hospital in New London, Upper Connecticut Valley Hospital in Colebrook, Weeks Medical Center in Lancaster, Monadnock Community Hospital in Peterborough, and Huggins Hospital in Wolfeboro.