

# TELEHEALTH EVERYWHERE

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**A**t the Idaho State University Institute of Rural Health (*ISU IRH*), our journey with telehealth emerges from a shared sense of place. Like many in rural areas, we cling perilously to an ever-shrinking space with reducing human and natural resources. And, like other rural people, our health suffers. It suffers because our rural culture is shifting faster than we can adapt. It suffers because we have no way to train our own to provide care. It suffers because outsiders who come to work in our rural areas often leave before developing a sense of place, even when we had hoped they would stay.

Yet, so much is good about *rural*. It can be as simple as looking across a field rather than at a building, or seeing the stars glitter at night with unimagined intensity. The ecosphere defines our sense of place and determines the rhythm of our days and weeks. Kinship and social ties support us.

One of the most rewarding and challenging aspects of rural health care is directly knowing the people you affect. Caring in rural areas is very personal. In 2001, we began a journey to connect with rural communities in Idaho. What ensued has been an intensely personal journey that led us to unexpected places. Once started, we saw telehealth everywhere! In Idaho, we use it to train health professionals; to support direct patient care, to support health professionals' quality of life, to assist with community integration for people with disabilities, for people with traumatic brain injuries, for our "Aging" projects, for preventing and identifying children's mental health issues. In Idaho and across the nation, we use it to respond to the national epidemic of child traumatic stress. We have come to see that the applications are limitless; and that it is not just a "doctor in a box." We did not let access to broadband or expense limit our thinking; we have found ways to leverage even minimal technology. Always, the vision has been to improve services and supports to health professionals, citizens, and communities.

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RURAL ROADS • SEPTEMBER 2004

Below, we summarize some of our projects, including information about the project and how we use telehealth. For more information, see us on the Web at [www.isu.edu/ih](http://www.isu.edu/ih).

**Telehealth Idaho**, our core telehealth project, is funded by the U.S. Health Resources and Services Administration Office for the Advancement of Telehealth (#5-D1BTM 00042). It focuses on two broad goals: to improve access to quality health care for people in rural and frontier Idaho and to establish a statewide telehealth resource center. Both goals work through the health professionals, with objectives to (1) increase the workforce through new and expanded education, (2) to extend the reach of the existing workforce, and (3) preserve the workforce through professional support. We believe these objectives increase the professional quality of life for providers, thereby improving retention, and reduce the negative effects of caregiving, and thus improve both access and quality of care.

**Community and Corporate Partners**

Telehealth Idaho serves Idahoans through their healthcare professionals, including agencies, providers,



2003 Telehealth Idaho Partners' Meeting, ISU, Pocatello, Idaho.

staff, and educators. Our partners include 12 hospitals, 2 clinics, 1 dental practice, 1 hospital network (5 hospitals), and 4 state associations. The cornerstone ISU partners are the Idaho Health Sciences Library, Dental Sciences, Clinical Psychology, Department of Family Medicine, College of Pharmacy, and the Anthropology Department Hispanic Health Research and Education Center. Our corporate partners include Healthwise, Inc. of Boise, and Well Diagnostics, Tromso, Norway. Below are some highlights of our activities organized by our goals.

**GOAL 1: Increase the number of providers through new and upgraded education.**

• **Statewide Virtual Grand Rounds**

on ageing, TBI, older-adult and children's mental health, nursing home care: 53 sessions with 2,189 participants and an average satisfaction rating of 4 on a 5-point scale.

• **New University courses**

- "Introduction to Telehealth" classes (23 students).
- "Rural Integrated Care" class (11 students from 8 health professions) using the textbook *Rural Integrated Healthcare* (APA Books), a collaborative project with the IRH, APA, and over 50 experts.

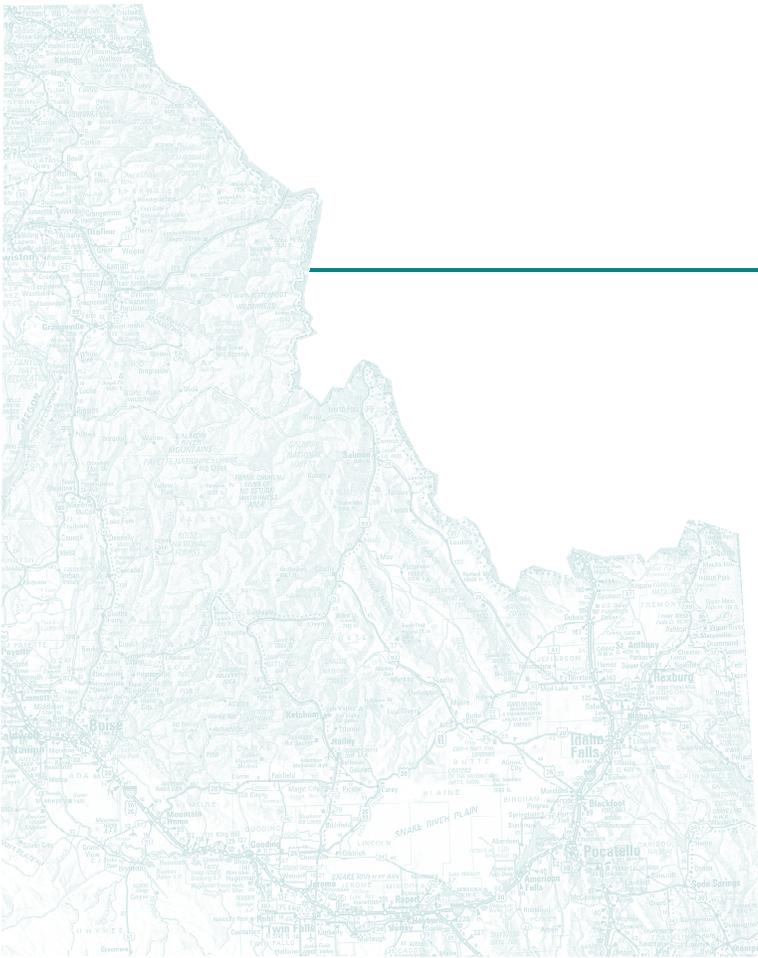
• **Certified Nursing Assistant Training**

- Bear Lake Hospital pilots an online course with 19 students.
- Pocatello High School CNA course includes telehealth module (59 students)

• **Place Committed Nursing Training**

- 2004 LPN cohort of 23 students used distance learning for their last semester; beginning January 2005, students can take all courses by distance at multiple locations around the state, including some Critical Access Hospitals.

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**GOAL 2: Extend the reach of existing providers by using telehealth-based supervision, consultation, and home health, which are largely accomplished through our community partners as ISU-IRH is not a direct service provider.**

- **North Idaho Rural Health Consortium** offers psychiatry consultations (Medicaid reimbursed), 30 consults through March 2004.
- **Saint Alphonsus Regional Medical Center in Boise** provides tele-home care, 65 visits in year 1.
- **ISU Clinic Network** connects the ISU Dental Residency, Psychology Clinic, and Geriatric Clinic for consultation.

- **Saint Alphonsus, Weiser Memorial Hospital, Kootenai Medical Center, and Benewah Community Hospital** are developing a TI-supported telepharmacy project for Critical Access Hospitals.

**GOAL 3: Preserve the existing workforce through professional support; increasing professional quality of life & retention.**

- **The Telda Toolbox** provides informatics for rural health professionals, 660 subscribers with over 1,500 hits on the medical library.
- **EBSCOhost Database and Cochran's Guidelines** are available through the Health Sciences Library.

- **Healthwise Knowledgebase** is available to all rural health professionals.
- **MDConsult and SkolarMD** is available to those working in rural and underserved areas through combined funding from the National Library of Medicine, the State of Idaho, the Idaho Primary Care Association, Telehealth Idaho and others.
- **Professional Quality of Life Research** ongoing monitoring of professional quality of life, a first in the nation.

As our telehealth infrastructure grew, so did opportunities to expand existing projects and compete for funds for new projects. The first project to incorporate telehealth was *Better Today's, Better Tomorrow's. For Children's Mental Health (Formerly Red Flags Idaho)*, headed by Ann Kirkwood, with funding from the Generation of the Child Initiative, Idaho Governor's office. Better Today's goal is to help teachers and parents identify student's emotional and behavioral problems by informing parents and community members about adolescent mental illnesses and including information about mental health in school curriculums. Better Today's uses telehealth for virtual

grand rounds, online training, and access to electronic archives with information.

Another project that uses telehealth is our ***Real Choices System Change Project***, which is run by a team of researchers including Stamm, Kirkwood, Russell C Spearman, Debra Larsen, Neill F Piland, and Laura J. Tivis. With funding from Center for Medicaid and Medicare Services (#18-P-91537/0) through the Idaho Department of Health and Welfare, this project studies how to create enduring systems change in community services and supports for people of all ages with disabilities or long-term illnesses. During the study, participants develop and implement an individualized community integration plan. Videoconference telephones in participants' homes allow regular contact and qualitatively better information regarding the participants' current functioning to reduce participants' isolation and maximize IRH workers' resources for participant contact time and support.

After a successful planning grant, we submitted an implementation grant to address services and supports for people with ***Traumatic Brain Injury (TBI)***. Headed by

Stamm, Spearman, and Tivis, this project is funded by the HRSA Bureau of Maternal Child Health (#1-H21-MC00068) through the Idaho Department of Health and Welfare. It aims to develop a sustainable, comprehensive, coordinated, community-based system of support for individuals with a TBI and their families. We use public and professional virtual grand rounds. In an effort to reduce "break downs" in connecting people to services, we are developing a web-based TBI Virtual Program Center (TBI VPC) for decision support. The TBI VPC will give professionals and individuals with a TBI and their families current TBI information, best approaches to treatment, information on services, and consumer empowerment guides.

Following the success of other telehealth applications at ISU-IRH, a team that includes Stamm, Piland, Kirkwood, and Larsen submitted a national project and were funded for a ***National Child Traumatic Stress Network (NCTSN) Center for Rural, Frontier, and Tribal Health*** (#1 UD1 SM56114-01 Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration). This project's goal is to develop and evaluate

a model for creation and dissemination of resources for child traumatic stress to rural, frontier, and Tribal (RFT) people. Telehealth applications are widespread in the projects and include telehealth-augmented national training and program development for RFT communities. The National Rural Health Association is a partner with ISU-IRH in this project.



Cunningham on low-bandwidth, low cost video phone.

It seems our journey has just begun, but it also seems we are well on the road. By keeping the vision focused on improving services and supports available to providers, citizens, and communities, together we have found new options for all of us who share a sense of rural place.