

abstract

Incorporation of Private Practice Specialists' into a TeleHealth Program

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Rochester General Hospital is a 530 bed hospital situated in Rochester, New York. It is served by doctors who are both hospital employees and in private practice. It initiated the TeleHealth Program in 2006. Initial goal was to provide tertiary care to its sister hospital in a rural community 40 miles away. Key to success of this program is the incorporation of private practice specialists into the TeleHealth Program.

Initial problems centered around three areas, administrative and legal, IT support and equipment, and physicians and their workflow. A program was developed to overcome these obstacles with the goal to provide in-patient and out-patient specialty services to patients at the rural hospital. At the same time, physician evaluation of patients had to be as convenient as walking into an exam on an office day.

This project was broken into two phases. The first phase was to take a limited number of physicians to serve at a beta site to work out all the inherent workflow issues. This phase was limited to out-patients only using static Telemedicine equipment. Upon successful completion of phase 1, phase 2 was started which was expanded to include in-patients, ED, and nursing home patients. This was done by both static and dynamic Telemed units. The number of physicians was expanded into a busy five-person specialty practice.

Results from these two phases show successful integration into a private practice. Workflow was streamlined with regards to patient flow, scheduling, diagnosis and treatment plans and electronic medical record. It was shown to easily fit into a regular office schedule. It increased the geographic practice area for the specialty group. On the patient side, it gave them access to needed specialty for both in-patient and out-patient use. It increased the hospital's ability to keep patients in its' system. Substantial cost savings by travel avoidance was accomplished. Patients had increased access, earlier diagnosis and therefore improved quality in care. To date, a review of patient satisfaction has shown this system to be highly accepted by patients (95%). Over 800 patient encounters have now been performed by the specialty group. The sequence of events and problems will be reviewed and recommendations made for the successful incorporation of a private practice into a system's TeleHealth Program.