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## Tuning in to telemedicine



Dr. Javier Rodriguez, quality improvement director Sonia Tucker and quality improvement specialist Navjot Gill (on computer screen) demonstrate the uses of a telemedicine cart in an ear exam at the La Maestra Community Health Centers Women's Clinic in San Diego. (Eduardo Contreras / U-T)

By **Beth Wood**

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**A**n [El Cajon](#) resident with diabetes can't make it to her medical appointment in [City Heights](#). A physician in Mexico needs a specialist in the U.S. for a second opinion.

These are just two examples of how the rapidly growing field of telehealth or telemedicine can help healthcare facilities increase accessibility to more of their patients.

Two health organizations in San Diego using this technology are La Maestra Community Health Centers and the Telemedicine Program at UC San Diego Health.

“Telemedicine can help someone who doesn’t have the means financially or otherwise to go to meet with their physician,” said Lisa Moore, project manager for the Telemedicine Program at UCSD Health. “Working parents may need to quickly find out how their child’s doing but can’t make it to their physician. The program provides access to see a physician if they need one. We want health care to be more accessible and convenient for patients.”

The same goal drives telehealth at La Maestra, which, through its four main medical clinics and two school-based sites serves residents who are at or below the poverty level. Because La Maestra sees patients who speak almost 30 languages and dialects, its medically trained cultural liaisons at each clinic site assist in the telemedicine process.

## Success stories

Sonia Tucker, La Maestra’s quality improvement director, oversees its Telemedicine Program. As an example of how telehealth can have direct and positive results, she recalled that Rady Children’s Hospital approached La Maestra 2 1/2 years ago because half the patients the clinic referred to Rady weren’t making their appointments.

“These patients went through our examination, got the (referral) authorization, did the paperwork and then — after all that work — didn’t show up,” Tucker said. “I did an internal survey. The reasons people gave were language barriers, fear of not knowing the physician and transportation difficulties.”

Through telehealth, patients — and, in Rady’s case, their parents — can be at a closer-to-home La Maestra clinic. Accompanied by a staffer who knows them and speaks their language, they have a video visit with a Rady physician.

“We reduced the no-show rate,” Tucker said proudly. “It went from a 50 percent no-show rate to a 13 percent rate the first year to the current no-show rate of zero. That is an important achievement for us.”

Telemedicine at UC San Diego started with a tele-stroke program in 2001. Now it covers a number of disciplines, including mental health services and neonatal care, has a pilot program for tele-primary care and plans to offer tele-ICU services.

While the telemedicine program can help patients in Alpine, for example, who can’t make it to Sorrento Valley for their appointments, the program also provides telehealth services to El Centro Regional Medical Center and other community hospitals.

“If a patient in El Centro looks like they may be having a stroke, the staff can call our physicians and they would remote into our telehealth cart,” Moore explained. “It often is an interface with the physician and the patient.”

## Beyond face-to-face

If it sounds like a casual FaceTime chat, think again. Tucker said it goes “way beyond face-to-face.” La Maestra’s staff uses more than communications equipment.

With help from a grant, the organization has distributed scopes and other diagnostic tools to health providers at its clinics, all of which have telehealth capabilities. Covering a variety of medical problems, La Maestra’s providers have been trained to conduct these examinations to help the specialists make an informed decision.

UCSD’s Moore explained another difference between using our smart phones and having a telemedicine session. Let’s say a community hospital staff treating a patient who may have had a stroke reached out to a UCSD neurologist. The physician logs in and connects with the staff, the patient and family members and the audio and video begins.

“Because of the camera, the physicians can obtain a lot of visual information,” Moore said. “The camera can actually zoom in very closely. So if the patient has a laceration or skin rash, the camera zooms in so that the physician can assess and make a diagnosis with the staff at the community hospital.”

The UCSD program also has an international component so that a doctor in another country can turn to one of the UCSD physicians with expertise in a particular area for a second opinion.

But, as with most things, there is a downside.

“A lot of effort goes into coordinating and providing telemedicine,” Tucker said. “And there’s little to no reimbursement for it.”

CMS (U.S. Centers for Medicare & Medicaid Services) considers covering telehealth when the provider is in a rural area. Moore’s department is just beginning to bill private health insurers, in hopes some will cover telemedicine services. She said legislation is moving slowly to catch up with the current state of telehealth, which shows no signs of slowing down.

“Telemedicine is going to continue to help move us forward to even greater patient care,” said Moore, who calls her position her dream job. “This provides better ways for patients to see their providers and communicate with them. Video visits can make patient care much quicker and more efficient.”

*Wood is a San Diego freelance writer.*

## What is telehealth or telemedicine?

A 2011 California law declared telehealth a better word than what it called the “outdated” telemedicine, but many people — professionals and patients alike — use telehealth and telemedicine interchangeably. E-health is also heard frequently.

By any name, it is basically the electronic delivery of health care services. In simple terms, telemedicine or telehealth facilitates a medical examination or mental-health appointment through a HIPAA-secure platform similar to FaceTime, Skype or [WhatsApp](#). (HIPAA is the Health Insurance Portability and Accountability Act of 1996.)

This technology can make a critical difference to people unable to access medical expertise. It enables the exchange of such information as diagnosis, treatment and disease prevention by connecting physicians to medical providers and their patients who live miles — even continents — away.

Another aspect of telemedicine is training; it enables experienced physicians to help train medical providers serving far-flung communities.

With communication and information technologies becoming increasingly accessible and sophisticated, telemedicine or telehealth is an ever-evolving field.

*Sources: Southern California Telemedicine Training Center; World Health Organization; Center for Connected Health Policy; and Sonia Tucker of La Maestra Community Health Centers.*

## Other telehealth resources

These organizations in San Diego also offer telehealth services:

### **Kaiser Permanente**

An internal report released in 2016 stated that 52 percent of its patient transactions the year before were conducted online, by virtual visits or through the health system’s apps.

### **[VA San Diego Healthcare System](#)**

The local VA offers Home Telehealth, which utilizes a home-monitoring system so that a care coordinator can help with the veteran’s treatment plan, and Clinical Video Health, which connects via live video a specialist or primary-care provider to a veteran in another location.

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