

Telehealth network going strong

by Barbara Webber

FROM A PILOT PROJECT in 1996 to the development of new applications, the Nova Scotia Telehealth Network (NSTHN) continues to grow, bridging the distance between patients and their health care providers. Cape Breton hospitals were the setting for Canada's first province-wide telehealth network. The project's purpose was to provide continuing education to physicians and lay the foundations for the present NSTHN. The Cape Breton District Health Authority (CBDHA) saw the benefits of such a network and played an integral role in the roll out of the project to the rest of the province.

In July 1997, the NS Department of Health (DOH) contracted a private sector business to set up 14 sites in the eastern part of the province, including Cape Breton, which became operational in January 1998. Currently there are 43 telehealth sites in Nova Scotia, centrally managed by the Department of Health in partnership with the districts.

Mary Beth LeBlanc, district telehealth coordinator for CBDHA and a nurse with 30 years experience, has been involved in telehealth for the past seven years. "In preparation for the installation of telehealth equipment, site assessments were completed from a technological and usage desired perspective," LeBlanc said. "The district supported the private company in its installation as well as one of their employees in coordinating the programming." Computers with software that included videoconferencing capabilities were purchased and installed by TeckKnowledge under the direction of the DOH, with guidance from the district.

"The District Health Authority is a partner with the DOH on this program and

provides telehealth site coordinators at each site, responsible for the coordination and delivery of telehealth at their respective sites," LeBlanc said. "The DOH oversees the equipment and is responsible for the maintenance and upgrades. Preventive maintenance and upgrades are generally done in the summer months, as the network is less busy. The DOH also provides a central scheduling coordinator to ensure efficient use of the networks' time."

LeBlanc said research studies and direct observation prove that telehealth provides cost savings to the patient and the health care system. Patients save on travel, lost time from work, hotel costs, ambulance charges and babysitting costs. And there are important savings to the health care system: time lost traveling is recovered, allowing for more chargeable hours; health care providers can attend meetings that would otherwise be missed because of weather; more time is available for meetings; Nova Scotia professionals can connect directly and quickly to other health care providers in the province and beyond; and, they can assist in recruitment in 'face-to-face' interviews.

One of the main objectives of developing the NSTHN was to assist the province in the recruitment and retention of physicians. The Department of Health believes that this has been accomplished. LeBlanc notes, "We do know that telehealth can provide remote physicians with education that will ensure they receive their credit hours. Previously, these physicians had to leave their communities, that is, if they could get a locum, another physician to stand in. We believe the network has impacted recruitment and retention."

In an area challenged by geography and weather, telehealth is a positive, practical solution that allows physicians to see patients on a regular basis because of fewer missed appointments. A Health Council of Canada report also acknowledges the capacity of telehealth "to provide a level of care which transcends social, cultural and geographic barriers by increasing access to appropriate health care professionals – anyone, anytime, anywhere."

LeBlanc emphasizes that telehealth is continuing to grow in the CBHDA, which currently has the highest usage in the province. "This speaks to the high commitment this area has had since the inception of telehealth in the province." Telehealth provides continuing nursing and medical education as well as meeting specific district needs like ethics rounds. Administrative meetings continue to increase as health providers experience the benefits. Clinical applications are continually added, with the Cape Breton district leading the province: telermatology, teleneurology, telemental health, teleoncology, and lung transplant patient assessments with Toronto, as well as urgent requests for pediatric patients. A new application is being developed for patients requiring preoperative assessment and LeBlanc reports it will be introduced in the foreseeable future.

Does telehealth shorten waiting lists? LeBlanc says, "This is certainly an area that needs research. However, we know that if a physician requests an urgent consult, we can arrange one that day or within the next 24 hours. This speaks to the commitment of health care providers to meet the needs of patients." *WWW*

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