

Electronic Prescription

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Ensuring health care expertise reaches rural areas improves medical treatment in these regions, but also keeps them economically viable. A nearly \$25 million grant from the Federal Communications Commission has the potential to do both for Maine, Vermont and New Hampshire. The Rural Health Care Pilot Project also requires that state and regional officials document whether the broadband system it creates and the information sharing that results improves health care in northern New England, a needed assessment of the benefits of telemedicine.

The New England Telehealth Consortium, based in Bangor, will receive the funding — the largest among the 69 grants awarded — over three years to build a broadband network connecting 555 health care sites with one another and a nationwide network of more than 6,000 health care providers.

For patients, this means that a remote clinic can share images, medical records and other information with specialists around the country. This will enable a patient in northern Maine, for example, to be diagnosed by a specialist in Boston, enabling care to be delivered quickly and efficiently and allowing rural residents access to expertise that is not available locally. In addition, the network will increase information sharing among health care providers and reduce medical errors while reducing travel time and costs for patients. The networks supported by the FCC are also to be used to share information in the event of health emergencies, such as a disease outbreak.

As Sen. Susan Collins said this week in announcing the grant, telemedicine “allows us to live where we want to be yet still have access to quality health care.”

The consortium includes hospitals, universities, research facilities and community health centers. But the infrastructure that will be built to support the network can also be used to improve electronic communication services to businesses in rural areas, thereby supporting economic development outside medical facilities.

The FCC in its grant requirements calls for close monitoring of how the funds are spent and the technical aspects of the network. Just as important, however, are the requirements to assess whether and how the increased connectivity improves care for patients. For example, grant recipients must explain how the network has improved access to specialists and how it has improved monitoring of critically ill patients. A further emphasis on outcomes, such as quicker recovery times or fewer misdiagnoses, would also be helpful.

By reducing barriers to quality health care in rural areas, this grant will benefit the people who live there and could encourage businesses to locate or expand in these areas.