Appropriate Patient and Type of Encounter

There are potential referring physicians who have asked if they could preoperatively evaluate their patients who are candidates for simple surgical procedures. Because we serve a rural population that must travel long distances, surgeons and primary care physicians are interested in working together to reduce travel to EFCC. The purpose of this program is to reduce travel to EFCC and to perform an operative procedure. Potential procedures for which patient preoperative evaluation and/or physician-to-physician consultation via Telehealth are appropriate:

- A suspicious breast mass requiring either a needle biopsy, an ultrasound directed needle biopsy or excisional biopsy.
- A biopsy-proven breast cancer requiring surgical resection.
- A GI contrast examination that shows a definitive surgically resectable lesion. This would include colectomy or small bowel resection.
- Primary hyperparathyroidism for parathyroidectomy.
- A biopsy-proven melanoma, which requires re-excision and sentinel node biopsy.
- A subcutaneous nodule, which is either biopsy-proven or suspicious for a sarcoma requiring wide excision.
- Cholecystectomy
- Pulmonary nodule found on CXR requiring pulmonary function tests in the morning followed by a diagnostic procedure such as bronchoscopy or CT directed biopsy.

Patient Eligibility Criteria

- ASA 1 or 2 for general anesthesia.
• All preoperative diagnostic tests can be done at the outreach site.

• Anesthesiologists have had an opportunity to review all pertinent data such as history and physical exam, EKG, CXR, liver function tests and they approve eligibility.

• Local anesthesia cases with or without sedation are eligible and do not need to be reviewed by anesthesiology.

Patient Ineligibility Criteria

• If after reviewing the data the anesthesiologist feels that the patient should be seen in the preoperative clinic, then the patient is not eligible for this program.

• Patients who require preoperative consultation with cardiologist or pulmonologist for cardiopulmonary dysfunction are not eligible.

• ASA 3 and 4 cases are excluded.

• Patients who require ICU care immediately after the operative procedure are not eligible.

Referral and Scheduling Process

At this time, the original request for referral is made directly from the remote provider to Dr. ____________. If approved, the appropriate Telehealth site coordinator at the remote location will contact the MTN office to schedule the Telehealth consultation.

Pre-examination

Written documents

• Referral site will FAX to the hub provider site patient registration information, to include: name, address, phone numbers, SS#, DOB, current insurance, referring physician, prior diagnosis related to this encounter, all current medications and doses and any other pertinent information needed for chart (test results performed relating to this encounter).

• Remote site Telehealth Coordinator will obtain the appropriate participation consent forms (Adult or Minor) immediately prior to the first Telehealth encounter per patient. Additional consent forms are not required for subsequent visits, but encounters cannot proceed without a signed consent on file. A copy of
the consent form will be kept in patients chart, and the original sent within five working days to the MTN office at:

2401 Lemone Ind. Blvd., DC345.00,
Columbia, MO 65212

Tests/procedures

At the time the preoperative encounter is scheduled, the referral site will be notified of any specific tests that will be needed. These test results should be provided as directed at that time.

Room preparation

- To connect the Telehealth system, either site initiates the call using the Polycom address book and the other site simply answers the call.

- Microphone(s) are highly sensitive and therefore the only consideration is placing the microphone(s) away from the monitor's speakers.

- Confirm that the Elmo document camera and the Vizcam camera at the patient site and verify that both are working properly. If the Elmo document camera will be used to display X-rays, switch the light setting to the base.

Patient preparation

- Site coordinator at patient site will explain to patients participating in their first Telehealth encounter how Telehealth encounters take place, including that this system is confidential and only the health care professionals attending this visit and the patient can see and hear this session. Return patients should be reminded of this.

- Site coordinator or other health care professional at the patient site will take and record the patient's vital signs before the appointment begins (weight, blood pressure, pulse and respiratory rate).

- Remote site coordinator or other health care professional responsible for the patient will bring the patient's chart to the Telehealth encounter in order to provide any needed information.

- Remote site coordinator or other health care professional responsible for the patient will stay with the patient during the Telehealth encounter to operate the Telehealth system, assist the patient as needed, to present any additional
information the provider physician at the hub site may need and take any orders given by provider physician at hub site.

**Examination**

**Equipment**

In addition to the basic video conferencing system, pre-op encounter may include the use of the ELMO document camera with the base light to transmit non-diagnostic X-ray images; and the Vizcam camera to show patient characteristics such as edema. Cameras at both the physician and the patient sites should be set as per physician instructions.

**Activities**

Interactive conversation with both patient and others (family, helper, etc.) present in the room at the patient site. Use of Elmo document camera to transmit non-diagnostic quality X-ray images or to display test results. Use of Canon Vizcam to check for swelling, etc.

**Post-examination**

**Patient instructions**

Provider physician will tell patient if and when they are to schedule a return visit, either via Telehealth or in person. The site coordinator or other health care professional responsible for the patient will note this to chart and coordinate with Dr. Ota's clinic staff.

**Evaluation forms**

The site coordinator may furnish patient with the "patient questionnaire" (when appropriate) to complete. Provider at hub site will be asked to complete "Office Staff" form. The coordinator at the patient site will return the completed form (fax or mail) within five working days to the MTN office at:

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Columbia, MO 65212