Bringing Specialty Care to Rural Communities with Telemedicine

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Discussion

Key Details

There is a shortage of specialty providers nationwide. In the United States more than 90 percent of hospitals use locum tenens, a pricey alternative, to supplement their full-time staff.

Rural communities experience challenges with provider recruitment and persistent turnover. Concurrently, there is a steady increase in rural patient populations with acute diseases.

By implementing an innovative approach and leveraging telemedicine, it is possible to bring acute care to rural patients while avoiding unsustainable staffing models and costly patient transfers.

Background

Planning/Research Methods

An interdisciplinary team, including providers, nurses and operational support staff, was established to implement a weekend coverage model for a six week time-period. This effort included extensive collaboration between an existing tele-ICU program, Mayo Clinic Rochester (hub) and Mayo Clinic Health system – Mankato (spoke) team members. As part of the planning process, workflows, communication and training plans were developed. A post–implementation survey was deployed to assess the satisfaction of both patients and providers.

Implementation Methods

The startup costs for this project were minimal, as existing tele-ICU technology was utilized in the spoke site. To cover areas without existing technology, a mobile telemedicine cart was used.

Each morning, the team would huddle and round to determine the appropriate plan of care for each patient. The decision to initiate a telemedicine consult was made by the spoke provider and based on individual patient need.

Bedside nurses played a pivotal role in providing education and explanation to patients before and during the telemedicine interactions.

Survey Results

- 100% of patient surveys completed reported the highest level of satisfaction.
- 96% of referring (spoke) team members reported satisfaction with the service and experience.
- 100% of hub participants reported satisfaction with the ability to care for patients during the pilot.

Objectives

1) Assess telemedicine as an effective way to provide timely inpatient coverage, reduce patient transfers, and avoid additional staffing costs.
2) Leverage existing resources, workflows, and activation criteria to mimic the experience of in-person coverage.
3) Maintain patient care standards and care team satisfaction, while keeping patients close to home.

Supporting Information

- Avoided locum hiring costs for six weekends.
- Based on feedback from spoke participants, there were no challenges with coordination of care during the pilot.
- Counterbalance measure was maintained: Average time to complete a consult during the telemedicine pilot met or exceeded the response time for consults with in-person coverage.

Methods