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# New York to adopt MCG tool

By Tom Corwin | Staff Writer

Friday, September 29, 2006

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Mary Stansell remembers sitting on her couch last November not quite sure what was going on.



The REACH Cart, which transmits patient information electronically, is one of the main components of the REACH MD Consult.

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"I just told my husband, I said, 'Jim, look at my hand. It's just flopping every which way, and I can't control it,'" said Mrs. Stansell, 64, of Elberton. "He got up, and he said, 'Your face looks strange. And you sound different.'"

The paralysis went all the way down the right side of her body, and it became obvious to the couple she was having a stroke.

After being rushed to Elbert Memorial Hospital, however, Mrs. Stansell caught a big break - the hospital is connected via two-way telemedicine technology to neurologists at Medical College of Georgia Hospital and Clinics. She was cleared to receive a clot-busting drug and within five minutes could move her right arm again.

"I could actually feel my face returning to normal," she said.

Now, patients in New York who also live in rural areas might benefit from the same technology. New York State Health Commissioner Dr. Antonia C. Novello announced Thursday that the state would be adopting the REACH telemedicine technology developed by MCG and marketed through a spinoff company called REACH MD Consult.

The two-way system will connect its rural "spoke" hospitals where a neurologist might not be readily available to larger urban "hub" hospitals that can provide a stroke consultation.

The state is providing a \$12 million pool of money for the hospitals to contract for service, which will cost about \$78,000 for a three-year contract, said health department spokesman Marc Carey.

About 80 percent of strokes are caused by clots, but in order to get a clot-dissolving drug, generally a neurologist must read a CT scan to rule out a bleeding rupture in the brain, which is the other major cause of stroke. Many rural hospitals don't have neurologists or enough neurologists on call, so they can't offer the clot-busting drug, said David Hess, a co-founder of the REACH system and chair of the Department of Neurology at MCG.

This technology lets rural New York hospitals work together to do that, Dr. Hess said. It is now two urban hub hospitals connected to 14 rural spoke hospitals, but three more hub hospitals will be coming on line and with 25-30 more spoke hospitals, Mr. Carey said.

"Obviously with stroke treatment, time is of the essence," he said. "By utilizing a program with this, we think that we're going to be able to get stroke victims the necessary treatment more quickly than at present and also see some significant reductions in rehabilitation time. It saves lives, cuts rehabilitation time, and it's good for the patient."

MCG is connected to nine rural hospitals, but that system is now dwarfed by New York's, Dr. Hess said.

"It's the most extensive state tele-stroke system in existence," Dr. Hess said.

"It's really phenomenal. It shows the importance of health departments taking the bull by the horns and then bringing everything together."

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## WHAT'S NEXT:

The Medical College of Georgia's REACH telemedicine system for treating stroke currently is connected to nine rural hospitals but is looking to add four or five more in Georgia. The system now is being adopted by New York and also may be utilized in Alaska.

From the Friday, September 29, 2006 edition of the Augusta Chronicle

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