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Telemedicine: Specialty care comes to rural Georgia

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At the Medical College of Georgia, Chief of Neurology Dr David Hess is something of a pioneer. Back in 2003, he began a study of the treatment of stroke victims in rural Georgia, which has a high incidence of strokes among the middle-aged and elderly. In treating stroke victims, the first three hours are crucial in administering the clot-busting drug tPA - which can prevent paralysis. But many patients live a long way from a major hospital. So Dr Hess and a research scientist called Sam Wang developed a secure web-based system to treat stroke patients "remotely" at their local hospital. It's called REACH and is now installed in nine rural hospitals across Georgia.

Mary Stansell, who lives in Elberton, north Georgia, is one of dozens of beneficiaries. One afternoon in 2005, she was on the phone when she began to feel unwell. "When I went to put the phone down," she told me, "my arm wouldn't do what I wanted it to do and then my face felt funny and I thought I'm just tired; other than that I didn't feel bad." But Mrs Stansell was having a stroke. Paramedics rushed to her to the local hospital. It's not equipped to deal with stroke victims - but it is hooked up via a video and data link to the Medical College of Georgia.

spotlight



Within minutes of her arrival at the hospital, David Hess was logged into REACH at a friend's house in Augusta. REACH provides him and his colleagues with the patient's vital signs, and he can also talk to the local doctor and the patient. REACH also allows the neurologist to download the patient's medical history and evaluate a digital CT scan. Mrs Stansell recalls Dr Hess asking her weight and instructing the hospital on the right dosage of tPA. Within half an hour, her condition stabilized and feeling began to return to her arms and legs. She is one of dozens of stroke victims whose mobility, and even life, has been saved thanks to REACH. A study of 194 stroke patients in rural Georgia treated through REACH found that the great majority were administered tPA within two hours.

Additional Resource:

- [Jack Reeves, telemedicine pioneer](#)

Dr Hess can log on to the system from virtually anywhere. "I've literally been in Taco Bell and done consults, I've been in hotels, I've been in San Diego and consulted on a patient in McDuffy County," he told me in his office at the Medical College. He believes REACH can be a life-saver for Georgians who live far from a big hospital. "If you live in a rural part of the US and have a stroke the chance of you getting high quality stroke care is quite remote - and the chance of you getting TPA before we did this was nearly zero." REACH is generating interest in states across America.

REACH is just one of a growing number of applications for what's become known as telemedicine, where specialists use video hook-ups to monitor and treat patients hundreds of miles away. Telemedicine uses high-speed communications systems, computer technology and specialized medical cameras to examine, treat and even educate patients.

As well as a being known as the "buckle of the stroke belt." Georgia has a high number of diabetics. Nearly ten per cent of Georgians have some form of diabetes. An increasing number of them are benefiting from telemedicine as new equipment is installed in rural hospitals across Georgia. It's being rolled out to some 40 hospitals statewide as part of a deal the state struck with health providers Wellpoint and Blue Cross Blue Shield of Georgia to allow their merger to go ahead. The man who brokered the deal, Ga. State Insurance Commissioner John Oxendine, calls it "an attempt to equalize the quality of health care." The ultimate goal is that patients should not have to drive more than 30 minutes for specialized health care.

The town of Sylvania in Screven County lies midway between Augusta and Savannah. George St George runs the small county hospital - and telemedicine is transforming what he can offer the community. "Right now we've seen it being used in diabetic teaching with clinical dieticians which we don't have here in the community. It's going to bring the clinical specialist via the telemedicine program to the rural setting rather than have our residents traverse 65 miles to Augusta or Savannah." Screven Co. Hospital is finding a new role for itself, with fewer in-patients and more out-patients. Marcus Nettles with Blue Cross sees plenty of applications for telemedicine. "Diabetes is huge, dermatology is a big problem. It's hard to find a dermatologist this far out.?"

Patients are often surprised to find out that the doctor treating them 60 or 100 miles away can see their every move. Nettles remembers the surprise of one senior: "Her first reaction when she came into the telemedicine room and saw our system which looks like a PC with 2 monitors was that she was going to be on TV and wanted to know if she could take a couple of minutes to fix her hair."

Whether for diabetes, skin problems, even psychiatric evaluation, telemedicine is saving Georgia patients long journeys to big city hospitals, and saving the health system money. To quote Charles Levy, chief of physical medicine and rehabilitation for North Florida/South Georgia Veterans Health Service: "We are at a rare and exhilarating moment, poised to leap forward by using telecommunication technology to reach veteran patients regardless of time or distance."

In Mary Stansell's case, maybe saving a life. "I'm just thankful that the town I live in happens to be Elberton and they had this system installed here. If it hadn't been then I would t be talking to anybody about what happened."

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