Texas WHCoA Solutions Forum
Use of Telemedicine as a Solution for Healthy and Long Term Living in Rural Communities

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Some of you remember when doctors made house calls. It was a long time ago, but those of us who remember house calls do so with a bit of nostalgia and some regret at their passing. House calls made it possible to see a doctor or to have our child, spouse, or parent see a doctor without having to go out into the weather, often at considerable distance, and with the risk of making the illness worse in the process. And there was something psychologically comforting about being able to see a doctor or nurse face to face in our own homes.

While the many reasons why house calls have become a thing of the past are too numerous to list, the primary reasons are physician time, cost, and the fact that practicing medicine has become so much more complicated. Even so, there are some who are making an effort to revive house calls, particularly for the elderly and others with significant mobility problems. The Texas Tech University Health Sciences Center is currently operating a Senior House Calls program that involves house calls by primary care physicians and geriatric nurse practitioners. The University of Arkansas has a similar program, and there are others scattered around the country. However, for the most part, the programs are pilot programs that have only temporary funding from state or federal grants or gifts from interested donors.

I believe it is time that telemedicine in general and the house calls concept in particular receive more national attention by public policy makers – especially its value and importance to older persons. Much of the public policy debate currently occurring in Washington and in state capitals around the country has centered on the ability of Medicare and Medicaid to meet the financial costs of providing health care to older persons. Far less discussion and attention has focused on addressing the non-financial barriers faced by many older persons in their efforts to access health care. It is sadly ironic that, as the need of older persons for health care services increases, their ability to access the care decreases. As a result, even older persons with the financial ability to pay for physician care may not be able to get that care if there is no doctor in the area to provide it. It is doubtful that even the most generous federal or state health care programs would pay for such things as lost family wages when a son or daughter must take off work to drive an ill elderly parent to another city or county to obtain health care services.

Thus, my suggestion that we consider reviving house calls, not the house calls of old, but electronic house calls. The amazingly rapid advance in telemedicine and other forms of telecommunication make such house calls technologically feasible. The Texas Tech University Health Sciences Center and the University of Texas Medical Branch

have used telemedicine extensively in the correctional health care setting and have shown the technology to also be medically efficacious.

The exciting advances in technology, particularly telecommunications technology, make electronic house calls not something that might become possible sometime in the distant future. It is possible today. The technology that brought us the internet and the ability to communicate face to face over great distances can also bring back house calls. Electronic house calls can provide live, real time visits with physicians and other health professionals into the home or into nursing homes and assisted living facilities, community health clinics, and senior centers.

Think for a moment about the typical encounter in a physician's office. Perhaps 80-90% of the encounter involves the exchange of information. The patient describes his or her symptoms, the doctor or nurse asks questions, the patient is examined, and a course of treatment is decided upon. Enabling information to be rapidly and efficiently exchanged is precisely what this new telecommunications technology does exceptionally well. Why are we not utilizing this technology more widely to improve access to health care for our most rapidly growing population? A population that faces increased need, decreased mobility, and generally greater social isolation than other parts of the population?

I suggest that public policy makers, health policy analysts, academic experts, health care providers, aging advocates and others make a national priority the examination of the potential of telecommunications technology for making health care services more accessible to older persons.

Telemedicine is not offered as a panacea for all the health care access problems facing older persons. Neither were the house calls of old. However, being able to see and talk to a physician or nurse and for them to be able see and talk to us through our television or home computer in real time right from our homes or apartments is a very exciting prospect that could have untold benefits in terms of improved access, prevention, and health education.