

Remarks to the Senate Committee on Agriculture, Nutrition and Forestry

October 23, 2007

Full Committee Field Hearing– Chillicothe, Ohio

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Mr. Chairman, Senator Brown and members of the Committee, my name is Mark Shuter, President and CEO of Adena Health System. I welcome you to the main campus of our health system and to Chillicothe. It is an honor to be invited to share with you our progress and what we feel is needed for information technology in rural healthcare.

Adena's vision is to be the best healthcare system in the nation. Geography is not a determinant of quality, and we are determined to provide the best healthcare for the more than 500,000 people in our service area.

Adena provides care through two inpatient hospitals. One is the 237-bed facility on this campus, and the other is a 25-bed critical access hospital in Greenfield. We offer additional services through regional health centers in Chillicothe, Jackson and Waverly.

In our region, Chillicothe is considered the "big city". Here at our main campus our services include open heart surgery, interventional cardiology, cancer care, minimally invasive hip replacement and spine surgery, and after-hours pediatric urgent care. Our medical staff of 250 gives our patients convenience and comfort in knowing they can receive in or near their home towns the primary care and specialty services that are common in metropolitan cities.

Being the best means that Adena must continually expand our services and provide patients with up-to-date technologies and best-practice medical care.

Telemedicine has infinite possibilities. In fact, we have already witnessed its impact on our critical care newborns through our partnership with Nationwide Children's Hospital in Columbus. Adena's relationship with Children's was the first of its kind in Ohio.

Adena's Maternity Unit began utilizing in 2006 the unique capabilities of telemedicine with Nationwide Children's Hospital, where neonatologists assist Adena pediatricians with clinical assessments via high-definition videoconferencing. In just its first year, telemedicine reduced by half the number of newborns transferred to Columbus. These families avoided travel costs, overnight accommodations, and the stress of transfer and separation.

In November 2007, we received from our Congressman Zack Space news of being selected to implement a \$14 Million Federal Communications Commission project for building a fiber optic network throughout this region. Then, just last

month, we received from your office, Senator Brown, news of a United States Department of Agriculture grant that will enable Adena to expand telemedicine beyond the nursery to other hospitals in Southern Ohio. These grants will enable us to provide more of the best care to more patients in our medically underserved region.

We are working with other healthcare systems through the Regional Healthcare Information Organization and through the Appalachian Health Information Exchange. This is a voluntary association of health care providers that is developing an integrated health information system.

We know that in order to provide the best care, we must constantly expand and stay ahead of the curve. There are several information technology projects at Adena that will create easier access for our patients. They are:

1. An online portal that will feature the opportunity for patients to schedule their appointments and refill prescriptions. Patients will have the ability to access this information virtually anywhere through the Internet;
2. The Electronic Health Record, a collection of patient health information that includes progress notes, problems, medications, vital signs, medical history, immunizations, and test results;
3. "E-scribing," which enables healthcare providers to send prescriptions to pharmacies electronically and order refills. This will include bedside medication verification with scanners and hand-held devices to reduce medication errors;
4. Telemetry equipment for home health patients that can transmit test results directly to our physicians;
5. Continuing advances in telemedicine through our partnerships with other hospitals in Columbus, now focusing on stroke patient care with Riverside Methodist Hospital and maternal-fetal medicine with The Ohio State University Medical Center; and,
6. An initiative to train and equip all volunteer emergency squads in Ross and Vinton Counties with satellite telemetry for electrocardiogram transmission from the squad to the Emergency Department. Why satellite? Cell phones and radios in the hills are unreliable.

Now, looking into the immediate future for information technology in rural healthcare, here is what is needed.

1. The FCC Rural Health Pilot Project, mentioned earlier, is an amazing example of public-private cooperation to establish broadband capacity for healthcare in rural areas. The FCC is paying 85% of the costs, while eligible healthcare providers who wish to be connected will be responsible for 15%. Adena Health System, for example, will be stretched to pay our match when costs are incurred. Other less financially resourceful providers cannot afford the match. Thus, they

will not connect to the network, and this is a major concern for implementation and adoption of the technology where it is needed.

2. Federally Qualified Health Centers and independent rural practitioners must establish Electronic Medical Record systems or their federal reimbursements will diminish, and they may go out of business. Many cannot afford the costs. Adena will assist as much as it can, as restricted by the Stark Act, but federal and state assistance is needed. And,

3. Federal funds would be well-spent to reduce the so-called “door-to-balloon” time for chest pain patients in rural areas nationwide. This is the time required to receive a heart attack patient at the door and insert a stent. If the hospital knows in advance the patient is having a heart attack, it can be ready at arrival. We have proven that Basic and Intermediate EMTs can reliably attach a 12-lead EKG to patients in the field and transmit the data to our emergency department. Paramedic-level EMTs have long been permitted to do this under state-controlled scope-of-practice rules, but paramedics usually do not work on volunteer squads, and volunteer squads are the norm in rural areas. Grants are needed for training and equipment in rural areas.

Thank you for the opportunity to speak with you today about information technology and rural healthcare. It is an exciting and challenging time in healthcare, and Adena is committed to bringing this technology to our patients.

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