

Telemedicine Helps Veterans Avoid Trips To Salt Lake City (DESMN)

By Lois M. Collins

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Bob Palmer took a deep breath and let it out slowly — and from 250 miles away, nurse practitioner Holly Martin listened and told him his lungs sounded good.

Palmer is one of hundreds of veterans in Elko, Nev., who can receive routine primary care from the Salt Lake VA health-care system via teleconferencing. The sophisticated telemedicine system includes the ability to tie specialized instruments like a stethoscope into its interactive equipment so that what's picked up by the device laid against Palmer's chest will be transmitted into the earpiece of the health-care provider in Salt Lake City.

And that's just the beginning. In the course of a mock exam Thursday, staged so the VA could film a training video, registered nurse Jill Connelly put an otoscope in Palmer's ear and the image was broadcast clearly on a computer screen in front of Martin so she could look for signs of infection.

The VA has clinics in various communities, but although there are enough veterans in the Elko area to support one, not all of them use the benefits. Instead, many make the long drive to either Salt Lake City or Reno for urgent needs. Or simply do without, she said.

In a collaboration with Great Basin College's nursing program, the VA for the past year has used a grant designed to improve rural health care to support the telemedicine and outreach clinic in Elko. Connelly a clinical instructor at the college, works at the clinic five days a week, helping veterans, coordinating resources, checking blood pressure and weight and manipulating the diagnostic tools that give Martin a clear video picture what's happening to the patients. Every other week, Martin also flies to Elko to see patients in person.

The program has expanded quickly because there's a great need and telemedicine is convenient. About 300 people go to the clinic instead of Reno or Salt Lake City for non-emergency care.

A few days before a teleconsult, any lab tests that are needed are done so that Martin will have the results on her computer during the appointment. If she decides the patient needs a prescription, it's entered via computer into the pharmacy system and mailed.

The training video will be used to help recruit other nurse practitioners and health-care providers to telemedicine.

"We're in a horrible health-care crisis, especially primary care. Nurse practitioners are filling that gap more than anyone, and we're focusing on getting nurse practitioners into it. They are more likely to adopt technology," Martin said.

Telemedicine is good for managing medication, following up on diagnostic tests and labs and for routine treatment. It's not for anything invasive or for emergencies.