

# The Orofino Clinic



The Orofino Clinic is a branch of Clearwater Valley Hospital (CVH), a 25-bed critical access hospital in Orofino, Idaho that serves parts of Clearwater, Idaho and Lewis Counties, including portions of the Nez Perce Indian Reservation. The service area is about the size of Maryland and Delaware combined—with just one stoplight.

The Orofino Clinic sees about 5,000 patients per year; the CVH system provides about 23,000 clinic visits per year. Patients are primarily elderly and poor and about 3/4 of clinic patients have Medicaid or Medicare, or are uninsured.

#### SNMHI Team:

Michael Meza, MD  
Vanessa Brown, MD

Kelly McGrath, MD, Chief Medical Officer  
Vicky Petersen, RN, Clinic Director

Pam McBride, M.Ed., Project Manager and Chief Grants Officer  
Casey Meza, CEO  
Lenne Bonner, CFO

## PARTICIPATION

### What motivated your practice site to participate in this initiative?

- To provide more efficient and timely care.
- To improve patient, provider, and staff satisfaction.
- To improve overall health of our patients and our communities.

## CHANGES

### Change: Telemedicine Adoption

An innovative partnership with Saint Alphonsus Regional Medical Center allows a Boise psychiatrist to treat patients in Orofino and Cottonwood via a 'robot'. In addition to psychiatry, the 'robot' is also being used in the following clinical areas:

- Cardiology,
- Patient education,
- CME
- And coming soon . . . Dermatology!

### What was the specific problem or issue being addressed?

North-central Idaho has one of the highest suicide rates in the state and in the nation, and there are no psychiatrists' offices in Clearwater or Lewis Counties. Due to this, we wanted to address these issues:

- Limited access to specialists due to frontier area.
- No child psychiatrists available for the public within 300 miles.
- Over 3,000 visits annually involve psychiatric diagnosis.

### What did you hope to achieve by making the change?

Provide access to specialists with limited patient travel.

### What was the plan for making the change?

To overcome the lack of local services, Clearwater Valley Hospital and St. Mary's Hospital partnered with Saint Alphonsus Regional Medical Center in Boise. A robot beams the face and voice of the psychiatrist into Orofino or Cottonwood and simultaneously beams the patient picture and voice to Boise. This sophisticated version of video-conferencing has demonstrated positive treatment results. A detailed protocol is in place for all steps of patient treatment including: initial referral through scheduling, admission, actual visit, consultation on treatment plan, billing, and patient financial assistance.

### What did you learn from the process of making the change?

It's difficult to convince physicians (primary care and specialist) to try new practice modalities. Success must be proven and shared. Technical reliability is key as physicians have little patience with equipment issues.

### What would you recommend to other sites trying to make a similar change?

Identify a physician and administrative champion and share successes widely.



## PATIENT IMPACT

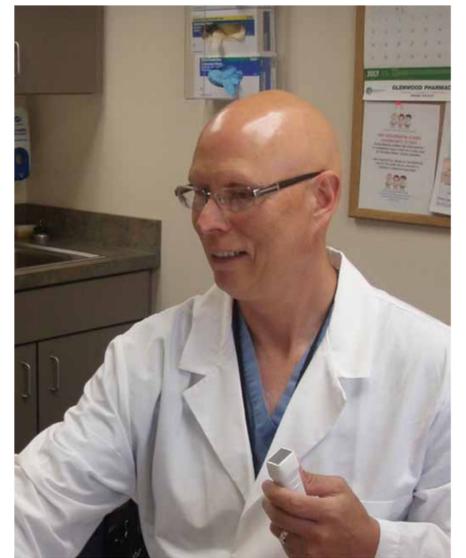
A young man in his 30's suffers from kidney failure and receives dialysis. His primary care doctor in Orofino was concerned because the man was not interested in receiving additional medical treatment and was adamant about having a "do not resuscitate" order placed in his chart. The man agreed to try telepsychiatry appointments.

The psychiatrist suggested that the young man try reaching out to others, broadening his social network and attending support groups. He also suggested anti-depressant medication.

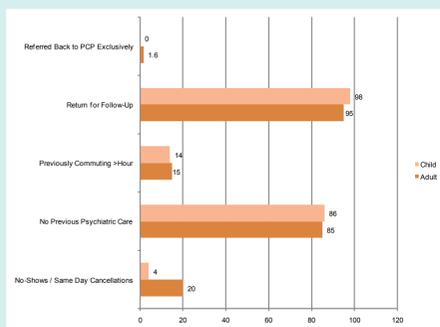
The young man agreed to try those steps. He met a nice woman in one of the support groups. They are now engaged! He has made sure the "do not resuscitate" order has been removed from all his charts. "I have so much to live for now," he said. "What a difference a few months has made!"

"I have the opportunity to have my office two doors down from the exam room where the patients are seen. Many times they come out with tears in their eyes and puffy faces. Real issues are being discussed in that room and patients are getting the care they deserve. . . . What I see are families sticking together, patients getting better and participating in their care. I see the improvement in the office and I see it on the streets in our community. This is a new experience for all of us and I know it has had a huge impact on our patients and our community." — Family Practice Physician

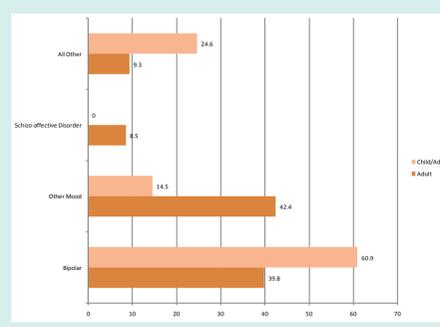
## From despair to hope for the future—telepsychiatry services have already made a huge difference in patients' lives.



### Telepsychiatry Data



### Telepsychiatry: Primary Diagnosis



## PROVIDER OR STAFF IMPACT

"My first choice would be to get my patient in the same room with the specialist they need and deserve, in a timely fashion. When that is not an option, for whatever reason, Telemedicine runs a close second. It can fill the huge gaps in accessibility, especially in a rural setting. It can be used to support the rural physician and help the patient stay close to home, with their physician, near their family. This new tool saves time, money and lives. The quality of the technology today makes it a reality now." — Family Practice Physician

"It takes close to 12 hours to drive from the northern part of our state to the southern border. Add to that river canyons, mountains and treacherous roads and you'll have a better understanding of the challenge of commuting to receive health care specialty services. The closest large urban centers are either three or five hours away. Having specialists see our patients and consult with our physicians using teleconferencing and our Remote Presence robots allows us to access cardiologists, hospitalists, adult and child psychiatrists, surgical specialists, ED specialists, and soon, a dermatologist.

In our rural area, we don't have the patient base necessary to establish full-time specialty care. But we have the same types of illnesses and injuries that people have in larger cities. Using technology to bring those specialists to our area so people can receive their health care locally is vital to providing a fuller range of medical care to our patients. Using that same technology also allows us to expand training opportunities, while conserving educational expenses." — Casey Meza

### AWARD WINNING HEALTHCARE

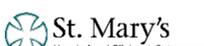
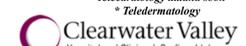
*"The telehealth services we're offering through our hospitals and clinics are gaining state and nationwide recognition. Technology and Teamwork are keys to our success."*

*THANK YOU to the many distant specialists who "see" our patients locally and who train our staff using our RP-7 robots. We are especially indebted to St. Alphonsus Regional Medical Center in Boise, to InHouse TeleMD in Spokane, to Dr. Kent Krenner in Caldwell and to our telepsychiatrists, Dr. William Terry and Dr. William Hazel. And a special thank you to our patients for their interest in using our award winning telehealth services."*

— Casey Meza, CEO

- 2010 EXCELLENCE IN PATIENT CARE AWARD  
IDAHO HOSPITAL ASSOCIATION
- 2010 SHIRLEY ANN MUNROE AWARD  
AMERICAN HOSPITAL ASSOCIATION
- 2010 DEVELOPMENT OF QUALITY HEALTHCARE SERVICES  
IN IDAHO'S RURAL COMMUNITIES AWARD  
FAMILY MEDICINE RESIDENCY OF IDAHO

\*Telepsychiatry  
\*Telehospitalists  
\*Tele-emergency Care  
\*Telecardiology . . . and soon  
\*Teledermatology

Casey Meza, CEO, provided this statement to the American Hospital Association in accepting their Shirley Ann Munroe Leadership Award. The annual award recognizes small or rural hospital leaders who have improved health care delivery in their communities through innovative and progressive efforts.

## Safety Net Medical Home Initiative



MacColl Institute at  
Group Health Cooperative