

**SB**

**80**

<TARGET><BILL>SB 80</BILL><SUBJECT>SB  
80</SUBJECT><COMM>SFIN28</COMM></TARGET>

# SENATE FINANCE COMMITTEE REPORT

DATE: 2/21/14

FURTHER:

DATE TURNED  
IN TO OFFICE: \_\_\_\_\_

Finance Committee considered SPONSOR SUBSTITUTE FOR SENATE BILL NO. 80

## SB 80 OUT-OF-STATE PHYSICIAN LICENSE

"An Act relating to the practice of telemedicine; relating to licenses for out-of-state physicians or podiatrists to practice telemedicine in this state under certain circumstances; and relating to insurance coverage for telemedicine."

and recommends:

- be replaced with CS 555B 80 ( FIW )  Same Title  New Title
- adopt previous CS \_\_\_\_\_ ( \_\_\_\_\_ )  Same Title  New Title
- attached amendment(s)
- adopt \_\_\_\_\_ Letter of Intent
- further referral to \_\_\_\_\_ Committee

Dept Abbr.	
ADM	LWF
CED	LAW
COR	LEG
CRT	MVA
EED	DNR
DEC	DPS
DFG	REV
GOV	DOT
DHS	UA

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
CED			✓	

PREVIOUS FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	Do PASS	Do NOT PASS	No REC	AMEND
<i>[Signature]</i>	Dvalcay	✓			
Anna L. Fairclough	FAIRCLOUGH	X			
Cliff. Bishop	BISHOP	X			
<i>[Signature]</i>	Hoffman			✓	
<i>[Signature]</i>	BUSBY	✓			
CO-CHAIR: <i>[Signature]</i>	Kelly	✓			
CO-CHAIR: <i>[Signature]</i>	Meyer	✓			

# Fiscal Note

State of Alaska  
2014 Legislative Session

Bill Version: SB 80  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: SB080CSSS(L&C)-DCCED-CBPL-03-14-14  
Title: OUT-OF-STATE PHYSICIAN LICENSE  
Sponsor: DYSON  
Requester: Senate Labor and Commerce

Department: Department of Commerce, Community and  
Economic Development  
Appropriation: Corporations, Business and Professional  
Licensing  
Allocation: Corporations, Business and Professional  
Licensing  
OMB Component Number: 2360

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015	Included in	Out-Year Cost Estimates					
	Appropriation Requested	Governor's FY2015 Request	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
<b>OPERATING EXPENDITURES</b>	<b>FY 2015</b>	<b>FY 2015</b>						
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Fund Source (Operating Only)**

None								
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Positions**

Full-time								
Part-time								
Temporary								

**Change in Revenues**

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**Estimated SUPPLEMENTAL (FY2014) cost:** 0.0 *(separate supplemental appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2015) cost:** 0.0 *(separate capital appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No  
If yes, by what date are the regulations to be adopted, amended or repealed?

**Why this fiscal note differs from previous version:**

This version is updated to reflect the elimination of an out-of-state physician licensing program.

Prepared By: Don Habeger, Director	Phone: (907)465-2536
Division: Corporations, Business and Professional Licensing	Date: 03/14/2014 10:00 AM
Approved By: Jeanne Mungle, Director	Date: 03/14/14
Agency: Administrative Services	

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2014 LEGISLATIVE SESSION

BILL NO. CSSSSB080(L&C)

**Analysis**

CSSSSB 80 proposes to remove disciplinary sanctions from physicians who prescribe without performing an examination. Physicians licensed under this chapter and located in Alaska would be permitted to engage in the practice of telemedicine based on data provided solely by the patient.

The Division of Corporations, Business, and Professional Licensing does not anticipate fiscal impact from this legislation.

**CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 80(FIN)**

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-EIGHTH LEGISLATURE - SECOND SESSION

BY THE SENATE FINANCE COMMITTEE

Offered:

Referred:

Sponsor(s): SENATOR DYSON

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act relating to the practice of telemedicine; relating to prescription of drugs by a  
2 physician without a physical examination; and relating to insurance coverage for  
3 telemedicine."

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 \* **Section 1.** AS 08.64 is amended by adding a new section to read:

6 **Sec. 08.64.245. Practice of telemedicine.** A physician or podiatrist licensed  
7 under this chapter may engage in the practice of telemedicine based on data about the  
8 patient transmitted to the physician or podiatrist by electronic or other means.

9 \* **Sec. 2.** AS 08.64 is amended by adding a new section to article 3 to read:

10 **Sec. 08.64.364. Prescription of drugs without physical examination.** (a) The  
11 board may not impose disciplinary sanctions on a physician for prescribing,  
12 dispensing, or administering a prescription drug to a person without conducting a  
13 physical examination if

14 (1) the prescription drug is

- 1 (A) not a controlled substance; or  
 2 (B) a controlled substance and is prescribed, dispensed, or  
 3 administered by a physician  
 4 (i) to a patient with whom the physician has an  
 5 established physician-patient relationship; or  
 6 (ii) when an appropriate licensed health care provider is  
 7 present with the patient to assist the physician with examination and  
 8 diagnosis;  
 9 (2) the physician is licensed and practicing in this state and follow-up  
 10 care is available for the patient; and  
 11 (3) the person consents to sending a copy of all records of the  
 12 encounter to the person's primary care provider if the prescribing physician is not the  
 13 person's primary care provider, and the physician sends the records to the person's  
 14 primary care provider.

15 (b) In this section,

- 16 (1) "controlled substance" has the meaning given in AS 11.71.900;  
 17 (2) "prescription drug" has the meaning given in AS 08.80.480;  
 18 (3) "primary care provider" has the meaning given in AS 21.07.250.

19 \* **Sec. 3.** AS 08.64.380 is amended by adding a new paragraph to read:

- 20 (7) "telemedicine" means the remote practice of medicine as a result of  
 21 transmission of individual patient data by electronic, telephonic, or other means to a  
 22 physician or the physician's agent.

23 \* **Sec. 4.** AS 21.54 is amended by adding a new section to read:

24 **Sec. 21.54.102. Telemedicine.** A health care insurer that offers, issues for  
 25 delivery, or renews a health care insurance plan that provides coverage for  
 26 telemedicine may not require that prior in-person contact occur between a health care  
 27 provider and a patient before payment is made for covered services.

28 \* **Sec. 5.** The uncodified law of the State of Alaska is amended by adding a new section to  
 29 read:

30 **APPLICABILITY.** AS 21.54.102, added by sec. 4 of this Act, applies to a health care  
 31 insurance plan offered, issued for delivery, delivered, or renewed on or after the effective date

1 of this Act.

28-LS0615\H  
Martin  
3/18/14

**CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 80(FIN)**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-EIGHTH LEGISLATURE - SECOND SESSION**

**BY THE SENATE FINANCE COMMITTEE**

**Offered:**  
**Referred:**

**Sponsor(s): SENATOR DYSON**

*Adopted 3/19/14*

**A BILL**

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9 (2) the physician is licensed and practicing in this state and follow-up  
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27 provider and a patient before payment is made for covered services.

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29 read:

30 APPLICABILITY. AS 21.54.102, added by sec. 4 of this Act, applies to a health care  
31 insurance plan offered, issued for delivery, delivered, or renewed on or after the effective date

1 of this Act.

March 19, 2014

Senator Fred Dyson  
State Capitol, Room 121  
Juneau, AK 99801

**RE: SB 80**

Dear Senator Dyson:

On behalf of Premera Blue Cross, I am writing with respect to SB 80, *an act relating to the practice of telemedicine*. Premera strongly supports SB 80 which promotes telemedicine and improves access to clinical services for Alaskans provided by physicians and podiatrists who are licensed by the Alaska State Medical Board. We urge you to support this bill.

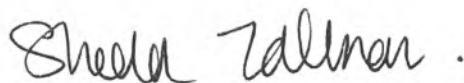
Healthcare costs in Alaska are among the highest in the United States and are continuing to rise each year. Research shows that telemedicine can reduce costs by providing care through more efficient means. In addition, telemedicine improves access to care in remote locations, improves follow-up care for patients with chronic conditions, and creates a better patient experience by reducing travel time and absenteeism from work.

Currently, Medicare and a number of state Medicaid programs cover telemedicine as a measure to improve a patient's health by permitting communication between the patient and the physician located at a distant site. Premera currently covers certain telemedicine services in Oregon and in Washington State. And, a growing number of employers continue to show interest in telemedicine as a way to improve productivity and reduce their health care costs.

SB 80 is a critical bill to improve access to care, especially in rural communities, and utilize more cost-effective technologies to deliver essential and timely care to Alaskans.

Thank you for your consideration.

Sincerely,



Sheela Tallman  
Senior Manager, Legislative Policy

# ALASKA STATE LEGISLATURE



**SENATOR FRED DYSON**  
SENATE DISTRICT F

## **Sponsor Statement**

### **CS for SSSB 80**

#### *An Act relating to the practice of telemedicine*

CS SSSB80 introduces into Alaska's Medical Practice Act the practice of telemedicine, sets parameters for prescription of controlled substances without an in-person contact between physician and patient, establishes a definition for *telemedicine*, and provides that health care insurers may not require in-person contact between a health care provider and a patient before payment is made for services. With Alaska's large rural and remote areas, the need for telemedicine is especially acute with much of the state designated as medically underserved by the federal Health Resources and Services Administration.

CS SSSB80 will provide expanded opportunity for health care delivery for individuals and businesses throughout Alaska. Today, the only delivery of telehealth in Alaska is via the Alaska Federal Health Care Access Network (AFHCAN), established in 1998 to provide telehealth services for Federal beneficiaries in Alaska, including Alaska Natives. The Alaska Native Tribal Health Care Consortium (ANTHC) manages the telehealth program and provides statewide health and information technology services to Alaska Natives and American Indians, in addition to supporting local tribal health organizations. CS SSSB80 will allow the cost-savings and efficiencies of telehealth to be delivered to the many other constituencies in Alaska that do not qualify to participate in the ANTHC telehealth program.

In Alaska and nationwide, the ongoing discussion of how to provide greater access to health care at a reasonable cost is becoming ever more relevant. Telemedicine is emerging as a key element in the delivery of health services to children, seniors and other vulnerable populations through the integration of technology and provider care. The Patient Protection and Affordable Care Act is leading to increased demand that physicians interact with more patients. Telemedicine allows physicians to consult with more patients, and enables patients to meet with their physicians in a shorter time period. In terms of economic advantages, telemedicine saves travel time and expense for patients who otherwise have to leave home and work to see a health care provider, provides for more timely diagnosis of ailments, and reduces unnecessary ER visits.

Staff Contact: Chuck Kopp, (907)465-2199

# ALASKA STATE LEGISLATURE



## SENATOR FRED DYSON SENATE DISTRICT F

### Section Analysis - CS SSSB 80(L&C) Differences Between CS and SSSB 80

**Sec. 1** – Adds a new section in the Medical Practice Act (AS 08.64) establishing the practice of telemedicine. **Remains unchanged.**

**Sec. 2** – Clarifies how prescription of drugs without a physical examination is to occur by setting three requirements: 1) the prescription drug is not to be a controlled substance, 2) the physician is located in the state and able to provide follow-up care, and 3) the person consents to sending a copy of records of the encounter to their primary care provider if the prescribing physician is not their primary care provider and the physician sends the records to the primary care provider. **[Deletes SSSB80 license for out of state physician or podiatrist to practice telemedicine]**

**Sec. 3** - Creates a definition for the practice of telemedicine by adding a new paragraph to the Medical Practice Act's definition section AS 08.64.380. **[Deletes SSSB80 language pertaining to personal interview requirements for physician licensure for out-of-state telemedicine license]**

**Sec. 4** – Adds a new section to the state insurance code (AS 21.54) and provides that an insurance company that offers a health care insurance plan that provides coverage for telemedicine may not require that prior in person contact occur between doctor and patient before payment is made for covered services. **[Deletes SSSB80 language amending the license fee statute (AS 08.64.315) to add an out-of-state license fee]**

**Sec. 5** - Provides an effective date for applicability of new section AS 21.54.102 dealing with health care insurance plans.



Senator Fred Dyson  
Alaska State Legislature  
Alaska State Senate  
Capitol Room 121  
Juneau, Alaska 99801

March 26, 2013

Dear Senator Dyson,

On behalf of Teladoc, I am contacting you to voice our support for pending Senate Bill No. 80 regarding the practice of telemedicine. The Bill would allow all physicians and podiatrists licensed by the State Medical Board, to practice telemedicine in the state under certain circumstances.

As background, health care costs are rising across the nation. Alaska, specifically, represents a challenge to control health care costs given the long distances its citizens must travel for treatment and regulatory barriers to entry. All these features have exacerbated the growing shortage of primary care physicians and access to primary care physician medical services in the State of Alaska.

Telemedicine is an essential component that allows companies and health plans to offer its employees and members an affordable, accessible and high-quality health care option. It is an important solution to driving down health care costs and providing primary care access when resources are scarce.

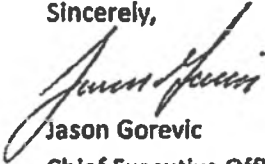
For many health care patients, leaving work to see a physician and losing hours at work can be an extreme burden from an economic standpoint. Because of that, they wait until after hours to seek care, when their primary care physician is often not available. This frequently forces these patients to visit emergency rooms, driving the cost of care up even higher. A telemedicine option, like Teladoc, allows patients to receive safe, quality care when they need it, and without the burden and cost of being examined in person beforehand. When factoring in time off from work and the cost of other options, we have been able to save employers, health plans and consumers more than \$200 per consultation (based on national averages).

However, the current regulatory requirement for a prior in person physical examination of patients by physicians conducting telemedicine prevents wider adoption of telemedicine. SB 80 will address and ease those licensing issues and allow our company to offer health care delivery options and patients the right to access quality care. In other states, such as California, telemedicine services are widely able to provide care unencumbered, allowing employers, state employees and health plans the ability to lower costs, remain competitive and offer a well-rounded benefits package.

Passing SB 80 Bill would help improve access to quality care in Alaska while reducing health care costs and provide patients with the right to choose an option that fits their individual needs. Please help move this Bill forward so we can continue to offer this effective and beneficial service to our clients members.

Thank you for your support in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jason Gorevic".

Jason Gorevic  
Chief Executive Officer  
Teladoc

## Telemedicine saves dollars and makes sense for Alaskans

*Title* HEALTH & MEDICINE

*Annotation:*

*Comment:* Telemedicine saves dollars and makes sense for Alaskans.(HEALTH & MEDICINE)

*Author:* Sommer, Susan

*Date:* Sep 1, 2013

*Words:* 2025

*Publication:* Alaska Business Monthly

*ISSN:* 8756-4092

What could one do with an extra \$10 million dollars? That's the amount experts say Alaskans will save this year alone in travel expenses by taking advantage of telemedicine services around the state.

Imagine a single parent living in a small rural Alaska community whose child is having chronic ear aches. The only medical care available is a clinic that offers basic services and certainly no ear, nose, and throat specialist. The child's pain worsens with each successive occurrence despite attempts to relieve the pain with pain medication.

If that community's health facility does not have access to telemedicine services and equipment, the parent would travel by boat, snow machine, or small plane to a larger transportation hub, fly on a commercial airline to Anchorage or Fairbanks, pay for housing and food while in the city, go to multiple appointments with various doctors, and possibly have to return home for a time before the child is able to be scheduled for surgery. The parent would then incur the costs of a second trip to town on top of the first. The biggest danger in a situation like this is that the illness goes untreated and the child loses his or her hearing. Or the cause could be a simple ear infection that responds to antibiotics. Breaking the bank only to find out the cure costs less than \$100 isn't the best method of health care.

The picture will be very different, however, if the small rural community does have access to telemedicine services and equipment.

The parent and child visit the local health provider who gathers as much data as possible about the child's case. The process includes using peripherals attached to a portable telemedicine cart to take a high resolution photo of the ear canal and tympanic membrane. A history of the child's symptoms is included as text, and the combined information is digitally stored as a case and then forwarded to an ear, nose, and throat doctor in an urban region via Internet connection. The doctor receives an email that a new case needs attention. He or she reviews it and sends back a recommendation that may or may not include a trip to town for an in-person visit or for surgery. The parent knows within a day, and many times within hours, what the verdict is. If the doctor determines that the case is easily remedied right there in the village through, perhaps, a course of antibiotics, the child's pain is relieved sooner, and the parent saves an enormous amount of money, worry, and time away from work.

### *Leaders in Telemedicine*

The Alaska Native Tribal Health Consortium (ANTHC) is at the forefront of telemedicine in the 49th state and beyond. ANTHC is a nonprofit health organization that provides statewide services in medical care; operates the Alaska Native Medical Center hospital in Anchorage; focuses on construction of water, sanitation, and health facilities in rural Alaska; and works closely with local, state, and federal

partners to its meet its vision that Alaska Native people are the healthiest people in the world.

ANTHC developed the Alaska Federal Health Care Access Network, or AFHCAN, whose mobile telemedicine carts are a combination of off-the-shelf hardware and specifically designed software that have been in use now for over a decade across Alaska as well as nationally and internationally.

Created using AFHCAN's tConsult Cart store-and-forward interface, cases may contain textual information and data from biomedical peripherals, including a wand-like dental camera, video camera, otoscope (for ear, nose, and throat issues), tympanometer (ear issues), vital signs monitor, spirometer (measures lung function), electrocardiogram, stethoscope, and scanner.

Using the tConsult Web interface, health care professionals are able to view the data and respond to the case using a standard PC or MAC workstation.

Both tConsult user interfaces are user-friendly, require little bandwidth, and are used to network with larger health care centers for consulting, video teleconferencing, and referral management. ANTHC's chief information officer, Stewart Ferguson, PhD, was key in developing AFHCAN.

"If you can use [Microsoft] Outlook," says Jordan Berg, telehealth coordinator for the Alaska Native Medical Center, "you can learn this software."

AFHCAN provides training on its hardware and software systems with the ability to tailor forms and other specifics to each individual organization that uses it. The training program has been accredited by the American Telemedicine Association.

There are currently more than three hundred AFHCAN telemedicine carts in Alaska, about one hundred in the Lower 48, sixty-five in Greenland, forty-five in the Maldives, and several more in Ireland, Greece, Spain, Panama, and Canada.

#### *What Telemedicine Can Do*

Defined by the American Telemedicine Association, telemedicine is "the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smartphones, wireless tools, and other forms of telecommunications technology." And although telemedicine is similar to health information technology, health information technology usually refers to electronic medical records and related information systems; telemedicine refers to the actual delivery of remote clinical services using technology.

Besides saving millions of dollars each year in travel expenses for Alaskans, telemedicine helps patients get better care faster.

"It's an opportunity to serve our customer owners for higher quality care," says Susan Davidson, LPN, telehealth coordinator for ANTHC. "What we do is all about quality patient care. The benefits are cost savings and safety."

Telemedicine works very well with visually based health issues such as counseling, speech-language pathology, dermatology, wound care, and ear, nose, and throat issues. Telemedicine cart peripherals that provide doctors and specialists with clear images of a patient's teeth, inner ear, skin conditions, and other areas make it easier to identify things like tooth decay, ear infections, and rashes

respectively, and making a diagnosis possible without a costly and time-consuming in-person visit.

*Video teleconferencing is gaining a foothold in Alaska as a health care tool, too.*

Brian Wregglesworth, director of product development for AFHCAN, says that when his team was comparing companies that offer teleconferencing services, "Vidyo quickly bubbled to the surface" for quality. Testing offered clear video with health providers in several locations connected simultaneously for hours and no dropped connections. Vidyo is a New Jersey-based company with national and international offices.

With 75 percent of Alaska's communities not connected by a road to a hospital, video teleconferencing, or VTC as practitioners call it, is an invaluable alternative to an old-fashioned in-person visit. Doctors and patients can communicate in real time as if in the same room, and the high-quality video helps doctors assess patients through visual and auditory details as well as with the written descriptions, photos, and other digital data collected in the case. Using VTC, a doctor can, for example, hear and assess a patient's cough, observe visually how wound care has progressed, or counsel a person suffering from depression. These virtual doctor visits are HIPAA-compliant, convenient, and interactive.

Though VTC requires higher bandwidth than the store-and-forward system, Alaska's telecommunication companies are very supportive of telemedicine efforts across Alaska. Communications technology in rural communities has greatly improved in recent years, and store-and-forward integrates easily with VTC across a spectrum of platforms.

Internet service providers "work hard to get ANTHC more bandwidth," says Berg.

For example, GCI completed the first terrestrial broadband network connecting sixty-five communities in Southwest Alaska in 2011. In 2012, microwave towers and remote repeaters were added, as well as broadband internet service to homes in the region. GCI is working on more of the same in Northwest Alaska.

Gene Peltola, president and CEO of Yukon-Kuskokwim Health Corporation, says the addition of GCI's network "made our day out here."

Every regional and sub-regional clinic in the Yukon-Kuskokwim Health Corporation area has a telemedicine cart and VTC capability. Peltola sees the future of telemedicine in Alaska as improving in capacity and technology as it evolves. What used to take days now takes just minutes via the AFHCAN system. For example, he says, it used to take ten to twelve days for a mammogram to be read. Now the results can come back to the patient and her health care provider in ten minutes.

Insurance companies have been slow to cover these virtual doctor visits via telemedicine systems. Live video teleconferences used in medical care in the Lower 48 are reimbursed but not yet in Alaska. Medicare and Medicaid, however, do reimburse for store-and-forward "visits." Private insurers are slowly responding to this new system of health care.

In April of this year, State Senator Fred Dyson introduced SB80 that would allow licenses for out-of-state physicians to practice telemedicine in Alaska under certain circumstances; this bill also addresses insurance coverage for telemedicine. The bill is currently in the Senate Labor and Commerce Committee.

### *Who Does Telemedicine Help?*

It's not just Alaska Native populations reaping the benefits of telemedicine systems in Alaska. The Veterans Administration has partnered with non-tribal community health centers and community mental health centers to provide services for veterans. Alaska Psychiatric Institute is using telemedicine for follow-up care. And the State of Alaska's Senior and Disabilities Services uses telemedicine for assessments of personal care assistant waiver recipients.

Susan Morgan, public information manager for the state's Department of Health and Social Services, says there are a multitude of uses for telemedicine across Alaska. They include, but aren't limited to, cross-division/discipline consultation related to child protective services; independent living transition planning into adult services with youth in rural locations; diabetes health management and patient self-management; psychiatric nurse consultation with psychiatrists and other medical professionals regarding medication monitoring and follow-up; mental health crisis stabilization within juvenile justice; and informatics, disease reporting, monitoring and surveillance, data collection, analysis, and emergency response.

Challenges of implementing telemedicine in rural Alaska include hidden costs such as switching a paper system to an electronic system, training, resistance to learning a new system, and creating new workflows and business processes.

AFHCAN's training programs reduce resistance to new technology and procedures. Courses offered include train the trainer, clinical administrator course, super user course, and technical training for IT personnel. As soon as health care providers adopt the new systems, says Berg, they are typically thrilled with them and appreciate the time it saves them as well as the higher level of care their patients get.

### *Telemedicine in Action*

A case study published by Vidyo in 2012 illustrates how much Vidyo has helped rural health providers.

Dr. Ella Derbyshire, medical director of the Maniilaq Health Center in Kotzebue, is quoted as saying, "I'm in Kotzebue and my patients are in Selawik, which is about ninety miles away. With telemedicine I can look inside of a child's ear to see if they have an infection, I can oversee a resuscitation procedure or the birth of a baby via Vidyo. It's a very important element to providing quality medical care here. Before telemedicine, if we had an emergency in the village--let's say a snow machine crash--we would not be able to adequately assess the patient's condition. We would have to rely on a community health aid practitioner to describe the patient's condition to determine if this is someone who needs to come into Kotzebue ... or can stay where they are ... or needs to be transported by plane directly to the medical center in Anchorage if they're so acute that they need to see a surgeon immediately."

Derbyshire says that "over Vidyo you are able to make eye contact with the patient so they can see that you're giving them 100 percent of your attention and they are actually relating to you via that eye contact. You ask them a question and they respond immediately. You can ask them to 'show me where it hurts' and you can see where they're pointing to, you can discern if they are in pain or if they don't seem all that uncomfortable. You really make a connection and have a better feel for what's going on and the patient seems to understand that. It's so much better than communicating over telephone or email ... it's real, it's personal, and it's immediate."

Susan Sommer writes from Eagle River.