

My name is Jeanette M Weiser. I am a doctorally prepared nurse practitioner practicing full time in the rural community of Neodesha, Kansas, population 2,400. My daily duties entail providing family practice in a rural health clinic, rounding on nursing home residents in five surrounding communities, and practicing in both the emergency department and inpatient unit of our local critical access hospital.

Telemedicine services have allowed me the opportunity to keep my patients right here in their own community, while still receiving high quality, cost effective care at a level that meets or exceeds that of the urban community. For example, previously, in order for one of my nursing home residents to see a rheumatologist, a staff member would need to provide transport (perhaps taking the only transport vehicle available for the facility) and drive the patient two hours to an appointment. Said appointment might take ten minutes to complete, with instructions to complete a series of tests, and then return at a later time to review these tests. The patient who needed to see the rheumatologist is likely the patient who also could not tolerate the four hours of round trip travel without significant discomfort.

Telemedicine outpatient services have allowed me the opportunity to refer my patients for specialist services without leaving the Neodesha community. Their laboratory and radiology studies, if indicated, are completed right here in our local hospital, feeding the revenue back into our community. Betty, a grandmother in her 80s, recently lost her husband from a GI bleed. When I saw that her rheumatoid factor levels were increasing despite use of Methotrexate, I recommended she see a rheumatologist. Due to her situation and inability to tolerate the long road trips, she refused to leave town. The use of telemedicine services enabled Betty to receive this treatment right here in her own community by seeing Dr. Masri, a highly skilled rheumatologist. Her pain is now less, her numbers improving, and she is receiving the care that she so desperately needed. Within less than 24 hours of evaluation, I received a full written report from her specialist consultation.

The technology associated with Freestate (formerly Viglias) Telemedicine service is quite impressive. Sharon, who had a history of skin cancer, developed a suspicious skin lesion in need of evaluation. Our typical referral pattern would be to a dermatologist in Bartlesville, Oklahoma, but the next available appointment was four months away. Upon referral to a dermatologist with Freestate, Sharon was seen within the week. Several lesions were evaluated using the dermatology microscope, and one in particular was identified in need of biopsy. She was referred back to my office to perform the procedure and within two weeks the entire process from identification, to referral, to biopsy, to pathology report, was completed. Sharon has recommended the service to many of her friends within the community.

Telemedicine inpatient services have also been of great benefit in allowing us to keep patients in our community who might otherwise need transfer. Elizabeth was one such patient. I did have Elisha Yaghamai, MD, consult on her for internal medicine. She had recently been septic and also in renal failure. At 10:00 p.m. at night he contacted the additional specialists necessary to identify

her condition, provide appropriate treatment, and allow her to stay in our local hospital, when a transfer would have otherwise been necessary. Robert had been in and out of the hospital multiple times with breathing problems. Dr. Yaghmai helped to identify an underlying heart condition as the root of the problem. This diagnosis has allowed Robert to obtain the help he needs to improve his life and prevent repeat hospitalizations. Another patient, Marvin, was admitted through our emergency department with a small bowel obstruction. Dr. Yaghmai managed his condition through inpatient services and, when need of a transfer for possible surgical services became necessary, he made all of the arrangements for transfer to a hospital in Wichita, and then continued to provide care for him at this location. The families of both these patients continue to rave about the high quality care they received, and how crucial it was to them that they have the opportunity to remain in their local community and still receive specialist services, previously unavailable in this area.

As a provider, I have utilized Freestate Telemedicine services for inpatient coverage so that I may take a weekend off now and then. The continuity of care is spectacular, and the communication and hand-off procedure is actually better than what I am accustomed to. I feel quite confident in the many providers within Freestate Telemedicine group, that each is highly skilled in their area of expertise, and focused at all times on the patient. Freestate has enabled our small rural community to offer services previously unimagined. I do not have enough good things to say.

Respectfully submitted,

Jeanette M Weiser  
Neodesha, Kansas