Exploring Rural Access to Care Through Remote Telehealth

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Logic Model

Outcomes

Implementation of a virtual telemedicine cardiology consultation within the primary care setting of Bullock County as a pilot program between June 2022 and February 2023 for review of sustainability and outcomes utilizing patient satisfaction surveys and quality of life questionnaires

Outputs

- IRB approval for cardiology consults
- Staff schedule and participant enrollment
- Baseline data collected
- Follow-up data collection
- Data evaluation

Activities

- Conduct on-site staff training of telehealth software
- On-site once weekly consultations
- Coordinate and oversee consult scheduling
- Collect and organize data
- Report data findings to stakeholders

Inputs

- Vital Engine telehealth software
- Clinic exam room
- Board-certified cardiologist
- 100 fellow administrative hours
- 100 fellow direct-service hours

Introduction

Approximately five million Americans live with heart disease, thus making it the highest-ranking cause of death in the United States. Social determinants of health (SDOH) among rural-dwelling individuals include lower levels of health literacy, higher poverty rates, lower insurance rates, and limited access to the internet- leading to worse health outcomes among rural-dwelling individuals and are shown to have less access to appropriate medical care. Bullock County primary care clinician to patient ratio is 3,379 to 1 and lying in the southeastern Black Belt County, making it an ideal site for implementation of telehealth services to expand rural healthcare.

Dr. Stephen Clarkson is seen (right) via telehealth software providing consultation to participant.

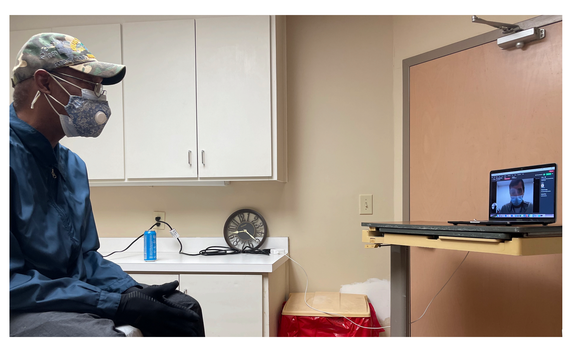
Impact

9 patients were served with specialty care services via telehealth consultations in the primary care office. Data gathered will be used to assess the impact and promote similar future services. The data will be used to present ideas on telehealth models within multiple healthcare settings, including other specialty care disciplines, for others to benefit. Data outcomes measurement included baseline and post-consultation patient care satisfaction surveys and 6-month follow-up quality of life questionnaires. Results showed that 77 percent of study patients would be preferring to see a provider via video visits and 44 percent would be willing to see a primary care provider via video visits. Patient perceived satisfaction of care at baseline compared to post opportunity to be seen via telehealth decreased in post survey results, displaying patients were less satisfied with receiving care via traditional referral models.

Critical Assessment

Challenges were encountered during the project that included unique scheduling situations. The software presented a new form of referral and scheduling that was a change for the clinic staff. The challenge was met through increased time spent in training. It is seen by the number of referrals being less than expected that determined for a successful telehealth program, an on-site presence is necessary and will take some direct guidance.

The project enlightened my outlook on future service projects. I realized personal goals and visions don't always align with others. This realization felt like failure, but opened my eyes to other potential opportunities where these interventions would benefit a different population.



Telehealth software allows for physicians to review multiple records while performing face-to-face consultations

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