

## Mayo Clinic Telemedicine Study Under Way in Rural Honduras



Every day, thousands of volunteer medical relief groups offer care to patients and assistance to understaffed medical teams in remote, underdeveloped locations around the world. Often these groups of doctors and nurses come for a short time, offer care and return home.

Once they leave what then?

"The difficulty is continuity of care," says Blake Fechtel, an M.D. and Ph.D. student at Mayo Clinic, who is working in a poor and secluded area of Honduras conducting a 12-month study on the use of telemedicine. "But there's no reason we can't maintain a relationship through some form of telecommunication."

Fechtel and his advisor, Bart Demaerschalk, M.D., director of the Mayo Clinic Telestroke and Teleneurology program, will present initial findings from the study at the American Telemedicine Association meeting on May 7 in Austin, Texas. Telemedicine is the use of telecommunication or computer technology to provide health care from a distance. Doctors communicate with patients using digital video cameras, Internet telecommunications, robotic telepresence, smartphones and other technology.

Fechtel's project, Satellite-supplementation of Medical Outreach Clinics, uses a Very Small Aperture Terminal satellite Internet to connect with volunteer physicians in the U.S., to examine patients via teleconference in clinics run by Global Brigades in rural Honduras. The study, involving 445 patients, will produce insight into health care issues in these isolated areas and outline the obstacles to providing telemedicine services.

Speaking from Honduras, Fechtel says that the medical conditions are substandard because there isn't the financial infrastructure to provide needed health services. He works in a temporary clinic with two volunteer in-house physicians: those two physicians typically see more than 300 patients in five hours. The relief teams that come in help, but unfortunately, they can't stay long. Incorporating telemedicine may help that.

"When a physician has to see so many patients, there's no chance to build rapport," Fechtel says. "Telemedicine makes more physicians available and they get to take more time. The telemedicine physician can concentrate solely on the patient on the screen so they don't feel the time pressure of a huge line in the clinic."

Fechtel says that despite some challenges, the feedback from patients who were seen in the initial phase of the study has been positive.

"Even though some of the patients have never even seen a computer, they love it," he says. "They really like having the time with the physician."

Source: Mayo Clinic

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