September 24, 2011

To: Subcommittee Members on Rural Development, Research, Biotechnology and Foreign Agriculture

My testimony will focus on both the challenges and the opportunities for the expansion of broad-band service into the offices and facilities of rural and remote healthcare providers throughout the nation.

In the fall of 2007, our hospital, Community Memorial in Staunton, IL, was planning the upgrade and installation of a state of the art 64-slice cat scanner to replace a single-slice cat scanner that had been in place for well over a decade. The new 64-slice scanner would enable the hospital to perform a much broader scope of testing with significantly improved images at a much faster rate and less radiation exposure for the patient. However, the images had to be transmitted electronically to a Radiology Group over 50 miles away for interpretation due to the fact that our small, rural hospital does not have a Radiologist on staff on a full-time basis.

Up to that point in time, the hospital's broad-band connection consisted of a T-1 line that was shared with the local high school as well as the city library, and connectivity was often interrupted or extremely slow. This connection would not begin to meet the requirements of the new cat scan equipment and enable the hospital to perform tele-radiology. It quickly became apparent a significant upgrade in the broad-band width, quality, speed and security must be made.

We were fortunate! Our hospital was able to partner with the local communication provider, Madison Communications, and they were able to deliver a fiber-optic connection to the hospital that provided 5 megs of high quality, dependable, rapid and secure broad-band service. Soon the cat scan studies were flying down the cyber super highway. Hospital Administration thought they had secured sufficient broad-band width for many years to come, but we were wrong! As additional medical equipment has been replaced with newer and upgraded models, the technology has been upgraded from analog to digital, and each piece of equipment demands a fast, dependable and secure broad-band connection. We continue to consume the broad-band width we presently have and will soon have to make a decision to increase and most likely double it.

The advancement of tele-medicine has opened up a multitude of opportunities for improved medical care especially in rural and remote areas. It literally allows a physician many miles away to look directly into the exam room and provide consultation to another physician, nurse, or other care-giver and greatly increases a better out-come for the patient, and often at a lower cost.

It is a well-documented fact that the nation faces a shortage of primary care physicians as well as specialty care. This fact is glaringly evident in the rural and remote healthcare facilities throughout the nation. Many rural hospitals are forced to staff their Emergency Departments with mid-level practitioners such as Nurse Practitioners, Physician Assistants, or Emergency Medical Technicians who work under the direction of a physician at a remote location. This could not be done without the development of tele-medicine. This technology provides a window into the Emergency Department, or any other department within the hospital such as the Operating Room, and it greatly aids the local care-giver in establishing a diagnosis and treatment plan for the patient. This is especially beneficial and can be life-saving for the patient that may have suffered a critical cardiac episode or stroke. In addition, tele-medicine can help reduce costs and help keep the patient at the local facility. The specialty physician can consult via the computer terminal and assist the local primary care physician develop a course of treatment that does not require a transfer to another larger facility. This save time and money, and the patient can remain in their local hospital and closer to their home and family.

A number of the Critical Access Hospitals within Illinois are presently talking with the SIU School of Medicine in Springfield to collaborate and develop pathways to access mental health specialists such as Psychiatrists. This collaboration has been driven primarily due to the increased number of behavioral and mental health cases showing up in the rural Emergency Departments, and the rural health facilities do not have the resources or access to local mental health specialists to adequately treat these patients. These patients are often "held-over" in the Emergency Department until an appropriate transfer to a mental health facility can be arranged. Access to a mental health provider such as a Psychiatrist via tele-medicine would greatly enhance and expedite the proper treatment of the patient. In addition, cost savings would be recognized because the patient would not be "held-over" for hours in the Emergency Department waiting for a mental health evaluation.

Broad-band connectivity is also enhancing opportunities for the members of the medical staff to participate in continuing education and Grand Rounds at some of the teaching institutions through-out the country. Physicians that are living and practicing in the rural and remote areas of the country have little opportunity to shut down their practice for a day or two and travel a distance to attend a conference to interact and learn from their peers. The Internet has totally changed and increased the opportunity for continuing education for not only physicians but all members of the clinical staff, and it is a very cost effective method to reach many students at the same time.

I would be remiss if I did not discuss the huge demand for broad-band connectivity throughout every corner of this country that has been created by the Affordable Care Act of 2010, also known as the Healthcare Reform Act. The requirement of all healthcare providers to adopt an electronic medical record and reach meaningful use in order to meet the requirements of this law and maintain their level of reimbursement, has been staggering. There is not a single physician's office, hospital, or healthcare facility that has not been impacted by this law. Every provider will have to be able to successfully transmit electronic health records to a Health Information

Exchange (HIE) site and have the capability of sending and receiving electronic health records. The demand for high-quality, rapid and secure broad-band connectivity will be greater than ever in the history of this country. The demand for access to this connectivity does not come without a price, and many rural and remote healthcare providers will be hard-pressed to find the money to invest in certified computer systems that meet the requirements of meaningful use as well as the access to broad-band connectivity to carry their data. This is indeed a challenging time.

I thank you for the opportunity to submit this testimony to the subcommittee.

Respectfully Submitted,

Sue Campbell, CEO
Community Memorial Hospital
400 North Caldwell
Staunton, IL 62088