TELEMEDICINE VISITS ROSE AND EVOLVED DIFFERENT USES FOR METRO AND NON-METRO PATIENTS, STUDY SHOWS

According to results of a study from the Minnesota Department of Health and the University of Minnesota School of Public Health, Minnesota had a nearly seven-fold increase in telemedicine visits between 2010 and 2015, from 11,113 to 86,238.

The researchers analyzed data from the Minnesota All Payer Claims Database to determine patterns of telemedicine use. They did not look into the effectiveness of telemedicine, but discovered a rapid increase in its use.

Though less than 1 percent of patients use telemedicine, the researchers found that it has evolved to serve somewhat different uses for metro area and Greater Minnesota patients and for those with private or public insurance. Non-metro patients in Greater Minnesota more commonly used telemedicine for real-time visits initiated by providers and included specialty consultations. In metropolitan areas, including the Twin Cities, Rochester, St. Cloud, and Duluth areas, the majority of telemedicine services were online evaluation visits for primary care provided by nurse practitioners to patients with commercial insurance. A greater number of telemedicine users lived in metro areas, however the rate for telemedicine use was higher in non-metro areas for people with Medicare and Medicaid.

“This research shows that telemedicine may be emerging as an option to overcome some of the geographical barriers of accessing specialty care in Greater Minnesota, particularly in the area of mental health,” said Jan Malcolm, Minnesota commissioner of health. “We need more research to ensure quality is being maintained, but this study highlights the importance of seeking innovative ways to provide access to health care in Greater Minnesota, including thinking broadly about funding investments in the health care workforce, as well as technology such as telemedicine equipment and broadband access.”

According to the researchers, the data also indicate that Minnesota’s telemedicine market during that period was shaped in part by differences in telemedicine coverage.
by insurance plans rather than the differing clinical needs of patients—for example, there was very low direct-to-consumer use among Medicaid patients. During the study period, commercial plans increasingly covered patient-initiated online medical evaluations, while Medicare and Medicaid primarily covered the real-time consultations with clinicians. At the end of the study period in 2015, the Minnesota Telemedicine Act was passed that required private insurers and Minnesota Health Care Programs to provide the same coverage for telemedicine as in-person visits and removed requirements for a previous in-person visit.

“Telemedicine is an important innovation in care delivery,” said Jean Abraham, PhD, co-author of the study and the Wegmiller Professor of Healthcare Administration at the University of Minnesota School of Public Health. “This study provides us with a comprehensive understanding about volume trends, the types of patients obtaining telemedicine services, and the types of providers delivering them. This work provides a valuable foundation for additional research to understand how telemedicine use affects cost, quality, and access to care for Minnesotans.”

The researchers are continuing to analyze telemedicine data and are studying the impact of telemedicine visits on follow-up costs, utilization, and quality of care.

SITE FOR NEW CARRIS HEALTH–REDWOOD CAMPUS DETERMINED

Carris Health, CentraCare Health, and Redwood Area Hospital have selected the location for a new Redwood Falls health campus. A purchase agreement has been signed by all involved parties for the 35-acre parcel of land on County Road 24, which includes the option to buy additional acres in the future to grow the campus.

Currently, Redwood Area Hospital is outgrowing its space with 12 rehabilitation practitioners working in a treatment space designed for six, and the surgery department is performing an estimated 1,100 surgeries this year in a space designed to accommodate 600 to 700 surgeries per year. Once the new health campus is complete, the current hospital and clinic will relocate to the new 105,000-square-foot location to accommodate their increased patient needs. The campus will also provide significant growth for the surgery and rehabilitation departments as well as clinic space.

The health care system will break ground on the facility next spring, and it will take about two and a half years. They plan to complete the project in 2021. Redwood Area Hospital will make its official transition to become Carris Health–Redwood on January 1, 2019.

UMN BEGINS WORK ON STATE-OF-THE-ART CANCER SURGICAL SUITE

The University of Minnesota is launching plans for a new cancer surgical suite that it says will revolutionize the way brain cancers are treated.
Called T-suite, because of its shape, the suite will revolutionize the way brain cancers are treated by allowing surgeons to see what is happening in a patient’s brain during surgery, according to the university. The three operating rooms will have access to a ceiling-mounted intraoperative magnetic resonance imaging (IMRI) unit that can be brought into each operating room, which allows patients to stay on the operating table instead of being wheeled to a different room with a floor-mounted MRI.

The state-of-the-art neurosurgical suite will be located on the third floor of the East Bank Hospital. It is being built as part of the University of Minnesota Medical Center’s $111 million renovation project and is expected to be complete by the end of 2019.

“When finished, the new neurosurgical IMRI operating suite will be one of the most advanced in the world,” said Mary Jo Swanson, the service line executive for heart, vascular, and solid organ transplant services at the University of Minnesota. “Intraoperative MRI allows us to use real-time imaging to precisely guide complex procedures, such as brain tumor removals.”

ALZHEIMER’S DISEASE ADDED AS QUALIFYING CONDITION FOR STATE MEDICAL CANNABIS PROGRAM

The Minnesota Department of Health (MDH) will add Alzheimer’s disease as the 13th qualifying condition for the state’s medical cannabis program, effective August 2019.

MDH used a formal petition process to solicit public input on potential qualifying conditions, then received public comments, conducted a citizen’s review panel, and prepared a set of documents summarizing the available research pertaining to the use of medical cannabis for each prospective condition before making the decision. The seven conditions put forward this year were Alzheimer’s disease, hepatitis C, juvenile idiopathic arthritis, opioid use disorder, panic disorder, psoriasis, and traumatic brain injury.

After reviewing the research summaries and other input, Jan Malcolm, Minnesota commissioner of health, approved Alzheimer’s disease. The MDH research brief cited two available studies, which found that after cannabis use some patients saw improvements in disruptive nighttime behaviors and agitation.

“Any policy decisions about cannabis are difficult due to the relative lack of published scientific evidence,” said Malcolm. “However, there is some evidence for potential benefits of medical cannabis to improve the mood, sleep, and behavior of patients suffering from Alzheimer’s disease.”

Patients certified to have Alzheimer’s disease will become eligible to enroll in the program on July 1, 2019, and to receive medical cannabis beginning Aug. 1, with advance certification from a Minnesota health care provider.

emergency department. Due to these risks, taking home medications without documentation or pharmacist review is against system policy.

By speaking up, Boyko Frandson prevented a potential narcotic overdose and other potential interactions with medications the patient had received in the hospital.

FAIRVIEW EXPANDING AND OPENING NEW LOCATIONS

Fairview Health Services has expanded HealthEast Heart Care in Woodbury and opened a new Fairview Pediatric Therapy Clinic in Maplewood.

The HealthEast Heart Care expansion includes new patient rooms, testing and treatment for more conditions, and expanded appointment times and days. In addition, a cardiac device clinic will be opening at the Woodwinds Health Campus location this spring, which will provide services for patients to get their pacemakers and implanted defibrillators evaluated and adjusted.

The new Fairview Pediatric Therapy Clinic offers physical therapy, speech therapy, and occupational therapy. It is located on the third floor of the HealthEast Clinic and Specialty Center in Maplewood.

“It’s exciting that we’re opening another clinic close to where people live,” said John Henry, MS, MBA, director of pediatric rehabilitation services. “Families often have to come one or two times a week for a stretch of time, so having a place that is not only accessible, but offering really high quality care, is important.”