

Business First of Columbus - December 3, 2007

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COLUMBUS BUSINESS FIRST

Friday, November 30, 2007

Rural clinics see a boon in broadband

Business First of Columbus - by [Carrie Ghose](#) Business First

Secure, high-speed Internet connections to isolated pediatric and dental clinics in hamlets such as McArthur and Crooksville can not only bring virtual doctors to rural Ohio but help attract and keep the flesh-and-blood types, community hospital administrators say.

Ohio health-care organizations won \$27 million in three-year grants made this month by the **Federal Communications Commission**, the most awarded individually to any of the 42 states and three territories sharing \$417 million to expand broadband Internet access to rural medical facilities.

"Anytime you can reference the best and the latest in technology, it impresses physicians," said Thomas Tope, CEO of **Holzer Consolidated Health Systems** in southeast Ohio, among the three grant winners.

The FCC grants will be used to extend fiber-optic networks to connect about 6,000 rural hospitals and clinics to high-speed networks reserved for research and education, separate from the commercial Internet. That will allow for uninterrupted, secure transmission of medical records and digital images such as X-rays.

OSC connection

Health-care facilities in Ironton, near the southern tip of Ohio, are in the service area of a separate \$8.4 million grant to a West Virginia group. They and two of the three Ohio groups will connect to the national network via OSCnet, a fiber-optic network operated by the state's **Ohio Supercomputer Center**.

Several states have yet to build the main digital backbone Ohio has between major cities, but Ohio's grant money will go toward connecting sites with the existing network, OSCnet Director Pankaj Shah said.

"The network is ready," he said. "All of this money that has now come to Ohio is going to be used to connect directly to the end sites."

Tom Reid, an Athens consultant who prepared the winning application for \$13.9 million to the **Southern Ohio Healthcare Network**, said Columbus-based OSCnet was a valuable bargaining chip.

"That helped the proposal in terms of helping the FCC see how far they could leverage their dollars in Ohio," Reid said.

The rules said favorable consideration would go to proposals that included connections to the national Internet2 research network, which OSCnet accomplished this year.

Under the Southern Ohio Healthcare Network grant, Athens-based **O'Bleness Health System** and Chillicothe-based **Adena Health System** will team up to connect health-care facilities in 15 counties, including nine of the 10 poorest in the state.

"(The FCC) wanted rural and they wanted poor and they wanted areas where there was an issue of availability of medical services," Reid said.

The network will make it easier for the rural clinics to get in step with the national movement to go digital, he said. It will also expand their services and keep more patients at home.

"One of the things that drives people out of private practice are economic realities," Reid said. "Those are exacerbated in rural areas. It's going to make these practices more viable."

'Endless possibilities'

Instant access to information - such as an emergency department dialing up a prescription list

from a patient's family doctor - should reduce errors, Adena CEO Mark Shuter said. Also, the system can be used to build regional medical databases.

"This will allow the physicians to have a lot better data of what's going on in the population," Shuter said.

Add a high-definition camera and TV, and clinics can use the connection for remote consulting with specialists who can examine every mole on a patient and even listen to a hooked-up stethoscope. A doctor at the **Mayo Clinic** could examine a patient in Meigs County, said O'Bleness President Richard Castrop.

"It's bringing (virtual) doctors to underserved areas," he said.

That means less patient travel for initial exams and follow-up visits, and fragile infants not risking infection from being brought to a busy emergency department.

Adena and other hospitals have connections that allow telemedicine consultations with **Nationwide Children's Hospital**, but the grant allows those partnerships to spread to more distant sites.

"We have big plans," said Dr. Rachel Brown, a neonatologist at Children's in Columbus. "Eventually we would have to have someone dedicated to this because we think it could become a big part of our neonatology practice."

The possibility of telemedicine also is a big selling point for isolated areas trying to attract doctors accustomed to the collaboration and at-their-fingertips resources of large academic medical centers.

"It makes them feel much less isolated, and that's always one of the more difficult issues," Castrop said. "One of their concerns about coming here is they cannot get a consultation with certain types of specialists very easily, if at all."

Castrop said future uses could include a regional e-ICU, in which a 24-hour staff watches intensive-care patients on monitors from a central control room, catching problems faster than they would in making rounds.

"The possibilities are endless," he said.

The Southern Ohio Healthcare Network grant overlaps with the smaller service area in the \$1.8 million grant to Holzer, which doesn't mention the OSCnet connection. Instead, that grant focuses on connecting Holzer's two hospitals in Gallipolis and Jackson with each other.

The will replace older T1 connections that aren't fast enough for safety initiatives such as a shift to bar-code reading of medications as they're administered in the hospital.

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