Meeting the Healthcare Needs of a Rural State

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INTRODUCTION

Telehealth and telemedicine technologies have the potential to change the healthcare landscape throughout Idaho. Telehealth is the use of technology to deliver healthcare remotely. Telemedicine is the remote diagnosis and treatment of patients by means of telecommunications technology. These technologies, such as two-way video and audio, email, and smart phones, have been shown to save patients, providers, and insurers millions of dollars, while improving the efficiency of the healthcare system (Hudson, 2005).

Many of Idaho’s residents live in rural and frontier areas with limited healthcare access. Currently, the state is lacking a much-needed, integrated telehealth system to deliver quality healthcare in rural areas.

The purpose of this research was to identify the factors that create a need for telehealth services in Idaho and compare these conditions to Alaska, a state which enjoys the largest fully integrated telehealth system in the world.

RESULTS

The potential impact of telehealth in Idaho can be realized by its impact in Alaska. Alaska’s telehealth network, the Alaska Federal Health Care Access Network (AFHCAN), has allowed the following (Hudson, 2005):

- **Cost**
  - Saved Alaska at least $38 million since 2003
  - Saved Alaska $8.5 million in travel for Medicaid patients in 2012
  - Every $1 spent by Medicaid on reimbursement saves $10.54 on travel

- **Quality**
  - Eliminated travel for 75 % of specialty care patients and 25 % of primary care patients
  - Prevented 4,777 and 1,444 lost work days and lost school days, respectively since 2003

- **Access**
  - Covers 40% of the population (212,000 beneficiaries)
  - 3,000+ providers have engaged in 160,000 telehealth visits since 2001

CONCLUSIONS

Idaho and Alaska are rural states that share a similar healthcare landscape. Over the last decade, growth in the number of physicians in Idaho has lagged behind Alaska’s growth. Following the implementation of telehealth in 1996, Alaska grew their physician workforce and targeted three main healthcare concerns – access, quality, and cost. Idaho has the opportunity to address these concerns with a similar integrated telehealth system. This infrastructure has the potential to benefit rural Idaho residents who represent 29% of the population.

Barriers to a statewide system include reimbursement, cost, fear of change, and licensure. Future initiatives should focus on developing sustainable telehealth component in rural communities across America.

REFERENCES


