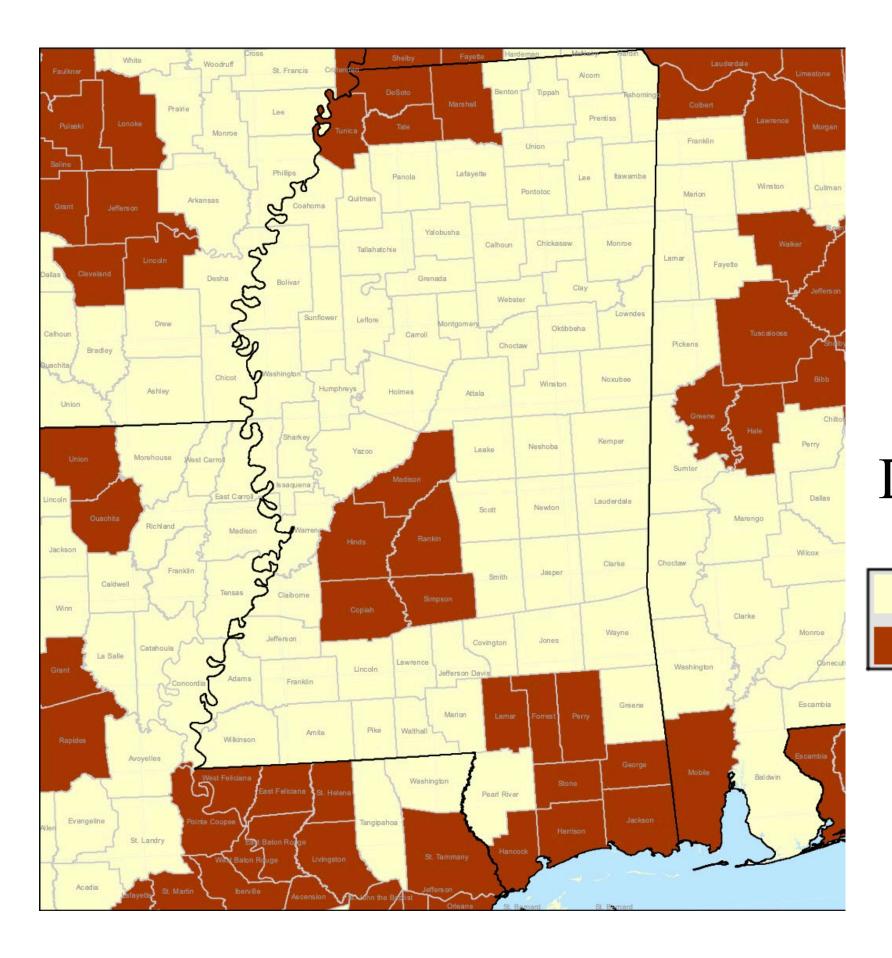


Inpatient TeleNeurology Consultation Service in a Rural Hospital Following Physician Shortage

Saurabh Chandra, MD, PhD¹, Lindsey B. Kuiper, PhD¹, Angela D. Haller¹, Shreyas Gangadhara, MD²
¹Center for Telehealth, ²Department of Neurology, Univ. of Mississippi Medical Center, Jackson, MS, USA



Limited Access to Specialty Care in Mississippi



Mississippi Demographics

Rural: Nonmetro county

Urban: OMB metro county

- 18% of America's population live in rural areas. By comparison, over half (54%) of Mississippi lives in what is considered a rural or nonmetropolitan area.
- 65 of 82 counties in MS are considered rural.
- All MS counties are designated as either whole or partial-county Medically Underserved Areas.
- Access to specialists in rural areas is severely limited, leading to more work for PCPs and staff, delayed care for patients, more ER use, and worse clinical outcomes.

Implementation of TeleNeurology Program to Inpatient Population

UMMC collaborated with South Central Regional Medical Center in Laurel, MS, to implement a hybrid care model (in person + TeleNeurology) for rural Neurology inpatients.

Schematic of Inpatient Neurology Consults via
Telehealth



A/V Communication



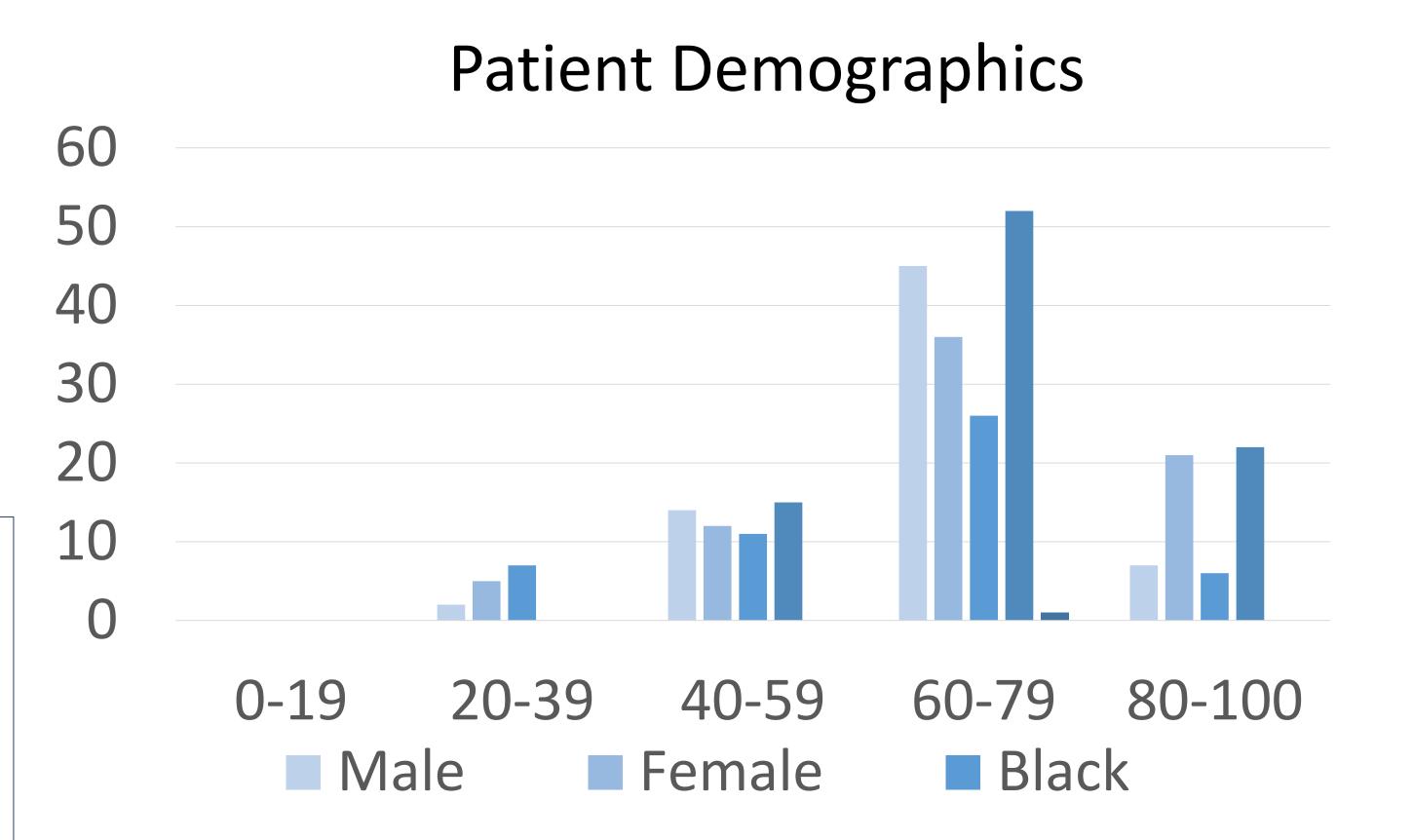
- Inpatient Neurology Service at South Central Regional Medical Center
- Rounding facilitated by NPs
- 10-15 days / month
- Remote Neurologist at UMMC
- Access to EMR
- Access to PACS
- Block schedule

METHODS AND OUTCOMES

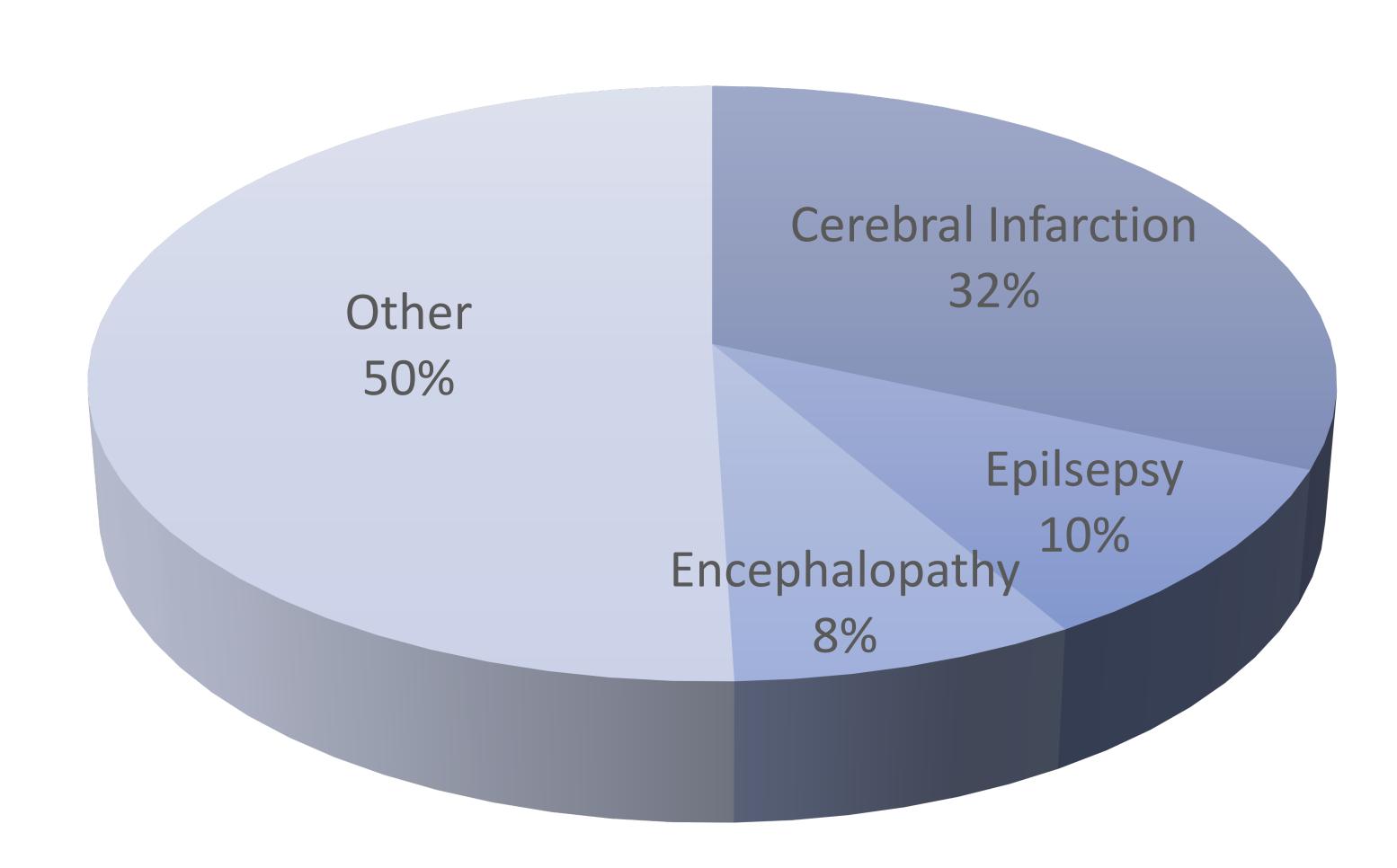
- Retrospective, observational, quality improvement study evaluating telehealth utilization among inpatient Neurology patients between <u>January 18-June 30 of 2023</u>.
- Equipment and support provided to SCRMC by UMMC's Department of Neurology and Telehealth Center of Excellence.
- Hybrid model consisted of 15 days of in-person neurology consults and follow up visits followed by 15 days of patient care by a remote TeleNeurology team.
- 1 neurologist was available for in-person care, while 8 neurologists participated as part of the remote TeleNeurology team.
- Data were collected on patient demographics, diagnoses, service types, and care utilizations.

Mode of consultation 113 138 Teleneurology In-Person

- 138 of 251 total patients seen exclusively through teleneurology team.
- 4 patients required transfer to higher level of care.
- Common diagnoses via telehealth: cerebral infarction (32%), epilepsy (10%), and encephalopathy (8%).
- 61% of teleneurology patients were discharged home with self-care or home health care.
- Other diagnoses included myocardial infarction, acute kidney injury, and sepsis, among others.



Patient Diagnosis Through Telehealth



DISCUSSION AND CONCLUSION

- It is feasible to implement TeleNeurology service in rural Mississippi.
- A hybrid model is feasible and helps with gap coverage where rural hospitals do not have personnel for 24x7 coverage.
- We can provide specialty care via telemedicine that the underserved population would otherwise not have.
- TeleNeurology services provide comparable diagnoses in rural and resource-limited settings.
- TeleNeurology service may reduce interfacility transfers for specialty care.
- Telehealth services can help bridge geographical gaps and ensure specialist care is accessible to individuals residing in underserved communities.