Gundersen Health System

Background

Based in La Crosse, Wisconsin, Gundersen Health System is an integrated tertiary referral center serving 19 counties in western Wisconsin, southeast Minnesota and Iowa. Its telehealth service lines include adult and pediatric allergies; asthma and immunology; bariatric survey; behavioral health; cardiology; cardiothoracic survey; dermatology; endocrinology; fertility; genetic counseling for obstetrics and oncology; hematology and oncology; internal medicine; nephrology; neurology; pain medicine; and pediatric surgery.

Interventions

Gundersen’s telehealth program is currently established in 11 locations within the system: Neillsville, Prairie du Chien, Richland Center, Sparta, Tomah, Viroqua and Whitehall, Wisconsin; Spring Grove and Harmony, Minnesota; and Calmar, Decorah, Fayette, Postville and West Union, Iowa. Patients can travel to these locations to consult with providers based at Gundersen Health System in either La Crosse or Onalaska. Services offered by the remote providers include conducting exams, providing postoperative follow-up, monitoring ongoing treatments, interpreting diagnostic tests and discussing prognosis and treatment options. The consultation is done using interactive video and audio over a high-speed, secure connection. A provider at the regional location has a “telemedicine cart,” so a nurse can use a stethoscope or an otoscope, and the remote provider hears and sees the same thing.

Results

- Patients save money and find the care convenient. The patient saves money on travel, hotel and food costs. “A lot of costs [to the patient] are overlooked,” says David Guggenbuehl, regional services director. “And don’t forget the loss of productivity from being off work or out of school,” he adds. Essentially, telemedicine is breaking down the geographic barrier.
- Health system serves a larger community. Convenient care means more patients will access services, especially those who may have limited access previously. The health system sees this as a growth strategy for the future. For example, Gundersen offers tele-behavioral health services, allowing patients to connect with therapists or psychiatrists at a remote location after an initial in-person visit. The health system hopes the program translates to better compliance by patients with the therapy plan and better medication adherence. In mid-2015, Gundersen expanded its services to the Wisconsin prison system. Guggenbuehl estimates it costs the state of Wisconsin between $3,000 and $5,000 in transportation and security fees to transport prisoners to and from the hospital. The telehealth program offers much-needed services to the prison population, while lowering costs.

Lessons Learned

- Licensing. Gundersen’s telehealth program expands across three states, requiring that the consulting physician get licensed in all three states. (Full licensing is required in Iowa and Wisconsin; Minnesota offers the option of applying for a telemedicine permit.)
- Provider learning curve. Guggenbuehl cites the provider learning curve as one of the biggest challenges when implementing a telehealth program and notes the spectrum of comfort is wide. “There is a perception among some providers that they have to touch or be with the patient in order to do a clinical exam, and that’s a big hurdle to overcome,” he says. Like
most organizations, Gunderson has “super users” and resisters of all ages and experience. The health system provides training to help physicians become more comfortable with the equipment and educates them about the potential benefits of connecting with patients. Gundersen is not offering financial incentives to its physicians nor requiring physicians to incorporate the technology, but the health system is making it easy for them, Guggenbuehl explains. “Our job as nonproviders is to enable providers to connect with patients in locations they weren’t able to connect before,” Guggenbuehl says.

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