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By Denise Mann

"We're on the edge of a revolution in how health care will be provided," said Dennis O'Connell, director of Healthcare Solutions at Custom Computer Specialists, in Hauppauge.

For example, O'Connell said that wearable technology will allow doctors to "see" patients without being in the same physical space. Devices such as "an electronic stethoscope that will connect over wireless can transmit sounds and allow the delivery of care remotely," he explained.

Doctors at the North Shore-LIJ Health System are already putting some of this technology into practice and changing how they interact with patients. Dr. Jeffrey Katz, director of the North Shore-LIJ Telestroke Program, said the new technology will allow stroke neurologists -- who are in short supply nationwide -- to evaluate patients at smaller community hospitals without having to transfer them.

North Shore-LIJ has already completed a trial of the telestroke program and is rolling out the new program in its hospitals now. Katz said it will likely be two to three years before the program is available at all of North Shore's locations.

"A lot of physicians who are not stroke specialists are nervous about giving tPA [tissue plasminogen activator]," Katz said. It's a clot-busting drug that can potentially prevent stroke damage if given quickly enough, but the drug carries the risk of causing excessive bleeding if given to the wrong patient. Before the telestroke program, patients often had to be transferred to Katz's hospital.

Once in place, the telestroke program will allow stroke specialists to see patients, and be able to talk to them, via video-conferencing.



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"Patients in the pilot program were very satisfied," he said. "They felt fortunate to be able to see a specialist so quickly without being transferred."

From the physicians' perspective, one drawback is that "without being there, it feels colder, especially if you're giving bad news," he said.

Dr. Richard Temes, director of the Center for Neurocritical Care at North Shore University Hospital in Manhasset, is working on starting an e-ICU (electronic Intensive Care Unit) for neurocritical patients. The hospital already has a standard e-ICU in place, he said, and using that existing network, he plans on setting up an e-ICU just for critical neurology patients.

For example, patients with a slight concussion or a small bleed from a hit on the head or another trauma could be doing very well but need to be monitored by specialists

because they could deteriorate quickly, Temes explained.

With a neurocritical e-ICU, patients could stay where they are but be monitored electronically by specialists at a larger hospital. "It's really a win-win," he said. "They can stay at the referring hospital, but if their condition changes, we can arrange a quick transfer. Patients get great care, and it prevents the patient and family from having to relocate."

A technology many patients may be more familiar with is the electronic health record. Winthrop-University Hospital in Mineola has been using e-records "for quite awhile now," according to Dr. Jonah Feldman, director of the Center for High Value Medicine and Health Delivery Innovation at the hospital.

One of the biggest benefits from having an electronic health record, Feldman said, is that when a doctor

other than your primary care physician has to treat you — a specialist, or an on-call doctor in an emergency — all of your information is there. This saves patients and doctors time, not having to recreate a full health history. It also gives the doctor a more complete picture of a person's health because, in an emergency, people are more apt to forget important information.

Another advantage for patients is having direct access to lab records and other medical files, Feldman noted. On the flip side, that can also lead to confusion or extra worry.

For instance, he said, a woman might look up her mammogram results and see "Bi-rads 2." Though that means the woman is fine, she would have no way of knowing that from the electronic record.

Some patients also might not be comfortable with the doctor-patient interaction during a visit now that a computer is involved, Feldman said. He said he reassures patients that even though he may be looking at the computer screen, he's

still listening. He also tells his patients to let him know if they feel the computer is interfering with their visit.

Then there's the question of security — a big concern for patients, and rightly so, O'Connell said. Most large healthcare organizations and hospitals have good security now, he said, but he added that he has concerns about smaller practices. "If you're a business that takes a credit card, you have to have XYZ security systems in place to watch for breaches," he said. "That's not necessarily in place for healthcare patient portals."

As a result, he said, it's a good idea to ask what kind of security measures are in place before signing up for your doctor's patient portal.

"While it's convenient to be able to pull up your records online," O'Connell said, "there's not a lot of value in them yet for patients themselves." He said that will likely change in the near future as information becomes more transferable from practice to practice.

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