

# MEDICAL CALL CENTER NEWS

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## Filling The Rural Healthcare Gap

Doctors and nurses are often in short supply in rural areas, and hospitals can be few and far between. Telecommunications is addressing these issues and providing new healthcare options for rural communities. Telehealth services might include videoconferences, phone conversations, email, or text messages.

Telehealth works with many medical specialties, such as mental healthcare, dermatology, and endocrinology. It can work for almost any medical appointment that doesn't require a physical exam or test. Now that even the most remote towns have access to wireless technology, patients in rural areas can use videoconferencing, email, and text to consult with medical professionals who might be hundreds of miles away.

One successful example of telehealth used in the mental health field is the University of Minnesota Duluth. Jane Hovland, an associate professor at the university who is also a nurse and a licensed psychologist, is one of the doctors who treat patients via telehealth. Dr. Hovland was raised in northern Minnesota, and she says she most commonly diagnoses major depression, followed by various anxiety disorders. She notes that while Minnesota has a high percentage of psychologists, most of them have urban practices; thirteen counties in the state have no licensed psychologists at all. The doctors with the U of M Duluth, meanwhile, have seen 2300 patients over the last five years.

Another segment of the population that is being served successfully by telehealth methods is US veterans, 40 percent of whom also live in rural areas. The US Department of Veteran Affairs (VA) has become a leader in using electronic health records, telehealth, and telemedicine, operating the largest telehealth program in the US. Many veterans simply live too far away from the nearest VA hospital, which has led to veterans often having poorer health than the general population.

One of the latest wireless technologies the VA is employing is an electronic health records database, My HealthVet, used by more than one million VA patients. A complement to traditional healthcare services, the portal provides health education and wireless technology on mobile devices.

Colonel Ronald Poropatich, deputy director of the Telemedicine and Advanced Technology Research Center for the US Army Medical Research and Materiel Command, testified at a recent hearing that as more and more users prefer mobile devices over PCs for communication, new mobile applications are being developed for clinical consultation, patient education, and disease

management.

You can read more about the University of Minnesota's sustainable telehealth model by visiting <http://minnesota.publicradio.org/collections/special/columns/ground-level/archive/2011/05/telehealth-fills-rural-health-care-gap.shtml>. You can learn more about the VA's telehealth programs at <http://www.eweek.com/c/a/Health-Care-IT/Telehealth-Technology-Is-Increasingly-Important-to-US-Veterans-397177/>.

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### **Make Some Ripples Today**

*By Peter DeHaan, Ph.D.*

Some healthcare contact centers go from day to day, month to month, and year to year without ever giving a thought to the often incapacitating evolution around them. Things get squeezed in here, hooked up there, and stacked on top of, until routine work becomes an illogical series of unneeded steps or wasted activity. Agents' work becomes harder, but change seems harder still; taking time out to make things more efficient is an inconceivable consideration. This produces a ripple effect that needs to be avoided.

There is another kind of ripple effect that is far more important. It's the ripple effect we produce by the words we use and the things we do. These ripples affect others. Sometimes our ripples are positive; other times they are not. Some people have no ripples at all.

We've all been around and known people who are chronic complainers; they're negative and their apparent goal is to bring others down to their level of pessimism. They have a negative ripple effect; the ripples they generate produce an undertow.

Sadly, some people produce no ripples. They have no impact on others, whether good or bad, positive or negative. There is no movement, no influence, nothing. They inately move from call to call, project to project, and from day to day, seemingly on autopilot.

Other individuals make positive ripples. They motivate, encourage, inspire, and support. We all know agents – and call centers – like that, too. They are the ones with smiling people on the other end of the phone, the ones who inspire others to achieve more as they spread their ripples in all directions and for the benefit of all.

*Read other articles and learn more about [Peter DeHaan](#).*

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### **Bike to Work in May**

Join the cycling craze during National Bike Month in May and Bike-to-Work Week, May 16-20. (Bike-to-Work Day was May 16). Participation in these May events is a boost for vascular health. "A daily thirty-minute bike ride is great exercise and great for your vascular wellness," said Steven Leers, MD, a member of the Society for Vascular Surgery®. "Exercise is essential for maintaining good blood flow and a healthy body weight."

The bike-to-work initiative is gaining in popularity. The 2009 United States National Household Travel Survey reported that 11 million Americans use pedal power every day. Among the benefits of bicycling are better health, a healthier workforce, and a greener environment. The cardiovascular benefits of bicycling includes a reduction in the risk of coronary disease and stroke, the number one and four causes of death in America according to the United States Center for Disease Control and Prevention's 2010 National Vital Statistics Report.

Three hours of weekly cycling reduces the risk of heart disease and stroke by 50 percent according to Colorado-based Bikes Belong. MayoClinic.com states that the merits of regular physical activity include combating high blood pressure and high cholesterol, preventing type 2 diabetes, osteoporosis, and certain types of cancer, managing weight, boosting energy levels, and sleeping better. From an employers' point-of-view, physical activity results in more alert workers who call in sick less often.

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### **USA Mobility Acquires Amcom Software**

USA Mobility, Inc., announced the acquisition of Amcom Software, Inc., for \$163.3 million in cash, creating a company in the forefront of mission critical unified communications. Vincent D. Kelly, USA Mobility president and chief executive officer, said, "This acquisition is about combining two leaders in mission critical communications. USA Mobility's three primary core market segments of healthcare, government, and large enterprise are exactly aligned with Amcom's customer segment focus.

Chris Heim, Amcom's former CEO, will continue to serve as the president of Amcom Software, Inc., while Dan Mayleben, Amcom's former CFO, will serve in the capacity of chief operating officer of Amcom Software, Inc. We are excited to have Chris, Dan, and the entire Amcom team as part of our organization going forward."

Heim stated, "This is a great fit. We bring a combined forty-plus years of experience in software solutions that help our customers run critical communications reliably, efficiently, and accurately. Both Amcom and USA Mobility share the same mission. Together, we serve a tremendous need for our joint customers."

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### **ACEP Slams "Blame the Patient" Trend**

Aiming to stop a trend in which emergency patients are blamed for the nation's high healthcare costs, Dr. Sandra Schneider, president of the American College of Emergency Physicians (ACEP), said, "We are disturbed by reports... that suggest emergency patients are responsible for the high cost of healthcare. Emergency care amounts to only 3 percent of all healthcare spending each year in the United States. Focusing on emergency care as a source of waste in the healthcare system is counterproductive, as are efforts to keep a small subset of emergency patients out of the ER."

"Studies show," continues Dr. Schneider, "that most emergency patients classified as frequent users – who make up only 8 percent of all emergency patients – have complex physical and mental health problems and a usual source of medical care outside the ER."

Another target – nonurgent emergency patients – actually comprise less than 8 percent of the nearly 124 million emergency patients who seek care every year, according to the Centers for Disease Control and Prevention. But the CDC points out that nonurgent does not mean unnecessary, as these patients require medical treatment in two to twenty-four hours. Considering that two-thirds of all emergency visits occur after normal business hours, most of these patients have no place to turn for care other than the ER."

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### **Hospice Supply Tracks with Median Household Income**

Wealth, population size, race, and age correlate with the supply of hospice care available in a county, according to a study published in the *Journal of Pain and Symptom Management* this month. Local availability is an important predictor of use of hospice programs, which are end-of-

life services that have been shown to improve pain control, maintain patients' independence, and even extend life, according to lead author Maria Silveira, M.D., M.P.H., of the Veterans Affairs Ann Arbor Healthcare System and assistant professor in the Department of Internal Medicine at the University of Michigan.

This study is the first to examine geographic variation in the supply of hospice services and its association with community wealth. The researchers found that for every \$1,000 increase in median household income in a county, the supply of hospice services increased by 3 percent. Hospice supply was also larger in counties with larger populations, more African Americans, and people over the age of sixty-five, but hospice supply decreased in larger geographic counties and those with more Hispanic residents.

More research is needed, says Silveira and her coauthors, but these study results indicate that the traditional model for structuring and financing hospice needs to be redesigned. The building of community hospices is often funded through charity, and this is one possible explanation for the disparities seen in the study.

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### **Do All Student Athletes Need Heart Screenings?**

Seemingly every year there are reports of a young, apparently healthy athlete dying on the court or playing field. The sudden death of Wes Leonard, a junior at Fennville High School in Michigan, who died of cardiac arrest from an enlarged heart on March 3, may have parents and coaches wondering if enough is being done to identify athletes at risk of dying suddenly.

"We would like to develop a better screening program to help prevent sudden cardiac death, but there is not enough rigorous data to support what that should look like," says Sanjaya Gupta, MD, clinical lecturer in the Division of Electrophysiology at the University of Michigan Health System.

Some communities have begun programs to perform more extensive heart testing, including electrocardiograms and sometimes echocardiograms on students before they compete. Yet a task force organized by the American Heart Association to evaluate pre-participation screening practices has not supported such community programs due to a lack of evidence that they are able to reduce the number of sudden deaths. A large trial recently completed in Israel concluded that mandatory ECG testing of athletes prior to sports participation did not reduce the number of deaths from sudden cardiac arrests.

"One of the major obstacles to developing a better screening process is that no one heart test is the best," said Mark Russell, MD, a pediatric cardiologist at the University of Michigan's C.S. Mott Children's Hospital. "There are a number of different heart conditions that can cause sudden death in a young athlete." For more information, call the U-M Cardiovascular Center at 877-885-8444.

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### **More Health Benefits from Walking**

Walking is one of the simplest and easiest ways to get the exercise you need in order to be healthy – and almost anyone can do it. Walking can strengthen bones, tune up the cardiovascular system, and clear a cluttered mind. This uncomplicated but important activity continues to attract researchers, reports the March 2011 issue of the *Harvard Health Letter*. Here are some recent findings:

- After age sixty-five, how fast you walk may predict how long you have to live. Walking, or gait, has long been recognized as a proxy for overall health and has been measured in many

studies. Researchers have found a remarkably consistent association between faster walking speeds and longer life.

- Using hiking poles can increase the cardiovascular workload of a walk because you work your arms as well as your legs. Hiking poles help keep a hiker more upright while walking, and the poles help with stability. Using poles is also associated with a reduced risk of ankle fracture. One study found that hikers who used poles reported less muscle soreness and recovered faster than those without poles.
- Find the right walking shoes. Pain from arthritic knees makes walking difficult. Shoes with thick, cushiony soles are believed to help, but some recent research is challenging that belief with results suggesting that thinner, more flexible soles actually put less of a load on the knees. Walking in thinner walking shoes or flip-flops, which were both equivalent to walking barefoot, put less load on the vulnerable part of the knee joint than did walking in clogs or stability shoes.