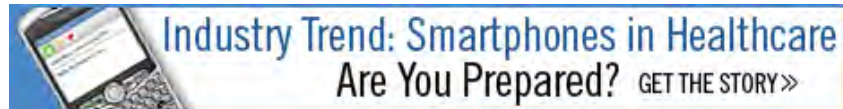


MEDICAL CALL CENTER NEWS

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It's Time to Fix Medical Licensing Laws

By Claudia Volkman

You're on a business trip, far from home, when you suddenly become ill. You call your personal physician, who is familiar with your health history. However, due to existing practice laws in most states, your doctor is unable to issue a prescription for you over the phone. Instead, you are forced to visit a local doctor to get the treatment you require.

You are a nurse working in a call center, fielding calls from across the U.S. However, current nurse licensing laws require a nurse to be licensed – not in the state where the call center is located – but in the state where the caller resides. Logistically, this means that the nurse would need to be licensed in all fifty states. While approximately half of the states have reciprocity clauses where one state's license is recognized by other states, this is becoming increasingly problematic as red tape and costs have continued to grow and regulatory barriers must be overcome.

It's time for a change. Consumers and patients should be able to freely access doctors and nurses no matter where they are located. Changes in the way we live, in technology, and in new developments in the practice of medicine demand such a change, and this requires a massive overhaul of the medical licensing system. The current system is a barrier to progress, quality, competition, and economy. This partitioned approach also presents a concern for patient safety as state-by-state licensing and enforcement often inhibits tracking down and disciplining bad doctors located in other states.

The U.S. Veterans Administration and U.S. military, along with the European Union and Australia have already acted to fix licensure barriers. Other nations are considering similar steps, while American consumers, healthcare providers, and taxpayers are being left behind.

The American Telemedicine Association (ATA) and other advocates of telemedicine remain open to alternative approaches to resolving this problem, but the time to take action is *now*. The Senate is expected to introduce a comprehensive bill for all Americans in the near future. ATA plans to be an active part of this process, and hopes that individuals will also pledge their support to insure change. To this end, they have created a website, FixLicensure.org, and created a petition that reads:

"We are united in urging rapid movement toward resolving the duplicative systems for licensing doctors and other healthcare professionals in the United States. Increasingly mobile and connected consumers should not be hindered in selecting the best healthcare because of state boundaries. Likewise, healthcare systems should not be thwarted from linking specialists and clinics into an efficient and effective system of care. The patchwork of state-

by-state licensing creates a mire of costly red tape and has become an untenable barrier for both providers and patients.

“Resolving this problem will improve patient choice, better ensure consumer safety, cut costs, and alleviate regional healthcare shortages. It will also remove a barrier to interstate commerce that restricts the growth of an important industry that helps meet bipartisan goals of health reform.

“We call on Congress to fix medical licensing for 21st century America!”

The signed petition will be shared with congressional leaders, state medical licensure boards, and federal healthcare agencies to show united, strong support for national licensure and quality healthcare across America.

Show *your* support by going to fixlicensure.org and signing the petition now.

Phoning or Texting Patients Cuts Missed Appointments by a Third

The number of patients failing to turn up for hospital appointments can be reduced by 34 percent by using text messages or phone reminders, according to review carried out by telemedicine specialists at the University Hospital of North Norway.

The review, published in the *Journal of Telemedicine and Telecare*, found that automated reminders were less effective than staff making phone calls, however. Manual reminders produced a 39 percent reduction in missed appointments, compared to 29 percent for automated reminders. Nonattendance rates do not seem to be affected by whether reminders are sent the day before the appointment or the week before, according to the researchers.

Authors Per Hasvold and Richard Wootton said that nonattendance for appointments in healthcare wastes resources and disturbs planned work schedules. The problem of nonattendance can be met by other strategies, such as overbooking appointments, but the researchers concluded that overbooking might not be an appropriate method of dealing with the problem, whereas reminders sent directly to the patients from a hospital is generally acceptable.

“We recommend that rigorous health economics studies of the costs and savings of reminders should be carried out, preferably in the form of randomized, controlled trials,” the authors are quoted as saying in the review.

This article is by Gill Hitchcock, published by Guardian Professional. Join the [Guardian Healthcare Network](#) to receive regular emails on NHS innovation.

Global Telehealth Market Set to Exceed \$1 Billion by 2016

The world market for Telehealth is set to exceed \$1 billion by 2016 and could jump to \$6 billion in 2020, according to a new report, “The World Market for Telehealth – A Quantitative Market Assessment – 2011 Edition,” by InMedica, the medical electronics market research group within IMS Research, an independent provider of market research and consultancy to the global electronics industry.

“Many public healthcare systems now have targets to reduce both the number of hospital visits and the length of stay in the hospital,” says Diane Wilkinson, research manager at InMedica. “This has led to a growing trend for healthcare to be managed outside the traditional hospital

environment, and as a result, there is a growing trend for patients to be monitored in their home environment using telehealth technologies once their treatment is complete.”

Home medical monitoring is becoming increasingly relevant in the treatment of chronic diseases. For example, home monitoring of blood pressure allows sufferers of hypertension to manage their condition better and monitor their progress. Home-use medical devices in telehealth services, such as blood glucose meters, pulse oximeters, weight scales, and peak flow meters are being deployed to monitor four main diseases: congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), diabetes, and hypertension.

“By far the most established market for telehealth at present is the U.S., as evidenced by the Veteran’s Health Administration’s extensive home telehealth service, which aims to have 92,000 patients enrolled in telehealth services by 2012,” Wilkinson adds. “There has also been some large-scale trial activity in Europe, most notably in the U.K. in 2010 and 2011.”

Read [more information](#).

Be Heart Smart During the Hunt

Hunters encouraged to follow some health safety tips

Deer hunting season has arrived, and thousands of hunters are headed to the woods to get the biggest buck they can find. But the American Heart Association encourages hunters to be heart smart. If last year’s hunting season was the last time you’ve exercised, you may be putting yourself at risk of a heart attack. Heavy lifting, hiking, and the overall physical activity of hunting can put a strain on any hunter’s heart. An American Heart Association study compared the heart’s workload of an individual hunting deer to that of the same individual exercising on a treadmill and discovered that deer hunting places the heart under more strain.

Preparing early not only helps with physical fitness come deer season, but also with overall general health. Studies show that being physically fit lowers heart disease risk even in people who have other risk factors like high blood pressure and cholesterol. The American Heart Association has several online tools that can help with your conditioning. Visit www.mylifecheck.org to find out your heart score, and then visit www.heart.org/start, where you can track your fitness levels before you head to the woods.

Other tips include cutting out that heavy breakfast before heading out into the woods and avoiding hunting alone. Bring a cell phone to reach emergency services if needed and tell friends or family your location and scheduled return. Also, make sensible plans for moving any game taken – get help from friends and family members to haul in your trophy buck!

Radon Action Week: October 17-24

October 17-24 is Federal Radon Action Week, according to the Surgeon General. Health agencies throughout the United States have joined forces to promote awareness of the leading cause of lung cancer for nonsmokers. The American Lung Association, Centers for Disease Control, and National Cancer Institute all agree that radon is a national health problem and are encouraging radon testing during the October awareness drive.

Radon is a naturally occurring, invisible, and odorless radioactive gas. One in fifteen American homes contain high levels of radon. Millions of Americans are unknowingly exposed to this dangerous gas. In fact, a recent study by Harvard University ranks radon as America's number one in-home hazard. By taking simple steps to test your home for radon and make corrections if necessary, this health hazard can be avoided.

Radon gas is not isolated to certain geographical areas or home types. Radon problems have been detected in homes in every county of the U.S. It caused more American fatalities last year than carbon monoxide, fires, and handguns combined. If a home hasn't been tested for radon in the past two years, the EPA and Surgeon General urge you to take action. Contact your state radon office for information on locating qualified test kits or qualified radon testers. Learn more about the Federal Radon Action Plan at www.radonplan.org.

Amcom Granted FDA 510(k) Clearance

Amcom Software, Inc., announced that its Messenger middleware has received 510(k) clearance from the U.S. Food and Drug Administration (FDA) as a Class II medical device. For hospitals, this clearance means Amcom Software is ensuring that its solution is keeping pace with key industry standards and guidelines.

Amcom Messenger middleware sends critical secondary notifications from patient monitoring and other alert systems to staff carrying wireless communication devices. Its purpose is to help hospitals improve patient care by supplementing a monitoring system's audible notifications with targeted messages to the right caregiver.

"Amcom Messenger helps hospitals improve how quickly staff can react to a variety of time-critical events, which in turn helps improve patient safety and outcomes," said Chris Heim, president of Amcom Software. "We're pleased to have received FDA clearance for this solution as it's an important consideration for our customers today."

Amcom Messenger middleware helps organizations create an enterprise-wide hub to manage, prioritize, and respond quickly to key events. This includes the ability to send messages to the right people on the right device based on rules set up in a given facility. Staff devices can include smartphones, pagers, Wi-Fi phones, etc., enabling hospitals to incorporate their specific needs into their alarm management process.

Anxiety Disorders May Fuel "School Refusal"

Many school-aged children are reluctant to say good-bye to summer, but for most kids an initial reluctance to return to the school routine is quickly overcome. For others, concern about returning to school runs much deeper and can take hold as "school refusal." Children with this problem may plead to be excused from school, complain of illness, and run home if forced to go. The cause may be a fear of leaving home or a fear of school itself – perhaps of a critical teacher or bullies. The start of the school year is sometimes a trigger, though school refusal can also develop after a school vacation, a brief illness, an accident, or the death of a relative.

Refusal to go to school often stems from an anxiety disorder, according to "Coping with Anxiety and Phobias," a newly revised special health report from Harvard Medical School. Up to 25 percent of thirteen- to eighteen-year-olds suffer from anxiety disorders, and school refusal is one of the most troubling symptoms of generalized anxiety, social anxiety, or separation anxiety in children.

Contact raquel_schott@hms.harvard.edu for a complimentary copy of the special health report.

HHS Awards Boosts Public Health Infrastructure

Affordable Care Act to Create Jobs

U.S. Department of Health and Human Services Secretary Kathleen Sebelius announced over \$40 million in grant funding, partly supported by the Affordable Care Act, to state, tribal, local, and territorial health departments and several schools of public health to enhance the nation's public health infrastructure and strengthen the public health workforce. Awarded in nearly every state, "These funds will help health departments around the country maximize the impact of the essential services they provide every day and build the public health workforce to ensure we're ready to meet the public health challenges of tomorrow," said Sebelius.

The awards will also support ten Public Health Training Centers at accredited schools and institutions, bringing the total number of Public Health Training Centers to thirty-seven. HRSA's Public Health Training Center (PHTC) program provides public health workforce education and training in areas such as environmental health, public health leadership, nutrition, and cultural competency. This expanded national educational network will provide highly skilled training to nearly 500,000 public health and related healthcare practitioners.

"In a challenging economy, public health training and education are vital in our efforts to ensure access to affordable, high-quality healthcare," said Mary K. Wakefield, PhD, RN, and HRSA administrator. "These grants provide learning opportunities that enhance technical, scientific, managerial, and leadership skills of public health workers and help build a strong, well-rounded public health workforce for the future."