

Patient Side of Telemedicine

[Save to myBoK](#)

By Ann Chenoweth, MBA, RHIA, FAHIMA

Two years ago, I travelled to central Honduras to volunteer my time and HIM expertise at a clinic that supports the primary care needs of 90,000 people. It was an experience I'll never forget. Access to specialists is few and far between so the clinic had recently implemented telemedicine to connect with specialists in the United States.

Telemedicine is often defined as “the use of information and communications technology to deliver healthcare, particularly in settings where access to medical services is insufficient.” Better overall patient care and improved outcomes are cornerstones of telemedicine. As a result, many providers are deploying telemedicine as a way for rural patients to have access to healthcare services that they would not be able to obtain otherwise.

In rural or impoverished areas of the world—where disease is prevalent, doctors are scarce, and healthcare infrastructure is inadequate—telemedicine holds tremendous promise in expanding healthcare access worldwide. Technology now exists that can connect the developing world to the resources of the developed world.

Prior to my arrival, a baby was born with both male and female genitalia at one of the remote birthing centers in the mountains. The mother and baby were referred to the clinic (two and a half days of travel away) for follow up by a general practitioner. This physician ran preliminary labs and scheduled a telemedicine consultation for the baby three weeks later with an endocrinologist from Washington, DC.

During the interim, the mother returned to the mountains with her baby but kept a low profile. How could she explain to the community whether she had a girl or a boy? What name should she give her baby? Did her other children have a new brother or a new sister?

Upon the patient's return to the clinic, telemedicine technology was used for the very first time. It was a milestone for this Honduran clinic many months in the planning. The endocrinologist was able to examine the baby and communicate with the general practitioner as if they were both in the same room. During the examination, the images were clear and the audio connection was good. The baby was diagnosed with congenital adrenal hyperplasia and pronounced a girl. Additional tests were ordered and a treatment plan was created.

The following morning, when the mother began her two-day journey back to the mountains, she knew she had a daughter in her arms. She understood the ongoing treatment required would dramatically improve the quality of her daughter's life. There is no price you can place on seeing the stress and anxiety leave the mother's face as she heard this news.

As HIM professionals, we work with our organizations to make sure the appropriate information governance infrastructure (data, forms, policies, etc.) is in place to support telemedicine. As we do this, it is important to remember the impact we are making in the lives of patients around the world.

Ann Chenoweth (ann.chenoweth@ahima.org) is senior director of industry relations for 3M Health Information Systems.

Article citation:

Chenoweth, Ann. "Patient Side of Telemedicine" *Journal of AHIMA* 88, no.3 (March 2017): 6.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.