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Opportunities Increase Dramatically for Telemedicine as Part of Micro-hospital Growth

Micro-hospitals Look to Telemedicine to Provide Timely Access to Specialized Care, NP/PA Support

ATLANTA—Oct. 17, 2017—The growth of micro-hospitals, where small neighborhood hospitals offer care tailored to the specific needs of a community, is dramatic. Companies that are building and operating these facilities are relying on telemedicine to help them provide the faster, more personalized service their healthcare model demands.

Cited as a new trend in healthcare in a recent *U.S. News & World Report* [article](#), micro-hospitals—sometimes called neighborhood or community hospitals—typically have eight to 10 short-stay beds and provide the inpatient care, emergency care, imaging and lab services typically performed in larger hospitals. Some also offer outpatient surgery.

A perfect environment for telemedicine

“It’s a perfect environment for telemedicine, and an enormous opportunity for our company,” said Talbot “Mac” McCormick, MD, president and CEO of Eagle Telemedicine. “Providing telehospitalist collaborative care is a role we’ll be filling with a rapidly growing micro-hospital company headquartered in Texas—as well as telespecialty coverage for the company, including TeleCardiology, TeleNeurology, Tele-ID (Infectious Disease) and Tele-ICU. We’ve had strong interest from other micro-hospital companies in recent months, as well.”

Cropping up in communities in more than a dozen states, micro-hospitals offer an appealing combination: They are cheaper and faster to build than larger hospitals. They can be tailored to the specific needs of a community depending on age, economic profile, and other factors. They offer a wider range of services than an urgent-care center, and a model that provides faster, more personalized service than a large hospital.

“One could say that the growth and viability of the micro-hospital model wouldn’t be possible without telemedicine, where specialists in a range of disciplines can be beamed in to provide the expertise needed for diagnosing and treating patients, as well as to provide backup and guidance for nurse practitioners (NPs) and physician assistants (PAs), who are assuming key leadership roles in micro-hospitals,” McCormick said.

A solution that leverages a changing healthcare workforce

In an age where the supply of NPs and PAs is growing, this company's model for telemedicine support makes good sense. A [report](#) by the U.S. Health Resources and Services Administration states:

- By 2020, the supply of primary care NPs is projected to increase by 30 percent, from 55,400 in 2010 to 72,100.
- The supply of primary care PAs is projected to increase by 58 percent, from 27,700 to 43,900 over the same period.

The HRSA also reports a projected shortage of 20,400 primary care physicians (PCP) against demand in 2020. A similar shortage of specialists like intensivists, pulmonologists, neurologists, cardiologists, psychiatrists, and others—particularly in rural America—holds the door wide open for telemedicine to fill the gaps.

Telemedicine provides a range of specialized care available at a moment's notice

Telemedicine makes specialists available any time of the day or night. A group of specialists who contract with the telemedicine provider handles calls, and can respond either by phone or text message. Or, if the situation warrants, the physicians can diagnose and prescribe treatment for the patient via two-way videoconferencing technology, a cart or robot equipped with diagnostic equipment and a monitor that provides for face-to-face communication with patients and staff.

The telespecialists might be in the same state and time zone; they might be across the country or, in some instances, halfway around the world, but they must be licensed in the state and credentialed by the hospital at which they are practicing. Wherever they are, response time is fast. To illustrate, teleneurology specialists typically achieve an average response time of 3.5 minutes (a fraction of the time it typically takes for a local neurologist to get in the car and drive to the hospital), and an average diagnosis and treatment time of 21.8 minutes.

“For the past nine years, we have provided teleneurology services and other specialties for traditional acute-care hospitals that want to offer a specific specialty,” McCormick said. “But micro-hospitals are looking for a different approach. They want to have a range of specialties available that they can dial into when they need them, and when NPs and PAs need expertise and decision-support. We look forward to being part of the success of micro-hospitals as this new healthcare model becomes a sensible choice for many communities.”

About Eagle Telemedicine

Eagle Telemedicine was one of the first companies to emerge in the telemedicine physician service arena, and is still pioneering the industry nearly a decade later, providing telemedicine programs to health systems, critical access hospitals, acute care hospitals, micro-hospitals, and long-term acute care hospitals (LTACHs). Eagle's solutions help facilities offer specialized care to underserved communities, eliminate locum support costs, prevent physician burnout, manage coverage gaps, reduce unnecessary transfers, and increase patient census. Multiple specialties include Hospitalist Medicine, Stroke and Acute Neurology, Psychiatry, Critical Care, and Cardiology. Other staffing support services include NP/PA Backup, Nocturnist Coverage, Cross-Coverage, and ED Surge Protection. For more information, visit www.eagletelemedicine.com.

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