



TeleNephrology

Why Use Telemedicine in Nephrology?

Many community and rural hospitals have just one nephrologist on staff. Other hospitals rely on a dialysis nurse or a local physician in private practice. If a patient needs a consult or inpatient dialysis, and there's no nephrologist available, the patient is transferred to a tertiary center. This can involve air medical services, costing as much as \$40,000+ per flight.

Eagle solves this problem by providing 24/7 instant access to nephrologists for inpatient consults, inpatient dialysis and follow-up visits.

The Challenge

When hospitals have difficulty recruiting and retaining nephrologists, it presents a serious challenge to providing consistent kidney care. Instead of receiving acute inpatient services locally, patients must be transferred, which decreases hospital revenue, increases the cost and creates unnecessary stress for the patient.

In the community, the hospital's reputation and financial viability are at stake as patients may avoid the local Emergency Department, fearing out-of-town transport. When hospitals cannot provide these necessary services and lose patients, this can lead to the hospital's demise — with ripple effects in the community, including lost hospital jobs, laid-off staff and closed businesses along with an economic downturn.

The Solution

Rural, inpatient dialysis has been called the “telemedicine trifecta” because it increases access, improves outcomes and saves millions in healthcare costs. Research has shown, in 91 studies, that telemedicine in intensive care cases has resulted in significantly improved clinical outcomes, staff satisfaction and workload, and financial sustainability.

The National Kidney Foundation (NKF) recognizes that telemedicine can deliver primary and specialized healthcare to geographically isolated patients, who account for nearly 20% of the US population. “In nephrology, where a growing discrepancy exists between the geographic location of nephrologists and patients with kidney disease, TeleNephrology can bridge distance and deliver renal care and education to the isolation,” according to the NKF.

Face-to-face inpatient teleconsultation is routinely used in intensive care medicine and treatment of stroke. Reports from private nephrology practices in Missouri and Arizona have illustrated the potential to care for hospitalized patients with kidney disease in the same manner.

Consults For Patients:

- Presenting in the ED
- Requiring new nephrology care during inpatient care
- Receiving inpatient nephrology care

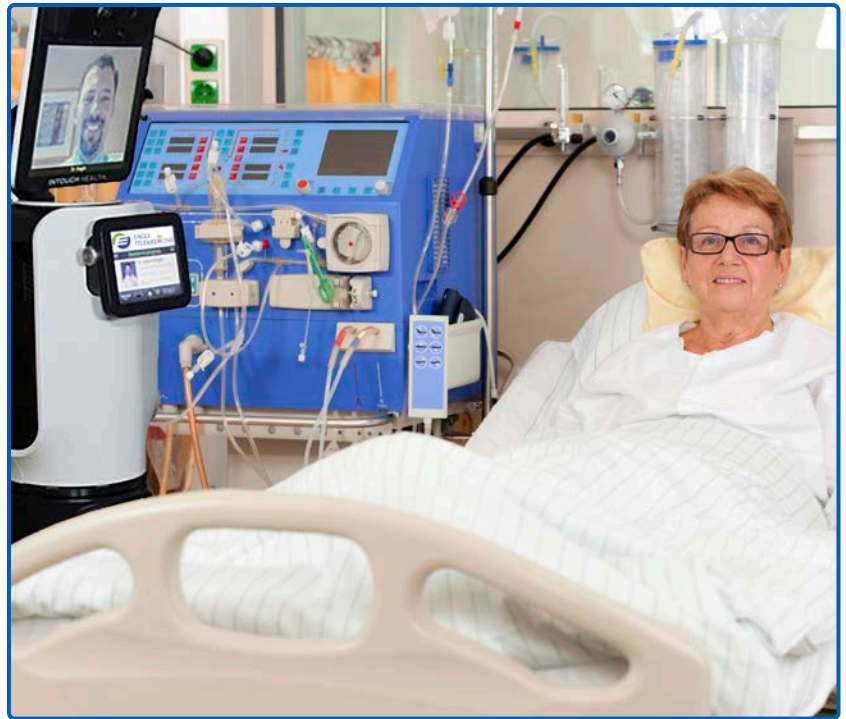


Eagle's TeleNephrologists can manage most chronic dialysis inpatient situations & CRRT.

Dialysis Coverage

Typically, the TeleNephrologist is notified upon the patient's admission, does an initial consultation, then "beams-in" during dialysis and for follow-up care. The TeleNephrologist also provides dialysis orders and management, and is available for physicians or nurses if any dialysis-related questions arise.

The hospital patient is virtually face-to-face with the TeleNephrologist on a video screen. Prior to, during and after a dialysis procedure, the patient communicates directly with the TeleNephrologist — getting their questions answered, easing anxieties. An experienced dialysis nurse is on-site, performing the dialysis procedure and directly interacting with both the patient and the TeleNephrologist.



BENEFITS FOR THE PATIENT & HOSPITAL



- ✓ Provides consultations for ED patients and hospital inpatients
- ✓ Supports hospital dialysis services at all levels, whether or not there is existing dialysis capability
- ✓ Eliminates need for patient transfer (along with transport costs) in most cases
- ✓ Improves patient outcomes and eases treatment related patient anxieties
- ✓ Prevents burnout and aids retention of local physicians
- ✓ Enhances the hospital's capability to provide vital services to the community