



CENTER FOR Rural Health

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The Telemedicine Tipping Point

In "The Tipping Point," author Malcolm Gladwell argues change is best understood as a "social epidemic," that spreads like a virus. He maintains that such epidemics happen "quickly" and "unexpectedly" and are often the result of some seemingly insignificant difference. He calls these differences or moments the tipping point. Throughout his book, Gladwell asks such diverse and provocative questions as: "Why did crime drop so dramatically in New York City in the mid-90's? Why do teens smoke in greater and greater numbers, when every single person in the country knows that cigarettes kill? How does a novel by an unknown author end up a national bestseller?" And so on. It is fascinating reading. But don't think this is a book review. Instead the idea of a tipping point serves as background to ask another interesting question: What is necessary to increase the rate of adaptation of telemedicine? Telemedicine can bring access to previously unavailable services to rural physicians and rural residents practically overnight but aside from teleradiology and a few other specialties the medical field has been slow to adopt. What then is telemedicine's tipping point? Part of the answer ultimately has to do with why Oklahoma State University Center for Health Sciences places such a high premium on using telemedicine to help educate our students.

People don't readily change their business practices and for good reason. Chasing each new thing that promises more productivity is often, well, unproductive. But for telemedicine and rural healthcare changing business practices is essential because of the enormous impact the applications can have in rural areas. It is precisely because these areas are rural that the impact can be so significant. If a physician or patient lives in an urban setting telemedicine is not likely to impact their lives. They have access to broader services simply because urban areas are able to support them economically. Moreover urban areas have larger populations and any health indicator or economic change telemedicine might bring is going to be diluted as a result. But concentrated in a small area, telemedicine can potentially impact the entire community; either through services residents receive directly or in the potential economic impact of keeping healthcare dollars that would normally be spent in an urban system stay in the local economy. Additionally, with the growth of our state's elderly population there is an even greater need to increase the use of telemedicine. This population's access to healthcare is critical if rural Oklahoma is going to stay economically viable. Considering telemedicine potential impact in rural areas, how then do we change business practices?

Oklahoma State University Center for Health Sciences is, as far as we've been able to ascertain, the only medical school in the country that requires its students to become proficient in the use of telemedicine. And it's not just in the classroom. Every OSU medical

student is required to spend at least five months in rural rotations. The school pays for telemedicine equipment in many of these sites so that our students can see how the applications work in the real world.

Without telemedicine, our rural rotations would not be the experience they are. This experience is one of the principle reasons our school is nationally ranked. Telemedicine, specifically distance learning, allows our students to stay in rural communities. The process makes them comfortable with the technology, meaning they're much more likely to incorporate it into their future practices. Moreover, the rural exposure helps recruit many of these same doctors back to the rural towns where they did their rotations or residency training.

So what is the adaptation tipping point for telemedicine? It is exposing medical students to telemedicine during their education that is critical to its expansion throughout the state. The more that foundation is built through our medical school the more telemedicine services will be available to both our rural physicians and rural residents. Like any virus this telemedicine "epidemic" will cause other schools to follow suit, and as we continue to produce great doctors, the expansion of telemedicine will increase exponentially. ■

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