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The absence of consistent, comprehensive private sector telemedicine reimbursement policies is a major obstacle to rural Montana's integration into proven and cost effective health care practices. Medicare and Medicaid have chosen to reimburse specialists for telemedicine consultations, yet the vast majority of private insurers are refusing to cover the cost, causing rural patients with heart or stroke attacks to be transported by ambulance if available, in the bed of a pick-up often or even necessitating very expensive life flights to major hospitals at around $15,000 per flight. In the case of certain rural stroke patients not administered a key drug known as tPA within 4.5 hours, certain death is guaranteed. The expensive flights, ambulance or pick-up rides down two lane roads in snowstorms or even death can, in many instances, be averted through the use of a telestroke cite already established in 8 acute care hospitals, staffed by local physicians and by Neurologists in Montana, Washington State or Colorado 24/7. But the current funding to pay for these Neurologists is simply a stop gap measure until the private sector steps up to reality and begins reimbursing these Neurologists for their time.

For the first time in Montana's history, rural and frontier residents, hunters and fishermen and travelers are receiving expert, cost effective services close to home. Unfortunately, if the private sector continues to refuse telemedicine services this innovative, inexpensive service will be severely damaged.

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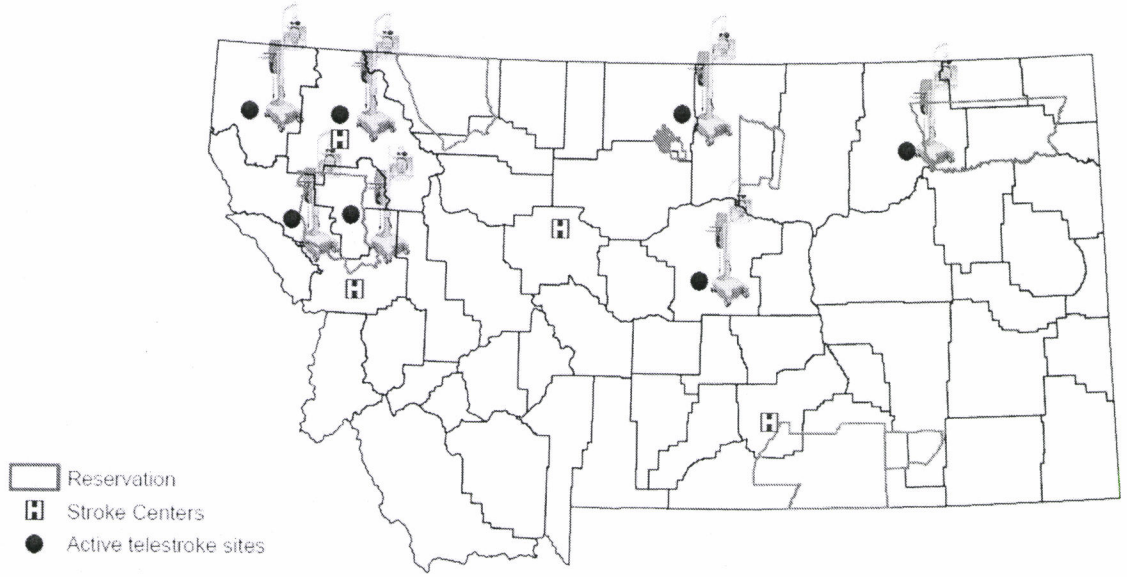
The Montana Telestroke Project

Survival and recovery from stroke are optimal when effective and advanced treatments are delivered as quickly as possible. There is an effective treatment for an ischemic stroke - the most common type of stroke. The treatment involves using a blood clot-busting medication called t-PA. Nationally, the utilization rates of t-PA are extremely low -- <4%. Reasons for these low treatment rates are due to the narrow treatment window in which the drug can be administered and a lack of stroke neurologists managing the care of the patient. Montana, like most rural areas, lacks access to stroke neurologists that can provide advanced care in the early hours of a stroke. The Cardiovascular Health Program, in collaboration with the Montana Stroke Initiative and the Montana Health Research and Education Foundation, has developed telestroke capabilities in Montana using Master Settlement Agreement funding. The Cardiovascular Health Program partnered with neurologists from Montana, Washington, Colorado and Oregon to provide 24/7 coverage for Montana's hospitals that use the telestroke system. The telestroke system's two-way audio/video capabilities allow the stroke specialist to examine patients remotely. In turn, the patient and emergency room staff can see and hear the stroke neurologist. Brain images, such as CT scans, can also be reviewed by the stroke neurologist greatly reducing the "decision to treat time." Telestroke systems are operational at Central Montana Medical Center in Lewistown, St. John's Lutheran Hospital in Libby, St. Luke Community Healthcare in Ronan, Frances Mahon Deaconess Hospital in Glasgow, Northern Montana Hospital in Havre, North Valley Hospital in Whitefish and Clark Fork Valley Hospital in Plains.

Location of Stroke Centers and Active Telestroke Sites, Montana, 2013.



Outcomes: From June 2009 – December 2012, 44 neurologist consults were completed using the telestroke system. In ten of the cases - or nearly 1 in 4 - patients received t-PA. This t-PA treatment rate is much higher than the national t-PA treatment rate and offers patients the best chance to recover from stroke.