

Case Study



Telemedicine: a useful tool in the delivery of urological health care in Ontario

Telemedicine saves patients' time and money.

Dr. Abara's interest in telemedicine dates back to the 1990s in Timmins. In 2006, OTN invited him to participate in a desk-top telemedicine pilot and the success of that pilot resulted in his decision to install a telemedicine studio in his office in Richmond Hill, north of Toronto. Dr. Abara has one of the first community office-based urology telemedicine studios in Ontario.

Dr. Abara's current practice continues to extend to rural areas with small communities of between 2,200 to 5,000 people and very few health care professionals. Before incorporating telemedicine into his practice, patients referred to him incurred travel expenses, as did any family members who may have accompanied them to their appointments. Telemedicine, he believed, would save his patients and their families money, while increasing the efficiency of his practice. Dr. Abara achieved greater efficiencies through reduced wait-times, which lead to faster test results, so treatment can begin sooner.

Telemedicine Applied:
“Telemedicine takes away the stress of travel, even if the patient lives only 45 km from my office.”

“Patients are fascinated by telemedicine,” Dr. Abara explained. “Telemedicine takes away the stress of travel, even if the patient lives only 45 km from my office.” He noted that without telemedicine, patients in distant communities would have to take time off work, and often, were accompanied by a relative who would have to do the same. Now patients and family members need only travel to the telemedicine facility closest to them, often located in a local hospital or clinic.

“Telemedicine is the way of the future.”

According to Dr. Abara, “Telemedicine is the way of the future, regardless of where a patient lives.” If the technology advances to the point that smartphones and tablets can provide secure transfer of health care data, he suggests that waiting in a doctor’s office for follow-up consultations may be replaced by waiting in the comfort of one’s own home.



The Bonus:
Appointment wait time is reduced because telemedicine is time sensitive

“The beauty of telemedicine” Dr. Abara says “is that instead of spending three hours waiting in a doctor’s office, a telemedicine patient is seen exactly at the scheduled time.” He likens Telemedicine appointments to broadcasted television shows, beginning and ending at pre-determined times.

Although Dr. Abara’s original intention was to use telemedicine for follow-up care, his practice has evolved to include patient evaluation. As he became more familiar with the process, he began collaborating with a patient’s family physician or nurse practitioner, who may join them in the consultation

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He has found that patients benefit from the presence of a primary health care professional, who provide a second set of ears for the treatment plan - both for what must be done immediately and what must be done going forward. Knowing that their primary health care provider is fully informed and part of the discussion instills confidence in the patient.

**Advice to New Users:
Conduct a needs assessment before
investing in telemedicine**

Dr. Abara suggests that physicians who want to incorporate telemedicine into their practice should assess their practice and ask a few preliminary questions. Does the practice require telemedicine (are there patients who travel long distances to receive care)? Are the resources available to support telemedicine? It is good practice to identify community champions - primary health care providers for example, who will support telemedicine by referring patients.

Telemedicine is time-sensitive, so a consulting physician must be prepared to maximize the time with the patient. Every new telemedicine practitioner needs to develop clinical protocols to guide how the consultation will take place. Dr. Abara designed a consultation sheet which helps him understand the goals of a consultation.

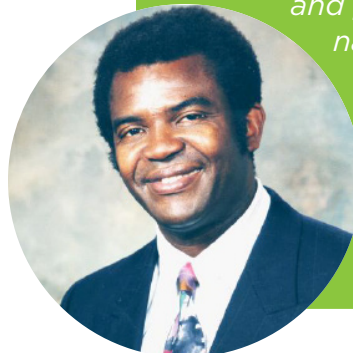
When telemedicine is incorporated into a practice, Dr. Abara recommends that the practitioner hold a formal opening ceremony or launch, to ensure that patients and the broader community are aware of the new service. .

Dr. Abara admits that incorporating telemedicine requires adjustments, but they are ones that he has never regretted.



Dr. Emmanuel Abara, MD, FRCS(C),
FACS, FICS

Dr. Abara is Director of the Richmond Hill Urology Practice & Prostate Institute as well as serving as a consultant urologist to a number of hospitals in Northern Ontario. He graduated as a gold medalist in Community Health from the University of Ibadan and did General Surgery training at the Universities of Benin and Port Harcourt. He completed a urology residency at the University of Toronto and is a two-time recipient of the Canadian Urological Association's "Community Urologist" award. In 2012, he was awarded the Queen Elizabeth II Diamond Jubilee medal. Dr. Abara has published in a number of peer-reviewed journals and presented papers at national and international meetings. His experience has encouraged a long-time interest in rural health and enhancing urologic care through Telemedicine.





Telemedicine for Your Health Care Practice

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Patients do not pay additional fees. Physicians may bill OHIP for telemedicine at a premium.

OTN is a recognized provider of healthcare distance education. That skill and experience is applied to all online telemedicine training modules.

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