

Case Study

Embracing telemedicine from its inception has made a difference for surgery patients in Northern Ontario.

Even within the world of “early-adopters” some are further ahead of the curve than others. When there were only two telemedicine facilities available in all of Ontario, Dr. Gabriel Mapeso was using one of them. To him, it just made sense.

“The first machine in Thunder Bay? I used it. How’s that!”

Dr. Mapeso started practice as a general surgeon in 1994, relocating to Thunder Bay from the Philippines in 1996. By 1997, he was already incorporating telemedicine significantly into his patient care. Knowing how difficult it can be to find specialist care for patients in northern Ontario, Dr. Mapeso takes advantage of every resource he can to connect himself and his patients with sub-specialties that can provide critical support. In addition to telemedicine, Dr. Mapeso also uses Criti-Call to connect with specialists – sometimes

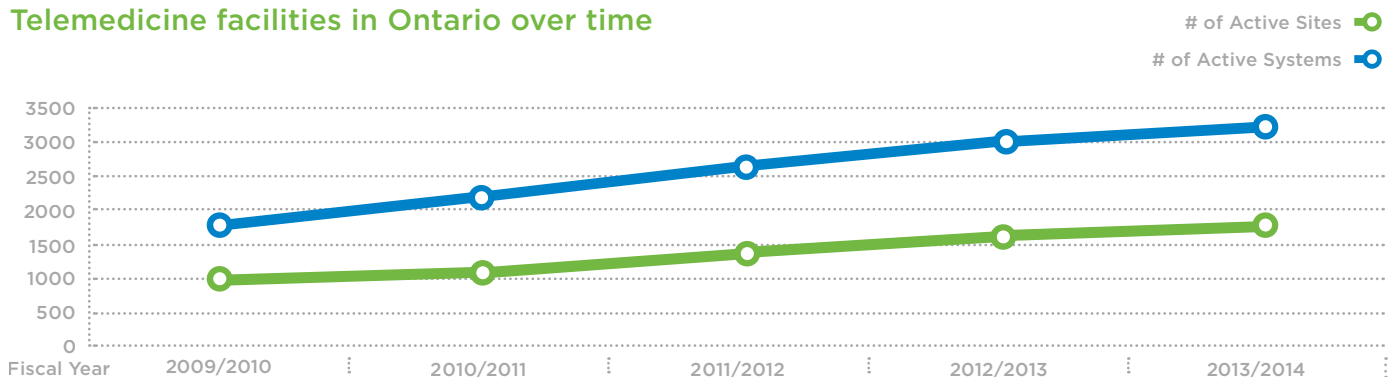
even in mid-surgery – or to arrange transfer of patients that are better served in tertiary hospitals in southern Ontario or northern Minnesota. “I trained in a rural community as well,” he says matter-of-factly, “so I’m used to that.”

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Patients should only travel when they have to.

Given the geographic distances involved, Dr. Mapeso will often use telemedicine for his initial patient visits – a contrast to many telemedicine users who are more comfortable seeing their patient in-person the first time, and only using telemedicine for follow-up visits. But in his view, many general surgery consults are straightforward enough that making a patient travel for an initial visit is a waste of time and money.

Telemedicine facilities in Ontario over time



“Most of the time a telemedicine conference [makes sense] the first time, and saves them the trip,” says Dr. Mapeso, referring to clear diagnosis cases like breast cancer as an example. “I would book them directly in the OR, especially if the mammogram or imaging studies are definite.” When time and travel are an unnecessary additional burden on his patients, Dr. Mapeso takes a practical approach to reducing the complexity of in-person consults before surgery. “If it’s got to come out, it’s got to come out.”

Similarly, in many cases where the patient is otherwise healthy, there’s no real necessity to see a patient in-person when the procedure is already confirmed. A common example would be a colonoscopy patient. Dr. Mapeso will book his initial consult with the patient by telemedicine, because “the scope is coming anyway.” Hernias

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among many younger patients are another prime example. If the ultrasound shows a hernia, then Dr. Mapeso can get consent by telemedicine and go straight to booking the patient for their procedure. “The next time I see them is in the OR.”

While some general surgeons would be concerned that they won’t have a clear enough perspective on their patient’s condition without seeing them in-person, Dr. Mapeso finds that the technology allows him to have a very acceptable view during a patient exam. Because the hand-held camera can be placed very close to the patient by the nurse on the patient side, moles can be easily examined for signs of skin cancer and wounds can be checked for infection or scar worries on

the part of patients. Swelling associated with boils, abscesses or hernias can be examined, and in conjunction with other medical imaging, a clear decision can be made.

Like many medical professionals in the north who have made telemedicine part of their routine, Dr. Mapeso believes weather is a big factor in choosing telemedicine as a safer and more convenient way for patients to be seen. “Having all those accidents on the road, all those closures on the road, how dangerous the road is ... it’s definitely a bonus for those patients.” Elderly patients benefit especially, he says passionately. “Why let a 90-year old come here for a consult, or come down here for a check-up? If it can all be done by telemedicine, I would do it.”

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It’s more than just the drive.

To other doctors not using telemedicine, Dr. Mapeso suggests they consider how much more is actually involved in having patients travel. Elderly or severely ill patients often need to travel with a relative or companion, whose travel and accommodation costs aren’t covered by the NHTG. In addition to the many hours of travel each way, these additional expenses can be easily avoided in many cases, and doctors should weigh these benefits before asking a patient to travel.

“I don’t know why they wouldn’t use it. [The doctors] can see the CT scans on their screens. So why not make a decision there and then? Why do they have to see the patient?”