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**August 31, 2010**

### Health IT workforce must double in size by 2015 to meet industry needs

A shortage of health information technology workers over the next five years will force medical care providers to get creative in meeting their employment needs as they try to establish electronic health records, health information exchanges and other tools, according to a report by IT research firm CSC in Falls Church, Va. The report notes that by 2015, the medical industry will need more than 50,000 additional employees with health IT skills—effectively doubling the size of the current health IT workforce—to help meet federal "meaningful use" criteria. Part of this need can be met by reassigning workers with health IT skills who are working elsewhere. Training programs funded by the American Recovery and Reinvestment Act of 2009 will also help develop new skilled resources, although there will be a time lag, as the first graduates will not enter the workforce until spring 2011. Hospitals and other healthcare facilities will need to consider alternative system implementation and operation strategies, including remote hosting, physician assistance from hospital health IT staff and consultants, according to the report. [Full Story](#)

### Hospitals, clinics may give way to EHR-driven patient medical homes

Electronic health records (EHRs) may help drive the healthcare facility of the future: the patient-centered medical home. According to a report by NPR, the medical home offers the type of care people might expect from a veterinarian: a place that calls patients on time, greets them at the door, and coordinates their needs. A key part of this program is an EHR system, which, for example, can allow a doctor to review things such as patients' blood pressures or most-recent physicals, and make new appointments as needed. But in the medical home, doctors are also expected to pass off some of the less-specialized and time-consuming tasks to others. The idea, according to Maine primary care physician Lisa Letourneau, is to have everyone "practicing at the top of their license," or doing what they are most trained to do. Doctors will also have to get over the idea that they're the only ones qualified to deliver medical care, according to David Howes, chief executive officer of Martin Point, a medical home coordinator based in Portland, Maine. [Full Story](#)

### Health IT committee recommendations give patients chance to opt out of HIEs

The Health and Human Services Department's Health IT Policy Committee is backing a set of recommendations that clarifies when healthcare providers must obtain consent before exchanging patient health records electronically with other clinicians, testing labs or health information exchange (HIE) networks. In general, the recommendations state that if a provider uses an HIE to share data that meets federal "meaningful use" requirements, the provider must also offer patients a choice of opting out of that exchange. Directly exchanging patient information between two healthcare providers on the same health network would not necessitate patient consent beyond the requirements of federal privacy and security rules, fair information practices and state laws. The committee will submit the recommendations to the Office of the National Coordinator of Health IT, which will decide whether to include them in policy before its health IT adoption campaign launches in 2011. [Full Story](#) [Further Information](#)

**2010 ATA Mid-Year Meeting**

ATA Summit & Pediatric Telehealth Colloquium

Sept. 26-28, 2010 | Baltimore

### Implants, mobile monitors could give epileptics advance warning of seizures

Detecting epileptic seizures before they occur could one day be as easy as listening to a cell phone—or your own brain. Wave Technology Group in Chicago is working with the University of Chicago Hospital's Pediatric Epilepsy Center to develop a mobile EEG monitor connected via Bluetooth to a patient's smart phone that can deliver real-time brainwave data. The data can be used by doctors to warn epileptics that a seizure is imminent, allowing them to quickly stop driving or operating equipment. The EEG Wave Monitor is expected to be approved by the FDA in 2011, according to Wave Technology Chief Executive Officer Sam Cinquegrani. Meanwhile, medical device maker NeuroVista has partnered with neurological disorder specialist Cyberonics on developing an implantable EEG reader that can directly warn the epileptic of an impending seizure. The innovation could potentially help an estimated 750,000 patients in the U.S. alone, according to NeuroVista President and Chief Executive Officer John Harris. Since 2007, NeuroVista has raised more than \$60 million in funding toward development of its Seizure Advisory System. [Full Story](#) [Further Information](#)

### Portable diagnostic tool offers early detection of cancer, other blood diseases

Irish researchers have developed a portable diagnostic device that can diagnose early cancers, cardiac markers, infectious diseases and other blood-related illnesses. According to Radisens Diagnostics Chief Executive Officer Jerry O'Brien in Cork, United Kingdom, the system requires a finger-prick of the patient's blood, which is then placed on a clear plastic disc that integrates all

preparation steps, including plasma separation and reagent mixing. The disc is then inserted into the battery-powered device, with results available in a few minutes. The entire process takes about 10 minutes and requires only minimal training, O'Brien explained. He expects to place the first units on the market in early 2012, with the United States and private European healthcare providers as the company's main markets. [Full Story](#)

#### **Text messages make no difference in birth control use among women**

Text-messaged reminders do not help women remember to use birth control any better than those without such reminders, according to a study by researchers at Boston University School of Medicine. For the study, 82 birth control pill users were given oral contraceptives from an electronic monitoring device that reported missed pills through wireless transmission. The women were divided into two groups: one that received daily text message reminders to take the pill, and a control group that created their own reminder system, such as with a cell phone or clock alarm. The researchers found that missed pills were common with or without the text message reminders, with both groups missing about 5 pills per month, according to study author Melody Hou. The findings could have validity bearings on similar studies being conducted on the effects of text messaging and cell phones on use of anti-HIV therapies, STD testing, exercise and sunscreen use, among other health behaviors. The birth control study appears in the September issue of *Obstetrics & Gynecology*. [Full Story](#)

#### **Alere Health to market AirStrip's OB wireless monitoring software**

San Antonio-based patient monitoring software maker AirStrip Technologies Inc. has entered a distribution agreement with Atlanta-based health management services provider Alere Health LLC, the companies announced. As of Sept. 1, Alere will begin marketing the AirStrip OB to U.S. physicians and hospitals through Alere's Women & Children's Health division, according to AirStrip Technologies Chief Sales Officer Bruce Brandes. AirStrip OB software transmits vital patient waveform data, including fetal heart tracing and maternal contraction patterns, in virtual real-time directly from the hospital labor and delivery unit to a doctor's mobile wireless device. [Full Story](#)

#### **Maine cleared to use entire \$6.6 million grant to expand state health IT plan**

The state of Maine has won approval from the federal government to use all of a nearly \$6.6 million grant for statewide expansion and coordination of its health information technology plan, Gov. John Baldacci announced. In March, federal lawmakers said that the state of Maine qualified for nearly \$6.6 million over four years in American Recovery and Reimbursement Act funds; only a small portion of funds were available immediately, with the remaining funds contingent on approval from the Office of the National Coordinator. Reportedly, Maine is only the sixth U.S. state to receive such an approval. The state will use the funds to "advance electronic medical records and... assure that such information can be readily available all across the state whenever and wherever a patient and her provider needs access to it," Baldacci said. [Full Story](#)

#### **Newly named Virtual Medical International to create virtual waiting rooms**

Telemedicine services provider QE Brushes Inc. will be changing its company name to Virtual Medical International, the company announced. According to VMI Secretary and Treasurer Michael Davis, the Los Angeles-based company plans to provide telemedicine access through projects designed to provide patients with timely medical care. Those include creating "Virtual Waiting Rooms," which will give patients 24-hour access to physicians for non-life-threatening consultations from patients' homes and "alleviate the already overworked emergency rooms of their current role as primary care facilities," according to Davis. Virtual Medicine International also plans on providing patients with medical information through Web-based sites such as Explain My Surgery and Explain My Chiropractic Care. Explain My Surgery, Inc., was purchased from Entertainment Arts Research Technology, a company associated in the technology behind Second Life virtual platforms. [Full Story](#)

### **Movers & SHAKERS**

**Paul Keckley**, executive director of Deloitte Center for Health Solutions, announced the release of a new brief suggesting mobile personal health records may be the key to consumers' technology-enabled self-care...**Eric Shinseki**, Secretary of Veterans Affairs, announced a pilot program connecting the electronic health records from the Roubidoux VA Medical Center with patient data from other hospitals and healthcare centers...**William F. Jessee**, president and CEO of the Medical Group Management Association, sent a letter to CMS on behalf of his organization urging CMS to modify provisions of its 2011 physician fee schedule related to e-prescribing and electronic health records...**Ambreen Mian, Dr. Colleen Stockdale, Dr. Joyce Vista Wayne, and Dr. Carole Frier** have been named to a special committee by the Iowa Board of Medicine to study telemedicine safety...**Tim Thompson**, former CIO and senior VP at Houston's Methodist Hospital System has been named CIO at BayCare Health System in Florida...**Kimberly Bustamante**, former director of finance and administration at the Maine Center for Public Health, will take over as manager of administration and finance at HealthInfoNet...**K.M. Chandrasekhar**, India's Union Cabinet Secretary, announced that 60,000 common service centres have been set up around the country as part of the national e-governance plan. ...[Please send us](#) your news on Movers and Shakers in the field.

### **Upcoming EVENTS**

- **ATA Mid-Year Meeting**  
*September 26-28, 2010 - Baltimore, MD*  
[More Info](#)
- **The Forum 10**  
*October 13-15, 2010 - Washington, D.C.*  
[More Info](#)
- **2010 Connected Health Symposium**  
*October 21-22, 2010 - Boston Park Plaza Hotel & Towers*  
[More Info](#)
- **Global TeleHealth 2010**  
*November 10-12, 2010 - Perth, Western Australia*  
[More Info](#)

- **Med-e-Tel 2011**

April 6-8, 2011- Luxembourg, G.D. of Luxembourg

[More Info](#)

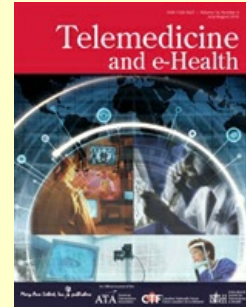
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