

CHAPTER III



Misconceptions

“If you’re making business decisions based on anecdotal data or gut instinct alone, you’ll eventually pay a big price.”

Bill Gates, *Business at the Speed of Thought*

Misconceptions?

A number of telemedicine myths have emerged. As most myths, they are based on emotions more than on facts. This is normal because facts are constantly changing. The following misconceptions are anchored in the mind of many and I will seize this opportunity to challenge them.

Telemedicine is about Technology

Too many people believe telemedicine is about technology, but what is accomplished *by people* with that tool is far more important than the tool itself. In many ways, living in the Information Age is good, but if you look around, you will see that technology has not solved conflicts, stopped the spread of disease, or improved the academic performance of children. And it will not *necessarily* improve our professional lives and patient care. Technology only facilitates human brainpower and interaction. *It does not replace it.* Outstanding results are obtained only when people know how to communicate and collaborate to achieve a common goal. Telemedicine is a collaborative effort between you and your consultants, and technology will not make it work. People will.

An Image is Worth 1,000 Words

In most discussions about telemedicine emphasis is put on images and words are frowned upon. (This is what fax machines are for). But very rarely can teleconsultants provide an accurate diagnosis based on images alone. The sending veterinarian knows where the lesion was, how long it has been present, the clinical history, laboratory results and other pertinent information, but the specialist has no access to this information unless it is included with the images. You would be amazed to see how often diagnostic yield is reduced by lack of clinical information.

There are many definitions for telemedicine but my favorite is *collaborative communication*. Practitioners and specialists collaborating toward the same goal (to improve patient care) using telecommunications to share medical information. Not only images.

Telemedicine is for Large Hospitals

Smaller hospitals and even one–veterinarian practices may need telemedicine the most. Professional isolation is only one reason. Small hospitals want to meet the needs of their patients and don't want to lose clients to larger hospitals. Several of the most enthusiastic telemedicine users are located in small towns and they have made telemedicine profitable. Pet owners in rural areas appear to be as receptive to better services as those who live in large cities.

Equipment Must Pay for Itself Directly

Do you ask your computer system to pay for itself directly? Do you charge your clients each time you use your telephone system or fax machine? Of course not, but you could not afford losing the time and money they save you and the business they bring you year after year. Telemedicine and digital storage of diagnostic images will most likely pay for themselves in direct revenues, particularly in large hospitals, but as for your telephone and computer system, don't forget to consider the indirect revenues and savings in your cost/benefits analysis. Alone they could justify the purchase of a telemedicine system.

Specialists Will Lose Referrals

Specialists see only a small percentage of the pet owners that are offered to be referred. Many dislike the unknown and prefer to stay with the veterinarian with whom they have built a personal relationship over the years. Telemedicine would expose more pet owners to specialty services, and as they become more familiar with specialists, they would be less reluctant to see one when needed. This education is likely to bring more work to specialists.

You Can Improve Images

A common belief is that you can improve x-ray images with computer manipulations. This is true for images obtained with high resolution digital radiography systems, but not for images obtained with video cameras, digital cameras, or even good quality scanners. If a lesion is not visible on the original x-ray, it will not be visible on the computer monitor of your consultant, no matter what manipulations are used. In addition, loss of information is greater when capturing overexposed or underexposed radiographs, particularly with cameras. Therefore you should not rely on digital manipulations to compensate for a suboptimal radiographic technique. If the exposure is not good or the area of interest is not clearly seen, you should obtain another view prior to image capture. In other words, with telemedicine you need to obtain better x-rays than ever.