Blue Mountain Hospital (BMH), a Critical Access Hospital in Blanding, Utah, lies in the heart of San Juan County. The area is home to 15,000 residents and attracts hundreds of thousands of visitors each year, drawn to the remote beauty of Moab and Lake Powell.

As is the case for many rural hospitals, the majority of BMH’s physicians are focused in family-practice medicine. With providers spread too thin to take on high-acuity patients and the complex cases of the sickest patients, BMH routinely transferred patients to Salt Lake City, Utah, a five-hour drive, or Grand Junction, Colorado, about three hours away. Sending these patients to other hospitals meant losing admissions, a familiar refrain for rural hospitals nationwide, which exacerbated the hospital’s ongoing struggle with low volume. Patients, who typically prefer to stay local whenever possible, faced the added burden of expensive transfers and hours of travel time for their loved ones to visit and participate in care management.

To allow patients requiring a higher level of treatment to stay in the community, Blue Mountain turned to the telemedicine program administered by Intermountain Healthcare at the end of 2016. Intermountain’s TeleHealth Critical Care provides a proactive monitoring and response center where an intensivist physician and critical care nurses monitor patients at Blue Mountain and act as clinical decision support to bedside staff.

The hospital dedicates one patient room and one emergency room bay to critical care patients. Both are connected with the TeleHealth Critical Care Center in Murray, Utah. The intensive care physicians and nurses at Intermountain Healthcare serve as a second set of eyes, supporting the local care team at BMH, providing 24/7 backup (with the ability to round on patients) and monitoring the condition of critically ill patients.

Telehealth is especially beneficial in rural populations where critical care services are less robust. While the Blue Mountain physicians and staff were initially hesitant about the new technology—and worried that local care decisions would be taken out of their hands—they have since embraced telehealth as a way to provide quality care to a patient population they could not serve without 24/7 telemedicine resources. Intermountain is now seen as a powerful way for BMH clinicians to get expert advice, including evaluating whether patients presenting in the emergency department should be admitted or
transferred. If the patient is admitted, the local providers may rely on Intermountain Healthcare as an on-call resource that allows them to write orders, manage patient care, and hand off care at the end of a shift knowing that the patient is receiving quality care.

At the outset of the partnership, the nursing staff and physicians at BMH were trained in the use of the TeleHealth Critical Care equipment and protocols to coordinate patient care with Intermountain providers. The physicians and nurses are now supporters of the program, as they view the telemedicine resource as a win for patient care, the hospital’s bottom line, and managing the work/life balance of being a rural provider. The telemedicine support is also welcome overnight when there are fewer hospital providers and staff available. As trust has built between Intermountain Healthcare and BMH over the years, the BMH team has become comfortable reaching out to Intermountain and views the remote intensivists as part of the care team.

Blue Mountain pays Intermountain a fixed monthly fee. This arrangement, reevaluated yearly, encourages BMH staff to reach out to Intermountain Healthcare without incurring a per-consult fee. Intermountain also assists with admissions and provides technology, including a fixed camera in each patient room. To ensure privacy, the patient is warned each time before a camera comes on; there is always a BMH nurse in the room for conversations between Intermountain Healthcare and the patient.

Patients have responded enthusiastically to the telemedicine technology, as it allows them the highest level of care possible in their community and avoids expensive transfers. As an added benefit, families no longer need to travel hours to visit loved ones, which often incurs the financial burdens of travel and time away from work. Families are encouraged to participate in the telemedicine experience and may ask questions while the patient is interacting with Intermountain.

In the nearly three years since telehealth became part of the Blue Mountain continuum of care, volumes at the hospital have grown. In addition to telemedicine support for ED ICU, stroke, and burn patients, Blue Mountain is so pleased with its three-year track record with telemedicine it is looking to expand the relationship to include specialty services beyond critical care.

The telemedicine program at Blue Mountain is a successful solution to the challenges many Critical Access Hospitals face. CAHs often have higher-than-average fixed costs and lower volumes than larger hospitals; the telemedicine program addressed this issue and has led to more patients, translating to a lower overall cost per patient. On top of the savings, BMH can now offer quality care to a segment of the community it could not serve previously, keeping patient care local.