The role of the Picasso phone system in distance consultation for remote Pacific islands

Victor M. Yano*

Abstract

The U.S. affiliated Pacific Island nations spend an average of over 10% of total health budget on off-island referral care to tertiary centers. Tripler Army Regional Medical Center (TAMC) has been the major provider of this service for many years. Prior to 1995, communication to consultants at TAMC was by long distance telephone, fax, and regular mail. Connecting to a specialist sometimes took hours and clearly a better communication link was needed. The AT&T Picasso phone, an instrument the size of a small briefcase was developed to reliably transmit still images over the regular phone. Freeze-frame images captured at the sending end by a cam recorder were transmitted to a remote receiver unit, where they were displayed and stored. A typical medical consultation involved about three images, with each transmission over the 28.8 Kbps modem taking about one minute. A separate consultation form submitted by fax to TAMC was attached to the transferred images. Four Picasso phones were used to test their usefulness in linking isolated Pacific islands to a metropolitan medical center. For the first time ever, colored patient images, data, X-rays etc. were transmitted with a faxed written medical report. The Picasso phone was the spark of the Telemedicine development in the US affiliated Pacific islands.

Introduction

The population of the northern Pacific Islands is scattered across 104 inhabited islands covering an expanse of ocean larger than continental U.S. The health care delivery systems vary in different jurisdictions depending on the degree of political relationship with U.S. Almost all health indicators for islanders are worse than islanders in Hawaii and the U.S. mainland. Obstacles to the delivery of health care include emphasis on hospital-based acute care, long distances that must be covered to provide care to remote areas, lack of trained personnel to meet the increased expectations of the community, inadequate medical facility and support system, and finally by enormous costs involved in sending patients off island for specialized care. In contrast to most island nations in the South Pacific, between 10-33% of the health budgets of all the U.S.-affiliated Pacific Islands are spent for off-island medical care to serve less than 1% of the total population. The enormous expenditures have not translated into measurable improvement in health status. In fact the reverse has happened as funds for primary health care, medicines and supplies are exhausted.

*Director, Western Pacific HealthNet
President, Pacific Basin Medical Association,
PO Box 822, 96940 Koror, Palau
Ph: +680 4882687; Fax: +680 4881087;
Email: bmc@palaunet.com
Table 1. Statistics for selected Pacific countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Total health budget (US $M)</th>
<th>Per capita expenditure (US$)</th>
<th>Off-island medical care (%)</th>
<th>Total population</th>
<th>Infant mortality rate /1000</th>
<th>Life expectancy (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Samoa</td>
<td>21.40</td>
<td>369</td>
<td>30</td>
<td>58,070</td>
<td>13</td>
<td>71</td>
</tr>
<tr>
<td>CNMI</td>
<td>36.20</td>
<td>614</td>
<td>19</td>
<td>58,846</td>
<td>9.3</td>
<td>72</td>
</tr>
<tr>
<td>Guam</td>
<td>81.00</td>
<td>510</td>
<td>*24</td>
<td>155,225</td>
<td>8.9</td>
<td>74</td>
</tr>
<tr>
<td>FSM</td>
<td>14.00</td>
<td>132</td>
<td>**13</td>
<td>105,506</td>
<td>46</td>
<td>65</td>
</tr>
<tr>
<td>Pohnpei</td>
<td>4.80</td>
<td>143</td>
<td>9</td>
<td>33,692</td>
<td>42</td>
<td>67</td>
</tr>
<tr>
<td>Chuuk</td>
<td>4.88</td>
<td>92</td>
<td>18</td>
<td>53,319</td>
<td>53</td>
<td>64</td>
</tr>
<tr>
<td>Yap</td>
<td>1.98</td>
<td>178</td>
<td>14</td>
<td>11,178</td>
<td>39</td>
<td>67</td>
</tr>
<tr>
<td>Kosrae</td>
<td>1.10</td>
<td>151</td>
<td>12</td>
<td>7,317</td>
<td>49</td>
<td>65</td>
</tr>
<tr>
<td>RMI</td>
<td>7.60</td>
<td>128</td>
<td>33</td>
<td>59,246</td>
<td>29</td>
<td>64</td>
</tr>
<tr>
<td>Palau</td>
<td>10.90</td>
<td>633</td>
<td>15</td>
<td>17,225</td>
<td>26</td>
<td>67</td>
</tr>
<tr>
<td>Fiji</td>
<td>19.40</td>
<td>24</td>
<td>2</td>
<td>810,000</td>
<td>18</td>
<td>73</td>
</tr>
<tr>
<td>W. Samoa</td>
<td>5.40</td>
<td>32</td>
<td>2</td>
<td>170,000</td>
<td>22</td>
<td>69</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>6.15</td>
<td>34</td>
<td>0</td>
<td>181,000</td>
<td>37</td>
<td>65</td>
</tr>
</tbody>
</table>

Figures from "Health Priorities and Options in the World Bank's Pacific Member Countries 1994"
* Calculated for Medicaid Indigent Program - 163 in 96 from "Pacific Partnerships for Health"
** Average of four Federated States of Micronesia (FSM)
Figures from "A Brief Summary of the Health Priorities Seminars conducted in FSM and the Marshall Islands", Dr Joe Flear, Fr. Hezel
Population figures for US API from PIHOA (1997)

Fig. 2 and Fig. 3. The Picasso system
Fig 4. Consult Form TAMC Telemedicine Clinic

Fig 5. Patient Image

Fig 6. Chest X-ray Image
Background

The majority of patients from the Freely Associated States who were referred off-island prior to the Compact (in 1980) went exclusively to Tripler Army Regional Medical Center (TAMC) in Honolulu and selectively through the Pacific Islands Health Care Project (PIHCP) in the Compact years. The process of transferring a patient to a tertiary medical center depended on factors on the islands and at the receiving end. The transfer barriers include different referral protocols in each jurisdiction, added expense of referral coordinating offices in Hawaii, periodic changes in TMC specialists, uneven levels of access by island providers to the consultants. Prior to 1995 communication with consultants at TAMC involved the use of long distance telephone, faxes and regular mail. Connecting to a specialist required a sequence of events that took hours to accomplish as office workers coordinated the necessary phone transfers. Time difference, lack of infrastructure development, and frustration limited the number of these consultations to the emergency cases. There was a clear need for better coordination and communication link. See Table 1.

Method

A system “that would reliably transmit still-images over regular phone lines” could provide an improvement in the communication link. In April 1995 Dr. Donald Person, Director of PIHCP and Dr. Scott Norton, Chief of Dermatology, TAMC presented the activities of the Telemedicine Clinic at the Charter Conference of the Pacific Basin Medical Association. Although the clinic was established to support remote military physicians in real time a similar application could be utilized in any isolated setting. The AT&T Picasso Still-Image phone would perform this function. The size of a small briefcase, this product behaved like a still-image, full color, paperless FAX machine. Freeze-frame images captured at the remote sending end by a camcorder were transmitted to a central receiving unit, where they could be displayed and stored. Four Picasso Phone units were donated by AT&T to the region through TAMC to test their utility in linking isolated Pacific islands to a metropolitan medical center. A technical demonstration by Maj. Craig Floro and Sgt. Mike Philpotts initially overwhelmed the audience when in addition to voice transmission high quality color images were transmitted over phone lines from Honolulu to Pohnpei. The potential of this system was further demonstrated as images of a patient in Palau scheduled for follow-up visit to Honolulu were reviewed by a consultant in Pohnpei. Treatment protocol was discussed with the primary physician and the patient, adjustment was made to her regimen and a follow-up visit to Honolulu was avoided. A typical medical consultation involved transmission of about 3 images, each transmission over the 28.8 Kbps modem took one minute. A separate consultation form is submitted as a faxed document to TAMC which is then attached to the transferred images and brought to the attention of the consultant. Over the next 18 moths, the Pacific Basin Medical Officers Training Program (PBMOTP) initiated a series of telemedicine demonstration projects to test and document the utility of this technology in patient care. A unit donated to Palau was also utilized by local and U.S. Public Health Service Corps physicians to request consultation from TAMC specialists on EKG interpretation, X-ray readings and skin rashes. Figures 2 - 6 are examples of the Picasso consultation process.

Conclusions

The success of this Picasso Phone process involved personal dedication of individuals who saw the potential application of such technology in patient care. For the first time ever, color patient images, patient data, x-ray images could be transmitted with submission of a written medical report. At the third PBMA Conference the PBMA membership gave its Secretariat the mandate to begin the planning process to develop a Telemedicine network for the region. The Western Pacific HealthNet is the Telemedicine Initiative of the PBMA. The mission of the WPHNet is to promote the use of appropriate communications in health. The objectives of the WPHNet include formally linking resources of health institutions, decreasing the professional isolation of the regional workforce, and providing continuing education for both clinical and community medicine. Even though the Picasso Phone was discontinued in the fall of 1995, it sparked further development of Telemedicine Efforts in the U.S. affiliated Pacific Islands.

References

7. Picasso’s Blue Period: AT&T Stops Manufacturing Still-Image Phone, TT vol. 3 (3).