

THIS MONTH:
TELEHEALTH AND URGENT CARE



Dr. Dilip Yarabothu, an emergency and immediate care physician at Southern New Hampshire Health is pictured with a patient. Southern NH Health's four in-person clinics serve 4,000 to 6,000 patients each month. PROVIDED BY SNHH

I don't feel good. Where do I go?

What you need to know about primary care, urgent care and telehealth — and how to figure out the best option

By Roberta Baker • Union Leader Staff

PRIMARY CARE, urgent care, emergency care, telehealth. Confused about which to use? Sometimes the choice isn't obvious. One thing is certain, according to medical experts: When you're away from home or traveling, the closest or only option is the best.

Here's a guide to front-line medical services and when to use them, from sources including the Mayo Clinic, Johns Hopkins Medicine, Lahey Health, Elliot Health, Southern New Hampshire Health, Catholic Medical Center, Littleton Regional Health and the Urgent Care Association. **Primary care** providers routinely diagnose and treat non-urgent conditions such as a cold, flu or sore throat, ear, sinus or urinary tract infections, headaches, muscle pains, minor scrapes and bruises, stomach pains, nausea, diarrhea or constipation — the gamut of common ills. They're adept at managing chronic conditions such

as diabetes and high blood pressure and high cholesterol. They know you and your health history best. So it makes sense to call your primary care doctor or nurse practitioner first for common and non-emergency complaints. But they're not always available, especially on short notice, and because COVID whittled down the fleet of primary care providers practicing now. Family doctors, internists and pediatricians are in tight supply nationwide and in New Hampshire, where many are older and retiring. With high patient loads and high rates of burnout, many

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Telemedicine enables you to have video or smartphone appointments with your health practitioner in a location of your choosing as long as you have internet service. BEVAN GOLDSWAIN

VirtualER provides medical treatment, or sends people to the right place



Dr. Matthew Dayno, section chief and medical director of emergency medicine and urgent care at Elliot Hospital, demonstrates with a hospital employee what a virtual emergency call could look like in March 2024. DAVID LANE/UNION LEADER FILE

By Roberta Baker
Union Leader Staff

It's a pioneering way to get patients to where they need to be, whether that's a hospital emergency room, an urgent care center, a laboratory for blood work, an imaging center for an x-ray, or a pharmacy for a new prescription. Elliot Hospital's VirtualER can be one-stop shopping for health care — or a gateway to the most appropriate setting. It's a sorting-and-directing system for patients with worrisome or worsening symptoms who want help and answers promptly. It's also the state's first virtual emergency room. Launched in January 2024, VirtualER is taking the pressure off crowded emergency departments, reducing unnecessary trips for patients — some of whom live in rural areas, and cutting the wait time for diagnosis and treatment — especially for routine maladies

that can be assessed and addressed remotely, without a visit in person. "It started as a novel idea out of our experience in COVID," said Dr. Matthew Dayno, medical director for Elliot's emergency and urgent care centers, who heads the VirtualER. "Often patients have a hard time differentiating what they need. They may present at the ER with illness that can be attended at urgent care and vice versa. It's an opportunity to care for them completely virtually, and make a better treat plan. Right place, right time." Over the past year, Elliot's VirtualER — staffed by emergency department physicians who see patients remotely via the patients' own smartphones, tablets or computers — has served over 1,000 people and counting. Most are from southern New Hampshire, but the service can be accessed by anyone who is physically located

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DAVID LANE/UNION LEADER FILE

Dr. Matthew Dayno conducts a video call with a fellow Elliot Hospital employee in March 2024. Elliot locations are linked online and the Virtual ER doctor can view the current wait times at the hospital's ER and its urgent care centers in Bedford, Londonderry and Manchester at River's Edge.

VirtualER

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within the state.

It's a groundbreaking medical model — and a boost for health care delivery and efficiency that is saving consumers time and money. Most patients don't physically enter a hospital, doctor's office or clinic waiting room after the VirtualER. More often than not, it's a single-stop solution.

According to data from its first year: 76 % of visits were completed with a video-conference and outpatient diagnostics when needed, such as blood work, x-rays, or rapid results tests for flu, COVID or strep.

In the past year, 14% were referred to Elliot's own emergency room or that of the nearest hospital. Ten percent were sent to urgent care.

Elliot locations are linked online and the Virtual ER doctor can view the current wait times at the Elliot Hospital ER and its urgent care centers in Bedford, Londonderry and Manchester at River's Edge — which together treat an average of 6,800 people each month, according to SolutionHealth, which includes the Elliot and Southern NH Health systems.

Urgent care use is booming between walk-ins and appointments that are booked online. The total volume of visits to Elliot Urgent Care has risen every year since COVID, according to Elliot Health System data. Urgent care visits in December 2024 broke a record, said Dayno, and 2024's monthly counts outpaced monthly numbers from 2023.

The reasons, Dayno believes: More people are seeking to understand what's going on with their health. Patients without primary care physicians are finding a stand-in for timely diagnosis and treatment. With New Hampshire's aging demographic, there are more older people as a percentage of the population, and they have a higher demand for health care.

Elliot Hospital has the only pediatric emergency department in southern New Hampshire, and demand is strong, Dayno said.

To access VirtualER, you don't have to be a patient in the Elliot Health System. You can schedule a same-day appointment by going online to MyChart.SolutionHealth.org or using the MyChart app on a mobile device.

Patients are asked to provide information about their health concerns and consent to treatment.

The VirtualER accepts all health insurance, and the cost is similar to an outpatient specialist appointment and less than an on-site visit to a physical ER, according to Solution Health.

If VirtualER refers a patient to an urgent care center or the emergency room, the VirtualER fee is waived.

"Patients are growing more comfortable" with seeking care remotely, said Dayno, and many appreciate not having to check in and wait in an office or hospital waiting room when they're sick. "The patients that use it are surprised how easy and effective it is."



Not sure where to go?

Ask one of our ER docs.

When urgent medical needs arise, we understand that it can be confusing to know where you should go. With our innovative VirtualER service you can make a same-day video appointment with a board-certified Elliot emergency medicine doctor who can diagnose you virtually or transition you to the most appropriate location for your care.



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VirtualER

Learn more at
ElliotHospital.org/VirtualER



If you are experiencing a life-threatening emergency, please call 9-1-1. Must be in the state of NH at time of virtual visit.

Options

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have exited primary care. Where does that leave you?

Urgent care, also called immediate care, has been growing year over year and steadily since COVID. It may be your swiftest route to diagnosis and treatment, especially if you no longer have a PCP and your problems can't be solved at home by simple first aid, bed rest, drinking more fluids and keeping an eye on your symptoms.

"It's a good avenue to take care of things quickly — from rapid testing for flu, COVID, RSV, and whooping cough to chest x-rays, steroids and bronchodilator treatments, to care for nosebleeds, lacerations and abscesses that need to be drained," said Dr. Dilip Yarabothu, an emergency and immediate care physician at Southern New Hampshire Health.

Nashua-based Southern New Hampshire Health operates Immediate Care centers in Nashua, Hudson and Pelham and is reopening one in Pepperell, Mass. Its virtual immediate care averages 250 to 300 visits per day, and the four in-person New Hampshire clinics, including two in Nashua, serve 4,000 to 6,000 patients each month.

Centers that offer urgent walk-in treatment and appointment booking online are "growing exponentially, getting really, really busy," Yarabothu said. "We want to make this as much of a one-stop shop as possible, rather than having you go one place and being sent somewhere else. When you see patients that are happier with medical care, that helps providers and physicians, too."

From 2019 to 2020, urgent care centers across the U.S. saw a 60% increase in visits, according to an industry study in 2023. According to the Urgent



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Urgent care centers treat patients for minor ailments and injuries, prescribe medicines, give advice on home care and conduct rapid-result tests. Visits to urgent care centers are less expensive and less time-consuming than going to the emergency room.

ER or Urgent Care?

Emergency room:

- Heart attack symptoms (chest pain, shortness of breath, dizziness, arm or jaw pain)
- Stroke symptoms (severe headache, weakness, confusion, slurred speech)
- Difficulty breathing
- Head injury (loss of consciousness or while on blood thinners)
- Infants with fever, under 12 weeks
- Pregnancy complications
- Severe allergic reactions

Urgent care:

- Spains, strains and fractures
- Cold or flu symptoms
- Skin rashes, infections or minor wounds
- Nausea, vomiting or abdominal discomfort
- Urinary tract infections
- Minor eye injuries, infections or irritation
- Insect bites or stings
- Sore throat or ear pain

Information from Catholic Medical Center (www.catholicmedicalcenter.org/)

Care Association, which represented 4,400 centers nationwide in 2023, the average patient goes to an urgent care every eight or nine months — and loyal or repeat customers go about every four months, more often than they see their

primary care providers. With pent-up demand for basic health care, urgent care has become the medical missing link between primary and emergency care. Urgent care centers treat sprains, sinus infec-

tions, minor animal bites or stings, minor cuts or burns, dehydration, pink eye, rashes and other skin issues, including gnarly splinters that must be removed. They treat sports and workplace injuries, earaches, sore throats and congestion, urinary tract infections and genital infections. They prescribe medicines, give instructions on home care, and conduct rapid-results tests — including for flu, strep, COVID or RSV. Some offer X-rays, ultrasounds, laboratory services, IV antibiotics, and IV fluids for dehydration. They usually maintain a supply of common medications to dispense.

Compared to emergency rooms, urgent care centers can save you time and money. Many are open seven days a week, often until 7 or 8 p.m. on weekdays, and typically treat adults and children older

than 2. All accept walk-ins. In-person and virtual appointments can be booked online for when it fits your schedule. This allows you to skip extra time in the waiting room. Urgent care centers affiliated with hospitals have at least one physician on duty. They can make system-wide referrals and treat many conditions that aren't life-threatening. But, urgent care isn't always the answer.

When to go to the hospital ER

It's important, and often life-saving, to head straight to ER when you have chest pain or difficulty breathing, serious burns, cuts or lacerations, uncontrolled bleeding, multiple injuries, broken bones or dislocated joints, severe abdominal pain, head or eye injuries or symptoms of a heart

attack or stroke — that includes fainting, changes in mental state, slurred speech or weakness and/or numbness on one side. Go straight to the ER if another provider tells you to go, or if it's your only option at the time where you're currently located. "If you're an adult with something serious going on, you need to get to the ER," said Yarabothu. "With pediatrics, you can be admitted right to the hospital floor."

"If there is immediate danger to life or limb or no other option is available," the hospital emergency department is a must, according to Littleton Regional Health, which operates urgent care centers in Lincoln and Littleton, with patients across the North County, including vacationers.

When can I use telemedicine?

Telemedicine, also known as telehealth, enables you to have video or smartphone appointment with your health care practitioner in the privacy of your home, office, car, or any quiet location with internet service. Since COVID, its use has grown by leaps and bounds. Insurance companies have broadly covered telehealth since the pandemic. Congress is currently looking at extending telehealth waivers beyond March 2025.

Certain uses have become endemic, including for dialysis, behavioral health services, and acute stroke management in the emergency room with offsite experts tuned in by videoconference. It's been a quiet mainstay of medicine for about 20 years, said Dr. Jennifer Pelli Packard, an internist and pediatrician who works in

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The ER bill for testing a toddler for COVID and flu? \$445.

By Bram Sable-Smith
Special to The Washington Post

Ryan Wettstein Naudman was sobbing. After being put down for bed, the 3-year-old from Peoria, Illinois, kept crying, and nothing would calm her down.

Her mother, Maggi Wettstein, feared it could be a yeast or urinary tract infection, something they had been dealing with during potty training. The urgent care centers near them were closed for the night, so around 10:30 p.m. she took Ryan to the emergency room at Carle Health.

The medical procedure

The ER wasn't busy when they arrived at 10:48 p.m., Wettstein recalled. Medical records indicate they checked in and she explained Ryan's symptoms, including an intermittent fever. The toddler was triaged and given a nasal swab test to check for COVID-19 and influenza A and B.

Wettstein said they sat down and waited to be called. And they waited.

As Wettstein watched Ryan in the waiting room's play area, she noticed her daughter had stopped crying. In fact, she seemed fine.

So Wettstein decided to drive them home. Ryan had preschool the next day, and she figured there was no point keeping her awake and getting stuck with a big ER bill.

There was no one at the check-in desk to inform that they were leaving, Wettstein said, so they just headed home to go to bed.

Ryan went to her preschool the next day, and Wettstein said they didn't think about the ER trip for eight months.

Then the bill came.

The final bill

\$445 for the combined COVID and flu test — from an ER visit in which the pa-



After her daughter wouldn't stop crying one evening, Maggi Wettstein took her to the ER. But as they waited, the toddler stopped crying and seemed fine, so they left without seeing a doctor. About eight months later, they got a \$445 bill for the visit.

RON JOHNSON FOR KFF HEALTH NEWS

tient never made it beyond the waiting room.

The billing problem

Even though Ryan and her mother left without seeing a doctor, the family ended up owing \$298.15 after an insurance discount.

At first, Wettstein said, she couldn't recall Ryan being tested at all. It wasn't until she received the bill and requested her daughter's medical records that she learned the results. (Ryan tested negative for COVID and both types of flu.)

The bill seemed high to her considering Walgreens sells an at-home COVID and flu combination test for \$30 and can do higher-quality PCR testing for \$145.

Under the COVID public health emergency declared in 2020, insurance companies were required to pay for coronavirus tests without co-payments or cost sharing for patients.

That ended when the emergency declaration expired in May 2023. Now, it is often patients who foot the bill — and ER bills are notoriously high.

"That's a pretty healthy markup the hospital is making on it," Loren Adler, associate director of the

Brookings Institution's Center on Health Policy, told KFF Health News when contacted about Ryan's case.

The rates the insurance companies negotiate with hospitals for procedures are often based on multipliers of what Medicare pays, Adler said.

Medicare pays \$142.63 for the joint test that Ryan received, but the family is on the hook for more than twice that amount, and the initial hospital charge was more than three times as much.

The family's insurer, Cigna, did not have to pay for the tests because the family had not yet met their \$3,000 yearly deductible.

The resolution

Wettstein said she knew she could just pay the bill and be done with it, "but the fact that I never saw a provider, and the fact that it was just for a COVID test, is mind-blowing to me."

She contacted the hospital's billing department to ask whether the bill was correct. She explained what happened and said the hospital representative was also surprised by the size of the bill and sent it for further review.

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ambulatory care at Catholic Medical Center.

"It doesn't appeal to everyone," said Packard. "It's about meeting people with what works for them."

But there are obvious benefits, including not having to sit in a busy waiting room when you're coughing or have something contagious that you might pass along to the staff or another patient (or pick up a virus that they might have).

"Health organizations are providing virtual appointments and are expanding their telehealth options, particularly in light of the COVID-19 pandemic," Dr. Brian Hasselfeld, assistant medical director for digital health innovations at Johns Hopkins Medicine, wrote in a report on telemedicine.

Telemedicine is becoming "more ubiquitous. More people are understanding it's useful," said Dr. Matthew Dayno, Elliot's director of emergency medicine, who heads its VirtualER, a telehealth service that triages patients and is able to treat most of their conditions remotely.

To use telehealth, you don't have to be fluent with technology or particularly computer savvy to use it. And you don't have to drive or get a ride to a doctor's office or clinic, and sit in a waiting room when you're sick.

Providers send a link to your smartphone, tablet or computer. You can tune in your health care provider's telehealth platform online, or use an app in your cellphone.

Patients can schedule telehealth appointments with their primary care providers, mental health counselors and medication prescribers, and a broadening list of specialists, as well as urgent care

centers.

Rural and fragile elderly patients don't have to make a time-consuming trip. Telehealth patients don't have to leave home or work or their car, or a quiet room where they can close the door.

"Less exposure to other people's germs helps everyone, especially those who are chronically ill, pregnant, elderly or immunocompromised," Johns Hopkins Medicine reports.

Practitioners can view patients in their home environment — which helps them scope out environmental causes for chronic symptoms, including allergies, and see how physically challenged people are functioning.

"Neurologists and physical and occupational therapists can observe you and assess your ability to navigate and take care of yourself," according to a telehealth study by Johns Hopkins Medicine.

Dr. Packard at CMC has used it to diagnose and prescribe an anti-viral for a sick child at home with chicken pox, and prescribe wound care for a patient in hospice, because telehealth can provide up-close visuals that are clear, along with a back-and-forth real time conversation.

With telehealth and your authorization, a friend or family member who lives far away can join your virtual appointment to ask questions, share observations and jot down the doctor's answers and recommendations.

Most insurance carriers active in New Hampshire cover telehealth, but it's important to verify your benefits with your health insurance plan and provider.

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Solid bipartisan efforts to improve care funding must continue under Gov. Ayotte. Through October 2024, wage costs alone for nursing homes were up 31% since March 2020. If facilities can't afford to hire staff within the limits of their Medicaid reimbursement they must deny admissions. This can prevent hospitals from discharging patients, and forces waiting for vital care.

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Mayo Clinic News Network

The researchers evaluated participant engagement in the program to gauge the effectiveness of the intervention. They



Digital tools offer a convenient way for rural residents to access support to quit smoking.

The researchers observed that coaching not only improved

These findings, they say, point to a possible smoking-related treatment response that should be tested in a larger clinical trial. "Changing behavior is incred-

Dr. Patten notes that overcoming barriers to improve digital

The first author of this study is Sydney Kelpin, Ph.D., who is now a licensed clinical psychologist at Spectrum Health Medical Group in Grand Rapids, Michigan.

★★★★★