Letter from Dr. Lowery

The best health care for women begins at home; however, in rural states like Arkansas, women and their families struggle to receive highly specialized care that makes a difference in their lives and that of their babies.

As a Maternal-Fetal Medicine specialist, daily I witness the impact that best practices provide to families across our state. With the advent of the four-year-old ANGELS program and the dynamic and innovative telemedicine it provides, physicians and women now have expert, coordinated high-risk pregnancy care—no matter where they live in our state.

This broad, ground-breaking high-risk obstetrical care program grew from the dedicated partnership of physicians, state and federal entities, non-profit organizations and healthcare pioneers at the University of Arkansas for Medical Sciences. Our program and mission relies on these vigorous, committed alliances and their determination to create and perfect a process-oriented, team-driven, multidisciplinary approach to women’s health. ANGELS thrives as a valuable asset to the University, its medical school and the organization’s strategic partners through a technology-driven mission delivering:

- Comprehensive clinical care,
- Dynamic, interactive educational programs,
- Progressive research studies, and
- Health care professional training

That’s what makes ANGELS one of the state’s most important resources for health and healing, while also gaining the recognition of the nation for the program’s innovation and success.

Respectfully,

Curtis L. Lowery, M.D.
The Antenatal & Neonatal Guidelines, Education and Learning System (ANGELS) was established in 2002 by the UAMS Division of Maternal-Fetal Medicine and the Arkansas Department of Human Services with support from the Arkansas Medical Society. ANGELS addresses the complex statewide women’s health issues including poor health, poverty, low-birth weight and the medically underserved. ANGELS is a unique program that reaches throughout Arkansas to embrace pregnant women in need of special care. It provides obstetric physicians who practice in rural areas with the information they need to assure the best outcomes of high-risk pregnancies. ANGELS is the only program of its kind in the nation. It seeks to regionalize and equalize obstetric care throughout Arkansas, so the most rural regions of the state have ready access to the same high-quality medicine found at major medical centers. Through the innovative use of telemedicine, ANGELS provides expansive support and continuing education for local obstetricians and family medicine practitioners as well as support for pregnant patients all over Arkansas.

ANGELS manages the health of high-risk pregnancies across Arkansas utilizing these six components:

- Tele-Consultations
- High-Risk Obstetrics Practice Guidelines Development
- 24-hour Call Center

Through funding provided by a federal Medicaid contract with Arkansas Medicaid oversight, ANGELS has made specialized care a reality even in the most rural locations through telemedicine. ANGELS provides telemedicine tools to rural hospitals that include a real-time video conferencing unit designed for use in examining rooms, surgical settings and emergency departments; a high-performance portable ultrasound device; and an ultrasound storage system that allows rural obstetrical providers and the ANGELS team to retrieve images later for further evaluation and follow-up care. ANGELS’ telemedicine efforts are supported by a 24/7, RN-staffed Call Center that allows the patient and the provider to seek phone consultation and triage around the clock.

Local access to specialized high-risk obstetrical care services has allowed thousands of patients to remain at home during difficult pregnancies, without the need to travel to a distant tertiary center for care. Simply by reducing the stress placed on both mother and the fetus, ANGELS immediately improves the chances that these babies will be born as healthy, viable infants.

ANGELS facilitiates health care providers and insurers in the development and implementation of evidence-based guidelines for the management of obstetrics and neonatology.

Outreach provided by ANGELS has significantly strengthened the relationship between UAMS and rural practitioners. Since Arkansas has undertaken perinatal regionalization, technology has allowed the state’s only group of maternal-fetal medicine sub-specialists, located centrally in Little Rock, to provide real-time clinical support to rural physicians and patients via:

- Tele-Consultations
- High-Risk Obstetrics Practice Guidelines Development
- 24-hour Call Center

**ANGLERic Affect**

ANGELS is designed to ensure every woman in Arkansas at risk of a complicated pregnancy receives the best possible perinatal care.

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ANGELS manages the health of high-risk pregnancies across Arkansas utilizing these six components.

Referrals and services provided by ANGELS have reached to every corner of the state. ANGELS has developed a clinical telemedicine system that encompasses 60 sites equipped for medical consultations and education, with an additional 12 fully operational community sites.

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CALL CENTER

Providing an immediate link to help patients and referring physicians is an important and integral part of the ANGELS program. Experienced obstetrical nurses with access to an on-call Maternal-Fetal Medicine specialist staff this 24-hour, seven-days-a-week, triage hotline.

Call Center nurses perform a telephone assessment based upon a report of symptoms voiced by the patient or physician. Guiding triage, nurses employ standardized clinical algorithms supported by specialty software that directs the nurse to provide symptom-specific advice to callers. In many circumstances, patient information is shared with Maternal-Fetal Medicine specialists, who provide further support either by phone or interactive video. This system promotes UAMS and local provider co-management of high-risk patients, ensuring a smooth interface all experts. When emergencies arise, the ANGELS Call Center also directs maternal transports to ensure the patient seeks the most appropriate care available.

In 2007, the ANGEL Call Center celebrated these enhancements.

- Assisted in developing maternal / infant bed closure policy.
- A Spanish translator was added to the ANGELS Call Center staff, aiding callers on most evenings and weekends.
- Collaboration with the UAMS Birth Wait program has allowed the ANGELS Call Center to assist more callers facing problematic pregnancies.

Call center services include:

- Telephone triage and guidance
- Physician referral
- Appointment scheduling assistance
- Patient and health care professional education
- Patient follow-up after hospital discharge

ANGELS’ physicians and researchers are improving health and medicine for mothers and children here and around the world. ANGELS is a program that has been modeled in other locations around the state, country and world.

ANGELS was recognized by a range of local, regional, and national awards, each honoring ANGELS’ commitment to cultivate innovative programs, services, and partnerships in Arkansas. The following list outlines these honors ANGELS enjoyed in 2007.

- University of Arkansas for Medical Sciences. College of Medicine Educational Innovation Award: Curtis Lowery, M.D., 2007.
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High-Risk Obstetrics Teleconference

ANGELS Obstetrical and neonatal teleconferences provide Arkansas physicians the opportunity to interact with each other and reflect the broad scope of clinical and diagnostic expertise within our state.

**High-Risk Obstetrical Teleconference**

This collaborative forum provides physicians an opportunity to define best practices for selected conditions and peer-review of high-risk cases. Discussions are informative with case studies presented by providers across the state. Specialists from multiple disciplines contribute current expertise in clinical and diagnostic expertise within our state.

High-Risk Obstetrics Teleconference

This past year’s ANGELS high-risk obstetrical teleconferences concentrated on a diversity of obstetrical topics with nearly 1,400 providers in attendance:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Attendees</th>
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<tbody>
<tr>
<td>Nutrition during Pregnancy</td>
<td>1397</td>
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<tr>
<td>Cardiomyopathy of Pregnancy</td>
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<td>Placenta Accreta</td>
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<td>Immunizations during Pregnancy</td>
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<td>Cervical Cancer</td>
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<td>Hyperemesis in Pregnancy</td>
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<td>Placental disruption</td>
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<td>Placental disruption in Pt. w/ cervical occlusion</td>
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<tr>
<td>Complications of Acute Lymphoblastic Leukemia in Pregnancy</td>
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<td>Management of Eating Disorders in Pregnancy</td>
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<td>Pernatal Care at the threshold of Viability</td>
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<td>Herpes during Pregnancy</td>
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<td>Liver Disease in Pregnancy</td>
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<td>Congenital Urinary Anomalies</td>
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<td>Fetal Cardiac Arrhythmia</td>
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<td>Acute Respiratory Disease in Pregnancy</td>
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<td>Anomalous Pap Smear in Pregnancy</td>
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<td>Abdominal Wall Defects</td>
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<td>Sternal Use for Fetal Lung Maturity</td>
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<td>Nixed Abortion</td>
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<td>Uterine Leiomyoma</td>
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<td>Pregnancy</td>
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<td>Hypertension Graudanum</td>
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<td>Postpartum Fever</td>
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<td>Premature Rupture of Membranes</td>
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<td>Sickle Cell Disease</td>
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<td>Management of Pregnancy following bariatric surgery</td>
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<td>Rh isoimmunization with PUNI procedure</td>
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<tr>
<td>Management of Common Biliary Tract and Pancreatic Disorders in Pregnancy</td>
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<tr>
<td>Management of Cervical Cancer in Pregnancy</td>
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<td>Cholestasis Jaundice of Pregnancy</td>
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<tr>
<td>Practicing the Art of Medicine in the Heat of the Moment: Exercising Examinations</td>
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<tr>
<td>Multiple Gestation</td>
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<td>First Trimester Screening</td>
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<td>Seizure Disorder in Pregnancy</td>
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<td>Syphilis</td>
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<td>Polymyositis</td>
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<td>Sternal Use for Fetal Lung Maturity near the threshold of viability</td>
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<td>Hypercoagulable States in Pregnancy</td>
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<td>Postpartum Infection</td>
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<td>Congenital Duplaphragmatic Hemia</td>
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<td>Care of the 0-1 Patient with Breast Cancer</td>
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<td>Legal concerns in the practice of OB</td>
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<td>Aortic Aneurysm</td>
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<td>Pre-Eclampsia</td>
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<td>Twin-Twin Transfusion Syndrome</td>
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<tr>
<td>Syndrome</td>
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ANGELS Neonatal Teleconference

To add to its obstetrical educational efforts, ANGELS has branched into neonatal topics, launching a monthly guideline review and discussion. Since September 2007, ANGELS tackled these neonatal topics through this forward-thinking teleconference:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Attendees</th>
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<tbody>
<tr>
<td>Respiratory Distress Syndrome</td>
<td>315</td>
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<tr>
<td>Herpes and the Neonate</td>
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<tr>
<td>Hypoxic–Ischemic Encephalopathy</td>
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<td>Hepatitis B and the Neonate</td>
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<td>Use of Antibiotics in the Nursery</td>
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<tr>
<td>Seizure Management</td>
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<td>Discharge of the High Risk Neonate</td>
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<tr>
<td>Myths of Normal Newborn</td>
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<tr>
<td>Nutrition/Formula Feeding when Breast Milk is Not Available</td>
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<tr>
<td>Swallowing Studies</td>
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<tr>
<td>Newborn Blood Studies</td>
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</tbody>
</table>

Neonatal Guidelines

Guideline distribution is achieved through the weekly teleconferences, compact disc mailing campaigns and the ANGELS website. While CDs were mailed to over 500 participating providers, the ANGELS website reaches even more healthcare professionals who benefit from the latest in obstetrical and neonatal knowledge. The provided map illustrates the widespread dissemination of ANGELS website users who access evidence-based guidelines.
Map of nation with following states shaded pink:

- Alabama
- Arizona*
- Arkansas
- California
- Florida
- Illinois*
- Indiana*
- Iowa
- Kansas*
- Kentucky
- Louisiana
- Maryland
- Michigan
- Minnesota*
- Mississippi
- Missouri
- Nebraska
- Nevada
- New Jersey*
- New Mexico
- New York
- North Carolina
- Ohio
- Oklahoma
- Pennsylvania
- South Carolina
- Tennessee
- Texas
- Utah
- Virginia
- Washington DC
- West Virginia
- Wisconsin
- Wyoming*

*new states added in 2007

2007 Web Guideline Registrants

- Canada
- Egypt
- India
- Ireland
- Italy
- Japan
- Lithuania
- Mexico*
- Moldova*
- Norway
- Philippines*
- Qatar*
- Saudi Arabia
- Slovakia
- Thailand
- United Arab Emirates
- United Kingdom

*new countries added in 2007
Continually growing, ANGELS initiated Peds PLACE (Physician Learning and Collaborative Education) in October 2007, a teleconference focusing on a new pediatric or neonatal problem each week. Participants learn about translational research and how it affects their practice, with an emphasis on general pediatric conditions, new treatments and in-depth neonatology studies. With funding assistance from a Community-Based Research and Education grant, Peds PLACE will soon be available over the Internet with archived conferences available for viewing after the broadcast.

Topics discussed during the last three months of 2007 include:
- Anti-viral Study
- Swallowing Studies
- Off Road and At Risk: Children on All Terrain Vehicles
- Asthma
- IVH
- Newborn Blood Screening
- Pain in my Privates
- Children at Risk
- Update on Risk and Protective Factors Associated with Birth Defects
- Lead Poisoning
- New Therapies for Food Allergy
- Update on Genetic Testing

2007 QUICK FACTS:

ANGELS WEBSITE

17,363 attendees
Pages on the ANGELS website were viewed an average of 1,447 times every month, with an annual viewing total of 17,363.

13,245 attendees
Pages on the password-protected guidelines section of the ANGELS website were viewed an average of 1,104 times every month, with an annual viewing total of 13,245.

30,608 attendees
Page views overall for the ANGELS website totaled 30,608.

294 attendees
New ANGELS website registrants include 359 nationwide and 294 Arkansas providers.

1,218 attendees
The total number of ANGELS website registrants currently stands at 1,218.

ONE Team

Obstetrical and Neonatal Nursing Exchange
ANGELS’ teleconferences also provide Arkansas’ nurses with an interactive exchange, enabling maternal/infant nurses to meet for statewide nursing grand rounds. The Obstetrical and Neonatal Nursing Exchange Team (ONE Team) enables nurses with the opportunities to exchange ideas on topics relating to the everyday practice of obstetrical and newborn nursing. ONE Team is a forum to discuss evidence-based practices, current standards for patient care and relevant research issues in a collaborative atmosphere. This once monthly teleconference expanded to a twice-monthly format, with one teleconference focused on obstetrics and the other on neonatology.

376 attendees
In 2007, ONE Team addresses these educational initiatives:
- Fetal Monitoring
- Transport Issues and Concerns
- Bereavement – Who’s Taking Care of You?
- Twin-to-Twin Transfusion Syndrome
- Trends and Treatments of Preterm Labor
- Domestic Violence
- Caring for the Pregnant Adolescent
- Trials of the Labor Nurse: What Do I Chart?
- Defining Standards of Care for the OB Nurses
- Comforting Bereaved Families: What to Say and How to Say It
- Keeping your Cool in the Heat of the Moment
- General Nursing and the Law
- Myths of Normal Newborns (Neonatology)
- Updates to the Neonatal Resuscitation Program (Neonatology)

ANGELS/Rural Hospital Educational Programs

ANGELS close partner, the Rural Hospital Program, collaborates to offer additional nursing teleconferences, which focused on these topics in 2007 with nearly 70 attendees:
- Obstetrics Refresher Course
- AWHONN’s Advanced Fetal Heart Monitoring Course
- AWHONN’s Intermediate Fetal Monitoring Course
- Antenatal Fetal Monitoring
Before ANGELS, residents of rural Arkansas had limited access to much needed Maternal-Fetal Medicine care. ANGELS’ continued efforts through technology have allowed rural Arkansans unlimited access to board-certified MFM specialists and other needed obstetrical care, as evidenced by increased telemedicine consults. In 2007, ANGELS established three new clinical services: diabetes, colposcopy and a resident-facilitated high-risk obstetric consultation and health care delivery system. Further, ANGELS welcomed two new clinical sites in Clarksville and Hope, Ark. New and continued services at ANGELS growing list of telemedicine sites deliver the consultations and needed healthcare to co-manage patients at a distance, an endeavor impacting the ill affects of Arkansas’ widespread health care provider shortage.

The perseverance of a remarkable appointment center and health care team has transcended ANGELS pre-inception consultation rate of 215 in 2003 to an impressive 1299 consults in 2007.

"My description of ANGELS Telemedicine is "caring for patients where they live."

Rosalyn Perkins, MSNc, WHNP-BC, APN
TM Clinical Manager
Telemedicine has been used to facilitate clinical medicine and education, but it has been used sparingly in medical research. Peds PLACE is a program that fosters collaborative translational research with community physicians that unites with medical education. Organizing a weekly pediatric teleconference, Peds PLACE devotes one week monthly to translational research and the remaining weeks to education. Translational research topics include education with a call for patient recruitment and dissemination of new research data to community clinicians. The hour-long teleconferences are led by pediatric section chiefs who choose topics of general interest with emphasis on referral questions and topics that would lend themselves to published evidenced-based guidelines such as asthma, diabetes management and apnea. Continuing medical education credits are given to physicians and nurses.

Taking Peds PLACE a step further, Whit Hall, M.D., has pioneered a Tele-Nursery program as part of ANGELS’ continually expanding list of telemedicine services. Dr. Hall received a grant from the National Institutes of Health to improve communication between neonatologists and general pediatricians in Arkansas. With the help of ANGELS’ staff, plans for eight clinical telemedicine units are being installed in nurseries to allow for real-time consults, pre-transport consults, back-transport evaluations and continuing education for nursery staff. The first four hospitals that will participate in this project include The Medical Center of South Arkansas, El Dorado; St. Edwards Mercy Medical Center, Ft. Smith; Washington Regional Medical Center, Fayetteville; and Willow Creek Hospital, Johnson. Through the use of technology, daily census for the regional centers will allow for better distribution of patients and ultimately improve neonatal outcomes by hospital, region and state. These innovative projects are securing ANGELS’ position as the leader in telemedicine-driven neonatology care.
The incidence of medically significant congenital anomalies in the U.S. averages one in 33, or approximately three percent. However, Arkansas’ incidences of neural tube defects and facial clefting remain significantly higher than the national average, and 20 percent of all infant deaths in the state are attributable to birth defects.

In an attempt to increase providers’ knowledge and increase interaction between the prenatal and pediatric subspecialists caring for these babies, ANGELS and the Center for Distance Health developed FAIM (Fetal Anomaly Interdisciplinary Management). This cross-organizational and multi-disciplinary teleconference aims to present the prenatal and postnatal diagnosis and management of a variety of birth defects, especially those common in Arkansas. FAIM invites providers to review normal and abnormal prenatal ultrasound / MRI findings; refine diagnoses; establish better management plans; discuss recurrence risks, prognosis and/or prevention; and review new medical technologies that may aid in the overall care of these babies through monthly teleconferences.

Monthly FAIM Teleconferences began Sept. 28, 2007 with the following presentations:

- Diaphragmatic Hernias
- Spina Bifida
- Cardiac Cases

Those babies born prematurely, at a low birth weight or with congenital problems often experience lengthy hospital stays after birth, leaving their families separated from their infants for many months at a time. While the baby remains in the hospital, the mother and family must carry on life as usual, constantly wondering about the well-being of their hospitalized baby. ANGEL Eye offers a solution to the psychological stress felt among families with NICU babies. ANGEL Eye is a one-way, real-time video feed broadcasted bedside from the UAMS neonatal intensive care unit to a website only accessible to family and selected hospital staff, aimed to support families separated from their infants for many months at a time. While the baby remains in the hospital, the mother and family must carry on life as usual, constantly wondering about the well-being of their hospitalized baby. ANGEL Eye is the only program in the U.S. that delivers real-time video of hospitalized newborns directly to their remote family, often miles away in their homes. With 14 wireless cameras currently available to parents with babies in UAMS’ Critical Care Nursery, ANGEL Eye provides the interaction necessary to battle maternal and familial anxieties of separation. While currently being studied, it is hypothesized that ANGEL Eye will positively impact length of stay in the NICU, maternal bonding and familial psychological wellness among families. Early findings show parents welcome the idea of video monitoring of their baby, and stress was relieved when families could see their babies through ANGEL Eye.

ANGEL Eye is partially funded through the ANGELS Medicaid contract, UAMS Consortium grant funding and other philanthropic resources. Plans for the expansion of the ANGEL Eye program to every level of nursery is currently being pursued through further grant funding.
The 24th Annual Conference on Perinatal Care was a huge success with higher evaluation scores and comments than seen in past years. The theme—Mind and Body—focused on how mental disease affects obstetrics and neonatology. This year’s conference was supported by a Substance Abuse and Mental Health Services Administration grant, along with further grant funding supplied by the Arkansas Chapter of the March of Dimes. Among many conference highlights, a formerly homeless, addicted woman provided a moving personal testimony how assistance from Arkansas CARES helped her achieve sobriety and become a business owner. Moreover, a panel of experts from all over the country gave riveting lectures on a diversity of subjects in the mental health field.

This annual conference centers its mission on reaching obstetrical and neonatal health providers across the state to share new information emphasizing evidence-based practice and the latest research. This year’s conference not only accomplished this mission, it comprehensively explored how mental health impacts obstetrical patients. Interestingly, the subject is seldom broached, so this novel obstetrical perspective served as essential continuing education to this year’s 340 attendees, which included physicians, nurses, advanced practice nurses, sonographers, social workers, pharmacists and others.

“’The conference was wonderful this time. It was more than just stats at every presentation. It dealt with topics that needed to be discussed and brought out.”

ANGELs ANNUAL PERINATAL CONFERENCE

“The topics and speakers were excellent and gave us a clarifying prospective of mental health.”
ANGELS enjoys the distinction of being named the OB/GYN Telemedicine model for the nation. As recognized by the Agency for Healthcare Research and Quality (AHRQ), ANGELS was selected as a model program to be replicated in other states through the AHRQ’s Medicaid Core Management Learning Network. This honor was based upon ANGELS’ ability to decrease disparity, save state money and increase quality of care. After a nationwide search, only five programs were recognized to show promise for their mission and ability to be replicated, ANGELS included. The AHRQ is one of 12 agencies of the Department of Health and Human Services that share a leadership role in finding the answers to the difficult questions challenging our nation’s health care system.

AHRQ’s acknowledgement of ANGELS has encouraged program replication for others seeking to establish telemedicine programs supporting the rural and underserved. These programs seek to translate ANGELS’ programmatic structure and techniques into their current systems. Outside programs and groups visit ANGELS to study how the program model may fit within their services and jurisdictions. Gaining an in-depth, intensive program review, visitors learn how proven clinical and educational telemedicine programs can work toward their advantage.

The past year saw many visitors exploring the model program, with an assortment of locations represented:

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<thead>
<tr>
<th>United States</th>
<th>Other Countries</th>
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<tr>
<td>New Orleans, LA</td>
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<tr>
<td>Memphis, Tenn.</td>
<td>Nigeria</td>
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<td>Chattanooga, Tenn.</td>
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<td>Panama City, Fla.</td>
<td>South Africa</td>
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<td>Albuquerque, NM</td>
<td>Uganda</td>
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ANGELS takes pride in the accomplishments and commitment of its staff to continually improve the lives of Arkansans through telemedicine, and replication of this model program ensures the medically underserved across the nation and globe can benefit from our program’s innovation.
After completing her residency at UAMS, Shannon Case, M.D. decided to make a difference in her hometown of Clarksville, Ark. She opened an ANGELS obstetrical telemedicine site. As part of the ANGELS Telemedicine Network, Dr. Case's site will extend the support, education and services available at the UAMS Division of Maternal-Fetal Medicine into her community.

“Clarksville is a rural community, and the patients had a hard time gaining access to the services they needed. A lot of the patients were simply not comfortable with driving an hour and a half to Little Rock,” said Dr. Case.

When starting a new telemedicine clinic, the ANGELS team will meet and assess the skills and knowledge of the site’s nursing staff and the sonographer. The assessment consists of evaluating the level of experience, knowledge in the field and training history of all those who will interact with this technology. This process may take three to six months before full realization of services. In cases when the staff and site sonographer’s skills are truly exceptional, this timeframe may be shortened. Before implementing a new telemedicine site, sonographers, in particular, must be comfortable with locating the “targeted,” specialized views required by ANGELS for a comprehensive telemedicine assessment.

Thanks to the hard work and dedication of Dr. Case and her support staff, the clinic was open within six weeks, a record achievement. “We were excited to help Dr. Case introduce telemedicine services in Clarksville. It has to be exciting for someone of her caliber to return home to make a difference in her community,” said Michael Manley, ANGELS Outreach Director.

ANGELS anticipate Dr. Case’s dedication to bringing specialty care to Clarksville will positively impact the health of mothers and their babies by reducing the need for unnecessary travel to the medical center and extending needed care in a comfortable, hometown setting.
ANGELS seeks to assist all obstetrical providers in Arkansas – new and old. Pitt Moore, M.D., is currently finishing his fourth year of residency at UAMS, and with the encouragement of ANGELS, he has committed to return home to Helena to provide expert-level care in the rural Delta. “As I have seen the ANGELS program progress during my residency, I realized I really could go back home and set up my practice, knowing my patients and myself are just a click away from great support and care. It’s priceless to me.”

ANGELS telemedicine seeks to enable more physicians to practice in underserved areas, where they share access to the same resources available in urban centers. With access to the best clinical and educational support, rural providers are now empowered to practice wherever they wish with optimal, on-the-spot assistance. ANGELS welcomes Dr. Moore as a new telemedicine champion and rural provider serving the Delta.

We were excited when we found out we were having twins. The excitement turned quickly to apprehension. At the 6-, 18-, and 20-week mark, my doctor in Northwest Arkansas couldn’t see a sac between the twins. He referred us to UAMS and the ANGELS program.

We found out that we were having monoamniotic twins, sometimes called mono/mono twins. This meant there was no membrane between the babies, and they had a very high risk of cord entanglement and twin-to-twin transfusion syndrome. There was a 50 percent survival rate for one or both twins, making this a high-risk pregnancy.

With constant monitoring and the best of the best in physicians and health care professionals, I made it to 34 weeks with the twins. While their cords were a jumbled mess, Ethan Aaron and Emerson Lee after 14 days in NICU were healthy and active babies.
CIRCLE OF CARE CONTINUES

1. Patient initial visit
2. Consult via telemedicine
3. Call center
4. Delivery
5. Report to patient and local physician
6. Transport for specialized care
7. Communication to provider
8. Patient follow-up
9. Web cam