GRANTEE PROFILES
2018

Telehealth Network Grant Program
Telehealth Resource Center Program
Licensure Portability Grant Program
Evidence-Based Tele-Behavioral Health Network Program
Rural Veterans Health Access Program
The Rural Telehealth Research Center Program
Substance Abuse Treatment Telehealth Network Grant Program
Telehealth Center of Excellence
Acknowledgements

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Federal Office of Rural Health Policy (FORHP)
Health Resources and Services Administration (HRSA)
U.S. Department of Health and Human Services (HHS)

The editors would like to acknowledge the contributions of all OAT grantees, whose project descriptions serve as a valuable resource for others working in the field of telehealth.
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Background

The Office for the Advancement of Telehealth (OAT) promotes the use of telehealth technologies for health care delivery, education, and health information services. Telehealth is defined as the use of telecommunications and information technologies to share information, and to provide clinical care, education, public health, and administrative services at a distance. The office is located within the Federal Office of Rural Health Policy (FORHP), within the Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services. HRSA’s mission is to assure quality health care for underserved, vulnerable, and special needs populations.

Grants Overview

These profiles contain information about grant projects administered by OAT for Funding Year 2018 (October 1, 2017 through September 30, 2018. During this period, OAT administered 59 telehealth projects. The Grantee Directory covers a one year period.

Projects administered by OAT receive funds in one of eight ways:

1. The Telehealth Network Grant Program (TNGP): The TNGP is a competitive grant program that funds projects that demonstrate the use of telehealth networks to improve healthcare services for medically underserved populations in rural and frontier communities. More specifically, the networks can be used to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, patients, and their families. The primary objective of the TNGPs is to help communities build the human, technical, and financial capacity to develop sustainable telehealth programs and networks.

2. The Telehealth Resource Center Program (TRC): The TRC program is funded through a cooperative agreement. The purpose of the Regional Telehealth Resource Centers is to provide expert and customized telehealth technical assistance across the country, while at the same time working together to make available a wide range of expertise that might not be available in any one region. The purpose of the National Telehealth Resource Centers is to support the delivery of telehealth technical assistance by the Regional Telehealth Resource Center Program.

3. Evidence-Based Tele-Behavioral Health Network Program (EB THNP): The EB-THNP program is funded through a cooperative agreement. The two-fold purpose of this program is to use telehealth networks to increase access to behavioral health care services in rural and frontier communities and to conduct evaluations of those efforts to establish an evidence-base for assessing the effectiveness of tele-behavioral health care for patients, providers, and payers.
Grants Overview (Cont.)

4. **Rural Veterans Health Access Program (RVHAP):** This program is funded through a grant that provides funding to enhance mental health services, including crisis intervention and diagnostic assessments, to detect post-traumatic stress disorder, traumatic brain injury, and other injuries associated with veterans of Operation Iraqi Freedom and Operation Enduring Freedom. RVHAP focuses on methods that utilize regional approaches, networks, health information technology, telehealth, or telemedicine to deliver services to individuals in rural areas.

5. **Licensure Portability Grant Program (LPGP):** This program is funded through a grant that provides support for State professional licensing boards to carry out programs under which licensing boards of various States cooperate to develop and implement State policies that will reduce statutory and regulatory barriers to telemedicine.

6. **The Rural Telehealth Research Center (RTRC):** The Rural Telehealth Research Center program is funded through a cooperative agreement. The purpose of this program is to increase the amount of high-quality, impartial, policy-relevant research available to assist health care providers and decision-makers at the Federal, State and local levels better understand the challenges faced by rural communities and provide information that will inform policies designed to improve access to health care and population health.

7. **The Substance Abuse Treatment Telehealth Network Grant Program (SAT):** This program is funded through a grant. The purpose of this program is to demonstrate how telehealth programs and networks can improve access to health care services, particularly substance abuse treatment services, in rural, frontier and underserved communities.

8. **Telehealth Center of Excellence (COE):** The COE program is funded through a cooperative agreement. The Telehealth Center of Excellence primary purpose is to examine the efficacy of telehealth services in rural and urban areas. The Telehealth Center of Excellence is located in a public academic medical center that has a successful telehealth program with a high annual volume of telehealth visits; has an established reimbursement structure that allows telehealth to be financially self-sustaining; and has established programs that provide telehealth services in medically underserved areas with chronic diseases prevalence and high poverty rates. The Telehealth Center of Excellence serves as a national clearinghouse for telehealth research and resources, including technical assistance.
The Office for the Advancement of Telehealth “Grantee Profiles 2018” provides information about Grantee Organizations whose grants are administered by OAT.

*FY 2018 is the period October 1, 2017 through September 30, 2018.
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<th>Organization/Program Name</th>
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</table>
| AK    | Alaska Native Tribal Health Consortium  
  - National Telehealth Technology Assessment Resource Center (NRTC-T) |
| AL    | Quality of Life Health Services, Inc.  
  - Quality Health Care Connections Project |
| AR    | University of Arkansas for Medical Sciences  
  - South Central Telehealth Resource Center |
| AR    | University of Arkansas Systems  
  - STAR: School Telemedicine in Arkansas |
| AZ    | Arizona Board of Regents, University of Arizona  
  - Southwest Telehealth Resource Center |
| CA    | California Telehealth Network  
  - California Telehealth Resource Center |
| CA    | Public Health Institute (NRTC-P)  
  - National Telehealth Resource Center |
| CA    | University of California, Davis  
  - Tele-Behavioral Health for American Indians Affected by Mental Illness (Tele-AIMI) |
| CT    | Community Health Center, Inc.  
  - School-Based Consultations for Rural Pediatric Telehealth Network (SCRIPT) |
| GA    | Association of State & Provincial Psychology Boards  
  - Licensure Portability Grant Program |
| GA    | Georgia Partnership for Telehealth, Inc.  
  - Southeastern Telehealth Resource Center |
| HI    | University of Hawaii at Manoa  
  - Pacific Basin Telehealth Resource Center |
| IA    | University of Iowa  
  - The RUPRI Center for Rural Health Policy Analysis |
| IN    | Indiana Rural Health Association, Inc.  
  - Upper Midwest Telehealth Resource Center |
| IN    | Indiana Rural Health Association, Inc.  
  - Indiana Rural Schools Clinic Network (IRSCN) |
| IN    | Indiana Rural Health Association, Inc.  
  - Crossroads Partnership for Telehealth |
| IN    | Union Hospital, Inc.  
  - Wabash Valley Rural Telehealth Network Substance Abuse Treatment |
| KS    | University of Kansas Medical Center Research Institute  
  - Heartland Telehealth Resource Center |
| KS    | University of Kansas Medical Center Research Institute, Inc.  
  - Telehealth Rural Outreach to Children in Kansas City Schools |
| KS    | The University of Kansas Hospital  
  - Kansas Rural Tele-Behavioral Health Network (KRTTHN) |
| KY    | Baptist Health Foundation Corbin, Inc.  
  - Southeast Kentucky Telehealth Network |
| KY    | Baptist Health Foundation Corbin, Inc.  
  - Southeastern Kentucky Tele-Behavioral Health Network |
| MA    | Athol Memorial Hospital  
  - School-Based Tele-Behavioral Health Services in Rural Massachusetts |
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<td>MD</td>
<td>University of Maryland</td>
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<td>• Treatment of Opioid Overdose with Buprenorphine via Telemedicine House Calls</td>
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<td>MN</td>
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<td>• Providing Rural Access to Care via Telehealth in a Collaborative Environment (PRACTICE)</td>
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<td>Missouri Department of Health and Senior Services</td>
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<td></td>
<td>• Missouri Office of Rural Health – Missouri Flex Rural Veterans Health Access Program</td>
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<td>MS</td>
<td>University of Mississippi Medical Center</td>
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<td></td>
<td>• Telehealth Center of Excellence</td>
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<td>MT</td>
<td>Fort Peck Assiniboine &amp; Sioux Tribes</td>
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<td></td>
<td>• Telehealth Network Grant Program</td>
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<td>NC</td>
<td>East Carolina University</td>
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<tr>
<td></td>
<td>• Healthier Lives at School and Beyond</td>
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<td>NM</td>
<td>Ben Archer Health Center, Inc.</td>
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<td></td>
<td>• Telehealth Network Grant Program</td>
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<td>NM</td>
<td>University of New Mexico</td>
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<tr>
<td></td>
<td>• Fronteras: Facilitating Rural Opportunities with New Technologies, Resources and Services</td>
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<tr>
<td>NY</td>
<td>Mary Imogene Bassett Hospital</td>
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<td>OR</td>
<td>Greater Oregon Behavioral Health, Inc.</td>
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<td></td>
<td>• Direct to Patient Tele-Behavioral Health Services</td>
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<td>PA</td>
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<td>• Evidence-Based Tele-Behavioral Health Expansion</td>
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<td>SC</td>
<td>South Carolina Office of Rural Health</td>
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<td>• SC Rural Access to Veterans Health Resources (SC RAVHR)</td>
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<td>SD</td>
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<td>• Avera e-School</td>
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<td>SD</td>
<td>Avera Health</td>
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<td>• Northern Plains Tele-Behavioral Health Research Network</td>
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<td>TN</td>
<td>Volunteer Behavioral Health Care System</td>
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<td>• Mountain Valley Health Connection</td>
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<tr>
<td>TX</td>
<td>Federation of State Medical Boards of the United States, Inc.</td>
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<tr>
<td></td>
<td>• Medical Licensure Portability to Facilitate Multi-State Telehealth Practice</td>
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<tr>
<td>TX</td>
<td>Texas Tech University Health Sciences Center</td>
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<td></td>
<td>• TexLa Telehealth Resource Center</td>
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</tbody>
</table>
Grantee Organizations/Program Names

TX  Texas A&M University
    •  Enhancing Patients Access to Telehealth by Engaging Rural Networks (e-PATTERN)

UT  University of Utah
    •  Northwest Regional Telehealth Resource Center (NRTRC)

VA  Bay Rivers Telehealth Alliance
    •  Bridges to School-Based Telehealth Integration

VA  The Rectors and Visitors of the University of Virginia
    •  The e-BACKPAC (Better Health and Care for Kids, Parents and Communities Program)

VA  The Rectors and Visitors of the University of Virginia
    •  Mid-Atlantic Telehealth Resource Center

WA  Sunnyside Community Hospital Association
    •  Lower Yakima Valley Telehealth Network

WI  Marshfield Clinic Research Foundation
    •  Telehealth Network Grant Program

WV  Westbrook Health Services, Inc.
    •  The Mid-Ohio Valley Connect Telehealth Network Program

WV  West Virginia University Research Corporation
    •  West Virginia Addiction Intervention Model (WV AIM)

WV  West Virginia University Research Corporation
    •  West Virginia Children’s Access Network (WV CAN): Utilizing Telehealth to Increase Rural Mental Health Access in Schools
Telehealth Network Grant Program (TNGP) Purpose

The TNGP funds projects that demonstrate the use of telehealth networks to improve healthcare services for medically underserved populations in urban, rural, and frontier communities. More specifically, the networks can be used to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, patients, and their families. The primary objective of the TNGP is to help communities build the human, technical, and financial capacity to develop sustainable telehealth programs and networks. (HRSA Activity Code H2A)
Telehealth Network Grant Program (TNGP) Project Descriptions

The following information for each project is provided:

Overview
Project Goals
Outcomes Expected/Project Accomplishments
Network Partners
Service Area
Equipment
(FY 16-20)
ARKANSAS, Pulaski County
University of Arkansas
STAR: School Telemedicine in Arkansas
H2A-RH-30305

Organization
University of Arkansas for Medical Sciences
4301 Markham Street, Suite #812
Little Rock, Arkansas 72205
Website: http://cdh.uams.edu

Principal Investigator/Project Manager
Gordon M. Low, APRN, CNP
Principal Investigator Ph.: 501-686-8845
Principal Investigator Fax: 501-686-8359
Email: sealstadt@uams.edu

Overview:
School Telemedicine in Arkansas (STAR) is a program designed to utilize telemedicine technology and on-line educational content to improve access to clinical psychiatric services and counseling; obesity prevention and reduction services; and oral health services to four rural School-Based Health Centers (SBHC) in rural Arkansas. The STAR psychiatric program is designed to connect these SBHC’s to psychiatrist’s offices and replace the current need for the children and their parents to travel, reducing loss of school time and improving compliance. The STAR Obesity program will incorporate online modules and telemedicine-based individualized plans of care for obese children and their families. The STAR Oral Health program will utilize telemedicine-based specialized exam cameras to provide general oral screening, acute dental care and application of dental sealants at each school.

Project Goals:
1. Decrease school absenteeism and family burden related psychiatric care;
2. Increase access to psychiatric services for all students at these four schools;
3. Increase access to obesity reduction and prevention services to reduce burden of obesity;
4. Increase access to oral health services and reduce students with untreated dental decay; by reducing family burden related to these services the program strives to improve family and community involvement related to these services.

Outcomes Expected/Project Accomplishments:
1. Reduce school absenteeism: SBHC Coordinator data;
2. Reduction in percentage of children with BMI >85 percentile: BMI tracked by SBHC;
3. Decrease in percentage of students with untreated carries: SBHC collects this data;
4. Increase in percentage of students receiving dental sealants: SBHC collects this data.

Network Partners:
Arkansas Department of Education; Jasper School District; Malvern School District; Magazine School District; Lee County School District.

Service Area:
Newton County, Hot Spring County, Logan County and Lee County

Equipment:
Interactive video software (Acano) / Webcam at each site; 4 x Laptop and 20 inch monitor/speakers; 4 x exam stethoscopes; 4 x Oral exam scopes
Overview:
The Quality Health Care Connections Project will address access issues in rural America. It is designed to provide resources to address the most common conditions found among rural students (i.e., asthma, obesity reduction and prevention, behavioral health, diabetes and oral health). The project will link rural schools with health centers located in rural communities. It is anticipated that 800 participants will benefit from this project during the first year, with additional students and families impacted during the subsequent three years. It is anticipated that up to 1,000 participants annually will be added to the initial impact group; therefore, 3,800 individuals will be impacted over four years.

Project Goals:
The goals of the Quality Health Care Connections Project are:
1. Increase asthma screening and education of student and parents;
2. Provide nutritional assessment and education and promote physical activity through coaching;
3. Integrate behavioral health screenings and SBIRT treatment into the primary care visit to increase behavioral health intervention;
4. Increase screening for diabetes and the amount of follow-up education and treatment to school children; and,
5. Provide oral health screenings on site at schools and follow-up referrals to treatment.

Outcome Expected/Project Accomplishments:
Key outcomes of the Quality Health Care Connections project are an improved health status of targeted school children through activities of the project. The health care resources in rural schools will improve access and link students to needed health care services, health education and disease management to address five key health problems (asthma, diabetes, obesity, behavioral health and oral health).

Network Partners:
Rural school partners include West End High School, Sardis City High School, Crossville High School and Winterboro High School. Clinic partners are W.T. Scruggs Medical Center, Sardis City Medical Center, Childersburg Primary Care and Dekalb Quality Health Care. A community partner in the project is East Alabama Area Health Education Center, who will assist in developing health education modules.

Service Area:
The primary service area is rural communities in Etowah, Dekalb and Talladega Counties in Alabama. Two mobile units will have telemedicine equipment installed during year one to begin connecting and partnering with rural schools. In the subsequent years, rural schools targeted by the project will have telemedicine equipment installed on site for real-time linkages to rural health centers.
Equipment:
Proprietary network with 10 mb connections will link telehealth equipment in the form of carts, laptops and peripherals (handheld exam cameras, otoscopes and digital stethoscopes) for school student exams. Laptops will be utilized to promote use of the EHR Next Gen system for student health care. A separate server will be purchased to secure student health records.
Connecticut, Middletown County

Community Health Center, Inc.

School-Based Consultations for Rural Pediatric Telehealth Network (SCRiPT)

H2A-RH-30294

Organization
Weitzman Institute
631 Main Street
Middletown, Connecticut 06457
http://www.weitzmaninstitute.org/

Principal Investigator/Project Manager
Dr. Daren Anderson
Principal Investigator Ph.: 860-347-6971 ext. 3730
Email: andersd@chc1.com

Overview:
The SCRiPT Network will serve School Based Health Centers (SBHC) in Cuba, Gallup, Quemado, Socorro, Carlsbad, and Lake Arthur in rural New Mexico. Each site is located in a Primary Care, Mental Health, and Dental Health HPSA, as well as a MUA/P Medically Underserved Area. The target sites serve isolated, high-need populations with very limited access to specialty care. The SCRiPT Network will combine electronic specialist consultations (eConsults) with in-depth provider development sessions (Project ECHO) to empower SBHC providers to care for their patients. The target sites expect demand for these services to be high, with clinicians expressing significant need and enthusiasm.

Project Goals:
CHCI expects to see improvement in behavioral health, obesity, diabetes and asthma for children and adolescents receiving services through participating SBHCs.

1. Increase identification and management of pediatric overweight/obesity diagnoses;
2. Increase identification and management of asthma;
3. Increase depression and anxiety screening, assessment, and treatment/referral;
4. Increase primary care and behavioral health productivity;
5. Increase internal and external care coordination.

Outcomes Expected/Project Accomplishments:
This project will add significant value to healthcare, including clinical telemedicine and distance learning, by demonstrating the efficacy of a virtual specialty referral and provider development system that is scalable and capable of reducing access barriers and improving care capacity across a large rural geographic area.

Network Partners:
Our partners include the rural School-Based Health Centers in New Mexico, the Community Health Center, Inc., in Connecticut, along with its research and innovations center (Weitzman Institute), the nationally recognized Connecticut Children’s Medical Center (CCMC) and the SafetyNet Connect eConsult system.

Service Area:
Six school-based health centers will be supported through this project. These schools are located in Cuba (Sandoval County), Gallup (McKinley County), Quemado (Catron County), Socorro (Socorro County), Carlsbad (Eddy County), and Lake Arthur (Chaves County) in rural New Mexico.

Equipment:
This project uses web-based software and videoconferencing systems. To access Community eConsult Network or ECHO participating providers will only need internet access and a web browser.
Organization: Indiana Rural Health Association, Inc.
1418 N. 1000 W
Linton, Indiana  47441

Principal Investigator/Program Manager: Kathleen Chelminiak
Principal Investigator Ph.: 574-286-3839
Email: kchelminiak@indianarha.org

Overview:
The mission of the Indiana Rural Schools Clinic Network (IRSCN) is to improve the health and well-being of rural
Indiana residents, particularly children eighteen years and younger, by developing a rural school-based clinic
network for access to primary care and increasing rural access to telehealth services. Clinical services to be
provided include asthma, obesity reduction and prevention, behavioral health, diabetes, and oral health education.

Project Goals:
1. Establish a sustainable, rural-based health information technology education network to build the
   infrastructure that provides rural works with certified health IT skills and rural healthcare employers access
to these workers;
2. Increase the number of certified health IT workers employed in rural healthcare settings across Indiana;
3. Increase the number of rural healthcare providers achieving meaningful use of electronic health records,
   leading to improved healthcare quality, safety, and cost in rural healthcare settings.

Outcomes Expected/Project Accomplishments:
1. Increase connectivity, access, and communication among rural schools and health care providers in
   Indiana;
2. Coordination and implementation of needed services;
3. Provide telehealth for asthma, obesity, behavioral health, diabetes, and oral health;
4. Partner with organizations that can support the network.

Network Partners:
Open Door Health Services, Inc.; St. Vincent Mercy Hospital; Valley Professionals Community Health Center;
Community Health Center Jackson County, HealthLINC, Indiana Health Centers

Service Area:
Indiana

Equipment:
Web based video conferencing software, Littman digital stethoscope, AMD digital otoscope, AMD digital exam
camera
KANSAS, Wyandotte County

University of Kansas Medical Research Institute, Inc.

Telehealth Rural Outreach to Children in Kansas City Schools

H2A-RH-30306

**Organization**
University of Kansas Medical Research Institute, Inc.
4330 Shawnee Mission Pkwy, Suite 1160
Fairway, Kansas 66205
http://www2.kumc.edu/telemedicine

**Principal Investigator/Program Manager**
Eve-Lynn Nelson
Principal Investigator Ph.: 913-588-2226
Principal Investigator Fax: 913-588-2227
Email: enelson2@kumc.edu

**Overview:**
Utilizing a range of telemedicine technologies, Telehealth ROCKS2 partners with rural school-based health centers and rural school districts in order to identify and treat behavioral health and obesity concerns early, as well as promote family engagement and care coordination. It includes capacity-building ECHO tele-mentoring. The project uses evidence-based assessment and treatment approaches that focus on collaboration between families and child-serving systems (healthcare, education, behavioral health, social service agencies, advocacy groups, others). The project is unique in assembling leading pediatric tele-mental health champions and researchers on one project, pairing prevention, assessment, treatment, adherence, and family support for maximum impact.

**Project Goals:**
1. To engage diverse community stakeholders in ways designed to advance school-based telemedicine and promote family support;
2. To increase evidence-based assessment, treatment, and adherence interventions for behavioral health and obesity;
3. To increase continuing education and tele-mentoring opportunities for school-based telemedicine personnel;
4. To adapt a healthy weight collaborative approach for the rural Kansas audience;
5. To support trainee participation in Telehealth ROCKS2 activities across the workforce pipeline.

**Outcomes Expected/Project Accomplishments:**
1. Using the Reach, Effectiveness Adoption, Implementation Maintenance framework, outcomes include:
2. Quantify patient usage of services provided - OAT GPRA Performance Measures;
3. Student/family satisfaction—Tele-mental Health Satisfaction Measure (Seattle Children’s);
4. Quantify implementation factors—Organizational Change Manager and CFIR Interview; and

**Network Partners:**
Center for Children’s Healthy Lifestyles & Nutrition, Children’s Mercy Hospitals and the University of Kansas Medical Center. Marillac—Acute Psychiatric Treatment Facility. Community Health Center of Southeast Kansas and three school-based health centers (Coffeyville, Pittsburg, & Labette Co.). South Central Kansas Special Education Cooperative, serving fifteen school districts.

**Service Area:**
Community Health Center of Southeast Kansas (Crawford, Montgomery, & Labette Counties), South Central Kansas Special Education Cooperative (Barber, Kingman, Stafford, Harper, Pratt, Kiowa, & Edwards Counties), Marillac (Johnson County), Center for Children’s Healthy Lifestyles & Nutrition (Jackson County)
Equipment:
Polycom RealPresence Group Convene units, Polycom 4500 series units, iPad Pros with Keyboards, Kubi telepresence robots


**Overview:**
The purpose of the Southeast Kentucky Telehealth Network is to bring together regional stakeholders to coordinate and expand telehealth services across rural southeastern Kentucky. This project focuses on providing behavioral health, cardiology services and primary care across the network. SKTN provides services to seventeen health care sites including ten school-based health center sites. The network also supports the expansion of telehealth services by providing training and technical assistance to network members, conducting disease specific clinical forums, and developing clinical and educational collaboratives.

**Project Goals:**
1. Increase access to needed health care services;  
2. Train staff to conduct telehealth activities;  
3. Coordinate and expand telehealth services across the region;  
4. Demonstrate cost savings through shared services and shared staffing across network members.

**Outcomes Expected/Project Accomplishments:**
1. All eligible SKTN members will be enrolled in the USAC Health Care Program and the Kentucky Telehealth Network;  
2. The number of patients served through SKTN will increase by ten percent each year;  
3. The services provided through the telehealth network will increase by ten percent each year as demonstrated by the number of encounters and practitioner referrals;  
4. Program revenue across telehealth sites will increase as demonstrated by an increase in the number of claims submitted for reimbursement;  
5. Network utilization demonstrates cost savings across network sites as indicated by the reduction in patient and provider travel, cost of shared services, and savings from the USAC Health Care Program.

**Network Partners:**
Baptist Health Corbin, Jellico Community Hospital, Pineville Hospital, South Fork Medical Clinic, Grace Community Health Center, Baptist Health Medical Group

**Service Area:**

**Equipment:**
Vendor- Polycom, Telehealth Utility Carts, Telehealth Consult Stations, Upgrade to Bridge Infrastructure, Case Management Video Conferencing Unit- Centro
Overview:
This tele-education program employs case-based and didactic learning to address behavioral, emotional and developmental concerns in children ages birth to six. It replicates the Project ECHO (Extension for Community Healthcare Outcomes) model of a “hub” (KKI multi-disciplinary team) which hosts weekly “clinics” (tele-conferences) with “spokes” (10-12 primary care providers or School-Based Health Center care providers) in underserved areas on the Eastern Shore and Western Maryland. The providers present de-identified cases for 45 minutes which are discussed by all participants, and summarized by the experts at the hub with recommendations for next steps. There is a 15-minute didactic presentation, on a topic related to the cases presented or requested by the providers.

Project Goals:
To address an identified shortage of specialists for young children in rural areas, we will increase primary pediatric and school based health providers’ capacity to:
1. Identify behavioral, emotional and developmental (BED) disorders;
2. Identify the co-morbid conditions that frequently confound BED disorders;
3. Provide office based management of common behavioral disorders;
4. Manage medication, therapies and referrals for children with BED disorders;
5. Anticipate risk of future impairment based on the established BED diagnoses.

Outcomes Expected/Project Accomplishments:
The expected outcome is to create local experts in BED disorders, as measured by:
1. Attendance in tele-conference “clinics”;
2. Pre to post knowledge gains through routine assessment;
3. Provider satisfaction on management of BED patients (Likert surveys).

Network Partners:
Hub: Kennedy Krieger Institute Faculty. Spokes (contacts): Garrett Regional Medical Center (S. Sisler, MD), Atlantic General Hospital (M. Garg, MD, A. Pacsucci, MD), Dorchester Co. SBHC (B. Spencer), Hartford Co SBHC (Paula Nash), Fredrick Co SBHC (M. Spurrier), Washington Co. (T. Lum, NP)

Service Area:
Funded Site: Kennedy Krieger Institute, Baltimore MD; Counties serviced: Garrett, Washington, Frederick, Hartford, Dorchester, Worcester

Equipment:
Hub: Videoconferencing units: Televisions/computer/Logitech Camera/Zoom software/Spokes: Logitech CC3000e plus/poll everywhere
Overview:
The CHC School Telehealth Program utilizes telemedicine in a hub-and-spoke model to connect the students in school with the CHC Pediatric and Adolescent Center. With the Center serving as the hub, the program provides primary and acute health care, vaccinations, sports physicals, and CLIA Waived testing through three clinics in three school districts across Branch County. The program improves access to healthcare for adolescents. The grant will allow the program to expand to an additional school, expand services provided to include behavioral and dental health, increase healthcare education through use of an m-health tool, and achieve financial sustainability.

Project Goals:
1. Integrate mental health service via telehealth in existing school telehealth clinics;
2. Implement tele-spirometry to improve outcomes for asthmatic students;
3. Improve access to care for middle school students by adding an onsite clinic;
4. Expand health education utilizing a mobile health tool for managing chronic disease; reduce risk behaviors, and to promote wellness;
5. Improve access to dental healthcare in Branch County;
6. Achieve financial sustainability for the program.

Outcomes Expected/Project Accomplishments:
1. Twenty five percent of students will report improved mental health symptomology following tele-mental health Rapid Assessment for Adolescent Preventive Services (RAAPS Assessment tool);
2. Fifty percent of students will demonstrate improved pulmonary function (tele-spirometry);
3. One hundred and fifty students will enroll in the Legg Middle School Clinic;
4. Twenty five percent of students will demonstrate improved health outcomes via m-health tool.

Network Partners:
Network partners include the CHC Pediatric and Adolescent Center (Hub), Bronson Junior/Senior High School, Coldwater High School, and Quincy Middle/High School. Collaborative partners include CHC, Branch Hillsdale St-Joseph Community Health Agency (BHSJ), Coldwater Community Schools, Bronson Community Schools, and Quincy Community Schools.

Service Area:
CHC Cardinal Connect, CHC Viking Connect and CHC Oriole Connect. An additional clinic at Legg Middle School will open in year three of the grant. All schools are located in Branch County.

Equipment:
Telemed-Ed Carts, AGNES Software, Cisco Jabber, high-definition exam camera, stethoscope, otoscope, tele-spirometry, Electronic Medical Record, Mobile Health Solution, tele-dentistry equipment.
Overview:
Children's Dental Services (CDS) will expand a rural telehealth network linking sites in the provision of site-based public health dental care encompassing School-Based Health Centers, local government public health and non-profit service entities in Aitkin, Carlton, Cottonwood, Jackson, Kanabec, Koochiching, Lincoln, Lyon, Meeker, Mille Lacs, Murray, Nobles, Pine, Pipestone, Redwood, Rock and St. Louis Counties in Minnesota. The target population is low-income, under-served and un-insured children ages birth to twenty-six and pregnant women of all ages, with low-income defined as at or below 200 percent of the Federal Poverty Guideline. Throughout the project, 2,000 will be served in year one and 3,000 in years two-four; low-income children and pregnant women annually will be provided preventive and restorative dental services.

Project Goals:
1. Establish a telehealth network across sixteen counties;
2. Serve 2,000 low-income children and pregnant women in year one and 3,000 in years two-four;
3. Demonstrate improved health outcomes for all patients;
4. Ensure quality and sustainability through training;
5. Collect data from families, providers, and community-based organization to evaluate the impact of system changes.

Outcomes Expected/Project Accomplishments:
CDS will collect data including numbers of partner sites, (including number and type of encounters and procedures), rates of treatment completion, patient and partner satisfaction surveys, and pre- and post-testing of change in oral health outcomes.

Network Partners:
School-Based Health Centers, Head Start Agencies, local government operated Public Health Clinics

Service Area:
Over fifty rural sites serving Minnesota counties: Aitkin, Carlton, Cottonwood, Jackson, Kanabec, Koochiching, Lincoln, Lyon, Meeker, Mille Lacs, Murray, Nobles, Pipestone, Pine, Redwood, Rock, and St. Louis

Equipment:
Computer, modem, portable x-ray unit, digital sensor, USB intraoral camera, and specialized software (Apteryx and Open Dental)
Overview:
This grant will allow the Fort Peck Tribes School-Based Health Centers to better serve students by linking them to telehealth services at Billings Clinic, the largest health system in Montana, through the Eastern Montana Telemedicine Network (EMTN). The Fort Peck Tribes School-Based Health Centers also has established relationships with a number of academic centers in Montana (including the MSU Bozeman School of Nursing that utilizes the School-Based Health Centers as a rotation site for nursing students every year) and will pursue creating telehealth connections with these sites as well in year four of the project, after becoming established with EMTN.

Project Goals:
The overall goal of the project is to increase access to specialty care and clinical education on the Fort Peck Reservation by connecting all five of the Fort Peck Tribes Health Promotion Disease Prevention School Based Health Centers to the EMTN.

Outcomes Expected/Project Accomplishments:
The Telemedicine Project at Fort Peck will compile patient encounters using the Electronic Health Record service as well as measuring distance saved for such encounters. Additionally the project will heed the direction of desired outcomes from HRSA and compile such data as directed.

Network Partners:
Project partners for the telemedicine grant will include Eastern Montana Telehealth Network, Yale Children’s Psychiatric Center and Billings Clinic.

Service Area:
The Fort Peck Tribes Health Promotion Disease Prevention Program currently serves four School Based Health Clinics on the Fort Peck Indian Reservation. Two counties are located on the reservation, Roosevelt County and Valley County.

Equipment:
Clinical Assist Cart, Agnes EMR Communications Package Option, Agnes Sessions Documents Module.
(FY 16-20)
NORTH CAROLINA, Pitt County
East Carolina University
Healthier Lives at School and Beyond
H2A-RH-30295

Organization
East Carolina University
2200 South Charles Blvd.
Greenville, North Carolina  27858
http://www.ecu.edu

Principal Investigator/Program Manager
Kristina Simeonsson
Principal Investigator Ph.: 252-744-2535
Email: simeonssonk@ecu.edu

Overview:
The project is a dual partnership between the new school-based health centers in three K-8 schools in rural Duplin County, Goshen Medical Center (the largest Federally Qualified Health Center in North Carolina). Services include medical, dental care, behavioral and nutrition/wellness care to a rapidly growing Latino population of children, the majority of whom are uninsured and suffer from poor health outcomes. We provide routine, episodic, and preventative care and counseling for asthma, behavioral health needs, increased cardiovascular risk, obesity reduction and prevention, diabetes, and oral health needs to this underserved county(s).

Project Goals:
Expand existing telehealth network by establishing new delivery sites in at least six rural School-Based Health Centers (SBHCs) – three elementary schools and three middle schools in three rural towns; Establish and implement evidence-based care protocols that connect children in the SBHCs with the optimal provider(s); Expand telehealth access to worksite wellness services for school teachers, administrators, and staff that focuses on obesity reduction/prevention, diabetes, and cardiovascular (CV) risk while minimizing work absenteeism; Reduce number of Emergency Department visits and hospitalizations.

Outcomes Expected/Project Accomplishments:
Expansion of telehealth network: steering committee formed; purchase/installation of telehealth equipment at SBHC sites; expansion Yr. 3-4 to middle school SBHC sites; all staff trained in use of equipment. Implementation of care protocols for targeted conditions: develop and test care protocols; train staff; obtain parental permission & screen students at SBHCs; initiate telehealth visits; track clinical & educational outcomes and revise protocols; improve percentage of medical and behavioral outcomes (HbA1c, BP, BMI, lipids, PHQ-9, absenteeism) over baseline. Development of worksite wellness for teachers/staff: develop and test care protocols; train and screen all staff; initiate telehealth care to improve wellness; follow-up and re-screen annually; monitor absenteeism. Presentations/publications of findings.

Network Partners:
NC Center for Rural Health Innovation, Consultants to project; Leaders at Goshen Medical Center (GMC), including the Medical Director and Chief Executive Officer; Leaders at Duplin County Schools (DCS), including the Executive Director and Superintendent; Representatives from Duplin Hospital and Duplin County Health Department as well as local citizen and age-appropriate students.

Service Area:
Goshen Medical Center (GMC) – Duplin County, North Carolina; Duplin County Schools (DCS) – Beulaville; Wallace; Warsaw: Duplin County, North Carolina

Equipment:
Avizia Clinical Assistant 300 (CA300) Telemedicine Videoconferencing Cart—with Telemedicine Peripherals-Digital Clinical Tools
Overview:
FRONTERAS (Facilitating Rural Opportunities with New Technologies, Resources and Services) is a rural, outpatient, school-based health center (SBHC) telehealth initiative focused on improved management of pediatric chronic disease. FRONTERAS will increase access using telehealth applications for direct service delivery, case consultation, and provider, child and family education by pediatric sub-specialists at the University of New Mexico (UNM) in four SBHCs in New Mexico. Clinical areas will include: asthma, obesity, diabetes, behavioral health and oral health.

Project Goals:
We will demonstrate that engaging SBHCs in FRONTERAS will lead to:

1. Improvements in adolescent health outcomes for asthma, obesity, behavioral health care, diabetes and oral health;
2. Improvements in care coordination;
3. Improved response to child and family health needs in target SBHCs;
4. Measureable improvements in access to sub-specialty pediatric care;
5. A model for building capacity and using quality improvement (QI) to change delivery of care in target SBHCs;
6. A model for financially sustainable SBHC, direct service telehealth; and
7. Positive changes in knowledge, attitudes and provider practice.

Outcomes Expected/Project Accomplishments:
We will add to the evidence for telehealth services by assessing:

1. Child and family-knowledge and health outcomes;
2. Provider – knowledge, practice changes, services provided, and reimbursement; and
3. Community – process data on implementation of telehealth services in rural SBHC, including cost savings.

Network Partners:
Partners include UNM Center for Telehealth, UNM Center for Behavioral Health, UNM Division of Dental Hygiene, Department of Dental Medicine and the participating SBHCs.

Service Area:
The New Mexico service areas covered by this grant application are the north central (Taos County)-Mesa Vista Middle School SBHC, south central (Santa Fe County)-Pojoaque Valley High School SBHC, and southeast regions (Otero and Lea County) Mescalero SBHC and Lovington High School SBHC.

Equipment:
Zoom Videoconferencing software and peripheral devices as needed over the course of the initiative to address the clinical service needs of the participating SBHCs.
Overview:
This project provides telehealth and tele-psychiatry to schools in underserved areas. Services include:
1. Telemedicine and tele-behavioral health to school-based health centers;
2. Improvement in asthma, childhood obesity, adolescent health, depression screening and follow-up;
3. Increase number of telehealth services to 225 patients in year one; 300 in year two and 400 patients each year thereafter;
4. Advance telehealth services to all eleven Ben Archer Health Center sites for provision of primary and specialty care to school children;
5. Telehealth conferencing for provider education and collaboration.

Project Goals:
1. To provide medical and specialty care through telehealth;
2. To improve health status of students in underserved areas;
3. To reduce the risk of anxiety and depression targeting minority students;
4. To provide family planning services to adolescents;
5. To educate students and families on healthy lifestyle habits;
6. To develop collaboration among school-based health centers to improve health care training for providers and students.

Outcomes Expected/Project Accomplishments:
1. Increase asthma control for patients age 5-40;
2. Increase number of patients aged 12+ years with depression screening and follow-up;
3. Increase adolescents receiving family planning services; and reduce school absenteeism through improved health of students using organizational improvement tools to evaluate and improve telehealth service by tracking data in Electronic Health Record System.

Network Partners:
Southern New Mexico Family Residency Program; New Mexico State University Nursing Department; Truth or Consequences, Las Cruces, and Deming Public Schools; ConneXions Network

Service Area:
Ben Archer Health Center Truth or Consequences School-Based Health Center, Sierra County, NM; Las Cruces Public Schools, Dona Ana County, NM; School-Based Health Center Deming Public Schools, Luna County, NM

Equipment:
Telemedicine cart (GlobalMed) with PZT high definition camera, TotalExam3 general examination camera, digital stethoscope and video conferencing software
NEW YORK, Ostego County

Bassett Mary Imogene Hospital

Bassett School-Based Health Center Telehealth Network
H2A-RH-30301

Organization
Bassett Mary Imogene Hospital
1 Atwell Road
Cooperstown, New York 13326
http://www.bassett.org

Principal Investigator/Project Director
Jane V. Hamilton
Principal Investigator Ph: 607-746-9332
Principal Investigator Fax: 607-746-8838
Email: jane.hamilton@bassett.org

Overview:
1. Increase School-Based Health Centers (SBHCs) patient access to sub-specialty services not readily available in their community;
2. Connect patients from nineteen rural SBHCs with pediatric specialty services including pediatric pulmonology, endocrinology and psychiatry;
3. Connect SBHC patients via tele-communication from four counties with a registered dietician allowing her to spend less time on the road and thus able to reach more patients in need;
4. Develop a tele-dentistry program where radiographs and intraoral photos will be transmitted to the SBHC Dentist for consultation and initial treatment planning.

Project Goals:
Increase access to sub-specialty pediatric services for rural, underserved school based health center patients with complex medical needs.

Outcomes Expected/Project Accomplishments:
1. Reduce exacerbation of chronic conditions of SBHC patients;
2. Provide secondary prevention of complications from these chronic conditions.

Network Partners:
1. University of Rochester Medical Center, Golisano Children’s Hospital, Divisions of Pediatric Pulmonology and Endocrinology
2. Board Certified, Child and Adolescent Psychiatrist, private practitioner, Moira Kennedy, MD located in New York City, New York

Service Area:
Delaware County, NY-SBHCs at Delhi, South Kortright, Stamford & Sidney Central School; Otsego County, NY: Cooperstown, Edmeston, Laurens, Milford, Morris, Richfield Springs Schenevus, Worcester Chenango County, NY: Sherburne-Earlville and Unadilla Valley Central Schools

Equipment:
Upgrade CLI units with Full PCs to allow for the installation of cameras and microphones. Software: Jabber
Overview:
The Avera eSchool Rural Telehealth Network will provide a full-time, trained registered nurse for participating schools during regular in-school hours via face-to-face telehealth technology. The program will support frontier school districts in South Dakota that cannot adequately address the health care needs of children during school hours. In year one, three rural schools will receive telehealth equipment and be connected to the eSchool Nurse. An anticipated ten to twelve schools will join each following year. Each school included in year one is extremely rural and does not employ a full-time nurse, depriving students of access to a trained health care professional who can assess injuries, oversee chronic health conditions and recommend additional care.

Project Goals:
1. Launch the Avera eSchool program in three schools in year one and ten to twelve additions in subsequent years;
2. Deliver urgent care and virtual consultative health services to students in rural originating school;
3. Improve health outcomes for students by providing access to a virtual school nurse during school hours;
4. Evaluate and report project results during the project period to guide future efforts and make quality improvement changes as necessary.

Outcomes Expected/Project Accomplishments:
Types of telehealth network partner settings.
1. The number of encounters by specialty/service, by patient care setting (network facility), and by type of telemedicine encounter;
2. Third party and grant reimbursement received for the encounters;
3. New services available in rural areas due to the grant;
4. Patient and practitioner travel miles saved by each network facility;
5. Number of Practitioner Referrals at each network facility.

Network Partners:
Highmore-Harrold School District, Agar-Blunt-Onida School District, Crow Creek Tribal Schools, Rural Health Care, Inc.

Service Area:
Highmore-Harrold School District; Agar-Blunt-Onida School District; Crow Creek Tribal Schools

Equipment:
Americanwell tablet with Video connection, USB connected Otoscope and software that can be used to assess student ear complaints.
(FY 16-20)
TENNESSEE, Hamilton County

Volunteer Behavioral Health Care System
Mountain Valley Health Connection
H2A-RH-30308

Organization
Volunteer Behavioral Health Care System
413 Spring Street
Chattanooga, Tennessee  37405
http://www.vbhcs.org

Principal Investigator/Program Manager
Vickie Harden, LAPSW
Principal Investigator Ph: 615-278-6255
Principal Investigator Fax:  615-904-9181
Email: vharden@vbhcs.org

Overview:
This project provides tele-psychiatry and mental health services to underserved residents of the South Cumberland Plateau. Specific services include psychiatric evaluation and medication management; individual, family and group therapy; health education; care coordination and consultation between primary care providers and psychiatric service providers. Care coordinators will insure that the network as a whole function to meet the needs of participants. Year one implementation will target individuals with mental illness being served at the Grundy County Health Department and its primary care clinic, and children and adolescents in need of mental health services within the Grundy County School System. The long-term goal is to institutionalize Mountain Valley Health Connection as an integrated rural service delivery system for multiple locations across the entire South Cumberland Plateau.

Project Goals:
1. Improve/increase access to services for South Cumberland Plateau residents via telehealth services;
2. Improve and increase access to primary care and mental health services to students and families at local schools affiliated with the Grundy County Health Department;
3. Increase on-going engagement in telehealth services;
4. Increase health literacy and improve disease management of patients enrolled in the program;
5. Reduce participant access of high-intensity services such as emergency room stays and hospitalizations.

Outcomes Expected/Project Accomplishments:
1. Underserved patients will access mental health services, and experience satisfactory consultation with providers, using telehealth system – Self-assessment per HRSA guidelines, using qualitative (satisfaction surveys) and quantitative (number screened, referred, participated) review system;
2. Blood pressure and blood glucose of participants will be within normal range - BP cuff and glucometer;
3. Costs associated with hospitalizations due to lack of chronic disease management will decrease. Hospital records and self-report by participants collected by Data Manager.

Network Partners:
Grundy County Schools; Grundy County Health Department; Grundy County Health Department Primary Care Clinic; Sequatchie County Health Department; South Cumberland Health Network

Service Area:
Grundy County Schools: Grundy County; Grundy County Health Department: Grundy County (serving patients from Grundy, Marion and Sequatchie Counties)

Equipment:
ACANO servers; 1 Dell Optiplex 9020 Desktop system (keyboard, mouse, monitor, soundbar), LifeCam Webcam; 3 Dell Latitude 15 5000 Series Laptop Computers with camera, microphone and case.
(FY 16-20)
WISCONSIN, Wood County
Marshfield Clinic Research Foundation
H2A-RH-30300

Organization
Marshfield Clinic Research Foundation
1000 N. Oak Avenue
Marshfield, Wisconsin  54449
http://www.marshfieldclinic.org

Principal Investigator/Program Director
Kori Kreuger, MD

Primary Investigator: Chris Meyer
Primary Point of Contact Ph.: 715-221-5816
Primary Point of Contact Fax: 715-387-5225
Email: meyer.christopher@marshfieldclinic.org

Overview:
Expand access to medication education in underserved communities. Expand access to conduct child abuse evaluations throughout northern Wisconsin. Expand pediatric dental screening at Head-Start locations. Expand access to telehealth in rural and underserved areas using traditional telehealth as well as virtual delivery of care using a HIPAA/HITECH compliant video platform. Providing new access to skilled nursing facilities for delivery of care as well as triage assistance. Expand telehealth access to include delivery of pediatric and adult behavioral health. Expand access to telehealth to include conducting advanced care planning to patients. Build and expand the use of virtual delivery of care using American Well Platform.

Project Goals:
1. Increase capabilities to evaluate child abuse victims as well as educate other providers on mandated reporting requirements;
2. Decrease the accidental use of rescue inhalers in pediatric patients through education;
3. Decrease the average A1C levels of diabetic patients through education and care coordination delivered virtually;
4. Decrease childhood obesity in children participating in the YouthNet after school program;
5. Increase the number of patients who have a completed Advanced Care Plan.

Outcomes Expected/Project Accomplishments:
1. Extend the ability to evaluate child abuse victims remotely (measure);
2. Increase patient medication education sessions (measure);
3. Decrease number of patients with A1C of greater than 9 (measure);
4. Increase number of pediatric dental screenings in underserved communities (measure).

Network Partners:
Western Dairyland E.O.C. Inc.; Indianhead Community Action Agency Inc.; Exceptional Living Centers Inc.; Family Health Center of Marshfield

Service Area:
Marshfield Clinic: Barron, Chippewa, Clark, Dunn, Eau Claire, Iron, Jackson, Lincoln, Marathon, Oneida, Price, Portage, Rusk, Sawyer, Taylor, Wood; Western Dairyland E.O.C. Inc.: Trempealeau and Jackson; Indian Head Community Action Agency Inc.: Clark, Rusk and Lincoln ; Family Health Center of Marshfield: See Marshfield Clinic

Equipment:
Cisco SX-20 Codec, Think Labs One Stethoscope, Otoscope, Cisco LAN/WAN devices, American Well Virtual Platform with iPads and Surface Tablets
Overview:
This project will enable the Federally Qualified Health Center (FQHC) to establish a telehealth-enabled school-based health clinic (SBHC) in Bland County public schools in the first year, with replication of the model in Martinsville City in the second year. Once each SBHC is established, it will also be used to connect children with special health care needs to specialists. Additionally, m-health will be used to facilitate communication across interdisciplinary care teams, and technology facilitated education and training will be used to build the capacity of teachers and students to better respond to the needs of these students. In the final year of the project, m-health apps that engage students in friendly competition and self-monitoring will be used to facilitate population health, with a focus on establishing healthier behaviors related to fitness, nutrition and oral health.

Project Goals:
1. Increase access to primary and specialty care services through telehealth-enabled School-Based Health Centers;
2. Establish m-health facilitated virtual care teams for children with special health care needs to improve communication and care coordination;
3. Increase capacity of staff and students to address needs of children with asthma, diabetes, obesity and behavioral health concerns through technology assisted training, education and support services;
4. Incentivize healthy behaviors related to fitness, nutrition and oral health.

Outcomes Expected/Project Accomplishments:
Operational telehealth-enabled School Based Health Centers will be established in an elementary and high school in both Bland County and Martinsville City. For children with special health care needs, technology enabled virtual care teams will be used to enhance communication and care coordination. These efforts will provide access to primary care and specialty care for over 1,000 students per year by year three and over 1,500 students per year by year four. In addition, population health efforts through education, training and gamification of health through mobile apps will engage over 1,500 students per year beginning in year three. Data will be collected to track encounters, travel miles saved, specialist referrals, and outcomes related to asthma, obesity, behavioral health, diabetes and oral health using the e-Clinical Works Electronic Health Record platform used by FQHCs in Virginia.

Network Partners:
Virginia Institute of Autism, Bland County Medical Clinic, Bland County Public Schools, Mt. Rogers Community Services Board, Martinsville Henry County Coalition for Health and Wellness/Bassett Family Practice, Martinsville City Public Schools, Piedmont Community Services Board.
Service Area:
University of Virginia and Virginia Institute of Autism (Charlottesville City); Bland Elementary and High School, Bland County Medical Center (Bland County); Mount Rogers Community Services Board (Wythe County); Albert Harris Elementary and Martinsville High School, Martinsville Henry County Coalition for Health and Wellness/Bassett Family Practice, and Piedmont Community Services Board (Martinsville City/Henry County)

Equipment:
Clinical endpoints, mobile devices and stands, peripheral bundles, software licenses, secure texting platform, fitness trackers.
(VIRGINIA, Essex, County)

Bay Rivers Telehealth Alliance
Bridges to School-Based Telehealth Integration
H2A-RH-30289

Organization
Bay Rivers Telehealth Alliance (BRTA)
659 Hospital Road
Tappahannock, Virginia 22560
http://bayriverstelehealth.org

Principal Investigator/Program Director
Donna Dittman Hale

Overview:
This project establishes ten school-based health centers across three rural school districts linked via telehealth to local and regional primary care, specialty providers and therapists. Based on the Health-e Schools promising practice model, clinical services will include care and treatment for behavioral health, asthma, obesity prevention/reduction, diabetes, and oral health. The project will result in substantial increases in access to health care by the region’s impoverished rural children, as well as improved health outcomes, and the creation of a replicable model for school-based telehealth care that can be implemented across the state in rural areas that cannot support a bricks and mortar school-based health center. Year one will be devoted to needs assessment and feasibility studies, with services rolling out in successive school districts in years two, three and four.

Project Goals:
1. To undertake a needs assessment of the health care needs of youth in the service area;
2. To undertake a feasibility study to determine partner readiness to support integrated telehealth services in the service area;
3. To create a replicable program model that can be adapted and implemented by schools statewide to offer primary care, behavioral health care, and specialty health care;
4. To implement ten school-based health centers across three school districts linked via telehealth to local and regional health care programs.

Outcomes Expected/Project Accomplishments:
1. Increase in access to health care for rural, impoverished children in target service area;
2. Reductions in days of school/days of work lost and miles traveled to receive health care;
3. Improvements in clinical outcomes for obesity (BMI), asthma (FPVI or inhaler use), diabetes (A1c), behavioral health (PHQ4 or TBD) and dental care (last visit).

Network Partners:
Riverside Health System, VCU Health System, Middle Peninsula Northern Neck CSB, VA Dept. of Health Office of Health Equity, Essex County Public Schools, Northumberland County Public Schools, Westmoreland County Public Schools, Rappahannock Community College, Community Health Solutions, Center for Rural Health Innovation.

Service Area:
Essex County Public Schools (3): Essex County; Northumberland County Public Schools (3): Northumberland county; Riverside Callao Medical Arts Center: Lancaster County; Riverside Warsaw Medical Arts Center: Warsaw Counseling Practice: Richmond County; Westmoreland County Public Schools (4): Westmoreland County.

Equipment:
9 Avizia Clinical Assistant 300 Carts with JedMed Horuscope Peripherals and Cardiosense Telestethoscope; 7 Cisco EX90 TelePresence TM System Desktop Units.
Overview:
The Lower Yakima Telehealth Network will assure a seamless, coordinated system of care that will improve outcomes through enhanced access to primary care services and chronic disease management for students in the Lower Yakima Valley. “Virtual” school-based health centers will be developed at each of the eight schools comprising the Sunnyside School District by providing school nurses at each school site with appropriate telehealth technology. Students will then have the opportunity to receive remote medical services from local providers at Sunnyside Pediatrics and the John Hughes Student Health Center for both acute and chronic health needs (with a particular focus on asthma and diabetes) during the school day. In addition, the staff and providers at the John Hughes Student Health Center will have remote access to pediatric consults from Sunnyside Pediatrics when necessary to meet the needs of students.

Project Goals:
The specific goals of this Network Project are to:
1. Reduce barriers to receiving needed health care services;
2. Improve student health outcomes;
3. Increase students’ readiness to learn; and
4. Decrease costs to the health care system and to families.
To meet these goals the Network has established two key objectives: (1) Increase timely access to primary care services for acute conditions for Sunnyside School District students; and (2) Increase the number of students receiving appropriate management of chronic conditions.

Outcomes Expected/Project Accomplishments:
Provide over 1,500 chronic care visits and over 1,700 primary care visits to over 1,400 students annually who otherwise lack access to these services (tracked via shared Electronic Health Records). Inform state and federal policy to encourage reimbursement changes to allow rural health clinics to be reimbursed as a telehealth destination site (grant data collection and participation in Washington Statewide Telemedicine Collaborative).

Network Partners:
Sunnyside Community Hospital & Clinics; Sunnyside Pediatrics; John Hughes Student Health Center; Sunnyside School District

Service Area:
Outlook Elementary School, Sun Valley Elementary School, Sierra Vista Middle School, Harrison Middle School, Pioneer Elementary School, Chief Kamiakin Elementary School, Sunnyside High School/John Hughes Student Health Center, Washington Elementary School, and Sunnyside Pediatrics. All sites are in Yakima County.

Equipment:
Thinklabs One Digital Stethoscope (9); Firefly (Model DE500A) Digital Otoscope (9); Sabrent USB External Stereo Sound Adapter (9); HTTX 4-Pin Male to 3.5 mm Double Female Splitter (9)
WEST VIRGINIA, Monongalia County

West Virginia University Research Corporation

West Virginia Children’s Access Network (WV CAN): Utilizing Telehealth to Increase Rural Mental Health Access in Schools

H2A-RH-30310

Organization
West Virginia University Research Corporation
930 Chestnut Ridge Road
Morgantown, West Virginia  26506
http://medicine.hsc.wvu.edu/bmed/

Principal Investigator/Program Director
Kari-Beth Law, MD
Principal Investigator Ph.: 304-293-5181
Principal Investigator Fax: 304-598-4860
Email: klaw@hsc.wvu.edu

Overview:
This project is designed to supplement existing rural school-based health centers and community-based centers with behavioral health services and pediatric referral services for underserved adolescents. Services will be implemented in four sites within the first two years, which include child and adolescent psychiatric and psychological consultation and treatment services. Those seen by the providers will also receive screening and referrals to specialty pediatric services for children with complex medical conditions including poorly controlled asthma, metabolic syndrome (diabetes, hyperlipidemia, obesity) or significant oral health issues. We will work with each site to facilitate appropriate billing for telemedicine services to assist with post-grant sustainability.

Project Goals:
1. Improve detection of students at high risk for mental health problems in schools;
2. Improve access to specialty behavioral health consultation;
3. Screen for physical co-morbidities in students presenting for tele-psychiatric consultation and refer for tele-pediatric consultation if needed;
4. Improve network sites’ willingness to participate in collaborative care via telemedicine to result in staff education and sustainable services upon grant completion.

Outcomes Expected/Project Accomplishments:
1. Quantify patient usage of services provided – internal database;
2. Network site provider satisfaction – surveys;
3. OAT GPRA Performance Measures;
4. Review of billing with each site to document sustainability – site financials.

Network Partners:
Brandon Wellness Center (Philip Barbour High School) – Barbour County; Tug River Health Association (River View High School Health Center) – McDowell County; Community Care of West Virginia (Pocahontas High School Health Center) – Pocahontas Co.; Wyoming County Family Resource Network (Power House) – Wyoming County

Service Area:
1. School-based health centers: Philip Barbour High School – Barbour County, WV; River View High School Health Center – McDowell County, WV; and Pocahontas High School Health Center - Pocahontas County, WV.
2. Community Health Center: Wyoming County Family Resource Network – Wyoming County, WV.

Equipment:
Vidyo Telemedicine Software platform: Each site will also have computer (CPU, monitors, keyboard, mouse), Logitech web cam, Phoenix Duet conference speaker phone.
Charts Type (TNGP Only)

The following charts highlight each program's capabilities, focus areas, and methods of telehealth funding (outside of OAT funding).

A. Components of the Project

B. Program Specialties

C. Program Settings

D. Sources of Reimbursement
TNGP Components of the Project

All OAT grantees were asked to what capacity their projects were participating in the following areas:

A. Clinical Telemedicine,
B. Health Education,
C. Electronic Health Records,
D. Mobile Health Monitoring,
E. Other Medical Devises or Remote Monitoring capabilities.

Grantees’ specific responses are provided in the following chart based on the definitions provided on the next page.
State
AR
Grantee/Program Name
University of Arkansas
STAR School Telemedicine in Arkansas
Clinical Telehealth Services

State
AL
Grantee/Program Name
Quality of Life Health Services, Inc.
Quality Health Care Connections Project
Clinical Telehealth Services
Distance Learning Types
  Professional development-Non-Credit (PDNC)
Electronic Health Records Types
  Computerized Provider Order Entry (CPO)
  Electronic Billing (EB)
  Results Reporting /Clinical Quality Measures (RR)
  Key Data (KD)
  Electronic Integrated Medical Record (EIMR)
Health Information Exchange (Please Specify)
  No

State
CT
Grantee/Program Name
Community Health Center, Inc.
School-based Consultations for Rural Pediatric Telehealth Networks
Clinical Telehealth Services
Distance Learning Types
  Professional development-Non-Credit (PDNC)
Electronic Health Records Types
  Computerized Provider Order Entry (CPO)
  Reporting and Population Health Management (RP)
  Results Reporting /Clinical Quality Measures (RR)
  Key Data (KD)
  Electronic Integrated Medical Record (EIMR)
Health Information Exchange (Please Specify)
  Yes/Project ECHO Complex Integrated Pediatrics de-identified case presentation materials for collaborative learning. De-identified consults for the eConsults program that helps providers build clinical competencies in challenging areas of pediatric medicine and increases access to specialty care.

State
IN
Grantee/Program Name
Indiana Rural Health Association, Inc.
Indiana Rural Schools Clinic Network (IRSCN)
Clinical Telehealth Services
Health Information Exchange (Please Specify)
  No

State
KS
Grantee/Program Name
University of Kansas Medical Research Institute, Inc.
Telehealth Rural Outreach to Children in Kansas City Schools

Clinical Telehealth Services

Distance Learning Types
- Professional development-Non-Credit (PDNC)
- Professional developmental Credit i.e., CME (PDC)

State
KY
Grantee/Program Name
Baptist Health Foundation Corbin, Inc.
Southeast Kentucky Telehealth Network

Clinical Telehealth Services

State
MD
Grantee/Program Name
Kennedy Krieger Children’s Hospital, Inc.
KKI-NECT: Improving Behavioral, Emotional Health

Distance Learning Types
- Professional developmental Credit i.e., CME (PDC)

Health Information Exchange (Please Specify)
N/A

State
MI
Grantee/Program Name
Community Health Center of Branch County,
CHC School Telehealth Program

Clinical Telehealth Services

Electronic Health Records Types:
- Computerized Provider Order Entry (CPO)
- Electronic Billing (EB)
- Scheduling Management/Patient Reminders (SM/PR)
- Reporting and Population Health Management (RP)
- Key Data (KD)
- Electronic Integrated Medical Record (EIMR)

Health Information Exchange (Please Specify)
Currently available through vendor IMPRIVA, Not in a regional network

State
MN
Grantee/Program Name
Children’s Dental Services, Inc.
Rural Minnesota Tele-Dentistry Network

Clinical Telehealth Services

Electronic Health Records Types:
- Electronic Prescribing (EP)
- Electronic Billing (EB)
- Scheduling Management/Patient Reminders (SM/PR)
- Key Data (KD)

State
MT
Grantee/Program Name
Fort Peck Assiniboine & Sioux Tribes

Clinical Telehealth Services

Electronic Health Records Types:
Electronic Billing (EB)
Scheduling Management/Patient Reminders (SM/PR)
Electronic Integrated Medical Record (EIMR)

Health Information Exchange (Please Specify)
Yes/Eastern Montana Telehealth Network

State
NC
Grantee/Program Name
East Carolina University
Healthier Lives at School and Beyond

Clinical Telehealth Services
Health Information Exchange (Please Specify)
No

State
NM
Grantee/Program Name
University of New Mexico
Fronteras Facilitating Rural Opportunities with New Technologies, Resources and Services

Clinical Telehealth Services
Distance Learning Types
Professional development-Non-Credit (PDNC)
Professional developmental Credit i.e., CME (PDC)

Electronic Health Records Types:
Computerized Provider Order Entry (CPO)
Electronic Billing (EB)
Scheduling Management/Patient Reminders (SM/PR)
Reporting and Population Health Management (RP)
Results Reporting /Clinical Quality Measures (RR)
Key Data (KD)

Health Information Exchange (Please Specify)
No

State
NM
Grantee/Program Name
Ben Archer Health Center

Clinical Telehealth Services
Distance Learning Types
Professional development-Non-Credit (PDNC)
Professional developmental Credit i.e., CME (PDC)
Academic Degree Granting (ADG)

Electronic Health Records Types:
Computerized Provider Order Entry (CPO)
Electronic Billing (EB)
Scheduling Management/Patient Reminders (SM/PR)
Reporting and Population Health Management (RP)
Results Reporting /Clinical Quality Measures (RR)
Key Data (KD)
Electronic Integrated Medical Record (EIMR)

Health Information Exchange (Please Specify)
No

State
NY
Grantee/Program Name
Bassett Mary Imogene Hospital
Bassett School-Based Health Center Telehealth Network
Clinical Telehealth Services
Distance Learning Types
  Professional development-Non-Credit (PDNC)
Electronic Health Records Types:
  Computerized Provider Order Entry (CPO)
  Electronic Billing (EB)
  Scheduling Management/Patient Reminders (SM/PR)
  Results Reporting /Clinical Quality Measures (RR)
  Key Data (KD)
  Electronic Integrated Medical Record (EIMR)

State
SD
Grantee/Program Name
Avera Health
Avera eSchool Rural Telehealth Network
Clinical Telehealth Services
Electronic Health Records Types:
  Reporting and Population Health Management (RP)

State
TN
Grantee/Program Name
Volunteer Behavioral Health Care System
Mountain Valley Health Connection
Clinical Telehealth Services
Distance Learning Types
  Professional development-Non-Credit (PDNC)
Electronic Health Records Types:
  Computerized Provider Order Entry (CPO)
  Electronic Billing (EB)
  Scheduling Management/Patient Reminders (SM/PR)
  Reporting and Population Health Management (RP)
  Results Reporting /Clinical Quality Measures (RR)
  Key Data (KD)
  Electronic Integrated Medical Record (EIMR)
Health Information Exchange (Please Specify)
  No

State
WI
Grantee/Program Name
Marshfield Clinic Research Foundation
Clinical Telehealth Services
Distance Learning Types
  Professional developmental Credit i.e., CME (PDC)
Electronic Health Records Types:
  Computerized Provider Order Entry (CPO)
  Electronic Billing (EB)
  Scheduling Management/Patient Reminders (SM/PR)
  Reporting and Population Health Management (RP)
  Results Reporting /Clinical Quality Measures (RR)
  Key Data (KD)
  Electronic Integrated Medical Record (EIMR)
Health Information Exchange (Please Specify)
  No
State
VA
Grantee/Program Name
Rector and Visitors of the University of Virginia
The e-BACKPAC (Better Health and Care for Kids; Parents and Communities)
Clinical Telehealth Services
Electronic Health Records Types:
- Computerized Provider Order Entry (CPO)
- Electronic Billing (EB)
- Reporting and Population Health Management (RP)
- Results Reporting /Clinical Quality Measures (RR)
- Key Data (KD)
- Electronic Integrated Medical Record (EIMR)

State
VA
Grantee/Program Name
Bay Rivers Telehealth Alliance
Bridges to School-Based Telehealth Integration
Clinical Telehealth Services
Distance Learning Types
- Professional development-Non-Credit (PDNC)
- Professional developmental Credit i.e., CME (PDC)
Electronic Health Records Types:
- Electronic Billing (EB)
- Scheduling Management/Patient Reminders (SM/PR)
- Key Data (KD)
- Electronic Integrated Medical Record (EIMR)
Health Information Exchange (Please Specify)
No

State
WA
Grantee/Program Name
Sunnyside Community Hospital Association
Lower Valley Telehealth Network
Clinical Telehealth Services

State
WV
Grantee/Program Name
West Virginia University Research Corporation
West Virginia Children's Access Network
Clinical Telehealth Services
Distance Learning Types
- Professional development-Non-Credit (PDNC)
- Professional developmental Credit i.e., CME (PDC)
Electronic Health Records Types:
- Computerized Provider Order Entry (CPO)
- Electronic Billing (EB)
- Scheduling Management/Patient Reminders (SM/PR)
- Results Reporting /Clinical Quality Measures (RR)
- Key Data (KD)
- Electronic Integrated Medical Record (EIMR)
TNGP Program Settings

For their respective projects, OAT grantees were asked to report their service settings most active in their OAT funded projects. Projects providing clinical telemedicine services and remote monitoring were asked how many sites are associated with the project in each program setting(s). Grantee responses are provided in the following chart.

***Note: Grantees were asked to designate Planned Settings with (P).
Program Settings

State
AR
Grantee/Program Name
University of Arkansas
STAR School Telemedicine in Arkansas
Number of Sites
4
# of HPSA's/MUA's/Approximate Population
MH HPSA: 4
DENTAL HPSA: 3
MUA: 4
POP: 89,000
School Based
4

State
AL
Grantee/Program Name
Quality of Health Services, Inc.
Quality Health Care Connections Project
Number of Sites
4
# of HPSA's/MUA's/Approximate Population
HPSA: 2
POP: 160,000
Federally Funded or Federally Qualified Community
2
School Based
2

State
CT
Grantee/Program Name
Community Health Center, Inc.
School-based Consultations for Rural Pediatric Telehealth Networks
Number of Sites
5
59 (P)
# of HPSA's HPSA: 5, 59 (P)
POP: 23,464/MUA's/Approximate Population
Federally Funded or Federally Qualified Community
5
59 (P)
School Based
5
59 (P)

State
IN
Grantee/Program Name
Indiana Rural Health Association, Inc.
Indiana Rural Schools Clinic Network (IRSCN)
Number of Sites
818P
# of HPSA's/MUA's/Approximate Population
HPSA/MUA: All
9 Schools
7 Providers  
POP of HPSA/MUA Counties: 393,000

**Federally Funded or Federally Qualified Community**  
11P  
**Critical Access Hospitals (CAH) Hospital (H) Hospital ER(H-ER) Hospital In-Patient (HIP)**  
HER 13P  
**Other Clinics**  
1  
**School Based**  
5 4P

---

**State**  
KS  
**Grantee/Program Name**  
University of Kansas Medical Research *Institute, Inc.  
*Telehealth Rural Outreach to Children in Kansas City Schools*  
**Number of Sites**  
13  
**# of HPSA’s/MUA’s/Approximate Population**  
- HPSA: 9  
- POP: 72,943  
**School Based**  
13

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**State**  
KY  
**Grantee/Program Name**  
Baptist Health Foundation Corbin, Inc.  
*Southeast Kentucky Telehealth Network*  
**Number of Sites**  
2  
**# of HPSA’s/MUA’s/Approximate Population**  
- HPSA: 2  
- POP: 70,000  
**Federally Funded or Federally Qualified Community**  
1  
**Public Health Department (PHD) Other (OTH)**  
OTH—Appalachian Children’s Home

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**State**  
MD  
**Grantee/Program Name**  
Kennedy Krieger Children’s Hospital, Inc.  
*KKI-NECT: Improving Behavioral, Emotional Health*  
**Public Health Department (PHD) Other (OTH)**  
(OTH) Not applicable. This project provides Distance Learning

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**State**  
MI  
**Grantee/Program Name**  
Community Health Center of Branch County,  
*CHC School Telehealth Program*  
**Number of Sites**  
3  
**# of HPSA’s/MUA’s/Approximate Population**
HPSA: 1  
POP: 43,000  
Hospice (HP) Prison (P) Private Medical Practice or Physician’s Office (PM)  
PM - 1  
School Based  
3

State  
MN  
Grantee/Program Name  
Children’s Dental Services, Inc.  
*Rural Minnesota Tele-Dentistry Network*  
Number of Sites  
17  
# of HPSA’s/MUA’s/Approximate Population  
Dental HPSA: 16  
POP: 476,689  
Health Department and Mental Health Agency  
3  
Public Health Department (PHD) Other (OTH)  
(OTH) - Dental  
School Based  
11

State  
MT  
Grantee/Program Name  
Fort Peck Assiniboine & Sioux Tribes  
School Based  
6

State  
NC  
Grantee/Program Name  
East Carolina University  
*Healthier Lives at School and Beyond*  
Number of Sites  
3  
# of HPSA’s/MUA’s/Approximate Population  
HPSA: 1  
POP: 60,000  
(Duplin County)  
Federally Funded or Federally Qualified Community  
1  
School Based  
3

State  
NM  
Grantee/Program Name  
University of New Mexico  
*Fronteras Facilitating Rural Opportunities with New Technologies, Resources and Services*  
Number of Sites  
4  
# of HPSA’s/MUA’s/Approximate Population  
HPSA: 4  
POP: 2,606
State
NM
Grantee/Program Name
Ben Archer Health Center
Number of Sites
8
# of HPSA’s/MUA’s/Approximate Population
HPSA: 3
POP: 115,000
Federally Funded or Federally Qualified Community
1
School Based
6

State
NY
Grantee/Program Name
Bassett Mary Imogene Hospital
Bassett School-Based Health Center Telehealth Network
Number of Sites
18
# of HPSA’s/MUA’s/Approximate Population
HPSA: 3
POP: 155,533
Public Health Department (PHD) Other (OTH)
(OTH)- Dental
School Based
18

State
SD
Grantee/Program Name
Avera Health
Avera eSchool Rural Telehealth Network
Number of Sites
7
School Based
7

State
TN
Grantee/Program Name
Volunteer Behavioral Health Care System
Mountain Valley Health Connection
Number of Sites
13
# of HPSA’s/MUA’s/Approximate Population
HPSA: 2
POP: 13,500
Public Health Department (PHD) Other (OTH)
PHD – 1
OTH- 5 Destination sites – Mental Health Centers
School Based
### Wisconsin (WI)

**Grantee/Program Name:** Marshfield Clinic Research Foundation

**Number of Sites:** 34

**# of HPSA’s/MUA’s/Approximate Population**

- POP: 20,640

**Federally Funded or Federally Qualified Community:** 50

**Other Clinics:** 138

**Public Health Department (PHD) Other (OTH)**

- OTH-DENTAL

**School Based:** 400

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### Virginia (VA)

**Grantee/Program Name:** Rector and Visitors of the University of Virginia

*The e-BACKPAC (Better Health and Care for Kids; Parents and Communities)*

**Number of Sites:** 4

**# of HPSA’s/MUA’s/Approximate Population**

- HPSA/MUA: 2
- POP: 20,382

**Federally Funded or Federally Qualified Community:** 2

**Other Clinics:** 2

**School Based:** 4

---

**Grantee/Program Name:** Bay Rivers Telehealth Alliance

*Bridges to School-Based Telehealth Integration*

**Number of Sites:** 8

**# of HPSA’s/MUA’s/Approximate Population**

- HPSA: 3
- POP: 41,012

**Federally Funded or Federally Qualified Community:** P2

**Critical Access Hospitals (CAH) Hospital (H) Hospital ER(H-ER) Hospital In-Patient (HIP)**

- H-P2

**Other Clinics:** P3

**School Based:** P10

---

**State:**

**VA**

**Grantee/Program Name:** Bay Rivers Telehealth Alliance

*Bridges to School-Based Telehealth Integration*

**Number of Sites:** 8

**# of HPSA’s/MUA’s/Approximate Population**

- HPSA: 3
- POP: 41,012

**Federally Funded or Federally Qualified Community:** P2

**Critical Access Hospitals (CAH) Hospital (H) Hospital ER(H-ER) Hospital In-Patient (HIP)**

- H-P2

**Other Clinics:** P3

**School Based:** P10

---

**State:**

**VA**

**Grantee/Program Name:** Bay Rivers Telehealth Alliance

*Bridges to School-Based Telehealth Integration*

**Number of Sites:** 8

**# of HPSA’s/MUA’s/Approximate Population**

- HPSA: 3
- POP: 41,012

**Federally Funded or Federally Qualified Community:** P2

**Critical Access Hospitals (CAH) Hospital (H) Hospital ER(H-ER) Hospital In-Patient (HIP)**

- H-P2

**Other Clinics:** P3

**School Based:** P10

---
WA
Grantee/Program Name
Sunyside Community Hospital Association
Lower Valley Telehealth Network
Number of Sites
8
# of HPSA's/MUA's/Approximate Population
HPSA: 1
POP: 25,000
School Based
8

State
WV
Grantee/Program Name
West Virginia University Research Corporation
West Virginia Children’s Access Network
Number of Sites
4
# of HPSA’s/MUA’s/Approximate Population
HPSA: 4
POP: 67,000
Federally Funded or Federally Qualified Community
1
School Based
3
TNGP Program Specialties

OAT Grantees were asked to indicate which services the project has implemented or is planning to implement (I) and indicate the number of planned sites under the service that is planned (P). All services listed are reported by OAT grantees on their annual Performance Improvement Measurement System (PIMS) report.

For a complete listing of all services offered by grantees, see the individual project descriptions.
# Program Specialties

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<th>State</th>
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<td><strong>Grantee/Program Name</strong></td>
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<tr>
<td>University of Arkansas</td>
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<td><em>School-based Consultations for Rural Pediatric Telehealth Networks</em></td>
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<tr>
<td><strong>Pediatric Echo-cardiology –PE Routine Pediatric Cardiology-RPC Cardiology - C</strong></td>
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<td>C-I/5, P/59</td>
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<tr>
<td><strong>Endocrinology (not diabetes)-EDND Other Endocrinology Clinical Services (adult and pediatric)-OTH-E</strong></td>
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<td>EDND-I/5, P/59</td>
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<tr>
<td><strong>Pulmonology (adult and pediatric)</strong></td>
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<td>I/5</td>
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<td><em>Telehealth Rural Outreach to Children in Kansas City Schools</em></td>
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State KY
Grantee/Program Name Baptist Health Foundation Corbin, Inc.
Southeast Kentucky Telehealth Network

State MD
Grantee/Program Name Kennedy Krieger Children’s Hospital, Inc.
KKI-NECT: Improving Behavioral, Emotional Health

State MI
Grantee/Program Name Community Health Center of Branch County,
CHC School Telehealth Program

State MN
Grantee/Program Name Children’s Dental Services, Inc.
Rural Minnesota Tele-Dentistry Network

State MT
Grantee/Program Name Fort Peck Assiniboine & Sioux Tribes

State NC
Grantee/Program Name East Carolina University
Healthier Lives at School and Beyond

State NM
Grantee/Program Name Ben Archer Health Center
State
NM
Grantee/Program Name
University of New Mexico
*Fronteras Facilitating Rural Opportunities with New Technologies, Resources and Services*

State
NY
Grantee/Program Name
Bassett Mary Imogene Hospital
*Bassett School-Based Health Center Telehealth Network*
Endocrinology (not diabetes)-EDND Other Endocrinology Clinical Services (adult and pediatric)-OTH-E
EDND- P/18
Pulmonology (adult and pediatric)
P/18

State
SD
Grantee/Program Name
Avera Health
*Avera eSchool Rural Telehealth Network*

State
TN
Grantee/Program Name
Volunteer Behavioral Health Care System
*Mountain Valley Health Connection*

State
WI
Grantee/Program Name
Marshfield Clinic Research Foundation

State
VA
Grantee/Program Name
Rector and Visitors of the University of Virginia
*The e-BACKPAC (Better Health and Care for Kids; Parents and Communities)*
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<td>Lower Yakima Valley Telehealth Network</td>
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<td>West Virginia University Research Corporation</td>
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<td><em>West Virginia Children’s Access Network</em></td>
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</table>
State: AR
Grantee/Program Name: University of Arkansas
*STAR School Telemedicine in Arkansas*

State: AL
Grantee/Program Name: Quality of Health Services, Inc.
*Quality Health Care Connections Project*
Asthma Control (A) Pathology (PA)
A-P/2

State: CT
Grantee/Program Name: Community Health Center, Inc.
*School-based Consultations for Rural Pediatric Telehealth Networks*
Asthma Control (A) Pathology (PA)
A-I/5
A-P/59
Chronic Disease Counseling (diabetes, cardiac rehab., etc.)
I/5
P/59
Dentistry (adult and pediatric)-(DN) Dermatology DE)
DE-P/59
ENT (adult and pediatric)
I/5
P/59

State: IN
Grantee/Program Name: Indiana Rural Health Association, Inc.
*Indiana Rural Schools Clinic Network (IRSCN)*
Asthma Control (A) Pathology (PA)
A-P/1
Dentistry (adult and pediatric)-(DN) Dermatology DE)
DE-I/5
DE-P/4
**State**
KS
**Grantee/Program Name**
University of Kansas Medical Research *Institute, Inc.
*Telehealth Rural Outreach to Children in Kansas City Schools*

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**State**
KY
**Grantee/Program Name**
Baptist Health Foundation Corbin, Inc.
*Southeast Kentucky Telehealth Network*

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**State**
MD
**Grantee/Program Name**
Kennedy Krieger Children’s Hospital, Inc.
*KKI-NECT: Improving Behavioral, Emotional Health*

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**State**
MI
**Grantee/Program Name**
Community Health Center of Branch County, *CHC School Telehealth Program*

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**State**
MN
**Grantee/Program Name**
Children’s Dental Services, Inc.
*Rural Minnesota Tele-Dentistry Network*

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**State**
MT
**Grantee/Program Name**
Fort Peck Assiniboine & Sioux Tribes
*Allergy/Rheumatology/Immunology (ARH) Nutrition (N)*
N-P/4

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**State**
NC
**Grantee/Program Name**
East Carolina University
*Healthier Lives at School and Beyond*
Allergy/Rheumatology/Immunology (ARH) Nutrition (N)
   ARH-P/3
   N-I/3

Diabetes Clinical Services (adult and pediatric)
   P/3

State
NM
Grantee/Program Name
University of New Mexico
*Fronteras Facilitating Rural Opportunities with New Technologies, Resources and Services*
Allergy/Rheumatology/Immunology (ARH) Nutrition (N)
   N-P/4
Asthma Control (A) Pathology (PA)
   A-P/4

Diabetes Clinical Services (adult and pediatric)
   P/4

State
NM
Grantee/Program Name
Ben Archer Health Center

Allergy/Rheumatology/Immunology (ARH) Nutrition (N)
   ARH-I/3
   N-I/1
   N-P/10

Asthma Control (A) Pathology (PA)
   A-I/3

Clinical Pharmacology Clinical Pharmacy (CLP) Pharmacy (P)
   P-P/

Dentistry (adult and pediatric)-(DN) Dermatology DE)
   I/1
   P/10

State
NY
Grantee/Program Name
Bassett Mary Imogene Hospital
*Bassett School-Based Health Center Telehealth Network*
Allergy/Rheumatology/Immunology (ARH) Nutrition (N)
   N-I/18

Asthma Control (A) Pathology (PA)
A-P/18
Chronic Disease Counseling (diabetes, cardiac rehab., etc.)
   P/18

State
SD
Grantee/Program Name
Avera Health
Avera eSchool Rural Telehealth Network

State
TN
Grantee/Program Name
Volunteer Behavioral Health Care System
Mountain Valley Health Connection
Allergy/Rheumatology/Immunology (ARH) Nutrition (N)
   N-P/8
Diabetes Clinical Services (adult and pediatric)
   P/8

State
WI
Grantee/Program Name
Marshfield Clinic Research Foundation
Allergy/Rheumatology/Immunology (ARH) Nutrition (N)
   N-P/5+
Clinical Pharmacology Clinical Pharmacy (CLP) Pharmacy (P)
   P-I/2
Diabetes Clinical Services (adult and pediatric)
   P/5+

State
VA
Grantee/Program Name
Rector and Visitors of the University of Virginia
The e-BACKPAC (Better Health and Care for Kids; Parents and Communities)

State
VA
Grantee/Program Name
Bay Rivers Telehealth Alliance
Bridges to School-Based Telehealth Integration

Allergy/Rheumatology/Immunology (ARH) Nutrition (N)
  N-P/10

Diabetes Clinical Services (adult and pediatric)
  P/10

State
WA

Grantee/Program Name
Sunnyside Community Hospital Association
Lower Valley Telehealth Network

Asthma Control (A) Pathology (PA)
  A-P/7

Diabetes Clinical Services (adult and pediatric)
  P/7

State
WV

Grantee/Program Name
West Virginia University Research Corporation
West Virginia Children’s Access Network
State
AR
Grantee/Program Name
University of Arkansas
STAR School Telemedicine in Arkansas
Hospice Services (HS) Mental Health (MH)
   MH-I/4

State
AL
Grantee/Program Name
Quality of Health Services, Inc.
Quality Health Care Connections Project
Hospice Services (HS) Mental Health (MH)
   MH-I/4

State
CT
Grantee/Program Name
Community Health Center, Inc.
School-based Consultations for Rural Pediatric Telehealth Networks
Hospice Services (HS) Mental Health (MH)
   MH-P/57

State
IN
Grantee/Program Name
Indiana Rural Health Association, Inc.
Indiana Rural Schools Clinic Network (IRSCN)
Hospice Services (HS) Mental Health (MH)
   MH-I/2
   MH-P/2

State
KS
Grantee/Program Name
University of Kansas Medical Research *Institute, Inc.
Telehealth Rural Outreach to Children in Kansas City Schools
Hospice Services (HS) Mental Health (MH)
   MH-I/13
   MH-P/5
State  
KY  
Grantee/Program Name  
Baptist Health Foundation Corbin, Inc.  
Southeast Kentucky Telehealth Network  
Hospice Services (HS) Mental Health (MH)  
  MH-I/2  
  MH-P/14

State  
MD  
Grantee/Program Name  
Kennedy Krieger Children’s Hospital, Inc.  
KKI-NECT: Improving Behavioral, Emotional Health

State  
MI  
Grantee/Program Name  
Community Health Center of Branch County, CHC School Telehealth Program  
Hospice Services (HS) Mental Health (MH)  
  MH-P/1

State  
MN  
Grantee/Program Name  
Children’s Dental Services, Inc.  
Rural Minnesota Tele-Dentistry Network

State  
MT  
Grantee/Program Name  
Fort Peck Assiniboine & Sioux Tribes

State  
NC  
Grantee/Program Name  
East Carolina University  
Healthier Lives at School and Beyond  
Hospice Services (HS) Mental Health (MH)  
  MH-I/3
State
NM
Grantee/Program Name
University of New Mexico
*Fronteras Facilitating Rural Opportunities with New Technologies, Resources and Services*
Hospice Services (HS) Mental Health (MH)
MH-P/4

State
NM
Grantee/Program Name
Ben Archer Health Center
Neonatology (NE) Obstetrics/Gynecology (OBG)
OBG-P/3

State
NY
Grantee/Program Name
Bassett Mary Imogene Hospital
*Bassett School-Based Health Center Telehealth Network*
Hospice Services (HS) Mental Health (MH)
MH-P/18

State
SD
Grantee/Program Name
Avera Health
*Avera eSchool Rural Telehealth Network*

State
TN
Grantee/Program Name
Volunteer Behavioral Health Care System
*Mountain Valley Health Connection*
Hospice Services (HS) Mental Health (MH)
MH-I/8

State
WI
Grantee/Program Name
State
VA
Grantee/Program Name
Rector and Visitors of the University of Virginia
The e-BACKPAC (Better Health and Care for Kids; Parents and Communities)
Hospice Services (HS) Mental Health (MH)
   MH-I/2
   MH-P/2

State
VA
Grantee/Program Name
Bay Rivers Telehealth Alliance
Bridges to School-Based Telehealth Integration
Hospice Services (HS) Mental Health (MH)
   MH-P/10

State
WA
Grantee/Program Name
Sunnyside Community Hospital Association
Lower Valley Telehealth Network

State
WV
Grantee/Program Name
West Virginia University Research Corporation
West Virginia Children’s Access Network
Hospice Services (HS) Mental Health (MH)
   MH-I/4
State
AR
Grantee/Program Name
University of Arkansas
STAR School Telemedicine in Arkansas
Other
OBESITY I=1; P=3
DENTAL P=4

State
AL
Grantee/Program Name
Quality of Health Services, Inc.
Quality Health Care Connections Project

State
CT
Grantee/Program Name
Community Health Center, Inc.
School-based Consultations for Rural Pediatric Telehealth Networks
Pediatrics
P/9

State
IN
Grantee/Program Name
Indiana Rural Health Association, Inc.
Indiana Rural Schools Clinic Network (IRSCN)
Pediatrics
I/5
P/4

State
KS
Grantee/Program Name
University of Kansas Medical Research *Institute, Inc.
Telehealth Rural Outreach to Children in Kansas City Schools

State
KY
Grantee/Program Name
<table>
<thead>
<tr>
<th>State</th>
<th>MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantee/Program Name</td>
<td>Kennedy Krieger Children’s Hospital, Inc.</td>
</tr>
<tr>
<td></td>
<td>KKI-NECT: Improving Behavioral, Emotional Health</td>
</tr>
<tr>
<td>Other</td>
<td>N/A The project provides Distance Learning</td>
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</tbody>
</table>

<table>
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<tr>
<th>State</th>
<th>MI</th>
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</thead>
<tbody>
<tr>
<td>Grantee/Program Name</td>
<td>Community Health Center of Branch County, CHC School Telehealth Program</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>I/3</td>
</tr>
<tr>
<td></td>
<td>P/1</td>
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<tr>
<td>Other</td>
<td>Dental P/3</td>
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<thead>
<tr>
<th>State</th>
<th>MN</th>
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<tbody>
<tr>
<td>Grantee/Program Name</td>
<td>Children’s Dental Services, Inc.</td>
</tr>
<tr>
<td></td>
<td>Rural Minnesota Tele-Dentistry Network</td>
</tr>
<tr>
<td>Other</td>
<td>Dental I/17</td>
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</tbody>
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<tr>
<th>State</th>
<th>MT</th>
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</thead>
<tbody>
<tr>
<td>Grantee/Program Name</td>
<td>Fort Peck Assiniboine &amp; Sioux Tribes</td>
</tr>
<tr>
<td>Other</td>
<td>Psychiatric Services/5</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>NC</th>
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</thead>
<tbody>
<tr>
<td>Grantee/Program Name</td>
<td>East Carolina University</td>
</tr>
</tbody>
</table>
Healthier Lives at School and Beyond

Pediatrics
I/3

State
NM
Grantee/Program Name
University of New Mexico
Fronteras Facilitating Rural Opportunities with New Technologies, Resources and Services
Pediatrics
P/4
Other
P/Neurology Consult
P/oral Health

State
NM
Grantee/Program Name
Ben Archer Health Center
Pediatrics
I/3

State
NY
Grantee/Program Name
Bassett Mary Imogene Hospital
Bassett School-Based Health Center Telehealth Network
Pediatrics
I/18
Other
Dental P/18

State
SD
Grantee/Program Name
Avera Health
Avera eSchool Rural Telehealth Network
Other
Other School Nurse services I/7, P2

State
<table>
<thead>
<tr>
<th>State</th>
<th>WI</th>
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<tbody>
<tr>
<td>Grantee/Program Name</td>
<td>Marshfield Clinic Research Foundation</td>
</tr>
<tr>
<td>Other</td>
<td>I/3 Education</td>
</tr>
<tr>
<td></td>
<td>I/15 Dental Screening</td>
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<tr>
<td></td>
<td>P/1 OTH (Fall Prevention)</td>
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<table>
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<tr>
<th>State</th>
<th>VA</th>
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</thead>
<tbody>
<tr>
<td>Grantee/Program Name</td>
<td>Rector and Visitors of the University of Virginia</td>
</tr>
<tr>
<td>Other</td>
<td>The e-BACKPAC (Better Health and Care for Kids; Parents and Communities)</td>
</tr>
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<tr>
<th>State</th>
<th>VA</th>
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<tbody>
<tr>
<td>Grantee/Program Name</td>
<td>Bay Rivers Telehealth Alliance</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>I/6</td>
</tr>
<tr>
<td></td>
<td>P/4</td>
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<tr>
<td>Other</td>
<td>Dental Screening P/10</td>
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<tr>
<th>State</th>
<th>WA</th>
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<tbody>
<tr>
<td>Grantee/Program Name</td>
<td>Sunnyside Community Hospital Association</td>
</tr>
<tr>
<td>Other</td>
<td>Lower Valley Telehealth Network</td>
</tr>
</tbody>
</table>
State
WV

Grantee/Program Name
West Virginia University Research Corporation
West Virginia Children’s Access Network

Pediatrics
P/4

Other
Child Psychology – I/1, P/3
TNGP Sources of Reimbursement

OAT grantee organizations were asked to identify major sources of reimbursement for their projects available in their respective states. Their responses are indicated in this section.

N/A = Not Applicable/Not Available
TNGP Sources of Reimbursement

State
AR
Grantee/Program Name
University of Arkansas
*STAR School Telemedicine in Arkansas*

State
AL
Grantee/Program Name
Quality of Health Services, Inc.
Quality Health Care Connections Project
Medicare
Medicaid
Private Payor (Please Specify)
Blue Cross/Blue Shield of Alabama

State
CT
Grantee/Program Name
Community Health Center, Inc.
School-based Consultations for Rural Pediatric Telehealth Networks

State
IN
Grantee/Program Name
Indiana Rural Health Association, Inc.
Indiana Rural Schools Clinic Network (IRSCN)
Medicaid
Private Payor (Please Specify)
Blue Cross/Blue Shield; Humana; Aetna; United HealthCare; Anthem
Other Contract (Please Specify)
DCS

State
KS
Grantee/Program Name
University of Kansas Medical Research *Institute, Inc.
*Telehealth Rural Outreach to Children in Kansas City Schools*
Medicare
<table>
<thead>
<tr>
<th>State</th>
<th>KY</th>
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<tbody>
<tr>
<td><strong>Grantee/Program Name</strong></td>
<td>Baptist Health Foundation Corbin, Inc.</td>
</tr>
<tr>
<td><strong>Southeast Kentucky Telehealth Network</strong></td>
<td>Medicaid</td>
</tr>
<tr>
<td><strong>Private Payor (Please Specify)</strong></td>
<td>Anthem, Anthem State, Humana, Optum</td>
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<td><strong>KKI-NECT: Improving Behavioral, Emotional Health</strong></td>
<td>Other Sources</td>
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<td><strong>N/A</strong></td>
<td>The project provides Distance Learning</td>
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<td><strong>Grantee/Program Name</strong></td>
<td>Community Health Center of Branch County,</td>
</tr>
<tr>
<td><strong>CHC School Telehealth Program</strong></td>
<td>Medicaid</td>
</tr>
<tr>
<td><strong>Private Payor (Please Specify)</strong></td>
<td>Blue Cross/Blue Shield; Blue Care Network; Blue Cross Federal; Blue Cross PPO; Cigna; Aetna; Cofinity</td>
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<td>Children’s Dental Services, Inc.</td>
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<tr>
<td><strong>Rural Minnesota Tele-Dentistry Network</strong></td>
<td>Medicaid</td>
</tr>
<tr>
<td><strong>Private Payor (Please Specify)</strong></td>
<td>Delta Dental of Minnesota Wilson –McShane Corp; Cigna; Delta Dental; United Health Care; Lincoln Financial Group; BlueCross BlueShield; Ameritas Insurance; Delta Dental of Tennessee; Delta Dental of California; Line Constructions Benefit Fund</td>
</tr>
<tr>
<td><strong>Principal Financial Group; UMR Insurance</strong></td>
<td>The Benevity Community Impact Fund</td>
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</table>
### Other Sources

<table>
<thead>
<tr>
<th>State</th>
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<tbody>
<tr>
<td><strong>Grantee/Program Name</strong></td>
<td>East Carolina University</td>
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<td></td>
<td><em>Healthier Lives at School and Beyond</em></td>
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<td><strong>Grantee/Program Name</strong></td>
<td>University of New Mexico</td>
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<tr>
<td></td>
<td><em>Fronteras Facilitating Rural Opportunities with New Technologies, Resources and Services</em></td>
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<tr>
<td><strong>Private Payor (Please Specify)</strong></td>
<td>Tricare (Military)</td>
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<tr>
<td><strong>Grantee/Program Name</strong></td>
<td>Ben Archer Health Center</td>
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<tr>
<td><strong>Medicare</strong></td>
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<tr>
<td><strong>Medicaid</strong></td>
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<tr>
<td><strong>Private Payor (Please Specify)</strong></td>
<td>Blue Cross/Blue Shield; Magellan; Cigna; Presbyterian; United Healthcare; Tricare; Humana; Aetna</td>
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<tr>
<th>State</th>
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<tbody>
<tr>
<td><strong>Grantee/Program Name</strong></td>
<td>Bassett Mary Imogene Hospital</td>
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<tr>
<td></td>
<td><em>Bassett School-Based Health Center Telehealth Network</em></td>
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<td>State</td>
<td>TN</td>
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<tr>
<td>Grantee/Program Name</td>
<td>Volunteer Behavioral Health Care System</td>
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<tr>
<td></td>
<td><em>Mountain Valley Health Connection</em></td>
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<td>Medicare</td>
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<td>Medicaid</td>
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<tr>
<td>Private Payor (Please Specify)</td>
<td>BC/BS Commercial</td>
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<td></td>
<td>BC/BS CoverKids</td>
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<tr>
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<tr>
<td>Grantee/Program Name</td>
<td>Marshfield Clinic Research Foundation</td>
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<td>Medicare</td>
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<tr>
<td>Medicaid</td>
<td></td>
</tr>
<tr>
<td>Private Payor (Please Specify)</td>
<td>Security Health Plan</td>
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<tr>
<td></td>
<td>Blue Cross/Blue Shield</td>
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<tr>
<th>State</th>
<th>VA</th>
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<tbody>
<tr>
<td>Grantee/Program Name</td>
<td>Bay Rivers Telehealth Alliance</td>
</tr>
<tr>
<td></td>
<td><em>Bridges to School-Based Telehealth Integration</em></td>
</tr>
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<td>Grantee/Program Name</td>
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<td><em>The e-BACKPAC (Better Health and Care for Kids; Parents and Communities)</em></td>
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<td>Grantee/Program Name</td>
<td></td>
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</tbody>
</table>
Sunnyside Community Hospital Association
Lower Valley Telehealth Network

State
WV

Grantee/Program Name
West Virginia University Research Corporation
West Virginia Children’s Access Network

Medicaid

Private Payor (Please Specify)
BCBS; UMWA; CHIL; PEIA; Champ VA
The TRC program is funded through a cooperative agreement. The purpose of the Regional Telehealth Resource Center is to provide expert and customized telehealth technical assistance across the country, while at the same time working together to make available a wide range of expertise that might not be available in any one region. The purpose of the National Telehealth Resource Center is to support the delivery of telehealth technical assistance by Regional Telehealth Resource Center Program.

(HRSA Activity Code G22)
Telehealth Resource Center Program (TRC’s) Project Descriptions

The following information for each project is provided:

- Overview
- Project Goals
- Outcomes Expected/Project Accomplishments
- Network Partners
- Service Area
- Equipment
Overview:
This project aims to create better-informed consumers of telehealth technology. By offering a variety of services in the area of technology assessment, TTAC (pronounced "tea-tac") is the place for answers to questions about selecting appropriate technologies for telehealth programs. TTAC creates freely accessible educational resources for the broad telehealth community. These materials fill the current need for unbiased technical information and process guidance. TTAC produces materials that teach fundamental concepts in device assessment and provides foundational information about clinical applications for telehealth technology to a broad national audience.

Project Goals:
1. Create an informed, knowledgeable and engaged community regarding telehealth technology and technology assessment processes;
2. Raise awareness of national standards surrounding telehealth technologies;
3. Facilitate the development of national policy and guidance for Telehealth Resource Centers (TRCs);
4. Work with national organizations for the continued development of technology standards;
5. Collaboration with the regional TRCs and the new National TRC-Policy.

Outcomes Expected/Project Accomplishments:
1. A more informed, knowledgeable and engaged telehealth community, measured by website hits, survey results, and requested feedback;
2. Raise awareness of innovations in telehealth technology, measured by website hits, speaking requests, survey results, and requested feedback.

Network Partners:
None

Service Area:
TTAC’s laboratory space is funded by the grant and is located in Anchorage, Alaska. As a national TRC, the service area is nationwide, and the resources are accessed and used globally.

Equipment:
TTAC evaluates a myriad of technology that is donated/loaned by vendors, or purchased/rented with grant funding.
Overview:
This project offers telehealth technical assistance to individuals, organizations, and groups representing a spectrum of healthcare and educational entities to promote and support telehealth integration in health care settings and classrooms throughout Arkansas, Mississippi, and Tennessee. Hands-on technical assistance and interactive training will work toward dissolving barriers to health care and enhancing telehealth efforts. In addition, existing and developing telehealth networks serving the south’s medically underserved, rural populations will continue to receive tailored technical assistance (TA), telehealth guidance, and expert resources on how they may further their clinical and educational reach.

Project Goals:
1. Telehealth Training Center Objectives – Exhibit increase in knowledge following technical assistance training; increase yearly volume of individuals served; take additional steps toward implementing or expanding telehealth services following technical assistance; and develop custom training curricula to be shared with other interested parties;
2. SCTRC Website Objectives – Increase yearly visitor volume, available content, and site membership;
3. SCTRC Virtual Conference Objectives – Increase yearly conference attendees; cover SCTRC developed curricula within instructional sessions; and secure an average satisfaction of 4 out of 5 on a Likert-type scale.

Outcomes Expected/Project Accomplishments:
1. Telehealth Training Center Objectives – Evaluation data; pre/post test data;
2. SCTRC Website Objectives – Google Analytics;

Network Partners:
The South Central Telehealth Resource Center will expand the University of Arkansas for Medical Sciences Center for Distance Health partnership with health care providers out to Mississippi and Tennessee.

Service Area:
All counties in Arkansas, Mississippi, Tennessee.

Equipment:
CISCO and Polycom video-conferencing equipment, GoToWebinar.
Overview:
The overall goal of this project is to expand and enhance training and advice services to effectively develop and sustain telemedicine programs in the Southwest where rural, medically underserved and culturally diverse populations are in great need of telemedicine solutions to efficiently and effectively address healthcare needs. This project uses on-site training programs, webinars, tool-kits, a Help Desk, and collaboration with the other Telehealth Resource Centers (TRCs) to accomplish the project’s goals. This project also uses established and developing evaluation tools to monitor program progress and effectiveness. There are core partners in each Southwest Telehealth Resource Center (SWTRC) state, working with HRSA Rural Health Flexibility (FLEX) programs, the AZ Department of Health Services and the other HRSA TRCs.

Project Goals:
1. Expand and enhance training and advice services to effectively develop and sustain telemedicine programs in the Southwest;
2. Expand services to facilitate adoption of telemedicine in practices outside academia;
3. A telehealth training program brought to other Southwest states, as facilitated by ties with core partners in each state as well as participation in the Four Corners Telehealth Consortium.

Outcomes Expected/Project Accomplishments:
The main outcome is provision of advice and help that builds and expands telemedicine in the Southwest. The evaluation has two objectives:
1. Determine what SWTRC outreach does (i.e., conduct x number of webcasts); and
2. Determine the effect activities have on providers and communities. HRSA OAT Evaluation Metrics will be used.

Network Partners:
Collaborate with partners in AZ, CO, NM, UT and NV and the Four Corners Telehealth Consortium. Work with the AZ Rural Health Office, the AZ FLEX Program and the University of Arizona’s College of Medicine.

Service Area:
Any organization needing assistance, training etc., in AZ, CO, NM, UT and NV.

Equipment:
Commercial videoconferencing equipment, dedicated telemedicine workstations with store-forward and real-time video capabilities, telemedicine peripheral devices, tele-communications technologies.
Overview:
The Center for Connected Health Policy (CCHP) provides technical support in telehealth policy to twelve regional telehealth resource centers (RTRCs) nationwide, and serves as an independent national resource on telehealth policy issues. CCHP is working to build the capacity of twelve RTRCs, funded under the same federal program, which provide technical and informational support to telehealth providers and organizations nationwide. CCHP provides telehealth policy support for queries from constituents in their respective regions and state and federal policymakers, and acts as a resource for identifying possible policy barriers that inhibit the use of telehealth in health care delivery. CCHP conducts policy research and analysis, and issues policy briefs and other forms of educational materials that serve to inform the public on the benefits of technology-enabled health care.

Project Goals:
1. Provide responsive, timely and targeted technical assistance to strengthen the capacity of the RTRCs.
2. Serve as a national telehealth policy center of excellence for RTRCs, HRSA Grantees, and key telehealth constituencies.

Outcomes Expected/Project Accomplishments:
The telehealth policy knowledge base of the TRCs and the general public will be increased. Additionally, CCHP will be increasingly utilized as a source of telehealth policy information. CCHP has produced a comprehensive 50 state survey of telehealth laws and Medicaid reimbursement policies which is utilized by key stakeholders including the Center for Medicare and Medicaid Services.

Network Partners:
California HealthCare Foundation (CHCF), 12 Regional Telehealth Resource Centers and one National Telehealth Technology Resource Center.

Service Area:
CCHP serves all 50 states and the District of Columbia.

Equipment:
Not Applicable.
(FY 17-20)
CALIFORNIA, Sacramento County

California Telehealth Network
California Telehealth Resource Center (CTRC)
G22-RH-30349

Overview:
This project will provide educational, programmatic and technical support services to new and expanding telemedicine programs throughout California. Specific services include consulting and training in all areas of telehealth program implementation from establishing a program from ground zero through full telehealth program integration and long-term sustainability. This project will also establish and update on-line tool kits, practice guides and multi-media resources, available free of charge by website. In addition, the California Telehealth Resource Center (CTRC) will conduct annual telehealth workshops for coordinators in addition to one high level state-wide telehealth conference.

Project Goals:
1. Provide technical assistance to new and established telehealth programs, technology developers, state, public and private health plans;
2. Coordinate state-wide and regional telehealth conferences and implementation seminars;
3. Form and utilize a telehealth expert advisory panel to keep CTRC apprised of the needs of the state;
4. Develop and disseminate financial sustainability models for specialty and referring clinic sites.

Outcomes Expected/Project Accomplishments:
OAT Performance Measures.

Network Partners:
None.

Service Area:
State of California.

Equipment:
Not applicable.
Overview:
The Southeastern Telehealth Resource Center (SETRC) provides technical assistance to aid health care organizations, networks, and providers to implement cost-effective telehealth programs serving rural and medically underserved areas and populations in Alabama, Florida, Georgia, and South Carolina. SETRC employs an applied approach to technical assistance services and telehealth education to health care providers, facilities, and organizations in order to grow telehealth services and technology in the region. SETRC accomplishments include the development of State Telehealth Workgroups to address barriers, increase telehealth awareness, and promote state-wide collaboration; the launch of SETRC’s virtual workforce training center; the creation of the National School of Applied Telehealth (NSAT); and support and participation in regionalized telehealth meetings, conferences, presentations, and educational opportunities.

Project Goals:
1. To promote and deliver the SETRC’s broad menu of established technical services and telehealth support services to new and existing telehealth networks and providers in the Southeast;
2. To promote the duplication of proven best practices identified over the last three years within the four states served by the SETRC;
3. To foster the correct use of telehealth technologies through education standards and protocols developed for providers and delivered via NSAT in collaboration with California Telehealth Resource Center (CTRC): www.nationalschoolofappliedtelehealth.org/;
4. To endeavor to become sustainable through the marketing and promotion of the SETRC offerings, while maintaining a strong collaborative relationship with existing telehealth networks, TRC’s and OAT to build on strengths and capacity of all organizations on a state-wide, regional and national level.

Outcomes Expected/Project Accomplishments:
1. Formation of four state Telehealth Workgroups to address barriers and create an environment for state-wide collaboration between telehealth stakeholders/surveys;
2. Regional telehealth meetings, conferences, presentations, and educational opportunities – surveys;
3. Workforce Training: SETRC’s education arm, the National School of Applied Telehealth/surveys.

Network Partners:
Not Applicable

Service Area:
Alabama, Florida, Georgia, South Carolina

Equipment:
Not Applicable
Overview:
The Pacific Basin Telehealth Resource Center (PBTRC) provides technical assistance and education to health care organizations, health care networks, and health care providers in the implementation of telehealth programs to serve rural and medically underserved areas and populations in Hawaii and the U.S. Affiliated Pacific Islands.

Project Goals:
1. Increase the use of telehealth for delivery of clinical services and healthcare education;
2. Increase efficiency of healthcare delivery through telehealth;
3. Increase the knowledge and visibility of telehealth and the PBTRC.

Outcomes Expected/Project Accomplishments:
1. Raise provider awareness of telehealth solutions;
2. Development of provider legislative and institutional support for telehealth;
3. Development of a group of content experts needs assessments;
4. Provider awareness raised regarding funding opportunities;
5. Collaborative relationships with other organizations;
6. Listing of existing infrastructure available for telehealth;
7. Dissemination of telehealth information;
8. Increase the knowledge of PBTRC and its services.

Network Partners:
Not applicable.

Service Area:
The Pacific Basin Telehealth Resource Center serves the State of Hawaii, the U.S. territories of Guam and American Samoa, the Commonwealth of the Northern Mariana Islands (CNMI), and the countries of The Republic of the Marshall Islands, The Republic of Palau, and the Federated States of Micronesia (FSM).

Equipment:
Not applicable.
Overview:
In September 2014, the Upper Mid-west Telehealth Resource Center (UMTRC) expanded the original consortium partnership structure to incorporate partners with four distinct types of organizations in Illinois, Indiana, Michigan, and Ohio. The original consortium partners all became “Consulting Partners”.

The UMTRC, headed by the Indiana Rural Health Association, provides a comprehensive set of clinical and technical resources that provide value to rural healthcare providers and others involved in telehealth in the states of Illinois, Indiana, Michigan, and Ohio. UMTRC provides individual and group technical assistance, training, evaluation, and research.

Our national networking infrastructure with our sister Telehealth Resource Centers, or the National Consortium of Telehealth Resource Centers, as we like to call ourselves, is available to all healthcare providers in our region. The fourteen TRCs who participate in the HRSA Telehealth Resource Center Grant Program make it possible for any healthcare provider who is involved in the development and implementation of a telehealth project to be literally two phone calls away from any another healthcare provider that has already overcome the same barrier that the original provider is facing. The power of this national network allows the TRCs to act as a neutral “consumer reports” or “match.com” of telehealth.

Since the fall of 2012, all fourteen TRCs have participated in 1 ½ day strategic planning meetings every six months in an effort to strengthen working relationships and partner on various projects. Examples of these joint projects include:

1. National TRC Website;
2. National TRC Webinar Series, hosted monthly by HRSA over Adobe Connect, facilitation provided by one of the fourteen TRCs on a rotating basis;
3. National TRC Listserv activities and queries;
4. Improved HRSA reporting template for six month progress reports
5. Collaboration on booths for national conferences
   o American Public Health Association
   o American Telemedicine Association
   o Healthcare Information and Management System Society
   o National Rural Health Association
6. Standardized brochures and flyers at state and regional healthcare association conferences;
7. Eight TRCs are now using a web-based platform called Pathfinder to input technical assistance (TA) for HRSA tracking and reporting;
8. Collaboration on ‘Bag the Web’ project for national TRC website;
9. Collaboration on national legislative and policy documents;
10. Collaboration with NRTRC for a Tele-mental Health Video/Webinar series;
11. Joint conference presentations with other TRCs;
12. Initial collaboration with HIMSS and SL7 groups;
13. Initial collaboration with Addiction Technology Transfer Center Network grantees under SAMHSA;
14. Initial collaboration for grant application with five TRCs from the Appalachian Regional Commission.
**Project Goals:**
1. To provide a single point of contact that provides, coordinates, and distributes telehealth technical assistance resources across the Upper Midwest region through individual, group, and online services;
2. To develop, support, evaluate, and network with model telehealth implementation sites as a way of promoting best practices and stimulating new site and service development across the region; and
3. To provide an on-going evaluation of the effectiveness of the UMTRC’s services such that they can be continuously developed according to the needs of its constituents.

**Outcomes Expected/Project Accomplishments:**
In July of 2013, the UMTRC began hosting rotating telehealth stakeholder videoconferencing calls on a monthly basis. Each month focuses on one of the four designated states in the region providing UMTRC with the opportunity to keep their finger on the pulse of each state at a minimum of three times each year. Additionally, UMTRC staff attend at least two national telemedicine conferences per year and at least one state-wide conference in each state as an exhibitor (or presenter) per year. Many of the initial contacts for TA are generated from conversations that occur at a state or national conference. The UMTRC Clinical Director produces at least two research products every six months.

During the first quarter of the 2014/2015 grant year, UMTRC made 40 new telehealth contacts and conducted 53 individual TA events which exceed the goal of 40 individual TA encounters per quarter. The quarterly goal for group TA is four requests per year – in the first quarter of this grant year, UMTRC conducted 8 group TA events.

UMTRC currently provides TA to three different organizations on their grant related telehealth projects. It is anticipated that at least one of these projects will result in an evaluation that could be published in a peer review journal.

**Network Partners:**
In September 2014, UMTRC expanded the original consortium partnership structure to incorporate partners with four distinct types of organizations in Illinois, Indiana, Michigan, and Ohio.

**Service Area:**
The UMTRC serves all counties in the four-state region of Illinois, Indiana, Michigan, and Ohio.

**Equipment:**
This grant provides guidance on equipment and support to UMTRC participants, but does not purchase or lease equipment for our participants.
(FY 17-20)
KANSAS, Wyandotte County
University of Kansas Medical Center Research Institute
Heartland Telehealth Resource Center
G22-RH-30363

Organization
University of Kansas Medical Center
Mailstop Code: MS 1039
3901 Rainbow Boulevard
Kansas City, Kansas 66103
http://www.HeartlandTRC.org

Principal Investigator
Eve-Lynn Nelson, Ph.D.
Principal Investigator Ph.: 913-588-2413
Email: enelson2@kumc.edu

Overview:
This project provides telehealth technical assistance, operations and information dissemination, program evaluation/research design, sustainability strategies and institutional planning. Other services include investigation of new telehealth awareness-generating activities, such as social media, telehealth educational programming, resource sharing, and a national webinar series.

Project Goals:
1. Provide telehealth technical assistance and resources, primarily in Kansas, Missouri and Oklahoma; share resources and experiences with other regional TRCs;
2. Evaluate services for effectiveness, efficiency, and satisfaction; and
3. Leverage social media—Facebook and Twitter—to provide telehealth resources to health professionals and consumers.

Outcomes Expected/Project Accomplishments:
The Heartland Telehealth Resource Center (HTRC) increases telehealth awareness among the rural populace and healthcare professionals in its tri-state service area, improving the level of telehealth services available in rural areas, evaluates successful telehealth resource strategies, and increases knowledge through the sharing of information among all other TRCs and the telehealth community.

Network Partners:
KU Center for Telemedicine & Telehealth, University of Kansas Medical Center; Missouri Telehealth Network, University of Missouri, Columbia; Oklahoma Center for Telemedicine, University of Oklahoma Health Sciences Center.

Service Area:
The tri-state region in the heartland formed by Kansas, Missouri and Oklahoma; other states in U.S. based on inquiries referred to HTRC by other TRCs.

Equipment:
HTRC provides technical assistance for a variety of traditional conference room, desktop and mobile videoconferencing systems, with Polycom HDX, CMA-D, Vidyo, Zoom.us and RealPresence Mobile platforms; also tablets and smartphones using video and health applications. Canon Optura 600 and Canon DC40 are used by Missouri’s network for still image (store-and-forward) photography and video recording.
Overview:
This project responds to increased demand for telehealth services as health information technology infrastructure grows and makes the provision of telehealth services to populations with limited access feasible. The Northeast Telehealth Resource Center (NETRC) encourages growth of needed telehealth programs and services through tailored technical assistance; increases local capacity through education and training; promotes and supports a favorable environment for telehealth through strategic planning and policy support and development of business plans for sustainability. The NETRC collaborates with the national network of Telehealth Resource Centers to enhance shared capacity to support the implementation of cost-effective telehealth programs to serve rural and medically underserved people throughout the country.

Project Goals:
1. Service Delivery: Encourage growth and development of needed telehealth programs and services through technical assistance, literature, and clinical program guidance for interested health care providers and organizations;
2. Education and Training: Enhance local capacity to develop and implement telehealth solutions through education and training;
3. Strategic Planning and Policy Support: Support a favorable regulatory and reimbursement environment for effective telehealth modes of healthcare delivery through collaboration with health policy, planning, and advocacy groups in the Northeast and nationally;
4. Management: Maintain an effective and efficient management structure and service plan for the NETRC.

Outcomes Expected/Project Accomplishments:
1. Increased capacity for telehealth throughout the service area as evidenced by the establishment of new telehealth programs and networks;
2. Establishment of a regional Telehealth Advisory Group;

Network Partners:
University of Vermont Medical Center, Burlington, Vermont

Service Area:
Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont, New Jersey (Partial)

Equipment:
Polycom interactive videoconferencing unit that allows for multi-party bridging. Polycom m100 software for mobile interactive video conferencing.
(FY 17-20) 
MINNESOTA, Hennepin County 

Reagents of the University of Minnesota 
Great Plains Telehealth Resource and Assistance Center (gpTRAC) 
G22-RH-30357

Organization 
Reagents of the University of Minnesota 
505 Essex Street SE 
330 Diehl Hall 
Minneapolis, Minnesota  55455 
http://www.gptrac.org

Principal Investigator 
Jonathan Neufeld, Ph.D. 
Principle Investigator Ph.: 574-606-5038 
Email: jneufeld@umn.edu

Overview: 
This project increases telehealth awareness and utilization among rural and frontier health care providers, facilities and organizations by breaking down both geographic and experiential barriers in Minnesota, South Dakota, North Dakota, Wisconsin, Iowa and Nebraska. "Where do we begin?" is often the question responsible for much of the delay in developing and implementing telehealth programs. Helping to answer this question, in an unbiased, impartial manner, is a primary purpose of the Great Plains Telehealth Resource and Assistance Center (gpTRAC). Alleviating barriers to service delivery through the dissemination of shareable resources, tools, and educational events support this purpose.

Project Goals: 
1. Awareness - Build awareness of telehealth through a multi-faceted marketing and communications effort; 
2. Education - Provide a range of telehealth-related educational opportunities for health care professionals; 
3. Consultation - Offer consulting services to individuals, groups and organizations seeking assistance in funding, building business cases, implementing services, and evaluating telehealth services; 
4. Data - Systematically track the growth and dissemination of telehealth throughout the region by implementing a regional telehealth utilization identification effort.

Outcomes Expected/Project Accomplishments: 
1. Building awareness of telehealth within the region and assisting clients build a similar awareness within their own organizations; 
2. Providing telehealth-related educational opportunities; 
3. Offering consulting services to those seeking assistance in funding, building business cases, implementing, and evaluating telehealth services; and 
4. Tracking data to understand the growth and dissemination of telehealth in the region - gpTRAC has established a database that allows tracking of the active client base and service reach.

Network Partners: 
gpTRAC has no "official" network partners. However, gpTRAC works in cooperation and collaboration with all other HRSA-funded telehealth resource centers (TRCs). Additionally, gpTRAC has had experience sharing information with the region's HIT Regional Extension Centers, other HRSA funded programs, as well as state rural health entities.

Service Area: 
gpTRAC primarily serves the six-state area of North Dakota, South Dakota, Nebraska, Minnesota, Iowa and Wisconsin. Assistance is also provided to entities in other states as requested.

Equipment: 
None.
(FY 17-20)  
TEXAS, Lubbock County  
Texas Tech University Health Sciences Center  
TexLa Telehealth Resource Center  
G22-RH-30359  

Organization  
Texas Tech University Health Sciences Center  
F, Marie Hall Institute of Rural/Community Health  
3601 4th Street, Mail Stop 6271  
Lubbock, Texas  79430  
http://www.ttuhsc.edu/ruralhealth  

Principal Investigator  
Billy U. Philips, PhD.  
Primary Point of Contact: Debbie Voyles, MBA  
Primary Point of Contact Ph.: 806-743-4440  
Primary Point of Contact Fax: 806-743-4010  
Email: Debbie.voyles@ttuhsc.edu  

Overview:  
The Texas - Louisiana (TexLa) TRC provides technical and operational expertise to assist hospitals, clinics, public health offices, private practice healthcare providers, and other health care organizations in Texas and Louisiana with the implementation of cost-effective telehealth programs to serve patients throughout the service region. TexLa focuses on several primary objectives to develop a core outreach program to aid in the establishment and growth of telehealth programs in Texas, Louisiana and across the nation.

Project Goals:  
1. Provide technical assistance and resources to new/existing telehealth programs;  
2. Evaluate programs for delivery of services, efficiency, sustainability, and patient satisfaction;  
3. Develop an interactive hands-on training center to provide guidance;  
4. Educate policy makers about barriers to the use of telehealth in Texas and Louisiana;  
5. Work to improve reimbursement for telehealth services with CMS and third party payers;  
6. Collaborate with the other regional TRCs to share resources as well as lessons.

Outcomes Expected/Project Accomplishments:  
1. Patient and Provider Satisfaction – Survey Tool;  
2. Identification of telemedicine/telehealth providers in Texas and Louisiana;  
3. Increase in telehealth awareness throughout service region;  
4. Work with policy makers and insurance providers for better reimbursement;  
5. Expansion of telehealth services developed through education and valued technical assistance.

Network Partners:  
Louisiana Health Care Quality Forum

Service Area:  
Texas and Louisiana.

Equipment:  
Not applicable.
Overview:
The Mid-Atlantic Telehealth Resource Center (MATRC) was established as a regional TRC in September 2011 to provide technical assistance and other resources in the Mid-Atlantic area. The project provides consultative services, web-based and educational resources, hosts an Annual Regional Telehealth Summit, and provides assistance with state-wide planning efforts in order to advance the adoption and utilization of telehealth. MATRC works collaboratively with the other federally funded TRCs to provide the same services on a national scale.

Project Goals:
Information dissemination related to telehealth services via social media, twitter, LinkedIn, and MATR website. Outreach tools – Patient provider testimonial video services, regional speakers’ bureau, Find Telehealth Providers – on-line interactive tool that allows user to find telehealth providers by location on map; on-line on-demand trainer; Reimbursement manual for FQHCs.

Outcomes Expected/Project Accomplishments:
1. Development of a regional speaker’s bureau;
2. Development of a patient/provider testimonial video series;
3. Development of webinars for the National TRC Webinar Series;
4. Development of an on-line “on-demand” training series;
5. Maintaining the viability of an on-line regional telehealth provider inventory through enhancements to the “Find Telehealth Providers” tool;
6. Use of the MATRC web portal as the focal point for resource development and resource sharing; making greater use of social media to drive traffic to the web portal.

Network Partners:
MATRC has established a network of Consultative Service Partners that includes: University of Kentucky – Kentucky TeleCare; Center for Rural Health Innovation; Lehigh Valley Health Network; Broad Axe Care Coordination; Inova Telemedicine Program; Reconnect4health; Behavioral Health Innovation; South River Consultants; UVA Center for Telehealth; VCU Health System Telemedicine Center; ToTier Technologies LLC and West Virginia Telehealth Alliance.

Service Area:
Delaware, Kentucky, Maryland, North Carolina, Pennsylvania, Virginia, West Virginia, New Jersey (Central and South) and the District of Columbia.

Equipment:
Not Applicable.
Overview:
The Northwest Regional Telehealth Resource Center (NRTRC) has a mission to advance the development, implementation, and integration of telehealth programs in rural and medically underserved communities. The NRTRC leverages resources to assist healthcare organizations, networks, and providers to increase the use of telehealth services throughout the region.

Project Goals:
1. Ensure a seamless transition from the previous NRTRC host site by continuing its existing organizational structure, tools and key activities
2. Use the expertise of the NRTRC to provide technical assistance, training and support to new and existing providers of telehealth
3. Effectively communicate and disseminate information and research findings related to telehealth services
4. Maintain and expand regional and national collaborations to provide technical assistance, share knowledge and best practices, and contribute to a unified approach to telehealth
5. Conduct evaluations and special projects under the direction of OAT to determine effective telehealth applications.

Outcomes Expected/Project Accomplishments:
To accomplish the ultimate goal of increased adoption and use of telehealth throughout the region, the NRTRC will conduct several activities in addition to providing technical assistance to healthcare providers. These include hosting an annual telehealth conference and periodic webinars, promoting telehealth at state and regional meetings and conferences, initiating a Project ECHO Telemedicine program, and supporting regional committees for telehealth technology and policy.

Network Partners:
A Regional Advisory Board comprised of two representatives from each of the seven states served by the NRTRC make up the organizational leadership. Two NNLM Libraries, the MidContinental Region (MCR), University of Utah, serving Utah, Wyoming and four other states, and the Pacific Northwest Region (PNR), University of Washington, serving Alaska, Idaho, Montana, Oregon and Washington, are committed to collaborating with the NRTRC to raise awareness of telehealth and expand access to telehealth information and resources. The NRTRC is also building partnerships with each state’s telehealth alliance and the region’s State Offices of Rural Health to advance telehealth at the state level.

Service Area:

Equipment:
Interoperable and HIPAA compliant videoconferencing, Cisco Meeting Server (UTN Connect), as well as capabilities for live streaming, recording and video on demand production.
Charts (TRC’s Only)

The following charts provide a detailed description of the TRC’s services and experience.

A. TRC’s Settings

B. TRC’s Areas of Expertise
TRC Program Settings

For their respective projects, OAT TRC grantees were asked to indicate experience (in the areas of settings below). Grantee response is indicated in the chart below.
TRC Settings
State
AK
Grantee/Program Name
Alaska Native Tribal Health Consortium
National Telehealth Technical Assistance Center
Reimbursement
FDA Regulatory Issues
Privacy, Security and Confidentiality
Legal and Regulatory Issues

State
AR
Grantee/Program Name
University of Arkansas for Medical Sciences
South Central Training Resource Center

State
AZ
Grantee/Program Name
Arizona Board of Regents, University of Arizona
Southwest Regional Telehealth Resource Center
Reimbursement
Licensure
Credentialing and Accreditation
FDA Regulatory Issues
Privacy, Security and Confidentiality
Legal and Regulatory Issues

State
CA
Grantee/Program Name
Public Health Institute
National Telehealth Resource Center Policy
Reimbursement
Licensure
Credentialing and Accreditation
FDA Regulatory Issues
Privacy, Security and Confidentiality
Legal and Regulatory Issues

State
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<th>Grantee/Program Name</th>
<th>Program Name(s)</th>
<th>Reimbursement</th>
<th>Licensure</th>
<th>Credentialing and Accreditation</th>
<th>Privacy, Security and Confidentiality</th>
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Grantee/Program Name
University of Kansas
Heartland Telehealth Resource Center
Reimbursement
Licensure
Credentialing and Accreditation
FDA Regulatory Issues
Privacy, Security and Confidentiality
Legal and Regulatory Issues

State
ME
Grantee/Program Name
Medical Care Development, Inc.
Northeast Telehealth Resource Center
Reimbursement
Licensure
Credentialing and Accreditation
Privacy, Security and Confidentiality
Legal and Regulatory Issues

State
MN
Grantee/Program Name
Regents of the University of Minnesota
Great Plains Telehealth Resource Center

State
TX
Grantee/Program Name
Texas Tech University Health Science Center
TexLA Telehealth Resource Center
Reimbursement
Licensure
FDA Regulatory Issues
Privacy, Security and Confidentiality
Legal and Regulatory Issues
State
UT
Grantee/Program Name
University of Utah
*Northwest Regional Telehealth Resource Center*
Reimbursement
Licensure
Privacy, Security and Confidentiality

State
VA
Grantee/Program Name
The Rector and Visitors of the University of Virginia
*Mid-Atlantic Telehealth Resource Center*
Reimbursement
Licensure
Credentialing and Accreditation
Privacy, Security and Confidentiality
Legal and Regulatory Issues
State
AK
Grantee/Program Name
Alaska Native Tribal Health Consortium
National Telehealth Technical Assistance Center
Telecommunications
Customized One-on-One Technical Assistance
Telehealth Inventory
On-line Technical Support Tool
Best Practice Guidelines
Program Planning and Development
Installation Assistance

State
AR
Grantee/Program Name
University of Arkansas for Medical Sciences
South Central Training Resource Center

State
AZ
Grantee/Program Name
Arizona Board of Regents, University of Arizona
Southwest Regional Telehealth Resource Center
Telecommunications
Customized One-on-One Technical Assistance
Telehealth Inventory
On-line Technical Support Tool
Best Practice Guidelines
Program Planning and Development
Installation Assistance

State
CA
Grantee/Program Name
Public Health Institute
National Telehealth Resource Center Policy
Telecommunications
Customized One-on-One Technical Assistance
Grantee/Program Name
California Telehealth Network
*Western Telehealth Resource Center*
Telecommunications
Customized One-on-One Technical Assistance
Best Practice Guidelines
Program Planning and Development
Installation Assistance

State
GA
Grantee/Program Name
Georgia Partnership for Telehealth, Inc.
*Southeastern Telehealth Resource Center*

State
HI
Grantee/Program Name
University of Hawaii
*Pacific Basin Telehealth Resource Center*
Telecommunications
Customized One-on-One Technical Assistance
Telehealth Inventory
Best Practice Guidelines
Program Planning and Development
Installation Assistance

State
IN
Grantee/Program Name
Indiana Rural Health Association, Inc.
*Upper Mid-West Telehealth Resource Center*
Telecommunications
Customized One-on-One Technical Assistance
Telehealth Inventory
On-line Technical Support Tool
Best Practice Guidelines
Program Planning and Development
Installation Assistance

State
KS
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<th>Grantee/Program Name</th>
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<td>Heartland Telehealth Resource Center</td>
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<td>Telecommunications</td>
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<td>Medical Care Development, Inc.</td>
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UT
Grantee/Program Name
University of Utah
Northwest Regional Telehealth Resource Center
Telecommunications
Customized One-on-One Technical Assistance
Telehealth Inventory
Best Practice Guidelines
Program Planning and Development
Installation Assistance

State
VA
Grantee/Program Name
The Rector and Visitors of the University of Virginia
Mid-Atlantic Telehealth Resource Center
Telecommunications
Customized One-on-One Technical Assistance
Telehealth Inventory
On-line Technical Support Tool
Best Practice Guidelines
Program Planning and Development
Installation Assistance
State
AK
Grantee/Program Name
Alaska Native Tribal Health Consortium
National Telehealth Technical Assistance Center
Distance Education
Telehealth Toolbox
Technology Assessment

State
AR
Grantee/Program Name
University of Arkansas for Medical Sciences
South Central Training Resource Center

State
AZ
Grantee/Program Name
Arizona Board of Regents, University of Arizona
Southwest Regional Telehealth Resource Center
Distance Education
Telehealth Toolbox
Technology Assessment
Sustainability

State
CA
Grantee/Program Name
Public Health Institute
National Telehealth Resource Center Policy

State
CA
Grantee/Program Name
California Telehealth Network
Western Telehealth Resource Center
Distance Education
Telehealth Toolbox
Technology Assessment
Sustainability
State
GA
Grantee/Program Name
Georgia Partnership for Telehealth, Inc.
*Southeastern Telehealth Resource Center*

State
HI
Grantee/Program Name
University of Hawaii
*Pacific Basin Telehealth Resource Center*
Distance Education
Technology Assessment
Sustainability

State
IN
Grantee/Program Name
Indiana Rural Health Association, Inc.
*Upper Mid-West Telehealth Resource Center*
Distance Education
Telehealth Toolbox
Technology Assessment
Sustainability

State
KS
Grantee/Program Name
University of Kansas
*Heartland Telehealth Resource Center*
Distance Education
Telehealth Toolbox
Technology Assessment
Sustainability

State
ME
Grantee/Program Name
Medical Care Development, Inc.
*Northeast Telehealth Resource Center*
Distance Education
Telehealth Toolbox
Regents of the University of Minnesota

Great Plains Telehealth Resource Center

Texas Tech University Health Science Center

TexLA Telehealth Resource Center

University of Utah

Northwest Regional Telehealth Resource Center

The Rector and Visitors of the University of Virginia

Mid-Atlantic Telehealth Resource Center
TRC Program Areas of Expertise

For their respective projects, OAT TRC grantees were asked to indicate areas of expertise in the delivery of clinical services via telemedicine. Grantee responses are indicated in the chart below.
TRC Areas of Expertise

State
AK
Grantee/Program Name
Alaska Native Tribal Health Consortium
National Telehealth Technical Assistance Center

State
AR
Grantee/Program Name
University of Arkansas for Medical Sciences
South Central Training Resource Center

State
AZ
Grantee/Program Name
Arizona Board of Regents, University of Arizona
Southwest Regional Telehealth Resource Center
Allergy
A,P,X
Cardiology
A,P,X
Diabetes Care & Management
A,P,X
Dermatology
A,P,X

State
CA
Grantee/Program Name
Public Health Institute
National Telehealth Resource Center Policy

State
CA
Grantee/Program Name
California Telehealth Network
Western Telehealth Resource Center
Allergy
Asthma Control
Cardiology
Diabetes Care & Management
Dermatology
Deaf Interactive Services

State
GA
Grantee/Program Name
Georgia Partnership for Telehealth, Inc.
Southeastern Telehealth Resource Center

State
HI
Grantee/Program Name
University of Hawaii
Pacific Basin Telehealth Resource Center
Audiology
Cardiology
Deaf Interactive Services

State
IN
Grantee/Program Name
Indiana Rural Health Association, Inc.
Upper Mid-West Telehealth Resource Center
Cardiology
Diabetes Care & Management

State
KS
Grantee/Program Name
University of Kansas
Heartland Telehealth Resource Center
Allergy
Asthma Control
Cardiology
Diabetes Care & Management
Dermatology
Deaf Interactive Services

State
ME
Grantee/Program Name
Medical Care Development, Inc.
*Northeast Telehealth Resource Center*

**State**
MN
**Grantee/Program Name**
Regents of the University of Minnesota
*Great Plains Telehealth Resource Center*

**State**
TX
**Grantee/Program Name**
Texas Tech University Health Science Center
*TexLA Telehealth Resource Center*
**Diabetes Care & Management**
**Dermatology**

**State**
UT
**Grantee/Program Name**
University of Utah
*Northwest Regional Telehealth Resource Center*
**Cardiology**
**Diabetes Care & Management**
**Dermatology**
**Deaf Interactive Services**

**State**
VA
**Grantee/Program Name**
The Rector and Visitors of the University of Virginia
*Mid-Atlantic Telehealth Resource Center*
**Cardiology**
**Diabetes Care & Management**
**Dermatology**
**State**
AK

**Grantee/Program Name**
Alaska Native Tribal Health Consortium
*National Telehealth Technical Assistance Center*

**State**
AR

**Grantee/Program Name**
University of Arkansas for Medical Sciences
*South Central Training Resource Center*

**State**
AZ

**Grantee/Program Name**
Arizona Board of Regents, University of Arizona
*Southwest Regional Telehealth Resource Center*

Endocrinology (Not Diabetes)
A,P,X

ENT
A,P,X

HIV/AIDS
A,P,X

Infectious Disease (Not HIV/AIDS)
A,P,X

Mental Health
A,P,X

**State**
CA

**Grantee/Program Name**
Public Health Institute
*National Telehealth Resource Center Policy*

**State**
CA

**Grantee/Program Name**
California Telehealth Network
*Western Telehealth Resource Center*

Endocrinology (Not Diabetes)
ENT
HIV/AIDS
Infectious Disease (Not HIV/AIDS)
Intensivist/Remote ICU Monitoring
Mental Health

State
GA
Grantee/Program Name
Georgia Partnership for Telehealth, Inc.
Southeastern Telehealth Resource Center

State
HI
Grantee/Program Name
University of Hawaii
Pacific Basin Telehealth Resource Center
ENT

State
IN
Grantee/Program Name
Indiana Rural Health Association, Inc.
Upper Mid-West Telehealth Resource Center

State
KS
Grantee/Program Name
University of Kansas
Heartland Telehealth Resource Center
Internal Medicine

State
ME
Grantee/Program Name
Medical Care Development, Inc.
Northeast Telehealth Resource Center

State
MN
Grantee/Program Name
Regents of the University of Minnesota
State
TX
Grantee/Program Name
Texas Tech University Health Science Center
TexLA Telehealth Resource Center
HIV/AIDS
A
Mental Health

State
UT
Grantee/Program Name
University of Utah
Northwest Regional Telehealth Resource Center
Internal Medicine
Intensivist/Remote ICU Monitoring
Mental Health
A,P

State
VA
Grantee/Program Name
The Rector and Visitors of the University of Virginia
Mid-Atlantic Telehealth Resource Center
HIV/AIDS
Intensivist/Remote ICU Monitoring
Mental Health
State
AK
Grantee/Program Name
Alaska Native Tribal Health Consortium
*National Telehealth Technical Assistance Center*

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State
AR
Grantee/Program Name
University of Arkansas for Medical Sciences
*South Central Training Resource Center*

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State
AZ
Grantee/Program Name
Arizona Board of Regents, University of Arizona
*Southwest Regional Telehealth Resource Center*

**Nephrology (other than renal dialysis)**
A,P,X

**Neurology (other than stroke)**
A,P,X

**Nutrition**
A,P,X

**OB/GYN**
A,X

**Pain Management**
A,P,X

**Pediatrics**
P,X

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State
CA
Grantee/Program Name
Public Health Institute
*National Telehealth Resource Center Policy*

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State
CA
Grantee/Program Name
California Telehealth Network
*Western Telehealth Resource Center*

**Neonatology**
Nephrology (other than renal dialysis)
Neurology (other than stroke)
Nutrition
OB/GYN
Pain Management
Pediatrics

State
GA
Grantee/Program Name
Georgia Partnership for Telehealth, Inc.
Southeastern Telehealth Resource Center

State
HI
Grantee/Program Name
University of Hawaii
Pacific Basin Telehealth Resource Center
Pain Management
Pediatrics

State
IN
Grantee/Program Name
Indiana Rural Health Association, Inc.
Upper Mid-West Telehealth Resource Center

State
KS
Grantee/Program Name
University of Kansas
Heartland Telehealth Resource Center
Neonatology
Neurology (other than stroke)
Nutrition
Pain Management
Pediatrics

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Grantee/Program Name
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Alaska Native Tribal Health Consortium
National Telehealth Technical Assistance Center

State
AR
Grantee/Program Name
University of Arkansas for Medical Sciences
South Central Training Resource Center

State
AZ
Grantee/Program Name
Arizona Board of Regents, University of Arizona
Southwest Regional Telehealth Resource Center
Physical Therapy
A,P,X
Pulmonology
A,P,X
Surgery
A,P,X

State
CA
Grantee/Program Name
Public Health Institute
National Telehealth Resource Center Policy

State
CA
Grantee/Program Name
California Telehealth Network
Western Telehealth Resource Center
Perinatology

State
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<td>KS</td>
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<td>Physical Medicine/Physiatry, Physical Therapy, Speech/Language Therapy Pathology, Surgery</td>
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<td>Medical Care Development, Inc.</td>
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State
TX
Grantee/Program Name
Texas Tech University Health Science Center
*TexLA Telehealth Resource Center*

State
UT
Grantee/Program Name
University of Utah
*Northwest Regional Telehealth Resource Center*
Pharmacy
Physical Medicine/Physiatry
Perinatology
Speech/Language Therapy Pathology
  A, P

State
VA
Grantee/Program Name
The Rector and Visitors of the University of Virginia
*Mid-Atlantic Telehealth Resource Center*
Perinatology
State
AK
Grantee/Program Name
Alaska Native Tribal Health Consortium
National Telehealth Technical Assistance Center

State
AR
Grantee/Program Name
University of Arkansas for Medical Sciences
South Central Training Resource Center

State
AZ
Grantee/Program Name
Arizona Board of Regents, University of Arizona
Southwest Regional Telehealth Resource Center
Stroke Care
A,P,X
Trauma/Emergency Medicine
A,P,X
Wound Management
A,P,X

State
CA
Grantee/Program Name
Public Health Institute
National Telehealth Resource Center Policy

State
CA
Grantee/Program Name
California Telehealth Network
Western Telehealth Resource Center
Stroke Care
Trauma/Emergency Medicine
Wound Management

State
GA
Grantee/Program Name
Georgia Partnership for Telehealth, Inc.
Southeastern Telehealth Resource Center

State
HI

Grantee/Program Name
University of Hawaii
Pacific Basin Telehealth Resource Center
Stroke Care
Trauma/Emergency Medicine

State
IN

Grantee/Program Name
Indiana Rural Health Association, Inc.
Upper Mid-West Telehealth Resource Center
Stroke Care
Trauma/Emergency Medicine

State
KS

Grantee/Program Name
University of Kansas
Heartland Telehealth Resource Center
Stroke Care
Trauma/Emergency Medicine
Wound Management

State
ME

Grantee/Program Name
Medical Care Development, Inc.
Northeast Telehealth Resource Center

State
MN

Grantee/Program Name
Regents of the University of Minnesota
Great Plains Telehealth Resource Center
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TX
Grantee/Program Name
Texas Tech University Health Science Center
*TexLA Telehealth Resource Center*
Wound Management

State
UT
Grantee/Program Name
University of Utah
*Northwest Regional Telehealth Resource Center*
Stroke Care
Trauma/Emergency Medicine
Wound Management

State
VA
Grantee/Program Name
The Rector and Visitors of the University of Virginia
*Mid-Atlantic Telehealth Resource Center*
Stroke Care
Trauma/Emergency Medicine
Wound Management
Evidence-Based Tele-Behavioral Health Network Program (EBTHNP) Purpose

The EBTHNP program purpose is to use telehealth networks to increase access to behavioral health care services in rural and frontier communities and to conduct evaluations of those efforts to establish an evidence-base for assessing the effectiveness of tele-behavioral health care for patients, providers, and payers. (HRSA Activity Code G01)
Evidence-Based Tele-Behavioral Health Network Program (EBTHNP) Project Descriptions

The following information for each project is provided:
- Overview
- Project Goals
- Outcomes Expected/Project Accomplishments
- Network Partners
- Service Area
- Equipment
University of California, Davis
Tele-Behavioral Health for American Indians Affected by Mental Illness (Tele-AIMI)
G01-RH-32159

Overview:
Because access to care is so difficult for rural American Indian populations, telemedicine has been increasingly used as a means of providing health services to patients with mental illness and substance abuse disorders. Using the existing rural telemedicine network, we plan to contribute to the Evidenced-Based Tele-Behavioral Health Network Program Grant with the overall goal of determining the impact of tele-behavioral health consultations on patient-centered health outcomes and cost-effectiveness of care.

Project Goals:
1. To assess the impact of adult tele-behavioral health consultations on patient-centered health outcomes.
2. To assess the impact of pediatric tele-behavioral health consultations on patient-centered health outcomes.
3. To determine the economic efficiency of tele-behavioral health consultations.

Outcomes Expected/Project Accomplishments:
1. We hypothesize that tele-behavioral health services will result in significant improvements in validated mental illness measures over time and will compare favorably to previously published results from in-person care;
2. We hypothesize that tele-behavioral health services will result in significant improvements in validated pediatric measures over time and will compare favorably to previously published results from in-person care;
3. We hypothesize that tele-behavioral health services will be cost-saving from at least one of the following four perspectives: patient, provider, insurers, and societal.

Network Partners:
1. Kima W Medical Center - Humboldt, CA
2. Round Valley Indian Health Center – Mendocino, CA
3. Pit River Health Service – Shasta, CA
4. Pit River Health Service XL Clinic – Modoc, CA
5. Tule River Indian Health – Tulare, CA

Service Area:
Rural Northern and Central CA

Equipment:
No equipment will be purchased through this grant.
Overview:
The Crossroads Partnership for Telehealth (Crossroads) is a collaborative agreement between the Indiana Rural Health Association, Union Hospital’s Richard G. Lugar Center for Rural Health, behavioral health service providers, critical access hospitals, and rural PPS hospitals focusing on the high-quality delivery and robust evaluation of tele-behavioral health in rural Indiana.

Project Goals:
To use and maintain a telehealth network that will: increase access to behavioral healthcare services in rural communities as well as conduct evaluations of those efforts in an effort to both expand and strengthen the evidence base for assessing the effectiveness of tele-behavioral healthcare services for patients, providers, and payers.

Outcomes Expected/Project Accomplishments:
The project hopes to improve the human and capital cost of behavioral health-and lack of available resources in rural hospital systems attributed to multimodal and dynamic sociocultural norms, socioeconomic concerns, and funding disparities.

From an evaluation perspective, Crossroads plans to evaluate the cost and impact of tele-behavioral health. To evaluate cost and impact, descriptive data on utilization, patient and provider satisfaction, and reductions in costs and specialists drive time will be collected. Throughout the grant period, Crossroads anticipates upward of 4,000 consults will occur.

Network Partners:
Indiana Rural Health Association; Union Hospital’s Richard G. Lugar Center for Rural Health; Living Well Behavioral Health; Union Hospital Behavioral Health; Union Clinton Critical Access Hospital; Decatur Memorial Critical Access Hospital; Logansport Memorial Hospital (PPS); and Fayette Regional Health (PPS). Crossroads will also partner with each partner hospital’s Community Mental Health Clinic (CMHC).

Service Area:
Cass, Clinton, Decatur, Fayette, and Rush counties

Equipment:
Crossroads is technology and hardware agnostic. Three options are initially proposed. The first option offered to network partners would be an iPad and web-based videoconferencing solution to provide high-quality live video and audio through a point-to-point model between the spoke/originating site and the hub/distance site. The second option offered to network partners would be a video end-point connected to a single virtual platform called GPT Pathways. This option allows for upgradeable and scalable infrastructure through a combination of tablets, Desktop Computers, and Integrated Telehealth Rooms. The third option would be to allow network partners to continue using their current telehealth technology platform.
(FY 18-21)
KANSAS, Johnson County
The University of Kansas Hospital
Kansas Rural Tele-Behavioral Health Network (KRTHN)
G01-RH-32160

Organization
The University of Kansas Hospital
3901 Rainbow Boulevard
Kansas City, Kansas  66160
https://www.kansashealthsystem.com

Program Director
Robert Moser, M.D.
Program Director Phone: 913-945-5245
Program Director Fax: 913-945-5473
Email: rmoser@kumc.edu

Overview:
The proposed rural tele-behavioral health network includes ten network sites in Northwest Kansas. Each county in that region qualifies as a Mental Health Professional Shortage Area. These rural hospitals and their affiliated clinics, along with the region’s only FQHC, all participate in the Kansas Clinical Improvement Collaborative, the largest rural accountable care organization participating in the Medicare Shared Savings Program, for which the University of Kansas Hospital (UKH) provides management services (including data collection and reporting).

Project Goals:
Using the InTouch telehealth platform, behavioral health professionals at UKH will provide a full range of tele-behavioral health services to patients in their home communities. These services will be facilitated by regional telehealth nurse coordinators, who will present patients and assist with administrative processes to relieve the burden on staff at the network site. These coordinators also will extract relevant data from patient records for reporting purposes. To help local providers identify those patients needing tele-behavioral health services, UKH will use the proven Project ECHO model to provide education and clinical support for these providers.

Outcomes Expected/Project Accomplishments:
Kansas ranks 32nd in the nation for access to behavioral health services. The network sites together serve an estimated 2,100 patients with unmet behavioral health needs. The project will generate approximately 3,600 patient encounters each year, serving approximately 800 unique patients. UKH will assist in expanding the evidence base for tele-behavioral health services through full compliance with HRSA program requirements, including timely collection and submission of data regarding service delivery, outcomes, and costs.

Network Partners:
University of Kansas Hospital; Citizens Medical Center, Inc.; Edwards County Hospital and Healthcare Center; Great Bend Regional Hospital, LLC; First Care Clinic, Inc.; Mitchell County Hospital Health Systems; Norton County Hospital; Rawlins County Health Center; Great Plains of Smith Co., Inc.; Pawnee Valley Community Hospital, Inc.; Hays Medical Center, Inc.

Service Area:
Kansas Counties where network participants are located: Barton, Edwards, Ellis, Mitchell, Norton, Pawnee, Rawlins, Smith, Thomas, and Wyandotte.

Equipment:
Equipment funds will be used to purchase Intouch TV™ Pro equipment for seven of the ten network sites (monitor and software), along with two provider workstations for the hub site. Additionally, regional Telehealth Coordinators will be provided with a means of transportation (leased vehicle, registration, insurance, and gas).
Overview:
Baptist Health has provided telehealth services since 2016. The majority of our partners currently have telehealth equipment and their patients are receiving services, but to date the services we provide have been limited due to inability to dedicate staff time to telehealth. The proposed program will expand our tele-behavioral health network by increasing staff capacity, expanding the services provided, and increasing the number of patient sites. We will also expand our infrastructure for data collection and analysis to show the impact of telehealth services on patient outcomes. Our focus is on providing mental health services and substance abuse treatment across our region to patients in primary care settings or in the emergency department. The proposed program will hire a psychiatric nurse practitioner who will be dedicated full-time to providing tele-behavioral health services, and in Year 2 we will hire a Licensed Clinical Social Worker. Service will include addiction assessments, level of care determination and referral or transfer to additional services and mental health assessments, and treatment including medication management and therapeutic intervention.

Project Goals:
1. Expand access to telehealth mental health and substance abuse services.
   Objective 1A: Provide services at 19 patient sites
   Objective 1B: Serve 920 unduplicated patients over the three year grant period
2. Improve patient outcomes related to mental health and substance abuse services.
   Objective 2A: 70 percent of patients will demonstrate improvement on PHQ-9 or other standardized screening tools between pre and post-test.
   Objective 2B: 65 percent of patients will demonstrate improvement on the Short Form – 12 Health Survey between pre and post-test.
3. Inform the evidence-base around tele-behavioral health.
   Objective 3A: Share evaluation data with at least 75 percent of network members quarterly for continuous quality improvement of tele-behavioral health service delivery.
   Objective 3C: Share information in at least 3 local, regional and/or national conferences.
   Objective 3D: Share results and outcome data with the Telehealth-Focused Rural Health Research Center on an annual basis to inform tele-behavioral health policy.

Outcomes Expected/Project Accomplishments:
We anticipate serving 19 sites based on the MOAs that have been signed. We will potentially expand our sites during the project period based on need and interest. To assess the number of encounters we examined capacity of our staff members. When fully operational, we anticipate 480 telehealth encounters per year for 1.0 FTE psychiatric APRNs and 1,200 telehealth encounters per year for 1.0 FTE Licensed Clinical Social Worker. In Year 1, we are estimating 480 encounters for 1.5 FTE. This lower projection allows the new APRN to build their patient load and schedule. By year 2 and 3 we anticipate 720 APRN visits (480 from the full time APRN and 240 from the part time APRN), and 1,200 LCSW visits for a total of 1,920 telehealth encounters in both Year 2 and 3. Over the three-year project period, we are estimating 4,320 encounters.

We developed our anticipated number of unduplicated patients based on our historic telehealth data showing that patients will meet with a provider between 4 and 6 times. In Year 1 we anticipate 120 unduplicated patients, in Year 2 we anticipate 400 unduplicated patients, and in year 3 we anticipate 400 unduplicated patients for a total across all three years of 920 unduplicated patients.
Network Partners:
Appalachian Children’s Home; Baptist Health Richmond; Grace Health Pineville; Grace Health Corbin High School; Grace Health Corbin Middle School; Grace Health Mountain View Elementary; Grace Health WB Muncy; Grace Health Clay County High School; Grace Health Stinnett Elementary; Grace Health Corbin Primary; Grace Health Oneida; Grace Health Manchester; Baptist Health Medical Group Williamsburg; Corbin, and Barbourville.

Service Area:
Bell, Clay, Knox, Laurel, Leslie, Madison, McCreary, and Whitley Counties.

Equipment:
Telehealth consult stations, Telehealth carts.
**Overview:**
Opioid use disorders (OUD) have reached epidemic proportions in the United States, with devastating outcomes to individuals and society. The overarching goal of this project is to establish evidence-based indices to develop a model of care that can be adopted by other underserved rural areas with similar needs. Despite ongoing treatment efforts by University of Maryland (UMB) and other entities, the demand for treatment of OUD in the rural counties, far outweighs the availability of treatment services. Furthermore, it has been demonstrated that fewer than half of opioid users seek Medication Assisted Treatment (MAT) after surviving an overdose. To meet these growing needs and challenges, we propose a mechanism to expand our ongoing telemedicine services beyond the confines of health care provider’s office, to the patient’s very own home. By reaching out to patients in their natural environment, rather than waiting for them to reach out to health care providers, we aim to engage individuals who would otherwise be at greater risk for overdose related mortality and morbidity. Specifically, this project will utilize a mobile telemedicine unit/vehicle, to maximize access to life-saving MAT for individuals with OUD in underserved rural communities. The program will focus on high risk individuals with OUD who have limited access to MAT including overdose survivors in both Emergency Departments and in the field, individuals released from incarceration, and those living in remote areas.

**Project Goals:**
1. Dispensing Buprenorphine to opioid overdosed individuals within 48 hours of a non-fatal overdose incident;
2. Reduce opioid and other drug use in communities by improving treatment retention; and
3. Reduce overall use of acute care medical services (Emergency Department and inpatient) for a minimum of 180 days.

**Outcomes Expected/Project Accomplishments:**
The primary outcome measure will be adherence to treatment with Buprenorphine at the end of 180 days. Secondary measures will include self-reported and objective measures on opioid and other drug use patterns. Based on data from ongoing treatment programs in the community, we expect greater than 50 percent treatment retention rate and improvement in opioid-free days, by the end of 180-day treatment program. We also expect that:
1. At least 25 percent of those enrolled to receive services from the mobile telemedicine unit will be stabilized, and this would reduce Emergency Department and inpatient visits for opioid overdose treatments; and
2. Retention and drug-use rates will be significantly improved compared to our office-based telemedicine program in the service area.

**Network Partners:**
Caroline County Health Department

**Service Area:**
A county in rural Maryland (the Caroline County), and bordering areas in Talbot and Queen Anne counties, where the Caroline county health department is allowed to provide treatment services.
Equipment:
A truck and a trailer will be used to build the mobile telemedicine unit. This unit will be equipped with a Jetpack 4G LTE Mobile Hotspot AC791L or a DOT-mini device to enhance mobile hotspot in communication dead zones, laptop computers, cameras consisting of a HD 1080p H.264/SVC UVC 1.5 encoding devices, a Roscoe surveillance system, and biomedical devices. The Department of Psychiatry uses Pinnaca to host cloud-based meeting rooms which allow the physician and clinic to see each other via video. Intel NUC computers with dual vertical monitors and a Logitech 920C webcams will be used by UMB telemedicine providers. Each meeting room and all video traffic are encrypted using AES-128 encryption protocols. All computers and equipment are maintained by Psychiatry Information Systems staff.
Overview:
Athol Hospital and network partners, will deliver and evaluate school-based tele-behavioral health services at two rural school districts. Delivery of behavioral health services will entail clinical sessions provided via live video counseling between the designated clinician and the individual students and their families in a convenient and non-threatening setting. Our proposed model shifts the traditional model of behavioral health treatment from being isolated in medical settings and moves it out into the community reaching children in a familiar setting where there is a support system to assist.

Project Goals:
The goals of this project are:
1. Deliver high quality and effective tele-behavioral health services that demonstrate improvements in clinical outcomes and functional performance of students with social-emotional problems and behavioral health conditions;
2. Reduce costs and minimize use of more expensive health services;
3. Increase access to behavioral health services for students receiving tele-behavioral health services compared to students in the comparison school receiving behavioral health treatment as usual.

Outcomes Expected/Project Accomplishments:
1. Increase access to behavioral health services for 250 students by providing school-based tele-behavioral health services;
2. Conduct an evaluation of this demonstration project that will contribute to the research base and build the case for policy and payment reform to support this service model in Massachusetts;
3. Develop a business model to sustain and expand school-based tele-behavioral health services at the end of the grant cycle.

Network Partners:

Service Area:
The primary service area for the delivery of the school-based tele-behavioral health intervention includes the federally designated rural and medically underserved towns of Athol, New Salem, Orange, Petersham, and Wendell located in the North Quabbin Region of Massachusetts. The target population: children and adolescents ages 12-18.

Equipment:
The video-conferencing technology selected is Zoom for telehealth platform over broadband internet connection. Zoom is HIPAA compliant and has been vetted by the information technology for meeting data security requirements, including minimum encryption standards. The spoke sites (schools) will use Hewlett Packard Desk Top Computers with built-in camera and speakers. The Hub site (clinicians) will use laptops with HD Webcam Video Conferencing.
(FY 18-21)
MINNESOTA, Hennepin County
Regents of the University of Minnesota
Providing Rural Access to Care via Telehealth in a Collaborative Environment
(PRACTICE)
G01-RH-32157

Organization
Regents of the University of Minnesota
Institute for Health Informatics
8-100 PWB; MMC912
420 Delaware Street SE
Minneapolis, Minnesota  55455
http://www.umn.edu

Principal Investigator
Jonathan Neufeld, Ph.D.
Principle Investigator Ph.: 574-606-5038
Principal Investigator Fax: 612-626-7227
Email: jneufeld@umn.edu

Overview:
The Providing Rural Access to Care via Telehealth in a Collaborative Environment (PRACTICE) project will leverage the capacity of Breakwater Health, a mature health center controlled network, and Arrowhead Health Alliance, a mature network of Community Mental Health Centers, to develop and implement a robust integrated behavioral health program across several rural regions of Minnesota. The program will bring mental health resources provided by the Arrowhead Alliance to the community health center members of the Breakwater network, using an existing video network provided by the Minnesota Department of Health. These mental health services will follow the collaborative care model, and will provide a financially sustainable pathway for both the CHCs and CMHCs involved.

Project Goals:
1. Implement and sustain an integrated behavioral health system of care involving a mature primary care network and a mature mental health center network using telehealth technology;
2. Implement the collaborative care model for delivering mental health services in primary care using telehealth as a primary service delivery medium; and
3. Collect and analyze high quality clinical outcome and process data on the program

Outcomes Expected/Project Accomplishments:
1. One CMHC and five CHC sites per year (3 CMHC and 15 CHC sites total) will implement the collaborative care model utilizing telehealth to connect sites across a wide geographic range;
2. Clinical outcome and process measures will be reliably and validly measured from active sites and “wait list” sites functioning as controls; and
3. Approximately 200 new patients per year will gain access to high quality mental health services at their local primary care center.

Network Partners:
Breakwater Health Network is a rural Health Center Controlled Network that includes three Section 330(e) Community Health Centers and two dually-funded 330(e and g) FQHC/Migrant Health Centers. Breakwater supports infrastructure and technology systems that foster clinical excellence among its members and healthy communities across its service region.
Arrowhead Health Alliance is a regional coalition of community mental health providers formed to improve access to mental health services in northeastern Minnesota through collaborative action.

Service Area:
Northern Minnesota and Northeastern North Dakota

Equipment:
The project will utilize generic desktop computer equipment and tablet computers to provide live video encounters using a software-based secure videoconferencing system.
(FY 18-21)
MINNESOTA, Stearns County
CentraCare Health System
Central Minnesota Tele-behavioral Health Rural Access to Mental Health Providers (RAMP)
G01-RH-32152

Organization
CentraCare Health System
1405 6th Avenue N.
St. Cloud, Minnesota  56303
http://www.centracare.com

Principal Investigator
Larry Hook, M.D.
Principal Investigator Phone:  320-251-2700 ext. 52556
Email: larry.hook@centracare.com

Overview:
RAMP is an integrated behavioral health (IBH) care model that will use tele-behavioral health (TBH) services at rural ambulatory outpatient healthcare clinics. The goal is to improve access to mental health experts as part of an IBH team to improve outcomes for patients and to increase mental health resources for the providers who care for them. Without TBH services, these services might not otherwise be available given limited resources as a result of geography and access to and availability of regional mental health providers.

Project Goals:
1. Increase Access to Behavioral Health Care Services
2. Contribute to the evidence base

Outcomes Expected/Project Accomplishments:
1. Increase Access to Behavioral Health Care Services
2. Contribute to the evidence base

Network Partners:
CentraCare Health – Long Prairie; CentraCare Health – Paynesville; CentraCare Health – Melrose; CentraCare Health – Paynesville – Belgrade Clinic; Eden Valley Clinic; Eagle Valley Clinic

Service Area:
Central Minnesota

Equipment:
Vidyo high-definition video technology; AMD AGNES; EPIC
Overview:
The Tele-behavioral Opioid Priority Response (TOPR) project is to provide evidence-based substance misuse prevention and treatment for opioid prescribed patients. The project will increase access to quality behavioral health services in rural settings for patients with 2+ chronic conditions and an opiate prescription. Increase physician readiness to provide Medication Assisted Therapy by addressing “barriers”. Sustain Patient Centered Medical Home (PCBH) in rural clinics by creating a consistent billing and coding protocol in a state with emerging telehealth reimbursement policies.

Project Goals:
1. Reduce misuse of opioid substance;
2. Increase identification of depression and anxiety;
3. Increase sustainability of tele-BHC’s in rural clinics

Outcomes Expected/Project Accomplishments:
1. Reduced chronic disease indicators;
   - LDL
   - BMI
   - A1C
2. Increase BHC availability in rural primary care clinics;
3. Measure satisfaction with the PCBH-oriented tele-health model by assessing patient, provider, and BHC satisfaction with the tele-health workflow, service, and treatment;
4. Increase in physician readiness to provide Medicated Assisted Therapy (MAT);
5. Sustainable telehealth PCBH model

Network Partners:
BHC Providers; CoxHealth Family Medicine Branson; CoxHealth Center Branson; CoxHealth Center Branson West; Family & Occupational Medicine of Monett; Cox Family Medicine of Monett; Family Practice and Obstetrics of Monett; CoxHealth Center Aurora; CoxHealth Center Cassville; CoxHealth Center Crane; CoxHealth Center Mt Vernon; & CoxHealth Center Shell Knob.

Service Area:
Branson, Monett, Shell Knob, Cassville, Mt. Vernon, Aurora, Crane

Equipment:
Laptops, Printers, iPads
(FY 18-21)
OREGON, Wasco County
Greater Oregon Behavioral Health, Inc.
Direct to Patient Tele-Behavioral Health Services
G01-RH-32153

Organization
Greater Oregon Behavioral Health, Inc.
401 E. 3rd Street, Suite 101
The Dallas, Oregon 97058
http://www.GOBHI.org

Program Director
Bonnie Thompson
Program Director Phone: 503-338-9074
Program Director Fax: 541-298-7996
Email: bonnie.thompson@gobhi.net

Overview:
The Greater Oregon Behavioral Health, Inc., (GOBHI) will purchase and implement tele-behavioral health patient engagement software and make it available to the community mental health programs (CMHPs) for use as part of their service delivery strategy. The CMHPs will use the software to connect their current providers to patients utilizing this new tool to increase outreach. With this tool, our network providers will be able to see their patients “wherever they are” and address a number of barriers to care that currently exist. We also anticipate that this tool will help reduce the “no show” rate for providers, increasing productivity and adding revenue to their practices.

Project Goals:
The project goals is to address the following barriers in rural/frontier counties to allow GOBHI network providers with a way to see their patients “wherever they are”:
1. Long distances to providers and services
2. Lack of transportation
3. No vehicle
4. No money for fuel
5. Weather related
6. No or limited public transportation
7. Staffing shortages
8. Shortage of specialty services
9. Concerns about the perception of utilizing behavioral health services

Outcomes Expected/Project Accomplishments:
GOBHI’s expects the following outcomes for providing a patient tele-behavioral health services: increasing access; decreasing transportation costs; improving productivity; decreasing “no show” and cancellation rates; increasing staffing; improving patient and provider satisfaction and increasing patient engagement.

Network Partners:
The following network partners will be part of our pilot year: Center for Human Development; Community Counseling Solutions; Lake District Wellness Center; Lifeways; Mid-Columbia Center for Living; New Directions Northwest and Wallowa Valley Center for Living.

Service Area:
Service areas would include the following rural and frontier counties in Oregon: Hood River; Wasco; Sherman Lake; Wallowa; Union; Baker; Malheur; Umatilla; Wheeler; Grant; Morrow; Gilliam and Columbia (GOBHI Site).

Equipment:
No equipment will be purchased. Depending on the site, supplies may include: phones, tablets, data plans, computer cameras, microphones.
(FY 18-21)
PENNSYLVANIA, Mercer County
Primary Health Network
Evidence-Based Tele-Behavioral Health Expansion
G01-RH-32156

Organization
Primary Health Network
63 Pitt Street
Sharon, Pennsylvania 16146
https://www.primary-health.net

Principal Investigator
Jenny Estock
Principal Investigator Phone: 724-342-3002 ext. 1521
Principal Investigator Fax: 724-342-6616
Email: jestock@primary-health.net

Overview:

This project will implement tele-behavioral health services at two Primary Health Network (PHN) locations within rural counties in Pennsylvania. The network will be composed of the Sharon Medical Group in Mercer County (the network destination site), New Castle Primary Care in Lawrence County, and Lewistown Community Health Center in Mifflin County. As these sites are part of PHN’s network, their data is already available in PHN’s electronic medical records (EMR) and is easily accessed by PHN’s quality department staff for research purposes.

PHN will utilize existing psychiatrists for the provision of services. They will transmit audio-visual information, using equipment secured with grant funding, to provide behavioral health services to the rural partner sites. These sites were selected based on identified need, as well as a lack of existing behavioral health services.

Project Goals:
Implement a research-oriented tele-behavioral health project in two rural counties within our service area.

Outcomes Expected/Project Accomplishments:
1. Expand tele-behavioral services to 2 sites
   - Staff training, marketing, and equipment purchase/installation is projected to be completed (includes development and implementation of procedures detailing a contingency plan for a failure in transmission or other technical difficulties that render the service undeliverable)
   - Begin providing tele-behavioral health services.
2. Year 1 – 150 patients w/ 600 encounters

Network Partners:
Sharon Medical Group; New Castle Primary Care; Lewistown Community Health Center

Service Area:
Mercer County (PA); Lawrence County (PA)- rural; Mifflin County (PA)- rural

Equipment:
Polycom RealPresence Group 500 Video Conference Equipment; Samsung DC-E Series 32” Direct Lit LED TV display
Overview:
The Northern Plains Tele-Behavioral Health Research Network will provide much needed behavioral health counseling, triage and medication management services to underserved and overwhelmed rural clinics and emergency rooms through telehealth, while simultaneously collecting and analyzing encounter and outcome data. The goal of the Network is to decrease the number of patients who experience behavioral health crisis and suicide due to inadequate access to appropriate behavioral health services.

Project Goals:
Project goals include:
1. Provide tele-behavioral health triage therapy and medication management services to rural patients identified as at risk for depression and suicide;
2. Contribute to a national evidence base for assessing the effectiveness of tele-behavioral health care services for patients, providers and payers;
3. Utilize the data collected from network originating sites to contribute to continuous quality and process improvement;
4. Evaluate network activities and disseminate results to network stakeholders regionally and nationally.

Outcomes Expected/Project Accomplishments:
1. Access to a mental health profession in patient’s definition of a mental health need
2. Collaboration amongst primary care providers and behavioral health providers for psychiatric medication management.
3. Decrease in depression and anxiety assessment scores, collected during and 2-week follow up calls.

Network Partners:
Bowdle Healthcare Center; Marshall County Healthcare Center; Avera Holy Family Hospital; Geddes Medical Clinic; Avera Gregory Hospital; Avera Hand County Memorial Hospital; Hendricks Community Hospital Association; Avera St. Benedict Health Center; Platte Health Center Avera; Platte Medical Clinic Avera; Community Memorial Hospital Avera (Redfield); Landmann-Jungman Memorial Hospital Avera (Scotland); Lakes Regional Healthcare (Spirit Lake); St. Michael’s Hospital Avera (Tyndall); Wagner Community Memorial Hospital Avera; White Lake Medical Clinic Avera; Avera Sacred Heart Hospital.

Service Area:
Northern Plains Region

Equipment:
Polycom video conferencing units, monitors; mobile carts and Apple iPad tablets.
Enhancing Patients Access to Telehealth by Engaging Rural Networks (e-PATTERN)
G01-RH-32158

Organization
Telehealth Counseling Clinic
Texas A & M University
4225 TAMU City
College Station, Texas 77843
http://www.telehealthcounselingclinic.org

Program Director
Carley E. McCord, M.D.
Principal Investigator Phone: 979-458-9990
Principal Investigator Fax: 979-458-8445
Email: cmccord@tamhsc.edu

Overview:
The Telehealth Counseling Clinic (TCC) at Texas A&M University is a psychological service, research, and training clinic. Tele-behavioral health services are provided by a team of psychology doctoral students, supervised by licensed psychologists. All of the TCC’s services are provided at no cost to Brazos Valley residents, which allows the most vulnerable individuals to access treatment. Services are delivered via video-conference and telephone. TCC offers individual, couples, and group counseling services in English, Spanish, and Mandarin to individuals ages 13 and up. Three counties currently served by TCC are designated as rural and will continue to receive services as part of the grant. TCC will build on partnerships in three other rural counties to add five new access points in health resource centers, primary care clinics, and a critical access hospital. TCC will also upgrade technology to a new platform that will allow for remote data collection and access to video services from home when appropriate.

Project Goals:
1. Goal 1: Maintain and expand the existing TCC tele-behavioral health network to increase access to behavioral health care services in rural Greater Brazos Valley communities;
2. Goal 2: Maintain and expand evaluations of TCC services and work collaboratively with HRSAs Telehealth Focused Rural Health Research Center recipient to significantly enhance the current impact of the research and evaluation currently done at the TCC;
3. Goal 3: Enhance integration of patient engagement and accessibility of services through the use of a low bandwidth, web-based platform, that works from any device that can connect to the internet. The platform supports secure audio and video sessions and allows the collection of data with no software or need for logins.

Outcomes Expected/Project Accomplishments:
TCC plans to provide counseling services to six rural counties via eight spoke access points. Once the new sites are established and functioning at the rate of existing sites, the TCC project expects to have 960 sessions per year with 161 unduplicated clients. TCC also projects to train approximately 15 doctoral psychology students over the life of the project.

Network Partners:
Texas A&M University; CHI St. Joseph Health System; Burleson County Health Resource Center; Madison County Health Resource Center; Grimes County Health Resource Center; Washington County/Faith Mission.

Service Area:
Greater Brazos Valley region in Texas including: Grimes County; Washington County; Madison County; Austin County; Burleson County; and Robertson County.

Equipment:
Current: Cisco-telepresence units and television monitor. Upgrade: desktops and webcams utilizing the Mend platform.
West Virginia Addiction Intervention Model (WV AIM)
G01-RH-32162

Overview:
West Virginia Addiction Intervention Model (WV AIM) will provide tele-behavioral health services focusing on
high-risk adult and related family/children through mental health/substance use treatment. This treatment will
compare face-to-face treatment in an Intensive Outpatient Program with medication management, group and
individual therapies to a replicated model provided via telemedicine.

Project Goals:
West Virginia has a great need for behavioral health and substance treatment services for adults and adolescents in
medically underserved, rural areas. We have three goals/objectives:

1. Improve access to behavioral health and substance treatment services through telemedicine in three rural
   communities with high-risk adult and related child populations;
2. Assess the effectiveness of tele-behavioral health care services in rural high-risk adult populations through
evidence-based measures;
3. Determine provider and patient satisfaction with substance use treatment delivered via telemedicine.

Outcomes Expected/Project Accomplishments:
Projected outcomes include the following:

1. Increased access to specialized behavioral health services to high-risk adults and related youth who would
   not have otherwise had access or had to wait an extended period for comparable care;
2. Demonstrate treatment retention and abstinence rates are equivalent to in-person treatment in high-risk
   adults;
3. Display evidence of consumer and provider satisfaction with tele-behavioral health services for adult and
   youth patients.

Network Partners:
West Virginia University is a land-grant higher education institution. WV AIM collaborate with Southern Highlands
Community Mental Health Center, a state funded, non-profit mental health center with the ability to obtain de-
identified clinical and cost data for evidence-based data collections.

Service Area:
Wyoming County; McDowell County; Mercer County.

Equipment:
WVU/MDTV uses HIPAA compliant technology that depends on SSL for encryption and security. MDTV provides
multiple telehealth and education services through two Multipoint Control Units (MCU). We have one 12 port
standard definition Codian MCU as well as a brand new 20 port high definition Codian MCU. Both bridges can
support H.323 (IP) and H.320 (ISDN) protocols. We will utilize Vidyo software-based conferencing platform.
Primary hardware for originating sites include desktop PC’s, webcams, and microphones.
Licensure Portability Grant Program (LPGP) Purpose

The LPGP program is a competitive grant program that provides support for State professional licensing boards to carry out programs under which licensing boards of various States cooperate to develop and implement policies that will reduce statutory and regulatory barriers to telemedicine across multi-jurisdictional areas. (HRSA Activity Code H1M)
Licensure Portability Grant Program (LPGP) Project Descriptions

The following information for each project is provided:

- Overview
- Project Goals
- Outcomes Expected/Project Accomplishments
- Network Partners
- Service Area
- Equipment
Overview:
The project entails the further development and implementation of an on-line universal application the Psychology Licensure Universal System (PLUS), and the implementation of the Psychology Inter-jurisdictional Compact, PSYPACT, and its components the E. Passport and Inter-jurisdictional Practice Certificate, IPC. Both PLUS and PSYPACT facilitate the use of technology in expanding access to care for underserved populations. Specific services for PLUS include the gathering and primary source verifying of all credentials necessary for a psychologist to become licensed. For PSYPACT, resources will be provided to state psychology licensing boards to assist in their enactment of the PSYPACT legislation. Future funding will be used to expand the use of the PLUS and PSYPACT as the means for providing services as well as education to profession.

Project Goals:
1. Reduce the time involved in processing psychology licensure applications by state psychology boards;
2. Reduce the workload of psychology board staff by having ASPPB compile and primary source verify all licensure information prior to submitting to the licensing board for review;
3. Provide psychology licensing boards with the technical and legal support needed to implement a sound regulatory system that promotes telehealth, licensure portability, and mutual recognition across state lines while maintaining strong public protection.

Outcomes Expected/Project Accomplishments:
1. Education and promotion of PSYPACT and PLUS to the psychology community (surveys);
2. Psychology licensing boards familiar with the PLUS & PSYPACT by year end (surveys);
3. Enactment of PSYPACT legislation in seven (&) states by end of grant year one (1);
4. Implementation of PLUS into four additional states by end of grant year one (1).

Network Partners:
For PLUS: The Psychology Licensing Boards for Georgia, Idaho, Louisiana, Mississippi, Nevada, New Hampshire, New Mexico, North Dakota, Ohio, Oklahoma, Texas, Washington, and Virgin Island; For PSYPACT: The Psychology Licensing Board for AZ; and SolTech (software development of the PLUS and PSYPACT).

Service Area:
ASPPB Tyrone, Georgia; Fayette County.
Psychology Licensure: Georgia, Idaho, Louisiana, Mississippi, Nevada, New Hampshire, New Mexico, North Dakota, Ohio, Oklahoma, Texas, Washington, and the Virgin Islands
Compact Participation: Arizona.

Equipment:
Dell MD3200q SAN configured with raid 5 and 1 hot spare NS1 Server with Cisco ASA 5510 Firewall running ESX.
Overview:
The purpose of this project is to reduce the redundancies that complicate and delay the process of obtaining medical licensure in multiple jurisdictions and to promote the utilization and expansion of telehealth services across state lines while not compromising the level of protection for patients that is provided by state licensure. The aim is to support state medical boards to improve established infrastructure and to identify and develop innovative means to increase inter-state license portability of physicians and physician assistants. This will be achieved by further improving timeliness and efficiency of the licensure process, increasing utilization and enhancements for the Uniform Application (UA), building upon improvements in the Federation Credentials Verification Service (FCVS) to reduce credentialing redundancies among licensure jurisdictions, as well as working with state boards to develop and test licensure models to facilitate multi-state practice.

Project Goals:
Increase utilization and further enhance the UA, build upon recent improvements in FCVS to reduce credentialing redundancies amongst licensure jurisdictions and to work with state medical boards to develop and test licensure models to facilitate multi-state practice.

Outcomes Expected/Project Accomplishments:
Reduced amount of time and paperwork required to issue a license. Enhanced on-line uniform application used by physicians to apply for licensure in multiple states. Increased utilization of centralized credentials verification process by state medical boards and physicians.

Network Partners:
State medical boards: Idaho, Indiana, Iowa, Kansas, Maine, Massachusetts, Minnesota, Montana, Nevada, New Hampshire, New Mexico, Ohio, Oklahoma, Rhode Island, South Dakota, Vermont, Washington, Wyoming; Administrators in Medicine; American Academy of Physician Assistants; University of Maine.

Service Area:
Physicians in all states and DC are potentially beneficially impacted by grant related initiatives. In particular, Idaho, Indiana, Iowa, Kansas, Maine, Massachusetts, Minnesota, Montana, Nevada, New Hampshire, New Mexico, Ohio, Oklahoma, Rhode Island, South Dakota, Vermont, Washington and Wyoming comprise the primary service area.

Equipment:
Not applicable.
The Rural Veterans Health Access Program (RVHAP) is a competitive grant program that provides support to enhance mental health services, including crisis intervention and diagnostic assessments, to detect post-traumatic stress disorder, traumatic brain injury, and other injuries associated with veterans of Operation Iraqi Freedom and Operation Enduring Freedom. (HRSA Activity Code H3G)
Rural Veterans Health Access Program (RVHAP) Project Descriptions

The following information for each project is provided:

- Overview
- Project Goals
- Outcomes Expected/Project Accomplishments
- Network Partners
- Service Area
- Equipment
Overview:
This project will increase access to and quality of mental health services and other health care services via telehealth networks for veterans in rural areas of Missouri. Of the over 500,000 Missouri veterans, approximately 41 percent are enrolled in Veterans Administration (VA) healthcare services. This leaves the remaining 59 percent to be served by community health centers. Both primary health care and mental health care are limited in rural regions. The program will contract with health care facilities that provide mental health services in identified rural counties.

Project Goals:
1. Increase existing telehealth networks;
2. Increase telehealth capacity;
3. Training and education;
4. Establish partnerships;
5. Utilize shared resources;
6. Comprehensive evaluation;
7. Data dissemination;

Outcomes Expected/Project Accomplishments:
1. Increase in the number of rural health care facilities utilizing and offering telehealth services, initiating growth in the telehealth industry, and providing innovative health care strategies for underserved populations;
2. Resource sharing;
3. Utilization of available telehealth resources, additional increased access to health care, programs that cater to the needs of veteran health;
4. Shared medical records, increased patient care, and integration of primary and mental health;
5. Technically equipped staff in each contracted facility and a reduction in technical barriers;
6. Initiating an infrastructure of fully trained and knowledgeable staff at each participating facility and a reduction in barriers to receiving veteran mental health services;
7. Establishment of a systematic identification and referral process, increase in number of VA enrolled veterans, and increase in the number of veterans referred to VA clinical services.
8. Increased VA enrollment;
9. Collaborative partnerships will increase compatibility and capacity, utilize available telehealth resources, eliminate duplication of services, increase VA enrollment, integrate secure medical information and systems, and establish a referral relationship to strengthen the impact of project initiatives;
10. Data dissemination and replication will be used as a tool to effectively evaluate and determine impact and sustainability.
**Network Partners:**
Network member sites will be selected in the identified rural Missouri counties through the formal State of Missouri, Office of Administration competitive bidding process.

**Service Area:**
Missouri

**Equipment:** Codec, cameras, peripherals, microphones, televisions, and web-based video.
(FY 16-19)
SOUTH CAROLINA, Lexington County

South Carolina Office of Rural Health
SC Rural Access to Veterans Health Resources (SC RAVHR)
H3G-RH-30032

Organization
South Carolina Office of Rural Health
107 Saluda Pointe Drive
Lexington, South Carolina 29072
http://www.scorh.net

Principal Investigator
Stacey Day Halford
Principal Investigator Ph.: 803-454-3850
Principal Investigator Fax: 803-454-3860
Email: stacey@scorh.net

Overview:
The SC RAVHR project will increase access to rural veterans’ behavioral health care services through implementation of the SC RAVHR telehealth project. The Charleston VA Medical Center/Post Traumatic Stress Disorder (PTSD) Clinical Team, non-VA rural primary care community providers, and Palmetto Care Connections will comprise the SC RAVHR Network. SC RAVHR will host technology based, VA-led education and training about veteran behavioral health care conditions, primarily PTSD or PTSD and Traumatic Brain Injury (TBI). All veterans identified will be screened for project participation. Services will include provider/peer to peer tele-consultation, and veteran patient assessment and referral into home based VA-delivered tele-mental healthcare. VA-delivered home-based tele-mental health care will be tailored to veteran patients’ needs, and will meet VA best practice requirements.

Project Goals:
1. Train non-VA rural primary care providers to screen veterans for symptoms of PTSD;
2. Provide PTSD assessment, treatment, and care coordination via home-based tele-mental health;
3. Expand SC RAVHR telehealth network/services to all rural SC counties/areas;
4. Coordinate rural veterans’ behavioral health care services within the SC RAVHR network.

Outcomes Expected/Project Accomplishments:
1. Development of a VA/Non-VA rural telehealth network of fifty rural primary care practices;
2. Assessment of at least 100 veteran patients for PTSD or PTSD and TBI;
3. Retention rate of 70 percent of veterans assessed, and treated, through home-based tele-mental health.

Network Partners:
Charleston VA Medical Center/PTSD Clinical Team (patient care provider) & Palmetto Care Connections, LLC (project technical advisor and telehealth infrastructure provider)

Service Area:
**Year 1:** Coastal Plains Primary Care (Rural Health Clinic)/Hampton County; Carolina Health Centers (Community Health Center)/Greenwood, Abbeville, Saluda Counties; and additional practice recruitment sites pending in the Pee Dee region.
**Years 2-3:** At least 1 rural primary care practice per rural county will participate in SC RAVHR.

Equipment:
VA Clinical Settings: Tandbergs; Non-VA rural practices: N/A (Software only); veteran home-based tele-mental health delivery - VA supported technologies, specifically Pexip, on PC or loaned VA Ipad/Tablets.
The Substance Abuse Treatment Telehealth Network is a competitive grant program. The purpose of this program is to demonstrate how telehealth programs and networks can improve access to health care services, particularly substance abuse treatment services, in rural, frontier and underserved communities. Networks can be used to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, patients, and their families for decision-making. (HRSA Activity Code H1W)
Substance Abuse Treatment
Telehealth Network Grant Program
(SAT) Project Descriptions

The following information for each project is provided:
- Overview
- Project Goals
- Outcomes Expected/Project Accomplishments
- Network Partners
- Service Area
- Equipment
Overview:
The Wabash Valley Rural Telehealth Network (WVRTN) proposes to expand the existing tele-behavioral services at designated critical access hospitals to identify and refer patients to substance abuse treatment programs.

Project Goals:
1. Integrate evidence-based tools to identify, stratify, and refer tele-behavioral health patients presenting at existing network Critical Access Hospital (CAH) sites with substance use and abuse issues to the appropriate treatment program;
2. Expand the capacity of existing substance abuse treatment options, in the region, to meet the growing demand for these services.

Outcomes Expected/Project Accomplishments:
Substance abuse treatment options to be provided include prevention (screening, evaluation, identification of risk factors and readiness to change, identification of non-pharmacological alternatives to opioids); care (treatment, and referral to addiction specialists, safe prescribing practices, one-on-one counseling, and group therapy); and treatment (medication assisted treatments). The following numbers of unduplicated patients are projected (by years 1, 2, and 3) to be served in selected CAH’s by referral to the Federally Qualified Health Center and Community Mental Health Center project sites: Greene County CAH (22, 25, 25); Putnam County CAH (32, 35, 35); Sullivan County CAH (52, 55, 55); and Union Clinton CAH (66, 70, 70). One additional CAH will be added in year 2 (0, 40, 40) and year 3 (0, 0, 40).

Network Partners:
The network is comprised of fourteen sites: Union Hospital (hub); four Critical Access Hospitals: Greene County General, Putnam County, Sullivan County Community, and Union Clinton; Valley Professionals Community Health Center, a federally-qualified health center, with three clinics; and Hamilton Center Community Mental Health Center, with four clinics. Each of these partners has experience serving the targeted rural patients in need of behavioral health services and more particularly of substance abuse treatment.

Service Area:
The Wabash Valley geographic service area includes rural communities in five counties located in west-central Indiana; approximate total population is 122,894. The area is comprised of four full Health Professional Shortage Areas, one full and two partial Medically Underserved Areas, and four mental health HPSAs. Compared to all of Indiana, the area has higher rates of unemployment, poverty and limited access to medical, mental health, and addiction specialists.

Equipment:
Network partners have the necessary videoconferencing equipment in place. The equipment provides seamless technology standardization, while promoting cost-effective and compatible end-point solutions which have proven to fully and successfully integrate into a multitude of care environments. All solutions interact through the WVRTN’s shared licensing agreement through an agnostic, web-based platform that affords maximum integration and mobility. A combination of iPADS, Desktop Computers, integrated telehealth rooms, and Panasonic Toughbooks provide high-quality live video and audio. All video end-points and the infrastructure are upgradable and scalable.
Overview:
The Mid-Ohio Valley Connect Telehealth Network is led by *Westbrook Health Services, Inc. (Westbrook)*. The network will connect three small hospitals, three rural health departments and a community health center with Westbrook, a pharmacy, Charleston Area Medical Center and West Virginia University for the provision of telehealth services which will focus on substance abuse treatment and mental health care services with a secondary use of specialty care focused on chronic disease management for persons with HIV/AIDS and/or hepatitis. Originating sites are located in the rural, low-income, and underserved West Virginia counties of Calhoun, Jackson, Roane, and Tyler.

Project Goals:
The overall goal of the program is to reduce the burden of substance abuse and mental health on the population served through the provision of services via telehealth.

Outcomes Expected/Project Accomplishments:
The project expects to provide telehealth consults for substance abuse treatment, mental health care, chronic disease management, and specialty care with an emphasis on persons with Hepatitis and/or HIV/AIDS.

Network Partners:
Current partners include: Westbrook Health Services, Charleston Area Medical Center Physician’s Group, Coplin Health Systems, Genoa Pharmacy (QOL), Mid-Ohio Valley Health Department, Minnie Hamilton Health Care Center, Roane General Hospital and Sistersville General Hospital. Others will be added as the project continues.

Service Area:
The service area includes the following counties in West Virginia: Calhoun, Tyler, Roane and Jackson Counties, as well as Wood County. The originating counties all have limited availability of service providers and especially limited access to SUD, mental health and HIV/Hepatitis specialty services. Telehealth services through the Mid-Ohio Valley Connect network and expansion to partners in these areas will assure meeting the community’s needs in these very small and highly rural areas. Expansion to other rural areas is expected as the project continues.

Equipment:
Equipment to be utilized for this project include: (Year 1) no equipment, software and licensing; Year 2: Polycom RealPresence Clariti (IP), rack server, Polycom RealPresence Group Convene Plus and maintenance/updates/warranty for equipment and Year 3: Polycom RealPresence Utility Cart 500, speakers for telemedicine carts, external batteries for carts, Polycom RealPresence Group Convene Plus and maintenance/updates/warranty for equipment.
All OAT grantees were asked to what capacity their projects were participating in the following areas:

F. Clinical Telemedicine,
G. Health Education,
H. Electronic Health Records,
I. Mobile Health Monitoring,
J. Other Medical Devices or Remote Monitoring capabilities.

Grantees’ specific responses are provided in the following chart based on the definitions provided on the next page.
SAT Components of the Project

All OAT grantees were asked to what capacity their projects were participating in the following areas:

K. Clinical Telemedicine,
L. Health Education,
M. Electronic Health Records,
N. Mobile Health Monitoring,
O. Other Medical Devises or Remote Monitoring capabilities.

Grantees’ specific responses are provided in the following chart based on the definitions provided on the next page.
SAT Components of the Project

State
IN
Grantee/Program Name
Union Hospital Inc.
Wabash Valley Rural Telehealth Network Substance Abuse Treatment
Clinical Telehealth Services
Distance Learning Professional Development (Non-Credit)

State
SD
Grantee/Program Name
Avera Health
Avera Rural Substance Abuse Project
Clinical Telehealth Services
Distance Learning Professional Development (Non-Credit)

State
WV
Grantee/Program Name
Westbrook Health Services, Inc.
Mid-Ohio Valley Connect Telehealth Network Program
Clinical Telehealth Services
SAT (Components of the Project) Electronic Health Records

State
IN
Grantee/Program Name
Union Hospital Inc.
Wabash Valley Rural Telehealth Network Substance Abuse Treatment
Computerized Provider Order Entry

State
SD
Grantee/Program Name
Avera Health
Avera Rural Substance Abuse Project

State
WV
Grantee/Program Name
Westbrook Health Services, Inc.
Mid-Ohio Valley Connect Telehealth Network Program
Electronic Billing
Scheduling Management/Patient Reminders
SAT (Components of the Project) Electronic Health Records
State
IN
Grantee/Program Name
Union Hospital Inc.
Wabash Valley Rural Telehealth Network Substance Abuse Treatment
Reporting and Population Health Management
Results Reporting/Clinical Quality Measures
Key Data

State
SD
Grantee/Program Name
Avera Health
Avera Rural Substance Abuse Project
Results Reporting/Clinical Quality Measures
Key Data

State
WV
Grantee/Program Name
Westbrook Health Services, Inc.
Mid-Ohio Valley Connect Telehealth Network Program
Results Reporting/Clinical Quality Measures
Key Data
SAT (Program Settings) Mobile Health Monitoring
State
IN
Grantee/Program Name
Union Hospital Inc.
Wabash Valley Rural Telehealth Network Substance Abuse Treatment

State
SD
Grantee/Program Name
Avera Health
Avera Rural Substance Abuse Project

State
WV
Grantee/Program Name
Westbrook Health Services, Inc.
Mid-Ohio Valley Connect Telehealth Network Program
SAT (Program Settings) Other Medical Devices/Remote Monitoring Capabilities
State
IN
Grantee/Program Name
Union Hospital Inc.
Wabash Valley Rural Telehealth Network Substance Abuse Treatment

State
SD
Grantee/Program Name
Avera Health
Avera Rural Substance Abuse Project

State
WV
Grantee/Program Name
Westbrook Health Services, Inc.
Mid-Ohio Valley Connect Telehealth Network Program
OAT Grantees were asked to indicate which services the project has implemented or is planning to implement (I) and indicate the number of planned sites under the service that is planned (P). All services listed are reported by OAT grantees on their annual Performance Improvement Measurement System (PIMS) report.

For a complete listing of all services offered by grantees, see the individual project descriptions.
SAT Program Specialties

State
IN
Grantee/Program Name
Union Hospital Inc.
*Wabash Valley Rural Telehealth Network Substance Abuse Treatment*

State
SD
Grantee/Program Name
Avera Health
*Avera Rural Substance Abuse Project*

State
WV
Grantee/Program Name
Westbrook Health Services, Inc.
*Mid-Ohio Valley Connect Telehealth Network Program*
SAT Program Specialties

State
IN
Grantee/Program Name
Union Hospital Inc.
Wabash Valley Rural Telehealth Network Substance Abuse Treatment

State
SD
Grantee/Program Name
Avera Health
Avera Rural Substance Abuse Project

State
WV
Grantee/Program Name
Westbrook Health Services, Inc.
Mid-Ohio Valley Connect Telehealth Network Program
<table>
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<tr>
<th>State</th>
<th>Grantee/Program Name</th>
<th>Specialties</th>
</tr>
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<tbody>
<tr>
<td>IN</td>
<td>Union Hospital Inc.</td>
<td><em>Wabash Valley Rural Telehealth Network Substance Abuse Treatment</em></td>
</tr>
<tr>
<td>SD</td>
<td>Avera Health</td>
<td><em>Avera Rural Substance Abuse Project</em></td>
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<tr>
<td>WVV</td>
<td>Westbrook Health Services, Inc.</td>
<td><em>Mid-Ohio Valley Connect Telehealth Network Program</em></td>
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<td></td>
<td><em>Infectious Disease/HIV (adult and pediatric)</em></td>
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<td><em>P/3</em></td>
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<tr>
<td>State</td>
<td>Grantee/Program Name</td>
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<td>IN</td>
<td>Union Hospital Inc.</td>
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<td><em>Wabash Valley Rural Telehealth Network Substance Abuse Treatment</em></td>
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<td>SD</td>
<td>Avera Health</td>
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<td><em>Avera Rural Substance Abuse Project</em></td>
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<td>WV</td>
<td>Westbrook Health Services, Inc.</td>
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<td></td>
<td><em>Mid-Ohio Valley Connect Telehealth Network Program</em></td>
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</tbody>
</table>
SAT Program Specialties
State
IN
Grantee/Program Name
Union Hospital Inc.
Wabash Valley Rural Telehealth Network Substance Abuse Treatment

State
SD
Grantee/Program Name
Avera Health
Avera Rural Substance Abuse Project

State
WV
Grantee/Program Name
Westbrook Health Services, Inc.
Mid-Ohio Valley Connect Telehealth Network Program
State
IN
Grantee/Program Name
Union Hospital Inc.
Wabash Valley Rural Telehealth Network Substance Abuse Treatment
Physical Therapy (adult and pediatric)
I/14

State
SD
Grantee/Program Name
Avera Health
Avera Rural Substance Abuse Project
Physical Therapy (adult and pediatric)
P/2

State
WV
Grantee/Program Name
Westbrook Health Services, Inc.
Mid-Ohio Valley Connect Telehealth Network Program
Pharmacy
P/3
Physical Therapy (adult and pediatric)
P/3
<table>
<thead>
<tr>
<th>State</th>
<th>IN</th>
</tr>
</thead>
</table>
| Grantee/Program Name | Union Hospital Inc.  
*Wabash Valley Rural Telehealth Network Substance Abuse Treatment* |
| Other | Substance Abuse Treatment P/14 |

<table>
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<tr>
<th>State</th>
<th>SD</th>
</tr>
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</table>
| Grantee/Program Name | Avera Health  
*Avera Rural Substance Abuse Project* |

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<tr>
<th>State</th>
<th>WV</th>
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</thead>
</table>
| Grantee/Program Name | Westbrook Health Services, Inc.  
*Mid-Ohio Valley Connect Telehealth Network Program* |
| Other | HIV/AIDS- Hep C-P/3 |
SAT Program Settings

For their respective projects, OAT grantees were asked to report their service settings most active in their OAT funded projects. Projects providing clinical telemedicine services and remote monitoring were asked how many sites are associated with the project in each program setting(s). Grantee responses are provided in the following chart.

***Note: Grantees were asked to designate Planned Settings with (P).
SAT Program Settings

State
IN
Grantee/Program Name
Union Hospital Inc.
Wabash Valley Rural Telehealth Network Substance Abuse Treatment
Number of Sites
14
# of HPSA’S/MUAS/Approximate Population
  HPSA:4
  MUA:3
  POP:122,894
Federally Funded or Federally Qualified Community Health Center
4
Other Clinics
5
Hospital
5

State
SD
Grantee/Program Name
Avera Health
Avera Rural Substance Abuse Project
Number of Sites
2
# of HPSA’S/MUAS/Approximate Population
  HPSA:2
  POP:12,100
Hospital
2

State
WV
Grantee/Program Name
Westbrook Health Services, Inc.
Mid-Ohio Valley Connect Telehealth Network Program
Number of Sites
3
# of HPSA’S/MUAS/Approximate Population
  HPSA/MUAs:6
  POP: 35,012
Federally Funded or Federally Qualified Community Health Center
Hospital
SAT Program Settings

State
IN
Grantee/Program Name
Union Hospital Inc.
Wabash Valley Rural Telehealth Network Substance Abuse Treatment

State
SD
Grantee/Program Name
Avera Health
Avera Rural Substance Abuse Project

State
WV
Grantee/Program Name
Westbrook Health Services, Inc.
Mid-Ohio Valley Connect Telehealth Network Program
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<tr>
<th>State</th>
<th>Grantee/Program Name</th>
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<tr>
<td>IN</td>
<td>Union Hospital Inc.</td>
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<td></td>
<td>Wabash Valley Rural Telehealth Network Substance Abuse Treatment</td>
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<tr>
<td>Other</td>
<td>CMHC</td>
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<td>SD</td>
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<td>Avera Health</td>
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<td>Avera Rural Substance Abuse Project</td>
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<td>Westbrook Health Services, Inc.</td>
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<td></td>
<td>Mid-Ohio Valley Connect Telehealth Network Program</td>
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<td></td>
<td>Public Health Department</td>
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</table>
OAT grantee organizations were asked to identify major sources of reimbursement for their projects available in their respective states. Their responses are indicated in this section.

N/A = Not Applicable/Not Available
The Rural Telehealth Research Center (RTRC) Purpose

The Rural Telehealth Research Center program is funded through a cooperative agreement. The program focus is building evidence base for telehealth, especially in rural settings. The RTRC will identify telehealth models that are affordable and sustainable, enhance rural access and maintain and improve quality. (HRSA Activity Code U1C).
The Rural Telehealth Research Center (RTRC) Project Descriptions

The following information for each project is provided:

- Overview
- Project Goals
- Outcomes Expected/Project Accomplishments
- Network Partners
- Service Area
- Equipment
Overview:
Established at the University of Iowa in September 2015, the Rural Telehealth Research Center focuses on conducting research to advance evidence in the area of telehealth, especially in rural applications. The research center is part of the larger Rural Health Research Center Cooperative Agreement Program funded by the Federal Office of Rural Health Policy.

Project Goals:
The Rural Telehealth Research Center is charged with advancing publicly available, high quality, impartial, clinically informed and policy-relevant telehealth research.

Outcomes Expected/Project Accomplishments:
Publication and project information can be found by visiting the Rural Health Research Gateway (www.ruralhealthresearch.org).

Network Partners:
The Rural Telehealth Research Center is comprised of three research partners: University of Iowa; University of North Carolina – Chapel Hill; University of Southern Maine

Service Area:
National

Equipment:
N/A
Telehealth Center of Excellence (COE) Purpose

The Telehealth Center of Excellence is funded through a cooperative agreement. The program focus is examining the efficacy of telehealth services in rural and urban areas. (HRSA Activity Code U66).
Telehealth Center of Excellence (COE) Project Descriptions

The following information for each project is provided:

- Overview
- Project Goals
- Outcomes Expected/Project Accomplishments
- Network Partners
- Service Area
- Equipment
Overview:
As the Telehealth Center of Excellence (COE), the Medical University of South Carolina (MUSC) will extend its mission of “telehealth for efficient, effective care” to the rest of the country via the National and Regional Telehealth Resource Centers (TRCs). While the TRCs currently provide support to those institutions seeking to establish telehealth programs, there remain gaps in the areas of practical application of these techniques to patients and providers within a healthcare system, the need to provide guidance through all levels of telehealth development, and integration of models that can affect the broader healthcare landscape. MUSC will validate and extend consultative services that are rigorous in scientific evaluation and add to the knowledge base for telehealth policy experts. Through 12 years of concentrated partnership with key stakeholder groups in South Carolina, MUSC has gained expertise in the use of telehealth services to extend healthcare and improve outcomes for all underserved populations.

Project Goals:
The MUSC COE will use its collective expertise in telehealth program development and delivery, organization of healthcare coalitions, and innovative network development to address three universal impediments to the widespread integration of telehealth services:

1. Impact of telehealth on federal and local healthcare spending
2. Provider and patient engagement in telehealth
3. Open-access network evaluation and best practice dissemination

Outcomes Expected/Project Accomplishments:
MUSC has a proven track record of achieving astronomical growth in telehealth services in the state while keeping cost-effectiveness at the forefront. This has been achieved through a targeted approach to integrate telehealth into the existing health care structure while establishing added, not replicated, value. These skills will be utilized to execute an analysis of the financial impact of the existing programs and the integration of telehealth into MUSC’s Accountable Care Organization population. Also, activities will enhance engagement of large patient populations using targeted direct to consumer technology while examining the effect of applying an organized framework for telehealth service delivery on provider engagement. Finally, MUSC will offer a model for technological integration through a proven open-access network that has been piloted and supported in part by Federal Communications Commission funding and is translatable to communities across the nation. We have curated a team of professionals from MUSC with a vast array of experience in planning, implementing and evaluating the impact of telehealth supported by a world class scientific team that combined will achieve COE goals. Our state and national track record of innovation, collaboration, and accountability ensure success.

Network Partners:
As the COE, MUSC will continue existing regional collaborations and develop national collaborations, especially for purposes of dissemination:

SCTA: As the COE, MUSC will continue to advance the strategic plan and objectives of the SCTA and federal recognition of our unique statewide consortium will serve as a national example to other US regions. In 2013, MUSC was charged with engaging multiple SC stakeholders to implement telehealth to scale and convened an Advisory Council, termed the South Carolina Telehealth Alliance (SCTA), to ensure effective leadership and oversight to advance telehealth. The SCTA is an unprecedented collaboration of SC’s academic medical centers,
community hospitals and providers, government leaders, healthcare associations and other entities that work to
increase access to quality health care through telemedicine. The SCTA Advisory Council, includes representatives
from MUSC, Palmetto Health, Greenville Health System, McLeod Health, SC Dept. of Health and Human Services,
SC Dept. of Mental Health, Palmetto Care Connections (PCC), SC Educational Television, SC Senate, SC House of
Representatives, and two rural providers. The SCTA holds monthly meetings to monitor strategic plan progress and
provide guidance on the deployment of telehealth throughout SC.

The SCTA Advisory Council will provide consultative input on our COE deliverables prior to national
dissemination in order to ensure the highest quality work products. MUSC and the SCTA have a joint strategic plan,
organizational structure, meeting schedule, and mutual responsibility to ensure action items are completed. Thus,
folding the objectives of our COE into SCTA is a natural extension of our current activities.

Other regional collaborations: MUSC collaborates with other regional telehealth entities and leverages their
expertise to further mutual missions. PCC focuses on rural needs including improving network connectivity and
delivering telehealth education to rural providers. MUSC has collaborated with PCC to assist SC providers with
receiving federal assistance through the Federal Communication Commission’s Healthcare Connect Fund. South
Carolina Educational Television (SCETV) has led the strategy on telehealth awareness. Over the last year, SCETV
has educated the SC consumer on what telehealth is and why it is beneficial. As the COE, we will utilize these
collaborations to disseminate findings and deliverables regionally to the telehealth stakeholders.

TRC Collaborative: As the COE, we welcome the opportunity for collaboration with the TRCs and other
federally funded telehealth entities. We will participate in regular communications and activities with the TRC
Consortium. Communication will occur via conference call, in-person meetings as feasible, and electronic
correspondence throughout all three years of the award. Finally, our review of existing TRC resources identified
multiple venues through which our COE deliverables can be disseminated and we will take advantage of these
platforms to ensure timely dissemination of COE milestones, evaluation findings, deliverables, and dissemination
plans.

Academic medical center collaborative: As an academic medical center, MUSC is frequently approached
by other academic centers interested in telehealth. As the COE, we propose to establish a new telehealth
collaborative comprised of leading academic medical centers with robust telehealth programs. The primary
objective of this collaborative would be accelerating telehealth related research, potentially through the auspices of
the NIH’s CTSA awardees of which MUSC is one. If telehealth is to be embraced as a pervasive healthcare
paradigm, it is imperative to establish a robust evidence base and academic organizations are the natural homes of
such an endeavor.

State Agencies: The MUSC Center for Telehealth has established partnerships with several South Carolina State
Agencies in order to extend the reach of existing infrastructure through telehealth. In addition to the interactions
with the Department of Mental Health (DMH) through the SCTA advisory council, the Center collaborates with the
DMH to provide guidance regarding workflows, endpoint management and credentialing. The Center has partnered
with the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) to provide telehealth
equipment, providers and programmatic support to drug and alcohol treatment facilities in order to connect to
waivered buprenopherine prescribers to patients via telehealth. Members of the Center for Telehealth school-based
telehealth team partner closely with the South Carolina Department of Education (DOE) in order to support and train
school districts wishing to participate in school-based telehealth. In addition, members of the team have collaborated
with the DOE to participate in the CMS School-Based Health Affinity Group.

Corporate partnerships: For tele-ICU, we partnered with an experienced tele-ICU provider to create a sustainable
model to support the provider time in the tele-ICU operations center and volume based revenue to support expense
of program personnel. Additionally, we have partnered with Boeing International to provide a successful corporate
wellness program offered through telehealth.

Service Area:
Center currently supports 77 distinct telehealth services across the full range of telehealth modalities. MUSC’s
telehealth services reach 153 clinical sites in 27 counties throughout SC. Our programs target rural and medically
underserved areas with 27% located in the nine counties along the I-95 corridor, where the prevalence of poverty,
health disparities, and chronic disease are greatest.40 Table 2 below demonstrates our extensive experience across
the entire spectrum of telehealth modalities, services, and encounter volumes.
**Equipment:**

**Equipment and technology:** The DTC telehealth technology and IT support for MUSC’s ACO patients will be provided in-kind from the Center. The COE award budget will support development and initial maintenance of the proposed web-based portal dissemination tool. Subsequent web portal maintenance will be supported by our Center at the conclusion of the award period.

**DTC technology operability and security:** The complexity of the layered technologies used to manage ACO patients makes it essential that the devices used have interoperability and that the transmission and storage of patient information meets security and confidentiality standards. Data security for the Medicare data meets the federal government Framework for Managing Information Security (FISMA) regulations. Further, the DTC apps that we will use are interoperable with Epic and we have procedures in place to review and adjudicate transmitted data values before they become part of a patient’s record. In addition, our systems use rules and built in alerts to clinicians to identify dangerous singular readings or adverse trends in transmitted data.
(FY 17-20)
MISSISSIPPI, Hinds County
University of Mississippi Medical Center
U66-RH-31459

Organization
University of Mississippi Medical Center
2500 North State Street
Jackson, Mississippi 39216
https://www.umc.edu

Principal Investigator/Project Director
Michael P. Adcock
Project Director Ph: 601-815-2048
Project Director Fax: 601-815-2098
Email: madcock@umc.edu

Overview:
The University of Mississippi Medical Center (UMMC) houses the HRSA funded Telehealth Center for Excellence (TCOE). With 14 years of experience, the UMMC Center for Telehealth operates a statewide telehealth network, with close to 200 remote sites in 68 of the state’s 82 counties. Most of the remote sites represent partnerships with organizations outside the UMMC system, including public and private organizations in both urban and rural areas of the state. UMMC is recognized nationally as a telehealth leader: since 2003, it has conducted more than 500,000 telehealth encounters. During the last fiscal year alone, it hosted 8,542 real-time video consults with UMMC specialists, 1,083 Remote Patient Monitoring (RPM) encounters, 37,961 diagnostic test interpretations, and 87,340 eICU video encounters.

The UMMC Center for Telehealth operates in a completely Fee-For-Service Medicare environment, as the medical center is not part of an Accountable Care Organization, nor does it have its own health plan to mitigate any potential risk. Mississippi, however, does have one of the nation’s most comprehensive state-mandated coverage and reimbursement policies for telehealth, which enables telehealth at UMMC to be self-sustaining. State law requires both private payers in the state and the Mississippi Division of Medicaid to pay for telehealth consults at the same rate as in-person care, and it provides coverage for store-and-forward and RPM telehealth services.

Mississippi’s prevalence rates of several chronic diseases among Medicare beneficiaries are higher than national rates; its Federal Medical Assistance Percentage exceeds 65%; all of its counties have been designated as medically underserved areas; and the vast majority of the UMMC Center for Telehealth’s remote sites is in rural areas.

The TCOE serves as a national clearinghouse for telehealth research and resources, including technical assistance. It will work closely and collaborate with other relevant entities including HRSA’s National and Regional Telehealth Resource Centers and its Rural Telehealth Research Center.

Project Goals:
The TCOE scope of work includes four major initiatives: (1) Address the impact of telehealth on federal healthcare spending by identifying the costs of operating a telehealth service for rural providers/clinics; (2) refining telehealth reimbursement and business models; (3) encouraging patient and provider acceptance of telehealth; and (4) expanding its current research portfolio using de-identified telehealth data.

Outcomes Expected/Project Accomplishments:
The TCOE will demonstrate over the course of the project period how telehealth programs and networks can improve access to healthcare services in rural and underserved communities, particularly those with high rates of poverty and chronic disease.

Network Partners:
Network partners include current and additional rural network sites in the rural communities

Service Area:
Mississippi

Equipment:
Tablet based technology utilizing vendor specific software and Bluetooth peripheral devices that are specific to the chronic disease being monitored.