

GRANTEE PROFILES 2017

Telehealth Network Grant Program

Telehealth Resource Center Program

Licensure Portability Grant Program

Flex Rural Veterans Health Access Program

Evidence-Based Tele-Emergency Network Grant Program

Rural Child Poverty Telehealth Network Grant Program

The Rural Telehealth Research Center Program

Substance Abuse Treatment Telehealth Network Grant
Program

Telehealth Center of Excellence

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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.

Note: For the user of these profiles, definitions of some of the more commonly used acronyms and terms found throughout this material are provided.

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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 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 2017 (October 1, 2016 through September 30, 2017). During this period, OAT administered 55 telehealth projects. The Grantee Directory covers a one year period.

Projects administered by OAT receive funds in one of nine 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 Grant Program (TRC): The TRC program is 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-Emergency Network Grant Program (EB TNGP): The EB TNGP is a competitive grant program that supports implementation and evaluation of broad telehealth networks to deliver 24-hour Emergency Department consultation services via telehealth to rural providers without emergency care specialist. The purpose of the EB TNGP is to support a range of Tele-Emergency care programs that will allow for the analysis of a significant volume of patient encounters to allow for detailed study and analysis of patient outcomes in rural areas.

Grants Overview (Cont.)

4. Rural Veterans Health Access Program (RVHAP): This program 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): The LPGP 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 State policies that will reduce statutory and regulatory barriers to telemedicine.
6. Rural Child Poverty Telehealth Network Program (RCPTNGP): The purpose of this program is to demonstrate how telehealth networks can expand access to, coordinate and improve the quality of health care services for children living in impoverished rural areas and in particular how such networks can be enhanced through the integration of social and human service organizations. The RCP-TNGP supports projects that provide innovative and effective ways to address the broad range of health care needs of children living in impoverished rural areas through the integration of human and social service organizations including HHS supported programs such as Maternal and Infant Early Childhood Home Visiting, and Healthy Start, into traditional telehealth networks. This program is a subset of the TNGP program that is authorized by Section 3301(d)(1) of the Public Health Service Act (42 USC 254c-14(d)(1)).
7. The Rural Telehealth Research Center (RTRC): The Rural Telehealth Research Center program is 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,
8. The Substance Abuse Treatment Telehealth Network Grant Program (SAT): 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.
9. Telehealth Center of Excellence (COE): The COE program is 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

OAT Grantee Organizations/Program Names

The Office for the Advancement of Telehealth (OAT) “Grantee Profiles 2017” provides information about Grantee Organizations whose grants are administered by OAT.

***FY 2017 is the period October 1, 2016 through September 30, 2017.**

Grantee Organizations/Program Names

State	Organization/Program Name
AK	Alaska Native Tribal Health Consortium <ul style="list-style-type: none">• <i>National Telehealth Technology Assessment Resource Center (NRTC-T)</i>
AK	Alaska Department of Health and Social Services <ul style="list-style-type: none">• <i>Alaska's Flex Rural Veterans Health Access Program</i>
AL	Quality of Life Health Services, Inc. <ul style="list-style-type: none">• <i>Quality Health Care Connections Project</i>
AR	University of Arkansas for Medical Sciences <ul style="list-style-type: none">• <i>South Central Telehealth Resource Center</i>
AR	University of Arkansas Systems <ul style="list-style-type: none">• <i>STAR: School Telemedicine in Arkansas</i>
AZ	Arizona Board of Regents, University of Arizona <ul style="list-style-type: none">• <i>Southwest Telehealth Resource Center</i>
CA	California Telehealth Network <ul style="list-style-type: none">• <i>California Telehealth Resource Center</i>
CA	Public Health Institute (NRTC-P) <ul style="list-style-type: none">• <i>National Telehealth Resource Center</i>
CA	University of California Davis (EB TNGP) <ul style="list-style-type: none">• <i>Evidence-Based TeleEmergency Network Grant Program</i>
CT	Community Health Center, Inc. <ul style="list-style-type: none">• <i>School-Based Consultations for Rural Pediatric Telehealth Network (SCRiPT)</i>
GA	Georgia Partnership for Telehealth <ul style="list-style-type: none">• <i>Georgia Children's Health Improvement Network (GCHIN)</i>
GA	Association of State & Provincial Psychology Boards <ul style="list-style-type: none">• <i>Licensure Portability Grant Program</i>
GA	Georgia Partnership for Telehealth, Inc. <ul style="list-style-type: none">• <i>Southeastern Telehealth Resource Center</i>
HI	University of Hawaii at Manoa <ul style="list-style-type: none">• <i>Pacific Basin Telehealth Resource Center</i>
IA	University of Iowa <ul style="list-style-type: none">• <i>The RUPRI Center for Rural Health Policy Analysis</i>
IN	Indiana Rural Health Association, Inc. <ul style="list-style-type: none">• <i>Upper Midwest Telehealth Resource Center</i>
IN	Indiana Rural Health Association, Inc. <ul style="list-style-type: none">• <i>Indiana Rural Schools Clinic Network (IRSCN)</i>
IN	Union Hospital, Inc. (EBTNGP) <ul style="list-style-type: none">• <i>Wabash Valley Rural Telehealth Network Evidence-Based Tele-Emergency Network</i>
IN	Union Hospital, Inc. <ul style="list-style-type: none">• <i>Wabash Valley Rural Telehealth Network Substance Abuse Treatment</i>
KS	University of Kansas Medical Center Research Institute, Inc. <ul style="list-style-type: none">• <i>Telehealth Rural Outreach to Children of KS (Telehealth ROCKS)</i>
KS	University of Kansas Medical Center Research Institute <ul style="list-style-type: none">• <i>Heartland Telehealth Resource Center</i>
KS	University of Kansas Medical Center Research Institute, Inc. <ul style="list-style-type: none">• <i>Telehealth Rural Outreach to Children in Kansas City Schools</i>
KY	University of Kentucky (EBTNGP) <ul style="list-style-type: none">• <i>UK-Appalachian Tele-Emergency Network-UK-ATEN</i>

Grantee Organizations/Program Names

- KY Baptist Health Foundation Corbin, Inc.**
- *Southeast Kentucky Telehealth Network*
- MD Kennedy Krieger Children’s Hospital, Inc.**
- *KKI-NECT: Improving Behavioral, Emotional Health*
- ME Medical Care Development, Inc.**
- *Northeast Telehealth Resource Center (NETRC)*
- MI Community Health Center of Branch County**
- *CHC School Telehealth Program*
- MN Regents of the University of Minnesota**
- *Great Plains Telehealth Resource and Assistance Center (gpTRAC)*
- MN Children’s Dental Services**
- *Rural Minnesota Teledentistry Network*
- MO Missouri Department of Health and Senior Services**
- *Missouri Office of Rural health –Missouri Flex Rural Veterans health Access Program*
- MS University of Mississippi Medical Center**
- *Telehealth Center of Excellence*
- MT St. Vincent Healthcare Foundation (EBTNGP)**
- *Montana Rural Tele-Emergency Network*
- MT Fort Peck Assiniboine & Sioux Tribes**
- *Telehealth Network Grant Program*
- NC East Carolina University**
- *Healthier Lives at School and Beyond*
- NM Ben Archer Health Center, Inc.**
- *Telehealth Network Grant Program*
- NM University of New Mexico**
- *Fronteras: Facilitating Rural Opportunities with New Technologies, Resources and Services*
- NM University of New Mexico**
- *Child Ready Virtual Pediatric Emergency Department*
- NY Mary Imogene Bassett Hospital**
- *Bassett School-Based Health Center Telehealth Network*
- SC South Carolina Office of Rural Health**
- *SC Rural Access to Veterans Health Resources (SC RAVHR)*
- SC Medical University of South Carolina**
- *Telehealth Center of Excellence*
- SD Avera Health (EBTNG)**
- *Midwest Rural eEmergency Access and Research Network*
- SD Avera Health**
- *Avera Rural Substance Abuse Project*
- SD Avera Health**
- *Avera e-School*
- SD Oglala Sioux Tribe of Pine Ridge Indian Reservation**
- *Pine Ridge Children’s Telehealth Services Network*
- TN Volunteer Behavioral Health Care System**
- *Mountain Valley Health Connection*
- TX Federation of State Medical Boards of the United States, Inc.**
- *Medical Licensure Portability to Facilitate Multi-State Telehealth Practice*
- TX Texas Tech University Health Sciences Center**
- *TexLa Telehealth Resource Center*
- UT University of Utah**
- *Northwest Regional Telehealth Resource Center (NRTRC)*

Grantee Organizations/Program Names

- 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*
- VA **Rector and Visitors of the University of Virginia (EBTNGP)**
 - Rural Emergency Quality Improvement Telectroke – Evidence-Base (Rural EQUIT-E) Project
- 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 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

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Principal Investigator Fax: 501-686-8359
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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;
5. 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

(FY 16-20)

ALABAMA, Etowah County

Quality of Life Health Services, Inc.

Quality Health Care Connections, Project

H2A-RH-30302

Organization

Quality of Life Health Services, Inc.

1411 Piedmont Cutoff

Gadsden, Alabama 35903

<http://www.qolhs.org>

Principal Investigator/Project Manager

Wayne Rowe, CEO

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Primary Point of Contact Ph.:256-439-6306

Primary Point of Contact Fax: 256-494-6000

Email: Amelia.wofford@qolhs.com

Overview:

The Quality of 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.

(FY 16-20)
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

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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.

(FY 16-20)
INDIANA, Greene County

Indiana Rural Health Association, Inc.
Indiana Rural Schools Clinic Network (IRSCN)
H2A-RH-30298

Organization

Indiana Rural Health Association,
Inc.
1418 N. 1000 W
Linton, Indiana 47441

**Principal Investigator/Program
Manager**

Kathleen Chelminiak
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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

(FY 16-20)
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

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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
5. Participant self-efficacy—ECHO self-report measure.

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

(FY 16-20)
KENTUCKY, Whitley County

Baptist Health Foundation Corbin, Inc.
Southeast Kentucky Telehealth Network
H2A-RH-30288

Organization

Baptist Health Foundation Corbin, Inc.
1 Trillium Way
Corbin, Kentucky 40701
<https://www.supportbaptisthealth.org/corbin/>

Principle Investigator/Program Manager

Lee Richardson
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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:

Baptist Health Corbin: Bell, Clay, Knox, Leslie, McCreary and Whitley Counties. Jellico Community Hospital: McCreary County. Pineville Hospital: Bell County. South Fork Medical Clinic: Whitley County. Grace Community Health Center: Bell, Clay, Knox, Leslie, and Whitley Counties. Baptist Health Medical Group: Whitley County, Knox County.

Equipment:

Vendor- Polycom, Telehealth Utility Carts, Telehealth Consult Stations, Upgrade to Bridge Infrastructure, Case Management Video Conferencing Unit- Centro

(FY 16-20)

MARYLAND, Baltimore County

Kennedy Krieger Children's Hospital, Inc.

KKI-NECT; Improving Behavioral, Emotional Health

H2A-RH-30299

Organization

Kennedy Krieger Children's Hospital Inc.

707 North Broadway

Baltimore, Maryland 21205

<http://www.kennedykrieger.org>

Principal Investigator/Project Manager

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Email: leppert@kennedykrieger.org

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. Pacsucco, 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

(FY 16-20)

MICHIGAN, Branch County

Community Health Center of Branch County

CHC School Telehealth Program

H2A-RH-30292

Organization

Community Health Center of Branch County
274 E. Chicago Street
Coldwater, Michigan 49036
<http://www.chcbc.com>

Principal Investigator/Program Manager

Kristen Smith
Principal Investigator Ph.: 517-279-5414
Principal Investigator Fax: 517-279-5019
Email: ksmith@chcbc.com

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.

(FY 16-20)
MINNEAPOLIS, Minneapolis County

Children's Dental Services, Inc.
Rural Minnesota Tele-dentistry Network
H2A-RH-30291

Organization

Children's Dental Services, Inc.
636 Broadway Street NE
Minneapolis, Minnesota 55413
<http://www.childrensdentalservices.org>

Principal Investigator/Program Manager

Sarah Wovcha
Principal Investigator Ph.: 612-636-1577
Principal Investigator Fax: 612-746-1531
Email: swovcha@childrensdentalservices.org

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)

(FY 16-20)
MONTANA, Roosevelt County
Fort Peck Assiniboine & Sioux Tribes
H2A-RH-30297

Organization

Fort Peck Tribes HPDP
P.O. Box 1027
Poplar, Montana 59255
<http://www.fortpecktribes.org>

Principal Investigator

Kenneth Smoker Jr., HPDP Director
Principal Investigator Ph.: 406-768-3053
Principal Investigator Fax: 406-768-3383
Email: krsmoker@yahoo.com

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 Prevention 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

(FY 16-20)
NEW MEXICO, Bernalillo County

University of New Mexico

Fronteras: Facilitating Rural Opportunities with New Technologies, Resources and Services

H2A-RH-30307

Organization

University of New Mexico
Department of Pediatrics MSC10 55901
Albuquerque, New Mexico 87131
<http://envisionnm.org>

Principal Investigator/Program Director

Monique K. Vallabhan
Principal Investigator Ph.: 505-688-8788
Email: mvallabhan@salud.unm.edu

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.

(FY 16-20)
NEW MEXICO, Dona Ana County

Ben Archer Health Center
H2A-RH-30290

Organization

Ben Archer Health Center
P.O. Box 370
Hatch, New Mexico 87937
<https://bahcnm.org>

Principal Investigator

Mary Alice Garay, CEO
Principal Investigator Ph: 575-267-3280
Principal Investigator Fax: 575-267-1747
Email: mgaray@bahcnm.org

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; ConnecXions 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

(FY 16-20)
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

(FY 16-20)
SOUTH DAKOTA, Minnehaha County

Avera Health
AVERA-E SCHOOL Rural Telehealth Network
H2A-RH-30287

Organization

Avera Health
3900 W. Avera Drive
Sioux Falls, South Dakota 57108
<http://www.averacare.org/ecare>

Principal Investigator/Project Manager

Sheila M. Freed
Principal Investigator Ph: 605-322-5309
Email: Sheila.freed@avera.org

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-Harold School District, Agar-Blunt-Onida School District, Crow Creek Tribal Schools, Rural Health Care, Inc.

Service Area:

Highmore-Harold 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 Point of Contact: 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

(FY 16-20)
VIRGINIA, Albemarle, County

Rector and Visitors of the University of Virginia
The e-BACKPAC (Better Health and Care for Kids, Parents and Communities Program)
H2A-RH-30303

Organization

Rector and Visitors of the University of Virginia
P. O. Box 800707
UVA Health System
Charlottesville, Virginia 22908
<https://uvahealth.com/services/telemedicine-telehealth-services>

Principal Investigator/Program Director

Katharine Wiberly
Point of Contact: David Cattell-Gordon
Point of Contact Ph.: 434-982-4234
Email: dcc2j@hscmail.mcc.virginia.edu

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.

(FY 16-20)
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
Principle Investigator Ph.: 804-443-6286
Principle Investigator Fax: 804-443-3780
Email: admin@bayriverstelehealth.org

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 Horoscope Peripherals and Cardiosense Telestethoscope; 7 Cisco EX90 TelePresence TM System Desktop Units.

(FY 16-20)
WASHINGTON, Yakima County

Sunnyside Community Hospital Association
Lower Yakima Valley Telehealth Network
H2A-RH-30304

Organization

Sunnyside Community Hospital & Clinic
1016 Tacoma Avenue
Sunnyside, Washington 98944
<http://www.sunnysidehospital.org>

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:

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)

(FY 16-20)

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

Ruth Stalcup
Principal Investigator Ph.: 509-837-1541
Principal Investigator Fax: 509-837-1321
Email: ruth.stalcup@sunnysidehospital.org

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:

Quantify patient usage of services provided – internal database;

1. Network site provider satisfaction – surveys;
2. OAT GPRA Performance Measures;
3. 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 programs 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 Devices 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

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

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

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 Physicians 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

Public Health Department (PHD) Other (OTH)

(OTH)-School-based Health Centers (SBHCs)

Dental

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

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

7

State

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

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)

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

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

WA

Grantee/Program Name

Sunnyside 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

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

State

CT

Grantee/Program Name

Community Health Center, Inc.

School-based Consultations for Rural Pediatric Telehealth Networks

Pediatric Echo-cardiology –PE Routine Pediatric Cardiology-RPC Cardiology - C

C-1/5, P/59

Endocrinology (not diabetes)-EDND Other Endocrinology Clinical Services (adult and pediatric)-OTH-E

EDND-1/5, P/59

Pulmonology (adult and pediatric)

1/5

P/59

State

IN

Grantee/Program Name

Indiana Rural Health Association, Inc.

Indiana Rural Schools Clinic Network (IRSCN)

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

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)

State

VA

Grantee/Program Name

Bay Rivers Telehealth Alliance

Bridges to School-Based Telehealth Integration

State

WA

Grantee/Program Name

Sunnyside Community Hospital Association

Lower Yakima Valley Telehealth Network

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

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

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
Allergy/Rheumatology/Immunology (ARH) Nutrition (N)
N-P/4

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

Marshfield Clinic Research Foundation
Hospice Services (HS) Mental Health (MH)
MH-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)

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

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

Other

N/A The project provides Distance Learning

State

MI

Grantee/Program Name

Community Health Center of Branch County, *CHC School Telehealth Program*

Pediatrics

I/3

P/1

Other

Dental P/3

State

MN

Grantee/Program Name

Children's Dental Services, Inc.
Rural Minnesota Tele-Dentistry Network

Other

Dental I/17

State

MT

Grantee/Program Name

Fort Peck Assiniboine & Sioux Tribes

Other

Psychiatric Services/5

State

NC

Grantee/Program Name

East Carolina University

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

TN

Grantee/Program Name

Volunteer Behavioral Health Care System
Mountain Valley Health Connection

Other

Meds Mgmt I/8

State

WI

Grantee/Program Name

Marshfield Clinic Research Foundation

Other

I/3 Education

I/15 Dental Screening

P/1 OTH (Fall Prevention)

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

Pediatrics

I/6

P/4

Other

Dental Screening 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

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

Medicaid

State

KY

Grantee/Program Name

Baptist Health Foundation Corbin, Inc.
Southeast Kentucky Telehealth Network

Medicaid

Private Payor (Please Specify)

Anthem, Anthem State, Humana, Optum

State

MD

Grantee/Program Name

Kennedy Krieger Children's Hospital, Inc.
KKI-NECT: Improving Behavioral, Emotional Health

Other Sources

N/A

The project provides Distance Learning

State

MI

Grantee/Program Name

Community Health Center of Branch County,
CHC School Telehealth Program

Medicaid

Private Payor (Please Specify)

Blue Cross/Blue Shield; Blue Care Network; Blue Cross Federal; Blue Cross PPO; Cigna; Aetna;
Cofinity

State

MN

Grantee/Program Name

Children's Dental Services, Inc.
Rural Minnesota Tele-Dentistry Network

Private Payor (Please Specify)

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

Principal Financial Group; UMR Insurance

The Benevity Community Impact Fund

Other Sources

State

NC

Grantee/Program Name

East Carolina University

Healthier Lives at School and Beyond

State

MT

Grantee/Program Name

Fort Peck Assiniboine & Sioux Tribes

State

NM

Grantee/Program Name

University of New Mexico

Fronteras Facilitating Rural Opportunities with New Technologies, Resources and Services

Private Payor (Please Specify)

Tricare (Military)

State

NM

Grantee/Program Name

Ben Archer Health Center

Medicare

Medicaid

Private Payor (Please Specify)

Blue Cross/Blue Shield; Magellan; Cigna; Presbyterian; United Healthcare; Tricare; Humana;
Aetna

State

NY

Grantee/Program Name

Bassett Mary Imogene Hospital

Bassett School-Based Health Center Telehealth Network

State

SD

Grantee/Program Name

Avera Health

Avera eSchool Rural Telehealth Network

Other Contract (Please Specify)

Schools pay for nursing services

State

TN

Grantee/Program Name

Volunteer Behavioral Health Care System

Mountain Valley Health Connection

Medicare

Medicaid

Private Payor (Please Specify)

BC/BS Commercial

BC/BS CoverKids

State

WI

Grantee/Program Name

Marshfield Clinic Research Foundation

Medicare

Medicaid

Private Payor (Please Specify)

Security Health Plan

Blue Cross/Blue Shield

State

VA

Grantee/Program Name

Bay Rivers Telehealth Alliance

Bridges to School-Based Telehealth Integration

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

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

Medicaid

Private Payor (Please Specify)

BCBS; UMWA; CHIL; PEIA; Champ VA

Telehealth Resource Center Program Purpose

*The TRC program is 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*

(FY 17-20)

ALASKA, Kennebec County

Alaska Native Tribal Health Consortium (ANTHC)

National Telehealth Technology Assessment Resource Center (NRTC-T)

G22-RH-30364

Organization

Alaska Native Tribal Health Consortium (ANTHC)
3900 Ambassador Drive, Suite 102
Anchorage, Alaska 99503
<http://www.telehealthtechnology.org>

Principal Investigator

Doris Barta
Principal Investigator Ph.: 406-690-0734
Email: dtbarta@anthc.org

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.

(FY 17-20)
ARKANSAS, Pulaski County

University of Arkansas for Medical Sciences (UAMS)
South Central Telehealth Resource Center
G22-RH-30361

Organization

UAMS Center for Distance Health
4301 W. Markham St., #518
<http://www.uams.edu/cdh>
<http://www.learntelehealth.org>

Principal Investigator

Sarah J. Rhoads, DNP, APN
Principal Investigator Ph.: 855-664-3450
Principal Investigator Fax: 501-603-1447
Email: info@learntelehealth.org

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;
3. SCTRC Virtual Conference Objectives – Evaluation data via GoToWebinar/SurveyMonkey Tools.

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.

(FY 17-20)
ARIZONA, Pima County

Arizona Board of Regents, University of Arizona
Southwest Telehealth Resource Center
G22-RH-30360

Organization

Arizona Board of Regents, University of Arizona
Arizona Telemedicine Program
1609 N Warren, Bldg. 211, Rm. 112
Tucson, Arizona 85724
<http://www.southwesttrc.org/>

Principal Investigator

Ronald S. Weinstein, MD
Principal Investigator Ph.: 520-626-2971
Principal Investigator Fax: 520-626-4774
Email: rweinstein@telemedicine.arizona.edu

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.

(FY 17-20)
CALIFORNIA, Alameda County

Public Health Institute
National Telehealth Resource Center – (NRTC-P)
G22-RH-30365

Organization

Center for Connected Health Policy
1331 Garden Highway
Sacramento, California 95833
<http://www.cchpca.org>

Principal Investigator

Mei Wa Kwong
Principal Investigator Ph.: 916-285-1858
Principal Investigator Fax: 916-285-1866
Email: meik@cchpca.org

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:

(FY 17-20)
CALIFORNIA, Sacramento County
California Telehealth Network
California Telehealth Resource Center (CTRC)
G22-RH-30349

Organization

California Telehealth Network
2001 P Street, Suite 100
Sacramento, California 95811
<http://www.caltrc.org>

Principal Investigator

Kathy Chorba
Principal Investigator Ph.: 916-262-7365
Principal Investigator Fax: 916-341-3378
Email: kchorba@caltelehealth.org

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.

(FY 17-20)
GEORGIA, Ware County

Georgia Partnership for Telehealth, Inc.
Southeastern Telehealth Resource Center
G22-RH-30350

Organization

Georgia Partnership for Telehealth, Inc.
P.O. Box 1408
Waycross, Georgia 31501
<http://www.setrc.us>

Principal Investigator

Lloyd Sirmons
Principal Investigator Ph.: 912-337-6183
Email: Lloyd.sirmons@setrc.us

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

(FY 17-20)
HAWAII, Honolulu

University of Hawaii
Pacific Basin Telehealth Resource Center
G22-RH-30362

Organization

University of Hawaii
Telecommunications & Social Informatics
Research Program
Social Sciences Research Institute
2530 Dole Street
Sakamaki Hall, #D-300
Honolulu, Hawaii 96822

<http://pbtrc.org/>

Principal Investigator

Norman H. Okamura, Ph.D.
Primary Point of Contact: Deborah Peters, PhD
Primary Point of Contact Ph.: 808-629-1090
Email: dbpeters@hawaii.edu

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.

(FY 17-20)
INDIANA, Vigo County

Indiana Rural Health Association
Upper Midwest Telehealth Resource Center
G22-RH-30351

Organization

Upper Midwest Telehealth Resource Center
c/o Indiana Rural Health Association
2901 Ohio Boulevard, Suite 110
Terre Haute, Indiana 47803
<http://www.umtrc.org>

Principal Investigator

Becky Sanders
Principal Investigator Ph.: 812-478-3919 ext. 232
Principal Investigator Fax: 812-232-8602
Email: bsanders@indianarha.org

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 assistance 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 Addition 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, Vidyio, 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.

(FY 17-20)

MAINE, Kennebec County

Medical Care Development, Inc.
NorthEast Telehealth Resource Center (NETRC)
G22-RH-30352

Organization

MCD Public Health
11 Parkwood Drive
Augusta, Maine 04330
<http://www.mcdph.org>
<http://www.netrc.org>

Co-Principal Investigator/ Program Manager

Danielle Louder
Primary Point of Contact: Andrew Solomon
Primary Point of Contact Ph.: 800-379-2021
Primary Point of Contact Fax: 207-622-3616
Email: asolomon@mcdph.org

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;
3. Sponsorship of an annual regional conference.

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.ttuhscc.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@ttuhscc.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.

(FY 17-20)
VIRGINIA, Charlottesville County

The Rector and Visitors of the University of Virginia
Mid-Atlantic Telehealth Resource Center
G22-RH-30353

Organization

UVA Center for Telehealth
P.O. Box 800711
Charlottesville, Virginia 22908-0711
<http://matrc.org/>

Principal Investigator

Karen S. Rheuban, MD
Primary Point of Contact: Kathy H. Wibberly, PhD
Primary Point of Contact Ph.: 434-906-4960
Email: Kathy.Wibberly@virginia.edu

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 MATRC 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.

FY (17-20)
UTAH, Salt Lake County

University of Utah
Northwest Regional Telehealth Resource Center
G22-RH-31114

Organization

University of Utah
101 Wasatch Drive, Room 215
Salt Lake City, Utah 84112
<http://www.utn.org>

Principal Investigator

Deborah LaMarche
Principal Investigator Ph.: 801-587-6190
Principal Investigator Fax: 801-585-6105
Email: deb.lamarche@utn.org

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:

The NRTRC serves a seven-state region (Alaska, Idaho, Montana, Oregon, Utah, Washington, and Wyoming).

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 services and experience.

A. TRC Settings

B. TRC 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

CA

Grantee/Program Name

California Telehealth Network
Western Telehealth Resource Center

Reimbursement**Licensure****Credentialing and Accreditation****Privacy, Security and Confidentiality****Legal and Regulatory Issues**

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

Reimbursement**Licensure****Credentialing and Accreditation****FDA Regulatory Issues****Privacy, Security and Confidentiality****Legal and Regulatory Issues**

State

IN

Grantee/Program Name

Indiana Rural Health Association, Inc.
Upper Mid-West Telehealth Resource Center

Reimbursement**Licensure****Credentialing and Accreditation****FDA Regulatory Issues****Privacy, Security and Confidentiality****Legal and Regulatory Issues**

State

KS

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

State

CA

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

Grantee/Program Name

University of Kansas

Heartland 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

ME

Grantee/Program Name

Medical Care Development, Inc.

Northeast Telehealth Resource Center

Telecommunications

Customized One-on-One Technical Assistance

Telehealth Inventory

Best Practice Guidelines

Program Planning and Development

Installation Assistance

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

Telecommunications

Customized One-on-One Technical Assistance

Telehealth Inventory

Best Practice Guidelines

Program Planning and Development

Installation Assistance

State

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

**Technology Assessment
Sustainability**

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

**Technology Assessment
Sustainability**

State

UT

Grantee/Program Name

University of Utah
Northwest Regional Telehealth Resource Center

Distance Education

State

VA

Grantee/Program Name

The Rector and Visitors of the University of Virginia
Mid-Atlantic Telehealth Resource Center

**Technology Assessment
Sustainability**

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

P

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

Great Plains Telehealth Resource Center

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

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

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

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

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

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

Pediatrics

P

State

UT

Grantee/Program Name

University of Utah
Northwest Regional Telehealth Resource Center

Pain Management

A

Pediatrics

P

State

VA

Grantee/Program Name

The Rector and Visitors of the University of Virginia
Mid-Atlantic Telehealth Resource Center

Pediatrics

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

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

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

Pharmacy

Speech/Language Therapy Pathology

State

IN

Grantee/Program Name

Indiana Rural Health Association, Inc.
Upper Mid-West Telehealth Resource Center

Pharmacy

State

KS

Grantee/Program Name

University of Kansas
Heartland Telehealth Resource Center

Physical Medicine/Physiatry

Physical Therapy

Speech/Language Therapy Pathology

P

Surgery

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

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

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

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

Rural Child Poverty Telehealth Network Grant Program (RCP- TNGP) Purpose

The RCP-TNGP funds is a competitive grant program that demonstrates how telehealth networks can expand access to, coordinate and improve the quality of health care services for children living in impoverished rural areas and in particular how such networks can be enhanced through the integration of social and human service organizations.

Rural Child Poverty Telehealth Network Grant Program (RCP-TNGP) Project Descriptions

The following information for each project is provided:

- *Overview*
- *Project Goals*
- *Outcomes Expected/Project Accomplishments*
- *Network Partners*
- *Service Area*
- *Equipment*

(FY 15-18)
GEORGIA, Pierce County

Georgia Partnership for Telehealth, Inc.
Georgia Children's Health Improvement Network (GCHIN)
D3F-RH-29256

Organization

Georgia Partnership for Telehealth, Inc.
3599 Plant Avenue
Waycross, Georgia 31516
<http://www.gatelehealth.org>

Principal Investigator

Sherrie Williams
Principal Investigator Ph.: 912-285-0902
Principal Investigator Fax: 912-285-0938
Email: sherrie.williams@gatelehealth.org

Overview:

Georgia Partnership for Telehealth (GPT) has formed a collaborative partnership with Mercer University College of Health Professions (MUCHP), Children's Healthcare of Atlanta (Children's), Appling HealthCare System, the Appling County Board of Education, Appling Community Connection, Atkinson Family Connection Collaborative, and Atkinson County Board of Education to develop an integrated telehealth care network titled "Georgia Children's Health Improvement Network" (GCHIN). The purpose of GCHIN is to address the urgent healthcare needs of approximately 5,333 school-aged children battling the ill effects of lack of pediatric specialty care, lack of access to asthma specialists, and lack of access to behavioral health specialists in Atkinson County and Appling County.

Project Goals:

The Overall project goal is to:

1. Increase rural children's access to health care through utilization of telemedicine;
2. Reduce acute medical visits, emergency department visits, and hospitalizations among poor children in rural Georgia communities and reduce school absenteeism in GCHIN service areas.

Outcomes Expected/Project Accomplishments:

Implement a common integrated health information technology platform; educate the workforce and provide education to the provider community of the new integrated health care delivery model; Educate patients to engage through the adoption of new telehealth care models and through access to personal health records; develop a cohesive sustainability plan.

Network Partners:

Mercer University College of Health Professions (MUCHP), Children's Healthcare of Atlanta (Children's), Appling HealthCare System, Appling County Board of Education, Appling Community Connection, Atkinson Family Connection Collaborative, and Atkinson County Board of Education.

Service Area:

Atkinson County School System - Atkinson County, Georgia; Appling County School System - Appling County, Georgia

Equipment:

Telemedicine laptop solution with full exam peripherals, tablets, video bridge

(FY 15-18)

KANSAS, Johnson County

University of Kansas Medical Center Research Institute, Inc.
Telehealth Rural Outreach to Children of KS (Telehealth ROCKS)
D3F-RH-29257

Organization

KU Center for Telemedicine & Telehealth (KUCTT)
4330 Shawnee Mission Parkway, Suite 136
Fairway, Kansas 66205
<http://www2.kumc.edu/telemedicine/>

Principal Investigator

Eve-Lynn Nelson, Ph.D.
Principal Investigator Ph.: 913-588-2226
Principal Investigator Fax: 913-588-2227
Email: enelson2@kumc.edu

Overview:

The project augments and expands validated telemedicine approaches for the assessment and treatment of child developmental and behavioral concerns. The project uses secure videoconferencing to deliver evidence-based services to rural children living in poverty and their families.

Project Goals:

1. Engage community stakeholders in ways to promote technology's role in increasing developmental and behavioral (DB) early screening, assessment, and treatment with rural children in poverty;
2. Increase DB training/mentoring opportunities using telehealth;
3. Increase DB screening and early assessment in rural children using telehealth;
4. Increase evidence-based interventions for DB conditions using telehealth;
5. Disseminate support services for parents/guardians and families, school personnel, behavioral health providers, and healthcare providers using telehealth.

Outcomes Expected/Project Accomplishments:

1. Patient/Provider/Site Satisfaction—Record of Consult and Myers' quantitative scales;
2. Quantify Patient/Family Usage of Services—OAT GPRA Performance Measure/Telemedicine Encounter Forms;
3. Tele-mentoring Process—ECHO Session Evaluation Form.

Network Partners:

University of Kansas Center for Telemedicine & Telehealth (KUCTT); University of Kansas Department of Pediatrics; University of Kansas Department of Psychiatry; University of Kansas Center for Children's Health and Development; Kansas Area Health Education Centers; University of Kansas Institute for Community Engagement; Kansas Technical Assistance System Network

Service Area:

University of Kansas Medical Center: Wyandotte County. Community Health Center of Southeast Kansas: Crawford, Montgomery, Cherokee, & Allen Counties. The Ashley Clinic: Neosho County. Sedan City Hospital/Tallgrass Clinic: Chautauqua County. The Life Span Institute: Labette County.

Equipment:

Polycom Videoconferencing Equipment, range of vendors; Cloud-based services delivered to the range of devices (PCs, tablets, smartphones)

(FY 15-18)

NEW MEXICO, Bernalillo County

University of New Mexico

Child Ready: Expanding a Virtual Pediatric Emergency Department for NM Rural and Tribal Communities

D3F-RH-29258

Organization

University of New Mexico Health Sciences Center
Department of Emergency Medicine, MSC10 5560
1 University of New Mexico
Albuquerque, New Mexico 87131
<http://emed.unm.edu/pem/index.html>

Principal Investigator

Robert E. Sapién, M.D.
Principal Investigator Ph.: (505)272-6349
Email: RSapien@salud.unm.edu

Overview:

The Child Ready Virtual Pediatric Emergency Department Telehealth Network (CR-VPedED) was established in 2013 by the University of New Mexico Pediatric Emergency Department with the connection of our first telehealth network partner originating site, Sandoval Regional Medical Center. It was spawned from the New Mexico EMS for Children State Partnership Regionalization of Care Project with additional funding from the New Mexico Department of Health Trauma Fund Authority. The CR-VPedED will be expanded both quantitatively (expanding the number of originating sites in the network) and qualitatively by providing additional resources to originating sites including: 1) Human/social services with consultation by our Child Abuse Response Team (CART) to rural and tribal communities in our network; 2) Continuing medical education in pediatric emergency medicine and suspected child abuse assessment; and 3) Acute behavioral health consultation for youth.

Project Goals:

1. To engage tribal and rural communities to expand the CR-VPedED throughout New Mexico;
2. To create a culture of daily, on-going, synchronous communication throughout the CR-VPedED Network to co-manage children in originating site emergency departments;
3. To improve access to human and social services such as behavioral health in the Emergency Department and child abuse expert consultation services to rural and tribal children living in poverty;
4. To conduct acute behavioral health consultation by pediatric emergency and behavioral health specialists via the CR-VPedED Network;
5. To create a multi-disciplinary, supported workforce of health care providers who are Child Ready.

Outcomes Expected/Project Accomplishments:

1. Improving patient safety for children receiving emergency care in CR-VPedED sites (e.g. medication dosing, use of a length-based resuscitation system, weight recorded in kilograms, recognition of abnormal vital signs);
2. Improving patient transfer appropriateness based on medical indicators and family needs/wishes as demonstrated by “miles saved”;
3. Improving patient/family satisfaction;
4. Improving provider satisfaction.

Network Partners:

New Mexico EMS for Children/Child Ready Regionalization of Care Project; Center for Telemedicine and Cybermedicine Research; Institute for Indigenous Knowledge & Development - Center for Native American Health IIKD-CNAH; Child Abuse Response Team (CART), UNM-Health Sciences Center Department of Pediatrics; UNM-Health Sciences Center Department of Psychiatry.

Service Area:

Holy Cross Hospital (Taos County, NM); Jicarilla IHS Service Unit (Tierra Amarilla County, NM); Gerald Champion Regional Medical Center (Otero County, NM); Union County General Hospital (Union County, NM); Mescalero IHS Service Unit (Lincoln County, NM); Artesia General Hospital (Eddy County, NM); Gila Regional Medical Center (Gila County, NM); Acoma-Canoncito-Laguna IHS Service Unit (Cibola County, NM); Guadalupe

County Hospital (Guadalupe County, NM); Zuni IHS Comprehensive Medical Center (Mc Kinley County, NM); Rehoboth Christian Medical Center (McKinley County, NM); Sierra Vista Hospital (Sierra County, NM).

Equipment:

Twelve (13) Portable Telemed Units (Cart, Polycom system, monitor, camera, Vidyo software); 2 Dell Latitude 6220 laptops (14 Inch Screen, port replicator) home base consults by Pediatric EM physicians.

(FY 15-18)
SOUTH DAKOTA, Oglala Lakota County

Oglala Sioux Tribe of Pine Ridge Indian Reservation
Pine Ridge Children's Telehealth Services Network
D3F-RH-29304

Organization

Oglala Sioux Tribe of Pine Ridge Indian Reservation
P.O. Box 2070
Pine Ridge, South Dakota 57770
<http://www.oglalalakotatanation.org>

Principal Investigator

Delores Pourier, MSAS
Principal Investigator Ph.: 605-867-1704, ext. 214
Principal Investigator Fax: 605- 867-2063
Email: delores.pourier2015@gmail.com

Overview:

The Oglala Sioux Tribe will install telehealth equipment in locations throughout the reservation in southwestern South Dakota. The network will connect a number of multi-disciplinary social services partners on the reservation, increasing communication and coordination between the entities to enhance the health of youth living on Pine Ridge. During the project period, fifteen selected locations on the reservation will receive telehealth equipment. These locations will include schools and other human and social service agencies. Telehealth equipment will allow these sites, which are dispersed across the large reservation, to connect with each other, coordinate services, and increase access for tribal children. The telehealth equipment will also allow connected locations to connect with other locations in the state, region, and nation that have telehealth equipment.

Project Goals:

1. Create a network of medical, tribal, and community representation to coordinate and improve services for children using telehealth to remove geographic barriers;
2. Improve communication and coordination between community organizations and entities that serve the needs of children on the Pine Ridge Reservation;
3. Develop a reservation community-based system of care to serve the unique needs of rural, impoverished children through telehealth and community resources;
4. Evaluate data to both improve network operations and better understand the unique challenges and conditions of rural, impoverished children on the reservation.

Outcomes Expected/Project Accomplishments:

1. Improved access to culturally appropriate child health services;
2. Policy development and partnerships with outside health care providers adopted by tribal governments;
3. Project activities shared with other tribal communities within the region;
4. Project processes and outcomes shared with other tribes in the region.

Network Partners:

Pine Ridge Indian Health Service Unit, Pine Ridge, South Dakota; Avera Health, Sioux Falls, South Dakota

Service Area:

Oglala Lakota County, South Dakota; Jackson County, South Dakota

Equipment:

Polycom Eagle Eye HD Cam, Polycom Service Agreement, Viewsonic LED Monitor, Anthro Mobile Cart, Tripp 300W UPS (for cart), Belkin RCA Cable, Belkin HDMI Cable

Evidence-Based Tele-Emergency Network Grant Program (EBTNGP)

Purpose

The EBTNGP program is a competitive grant program that provides support for a range of Tele-Emergency care programs that will allow for the analysis of a significant volume of patient encounters to allow for detailed study and analysis of patient outcomes in rural areas. (HRSA Activity Code G01)

Evidence-Based Tele-Emergency Network Grant Program (EBTNGP) Project Descriptions

The following information for each project is provided:

- *Overview*
- *Project Goals*
- *Outcomes Expected/Project Accomplishments*
- *Network Partners*
- *Service Area*
- *Equipment*

(FY 14-17)
INDIANA, Vigo County

Union Hospital, Inc.
Wabash Valley Rural Telehealth Network
G01-RH-27871

Organization

Union Hospital, Inc.
1606 N. 7th Street
Terre Haute, Indiana 47804
<http://www.ruraltelenet.org>

Principal Investigator

Stephanie Laws, RN, MSN
Principal Investigator Ph.: 812-238-7479 (v)
Principal Investigator Fax: 812-238-7439
E-Mail: slaws@uhhg.org

Overview:

The purpose of this project is to advance the proven strengths and successes of the Wabash Valley Rural Telehealth Network (WVRTN), an Integrated Rural Health Network (IRHN), by: 1) expanding existing tele-emergency services to existing Critical Access Hospital (CAH) sites, 2) expanding existing tele-emergency specialties to new network sites, and 3) offering new tele-emergency specialties to existing network sites. The specialties to be expanded are tele-neurology and tele-behavioral health. The new specialty is tele-trauma.

Project Goals:

The following clinical services/objectives are proposed to meet a documented high demand for tele-emergency services:

1. Replicate policies, procedures, protocols, and algorithms to implement tele-neurology at five CAH sites for each grant year;
2. Replicate policies, procedures, protocols, and algorithms to implement tele-behavioral health services at two new CAH sites for each grant year; and
3. Design, develop and implement policies, procedures and protocols for the implementation of a tele-trauma network for existing CAH sites and for three new CAH sites during years two and three.

Outcomes Expected/Project Accomplishments:

In its current state, the WVRTN generated 4,058 unduplicated, live-video interactive tele-emergency service encounters across existing partner sites in calendar year 2013. Throughout the grant period, the addition of other sites will generate ample data to effectively contribute to and support the Federal Office of Rural Health Policy -led program evaluation to match the rigor of studies found in peer-reviewed journals. A retrospective concurrent matched cohort study design will be implemented for this project utilizing patients admitted to CAH EDs for conditions related to neurology, behavioral health, and trauma, with a control group selected from the CAH ED claims data for a period of three years prior to implementation of this project. With a proven, successful track record of carrying out large-scale telemedicine projects, the applicant possesses the ability to successfully design, implement, and evaluate the proposed grant project to achieve the intended impact of quality tele-emergency care in underserved rural areas and data contribution to an overarching evaluation process.

Network Partners:

Union Hospital, Inc.; Crawford Memorial Hospital; Gibson General Hospital; Greene County General Hospital; Hamilton Center; Indiana State University; Indiana University Health Methodist Hospital; Paris Community Hospital; Putnam County Hospital; Scott Memorial Hospital; Specialists on Call; Sullivan County Community Hospital; Union Hospital Clinton; Indiana Rural Health Association.

Service Area:

Indiana, Illinois, and Virginia

Equipment:

None

(FY 14-17)

VIRGINIA, Charlottesville City County

The Rector and Visitors of the University of Virginia (UVA)

Rural Emergency Quality Improvement Tele-stroke Evidence-Base Project (Rural
EQUIT-E)

G01-RH_27869

Organization

The Rector and Visitors of the University of Virginia
1001 North Emmet Street
Charlottesville, Virginia 22904
<http://www.healthsystem.virginia.edu>

Principal Investigator

Nina J. Solenski, M.D.
Principal Investigator Ph: 434-924-2706
Principal Investigator Fax: 434-982-1726
Email: njs2@virginia.edu

Overview:

The UVA Center for Telehealth supports the provision of clinical consultative services and physician, nursing and patient education programs to patients and health professionals in many regions of the Commonwealth of Virginia, with an emphasis on those in medically underserved, rural communities. Its mission is to use advanced technologies to support the UVA Health Systems' mission of providing excellence and innovation in clinical care, teaching, research and public service. In January 2013, UVA signed a Memorandum of Agreement with Specialist on Call © (SOC) for the purpose of collaborating to provide telemedicine services in the Commonwealth of Virginia; and supporting continuing medical education and sponsored research activities nationwide. SOC is the largest provider of emergency tele-neurology care in the world. Rural-urban disparities in stroke morbidity and mortality have been well documented. Rural populations face a unique combination of factors that create inequities in health status and well being when compared to their urban counterparts. Particular conditions such as economic factors; cultural and social differences; education limitations; geographic isolation; and limited access to transportation systems, primary and specialty care, health insurance, and health infrastructure all contribute to sub-optimal acute stroke management practices in rural areas. These disparities can be mitigated by improving patient access to rapid stroke expertise are recommended stroke systems of care, particularly in the following areas: 1) pre-hospital care, 2) small local hospital emergency department (ED) care, and 3) care during inter-hospital transfers to tertiary care institutions.

Project Goals:

The goal of the Rural EQUIT-E Project is to establish a best practice evidence base for providing the highest quality emergency Tele-stroke care for rural communities. Specific objectives include:

1. Evaluate the effectiveness of current rural tele-stroke programs in improving stroke systems of care for rural-based patients that are part of the UVA Stroke Telemedicine and Tele-education (STAT) Program, and nationally through the SOC Network;
2. Evaluate the impact of implementing stroke alert quality assurance training on accelerating time to treatment for patients seeking care from rural hospital tele-stroke programs; and
3. Evaluate the impact of implementing mobile (pre-hospital) tele-stroke care for rural-based Emergency Medical Services (EMS) on accelerating time to treatment for rural stroke patients.

Activities being proposed to accomplish the above objectives include:

1. Retrospective analysis of UVA and SOC emergency tele-neurology consult databases to compare stroke systems of care and patient outcomes with those of similar rural hospitals without tele-stroke;
2. Implementation of stroke alert quality assurance training and dissemination of web-based training materials to key ED staff for a subset of rural tele-stroke programs and comparing their outcomes to rural tele-stroke programs who do not receive the training; and
3. Implementing mobile tele-stroke care in rural counties of central Virginia and comparing those outcomes with traditional hospital based tele-stroke programs.

Outcomes Expected/Project Accomplishments:

During calendar year 2013, the combined emergency tele-neurology consult database of the UVA STAT Program and the SOC Network totaled more than 3,400 unduplicated patient encounters across 49 rural hospitals in 18 states throughout the U.S. Approximately 41.4 percent (1,403) of these emergency tele-neurology consults were for patients having an ischemic stroke; and 55 percent (1,870) of these patient encounters were rural Medicare beneficiaries. Using standards-based, broadband technologies, UVA has established a 126 site telehealth network in the Commonwealth through which it has supported more than 40,000 patient encounters in more than 45 sub-specialties, saving patients over 9 million miles of travel. Expected outcomes: Implementation of stroke alert quality assurance training for key hospital ED staff will significantly reduce the median ED admission to tele-stroke consult call time for patients; reduce the median time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) for acute ischemic stroke patients; increasing the satisfaction level of ED staff after a tele-stroke consult call compared to those who do not receive this training.

Service Area:

Rural-based patients in 49 U.S. hospitals across 18 states that are part of the UVA STAT Program and SOC Network will be the target of retrospective analyses. In 2013, this accounted for over 3,400 rural emergency tele-neurology patient encounters; approximately 55 percent (1,870) of whom were Medicare beneficiaries. Rural-based patients in 10 Virginia hospitals that are part of the UVA STAT Program and SOC Network will be the target for prospective analyses. In 2013, this accounted for over 950 rural emergency tele-neurology encounters.

Network Partners:

The Rector and Visitors of the University of Virginia; Adirondack Medical Center, Andalusia Regional Hospital; Annie Penn Hospital; Archbold Medical Center; Ashe Memorial Hospital; Athol Memorial Hospital; Baptist Memorial Hospital-Golden Triangle; Baptist Memorial Hospital-North Mississippi; Baptist Memorial Hospital-Union County; Bath Community Hospital; Bluefield-Regional Medical Center; Central Carolina Hospital; Champlain Valley Physicians Hospital Medical Center; Cortland Regional Medical Center; Culpeper Regional Hospital; Fayette County Hospital & Long Term Care; Franklin Medical Center; Halifax Regional Hospital; Heart of Texas Memorial Hospital; Henry County Medical Center; Hill Country Memorial Hospital; Hugh Chatham Memorial Hospital; Inspira Medical Center Bridgeton; John C. Freemont Healthcare District; Kimble Hospital; Lake City Medical Center; Lillian Hudspeth Memorial Hospital; Maury Regional Medical Center; Northern Hospital of Surry County; Norton Community Hospital; Otto Kaiser Memorial Hospital; Pioneer Community Hospital of Patrick; Pioneer Community Hospital of Stokes; Rappahannock General Hospital; Reagan Memorial Hospital; Ridgecrest Regional Hospital; Saint Lukes Miners Hospital; Saint Mary's Hospital – Amsterdam; Soldiers & Sailors Memorial Hospital; Southhampton Memorial Hospital; Southeastern Regional Medical Center – Lumberton; Southern Virginia Regional Medical Center; Southside Community Hospital; Springs Memorial Hospital; Takoma Regional Hospital; Titus Regional Medical Center; Twin County Regional Hospital; United Hospital Center; Valley View Medical Center.

Equipment:

Dedicated computer hardware for data collection, storage, analysis and reporting.

(FY 14-17)

CALIFORNIA, Sacramento County

University of California Davis

A Randomized Trial of Tele-Emergency Care for Seriously Ill Children

G01-RH-27872

Organization

University of California Davis
2516 Stockton Boulevard
Sacramento, California 95817

Principal Investigator

James Marcin, MD, MPH
Principal Investigator Ph.: 916-734-4726
Email: jpmarcin@ucdavis.edu

Overview:

While telemedicine has been increasingly used as a means of providing emergency and critical care consultations to seriously ill and injured children in Emergency Departments (EDs), little is known about the impact that these consultations have on clinical and financial outcomes. This project focuses on a 20 center, rigorous, cluster randomized unbalanced crossover trial using an intention to treat analysis and evidence-based evaluative research methods to determine how this model of care impacts several important clinical outcomes, including cost effectiveness. The objective of this project is to determine the impact of an existing tele-emergency care network on quality of care, appropriateness of care utilization, patient safety (medication errors), and cost effectiveness compared to telephone consultations from a healthcare system prospective. The rationale for the proposed research is to generate objective data from a trial using a cluster randomized unbalanced crossover design to determine how an existing tele-emergency network can benefit rural and other community hospitals as well as the children they serve.

Project Goals:

1. To assess the effect of tele-emergency care on the quality of care provided to seriously ill and injured children. Hypothesis: Children receiving care in EDs during periods of telemedicine use will receive higher quality of care than similar children who receive care during periods of telephone use. We will demonstrate improvements in quality of care using a previously validated instrument specifically developed to evaluate the quality of care delivered to children receiving care in an ED.
2. To determine the effect of tele-emergency care on the frequency and appropriateness of admission and transfers from rural hospitals. Hypothesis: Children receiving care in EDs during randomized periods of telemedicine use will be admitted and transferred less frequently and more appropriately than similar children who receive care during periods randomized to telephone use. The more appropriate admission and transfer rates will be demonstrated using previously validated admission and severity of illness measures, the Pediatric Risk of Admission (PRISA II) and the Pediatric Emergency Assessment Tool (REPEAT).
3. To determine the effect of tele-emergency care on the frequency of physician-related medication errors. Hypothesis: Children receiving care in EDs during periods of telemedicine use will experience fewer physician-related medication errors than similar children who receive care during periods of telephone use. To measure medication errors, this project will use a previously published instrument developed specifically to evaluate medication errors among children receiving care in the ED.
4. To determine the economic efficiency of tele-emergency care. Hypothesis: Care provided to children in EDs during randomized periods of telemedicine use will be economically more efficient than care provided during randomized periods of telephone use from various perspectives. This project will demonstrate using rigorous economic evaluations, including cost analysis and cost-effectiveness analysis, where appropriate.

Outcomes Expected/Project Accomplishments:

The project recently completed a comprehensive economic evaluation of our tele-emergency medicine program (manuscript currently under peer review). In that analysis, we constructed a standard decision model with parameters derived from primary programmatic data, national data, and the literature. We performed a base-case cost-effectiveness analysis (CEA), a probabilistic CEA with Monte Carlo simulation, and return on investment (ROI) estimation when CEA suggested cost-savings. The CEA was based on the effectiveness of the program,

derived from transfer decisions following telemedicine and telephone consultations. In this study, we found that the average cost for telemedicine was \$3,238 per child/ED/year in 2009 U.S. dollars. We also found that telemedicine consultations resulted in 31 percent fewer patient transfers compared to telephone consultations among similarly ill children, and a cost reduction of \$4,146 per child/ED/year. Review data for existing 29 sites in the network and include the 29 new sites. While our preliminary findings are certainly promising, confirmation of our data using a larger, randomized design will provide stronger results and more solid evidence in the evaluation of tele-emergency networks.

Network Partners:

UC Davis Medical Center; Colusa Regional Medical Center; Dameron Hospital; Frank Howard Memorial Hospital; Mark Twain Hospital; Marshall Hospital; Mayers Memorial Hospital; Mercy Folsom Hospital; Mercy General Hospital; Mercy Medical Center Redding; Mercy Medical Center Mt. Shasta; Mercy Methodist Hospital; Mercy San Juan Hospital; Oroville Hospital; Plumas District Hospital; Sierra Nevada Memorial Hospital; Sonoma Valley Hospital; St. Elizabeth's Hospital; Tahoe Forest Hospital; Ukiah Valley Medical Center; Woodland Memorial Hospital.

Service Area:

California

Equipment:

Telemedicine unit will include a Rubbermaid medical grade cart with Polycom HDX8000 high resolution video-conferencing unit flat screen high resolution monitor to display video and uninterruptible power supply (UPS) to make the unit mobile if needed or to properly shut it down in the event of power failure.

(FY 14-17)
KENTUCKY, Fayette County

University of Kentucky Research Foundation
UK – Appalachian Tele-Emergency Network –UK-ATEN
G01-RH-27873

Organization

University of Kentucky Research Foundation
800 Rose Street, Room M-53
Lexington, Kentucky 40536

Principal Investigator

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Principal Investigator Ph.: 859-323-5908
Email: roger.humphries@uky.edu

Overview:

The purpose of the UK-Appalachian Tele-Emergency Network (UK-ATEN) project is to utilize interactive videoconference technology to connect emergency medicine and other specialists from the University of Kentucky Chandler Medical Center to providers and patients in rural ED's (emergency departments) to determine the impact of the technology on the care and cost of care of patients in rural ED's. Kentucky has a substantial, robust interactive videoconference-based telehealth network with over 200 approved network members and UK has conducted over 65,000 interactive videoconference-based clinical encounters over 19 years and in 2013, the video network conducted over 6,000 clinical visits. In addition to the existing network, UKMD's (1-800-888-5533) is a call center service, operational since 1994, available to any physician who may request to speak to any UK physician or an on-call physician. When called by a non-UK physician, the call center will not release the call until the two physicians are connected. The service is especially important for emergency medicine as a UKMD's connection is required for any potential requests for ED-to-ED transfer, so community-based ED physicians are accustomed to consulting with UK emergency medicine and other specialists when determining the action plan for critically injured/ill patients in rural emergency departments. In 2013, UKMD's processed 11,997 calls to UK physicians and of that total, UK emergency medicine faculty received 4,089 calls (749 of which were Medicare beneficiaries) from community-based ED's to support the management of rural ED patients and to facilitate the transfer of those patients that require the resources only available at UK. Paired with the BEAM tele-radiology system that permits the importation of radiologic images, it has become a convenient, quickly mobilized tele-emergency technology that has helped UK impact 4,089 patients in 2013. Kentucky's well-developed Stroke Affiliate Network provides training for rural ED physicians on the UK stroke protocol, uses the UKMD's telephone connection and the tele-radiology system to provide tele-stroke service. The UK stroke team has not invested in videoconference technology, but they believe this plan will enhance their current emergency telehealth program. This project will improve the care for two types of patients, but there will likely be additional benefits in other patient groups as well:

Project Goals:

1. The critical/emergent patient in which there are questions about how to care for them. The technology, coupled with personnel resources, will help local providers with diagnosis and treatment of emergent conditions, stabilization of the patients, and will facilitate better coordination of care, resulting in better clinical outcomes and more efficient resource management.
2. The ED patient with an urgent (but non-emergent) diagnosis needing to be managed by a specialist. It is common for the rural ED to send these patients to the quaternary care center "to be sorted out" by specialty services only to be sent home from the Chandler ED to follow-up in the UK outpatient clinic. This project will improve this situation by keeping patients in their home community and arrange timely outpatient follow-up, using telehealth when appropriate.

Outcomes Expected/Project Accomplishments:

The UKMD's process, which has extensive data collected over nearly 20 years will continue unchanged for the nine control sites and ED-exclusive interactive videoconference technology will be added for the nine intervention sites. Since eleven of the recruited sites are already members of the statewide telehealth network, we are confident that their experience will help insure the program's success and the network's 19 years of experience has created a successful technical and operational infrastructure that will make incremental additions of new member sites very easy. This project will prove that deployment of telehealth technology can improve clinical outcomes, improve patient/family/provider satisfaction, reduce costs to the healthcare system and travel costs for family/patients referred to UK from the rural ED's. Based on the current data of ED-to-ED transfers we expect to generate 70

clinical telehealth referrals per year from each member site. Year 1 – 280 referrals from intervention (video) sites and 280 referrals from control sites; Year 2 – 490 referrals from intervention (video) sites and 490 referrals from control sites; Year 3 – 630 referrals from intervention (video) sites and 630 referrals from control sites.

Network Partners:

University of Kentucky/Kentucky Chandler Medical Center Emergency Department/Kentucky Tele-care; Ephraim McDowell; Harlan ARH; Harrison Memorial Hospital; Hazard ARH; Lake Cumberland Regional Hospital; Manchester Memorial Hospital; Marcum and Wallace Memorial Hospital; McDowell ARH Hospital; Meadowview Regional Medical Center; Middlesboro ARH; Morgan County ARH; Rockcastle Regional Hospital; Williamson ARH; St. Claire Medical Center; Whitesburg ARH; Ephraim McDowell Fort Logan Hospital; The James B. Haggin Memorial Hospital; Mary Breckenridge ARH Hospital.

Service Area:

Kentucky

Equipment:

Windows based laptop computers with headsets and microphones, webcams, and the Polycom Real Presence video conference software.

(FY 14-17)
MONTANA, Yellowstone County
St. Vincent Healthcare Foundation
Montana Rural Tele-Emergency Network
G01-RH-27870

Organization

St. Vincent Healthcare Foundation
1106 North 30th Street
Billings, Montana 59101

Principal Investigator

Doris Barta
Principal Investigator Ph.: 406-237-8651
Email: doris.barta@sclhs.net

Overview:

The St. Vincent Healthcare Foundation Montana Rural Tele-Emergency (MRTEM) purpose is to expand current tele-emergency services to both pediatric and adult populations to support improved emergency medical outcomes for rural patients, as well as to inform a broad-scale evaluation and analysis that will result in peer-reviewed journal submissions. St. Vincent Healthcare (SVH) is one of the largest healthcare providers in Montana, and is located in the state's largest city, Billings. SVH is the home for (Partners in Health Telemedicine Network (PHTN), serving as the primary hub and network management site. Established in 1994, PHTN is a partnership of healthcare facilities and providers in Montana and Wyoming offering telemedicine, tele-conferencing, and medical and community education to medically underserved areas/populations. Hosting 25 urban and rural sites, the PHTN provides specialty and primary care to rural partners who do not have local access to these services. Partner sites include 20 unique communities with 15 additional sites, serving a 35-member network.

Membership includes 12 critical access hospitals, six outpatient/mental health clinics, 11 specialty physician practices, and the Montana Hospital Association. In addition, the network has connections to seven Indian Health Service (IHS) clinics and hospitals, as well as the IHS Billings Area Office. PHTN is capable of linking to any other Telemedicine site in Montana, and throughout the region and nation, and partners with medical centers in Colorado, Utah, and Washington.

PHTN staff are members of the Montana Telehealth Alliance, an organization that supports network connectivity throughout Montana.

Project Goals:

1. Improve clinical outcomes by providing tele-emergency services and care for patients using telehealth technology within the rural/frontier communities;
2. Reduce the number of (Emergency Department) ED patient transfers;
3. Shorten ED patient wait time;
4. Improve quality outcomes;
5. Positively impact patient satisfaction perceptions;
6. Disseminate and publish project results.

Outcomes Expected/Project Accomplishments:

The Montana Rural Tele-Emergency program will improve health outcomes for ED patients in their local communities. Health outcomes for ED patients in their local communities will improve because of the tele-emergency services. Through the establishment of clinical protocols, telehealth training, and access to ED consultations via telehealth, rural providers will respond to the patient's needs in a prompt and efficient manner. The level of complexity of care will increase due to the use of the ED consultation to the board-certified ED physicians at the destination site.

Objectives include the development and implementation of clinical pathways which incorporates technology tools to be used for clinical management of patients presenting in rural emergency departments; training for clinical providers regarding telehealth emergency situations; and offering 24-7 telehealth support for local emergency management. Outcomes will include reduced costs for patients/payors from receiving quicker access to higher level of care closer to home without a transfer out of the community, positive financial impact in the rural home community, and improved patient clinical benefits and patient satisfaction.

All of the information gathered will provide statistical information for the final program evaluation and peer-review journal articles in year three. We will also measure overall outcomes, which will include provision of services in areas where currently there are none and the actual use of those services by the local populations; reduction of cost to Medicare and to families through increased local treatment; and better patient outcomes, in terms of both cost and patient/family satisfaction.

Network Partners:

St. Vincent Healthcare; Barrett Hospital and Healthcare; Big Horn Memorial Hospital; Crow/Northern Cheyenne Hospital; Fort Belknap Hospital; St. James Healthcare; Deer Lodge Medical Center; Fallon Medical Center; Granite County Medical Center; Madison Valley Medical Center; North Valley Hospital; Rosebud Health Care Center and Ruby Valley Hospital.

Service Area:

Montana

Equipment:

Ergonomic Telemedicine Cart, 24" Flat Panel Display, Vidyo Desktop, and a Laptop

(FY 14-17)
SOUTH DAKOTA, Minnehaha County

Avera Health
Midwest Rural eEmergency Access and Research Network
G01-RH-27868

Organization

Avera Health
4500 Lewis Avenue
Sioux Falls, South Dakota 57104

Principal Investigator

John Neth
Principal Investigator Ph.: 605-322-4588
Email: john.neth@avera.org

Overview:

The project is proposed by the nation's largest provider of Tele-Emergency/e-Emergency services and the first provider to service a geographically large, rural and frontier service area. Additionally, the University of North Dakota Center for Rural Health also has a strong history of sustaining projects initiated with federal dollars. The service area includes 21 rural and frontier communities. Twelve of the 21-service area counties are Primary Care Health Professional Shortage Areas (HPSA's); and seventeen are Medically Underserved Areas (MUA's). Twenty of the 21 hospitals involved in the Network are Critical Access Hospitals, and one is a rural Prospective Payment System Hospital. Eighteen network member hospitals are currently receiving e-Emergency services from Avera Health e-Care Services based in Sioux Falls, South Dakota. Many facilities would not be able to maintain emergency department services without e-Emergency. Three critical access hospitals in Kansas will implement e-Emergency services as part of the project.

Project Goals:

The Overall project goal is to enhance rural access to emergency services through research efforts and development of an evidence base related to telemedicine support for emergency chest pain, stroke, and intubation services. Work plan goals include:

1. By 11/01/2014 initiate development of an operational e-Emergency Access and Research Network infrastructure;
2. By 11/01/2014 implement performance measurement and quality improvement system for all Network members;
3. Foster sustainability by adding new sites to the network, and engaging them in research activities and implementing a network sustainability plan;
4. Disseminate project information to promote replication and build the evidence base for e-Emergency services.

Evaluation and research efforts will be both formative and summative and focus on evaluating patient savings, rates of hospital admission, and transfer, transfer time to tertiary facilities, patient outcomes, cost efficiency, and provider satisfaction, by comparing network member outcomes pre and post implementation, as well as to national data sets. The University of North Dakota (UND) Center for Rural Health will assist with project evaluation efforts. Additionally, UND research staff will work with Avera Health to develop an evidence base for Tele-Emergency services. Research work to be conducted through the network will build on the current data analysis work related to Avera e-Emergency as well as the strong rural research background of UND.

Outcomes Expected/Project Accomplishments:

Tele-Emergency impact on access, care quality, and costs in the Midwest service area will be a key outcome of the project. Additionally, clinical outcomes specific to chest pain, stroke, and intubation will be measured. The team will publish the results and work to eliminate the gap in evidence based research related to the efficacy and impact of Tele-emergency services. 4,992 Tele-emergency consults are estimated to occur over the three year period.

Equipment:

Polycom Video Units

Network Partners:

Avera Health, the University of North Dakota Center for Rural Health, and 15 independent rural hospitals.

Service Area:

Iowa, Kansas, Minnesota, Nebraska, North Dakota.

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*

(FY 16-19)
GEORGIA, Fayette County

Association of State and Provincial Psychology Boards (ASPPB)
Licensure Portability Grant Program
H1M-RH-24096

Organization

Association of State and Provincial Psy. Boards
170 Greencastle Road
Tyrone, Georgia 30290
<http://asppb.net>

Principal Investigator

Stephen T. DeMers, Ed.D.
Primary Point of Contact: Janet Orwig
Primary Point of Contact Ph.: 678-216-1175
Primary Point of Contact Fax: 678-216-1176
Email: jorwig@asppb.org

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:

(FY 16-19)
TEXAS, Tarrant County

Federation of State Medical Boards of the United States, Inc. (FSMB)
Medical Licensure Portability to Facilitate Multi State Telehealth Practice
H1M-RH-24097

Organization

Federation of State and Medical Boards of the U.S.
400 Fuller Wisser Road, Suite 300
Euless, Texas 76039
<http://www.fsmb.org>

Principal Investigator

Todd Philips
Principal Investigator Ph.: 817-868-4056
Principal Investigator Fax: 817-868-4097
Email: tphilips@fsmb.org

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.

Rural Veterans Health Access Program (RVHAP) Purpose

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*

(FY 16-19)

ALASKA, Juneau County

Alaska Department of Health and Social Services
Alaska's Flex Rural Veterans Health Access Program
H3G-RH-26369

Organization

Alaska Department of Health and Social Services
Section of Health Planning and Systems
Development
State Office of Rural Health
P.O. Box 110660
Juneau, Alaska 99811

Principal Investigator

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Overview:

This is a demonstration project to increase access to health care, specifically mental health services, through the use of tele-behavioral health technology, in rural and remote communities in southeast Alaska (SE AK).

Project Goals:

1. Implement demonstration project that provides access to and increases the delivery of quality mental health service and other healthcare services, including primary care, to veterans in remote communities in southeast Alaska through the development and deployment of a telehealth network, use of electronic health information exchange, and in-person and on-line health provider training/distant learning;
2. Increase the number of veterans enrolled in Veterans Administration (VA) benefits within demonstration area;
3. Identify where and how existing networks such as the state hospital and primary care associations, rural and critical access hospitals (CAH), federal qualified health centers (FQHC), community mental health centers (CMHC), community health centers (CHC) and other stakeholders can be improved, expanded, or can be linked to increase access to services that meet the mental health needs of rural veterans living in the selected demonstration area in SE AK;
4. Consult with the state hospital and primary care associations, CMHC's, CHC's and other possible stakeholders for the provision of services in the development of program activities.

Outcomes Expected/Project Accomplishments:

1. Increase access to behavioral health services for veterans living in rural and remote communities of SE AK by enhancing existing traumatic brain injury (TBI) health infrastructure and capabilities;
2. Pilot the "Ax the Fax" campaign for health services between the Alaska Veterans Administration (AVA) and the demonstration site in order to introduce the use of HIPAA compliant Direct Secure Messaging between rural providers and the AVA;
3. Increase the quality of behavioral health (BH) services provided to veterans by increasing the knowledge among first responders, primary care and BH providers in SE AK about military culture. The importance of assessing for VA status, Post-Traumatic Stress Disorder (PTSD), TBI and other common BH issues among veterans;
4. Establish on-line on-demand VA approved training for distance delivery education through the Alaska Clearinghouse for Continuing Health Education Center as a means of addressing high-turnover rates and on-going training needs among BH providers in rural and remote communities and increase "quality of mental health services provided to veterans in rural and remote areas of the state;
5. Outreach to primary care and BH providers and associations in southeast Alaska to provide information about the availability of on-line training and tools aimed at improving delivery of health

care to Veterans. Develop a community information campaign in clinical and non-clinical settings to increase veterans' enrollment in VA services.

Network Partners:

The U.S. Department of Veterans Affairs Alaska VA Healthcare System; Alaska Island Community Services a non-tribal CHC and rural CMHC serving rural and remote communities in SE AK and provides behavioral health and medical care to the catchment area of Wrangell, Gustavus, and several communities on northern Prince of Wales Island; The University of Alaska Anchorage, Center for Rural Health, Alaska Area Health Education and Training Center, coordinates and facilitates health care provider trainings; Sitka Community Hospital (SCH) and Mountainside Clinic, a CAH. Services for Veterans including tele-behavioral health, telehealth and in-person neuropsychology assessment and treatment for PTSD and TBI and primary care; Petersburg Medical Center, a city-owned CAH, collaborating with SCH to provide veterans with telehealth delivered support services such as smoking cessation, diabetes support and physical therapy follow-up exercises; Sitka Counseling and Prevention Services, a non-tribal CMHC with a satellite clinic in Yakutat.

Service Area:

Southeast Alaska including non-tribal CHC and CMHC clinics located in the rural communities of Wrangell, Sitka, and Juneau, and remote communities including Northern Prince of Wales Island, Gustavus, Elfin Cove, Tenakee Springs and Yakutat.

Equipment:

Establishment of connectivity where there currently is none, purchase and deployment of video conferencing equipment.

(FY 16-19)

MISSOURI, Cole County

Missouri Department of Health and Senior Services

Missouri Office of Rural Health – Missouri Flex Rural Veterans Health Access
Program

H3G-RH-30031

Organization

Missouri Department of Health and Senior Services

Missouri Office of Rural Health

912 Wildwood Drive – P.O. Box 570

Jefferson City, Missouri 65102

[http://health.mo.gov/living/families/ruralhealth/index.
php](http://health.mo.gov/living/families/ruralhealth/index.php)

Principal Investigator

Benjamin Harvey

Principal Investigator Ph.: 573-751-6219

Principal Investigator Fax: 573-522-8146

Email: Ben.Harvey@health.mo.gov

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;
8. Business model replication.

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.
11. 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.

Substance Abuse Treatment Telehealth Network Grant Program (SAT) Purpose

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*

(FY 17-20)
INDIANA, Vigo County

Union Hospital, Inc.
Wabash Valley Rural Telehealth Network Substance Abuse Treatment
H1W-RH-31447

Organization

Union Hospital, Inc.
1433 N. 6 ½ Street
Terre Haute, Indiana 47807
<http://ruraltelenet.org>

Principal Investigator

Hicham Rahmouni, MBA
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Email: hrahmouni@uhhg.org

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.

(FY 17-20)

WEST VIRGINIA, Wood County

The Mid-Ohio Valley Connect Telehealth Network Program

Westbrook Health Services, Inc.

H1W-RH-31448

Organization

Westbrook Health Services, Inc.
2121 7th Street
Parkersburg, West Virginia 26101
<http://www.westbrookhealth.com>

Principal Investigator

Darby Stevens
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Principal Investigator Fax: 304-485-6710
Email: dstevens@westbrookhealth.com

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.

(FY 17-20)

WEST VIRGINIA, Wood County

The Mid-Ohio Valley Connect Telehealth Network Program

Westbrook Health Services, Inc.

H1W-RH-31448

Organization

Westbrook Health Services, Inc.
2121 7th Street
Parkersburg, West Virginia 26101
<http://www.westbrookhealth.com>

Principal Investigator

Darby Stevens
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Principal Investigator Fax: 304-485-6710
Email: dstevens@westbrookhealth.com

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.

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Charts Type (SAT Only)

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 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

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 Devises/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

SAT 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.

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

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

Infectious Disease/HIV (adult and pediatric)

P/3

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

SAT Program Specialties

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

SAT Program Specialties

State

IN

Grantee/Program Name

Union Hospital Inc.

Wabash Valley Rural Telehealth Network Substance Abuse Treatment

Other

Substance Abuse Treatment P/14

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

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:
6HPSA/MUAs:6
POP: 35,012

Federally Funded or Federally Qualified Community Health Center

2

Hospital

3

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

SAT Program Settings

State

IN

Grantee/Program Name

Union Hospital Inc.

Wabash Valley Rural Telehealth Network Substance Abuse Treatment

Other

CMHC

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

Public Health Department

SAT 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

SAT Sources of Reimbursement

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

Medicare

Medicaid

Private Payor

Avera Health Plans DakotaCare

Wellmark Blue Cross Blue Shield

State

WV

Grantee/Program Name

Westbrook Health Services, Inc.

Mid-Ohio Valley Connect Telehealth Network Program

Medicaid

Private Payor

Private Insurance

The Rural Telehealth Research Center (RTRC) Purpose

The Rural Telehealth Research Center program is 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*

(FY 15-19)
IOWA, Johnson County

University of Iowa
The RUPRI Center for Rural Health Policy Analysis, U. of Iowa
U1C-RH-29074

Organization

University of Iowa
2 Gilmore Hall
Iowa City, Iowa 52242
<http://www.ruprihealth.org>

Principal Investigator

Marcia Ward
Principal Investigator Ph.: 319-384-3815
Principal Investigator Fax: 319-384-4371
Email: Marcia-m-ward@uiowa.edu

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 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*

(FY 17-20)
SOUTH CAROLINA, Charleston County
Medical University of South Carolina
U66-RH-31458

Organization

Medical University of South Carolina
MUSC Center for Telehealth
Charleston, South Carolina, 29425
<http://www.Muschealth.org/telehealth>

Principal Investigator

Dee W. Ford, MD, MSCR
Principal Investigator Ph.: 843-792-6285
Principal Investigator Fax: 843-792-9028
Email: fordd@musc.edu

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 waived buprenorphine 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

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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.

Office for the Advancement of Telehealth
Health Resources and Services Administration
U.S. Department of Health & Human Services
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