2010

Status Report on Telehealth and Health Information Technology Programs and Initiatives in Alaska

Prepared by the Health Planning and Systems Development Section

Division of Health Care Services

Alaska Department of Health and Social Services

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Sean Parnell, Governor
William J. Streur, Commissioner

ACKNOWLEDGEMENTS

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The data presented throughout this document are intended for informational purposes only and do not reflect the opinions or views of the State of Alaska, Department of Health and Social Services, the Division of Health Care Services, the Section of Health Planning and Systems Development, and/or any partnering agencies.

This report, which can be accessed at http://www.hss.state.ak.us/dhcs/healthplanning/telehealth/default.htm, is intended to be all-inclusive. Readers are encouraged to contact Mark Doughty at mark.doughty@alaska.gov with any suggestions on additional content that might be included.

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Introduction

The Status Report on Telehealth and Health Information Technology Programs and Initiatives in Alaska serves as a tool for health care administrators and members of the general public to highlight various telehealth and health information technology (HIT) projects being implemented across the state of Alaska. A synopsis of each program is provided, as well as contact information for readers to use if more detailed information is needed on each project. The over-arching goal of all of these HIT and telehealth projects is improvement in quality and safety of health care provided to all Alaskans.

The Centers for Medicare and Medicaid Services (CMS) has awarded the Department of Health and Social Services $1 million to develop a State Medicaid Health Information Technology Plan (SMHP) which will define how health information is shared between the state and the state health information exchange. The state of Alaska has awarded a contract to the Alaska eHealth Network (AeHN) to procure and manage development of an interoperable health information exchange (HIE) network. The board and staff of the AeHN are partnering with the state, eligible professionals, and public stakeholders to develop and implement governance policies, technical services, business operations, and finance mechanisms necessary to ensure development of a sustainable HIE for all Alaskans.

Individual Alaskans will soon be able to manage their own personal health records and to authorize their personal health care providers to exchange electronic medical records in a timely, secure manner.[1] The intended outcomes of a fully implemented Alaskan HIE system include enhanced patient safety, improved quality of care, reduced unnecessary testing and procedures, reduced health agency administrative costs, and enhanced rapid response to public health emergencies.

The following initiatives have been implemented in efforts to improve utilization of electronic health information in the management of health care needs in Alaska statewide. Information provided in the synopsis of each program has been reviewed for content and accuracy by the person(s) listed in the contact information section of each program synopsis.

In-State Initiatives

Alaska Community Health Integrated Network

Objectives/History
In August 2008, a state of Alaska funding request[2] was approved to fund the initial phase of a project to build an integrated health information network across the state's Community Health Centers (CHCs) for sharing of electronic health records. The Alaska Primary Care Association (APCA) has created the Alaska Community Health Integrated Network (ACHIN) project to

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[1] Sponsor Statement SB 133, Senator Joe Paskvan: http://www.aksenate.org/sponsor/SB133_ss_sen_paskvan.pdf retrieved 06/12/2009.

[2] Alaska Primary Care Association—Health Information Technology Network for Community Health Centers: www.legfin.state.ak.us/BudgetReports/GetBackupDocuments.php?Year=2008&Type=proj&Number=50479&NumberType=LFD retrieved 02/24/2009.

implement health information technology resources that will serve safety net clinics across the state by building a Wide Area Network (WAN) to support centralized servers, software, videoconferencing, and telehealth applications. The health integrated network will initially include nine CHCs located throughout Alaska: Bethel, Cordova, Glennallen, Homer, Kodiak, Naknek, Soldotna, Unalaska and Wrangell, with expectations of other CHCs joining in the future.

Current Status

There are currently six active Community Health Centers participating in the project: Seldovia, Wrangell, Unalaska, Skagway, Bethel, and Cordova. Nextgen Health care Information Systems is the selected vendor for this Electronic Medical Record (EMR) and Practice Management (PM) project. Currently, four of the six clinics (Unalaska, Bethel, Skagway, and Cordova) are now live with the EMR and PM modules with a work plan that projects that Homer and Wrangell will be live by June 2011. To insure successful go-live implementation, the implementation timelines were scheduled at the request of each clinic.

Challenges faced thus far have been consistent with other EMR implementations, specifically provider buy-in and time dedicated for clinic staff for project implementation in addition to daily duties.

APCA has received additional funding from the Health Resources and Services Administration (HRSA): $750,000 in October 2009 for centralized staffing and project completion, as well as $567,891 in June 2010 to add innovative enhancements to the array of ACHIN services — namely, customizing the EMR application and templates to support behavioral health services to include an interface with the Alaska Automated Information Management System (AKAIMS) and providing centralized billing services.

AKAIMS is a "free," evolving, Web-based application and database that serves dual purposes, a management information system (MIS) and clinical documentation tool. As an MIS tool, the system allows the Division of Behavioral Health (in the Alaska Department of Health and Social Services) to meet current and emerging state and federal reporting requirements. As a clinical documentation tool, AKAIMS provides an agency the ability to create a full Electronic Medical Record (EMR) compliant with Health Insurance Portability and Accounting Act (HIPAA) and other federal standards. Providers have the ability to assess patients, administer facilities, manage waitlists and collect outcome measurement data in real-time via a secure, Web-based framework.[3]

ACHIN now has two application analysts, a network/system engineer, a database administrator, and soon, a billing staff. APCA and the ACHIN group continue to collaborate with the Alaska eHealth Network regarding the statewide health information exchange to support interoperability and continuity of care efforts.

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[3] State of Alaska, Behavioral Health, AKAIMS History. Retrieved from:
http://hss.state.ak.us/dbh/AKAIMS/history.htm

Measures

The network's clinical measures are consistent with Bureau of Primary Health Care (BPHC) Uniform Data System (UDS) report measures and the team has begun to perform data validation assessments as each clinic utilizes the EMR module, but the project clinical team will be evaluating future metrics to comply with the meaningful use requirements defined by Centers for Medicare and Medicaid Services (CMS).[4]

Contact Information

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Alaska eHealth Network

Objectives/History

The Alaska eHealth Network (AeHN) was incorporated in July 2008 as a not-for-profit corporation, having evolved from preceding statewide efforts and planning processes including the Alaska Telehealth Advisory Council (ATAC). The state of Alaska has awarded a contract to the Alaska eHealth Network (AeHN) to procure and manage development of an interoperable health information exchange (HIE) network.

Current Status

In March 2010, the Alaska Department of Health and Social Services (DHSS) entered into a cooperative agreement with the Office of the National Coordinator for Health Information Technology (ONC) to create a HIE in Alaska. The state of Alaska then awarded a contract to AeHN to procure and manage development of a HIE network. AeHN is partnering with the state of Alaska, providers, and public stakeholders to develop an interoperable and sustainable health information exchange in Alaska. AeHN published a request for proposals for an HIE software vendor[5]; the vendor selection was completed in the fall of 2010; contract negotiations are nearly complete.

Measures

Progress will be monitored through a variety of methods including bimonthly teleconferences for networking and periodic progress updates. Measures on adequate funding and levels of health information exchange occurring across the state will be reported when available by AeHN staff.

Next Steps

This collaborative effort continues work towards development and implementation of a sustainable statewide health information exchange (HIE) system. The recently established AeHN website is located at http://www.ak-ehealth.com.

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[4] CMS and ONC final regulations define "meaningful use" and set standards for electronic health record incentive program. Retrieved from: http://hss.state.ak.us/hit/docs/Fact%20Sheet_MU.pdf
[5] State of Alaska, Epidemiology Bulletin #20, July 12, 2010. Retrieved from: http://www.epi.alaska.gov/bulletins/docs/b2010_20.pdf.

Contact Information

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Alaska EHR Alliance

Objectives/History

The Alaska EHR Alliance (AEHRA) conducted an EHR Selection Project through funding from the Alaska eHealth Network via a grant from the state of Alaska. The EHR Selection Project was initiated by a 2009 survey that determined one of the largest barriers to EHR adoption in Alaska is the difficulty deciding on a vendor and product. Through an eight-month evaluation process involving a 15-member statewide taskforce consisting of physicians and clinic managers, EHR vendors were evaluated based on their products, pricing, reputation and interoperability.

Current Status

After an eight-month due diligence process, the Alaska EHR Alliance announced the selection of two outstanding EHR vendors to recommend to Alaska providers, e-MDs and Greenway. With more than 250 vendors to choose from, the process was thorough and lengthy. The five finalist vendors were: Allscripts; Amazing Charts; eClinical Works; e-MDs; and Greenway.[6]

Measures

Usage reports as provided by AEHRA and AeHN.

Contact Information

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Alaska Psychiatric Institute Telebehavioral Healthcare Services

Objectives/History

The Alaska Psychiatric Institute (API) Telebehavioral Healthcare Services (TBHS) program was originally envisioned under the auspices of the Alaska Telehealth Advisory Council to serve rural communities in Southcentral and Northern Alaska. The API TBHS multidisciplinary team of mental health clinicians provides behavioral health care services to rural communities throughout Alaska by way of advanced video-teleconferencing technology. The program has continued to grow in the specific number of sites that may access psychiatry because of continuing integration with other information technology, video-teleconferencing, and health care provider networks across Alaska, including the Alaska Native Tribal Health Consortium, Alaska Federal Health Care Access Network (AFHCAN), Alaska Communications, and GCI Connect M.D., a medical network that consists of over 200 facilities including clinics, hospitals, and medical corporations in the Pacific Northwest and Alaska.[7]

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[6] Alliance endorses eMDs and Greenway, Retrieved from: http://aehra.org/.
[7] GCI ConnectM.D., Medical Network Overview: http://www.connectmd.com/mednet.htm retrieved 04/05/2009.

This program has extended the clinical infrastructure of the API hospital to areas typically not served by mental health professionals. The goal of this project is to provide access for rural and Bush (frontier) Alaskans to higher levels of behavioral health treatment through technology, making it possible for patients experiencing mental illness to remain home for treatment and monitoring, rather than being transported to Alaska's urban centers, or in some cases to out-of-state residential psychiatric treatment centers.

The single most influential factor maintaining individuals with psychiatric issues in their local community is intensive follow-up treatment, a service API TBHS provides for partner sites. The TBHS outpatient program[8] is currently serving adults, children and adolescents throughout rural Alaska in partnership with the Maniilaq Health Corporation, Tok Area Counseling Center, Sounds Alternatives/Cordova Medical Center, Copper River Native Association, and SeaView Community Services.

Current Status

In addition to the outpatient telebehavioral health services offered to partner rural sites, the program emphasizes the "collaborative care" model that integrates behavioral health with primary care. Specifically, this program plans to assist local primary health care providers in identifying and treating adults with depression by offering a psychiatric consultation and liaison model as defined in the Improving Mood—Promoting Access to Collaborative Treatment (IMPACT) framework. Individuals with unidentified mental health problems often present in the primary care setting for routine health care concerns. Many have not been evaluated and are not receiving treatment from traditional behavioral health providers. The IMPACT framework is a Substance Abuse and Mental Health Services Administration (SAMHSA) evidence-based model of practice designed for use by primary care providers to identify and improve outcomes for consumers who suffer from major depression or dysthymic disorders, Alaska's most prevalent mental disorders. In the event the patient does not respond to the initial treatment plan, the psychiatric consultant can augment the primary care team with additional intervention and treatment. This framework has the potential to become a beneficial treatment for individuals living in remote Alaska villages for which traditional behavioral health treatment is not locally available.

TBHS also offers the Frontline Remote Access Clinic which gives primary care and behavioral health providers in small, remote communities quick and easy access to behavioral health consultation and patient treatment as needed. By completing a one-page fee-for-service agreement, providers can make a videoconference appointment for a patient on a "walk-in" basis at the virtual clinic.[9]

The Frontline Behavioral Health Talks is a series of education videoconferences[10] for primary care and behavioral health providers delivered by behavioral health experts. Alaska behavioral health experts offer insights and technical assistance on mental health topics.

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[8] API TBHS Web page. Retrieved from: http://hss.state.ak.us/dbh/API/telepsychiatry.htm.
[9] API Frontline Remote Access Clinic. Retrieved from: http://hss.state.ak.us/dbh/API/remote_access.htm.
[10] API Frontline Behavior Health Talks Videoconferencing. Retrieved from: http://hss.state.ak.us/dbh/API/videoconf09/videocon.htm.

Measures

The API Telebehavioral Health Care Services program has completed a total of 1,669 encounters from May 3, 2004, to January 15, 2011. See below for graphic illustration of patient encounters by calendar year for the period of 2004 through 2010. The program experienced a downturn in encounters during 2010 because of a decrease in the availability of psychiatric time. Since the last quarter of 2010, availability of psychiatric time has increased to meet the growing demands of the program. As a result, we expect an overall increase in encounters throughout 2011.

Direct Patient Encounters by Year

Year	Encounters
2004	~40
2005	~110
2006	~60
2007	~95
2008	~460
2009	~600
2010	~300
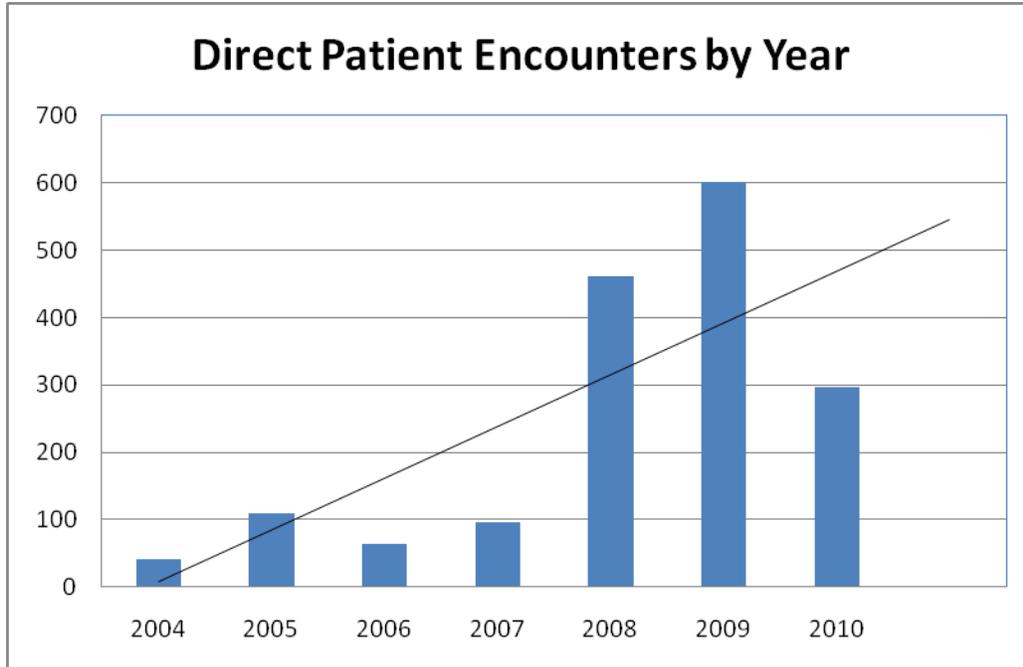
Contact Information

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Alaska Regional Extension Center

Objectives/History

Alaska's Regional Extension Center, (REC), managed by the Alaska eHealth Network (AeHN), opened for business in September 2010. Alaska's REC is one of 60 federally-supported centers aimed at assisting providers with the adoption and effective use of electronic health records to improve health care outcomes and efficiencies.[11] The Alaska REC assists health care providers to select, implement, and/or upgrade electronic health records to improve patient care using federal funds awarded through the American Recovery and Reinvestment Act Regional Extension Center Program. As part of the program, health care providers have the opportunity to

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[11] AeHN President's Update, summer 2010, retrieved 11/08/2010 from http://www.ak-ehealth.com/LinkClick.aspx?fileticket=uKj6SsI-tew%3D&tabid=37.

participate in discounted electronic health record products and services, as well as technical assistance to help them achieve meaningful use of health information technology according to federal requirements.

AeHN offers assistance to health care providers for all aspects of Electronic Health Record (EHR) use from the preliminary evaluation of EHR products to advanced use applications. AeHN membership supports eligible providers through assistance in the evaluation and selection of either the Medicare or Medicaid EHR Incentive Programs.

The state of Alaska is currently developing a State Medicaid HIT Plan[12] (SMHP); this plan will provide the vision for HIT for Alaska Medicaid. The SMHP will also define how Alaska will determine and verify provider eligibility for EHR incentives, how payments will be made, how meaningful use will be reported and verified, and how state controlled health data is linked on the state network and with the HIE. AeHN members will have future access to Alaska's HIE that will allow the exchange of electronic health records to facilitate access to important health care information for providers and patients in a timely and secure manner.

Primary care provider members are eligible for up to $3,000 in REC technical services to assist their practices in adopting or upgrading to certified EHRs and improving competencies in EHR use. These services will also be available to all other providers at lower, contracted partners' rates. A monthly membership fee applies.

Current Status

Program services include: selection, implementation, or upgrading to a certified EHR, EHR readiness assessment, selecting and contracting with a vendor, implementation support and workflow design/redesign, training, post-implementation support services, and Information Technology (IT) support and maintenance. Additionally, eligible primary care providers can qualify for up to $3,000 in the American Recovery and Reinvestment Act of 2009 (ARRA) funding, and rural or critical access hospitals can qualify for up to $12,000 in ARRA funding. AeHN membership is open to any health care provider, health insurer, organization providing services to health care providers, governmental entity, non-governmental entities serving the health care industry and private individuals. A member may fit multiple categories, but would only be eligible for the "best fit" category, or the category which most closely matches the organization:

- Category A: Hospitals and Multi-service Health Systems — Statewide or regional enterprises with multiple facilities and medically trained personnel that provide services to patients. Dues: $1/$10,000 of gross revenues related to health services delivery;
- Category B: Medical and Dental Providers — Enterprises with physicians, dentists, or other medically trained personnel that provide direct medical services to patients. Dues: $100 per full-time equivalent medical professional (M.D., DDS, PA, NP) employed;
- Category C: Ancillary Services Providers — Non-hospital enterprises providing laboratory, imaging, or pharmacy services for patients. Dues: $100 per Alaska service location;

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[12] State of Alaska, Health Information Technologies. Retrieved from:
http://hss.state.ak.us/hit/programs/ehr/providers/staterole.htm.

- Category D: Health Insurance Providers — Enterprises providing health insurance benefit services for Alaska residents. Dues: Share of amount total based on the Alaska Comprehensive Health Insurance Association (ACHIA) distribution formula;
- Category E: Governmental and Non-Profit Entities — Federal, state, city, borough, municipality, or special governmental district, or not-for-profit professional or charitable organization that does not provide medical care services outlined in Categories A-D. Dues: $250 per organization; and
- Category F: Individual – Individual private adult Alaskans. Dues: $25 per individual.

Measures

Please reference AeHN measures listed above.

Contact Information

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Alaska Rural Telehealth Network

Objectives/History

The Alaska Rural Telehealth Network (ARTN) is the only telehealth network in Alaska that was created by and remains driven by its members.[13] This consortium of nine small, rural hospitals and two community health centers (CHCs) joined forces with the Alaska Small Hospital Performance Improvement Network (ASHPIN) in a fundraising effort to design and implement a telehealth network to address their communities' unique clinical and educational needs. The result is a network of rural health care facilities solely committed to improving access to and the quality of health care for all Alaskans. The mission of the ARTN is to provide its members — small, rural, and remote hospitals and clinics across Alaska — with access to modern telecommunications capabilities, and medical equipment and specialty physicians to provide a broader range of access to improved health care services for the communities and residents served by ARTN member facilities.

Current Status

ARTN is in transition to a new agreement with Alaska Communications for services. There are currently six participants in the system: Cordova, Dutch Harbor, Glennallen, Homer, Sitka, and Wrangell.

The fee structure will change given the change in participation which may mean a higher fee due to a decrease in participating sites.

Measures

The network has historically monitored usage levels for teleradiology services and videoconferencing through measurements of bandwidth usage. A second measure is income

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[13] The Alaska Rural Telehealth Network: Who we are…: retrieved 03/05/2009 from: http://www.artn.org/.

generated from user fees. The fee structure has been based on the number of sites participating. Participating sites are required to submit a completed evaluation form after all video conference events as a measure of program quality, appropriateness of content, and comprehension of the information presented.

Contact Information

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Eastern Aleutian Tribes

Objectives/History

Eastern Aleutian Tribes (EAT) continues to work to improve patient care. The tribal health care organization recently received word that it had been accepted as a participant in a telehealth innovation project sponsored by Indian Health Services' Innovations in Planned Care Collaborative, also known as Improving Patient Care (IPC).

The new program provides funds to purchase approximately 20 remote blood pressure (BP) monitors which will include a special BP cuff and HIPAA-compliant transmission equipment. The equipment will be provided to patients who want to control their blood pressure better, and once they've improved their numbers, the device can be used by others. That way, the 20 units will actually cover more than 20 individuals.

The effort will target empanelled individuals in EAT's micro-system who are either above ideal blood pressure, or are otherwise at high risk, for example individuals with diabetes whose blood pressure is not in optimal control. EAT was chosen partly because of its fully empanelled micro-system, established care teams, and its history of reliability on reporting measures.

Telehealth applications such as this can be particularly beneficial for patients who are unable to travel, or for those living in rural or underserved urban areas such as patients in the EAT service area. Telehealth programs that integrate information, telecommunications, and physiological monitoring technology are providing cost-effective, convenient alternatives to in-office visits for tribal beneficiaries.[14]

Current Status

EAT provides an integrated system of preventive, primary, urgent and emergent medical, behavioral and dental health care for all patients. Referrals for specialty care are coordinated through case management. Services available include point-of-care laboratory tests, digital X-ray, telemedicine, pharmacy, immunizations, physical examinations, health information, family planning, screening, well-child, prenatal care, chronic and self-management support.

EAT is in the third year of a three-year grant funding cycle awarded from the Office of

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[14] Eastern Aleutian Tribes, 2010–2015 Report to Our People. Retrieved from: http://www.eatribes.org/misc/strategicplancompressed.pdf.

Rural Health Policy funding our effort and desire to further ongoing collaborative relationships among health care organizations to integrate systems of care administratively, clinically, financially and technologically. The ultimate goal of the program is to build continually self-perpetuating sustainable networks with business (network partner return) and social (community return) competencies that increase access and quality of rural health care in Alaska and ultimately, the health status of rural patients.

Implementation of a system-wide EHR is currently underway. The Indian Health Service (IHS) Resource and Patient Management System (RPMS) EHR is a suite of software applications designed to improve quality of care and patient safety. It permits improved access to important clinical information, direct entry of data by clinicians and other users, and clinical decision support tools at the point of care.[15]

Measures

Senior Leadership at EAT have begun a balanced score card approach to reporting on performance throughout the organization with the identification of key performance indicators of success in four major areas of focus. Key indicators which will lead to success have been identified in the area of Service, People, Quality and Finance. These are all cornerstones of a successful approach to delivery of care for patients in each location. Three to five indicators will now be tracked and reported each month as part of our continuing focus to provide and continually improve quality services in all aspects of health care, supporting the well-being of all EAT beneficiaries.[16]

Contact Information

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Medicaid Management Information System (MMIS) Design Development Implementation (DDI) Replacement Project

Objectives/History

The Alaska Department of Health and Social Services (DHSS) is rebuilding the state's Medicaid claims processing and payment system. The state's current system — commonly called the Medicaid Management Information System or MMIS — is about 20 years old and needs to be replaced with more modern technology.

Federal law requires all states participating in the Medicaid program to operate an automated claims processing system which must be certified by the federal government as a MMIS. Federal rules also require these fiscal agent contracts be competitively bid.

In September 2007 the department awarded a contract to Affiliated Computer Services (ACS) for a new MMIS. The contract includes: design, development and implementation of a new claims

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[15] Ibid
[16] Eastern Aleutian Tribes, 2010-2015 Report to Our People. Retrieved from:
http://www.eatribes.org/misc/strategicplancompressed.pdf.

payment system; a claims data warehouse information system; and operations of the new system for five years. The Division of Health Care Services (DHCS) administers the Medicaid program and has the vision to maintain access to health care and provide health coverage for Alaskans in need. ACS has the experience to fulfill this vision, combining the latest program innovations and technological advancements.

The new MMIS, known as Alaska Medicaid Health Enterprise, is scheduled to go live in the spring of 2012. The system will be available to providers and recipients who participate in the medical assistance programs as well as to the fiscal agent and state staff. Alaska Medicaid Health Enterprise is a sophisticated, Web-enabled solution for administering all Medicaid programs. It will have self-service features so users can access the system through a user-friendly Web portal. This progressive MMIS system will incorporate innovative features and advancements that provide the foundation for future growth.

A priority goal for the division is to transition to the new Alaska Medicaid Health Enterprise with minimum disruption to state employees, providers and recipients, while overcoming the challenges of provider enrollment and provider/recipient training.

Current Status

The new MMIS, Alaska Medicaid Health Enterprise, is projected to go live in spring 2012 and at that time, the certification process will begin to evaluate functionality of the system.

Measures

The project is using standard project management processes as defined in the Project Management Book of Knowledge, published by the Project Management Institute. The project reports the schedule performance index (SPI) measure to the project governance committee monthly. The current SPI as of 31 December 2010 is 0.96.

Contact Information

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Providence Health &Services Community Connect

Objectives/History

Providence Health and Services Alaska is offering the Epic Electronic Health Record (EHR) and Practice Management System to Providence-affiliated independent physicians as a low-cost option for access to high quality EHR technologies. This service provides users instant access to a broad range of patient clinical data by sharing a single EHR system to create a virtual connection between physicians and patients. Epic is considered one of the most advanced, fully integrated EHR systems on the market today.[17]

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[17] Providence Community Connect information packet provided by Kathie Bethard at the From EHR's to Meaningful Use Workshop, Nov. 19, 2010, in Anchorage, Alaska.

Current Status

The Providence Family Medical Center and Pediatrics Sub-Specialties went live Oct. 1, 2010, with their Epic EHR product. "Affiliates" began implementing on Nov. 1, 2010. There is a 75-percent subsidy for the first three years, making initial costs quite low. Costs for the first year per provider are $4,263 (installation and license) then $234 per month. Years 2 and 3 are just $234 per month.[18]

Measures

User rates and service contract participant numbers as provided by Providence Health and Services Alaska.

Contact Information

Kathie Bethard, e-mail: Kathie.bethard@providence.org

Southeast Alaska Regional Health Consortium Telebehavioral Health Program

Objectives/History

The Southeast Alaska Regional Health Consortium (SEARHC) telebehavioral health program began providing confidential psychiatric, behavioral health and substance abuse services to patients in 10 remote communities in Southeast Alaska in 2004. Areas served include the following rural communities: Angoon, Haines, Hydaburg, Juneau, Kake, Klawock, Klukwan, Pelican, Petersburg and Thorne Bay — with management from the SEARHC Haa Toowóo Náakw Hít Behavioral Health Clinic in Sitka.[19] The program's mission is to expand psychiatric and behavioral health services and related activities via live video conferencing to remote villages in order to provide high quality behavioral health care.

Current Status

The SEARHC Telebehavioral Health Program is providing psychiatric, mental health, and substance abuse treatment services using teleconferencing equipment to talk face-to-face with a mental health clinician who is located at the main hub in Sitka or one of the partnering sites. The program is currently being used to provide an assortment of psychiatric services, including psychiatric assessments, medication evaluations, psychotropic medication refills, mental health assessment/evaluation and triage, mental health and substance abuse consultation, psychotherapy and counseling, prevention services, treatment team review/treatment planning, clinical supervision, behavioral health education and training, and behavioral health administration activities.

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[18] Ibid

[19] SEARHC is among the nation's leaders in telebehavioral health:
http://www.searhc.org/common/pages/whatsnew/archive/archive23/index.php retrieved 03/07/09.

Measures

Health Planning and Systems Development Section staff, Mark Doughty, will monitor and report usage levels as available from SEARHC annual reports. Last report posted online as referenced above.[20]

Contact Information

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Federal Initiatives

Alaska Federal Health Care Access Network

Objectives/History

The Alaska Federal Health Care Access Network (AFHCAN) began as an initiative of the Alaska Federal Health Care Partnership (AFHCP). The "Partnership" is a unique collaboration of federal agencies that has been in existence since 1994. The AFHCP has brought together the Department of Veterans Affairs (VA), Department of Defense (DoD), Department of Homeland Security (U.S. Coast Guard–USCG), Indian Health Service (IHS), and the Alaska Native Tribal Health Consortium (ANTHC) for the purpose of providing health care to more than 300,000 federal beneficiaries in Alaska.

AFHCAN is now managed as a department within the Division of Health and Information Technology at the Alaska Native Tribal Health Consortium. ANTHC is a tribal organization, as defined in 25 U.S.C. 450 (b) (c) [1], and is a managing partner of the Alaska Native Medical Center (ANMC), which provides tertiary and specialty health care services in Alaska.

The Alaska Federal Health Care Access Network is a telehealth system composed of 248 sites across the state. A total of 44 federal beneficiary organizations participate in the network, including Native and tribal groups, veteran and military providers, and the state of Alaska.

The state of Alaska (SOA) section of Public Health Nursing (PHN) has upgraded 21 AFHCAN carts for their remote clinics that are all networked to a common server in Anchorage. These carts are primarily used for patient education. This upgrade allows public health nursing to use the AFHCAN technology to document community and system level interventions taken by public health nurses with and on behalf of local communities.

Current Status

Since 2001, the AFHCAN system has been used by more than 2,000 providers and has resulted in 70,000 store-and-forward clinical cases serving 40,000 patients. Annual usage in 2010 exceeds 14,000 cases per year, serving more than 12,000 Alaskans with an estimated savings of $3 million to $4 million in travel expenses on an annual basis.[21]

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[20] Ibid

[21] Data obtained from PowerPoint slide presentation by Dr. Stewart Ferguson, ANTHC, presented at the 2010 Alaska Rural health Conference.

Measures

Annual usage statistics and estimated cost savings as provided by AFHCAN program staff.

Contact Information

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Federal Communications Commission Pilot Project

Objectives/History

The Federal Communication Commission (FCC) contract was filed by the Alaska Native Tribal Health Consortium on behalf of the Alaska eHealth Network. A three-year, $10.4 million contract was awarded. The objective of the FCC contract is to unify separate electronic health care networks that are being developed throughout the state to supply rural health providers with connectivity to urban referral providers both in Alaska and in the Lower 48. This coordinated network will facilitate the exchange of critical health information between health providers. It will also support telemedicine services, as well as video conferencing and Voice-over-Internet applications. Interested participants are required to submit a letter of agency to the Alaska eHealth Network by close of business on February 15th, 2011.

Measures

Monthly stakeholder meetings are continuing and a Request for Proposals (RFP) is being drafted by the Alaska eHealth Network. The USAC staff has been apprised of the current status of the RFP through these monthly meetings. A FCC approved RFP is expected to be released in early 2011 and no later than June 1st, 2011..

Contact Information

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Health Information Security and Privacy Collaboration

Objectives/History

The Health Information Security and Privacy Collaboration (HISPC) project is a component of the United States Department of Health and Human Services' strategy to identify variations in privacy and security practices and laws affecting electronic clinical health information exchange, develop best practices, and propose solutions to address identified challenges, and increase expertise about health information privacy and security protection in communities.

States and territories selected to participate are charged with bringing together a broad range of stakeholders to develop consensus-based solutions to problematic variations in privacy and security business policies, practices and state laws.

The participating states and territories include: Alaska, Arkansas, Colorado, Guam, Iowa, Illinois, Indiana, Kentucky, Massachusetts, Maine, Michigan, Minnesota, Mississippi, North

Carolina, New Jersey, New York, Ohio, Oklahoma, Rhode Island, South Dakota, Utah, Washington, Wisconsin, West Virginia and Wyoming.

Current Status

The Alaska eHealth Network, Alaska's representative for the Health Information Security and Privacy Collaboration, developed several documents in Phase II of the HISPC project, including privacy and security policies and a draft participation agreement for Health Information Exchange (HIE). Phase III allowed other states to review the work started by Alaska and develop a national set of privacy and security documents including Inter-organizational Agreements for HIE. These agreements were drafted for exchanges between two public entities, exchanges between two private entities, and exchanges between a public and a private entity. Through the extension of Phase III, Alaska was able to participate in a pilot exchange with Iowa that utilized the Inter-organizational Agreement for HIE between private entities, and an actual exchange of protected health information was completed. This project is now complete, although the Alaska eHealth Network continues to participate in other national initiatives on privacy and security. The documents drafted as part of the HISPC project were reviewed by the Office of the National Coordinator for Health IT, and it is expected that they will be used by HIEs nationwide.

Measures

Final deliverables for the HISPC project included Inter-Organizational Agreements (IOAs) and policies delivered to the Office of the National Coordinator (ONC) for Health Information Technology, and reports on the various pilots conducted between member states.

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Tri-State Child Health Improvement Consortium

Objectives/History

The Alaska Department of Health and Social Services (DHSS) is participating in a tri-state collaborative effort with Oregon and West Virginia on the Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Project funded by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS).

The Tri-State Child Health Improvement Consortium (TCHIC) will work on the following grant categories:

- Test federal government proposed measures of quality of children's care;
- Promote the use of Health Information Technology (HIT) in reporting on and improving children's health care delivery; and
- Demonstrate effectiveness of practice based models for improved care for children.

DHSS has chosen the term "medical home," to describe the type of practice transformation it will support under the pilot. A medical home is "home" in the sense that in addition to

addressing primary care needs, it also coordinates Early Periodic Screening, Diagnosis and Treatment (EPSDT) services (including dental, behavioral, and other needs) when serving children enrolled in Medicaid and Denali Kid Care.[22]

DHSS is conducting a medical home pilot initiative to identify and evaluate methods for expanding access to EPSDT services for children and adolescents enrolled in Alaska Medicaid and Denali Kid Care. Successful pilot project proposals will address all three of the following areas:

- Developing, adopting and implementing quality measurement tools;
- Developing, adopting and/or improving Health Information Technology, Electronic Health Records (EHR), and participation in Health Information Exchanges (HIE); and
- Developing, adopting and/or improving medical home approaches to child care.

Current Status

The planning phase of this project is well under way. The Division of Health Care Services is seeking medical home pilot project proposals from providers serving children and adolescents (ages 0–20) enrolled in Medicaid and Denali KidCare in accordance with the specifications contained in the Request for Proposals (RFP) which was published 11/22/2010.[23]

Measures

Measures will comply with the 24 Recommended Core Set of Children's Health care Quality Measures for Voluntary use by Medicaid and CHIP Programs.[24]

Contact Information

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United States Department of Agriculture Community Connect Program

Objectives/History

The American Recovery and Reinvestment Act of 2009 appropriated $2.5 billion for the U.S. Department of Agriculture's (USDA) Rural Utilities Service (RUS) to extend loans, grants, and loan and grant combinations to projects that will bring broadband service to rural areas. Rural areas with low or dispersed populations, or demanding terrain, generally have difficulty attracting broadband service providers. Without the funding provided by the ARRA, these characteristics can make the fixed cost of providing broadband service too high to make a business case for investment. In addition to increasing the availability of broadband services, the ARRA funding will create jobs and stimulate short- and long-term economic growth.

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[22] See http://www.cms.gov/MedicaidEarlyPeriodicScrn/02_Benefits.asp.
[23] Online public notice of RFP. Retrieved from:
http://notes4.state.ak.us/pn/pubnotic.nsf/pn/0/6c52ca810f418173892577e000607065?OpenDocument&seq=2.

[24] Recommended Core Set of Children's Health care Quality Measures for Voluntary use by Medicaid and CHIP Programs. Retrieved from:
https://sharepoint.dhss.alaska.gov/hcs/hit/chipra/AK/Shared%20Documents/Quality%20Measurement%20AK/AHRQ%20-%2024%20Core%20Quality%20Measures%20-Full%20Report%20-%20Not%20Marked.pdf.

Current Status

USDA Rural Development funding of $1 million was awarded to Copper Valley Telephone Cooperative, Inc., to provide broadband services to Tatitlek, Alaska. This project is now complete. Copper Valley Telecom is delivering high speed broadband at 6 Mbps Digital Subscriber Line (DSL) speed as well as Ethernet services in Tatitlek. The Chugachmiut federally qualified health center (FQHC) and community center in Tatitlek is now receiving free high-speed Internet access for two years under this program.

There are four other Alaska projects currently underway that will benefit primarily subsistence-level Alaska Native communities, most of which are scattered over tens of thousands of miles without roads. An example is the Yup'ik Eskimo Alaska Natives, who will be provided broadband access by United Utilities' TERRA Southwest project.[25] The Rivada Sea Lion's project will benefit 53 underserved rural Alaska communities. In addition, projects to improve broadband infrastructure are moving forward in Tanana and several rural communities, from Naked Island to Cordova. See below for a synopsis and funding levels for each of these programs:

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[25] UUI is a wholly owned subsidiary of GCI, TERRA Home page retrieved from: http://terra.gci.com/.

The following are synopses and funding levels for each of the respective USDA projects in Alaska:
APPLICANT NAME: United Utilities, Inc. PROJECT NAME: TERRA-SW: Terrestrial Broadband In Southwestern Alaska PROJECT TYPE: Middle Mile FEDERAL AWARD: $44,158,522 Loan, $43,982,240 Grant *PROJECT SUMMARY* United Utilities, Inc., (UUI) will provide middle-mile connectivity to 65 communities in southwestern Alaska. These communities span the Bristol Bay and Yukon Kuskokwim regions, an area approximately the size of North Dakota. Connectivity is over a combination of undersea fiber, terrestrial fiber, and microwave links. UUI will leverage its DeltaNet network to reduce the total cost of deployment.
APPLICANT NAME: Rivada Sea Lion, LLC PROJECT NAME: Southwestern Alaska Broadband Rural Expansion (SABRE) PROJECT TYPE: Last Mile Remote FEDERAL AWARD: $25,333,240 Grant *PROJECT SUMMARY* SABRE delivers low-cost, high-speed broadband and public safety interoperability to the inaccessible communities of Southwestern Alaska. The project will dramatically enhance service to homes, businesses, community centers, schools, medical clinics, and public safety organizations. SABRE uses a unique combination of wireless technologies to deliver leading-edge connectivity to the proposed service area.
APPLICANT NAME: Supervision, Inc. PROJECT NAME: Farther and Faster PROJECT TYPE: Last Mile Remote FEDERAL AWARD: $174,680 Grant *PROJECT SUMMARY* The funding for the Supervision, Inc., "Farther and Faster" project will provide last-mile cable to deliver broadband capability to homes, businesses, and community facilities in Tanana, a predominantly Alaska Native community located on the Yukon River.
APPLICANT NAME: Copper Valley Wireless, Inc. PROJECT NAME: Copper Valley Wireless-Cordova, AK Microwave PROJECT TYPE: Middle Mile FEDERAL AWARDS: $1,747,796 Loan, $1,747,795 Grant **PROJECT SUMMARY** Copper Valley Wireless, Inc. will extend terrestrial connectivity from Naked Island to Cordova. Cordova is a remote rural community with voice service provided by the local cooperative. The project will provide access to the interexchange carrier to provide high-speed broadband to residents.

Measures

Annual updates/progress reports as available from USDA.

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Universal Services Administrative Company/Universal Services Fund

Objectives/History

The Universal Service Administrative Company (USAC) is an independent, not-for-profit corporation designated as the administrator of the federal Universal Service Fund (USF) by the Federal Communications Commission. The Universal Service Fund helps provide communities across the country with affordable telecommunications services through four programs that include the High Cost Program, Low-Income Program, Rural Health Care Program, and the Schools and Libraries Program.[26]

The High Cost Program[27] ensures that consumers in all regions of the nation have access to and pay rates for telecommunications services that are reasonably comparable to those services provided and rates paid in urban areas. The Low Income Program[28] is designed to ensure that quality telecommunications services are available to low-income customers at just, reasonable, and affordable rates. The Rural Health Care Program[29] is designed to provide reduced rates to rural health care providers (HCPs) for telecommunications services and Internet access charges related to the use of telemedicine and telehealth. The Schools and Libraries Program[30] commonly known as the "E-Rate Program," provides discounts to assist most schools and libraries in the United States to obtain affordable telecommunications and Internet access.

All telecommunications carriers that provide service internationally and between states pay contributions into the USF. USAC makes payments from this central fund to support each of the four programs. Consumers are often charged a "Universal Service" line item on their telephone bills. This occurs when a telephone company chooses to recover its contributions directly from its customers through a line item charge on telephone bills. The FCC does not require this method of recovery; rather, each telephone company makes a business decision about whether to directly assess its customers to recover its Universal Service Fund costs.[31]

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[26] USAC Fund Administration Overview: http://www.usac.org/fund-administration/ retrieved 03/07/2009.
[27] USAC About High Cost, Overview of the Program: http://www.usac.org/hc/about/default.aspx retrieved 03/07/09.
[28] USAC About Low Income, Overview of the Program: http://www.usac.org/li/about/default.aspx retrieved 03/07/09.
[29] USAC About Rural Health Care, Overview of the Program: http://www.usac.org/rhc/about/program-overview.aspx retrieved 03/07/09.
[30] USAC About Schools and Libraries, Overview of the Program: http://www.usac.org/sl/about/overview-program.aspx retrieved 03/07/2009.
[31] USAC About Fund Administration, How Does Universal Funding Work?: http://www.usac.org/fund-administration/about/how-universal-service-fund-works.aspx retrieved 03/07/09.

Health Planning and Systems Development section staff members have been working with health facility organizations in rural communities to insure that they are aware of the program and application deadlines. Currently, the use of USF funds to support public health nursing facility connectivity in rural communities is being investigated.

Current Status

The FCC released a Notice of Proposed Rule Making (NPRM) on Sept. 3, 2010,[32] regarding the USAC High Cost Program. In response, the National Rural Health Association (NRHA) drafted a letter to the FCC[33] highlighting concerns about proposed changes that could have negative impacts on rural providers nationwide. Issues covered in the letter include the Health Infrastructure Program that requires a 15-percent match that may be difficult for some providers to achieve; the Broadband Services Program that may require minimum broadband speeds that exceed capability of potentially eligible providers; eligibility criteria that may cause barriers to some providers; limits on types of eligible providers should be expanded to include Emergency Medical Service (EMS), home health and mental health providers; and requirements for health providers to serve as commercial telecommunications providers in a competitive market should be reconsidered.

Measures

During state fiscal year 2009 there were 237 FCC Form 465 applications submitted for rural sites statewide. In state fiscal year 2010, 257 FCC Form 465 applications were submitted, an increase in numbers of participating sites of 8.4 percent over the previous year.

Total federal funding for Alaska through the USAC Rural Health Care Program in fiscal year 2008 exceeded $35.3 million and fiscal year 2009 exceeded $36.1 million. This represents an approximate 2.3-percent increase in funding over the previous year. Figures for fiscal year 2010 are not yet available.

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Upcoming Challenges and Opportunities: What is on the Horizon?

Leadership and Policy Development

The AeHN in partnership with the state of Alaska are providing substantial leadership in the development of a sustainable HIE for all Alaskans. Health care provider buy-in to ensure that adequate numbers of health care practices adopt or upgrade to certified EHR products is critical. The Alaska REC and AeHN will be providing technical assistance needed to help eligible professionals navigate obstacles that may impede progress. Implementation of an interoperable HIE system is slated to begin in early 2011.

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[32] FCC Public Notice. Retrieved from: http://www.fcc.gov/Daily_Releases/Daily_Business/2010/db0921/DA-10-1790A1.pdf.

[33] NRHA letter to FCC. Retrieved from: http://h184435wp.setupmyblog.com/wp-content/uploads/fcc-nprm-comment-letter-final-draft.doc.

Meaningful Use

The Alaska State Medicaid HIT Plan[34] (SMHP) was approved by CMS in December, 2010. The SMHP outlines the process eligible professionals and hospitals are being required to complete in order to receive benefits from meaningful use incentive programs. AeHN, Alaska's REC, the state of Alaska, and CMS are partnering to provide quality technical support for eligible providers who meet published standards for meaningful use. Information for enrollment in Alaska's Medicaid EHR Incentive program as well as the CMS EHR Incentive programs can be accessed through the Alaska State Level Registry Web page at: http://ak.arraincentive.com/.

Looking Forward

This year (2011), promises to be a busy time for Alaskans working in the health care sector. Implementation of the Alaska HIE system is expected to improve the quality of care for Alaskans statewide. Potential benefits include enhanced provider-to-provider sharing of relevant patient information, improved continuity of care, simplification of patient education, and improved efficiencies in management of clinical data with improved patient safety as the ultimate result. With adequate ongoing technical assistance and support, implementation of a variety of integrated health information technologies will bring Alaska's health care industry into the digital age with great hope of improvements in clinical outcomes for everyone treated in our health care system.

In September 2010, $4.5 million in federal ARRA grant funding administered through the Alaska Department of Commerce, Community, and Economic Development, was used to launch the Connect Alaska project.[35] There are three primary objectives being addressed through the Connect Alaska project which include: (1) mapping broadband service availability across the state, (2) understanding broadband adoption rates throughout Alaska, and (3) determining what barriers exist (community by community) that inhibit broadband usage. The project is moving forward and their website is being used as a means for broadband providers and the general public to identify and begin to address barriers to broadband access and development. In addition, regional broadband capability coverage maps have been published on the Connect Alaska website which can be accessed at: http://www.connectak.org/.

Conclusions

Considerable investment in the development of broadband infrastructure across the state of Alaska currently is moving forward with funding from federal, state, and private entities to help bring affordable access to Web-based applications to citizens of rural communities. When these projects are complete, many of Alaska's most remote areas will be able to utilize Internet-based applications much like urban communities have enjoyed for the past decade. The costs associated

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[34] State of Alaska HIT Information for providers, retrieved from:
http://hss.state.ak.us/hit/programs/ehr/providers/staterole.htm.

[35] Press Release: Connect Alaska Recieves ARRA Grant for Broadband Expansion Efforts. Retrieved from:
http://www.connectak.org/press_release/?id=tag:blogger.com,1999:blog-5203348405781144687.post-3800273656299196079.

with broadband access in many rural communities will likely decrease towards urban rates making reliance on federal subsidies provided through the USAC less substantial.

Critical access hospitals, local regional hospitals, community health centers, and private practice physicians, continue to invest in a variety of EHR products from different vendors. The AEHRA has made considerable progress in making the EHR selection process more manageable for small providers statewide in a variety of health care settings. Moving forward, demand for support from local providers will likely increase substantially making the Alaska REC and AeHN critical partners in ensuring that all barriers to deployment of interoperable EHR systems in the public and private sectors are resolved so development of a functional statewide Health Information Exchange (HIE) service moves forward in an efficient, secure, and user-friendly environment.

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[3] State of Alaska, Behavioral Health, AKAIMS History. Retrieved from: http://hss.state.ak.us/dbh/AKAIMS/history.htm.

[4] CMS and ONC final regulations define "meaningful use" and set standards for electronic health record incentive program. Retrieved from: http://hss.state.ak.us/hit/docs/Fact%20Sheet_MU.pdf.

[5] State of Alaska, Epidemiology Bulletin #20, July 12, 2010: http://www.epi.alaska.gov/bulletins/docs/b2010_20.pdf retrieved 07/27/2010.

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[10] API Frontline Behavior Health Talks Videoconferencing. Retrieved from: http://hss.state.ak.us/dbh/API/videoconf09/videocon.htm.

[11] AeHN President's Update, summer 2010, retrieved 11/08/2010 from http://www.ak-ehealth.com/LinkClick.aspx?fileticket=uKj6SsI-tew%3D&tabid=37.

[12] State of Alaska, Health Information Technologies. Retrieved from: http://hss.state.ak.us/hit/programs/ehr/providers/staterole.htm .

[13] The Alaska Rural Telehealth Network: Who we are…: retrieved 03/05/2009 from: http://www.artn.org/.

[14, 15, 16] Eastern Aleutian Tribes, 2010-2015 Report to Our People. Retrieved from: http://www.eatribes.org/misc/strategicplancompressed.pdf.

[17, 18] Providence Community Connect information packet provided by Kathie Bethard at the From EHR's to Meaningful Use Workshop, November 19th, 2010 in Anchorage, Alaska.

[19, 20] SEARHC is among the nation's leaders in telebehavioral health: http://www.searhc.org/common/pages/whatsnew/archive/archive23/index.php retrieved 03/07/09.

[21] Data obtained from PowerPoint slide presentation by Dr. Stewart Ferguson, ANTHC, presented at the 2010 Alaska Rural health Conference.

[22] See http://www.cms.gov/MedicaidEarlyPeriodicScrn/02_Benefits.asp.

[23] On-line public notice of RFP. Retrieved from: http://notes4.state.ak.us/pn/pubnotic.nsf/pn/0/6c52ca810f418173892577e000607065?OpenDocument&seq=2.

[24] Recommended Core Set of Children's Health care Quality Measures for Voluntary use by Medicaid and CHIP Programs. Retrieved from: https://sharepoint.dhss.alaska.gov/hcs/hit/chipra/AK/Shared%20Documents/Quality%20Measurement%20AK/AHRQ%20-%2024%20Core%20Quality%20Measures%20-Full%20Report%20-%20Not%20Marked.pdf.

[25] UUI is a wholly owned subsidiary of GCI, TERRA Home page retrieved from: http://terra.gci.com/.

[26] USAC Fund Administration Overview: http://www.usac.org/fund-administration/ retrieved 03/07/2009.

[27] USAC About High Cost, Overview of the Program: http://www.usac.org/hc/about/default.aspx retrieved 03/07/09.

[28] USAC About Low Income, Overview of the Program: http://www.usac.org/li/about/default.aspx retrieved 03/07/09.

[29] USAC About Rural Health Care, Overview of the Program: http://www.usac.org/rhc/about/program-overview.aspx retrieved 03/07/09.

[30] USAC About Schools and Libraries, Overview of the Program:
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[32] FCC Public Notice. Retrieved from:
http://www.fcc.gov/Daily_Releases/Daily_Business/2010/db0921/DA-10-1790A1.pdf.

[33] NRHA letter to FCC. Retrieved from: http://h184435wp.setupmyblog.com/wp-
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Appendix A: Acronyms

Acronym	Description
ACHIA	Alaska Comprehensive Health Insurance Association
ACHIN	Alaska Community Health Integrated Network
ACS	Affiliated Computer Systems
AeHN	Alaska electronic Health Network
AEHRA	Alaska Electronic Health Record Alliance
AFHCAN	Alaska Federal Health Care Access Network
AFHCP	Alaska Federal Health Care Partnership
AKAIMS	Alaska Automated Information Management System
ANMC	Alaska Native Medical Center
ANTHC	Alaska Native Trials Health Consortium
APCA	Alaska Primary Care Association
API	Alaska Psychiatric Institute
ARRA	American Recovery and Reinvestment Act of 2009
ARTN	Alaska Rural Telehealth Network
ASHPIN	Alaska Small Hospital Performance Improvement Network
ATAC	Alaska Telehealth Advisory Council
BP	Blood Pressure
BPHC	Bureau of Primary Health Care
CHC	Community Health Center
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act
CMS	Centers for Medicare and Medicaid Services
DDI	Design Development Implementation
DDS	Doctor of Dental Surgery
DHCS	Division of Health Care Services
DHSS	Department of Health and Social Services
DoD	Department of Defense
DPH	Division of Public Health
DSL	Digital Subscriber Line
EAT	Eastern Aleutian Tribes
EHR	Electronic Health Record
EMR	Electronic Medical Record
EMS	Emergency Medical Services

Acronym	Description
EPSDT	Early Periodic Screening Diagnosis and Treatment
FCC	Federal Communications Commission
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HCP	Health Care Provider
HCS	Health Care Services
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HISPC	Health Information Security and Privacy Collaboration
HIT	Health Information Technology
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
IMPACT	Improving Mood - Promoting Access to Collaborative Treatment
Inc.	Incorporated
IOA	Inter-Organizational Agreement
IPC	Improving Patient Care
IT	Information Technology
MD	Medical Doctor
MIS	Management Information System
MMIS	Medicaid Management Information System
NP	Nurse Practitioner
NPRM	Notice of Proposed Rule Making
NRHA	National Rural Health Association
ONC	Office of the National Coordinator for Health Information Technology
PA	Physician Assistant
PM	Practice Management
RFP	Request for Proposal
REC	Regional Extension Center
RPMS	Resource and Patient Management System
RUS	Rural Utilities Service
SABRE	Southwestern Alaska Broadband Rural Expansion
SAMHSA	Substance Abuse and Mental Health Services Administration
SEARHC	South East Alaska Regional Health Consortium
SFY	State Fiscal Year
SMHP	State Medicaid Health Information Technology Plan

Acronym	Description
SOA	State of Alaska
SPI	Schedule Performance Index
TBHS	Telebehavioral Health Services
TCHIC	Tri-State Child Health Improvement Consortium
UDS	Uniform Data System
USAC	Universal Service Administrative Company
USCG	United States Coast Guard
USDA	United States Department of Agriculture
USF	Universal Service Fund
UUI	United Utilities Incorporated
VA	Veterans Administration
WAN	Wide Area Network

Appendix B: Contact List

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