

2009



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

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****Please note: 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.**

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INTRODUCTION

Alaska health-care providers and patients continue to rely on an outdated health-care infrastructure, with many providers using only paper based systems, which contributes to dangerous drug interactions, missed diagnoses, costly delays, duplicate testing and administrative overhead. According to national studies, these problems contribute to approximately 5 percent of health-care expenditures or \$250 million annually in Alaska and unnecessarily degrade the quality of health care for all Alaskans.¹

Senate Bill 133 (SB 133), introduced during the 26th Alaska State Legislature by Senator Joe Paskvan and signed into law by Governor Sarah Palin in May 2009, will help modernize Alaska's health-care IT infrastructure by developing a secure electronic Health Information Exchange (HIE) system. The standards-based HIE that evolves from SB 133 will allow individual Alaskans 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.² The intended outcome of a fully implemented Alaska Health Information Exchange Network will improve patients' access to care, reduce unnecessary testing and procedures, improve patient safety, reduce health agency administrative costs, and enhance rapid response to public health emergencies.

Health Information Technology (HIT) offers great promise as a means to achieve more affordable, safe, and accessible health care for Alaskans statewide. These new technologies are being introduced to bring all levels of medical care together, from general practitioners to specialists, effectively bridging the health-care gap experienced by many of our communities where shortages of appropriately trained health-care providers have been difficult to resolve.

The assortment of digital applications available for use by health-care providers and organizations includes personal health records (PHRs), electronic health records (EHRs), electronic medical records (EMRs), computerized physician order entry (CPOE) systems, health information exchange (HIE) systems. Telehealth systems, such as teleradiology, telebehavioral health, telepharmacy, and distance learning systems utilizing videoconferencing equipment are also emerging as cost-effective ways to improve health-care quality outcomes. Interoperable HIT systems built with these fundamental components can be utilized to enhance patient safety and continuity of care by streamlining access to critical health-care information by both clinicians and consumers alike.

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.

Data presented throughout this document are provided for informational purposes only and do not reflect the opinions or views of the state of Alaska, the Department of Health

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

² Ibid.

and Social Services, the Division of Health Care Services, the section of Health Planning and Systems Development, and/or any partnering agencies.

IN-STATE INITIATIVES

ALASKA COMMUNITY HEALTH INTEGRATED NETWORK

Objectives/History

In August 2008, a State of Alaska funding request³ was approved to fund the initial phase of a project to build an integrated health information network across the state's Community Health Centers (CHC) for sharing of electronic health records. The Alaska Primary Care Association (APCA) has created the Alaska Community Health Integrated Network (ACHIN) project to 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

The APCA hired a project director in January 2009 to manage this effort and the project is moving forward.

1. There are currently six active Community Health Centers participating in the project: Seldovia, Wrangell, Unalaska, Skagway, Bethel and Cordova.
2. Initial cost to join the network ranges from \$105,000 (Bethel) to \$305,000 (Unalaska) based on the number of providers at each facility due to software licensing fees.
3. Nextgen Health Information Systems is the selected vendor for this EMR and Practice Management (PM) project.
4. One site (Unalaska) is a nonhosted site meaning that all of their hardware and data is maintained locally which required an additional outlay of \$140,000 for that facility. Wrangell also wants to be a nonhosted site and is looking for additional funds (approximately \$80,000) to make that possible at their facility.
5. The project director is currently working on a membership agreement for all participating members of the network that will include a penalty clause for facilities who choose to terminate. This participation agreement and penalty clause is necessary to recover lost capital associated with initial set up and training expenses, which can be substantial.
6. Unalaska (Iliuliuk Family Health Services) is the first clinic to go live with the practice management module on March 16, 2009.

Project Cost Outline: Individual CHCs and the APCA will contribute \$2,668,450, with the balance of \$2,500,000 coming from the state of Alaska.

³ 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.

Measures

This is currently a three-year project, and the hardware and software installation and setup is expected to be complete by fall of 2009. Measures of success will include quarterly assessment of network membership levels and usage levels.

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).

A key forerunner of the AeHN was the Alaska Telehealth Advisory Council, which was established in January 1999 and agreed to the following core principles:⁴

- 1) Any entity that becomes engaged in statewide telehealth in Alaska should ensure equal access, when financially realistic, to all Alaskans who would benefit from this technology.
- 2) All entities participating in telehealth must assure that their systems meet interconnectivity and interoperative standards, and participate in the coordination of other telehealth efforts in the state of Alaska.
- 3) All telehealth applications should be acceptable to both the patient and the provider and be easy to use.
- 4) All entities that participate in telehealth must determine their financial viability for the long term, including the provision of professional capacity development and training as an ongoing component of operating expenses.
- 5) All participants in telehealth in Alaska should engage in a needs assessment and evaluation of services.

Networks capable of allowing prospective providers access to each other's clinical records through a secure interface for provision of medical services and clinically relevant communication was a fundamental purpose in the establishment of the Alaska Telehealth Advisory Council. The necessary interorganizational agreements require Data Sharing Agreements (DSAs) between participating private and public network providers and other health care clinicians. As a result, the need for the ability to share broadly defined medical data in an electronic format became the driving force for development of an interoperable Health Information Exchange (HIE) system for the state of Alaska.

Over the years, several health information technology entities and partnerships have emerged. As the ATAC "sunset," the Alaska Regional Health Information Organization (RHIO) formed as a public-private partnership (2007) and then became Alaska ChartLink.

⁴ Alaska Telehealth Advisory Council Annual Report 2004, Thomas Nighswander M.D., et al, December 2004.

In July 2008, partners in Alaska formed a 501(c) (3) nonprofit organization for purposes of exchanging information and promoting electronic health records. This organization, called the Alaska eHealth Network (AeHN), continues the work of the Alaska ChartLink business plan. Members of the AeHN include representatives from the following entities and organizations: Alaska ChartLink, The Alaska EHR Alliance, the Alaska Native Tribal Health Consortium (ANTHC), the Alaska Primary Care Association (APCA), the Alaska State Hospital and Nursing Homes Association (ASHNHA), AARP Alaska, Bartlett Memorial Hospital, Premera Blue Cross/Blue Shield, Providence Alaska Medical Center (PAMC), State of Alaska Department of Health and Social Services (DHSS), and the United States Department of Veterans Affairs (VA).

The AeHN's mission is to support clinical EMR adoption and to build a statewide network for exchange of the electronic health records to improve efficiency and effectiveness of health care in Alaska by reducing medical errors, eliminating unnecessary and duplicative services (e.g., laboratory tests, prescription medications), automating follow-up and preventive interventions, and increasing the patient's involvement in care. A personal health record (PHR) is part of the AeHN system and will provide a patient-centric approach to sharing and receiving medical records, which will allow patients to have access to their records in order to better understand and control their own health and health care. Improving quality and reducing costs through shared electronic records (both personal and medical) are the foundation of Alaska's emerging health information exchange initiative.

Current Status

The main obstacles thus far have been funding and identifying a sustainable model for establishing a statewide health information exchange. To date, funding sources for this effort include \$500,000 awarded to the ANTHC in state fiscal year 2009 by the state of Alaska Legislature as well as various other partners who have donated monies to keep the project moving forward. The Alaska ChartLink Business Plan (developed in 2007) calls for the generation of revenue through facility and provider user fees and a personal health record subscription fee. This plan shows the break-even point for this extensive coordination of Alaska's health-care system would occur in year six. Partners of the business plan anticipate a total project cost of \$35 million for health information exchange and \$45 million for electronic health records in Alaska over the next five years.

Measures

Bi-monthly teleconferences for networking and progress updates. Ultimate measures would be adequate funding established and health information exchange occurring across the state.

Next Steps

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

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ALASKA PSYCHIATRIC INSTITUTE TELEBEHAVIORAL HEALTH CARE SERVICES

Objectives/History

The Alaska Psychiatric Institute (API) Tele-Behavioral Health care Services (TBHS) program was originally envisioned under the auspices of the Alaska Telehealth Advisory Council to serve rural communities in south-central 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), the Alaska Rural Telehealth Network (ARTN), and GCI Connect M.D., a medical network that is comprised of over 200 facilities including clinics, hospitals, and medical corporations in the Pacific Northwest and Alaska.⁵

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 program is currently serving adults, children and adolescents throughout rural Alaska in partnership with the Maniilaq Health Corporation, the Yukon Kuskokwim Health Corporation, the Edgar Nollner Health Center (Galena), Copper River Native Association, the Council of Athabaskan Tribal Governments Yukon Flats Health Center, and Central Peninsula Hospital.

Current Status

The newest thrust for the TBHS program is the development of a "collaborative care" model that integrates behavioral health with primary care and is delivered by video teleconferencing. Specifically, this program plans to assist local primary health-care providers in identifying and treating adults with depression and dysthymic disorder 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) evidenced-based model of practice. It is being used to assist 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

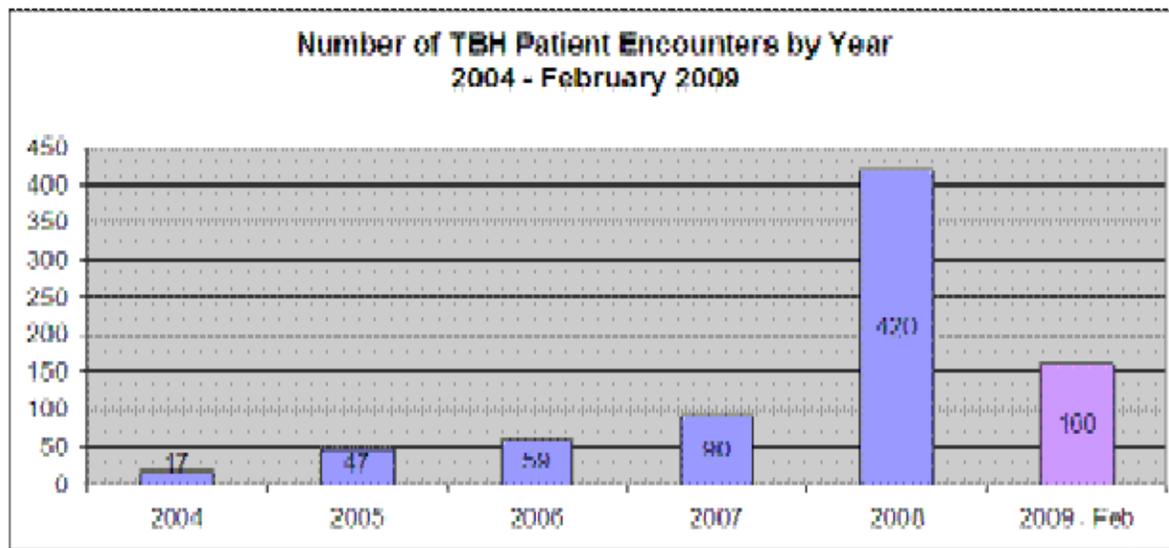
⁵ GCI ConnectM.D., Medical Network Overview: <http://www.connectmd.com/mednet.htm> retrieved 04/05/2009.

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. The program will be partnering with Chugachmiut and the Anchorage Neighborhood Health Center for this promising endeavor.

Ron Adler, CEO of the Alaska Psychiatric Institute, is currently engaged in systems development efforts with Rebecca Madison and the Alaska eHealth Network, working to resolve connectivity issues and interoperability issues at some rural sites.

Measures

The API Telebehavioral Health care Services program completed 420 patient encounters in calendar year 2008, an increase of more than four times the previous year total. Usage data for calendar year 2009 appear to be increasing as well with 160 patient encounters recorded in the first two months. See below for graphic illustration of patient encounters by calendar year for the period of 2004 through February 2009.



Contact Information

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ALASKA REGIONAL HEALTH INFORMATION ORGANIZATION

Objectives/History

The Alaska Regional Health Information Organization (RHIO) was formed as a project under the Alaska Telehealth Advisory Council.⁶ The project has federal funding plus monetary support from strategic partners, including the Alaska Federal Health Care Partnership, the Alaska Native Tribal Health Consortium, Premera Blue Cross/Blue Shield, Providence Alaska Medical Center, and the Alaska Division of Health and Social Services.

⁶ Health Information Exchange (HIE) An Alaska Overview:
http://www.alaskarhio.org/index.php?option=com_content&task=view&id=31&Itemid=1 retrieved 03/05/2009.

In an effort to facilitate electronic health record implementation throughout the state, the Alaska RHIO also works in close partnership with the Alaska EHR Alliance, the Alaska Primary Care Association, Mountain Pacific Quality Health and other organizations throughout the state. These organizations provide planning, implementation and support of electronic health records in physician practices and community health centers.

The Alaska RHIO mission is to facilitate health information exchange (HIE) among consumers, employers, clinicians, hospitals, pharmacies, nursing homes, payers and other health-care providers.

There are two basic components to providing secure health information exchange:

1. functional, standardized electronic health records; and
2. a coordinated, secure health information exchange network.

Current Status

The Alaska Regional Health Information Organization (RHIO) has been incorporated into the Alaska eHealth Network (AeHN) in a collaborative effort to improve the safety, cost-effectiveness, and quality of health care in Alaska.

Measures

Please reference AeHN measures listed above.

Contact Information

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Facilitator: Tom Nighswander, M.D., e-mail: tnighswander@anmc.org

ALASKA RURAL TELEHEALTH NETWORK

Objectives/History

The Alaska Rural Telehealth Network (ARTN) is the only telehealth network in Alaska that was created and remains driven by its members.⁷ This consortium of nine small, rural hospitals and two federally qualified health centers (FQHCs) joined forces with the Alaska Small Hospital Performance Improvement Network (ASHPIN) in a fund-raising 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.

⁷ The Alaska Rural Telehealth Network: Who we are...: <http://www.artn.org/> retrieved 03/05/2009.

Current Status

The ARTN is operational in 11 communities across Alaska, including Soldotna, Cordova, Petersburg, Wrangell, Valdez, Kodiak, Seward, Sitka, Glennallen, Unalaska and Homer.

All sites have digital X-ray capability and most have digital mammography. The 11 sites are all connected and have remote access to a central server at the Wide Area Network (WAN) core located in Anchorage.

A Picture Archive and Communications System (PACS) has been implemented systemwide. The PACS is a computer network dedicated to the storage, retrieval, distribution, and presentation of various types of images including ultrasound, mammography, X-ray, computerized tomography (CT), and positron emission tomography (PET), etc. It allows facilities to have their images read from an off-site location (i.e. a Radiologist not located in their facility), which is commonly referred to as teleradiology. The PACS also replaces the need for facilities to maintain hardcopy images on-site by digitally archiving the diagnostic images on the central server located at the WAN core in Anchorage.

The ARTN WAN Core is fully functioning and located in Anchorage. Collaborative relationships between ARTN members using this technology have helped ensure consistent access to a solidly built and reliable network from both a technological and organizational perspective.

All telecommunications equipment has been updated to accommodate modern technology for each ARTN member facility. ARTN members receive managed video teleconferencing services coordinated by ASHPIN staff which allows them to participate in a myriad of distance education opportunities and participate in real-time meetings reducing the need for travel. In September 2008, the ARTN began broadcasting three regularly occurring events to begin actualizing this broad network goal. Some of these programs — targeting medical providers — include University of Washington, Medicine Grand Rounds and Cardiology Grand Rounds, Utah Telehealth Network's Diabetes Prevention Series, Missouri Telehealth Network's Psychiatric Grand Rounds, and Seattle Children's Pediatric Nursing Grand Rounds. Other regularly scheduled programs are broadcast that target a broader community-based audience. These programs include:

1. **EMS Live at Nite** is a long-running, monthly, educational series hosted by Inland Northwest Health Services in Spokane, Washington. This broadcast targets emergency medical services personnel and provides rural, volunteer units with an opportunity to acquire the continuing education units required to maintain licensure. Upcoming session topics include: How to Identify and Handle Mental Illness, Disaster Preparedness — Wild Land Fires — Weapons of Mass Destruction, Shock, and Packaging the Patient for Transport, to name a few. **EMS Live at Nite** occurs on the second Tuesday of each month from 6:00 p.m.–7:30 p.m. AST. Facilities must preregister to connect, and there is a nominal fee to participate ranging from \$50–\$75 per month depending on the amount of continuing education sought.
2. Seattle Children's Hospital offers their **Autism 101** courses on a bi-monthly basis and its **Autism 200 series** monthly to ARTN member communities. Both events target parents and caregivers of children diagnosed with autism. The 101 session provides a 90-minute

overview of the spectrum disorder to family members of newly diagnosed patients. The Autism 200 series is comprised of nine (9) sessions highlighting autism-related issues around education, interventions, communication, development of social skills and behavior. Specific session dates are listed on the ARTN Calendar of Events at <http://www.artn.org>. These sessions occur on Thursday evenings from 6:00–7:30 p.m. and cost \$10 per family per session.

3. The Native People for Cancer Control Telehealth Network (NPCCTN) began offering ARTN access to their **Cancer Survivor Support Group** in November 2008. These monthly sessions are available at no charge for pre-registered participants. Topics center on healing concepts in Native American cultures and are often integrated with and/or co-presented by the Alaska Native Tribal Health Consortium. The dates for these sessions vary, but are held from 4:00–5:00 p.m. AST. Check www.artn.org for up-to-date information. ARTN staff continue to look for opportunities to broaden its community-related programming, so the benefits can be directly felt by our rural residents.

The purchasing group for the ARTN consists of its membership which interacts as the ARTN Steering Committee. While the ARTN has not yet entered into any purchasing agreements with vendors, it is a priority in the next fiscal year. Additionally, the Network will be submitting a grant proposal to HRSA's Office of Rural Health Policy with the intention of expanding clinical services as a group.

Measures

The ARTN has completed the initial development and implementation phase and is entering into the full-usage capability stage. Currently, the network monitors usage levels for teleradiology services and videoconferencing through measurements of bandwidth usage. A second measure is income generated from user fees, which are currently \$2291.00 per month from each member of the network. Participating sites are also 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.

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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 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 be in operation summer 2010. The system will be available to providers and recipients who participate in the medical assistance programs as well as 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

Alaska Medicaid Health Enterprise, the new MMIS, is on schedule to go live summer 2010. The project is on time and on budget. The Requirements Phase completed March 2009. This is a major project milestone that resulted in clarification of over 4,600 system requirements. During fiscal year 2009 the project will complete the majority of the design and start construction. During fiscal year 2010 the project will complete construction and user acceptance testing. At the beginning of fiscal year 2011 the new MMIS will go live and commence the certification process.

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 May 2009 is 0.99.

Contact Information

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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.⁸ 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.

Measures

Health Planning and Systems Development section staff, Mark Doughty, will monitor and report usage levels as available from SEARCH annual reports.

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

⁸ 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.

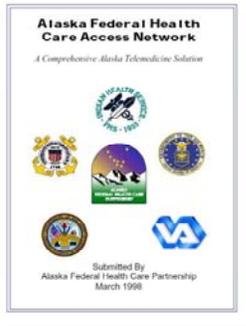
Health Consortium (ANTHC) for the purpose of providing health care to over 300,000 federal beneficiaries in Alaska.

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.

Current Status

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.

AFHCAN Telehealth



- 8 year Operational History
 - 12,000 cases / year
- Research and Production Telehealth System
 - Manufacturing of Medical Devices
- Whole Product Solution
 - Design → Installation → Training → Support → Marketing
- Installed Customer base includes:
 - Alaska: 248 sites, 44 organizations
 - 37 Tribal organizations
 - US Army sites (6) & US Air Force bases (3)
 - State of Alaska Public Health Nursing (26)
 - US Coast Guard clinics (5)
 - US Coast Guard cutters and ice breakers (6)
 - Lower 48, Panama, Greenland

Source: The Impact of Telehealth in Alaska: A 7 Year Retrospective of the AFHCAN Project, 2009

[Exhibit 1]

AFHCAN initially focused on developing store-and-forward telehealth solution, but has recently expanded into broadband video conferencing telehealth solutions. Store-and-forward solutions were initially developed in response to the limited availability of broadband connectivity in Alaska. Now, however, broadband connectivity supports the larger data payloads and image sets that are often part of an electronic consultation. It has become clear that store-and-forward telehealth offers significant advantages in a distributed multi-organizational health-care environment due to the flexibility it affords providers to respond to cases at their convenience. Every year, ANMC responds to approximately 3,000 telehealth cases and handles 66 percent of these consultations in the same day. Perhaps more impressive is that 50 percent of these cases are responded to within 60 minutes. While store-and-forward was specifically designed to enhance primary care access, approximately 25 percent of all cases today are specialty consultation requests. Video conferencing capacity is also increasing at a rate of three to four times every 12–18 months, with a large deployment of endpoints (funded through the AFHCP) planned at

ANMC in 2009–10 consistent with the growth of video teleconferencing capability at most of the regional health corporations throughout Alaska.

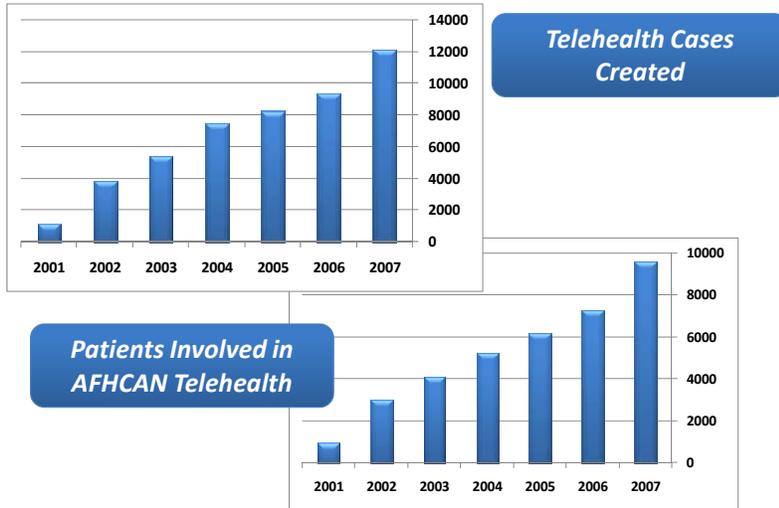
In order to accomplish these tasks in remote areas of Alaska, Alaska Native Tribal Health Consortium's AFHCAN has designed and deployed sophisticated telehealth packages across the state. The challenges of delivering health care in remote Alaska required the development of cutting edge technology for distance-delivery tools; AFHCAN telehealth carts have been in operation for eight years and are constantly being refined. The U.S. Coast Guard has embraced this technology, which was perfected in Alaska as a tool for its ships throughout the Pacific. Across Alaska, almost 400 AFHCAN carts have been deployed.

DHSS/DPH/Section of Public Health Nursing has recently 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 at this point because public health nursing activities such as immunizations and tuberculosis screening cannot be done electronically. In addition, the Division of Public Health does not currently have physicians or midlevel providers (nurse practitioners or physician assistants) on staff or contract to provide the primary care/clinical service needs identified during the public health nursing assessments.

Measures

More than 700 health-care providers are using the AFHCAN telemedicine solution statewide.

In 2007, approximately 12,000 telehealth cases were created for remote consultation — a 30-percent increase over the previous year. AFHCAN continuously tracks the impact of telehealth on patient travel. Each year, approximately \$3.5 million is saved for patient travel by using telehealth for remote consultation. Approximately 8 percent of all telehealth cases cause patient travel, which is often an indication that a disease state is being caught earlier. In some cases, the travel that is caused results in a patient using a scheduled airline flight rather than requiring a more expensive medivac at a later time.



Source: The Impact of Telehealth in Alaska: A 7 Year Retrospective of the AFHCAN Project, 2009

[Exhibit 2]

Impact of Preventing Patient Travel

	Primary Care		Specialty Consults	
	Annual (2007)	TOTAL	Annual (2007)	TOTAL
Number of Cases	8614	38,061	2605	10,685
% Preventing Travel	20.5%	20.7%	77.8%	72.5%
Number of Patients Avoiding Travel	1763	7884	2026	7743
Savings	\$0.79 m	\$3.55 m	\$2.73 m	\$10.45 m

Travel savings generated by the use of AFHCAN telehealth amounts to approximately \$14 million for 15,600 patients. Annual travel savings, based on 2007 data, is approximately \$3.5 million for 3,800 patients

Source: The Impact of Telehealth in Alaska: A 7 Year Retrospective of the AFHCAN Project, 2009

[Exhibit 3]

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CENTERS FOR MEDICARE & MEDICAID SERVICES RESEARCH AND DEMONSTRATION PROJECT

Objectives/History

The Alaska Department of Health and Social Services (DHSS) submitted a grant application in June 2007 to Centers for Medicare and Medicaid Services (CMS) for \$10.2 million (\$5.1 million/year for two years) to establish an Alaska Health Information Exchange for Medicaid recipients. This was anticipated to be the match for the \$10 million Federal Communications Commission (FCC) grant but was not funded by CMS. The Alaska Health Information Exchange (HIE) Initiative is a coordinated, statewide effort to create an Alaska Regional Health Information Organization (RHIO). The DHSS Medicaid Program is collaborating with public and private providers throughout the state to establish a more efficient and cost-effective system for communication in health-care delivery.

The goals of the Alaska HIE Initiative are to coordinate a statewide HIE that will improve both provider and patient access to clinical information. To achieve these goals, the Medicaid Program requested funding to establish a pilot project with the following objectives:

1. implement and connect Electronic Health Records (EHRs) at 50 Medicaid provider locations;
2. provide Personal Health Records (PHRs) to Medicaid recipients; and
3. provide a Record Locator Service and Messaging Service for HIE to facilitate health data transfer between EHRs, PHRs, and Medicaid. (from Project Abstract)

Current Status

This initiative remains unfunded at this time.

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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.

The FCC contract is currently midway through the second year of a three-year contract. Funding through this source of revenue requires a 15-percent match for each year of the contract. The Alaska Native Tribal Health Consortium has submitted a proposal for 2008 that includes funding for 231 facilities statewide. A contract has been established with GCI Connect M.D. to begin

work under Phase I of the Alaska eHealth Network. GCI Connect M.D. has begun to assess current statewide capabilities and usage levels of health information technologies as one of the primary efforts in fulfilling this contract.

Measures

Bi-monthly teleconferences are being held for networking and progress updates. Final deliverable for 2009 is an infrastructure plan for Alaska that identifies needs and gaps in the existing health-care network to link 100 percent of health-care providers and agencies. Following the gap analysis report, the remaining funds will be used to prioritize the need and begin implementation of the identified infrastructure requirements.

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HEALTH INFORMATION SECURITY AND PRIVACY COLLABORATION

Objectives/History

The privacy and security 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 include: Alaska, Arkansas, Colorado, Iowa, Illinois, Indiana, Kentucky, Massachusetts, Maine, Michigan, Minnesota, Mississippi, North Carolina, New York, Ohio, Oklahoma, Rhode Island, Utah, Washington, Wisconsin, West Virginia and Wyoming.

Current Status

The Alaska eHealth Network, Alaska's representative for the HISPC, has developed common policies for privacy and security that have been adopted as national models. Phase III is allowing other states to review the work started by Alaska and develop a national set of privacy and security documents including an Inter-organizational Agreement, a Confidentiality Agreement and policies addressing each. This HISPC initiative is moving forward on schedule.

Measures

Bi-monthly teleconferences are being held for networking and progress updates. Final deliverables are Inter-Organizational Agreements (IOAs) and policies delivered to the Office of the National Coordinator (ONC) for Health Information Technology and used as national standards for data sharing.

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UNITED STATES DEPARTMENT OF AGRICULTURE COMMUNITY CONNECT PROGRAM

Objectives/History

The Community Connect program, sponsored by the United States Department of Agriculture (USDA), provides grants to establish broadband service in rural communities. The grants may be used to deploy broadband transmission service to residents, businesses and critical community facilities such as police and first responders. They also may be used to construct and operate community centers that provide free broadband access to community residents. USDA Rural Development funding of \$1,000,000 was awarded to Copper Valley Telephone Coop., Inc. to provide broadband services to Tatitlek, Alaska. Tatitlek is a traditional Alutiiq coastal village, with 96 percent of the population being Alaska Native. The Chugachmiut federally qualified health center (FQHC) and community center in Tatitlek will receive free high-speed Internet access for two years under this program.

Current Status

A microwave technology broadband system is currently in development phase with planned implementation in fall of 2009. This technology will replace the current satellite technology that is being used and will result in a more cost-efficient and greater bandwidth capability for the Chugachmiut Clinic and the Tatitlek Community Center.

Measures

This is a short-term project with projected completion in fall of 2009. Usage data is not available at this time.

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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.⁹

The High Cost Program¹⁰ 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 Program¹¹ is designed to ensure that quality telecommunications services are available to low-income customers at just, reasonable, and affordable rates. The Rural Health Care Program¹² 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 Program¹³ 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.¹⁴

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

Monthly conference calls are conducted every second Thursday each month at 10:00 a.m. for technical assistance support. E-mail reminders are being sent by Mark Doughty, State of Alaska, Health Planning and Systems Development section, to participating facilities in an effort to maximize participation.

Measures

During fiscal year 2008 there were 237 FCC Form 465 applications submitted for rural sites statewide. Thus far, 240 FCC Form 465 applications have been submitted for fiscal year 2009, which ends June 30, 2009. Of the 240 applications submitted for fiscal year 2009, there are nine new site applications and six of the sites that submitted in fiscal year 2007 have not applied.

⁹ USAC Fund Administration Overview: <http://www.usac.org/fund-administration/> retrieved 03/07/2009.

¹⁰ USAC About High Cost, Overview of the Program: <http://www.usac.org/hc/about/default.aspx> retrieved 03/07/09.

¹¹ USAC About Low Income, Overview of the Program: <http://www.usac.org/li/about/default.aspx> retrieved 03/07/09.

¹² USAC About Rural Health Care, Overview of the Program: <http://www.usac.org/rhc/about/program-overview.aspx> retrieved 03/07/09.

¹³ USAC About Schools and Libraries, Overview of the Program: <http://www.usac.org/sl/about/overview-program.aspx> retrieved 03/07/2009.

¹⁴ 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.

Overall, there has been an increase of 1.25 percent in the number of sites applying for this funding source in fiscal year 2008 when compared to fiscal year 2007 data.

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CONCLUSIONS

There are many statewide health information technology projects with funding sources from both private corporations and government entities. Perhaps the most robust effort to develop and implement health information technologies is the AFHCAN telehealth system, which is expanding globally in both the private and public sectors. Locally, AFHCAN has established collaborative relationships through the Alaska Federal Health Care Partnership, which represents a composite of health-care entities across the state, including partners from small, isolated rural health clinics, the Alaska Native Medical Center, the military hospitals in Anchorage and Fairbanks, and Veterans Administration clinical services in the Anchorage area. Relationships and partnering such as what the AFHCAN system has been able to accomplish will become increasingly essential as the need to implement interoperable EMR and HIE systems emerge.

Critical access hospitals, community health centers, and private practice physicians, as well as rural and urban medical centers are investing in a variety of EMR products from different vendors. While many of these systems function adequately for the individual health-care systems that have implemented them, there continues to be significant barriers to interoperability between organizations. These barriers to interoperability can impede the flow of relevant medical information between consulting providers and ultimately result in a negative impact on patient care and safety, secondary to delays in access to clinically relevant information. The lack of current information in the health-care setting can cause delayed treatment, increased cost and even death. It is estimated that medical errors and drug-interactions account for approximately 100,000 deaths annually.¹⁵

In order to resolve the barriers to interoperability and create an integrated electronic medical record system, the Alaska eHealth Network is working towards development of a functional statewide Health Information Exchange (HIE) service. HIE is the coordination of appropriate electronic health information for the health needs of patients and providers. HIE tools organize, integrate, and retrieve data from existing sources of multiple electronic health records associated with a single patient using secure data transfer. Security of confidential patient information is governed by patient and facility permission levels.¹⁶

¹⁵ HIE - An Alaska Overview

http://www.alaskarhio.org/index.php?option=com_content&task=view&id=31&Itemid=1 retrieved 01/05/2009.

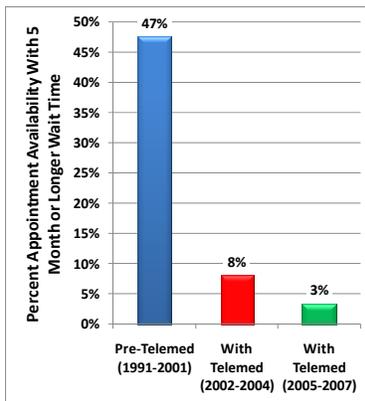
¹⁶ Ibid.

The Alaska eHealth Network, Alaska’s representative for the HISPC, has developed common policies for privacy and security that have been adopted as national models. Phase III is allowing other states to review the work started by Alaska and develop a national set of privacy and security documents, including inter-organizational agreements, confidentiality agreements and policies addressing each.

Non-billable services, such as videoconferencing, are being used to provide a variety of educational events such as patient teaching, continuing education for health-care staff, and staff meetings to decrease travel to and from rural areas, which conserves resources and improves fiscal sustainability.

Tribal entities in rural Alaska are utilizing telemedicine capabilities extensively, and these efforts are dramatically improving both the overall access to health-care providers and timeliness of services provided. The key regional hubs of the Yukon Kuskokwim Health Corporation (Bethel), Norton Sound Hospital (Nome), and Maniilaq Health Center (Kotzebue), as well as the Alaska Native Health Consortium are currently generating the majority of Medicaid billable telehealth events. Barriers to maximize reimbursement of appropriate care provided include complexities of billing process for rural providers, workforce issues including training and recurrent turnover, and the lack of enrollment of rural patients who otherwise meet qualification requirements for Medicaid services. Even with low reimbursement rates, telemedicine is generating significant cost savings in travel expenses while dramatically improving access, decreasing wait times with improved outcomes.

Audiology Clinic Waiting Times > 4 Months



Data courtesy of Phil Hofstetter

Source: The Impact of Telehealth in Alaska: A 7 Year Retrospective of the AFHCAN Project, 2009

[Exhibit 4]

One example of an improvement in access for audiology patients is shown above whereby telehealth usage resulted in a dramatic drop in the waiting time for patients to see a specialist. Almost half of the patients waited more than four months for an appointment prior to telemedicine; this eventually dropped to 3 percent of all patients once telemedicine was firmly

established as part of the routine care of patients. These data also demonstrate that telemedicine is a systemic change, whose impact may take one or more years to be fully realized and documented.

UPCOMING OPPORTUNITIES AND CHALLENGES: WHAT IS ON THE HORIZON

Leadership and Policy Development

With a multitude of health information technology investments statewide in both the private and public realms, strong active leadership is essential to ensure these efforts are focused on building a functional and interoperable health-care information system. Recent establishment of the Alaska Health Care Commission may provide a leadership forum for promoting development of a functional health information exchange system as the Alaska eHealth Network moves forward with its business plan.

Health Information Exchange System Development

Six recommendations taken from the State Alliance for e-Health First Annual Report¹⁷ should be considered in order to promote statewide adoption of an effective health information exchange system. Progress towards implementation of these suggestions is already underway:

1. Provision of leadership and support for e-health efforts (AHCC/AeHN).
2. Address privacy and security issues (HISPC).
3. Promote use of standards-based, interoperable technologies (CCHIT).
4. Streamline the licensure process to enable cross-state e-health.
5. Engage consumers to use HIT in managing their health and health care.
6. Develop workforce capacity to support electronic HIE efforts.

e-Prescribing

Adoption of e-prescribing has been identified as being critically important to the advancement of e-Health. E-prescribing is recognized as a gateway technology that could speed the development of EHRs and widespread use of other HIT initiatives. Beginning January 1, 2009, CMS will provide an incentive to “successful e-prescribers.” The Medicare e-Prescribing incentive is a new program authorized under the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008. The program begins January 1, 2009, and provides incentives for eligible professionals who are “successful e-prescribers.”¹⁸ Efforts to maximize implementation of e-prescribing systems statewide could result in increase systemic use of other e-health components such as personal health records and electronic health records in both the private and public sectors of health care.

Additionally, there is a dis-incentive for health-care providers who do not become “successful e-prescribers” by 2012. Per CMS, eligible professionals who are not “successful e-prescribers” by

¹⁷ *ACCELERATING PROGRESS: Using Health Information Technology and Electronic Health Information Exchange to Improve Care*

<http://www.nga.org/Files/pdf/0809EHEALTHREPORT.PDF> retrieved 01/29/2009.

¹⁸ Medicare’s Practical Guide to the E-prescribing Incentive Program

<http://www.cms.hhs.gov/partnerships/downloads/11399.pdf> retrieved 01/29/2009.

2012 will be subject to a differential payment (penalty) beginning in 2012. The differential payment would result in the physician getting 99 percent of the total allowed charges of the eligible professional's physician fee schedule payments in 2012, 98.5 percent in 2013, and 98 percent in 2014.¹⁹

Reimbursement for Telemedicine

Technical assistance and training for staff members responsible for billing activities related to Medicaid reimbursement is needed on an ongoing basis in order to help overcome staff turnover issues. There are also several disciplines of medical providers including speech therapists, registered dietitians, and cardiologists, who are beginning to utilize telemedicine to increase services to rural communities. These providers will require ongoing support as they adapt their practices to the use of telemedicine and provide appropriate documentation necessary to receive appropriate levels of reimbursement through CMS.

Measuring the Impact of a Cohesive HIT System

Implementation of integrated health information technologies in a cohesive and functional system will improve quality of care for Alaskans statewide. Potential benefits include increased patient safety, enhanced provider-to-provider sharing of relevant patient information, improved continuity of care, improved access to essential services in underserved areas, simplification of patient education, and decreased costs related to improved efficiencies in management of clinical data and treatment-related information. With adequate ongoing technical assistance and support, implementation of a variety of integrated health information technologies will result in improved access to high quality, safe, cost-efficient health care for all Alaskans.

¹⁹ Ibid.

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