

Alaska Telehealth Advisory Council



FY 2002 - 2003
Annual Report

Credits

Report sections written by Thomas Nighswander, MD, MPH, and various Alaska Telehealth Advisory Council workgroup members.

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TABLE OF CONTENTS

In the Spotlight - Remote Surgery by Telemedicine	i
ATAC Membership/Background	
Council Members	iii
Background to the Council (The Charge)	1
Core Principles	3
Editorial	4
Follow-up ATAC Project Reports	
Reimbursement	6
Clinical Access Network	7
Telepsychiatry	8
Current ATAC Projects	
The Alaska Federal Health Care Access Network (AFHCAN) Telehealth Project Evaluation	9
Telemedicine Expansion Project - Community Health Centers	16
Related Activity Reports	
The Alaska Federal Health Care Access Network (AFHCAN)	18
Alaska Telecommunications User Consortium	24
The Alaska Distance Education Technology Consortium	25
Alaska Telemedicine on the Radar Screen	27
International Telemedicine Conference	29
Appendices	
Appendix A - Operating Budget	30
Appendix B - Meeting Agendas	31
Appendix C - Telemedicine Contacts	35
Appendix D- Proposed Meeting schedule	42

In the Spotlight



IN THE SPOTLIGHT

Telemedicine helps save woman's life

In June 2003, a new use of telemedicine technology helped save the life of a woman receiving care at Maniilaq Health Center in Kotzebue. The woman came to the hospital with an ectopic pregnancy, a dangerous situation requiring surgery. Worse, the pregnancy had ruptured arterial blood vessels. The patient was hemorrhaging; and her condition deteriorated rapidly. She needed immediate surgery. But Maniilaq Health Center doesn't have an operating room, nor a surgeon -- nor anesthesia.



Daniel R. Szekely, MD, Medical Director, Women's Health, Alaska Native Medical Center

"Due to heavy fog, there was no way we could medevac her to a larger facility with an operating room" said Dr. Michael Orms. "There was a high possibility that she would have died even in transport to Anchorage. Using my surgical skill to stop the bleeding was the only choice we had. Being a family practitioner with some surgical skills -- but not a surgeon -- I needed some assistance."

Orms called Daniel R. Szekely, MD, Medical Director, Women's Health at the Anchorage Native Primary Care Center at Alaska Native Medical Center (PCC), for guidance on how to do a laparotomy using local anesthesia.

Dr. Robb Reeg, a family physician at PCC Family Medical Services, contacted staff at the Alaska Federal Health Care Access Network (AFHCAN) office and asked if equipment designed for video teleconferencing could be used for this clinical emergency.

"This was an excellent example of how our Project staff can work collaboratively with clinical staff to solve urgent clinical needs," said AFHCAN director Stewart Ferguson. "Robb's experience with our office was based on our 'store and forward' solution and not with videoconferencing. But he recognized the possibility with the network and the technology. Without his foresight -- this might not have happened."

AFHCAN staff set up a monitor and Szekely asked Kotzebue staff to bring its Polycom videoconferencing equipment into the room so he could observe the surgery from Anchorage.

Dr. Stephanie Eklund, of the PCC Women's Clinic, talked with Orms on the telephone while Szekely watched in the conference room at AFHCAN. Eklund and Szekely were able to offer Orms reassurance as well as guidance based on real-time images transmitted via satellite. The video teleconferencing, said Eklund, "was an incredible addition to the care of this patient. And Dr. Orms in Kotzebue did a remarkable job."

"From my perspective, being one of those primary care providers who is on the frontier, in Bush Alaska," Orms said, "the technology was a vital part of providing appropriate care for that patient. We were able to conduct an exploratory surgery that was a life-saving procedure for that patient."

This remotely guided abdominal surgery may be a first in Alaskan telemedicine. It points to the possible benefits specialists can offer in support of doctors in remote sites under emergency conditions. "It was thanks to the quick thinking and hard work of Roger Estelle, our WAN [Wide Area Network] Specialist, that we were able to make this happen," said Ferguson. "Tom Bungler, our WAN manager has taken the lead in developing the statewide network and the video teleconference capability over which this occurred."

Shortly after the surgery, the patient was doing well and stable. When the weather improved, she was transported to Anchorage for post-operative recovery. This episode was similar to an experience at the Women's Health Clinic a few months earlier. The earlier patient also did very well.

"Both of these were serious, life-threatening events," said Szekely, "and underscore the need to use every possible resource to support our Bush docs, including this expanded use of telemedicine."

"We recognize that videoconferencing is an appropriate solution for many clinical specialties," said Ferguson. "And we hope to broaden our services, as well as training, to offer this on a statewide basis. Clinicians have been requesting this capability, and this emergency is a perfect example of how valuable this tool can be."

"We are honestly at the point where we can begin to explore and expand the ways in which the AFHCAN technologies (network, software, hardware) can solve health care needs," said Ferguson. "Clinical input is the most crucial part of this endeavor. The AFHCAN Office would like to encourage providers who have needs, solutions, or ideas to actively work with us to improve the delivery of health care through telemedicine."

- Article and Photo from The Mukluk Telegraph - The Voice of the Alaska Native Tribal Health Consortium, September / October 2003 Volume 6, Number 5



Alaska Telehealth Advisory Council 2003 Membership Roster



Council Members

Co-Chairs

Joel Gilbertson, Commissioner
Department of Health and Human Services

Paul Sherry, Chief Executive Officer
Alaska Native Tribal Health Consortium

Members

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TelAlaska, Inc.

Ron Duncan, Chief Executive Officer
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Nanette Thompson, Commissioner
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Alaska Communications Systems

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Background to the Council (The Charge)



Background to the Council (The Charge)



The Alaska Telehealth Advisory Council was formed at the request of Senator Ted Stevens. In November of 1998, I was with Karen Perdue, our former health commissioner at a meeting with Senator Ted Stevens when he discussed funding the AFHCAN project. Given the challenges of Alaska, he saw the possibilities of what this technology could do not only for health care issues, but also for education.



His vision was that this initiative, while initially directed to the Federal Partners in Alaska, would have spin-offs that would be available to all Alaskans.

To provide some level of coordination and cooperation, he asked Commissioner Perdue to organize an advisory body that consisted of the potential major players in Telemedicine in our state. He and his office had a direct hand in the membership of the Council, which includes representatives from the telecommunication industry, the major hospitals in our state, professional provider groups, and the University of Alaska. The co-chairs have been the Commissioner of Health and Human Services and the Chief Executive Officer of the Alaska Native Tribal Health Consortium (which provides the administrative support for the council).

While only meeting initially four and now three times a year, the Council has been very effective. The first task was the development of core principles, found on the following page, that have stood the test of time and many of which are now coming to fruition. The real work of the group has been done in small work groups, by individual members and organizations, or through various contracts that ATAC has been able to award for specific tasks.

The results of this effort and others institutions to advance Telehealth in Alaska have been remarkable and are highlighted in this report, which has been published annually since 1999. Many of the original issues that seemed insurmountable have been resolved.



Senator Stevens encouragement has been consistent and thoughtful and has resulted in improved access to health care for all Alaskans.



Core Principles



Core Principles of Developing Telemedicine in Alaska



Since the Alaska Telehealth Advisory Council was established in 1999, the five ground rules for the development of Telemedicine in our state have stood the test of time and have been included in each annual report.

- 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 inter-connectivity and inter-operative 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.

Editorial



Editorial



This is the fifth annual report from the Alaska Telehealth Advisory Council. We had our first meeting in January 1999. What has happened since then?

The core principles have stood the test of time and they provide an excellent focus.

The original mission of the Alaska Federal Health Care Access Network has been accomplished. Approximately 250 rural sites have telemedicine equipment on-site. State Medicaid, Federal Medicare and private insurance carriers are paying for store-and-forward services.

Interconnectivity with private entities has been slow in development, while significant progress has been made in reimbursement for services. This has not made the service pay for itself...yet.

In some of the Native programs, health care access and service has been enhanced enough that Telemedicine is now part of the way they deliver health care.

There have been no significant regulatory roadblocks to Telemedicine use. Bandwidth has become more available and at affordable prices (with the help of Universal Services Funding). One of Alaska's largest private sector phone companies has initiated its own telemedicine secure network package. All are remarkable achievements.

What have we learned? Backup infrastructure is needed. Our efficacy trial expanded telemedicine in the private sector and worked well in several communities. The trial was directed by two very experienced, clinically-oriented and technologically experienced folks. They were able to trouble shoot technical problems, train staff in telemedicine use, help facilitate appropriate referral telemedicine consults, recommend appropriate technology, and help install equipment when necessary. This type of support turns out to be essential.

Telemedicine is an advanced telecommunication tool and the logistics of using it (both technical and program issues) are still difficult enough that outside support is needed. As soon as the efficacy trial ended, telemedicine use decreased.



Unnamed health aide from the 60's giving her phone report to the physician

Will these programs be able to sustain themselves? Financial sustainability has been a key precept since the advent of Telemedicine in our state. It remains elusive. Although prices of equipment and bandwidth have rapidly come down, the use of this advanced communication equipment is not as cheap as installing and using a fax machine. Cost benefit analysis is tricky. Who saves money and who makes money when travel is averted and patients are seen at their home location? In closed systems like the Federal providers (who pay the cost of transport), the financials make more sense. This is not true for fee for service medicine. Even with reimbursement for store-and-forward available, as of this writing only 91 claims have been submitted to the State Medicaid Office. People are not seeking reimbursement.

Clinical use is spotty. The clinical services that have a significant visual component (radiology, dermatology, ENT) all have early and enthusiastic Alaska proponents. But the interest is not widespread. Telepsychiatry, which has great potential and has had several successful pilots in Alaska, has not survived changes in staff and loss of clinical champions. Other clinicians have been slow to accept this technology in their practices.

And so where are we? Most of the telemedicine technical issues have been or are in the process of being solved. What remains is to have this technology incorporated into mainstream clinical services when appropriate, and when it substantially improves timely access to clinical care.

Thomas S. Nighswander MD MPH



Follow-up ATAC Project Reports



Section Contents

Reimbursement

Clinical Access Network

Telepsychiatry

Follow up Project Reports



Reimbursement for Store-and-Forward Telemedicine

One of the early ATAC projects was researching and then promoting reimbursement for store and forward Telemedicine encounters. The ATAC efficacy project provided the core data. Our two partners in this effort were the State Medicaid program and Premera. Through that effort, reimbursement for store and forward Telemedicine is now available from Medicare, Medicaid, and (we have been told by private practitioners) all major insurance carriers.



Reimbursement is at the same rate as a face-to-face encounter. This reimbursement mechanism is not as yet widely used. As of October 1, 2003, there have been 91 claims made to the State Medicaid program.

Clinical Access Network

The project to provide easy and secure access to a pilot group and practicing physicians (and eventually to all clinicians in the state) has been incubating in the Office of the Alaska State Medical Association.

The partnership groups have been the Alaska State Division of Public Health and ATAC. It has been delayed in implementation because of vendor problems, including turnover of vendor staff.

The interactive web page has been developed and the plan for fall 2003 is beta testing the interconnectivity with a group of clinicians.



The need for such a communication tool has been heightened by the advent of SARS, continued concern about the spread of the West Nile Virus, and other emerging infectious diseases.

Telepsychiatry

Telepsychiatry has had mixed success in Alaska and its progress has been dependent on the champions of this service. It has been embedded in the clinical service program of Eastern Aleutian Tribes and is thriving with ongoing Telepsychiatry clinics.



In Southeast Alaska, the Metlakatla/Bartlett high bandwidth Telepsychiatry project sponsored by Gateway Mental Health Services has stumbled. As of July 30, 2003, there is no longer a contract between the Bartlett Mental Health Services and the community of Metlakatla. When the original champion of this project accepted the position of Director at API, there were changes in administration in Metlakatla, and the support for this project disappeared. This was a multi-funded program with a significant amount of support coming from the Alaska Mental Health Trust Authority. ATAC has sponsored a formal review to observe the lessons learned from this project.

Just recently Gateway has reinvented the telepsychiatry program with a different cast of providers for both services to Ketchikan and Metlakatla.

The other active and successful Telepsychiatry program was in the Department of Corrections. This program had a few years history of providing services, but the momentum was lost when the Telepsychiatrists left the Department for employment elsewhere.



Current ATAC Projects



[Section Contents](#)

The Alaska Federal Health Care Access Network
Telehealth Project Evaluation

Telemedicine Expansion Project - Community Health Centers

Alaska Federal Health Care Access Network (AFHCAN) Telehealth Project Evaluation

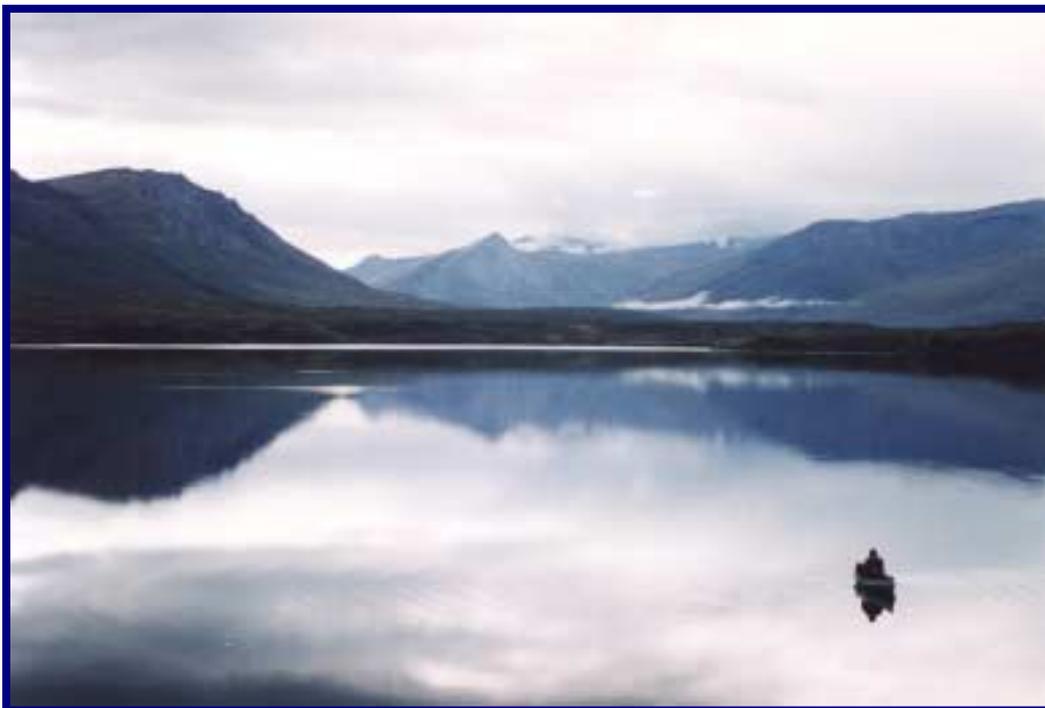


Alaska Federal Health Care Access Network (AFHCAN) Telehealth Project Evaluation



It is the intent of the Alaska Federal Health Care Access Network (AFHCAN) Telehealth Project Evaluation, in conjunction with the Alaska Telehealth Advisory Council (ATAC) and the Alaska Federal Health Care Partnership (AFHCP) to identify key factors that have contributed to the success of this innovative approach to providing healthcare and to isolate and explore any obstacles encountered.

It is only through such an approach that new networks and programs may avoid the problems inherent with such far-reaching systems and benefit from the lessons learned.



In November of 2002, the Center for Human Development (CHD) was awarded a contract by the University of Alaska to complete the evaluation of the AFHCAN Telehealth Project. A team of multidisciplinary researchers, working with representatives of AFHCAN, ATAC, and AFHCP, fleshed out key goals and constituent objectives. The primary focus of the AFHCAN Telehealth Evaluation Project is to assess related activities from four separate, yet interrelated, perspectives: (1) a rural provider perspective, (2) a technological perspective, (3) a policy and sustainability perspective and (4) providing an international forum for rural health providers to share lessons learned.

There are four primary goals and a number of objectives, which provide the focus of the AFHCAN Telehealth Project evaluation.

The **First Goal** is to evaluate the AFHCAN telehealth project from a rural provider perspective.

Main concerns include the degree of telehealth integration into work practices, ease of use of this system by providers, timely and accurate diagnoses, comparison of access rates, and focus on the relationship to central referral agencies from a rural provider perspective. This goal is comprised of three objectives:

Objective 1a. Identify those clinical services processes and procedures for telehealth that work for rural providers.

Objective 1b. Determine the degree of technology integration into the rural provider work place.

Objective 1c. Identify the advantages and disadvantages of telehealth for patients and providers.



The **Second Goal** is to consider the AFHCAN telehealth project from a business and sustainability perspective. In order to do this, an analysis of public policy impact, analysis of known cost/benefits to member agencies, the development of partnerships among federal agencies, and the impact on the business operations of member agencies, are considered. In turn, three key objectives are being addressed:

Objective 2a. Identify the legal and political issues impacting the implementation of Telehealth in Alaska.

Objective 2b. Document the federal partnerships and the relationship among federal participants.

Objective 2c. Determine the degree to which rural health care organizations have, or intend to, sustain telehealth.

As important as the provider and business perspectives are, this type of health service provision can only be as effective as the technology permits it to be.

The **Third Goal** of this evaluation is to assess the technological effectiveness of the system.

In order to accomplish this, a review of system reliability and topology, the impact on growth of statewide telecommunications infrastructure, the impact on logistical and equipment maintenance capacity, a review of increased need for bio-medical support services, as well as an analysis of overall network traffic, is being conducted. As in the preceding goals, three objectives are being addressed:



Objective 3a. Document the impact of AFHCAN on the statewide telecommunications infrastructure.

Objective 3b. Provide insight into the current levels of user knowledge and use of Telehealth cart technologies.

Objective 3c. Identify the impacts of Telehealth technologies on support structures and support personnel in rural Alaska.

The dissemination of the data and information compiled and analyzed as part of this evaluation comprises the **Fourth Goal** of this project.

This dissemination will be accomplished through an International Global Telehealth Forum to be conducted in Alaska as well as a Web Site on e-Health. Both of these venues will provide a forum for rural health providers to share lessons learned, for evaluators to share findings and for on-going documentation of telehealth in Alaska and related issues. Two primary objectives are necessary to accomplish this goal:

Objective 4a. Plan and implement a global Telehealth Forum for examination of telehealth issues and presenting telehealth solutions.

Objective 4b. Develop a website for distribution of evaluation materials/reports with links to telehealth resources.

Throughout the months of December 2002 through February 2003, eleven key-informant interviews were held. These initial interviews provided sufficient information to warrant a second round of interviews with additional subjects. These initial Level One informant interviews provided the focus for a two-day Evaluation Team meeting held in mid-January 2003, during which the

objectives and evaluation questions that frame the project were further refined and specific tasks and responsibilities were outlined.



The questions that were asked during the Level One informant interviews were reviewed by the participants prior to the actual interview. This was done to ensure sufficient time to prepare and collect supporting documentation as well as to minimize follow-up. Each of these interviews was analyzed for survey instrument direction and additional sources of information and data were identified.

This information, along with analysis conducted by the CHD researchers, assisted the Evaluation Team members to develop a series of six questions that were targeted at 12 individuals (Level Two) who were identified as informants of interest by Level One informants. A structured interview protocol was implemented consisting of six primary questions and were conducted over the telephone.

Information gathered during these interviews served two primary purposes:

1. To collect information for an ecological analysis of historical antecedents.
2. To generate survey items for three separate surveys: Provider, Business, and Technology.

The recipient groups for the surveys, which were constructed out of the information gathered as part of the key informant interviews and analysis of various source documents, were identified through analysis of interview data along with feedback from ATAC representatives.

These surveys were designed to collect data from the perspective of the targeted respondent from all 235 sites, based on their experience with telehealth, the specific equipment used, as well as training and technology.

During February 2003, and again during May 2003, a presentation was made to the ATAC outlining the evaluation objectives and driving questions. During the February meeting, two additional staff from outside CHD as well as two additional outside consultants were appointed to the Evaluation Team and a newly constructed Evaluation Advisory Team was initiated.



The first meeting of the Evaluation Advisory Team was held during March 2003. During this meeting, team members presented information on the status of the activities completed to date. Copies of the proposed Provider Survey and a draft copy of the Business Survey were reviewed and modified.

In addition, discussions were held regarding the completion of the UAA Institutional Review Board (IRB) process (approval granted March 24, 2003), database development, data sharing, and the survey notification process. The next meeting of the Team was held during June, during which the finalized surveys were reviewed and additional sources of information were discussed.

Each of the three targeted surveys were subjected to the same development and review process:

1. Interview of key informants
2. CHD staff draft survey development
3. Evaluation Advisory Team review and modification
4. Field-testing by a sample of group respondents
5. Evaluation Advisory Team review and modification
6. Final editing

Actual distribution methods varied to some degree by participant administrative structure. Certain of the participating healthcare corporations distributed the survey from their office with a letter of introduction on their letterhead. Other participant organizations distributed with a letter of introduction signed by AFHCAN administrators. Flexibility so as to ensure a high rate of participation from each of the 235 separate Telehealth provider locations was the main concern at this stage of evaluation activity. Each of the participant organizations was contacted by CHD via mail with a telephone follow up.



In all, 1235 provider surveys were distributed during the June 10 - July 8 period. As of late August, 2003, there have been 352 completed surveys returned (29 percent response rate). In addition, between June 19 and July 11, there have been 167 business surveys sent out and 30 completed surveys have been returned (18 percent response rate).

The technology surveys were sent out July 25 through August 7, and are just starting to be returned. It must be noted that surveys for all three targeted groups are still being returned, and, if need be, an additional round of survey administration will be conducted if response rate is insufficient for meaningful statistical analysis.



Aside from information gathered through the interview process, source document review, and the three separate surveys, two additional sources are providing key information. First, the ANTHC collects information related to frequency and type of telehealth equipment use. In order to establish the parameters around the type, frequency, and duration of data sharing, a Data Share Agreement was initiated on May 9, 2003, between CHD and ANTHC and this data is supplied to CHD researchers on a weekly basis.

In addition, the Division of Medicaid Assistance (DMA) provides information on a monthly basis related to the number, type, and amount paid concerning telehealth services reimbursement requests.

The evaluation project is scheduled to be finished in February 2004 and will be featured at the International Telehealth Conference being held in Anchorage the following month. The Alaska Telehealth Advisory Council has received additional resources to convene a series of workgroups reviewing the findings of the evaluation and to develop the next steps for the continued implementation of Telemedicine throughout the state.

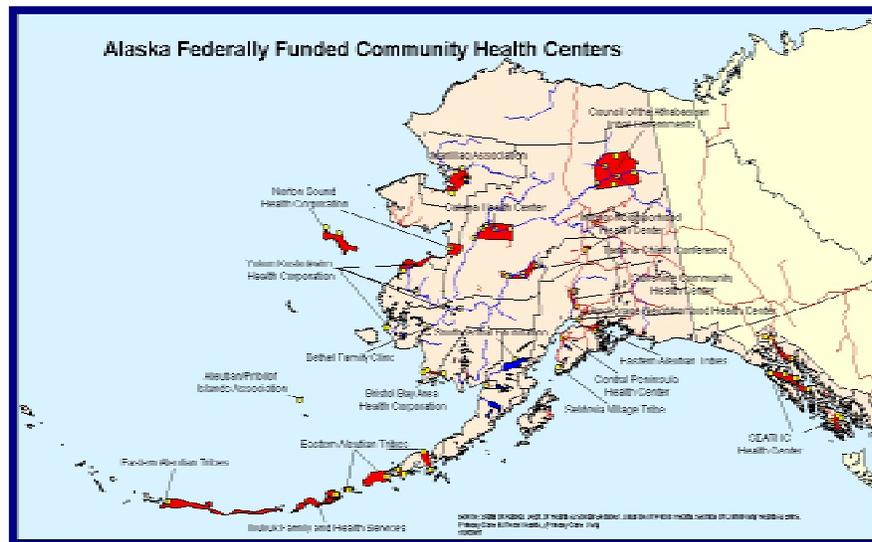


Telemedicine Expansion Project - Community Health Centers



Telemedicine Expansion Project - Community Health Centers

An original goal for Telemedicine in Alaska was to use the experience and infrastructure gained through the AFHCAN project to extend Telemedicine to uncovered parts of the state. The next local step was developing Telemedicine capabilities for the federally funded Community Health Centers.



To this end ATAC developed a request for proposal for such an effort and the contract was awarded to the Eastern Aleutian Tribes, Inc. The potential list of clinics has included the following (also on the map above)

- ❖ Eastern Aleutian Tribes, Inc. (7)
- ❖ Anchorage Neighborhood Health Center - Anchorage
- ❖ Interior Neighborhood Health Center – Fairbanks
- ❖ Interior Neighborhood Health Center – Healy
- ❖ Sunshine Community Health Center - Talkeetna
- ❖ Whittier, Bethel Family Clinic - Whittier
- ❖ Central Peninsula Health Center – Soldotna
- ❖ Seldovia Village Tribe Clinic - Homer
- ❖ Edgar Nollner Health Center - Galena
- ❖ Bristol Bay Borough - Bristol Bay
- ❖ Naknek - King Salmon
- ❖ Iliuliuk Family and Health Services -
- ❖ Delta Junction Family Medical Center - SE Fairbanks

An assessment of interest, needs and inventory has been prepared for each of the above clinics that have expressed interest in participating in this project. Specifically their use of current communication technology and readiness to implement Telemedicine has been evaluated. The final report will also include for each site their patient needs and their long and short-term technology goals.

The report will also include resource finding options (i.e. USF, Grants) for potential implementation; bulk purchasing options; the options for a technical support plan; equipment research regarding equipment options; vendor coordination; and a plan for providing provider consulting options and Telehealth services.

Once this assessment report is completed, Eastern Aleutian Tribes, along with the Alaska Primary Care Association will develop a technical support plan as Phase II of this project. This will be negotiated with ATAC and include plans and cost of equipment installation, training of clinical staff, support in negotiations for telecommunications connectivity, and USF application preparation where eligible.

The ultimate goal of this project is to develop sustainable Telemedicine and technology plans for the community health centers and integrate the Telemedicine network across Alaska's AFHCAN and CHC clinics allowing better health care for Alaskans.



Village of Naknek



Related Activity Reports



Section Contents

The Alaska Federal Health Care Access Network (AFHCAN)

Alaska Telecommunications User Consortium

The Alaska Distance Education Technology Consortium

Alaska Telemedicine on the Radar Screen

International Telemedicine Conference

Alaska Federal Health Care Access Network



The Alaska Federal Health Care Access Network (AFHCAN)

The Alaska Federal Health Care Access Network (AFHCAN), the multi-year project to improve access to health care for federal beneficiaries in Alaska through sustainable telehealth systems, will conclude its fifth year of operation on September 30, 2003. FY'03 marked the first year of a two-year transition phase, as the project transitions to a sustainable telehealth system.

Growth in Utilization

Usage of the AFHCAN telemedicine software grew significantly in FY03. The number of "real archived" cases (those that were not "test" cases, and were completed) grew from 3,193 on 9/1/02 to 9,494 on 9/1/03. The roughly 6,000 cases that were created and completed last year were mostly related to primary care, audiology, ENT, dermatology, and cardiology.



This growth in utilization was accomplished through new services (e.g. Dermatology), new connectivity to sites and organizations, and increased utilization at existing sites. For example, the top five organizations using the AFHCAN system experienced a 108% increase in the number of cases when comparing 18 weeks of utilization in FY02 (April-August) to FY03 (April-August).

There was additional growth in the use of videoconferencing activity particularly in the Maniilaq Health Center and SEARHC hub and spoke sites. The AFHCAN Office has begun to support limited usage of video teleconferencing in FY03 for trials of distance education, administrative meetings, collaborative groups, and emergency clinical care. A critical situation in Kotzebue that was successfully resolved through AFHCAN videoconferencing capability became the subject of an ANMC press release and a front-page story in the Anchorage Daily News (Thursday, September 4, 2003).

The AFHCAN Network continues to expand, as more sites and organizations avail themselves of subsidies offered through the USF program. At present, 156 of the possible 248 AFHCAN sites are connected for store-and-forward telemedicine. The network continues to offer telephony (voice-over-IP) and telehealth services (including teleradiology and videoconferencing). This year saw expanded network usage for telepharmacy and remote access to Hospital Information Services (esp. RPMS), supported by AFHCAN staff.

Reorganization

Increased utilization had generated growing demands for support and training on the AFHCAN system. To meet these changing needs, the AFHCAN Office has been reorganized both internally and within the corporate structure of ANTHC. The AFHCAN Office is located with the Division of Information/Technology at ANTHC, which also supports Alaska Clinical Engineering Services (ACES) and RPMS Support. Working collaboratively allows a more integrated, unified, and efficient approach to statewide systems.



Within the AFHCAN office, restructuring has realigned the staff into groups dedicated to Software Development, Hardware, Training, Support, and Quality Assurance. The largest group – Support – is newly created and will be responsible for supporting Telehealth, Teleradiology, and some functions of RPMS and statewide Biomed. This is one example of the integrated DIT approach to providing customer services.

Evaluation

AFHCAN staff have been actively involved in a variety of evaluation components during FY03, such as the summative evaluation being coordinated through the University of Alaska Office of Associate Vice President, Health Programs.

Efficiency: Participants in the Alaska Federal HealthCare Access Network (AFHCAN) have responded to evaluation questions while conducting more than 10,000 store-and forward telehealth cases. Providers were asked a single question when creating or responding to a store-and-forward telemedicine case. Following the creation of a case, the initiator was asked one of a pool of 10 possible questions. This resulted in 400-800 responses per question on topics covering patient and provider satisfaction, patient education, access to care, quality of care, and ease of use. Consultants were asked a single question: “Did

viewing this telemedicine case/image affect PATIENT TRAVEL for diagnosis or treatment of this case (compared to a phone consult"? They have indicated that store-and-forward telemedicine prevented travel 34% of the time, caused travel 8% of the time and had no effect 59% of the time.

Quality: The AFHCAN staff completed the second phase of a validation study to determine if post-surgical follow-up of ear patients via telemedicine was as effective as an in-person exam. This first phase of this study was accepted for publication this year, and the second phase required health aides to take images in village clinics. The simple conclusion is that store-and-forward telemedicine, with images taken by Community Health Aides, is as good as an in-person exam for the follow-up exam of patients receiving PE tubes.

Improved Patient Care: In an attempt to provide "point of care" ENT specialty service at the village level, AFHCAN has supported a contract audiologist who has traveled to remote sites in Alaska to provide audiological services. The audiologist was also trained to create ENT telemedicine cases consisting of clinical histories, images and audiological data.



To date, this has been supported at five remote sites and included 102 patients at a total cost of \$8300. Provided services included audiometry (22% of patients), tympanometry (6%), and audiometry with tympanometry (57%). Approximately 42% of the patients had outcomes that mitigated a need to travel to see a specialist. Others were started on medications (23%) that may not have happened for months, and 47% were referred directly to surgery, further testing, a regional clinic, or to another specialist.

Quality Improvement: Finally, the AFHCAN Project Office identified a problem with some of the telemedicine ear images and developed a focus tool for the provider using the video otoscope. The research and design of this tool is published in an international telehealth journal.

Reimbursement

Medicaid regulations in Alaska permitted reimbursement for "store-and-forward" telemedicine beginning on December 15, 2002. The AFHCAN staff rapidly generated a Billing Form in the software to facilitate the billing of telemedicine cases. Ten months later, a limited number of claims have been processed for Otolaryngology consultation. These 91 claims represent total payments from Medicaid of \$6,970.

This reimbursement process has been carefully monitored and evaluated, in a cooperative relationship between Medicaid and the health care facilities

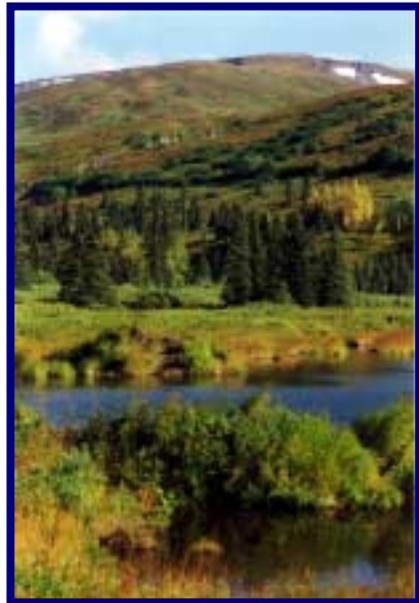
involved. Knowing the location of the patients, and the travel avoided for patients and escorts, AFHCAN is working with Medicaid to calculate the cost savings that occurred with telemedicine. Preliminary evidence indicates a significant savings.

Meetings between providers, health care institutions, and Medicaid staff have improved communication leading to a workable model regarding telemedicine reimbursement. The collaboration has identified some barriers to adopting reimbursement for telehealth within the current regulations.

Market Assessment

ANTHC contracted with Technology Directors Inc. (TDI) to develop a market analysis of the AFHCAN store-and-forward telemedicine products. TDI has developed a very broad and comprehensive survey of the market both nationally and internationally. That analysis has been completed, with the following general conclusions:

- The store-and-forward market is in early stage of its lifecycle, characterized by limited near-term revenue potential and an unfriendly reimbursement environment
- A small group of primarily grant-supported prospective customers is highly interested in AFHCAN's product, but acquiring those customers alone may not be enough to self-sustain the existing program
- The long-term potential for store-and-forward telemedicine would appear to be extremely attractive once reimbursement hurdles can be overcome
- AFHCAN is currently the recognized market leader in store-and-forward, with a well-designed product, strong reputation, and extensive industry know-how
- AFHCAN is in a position to make a landmark contribution to the field and accelerate overall market growth by demonstrating the clinical, economic, and organizational benefits of store-and-forward medicine through a rigorous, data-driven analysis of the Alaska experience to date
- In order to position itself to capture the future value in store-and-forward, AFHCAN should consider facilitating several additional out-of-state pilots. This strategy would enable AFHCAN to further develop its product and organization, create synergies with existing users, broaden support for store-and-forward, and enhance AFHCAN's standing with regard to federal funders.



Finances

The AFHCAN Office received funding in FY03 from the Indian Health Service (\$3,500,000) and Department of Defense (\$2,119,000). The AFHCAN Office was also a successful applicant for a grant from the USDA (\$500,000) Distance Learning and Telemedicine Program.

Software Development

A key success in FY03 was the continued enhancement and improved stability of the AFHCAN Telehealth Software. Utilizing a “server-to-server” technology, this system is now deployed on 41 servers throughout the state, with approximately 22 more servers to be updated or deployed in FY04. This application has proven to be successful in moving telehealth cases between organizations when the network connectivity was sufficiently poor to prevent other activity (including email, browsing, phone, fax, and access to IHS).



Currently, this software has been stabilized as Version 3.4. Efforts this year have upgraded all servers to this same version. Software development has shifted towards creating a new version, which will allow greater functionality, easier support and deployment, greater security, and offline capability. This new version is being developed in compliance with the FDA Quality Systems controls, and is expected to be fully compliant with regulations governing the development of FDA Class 2 PACS medical devices.

Security

AFHCAN implemented a rigorous security audit of policies, procedures, and implementation strategies in FY03 to ensure compliance with regulatory agencies and industry best practices. This is especially critical as new HIPAA security regulations take effect next year, and will assist member organizations with their compliance efforts.

What's next

The AFHCAN system will undergo significant changes in FY04, the second year in a two-year transition phase. Most significantly, a multi-year strategic plan will be developed for AFHCAN to migrate from a grant-driven system to a business-oriented sustainable system. Current activities are being focused in this direction, such as the development of Service Level Agreements with AFHCAN organizations to cover telehealth, teleradiology, network and other support services. Evaluation activities will be expended to determine effects on quality, access, and costs associated with delivering health care through telemedicine.



AFHCAN will continue to expand beyond store-and-forward telemedicine with a coordinated effort to promote broadband services and distance education. ANTHC has signed a memorandum (with Eastern Aleutian Tribes, Inc. and Chugachmiut) to participate in the Rural Health Outreach Distance Education Network, which will deliver distance education to Community Health Aides through the AFHCAN network.

AFHCAN will continue to actively promote telehealth in Alaska during FY04, with programs focused on expanding clinical services, utilization, research, training, and support.

For more information, contact the AFHCAN Project Office at:

4201 Tudor Centre Drive, Suite 310
Anchorage, Alaska 99508
Phone: (907) 729-2260
Fax: (907) 729-2269
Email: afhcan@afhcan.org
Website: <http://www.afhcan.org>



Alaska Telecommunications User Consortium



Alaska Telecommunications User Consortium



This past year has seen the development of a new Alaska Telecommunications User Consortium to coordinate and further reduce costs of high bandwidth communication in rural Alaska.

The mission of this group is to promote affordable, sustainable telecommunications services to all Alaskans. Its long-term vision is to provide affordable local access to advanced telecommunications public services for every community and every home.

Participating organizations to date include:

- ❖ Alaska Distance Education Technology Consortium
- ❖ Alaska Native Tribal Health Consortium
- ❖ Alaska Online Consortium
- ❖ Alaska Public Broadcasting Incorporated
- ❖ Alaska State Library
- ❖ Bering Strait School District
- ❖ Chugach School District
- ❖ Council of Athabascan Tribal Governments
- ❖ Delta/Greely School District
- ❖ KYUK Bethel Broadcasting, Incorporated
- ❖ University of Alaska

In FY'04 ATUC will be formed as a not-for-profit organization.

For additional information contact Jerry Covey
JSC Consulting, LLC, Phone: (907) 522-4558, Email: jsc@gci.net

Alaska Distance Education Technology Consortium



The Alaska Distance Education Technology Consortium (ADETC)



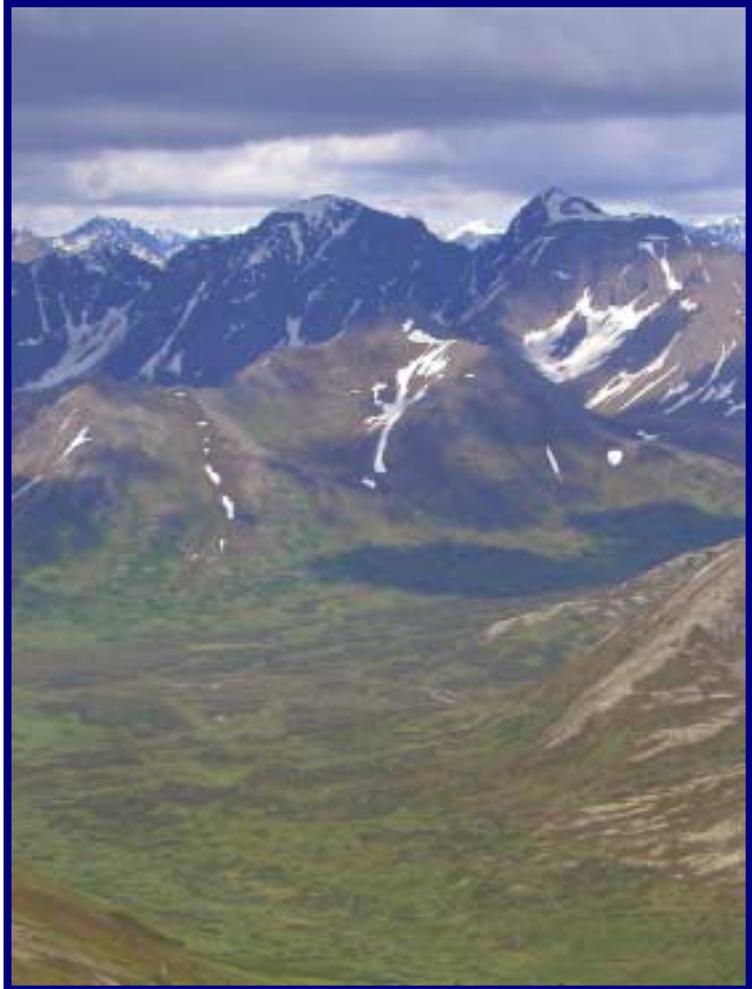
The Alaska Distance Education Technology Consortium began work in the summer of 2000. ADETC represents more than 20 educational organizations and institutions in Alaska. The purpose of ADETC is to accomplish the two goals.

1. Develop a long-term distance education strategic plan that effectively develops, coordinates and expands distance education opportunities and Alaska's information technology infrastructure.
2. Determine the role of educators, telecommunication companies, community organizations, government agencies and other stakeholders in meeting the needs identified by members.



In our collaborative planning process, all of our members have expressed a desire to overcome the current barriers in place to delivering quality instructional programming over distance because of a lack of telecommunications infrastructure.

ADETC has just begun work on an extensive survey of every community in Alaska to gather all relevant data in the field of telecommunications, including the types of connectivity, telecommunications subsidies, monthly rates as well as the levels of bandwidth and services available to public organizations and residents. One of the early impressions from the data from the 40 pilot communities is that there are not as many "silo's" as was first thought. In communities where there is good bandwidth communication, it is available to the whole community.



ADETC is also collaboratively writing a comprehensive report on distance education programming in Alaska. Participating institutions are being asked to submit their distant delivery programs (program content, enrollment, and cost)

The ADETC Distant Education Seminar was held on September 19th and 20th on the campus of the Alaska Pacific University.

For more information contact: Mr. Scott Christian, Director
Alaska Distance Education and Technology Consortium
University of Alaska Southeast
111120 Glacier Hwy
Juneau 99801
Phone: (907) 465 8744
Email: schoot.christian@uas.alaska.edu



Alaska Telemedicine on the Radar Screen



Alaska Telemedicine on the Radar Screen

There continues to be national and international interest in Telemedicine in Alaska, which now has the largest Telemedicine network in the world.

Given the large geographical area, multiple agencies involved and the occasional difficulties in telecommunications; the question that is asked is how is this being done? Just as importantly, what are the lessons that are being learned?



Eugene Smith,
Information Chief
Maniilaq Association

Dr. Bob Wise, Vice
President of the Joint
Commission on
Accreditation of
Healthcare Organizations

Dr. Dena Puskin,
Director for the Federal
Office for the
Advancement of
Telemedicine

Elsie Dexter, Health Aide
for the Selawik Clinic

Several of this year's visitors included Dr Robert Wise, Vice President for Standards from the Joint Commission on Accreditation of Healthcare Organizations. His interest is the potential need to develop national standards for Telemedicine to promote quality, prevent errors and protect patient privacy. As he noted in a presentation to the ATAC October meeting, "It is a lot easier to write standards when you don't know much about how programs really function." He got a close-up view of the Telemedicine services and the complexity of providing health care to remote Alaska in village visits to Selawik and Kiana. He was very impressed with both the quality and dedication to health service he witnessed.

Dr Dena Puskin, Director of the Federal Office for the Advancement of Telehealth is a returned visitor to Alaska. She is the point person for all Federal telehealth programs in the United States. Furthermore, she has been instrumental in the development of Telehealth in Alaska.

If there is one person in the United States who can answer a Telemedicine question, it will be Dr Puskin. Over the years she has provided guidance to the AFHCAN project and is currently the Federal Project Officer for the University of Alaska's Telehealth Evaluation Project.



Eugene Smith, Information Chief, Maniilaq Association

Dr. Bob Wise, Vice President of the Joint Commission on Accreditation of Healthcare Organizations

Thomas Nighswander, MD, MPH, Facilitator, AK Telehealth Advisory Council

Dr. Dena Puskin, Director for the Federal Office for the Advancement of Telemedicine

Elsie Dexter, Health Aide for the Selawik Clinic

In March 2004, Alaska will host an International Symposium on Telemedicine evaluation strategies with participation from some of the best minds in this field.



International Telemedicine Conference



Innovation and Evaluation

An International Telehealth Conference
4th – 5th March 2004
Anchorage, Alaska
USA

This two day conference will bring together persons interested and involved in designing, using, and evaluating telehealth systems in rural and remote settings across the United States and the Arctic. This conference will run in conjunction with the Alaska Rural Health Conference (March 1st – 3rd, 2004) in Anchorage, Alaska. This week long focus on rural health care issues will culminate with the official start of the Iditarod dog sled race on March 6th in downtown Anchorage.



Important Dates:

Abstracts Due	Nov 14 th 2003
Authors Notified	Dec 2003
Early Registration Ends	Feb 1 st 2004
Alaska Rural Health Conference	Mar 1 st – 3 rd 2004
International Telehealth Conference	Mar 4 th – 5 th 2004



Call For Abstracts

Interested authors are invited to submit abstracts for presentation at the conference. Abstracts must not exceed 300 words, and must relate to evaluation of telehealth systems or innovative clinical/technical aspects of telehealth appropriate to rural settings. Abstracts may be sent via email to: itc@afhcan.org

Accommodations

The venue for the conference is the Anchorage Downtown Marriott Hotel in Anchorage, Alaska. Low room rates are available until Feb 15th 2004 using the code: Rural Health Conference. For reservations call 907-279-8000.

Sponsorship

Opportunities are available for vendor displays and involvement in promotional activities throughout the conference. Please contact the Alaska Center for Rural Health for further information.

Registration

Registration is available at <http://www.ruralhealthconference.com>.



For More Information

Alaska Center for Rural Health
University of Alaska Anchorage
3211 Providence Drive, DPL404
Anchorage, Alaska 99508
USA

Phone: (907) 786-6579

Fax: (907) 786-6576

Email: ACRH@uaa.alaska.edu

Steering Committee

Alaska Center for Rural Health ♦ Alaska Federal Health Care Access Network ♦ Alaska Federal Health Care Partnership
Alaska Mental Health Trust Authority ♦ Alaska Native Health Board ♦ Alaska Native Tribal Health Consortium
Alaska Primary Care Association ♦ Alaska State Hospital and Nursing Home Association ♦ Alaska Telehealth Advisory Council
Arctic Council ♦ State of Alaska ♦ University of Alaska

Appendices



Section Contents

A - Operating Budget

B - Meeting Agendas

C - Telemedicine Contacts

D - Proposed Meeting Schedule

Appendix A



Operating Budget

Alaska Telehealth Advisory Council
FY03 ~ Financial Report
Ending Date: August 31, 2003

PROJECTS:	BUDGET	First Qtr. (Oct - Dec)	Second Qtr. (Jan - Mar)	Third Qtr. (Apr - Jun)	Fourth Qtr. (Jul - Aug)	Projected / Encumbered (Sept)	BALANCE
Office for the Advancement Telehealth (OAT) Evaluation Project - JAA	\$ 482,500.00	\$ -	\$ -	\$ -	\$ -	\$ 189,687.50	\$ 292,812.50
Alaska Health Resources LLC, Telemedicine Efficacy	\$ 9,000.00	\$ 1,500.00	\$ 4,857.50	\$ -	\$ -	\$ -	\$ 2,642.50
Gateway Center for Human Services	\$ 82,406.00	\$ 20,601.50	\$ 20,601.50	\$ 20,601.50	\$ 20,601.50	\$ -	\$ -
Rapid Access to Clinicians in Alaska	\$ 35,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35,000.00
CHC Assessment - Eastern Aluetian Tribes	\$ 130,000.00	\$ -	\$ -	\$ -	\$ 22,302.25	\$ 101,581.75	\$ 6,116.00
API - Ron Adler Request *	\$ 29,335.00	\$ -	\$ -	\$ -	\$ -	\$ 59,335.00	\$ (30,000.00)
ATAC ADMINISTRATIVE:							
Facilitator ~ (Thomas Nighswander)	\$ 80,000.00	\$ 14,406.00	\$ 23,429.00	\$ 21,397.00	\$ 7,188.00	\$ 6,500.00	\$ 7,080.00
Administrative Support	\$ 20,000.00	\$ -	\$ 4,786.91	\$ 3,012.55	\$ 1,897.35	\$ 1,500.00	\$ 8,803.19
Travel	\$ 12,000.00	\$ 3,300.53	\$ -	\$ 2,770.98	\$ 259.52	\$ 4,500.00	\$ 1,168.97
Printing/Copying/Postage	\$ 14,000.00	\$ -	\$ 550.00	\$ -	\$ -	\$ 13,000.00	\$ 450.00
Other (General, Dues, Catering, etc.)	\$ 7,000.00	\$ 696.59	\$ 482.90	\$ 3,730.78	\$ -	\$ 1,425.00	\$ 664.73
Training - CME	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00
Indirect	\$ 42,850.00	\$ 1,905.50	\$ 2,710.24	\$ 2,575.80	\$ 2,612.44	\$ 9,392.09	\$ 23,653.93
TOTALS:	\$ 945,091.00	\$ 42,410.12	\$ 57,418.05	\$ 54,088.61	\$ 54,861.06	\$ 386,921.34	\$ 349,391.82

*Unbudgeted funding of \$29,335 received from State of AK MHTA for API

Appendix B



Meeting Agendas

ALASKA TELEHEALTH ADVISORY COUNCIL
4141 Ambassador Drive
Anchorage, Alaska 99508
(907) 729-3682 / FAX (907) 729-1901

AGENDA

Friday, October 4, 2002, 9:30 a.m. to 2:30 p.m.
 Inuit Building at 4141 Ambassador Drive
 Conference Room 312

COUNCIL MEMBERS

Commissioner Jay Livey
 Co-Chair
 Dept. of Health & Social Services

Paul Sherry, CEO
 Co-Chair
 Alaska Native Tribal Health Consortium

Kathryn Anderson, Sr. Vice-President
 Alaska Communications Systems
 Sales & Marketing

Douglas A. Bruce, CEO
 Providence Health System in Alaska

Ron Duncan, CEO
 GCI

Mike Felix, CEO, President
 AT&T Alascom

Dee Hutchison, ANMC Administrator
 Alaska Native Tribal Health Consortium

Jeff Jessee, Executive Director
 Alaska Mental Health Trust

Mark Johnson
 Business/Regulatory Analyst
 Alaska Telephone Association (Rep.)

Marilyn Kasmar, Executive Director
 Alaska Primary Care Association

Edward H. Lamb, CEO/President
 Alaska Regional Hospital

Jerome List, MD, Past President
 Alaska State Medical Association

Mike Powers, CEO
 Fairbanks Memorial Hospital

Karen Perdue, Vice-President
 Health Affairs, University of Alaska

Alex Spector, Director
 Department of Veterans Affairs

Commissioner Nanette Thompson
 Regulatory Commission of Alaska

Eric Wall, MD, Medical Director
 Premera Blue Cross

Mary Weiss, RN
 Alaska Nurses Association (Rep.)

STAFF

Thomas S. Nighswander, MD, Facilitator
 Alaska Native Tribal Health Consortium

Edward Bean, Administrative Coordinator
 Alaska Native Tribal Health Consortium

9:30	Introductions and goals for meeting	Jay Livey, ATAC Co-Chair, Commissioner Department of Health & Social Services
9:45	The Status of Telemedicine in the United States	Paul Sherry, ATAC Co-Chair, CEO Alaska Native Tribal Health Consortium
10:15	The Joint Commission on Accreditation Interest in Telemedicine	Dena Puskin, Director Office for the Advancement of Telehealth
10:45	Break	Robert Wise, M.D., Vice-President Joint Commission on Accreditation of Healthcare Organizations
11:00	Project Reports Telepsychiatry Gateway Mental Health	Ron Adler, Executive Director Ketchikan Gateway Center
	API and community links	Mark Erickson, Psychiatrist Alaska Psychiatric Institute
	Status of evaluation	Beth Landon, Director Alaska Center for Rural Health
	Statewide Telemedicine evaluation project	Rebecca Madison, CIO Yukon Kuskokwim Health Corporation
	Finding from the Efficacy Trial	Gwen Obermiller, Medical Assistance Administrator, Division of Medical Assistance
	Report from the interconnectivity workgroup	Tom Bunger, WAN Manager, AFHCAN
	Clinical Access Network	Jerome List, MD, Past-President Alaska State Medical Association
12:00	Working Lunch – RCA Update	Nan Thompson, Commissioner Regulatory Commission of Alaska
12:30	Private Initiatives–Moving Telemedicine to the mainline	Tom Nighswander, MD, ATAC Facilitator
1:00	Proposal Transitional RFP for technical & server support	Tom Nighswander, MD, ATAC Facilitator
1:30	Budget Report	Tom Nighswander, MD, ATAC Facilitator
2:00	Focus for this year	Co-chairs
2:30	Adjourn	

E-mail address: ewbean@anthe.org

Website address: <http://www.hss.state.ak.us/commissioner/atac/>

ALASKA TELEHEALTH ADVISORY COUNCIL
4141 Ambassador Drive
Anchorage, Alaska 99508
(907) 729-3682 / FAX (907) 729-1901

AGENDA

Friday, February 14, 2003, 9:30 a.m. to 2:30 p.m.
GCI Board Room at 2550 Denali Street

COUNCIL MEMBERS

Commissioner Joel Gilbertson
Co-Chair
Dept. of Health & Social Services

Paul Sherry, CEO
Co-Chair
Alaska Native Tribal Health Consortium

Jeff Tyson, Vice-President
Strategic Planning
Alaska Communications Systems

Al Parrish, V.P., Providence Health Care
System, Chief Executive of Alaska Region
Providence Health System in Alaska

Ron Duncan, CEO
GCI

Mike Felix, CEO, President
AT&T Alascom

Dee Hutchison, ANMC Administrator
Alaska Native Tribal Health Consortium

Jeff Jessee, Executive Director
Alaska Mental Health Trust

Mark Johnson
Business/Regulatory Analyst
Alaska Telephone Association (Rep.)

Marilyn Kasmar, Executive Director
Alaska Primary Care Association

Edward H. Lamb, CEO/President
Alaska Regional Hospital

Jerome List, MD, Past President
Alaska State Medical Association

Mike Powers, CEO
Fairbanks Memorial Hospital

Karen Perdue, Vice-President
Health Affairs, University of Alaska

Alex Spector, Director
Department of Veterans Affairs

Commissioner Nanette Thompson
Regulatory Commission of Alaska

Eric Wall, MD, Medical Director
Premera Blue Cross

Diane Toebe, RN Ph D
Alaska Nurses Association (Rep.)

9:30 Introductions and goals for meeting

9:45 AFHCAN Clinical applications report

10:15 Bandwidth Buying Cooperative Concept

10:30 Commercial Network Development

– ACS and Telemedicine

– GCI

– ATT/Alascom

11:30 Reimbursement Status and HIPPA regulations

12:00 Working Lunch –

Clinical Access Network

Statewide Telemedicine Evaluation Project

1:30 Budget Report

2:00 Transition Plans and Meeting Schedule

2:30 Adjourn

Joel Gilbertson, Commissioner
Dept. of Health & Social Services

Paul Sherry, ATAC Co-Chair, CEO
Alaska Native Tribal Health Consortium

Chris Patricoski, Clinical Director
AFHCAN

Steve Smith, Chief Technology Officer
University of Alaska

Tom Bungler, Network Coordinator
AFHCAN

Tim Schuerch, General Counsel
ANTHC

Nan Thompson, Commissioner
Regulatory Commission of Alaska

Jerome List, MD Alaska State
Medical Society

Karen Ward, Director, UAA Center
for Human Development

Tom Nighswander, MD, ATAC Facilitator

Co-chairs

STAFF

Thomas S. Nighswander, MD, Facilitator
Alaska Native Tribal Health Consortium

Doania Rodewald, Admin. Coordinator
Alaska Native Tribal Health Consortium

E-mail address: drodewald@anthc.org

Website address: <http://www.hss.state.ak.us/commissioner/atac/>

ALASKA TELEHEALTH ADVISORY COUNCIL
4141 Ambassador Drive
Anchorage, Alaska 99508
(907) 729-3682 / FAX (907) 729-1901

AGENDA

Tuesday, May 20, 2003 –4:00 p.m. to 8:00 p.m.

Seward Windsong Lodge

COUNCIL MEMBERS

Commissioner Joel Gilbertson
 Co-Chair
 Dept. of Health & Social Services

Paul Sherry, CEO
 Co-Chair
 Alaska Native Tribal Health Consortium

Jeff Tyson, Vice-President
 Strategic Planning
 Alaska Communications Systems

Al Parrish, V.P., Providence Health Care
 System, Chief Executive of Alaska Region
 Providence Health System in Alaska

Ron Duncan, CEO
 GCI

Mike Felix, CEO, President
 AT&T Alascom

Dee Hutchison, ANMC Administrator
 Alaska Native Tribal Health Consortium

Jeff Jessee, Executive Director
 Alaska Mental Health Trust

Everette Anderson
 Administrative Office Manager
 TelAlaska, Inc.

Marilyn Kasmar, Executive Director
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 Alaska Regional Hospital

Jerome List, MD, Past President
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Eric Wall, MD, Medical Director
 Premera Blue Cross

Diane Toebe, RN Ph D
 Alaska Nurses Association (Rep.)

STAFF

Thomas S. Nighswander, MD, Facilitator
 Alaska Native Tribal Health Consortium

Doania Rodewald, Admin. Coordinator
 Alaska Native Tribal Health Consortium

4:00	Introductions and goals for meeting	Joel Gilbertson , Commissioner Dept. of Health & Social Services
4:15	What's new in Telemedicine ~ The National & International Scene	Paul Sherry , ATAC Co-Chair, CEO Alaska Native Tribal Health Consortium
4:35	Distant Delivery Education Consortium ~ New Initiatives & Training the Health Workforce	Dena Puskin , ScD., Director Office for the Advancement of Telehealth U.S. Dept. of Health and Human Services
5:00	The Telemedicine Evaluation Project	Scott Christian , Facilitator, Distant Delivery Education Consortium
5:20	International Telemedicine Symposium ~ Anchorage March 2004	Karen Ward , Director, UAA Center for Human Development
5:25	Telemedicine beyond AFHCAN ~ The Expansion Project	Karen Perdue , Associate VP UAF Health Affairs
5:45	Update ~ Clinical Communication Network ~ Telepsychiatry	Claudia Palacios , Special Projects Coordinator Eastern Aleutian Tribes
	Budget Review & Outline for next Fall/Winter	Tom Nighswander , MD, ATAC Facilitator
6:05	Adjourn	
6:15	Dinner	

E-mail address: drodewald@anthc.org

Website address: <http://www.hss.state.ak.us/commissioner/atac/>

ALASKA TELEHEALTH ADVISORY COUNCIL

4141 Ambassador Drive
Anchorage, Alaska 99508
(907) 729-3682 / FAX (907) 729-1901

AGENDA (as of October 3, 2003)

Teleconference Call in Number: 907-564-1599

Friday, October 10, 2003 ~ 9:30 a.m. to 2:30 p.m.

LOUSSAC LIBRARY ~ PUBLIC CONFERENCE ROOM

3600 Denali Street (first floor)

COUNCIL MEMBERS

Commissioner Joel Gilbertson
Co-Chair
Dept. of Health & Social Services

Paul Sherry, CEO
Co-Chair
Alaska Native Tribal Health Consortium

Jeff Tyson, Vice-President
Strategic Planning
Alaska Communications Systems

Al Parrish, V.P., Providence Health Care
System, Chief Executive of Alaska Region
Providence Health System in Alaska

Ron Duncan, CEO
GCI

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Department of Veterans Affairs

Commissioner Nanette Thompson
Regulatory Commission of Alaska

Eric Wall, MD, Medical Director
Premera Blue Cross

Diane Toebe, RN Ph D
Alaska Nurses Association (Rep.)

STAFF

Thomas S. Nighswander, MD, Facilitator
Alaska Native Tribal Health Consortium

Doania Rodewald, Admin. Coordinator
Alaska Native Tribal Health Consortium

9:30 Introductions

9:45 Military's Low Cost Telemedicine Application
~ Kentucky's 24/7 plan for disaster response

9:45 Update on Joint Commission
~ Privacy Issues (teleconference)

10:15 Early Impressions Telemedicine Evaluation
~ Progress Report

10:45 Break

11:00 Teledermatology Clinical Application

AFHCAN current and future directions

Community Health Centers
~ Expansion Project

High Bandwidth Telepsychiatry Evaluation

API Virtual Behavioral Health Network

12:30 Working Lunch

Clinical Access Network demonstration

~ Regulatory Commission of Alaska Update

1:00 Brief Updates
~ Reimbursement Revisited
~ International Telehealth Conference

CHC Telemedicine Initiative

ATAC Budget Report

2:00 Focus for this Year-
~ Alaska Telemedicine 2004 - 2009

2:30 Adjourn

Joel Gilbertson, ATAC Co-Chair

Paul Sherry, ATAC Co-Chair

Dena Puskin, ScD., Director
Office for the Advancement of Telehealth
U.S. Dept. of Health and Human Services

Robert A. Wise, M.D.
Vice President, Joint Commission on
Accreditation of Healthcare Organizations

Patrick Moran, Director of Research &
Evaluation - Center for Human Development
University of Alaska

John H. Bocachica, M.D., FAAD
Dermatology and Teledermatology
Alaska Native Medical Center

Stewart Ferguson, Ph.D., Director, AFHCAN

Claudia Palacios, Special Projects Coordinator
Eastern Aleutian Tribes

Beth Landon, Director
Alaska Center for Rural Health

Ron Adler, Director
Alaska Psychiatric Institute

Jerome List, MD, Past-President
Alaska State Medical Association

Nan Thompson, Commissioner
Regulatory Commission of Alaska

Stewart Ferguson, Director, AFHCAN Project

Tom Nighswander, MD, ATAC Facilitator

Tom Nighswander, MD, ATAC Facilitator

Co-Chairs

E-mail address: drodewald@anthc.org

Website address: <http://www.hss.state.ak.us/commissioner/atac/>

Appendix C



Telemedicine Contacts

CONTACTS FOR TELEMEDICINE ISSUES

Adler, Ron – Chief Executive Officer
Alaska Psychiatric Institute
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Anchorage, Alaska 99508
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Email: ron_adler@health.state.ak.us
Sub-Committee: Telepsychiatry

Anderson, Everette –Office Manager
TelAlaska Inc.
201 E. 56th Avenue
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Email: e_anderson@telalaska.com
ATAC Member

Baines, Terry – Telemedicine Coordinator
P.O. Box 110616
Juneau, Alaska 99811
Phone: (907) 465-6861, Fax: (907) 465-6861
Email: terry_baines@health.state.ak.us

Bennett, Leslie - Behavioral Health Clinician
P.O. Box 206
King Cove, Alaska 99612
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Email: leslie.b@gci.net
Sub-Committee: Telepsychiatry

Blair, Hal - Executive Assistant
Alaska VA Healthcare System and Regional Office
2925 DeBarr Road
Anchorage, Alaska 99508-2989
Phone: (907) 257-5460, Fax: (907) 257-6774
Email: hal.blair@med.va.gov

Blake, LaDonna - Executive Administrative Assistant
P.O. Box 110610
Juneau, Alaska 99811
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Email: ladonna_blake@health.state.ak.us

Boucha, Kathe - Telemedicine Director
3200 Providence Drive
Anchorage, Alaska 99508
Phone: (907) 261-4955, Fax: (907) 261-3041
Email: KRoberts@provak.org
Sub-Committee: Reimbursement

Bowers, Jennifer - Administrative Assistant
P.O. Box 755010
Fairbanks, Alaska 99775
Phone: (907) 474-6281, Fax: (907) 474-7570
Email: jennifer.bowers@alaska.edu

Brown, Jennifer - AFHCAN Accountant
3925 Tudor Centre
Anchorage, Alaska 99508
Phone: (907) 729-2879, Fax: (907) 729-3666
Email: jbrown@anthc.org

Bruce, Doug - Director
P.O. Box 110610
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Appendix D



Proposed Meeting Schedule

Alaska Telehealth Advisory Council Proposed Meeting Schedule



Friday, October 10, 2003 Anchorage

Friday, March 5, 2004 Anchorage

Tuesday, May 18, 2004 Anchorage



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