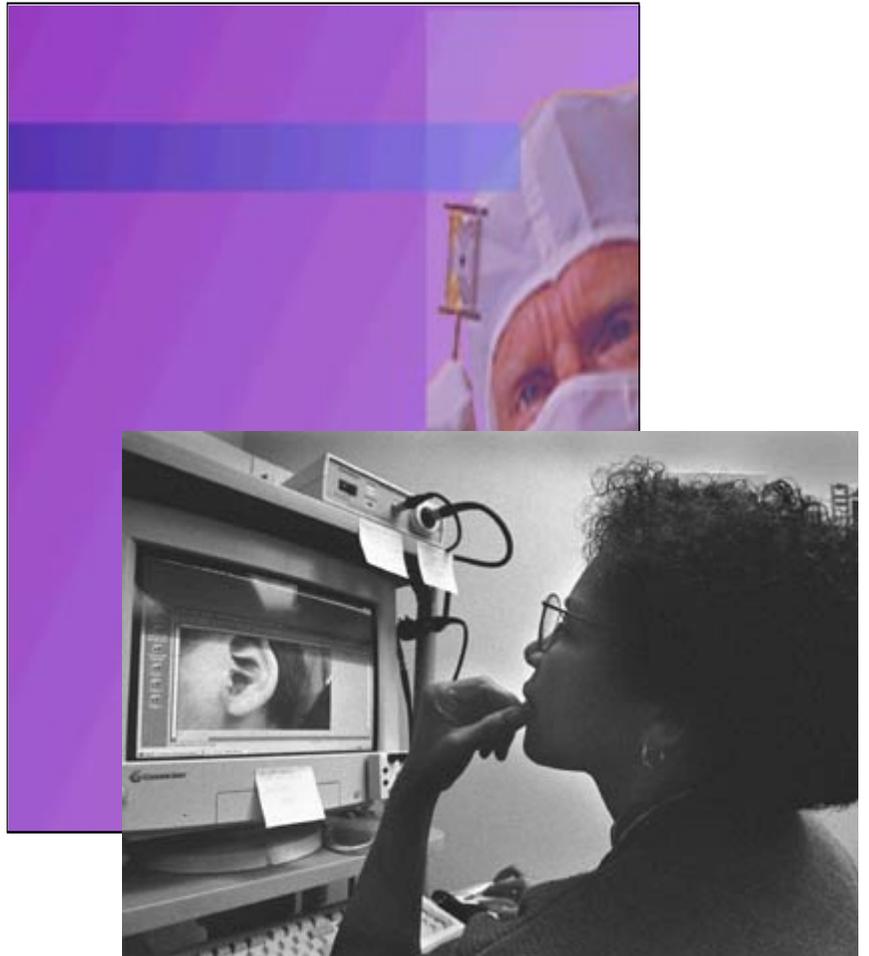


# Alaska Telehealth Advisory Council



**Final Report FY 2001**

## **Credits**

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# Council Members

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## Co-Chairs

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Health and Social Services

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**Denny DeGross**, Director  
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**Mike Powers**, CEO  
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**Tom Nighswander, MD, MPH**  
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# Workgroup Members

## Workgroups

Five workgroups were formed to address specific telemedicine issues: Clinical Providers, Legal, Reimbursement, Technical, and Telepsychiatry.

### Clinical Provider Members

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Bartlett Regional Hospital Outpatient Services

Wandal Winn, MD, 562-0794

William Worrall, MD, State of Alaska  
Department of Corrections, 269-7319



# Background

Senator Ted Stevens has had a long-standing interest in seeing a coordinated effort of public and private telehealth development in Alaska. At the Senator's request, Alaska Department of Health and Social Services Commissioner Karen Perdue formed the Alaska Telehealth Advisory Council in January of 1999 (which Commissioner Perdue originally chaired, and now co-chairs).



The Council's original charge was to:

The Alaska Telehealth Advisory Council was formed at the request of Senator Ted Stevens and is in its third year of operation. Council focus for the next year includes developing payor agreements to pay for remote services, a telehealth network to connect clinical providers, publication of a clinical provider directory, development of interoperability standards, and encouraging public and private telehealth partnering.

- Explore and document the potential for any challenges to telehealth development and delivery in Alaska
- Propose a framework for rational development and deployment of statewide capacity for telehealth systems
- Establish core principles to ensure a coordinated, cost-effective, and integrated approach to telehealth in Alaska
- Consider ways to assess effectiveness, efficiency, and whether telehealth is improving equity of access to health services for all Alaskans
- Recommend a long-term process for addressing issues as they emerge with changing technologies and practice patterns

At a retreat held in October 1999, Council members reviewed the Core Principles (see Appendix A) developed earlier in the year to facilitate the creation of a coordinated, sustainable public and private telehealth system. The revised vision states:

“Telehealth systems would be accessible to all patients and providers, operate under effective voluntary standards, be easy to use and highly accepted by both patients and providers and, importantly, be financially sustainable.”

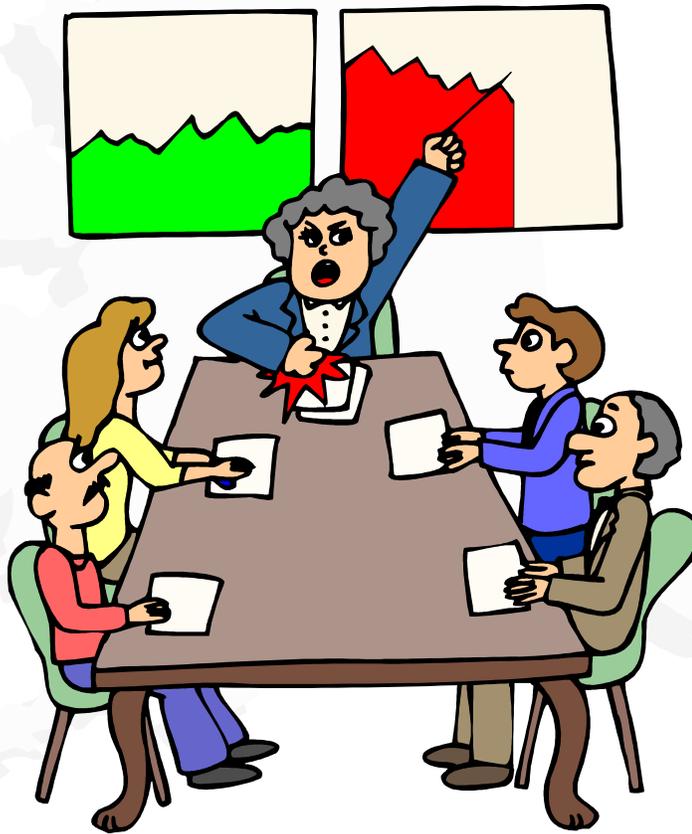
The Council's focus for the next year includes:

- Finalizing a payors agreement to pay for store and forward telemedicine services on the same basis as a face-to-face visit
- Working toward the goal of having a telehealth network that would connect all clinical providers and publishing a clinical directory
- Promoting examples of public and private partnering in telehealth
- Developing a plan to include the remote-nonfederally sponsored clinics into a telemedicine system



# Executive Summary

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# Executive Summary

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This annual report surveys telemedicine, and its related projects/activities in Alaska during this last year. The year was highlighted by progress and predictable difficulties in deployment. All activities added to our knowledge about instituting operation telemedicine programs. The efforts and results are noted below.

Reimbursement recommendations for store and forward telemedicine applications are in the hands of the State Medicaid program for their internal review and public hearings anticipated for this fall. In addition there was enabling federal legislation allowing for both Alaska and Hawaii to receive reimbursement from Medicare from this technology. This is of critical importance because store and forward (as opposed to real time) telemedicine transmissions will be the most common application in Alaska.

The Council has sponsored two telepsychiatry projects - both a low bandwidth and a high bandwidth application. The low bandwidth application in the Aleutian Chain had repeated technical transmission problems (see their report) and has been stopped. The Gateway Mental Health Program in Ketchikan has just received approval from Universal Services Fund to subsidize transmission costs allowing them to start their high bandwidth telepsychiatry services from Ketchikan to smaller surrounding communities.

The telemedicine efficacy trial (linking private specialists and private primary care physicians) began in the fall of 2000 using store and forward transmissions, First Class software and off-the-shelf digital cameras and scanners. This equipment is inexpensive, easy to use, reliable, and generating useful images. There was a hiatus in this project after a change in contractors. Data are currently being collected on this project with a possible project extension after the scheduled stop date of September 20,2001.

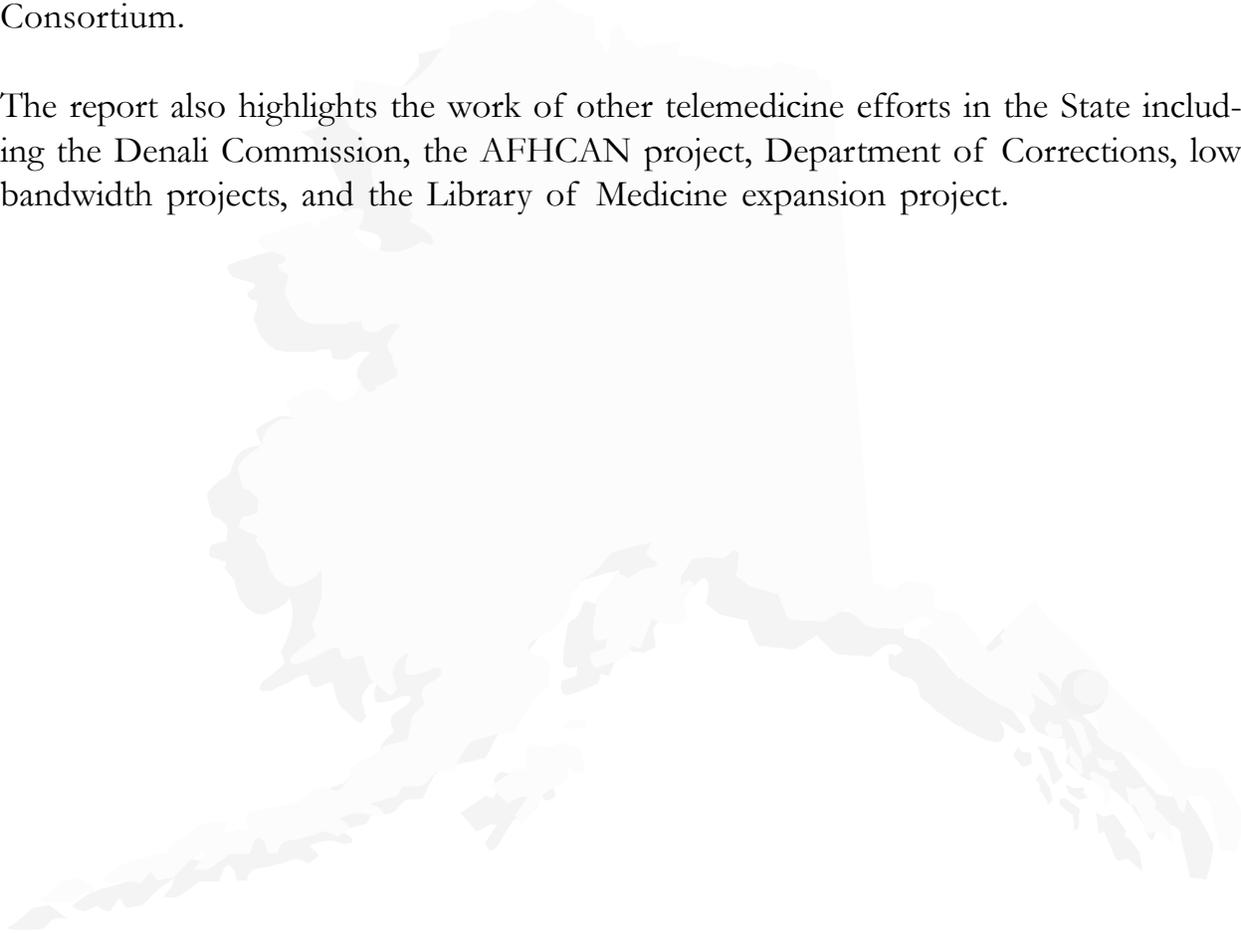
The Alaska Distance Delivery Education Technology Consortium sponsored by the University of Alaska has just announced a partnership with Starband Communication Inc. to provided high speed satellite internet links to 20 education project sites in Alaska. In addition they completed an inventory of telecommunication capacity needed to bring appropriately sized distant education applications to all Alaska communities.

# Executive Summary continued...

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New efforts by ATAC for this coming year include a joint memorandum of agreement with the State of Alaska and the State Medical Association for a rapid telemedicine capable connection to clinicians in the State of Alaska, as well as a survey of the resources needed for telemedicine services to other communities outside of the federal network. There will be a continuing effort that was begun this year to work closely with the Alaska Distance Delivery Education and Technology Consortium.

The report also highlights the work of other telemedicine efforts in the State including the Denali Commission, the AFHCAN project, Department of Corrections, low bandwidth projects, and the Library of Medicine expansion project.



# **Sponsored Projects & Summary**

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## **Section Contents**

**Telepsychiatry High-Bandwidth**  
**Telepsychiatry Low-Bandwidth**  
**Telemedicine Efficacy**  
**Telemedicine Reimbursement**  
**Summary of Legal & Policy Issues**



# Telepsychiatry: High-Bandwidth

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## City of Ketchikan-Gateway Center for Human Services Telepsychiatry Project

The Gateway Center for Human Services in Ketchikan has made significant progress over the past nine months for the Child Telepsychiatry Project. During the fall of 2000, the Gateway Center completed and filed for Universal Services Funding for a federal subsidy for the Alascom T-1 Line. Notification of this award was received mid June 2001.

In Gateway's original proposal, child and adolescent psychiatry services were to be provided by a psychiatrist from outside the State. Since that time, a Juneau based child psychiatrist from Bartlett Hospital has become available and a negotiated agreement for services has been signed. Through telemedicine applications, the Gateway Mental Health Center will provide child and adolescent services to several smaller remote communities.

After a live demonstration of telemedicine equipment with a fractional T-1 line by Qwest Communications Laboratory in Seattle, a sole source approval from the City of Ketchikan (Gateway's sponsor) was obtained and a price quote was received from this company.

Gateway was notified of approved funding from the Universal Services Fund after equipment and T-1 Lines are being obtained; and the technical and program implementation will be initiated with anticipated start up of clinical services by October 1, 2001.

Because of the delays with the startup of this project, ATAC's contract with them has been extended.

For further information contact Ron Adler, Executive Director, Gateway Center for Human Services; [humanservices@city.ketchikan.ak.us]

# Telepsychiatry: Low-Bandwidth

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Eastern Aleutian Tribes (EAT) was awarded a grant by the Alaska Telehealth Advisory Council (ATAC) on August 1, 2000, at the recommendation of the Telepsychiatry working committee, to perform low bandwidth telepsychiatry (POTS videophones) in two of their remote Aleutian Chain communities. Because of their remoteness and a mental health staff including a psychiatrist in place, EAT was in an excellent position to conduct this trial.

Five HyperVPhone 2000C videophones were obtained and are the current POT videophone standard, and successfully tested in Anchorage. When the unit was tested in the King Cove clinic, usable connections occurred only 50% of the time in 10 tests over a two-day period. There were dropped connections and video images that froze a few seconds at a time.

Further testing between their Anchorage office and the Sand Point clinic was even less successful. Only three connections were made out of 15 attempts, again on several different days.

In December 2000, EAT's new wide area network was established with T1 dedicated satellite data circuits between each of their village clinics and their Anchorage office. Using this communication system, they were unable to make a video connection.

With the help of ATT/Alascom engineers, the problem was traced to the inability of the videophone to lock into a fixed baud rate. The modem of the videophone automatically attempts to increase the baud rate when higher bandwidth is available. There is no way to turn off this negotiation according to the manufacturer. When an increase is negotiated, the connection fails in the satellite system.

EAT now has a working wide area network with T1 satellite circuits between each of its village clinics and its Anchorage office. They will be using IP-based medium to high bandwidth videoconferencing within the WAN by summer, 2001 and therefore have abandoned POTS videoconferencing.

This experience reinforces the small-scale real use test of the equipment and clinical system before large investments are made.

For further information on this project contact Dr Craig Cott, Eastern Aleutian Tribes at (907) 277- 1440.

# Telemedicine Efficacy

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Even though there is expanding interest in the telemedicine medical community, there is a lack of information and research about the telemedicine economic model, and patient and clinician satisfaction. Telemedicine efficacy evaluations are essential to determine appropriate reimbursement of Telehealth applications if this technology is to become viable as an alternate form of healthcare delivery.

In May a project manager contract for continuation of the Telehealth Efficacy Pilot Project was awarded to the Alaska Health Resources LLC (AHR). The principals of AHR have a long history of involvement with Telehealth technology projects in Alaska. Under the direction of the ATAC Reimbursement Committee (representing major third party carriers in the State of Alaska), the new contractor is focusing on the collection of data from primary and specialty care sites on the use of Telehealth store and forward technology to support Telehealth recommendations for reimbursement.

The purpose of the Pilot is to determine if there is agreement by patients and providers that store and forward technology is an acceptable “quality” alternative to a face to face encounter for medical consultation. Also, the Pilot will focus on determining if the associated costs and resources used in employing store and forward Telehealth applications provide any economic advantage or disadvantage as compared to face to face encounters.

Currently the project manager is enrolling additional private provider participants and will be launching training and data collection with the goal to have 100 completed consultations for further evaluation by September. If successful this project may be extended.

For further information contact Gwen Obermiller ([Gwen\\_Obermiller@health.state.ak.us](mailto:Gwen_Obermiller@health.state.ak.us))

# Telemedicine Reimbursement

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This past year has seen significant progress in reimbursing for telemedicine services, especially the store and forward (sometimes call asynchronous transmissions) that will be predominately used in Alaska.

Store and forward telemedicine technology lends itself to easy use in clinical practice. The patient is seen, a store and forward telemedicine consult is made and then the sending clinician can see additional patients while the consultant is returning the consult at his/her convenience. The more elaborate real-time transmissions are logistically difficult requiring the patients, referring clinician or their representative, and the consultant to all be connected simultaneously. This is not practical in most clinical situations, except for the true emergency setting.

Reimbursement of telemedicine applications is under the direction of the reimbursement workgroup. Two major reimbursement partners are represented in the reimbursement workgroup: the State Medicaid program and Premera (Blue Cross and Blue Shield of Alaska). The State Medicaid Director attends the quarterly meetings and has an active interest in reimbursement for Telehealth services. Two of his senior staff have participated in the reimbursement workgroup. Likewise the Medical Director for Premera (based in Seattle) is a member of the Council, and a senior member of their Anchorage office is also an active participant in the workgroup.

Both entities are interested in telemedicine as a mechanism to increase timely access and specialty services to their respective beneficiaries. Both see the opportunity for more timely encounters, with the appropriate clinical provider, without leaving their local community. Interestingly, neither sees this necessarily as a dollar cost savings.

Since awarding the Alaska Telehealth Advisory Council Medicaid Telehealth Reimbursement Research Project to Myers and Stauffer LLC in calendar year 2000, two reports have been published and posted to the ATAC website.

(<http://www.hss.state.ak.us/atac/>)

# Telemedicine Reimbursement continued...

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The first report includes a summary of Telehealth initiatives and current projects occurring in other states. Reimbursement and coverage of services in other states can be found in this report as well. Myers and Stauffer LLC, polled every state agency nationally to obtain the most current information available on Telehealth services funded under Medicaid programs.

The second report addresses Alaskan issues such as technological infrastructure to support a Telehealth system, geographical challenges to health care delivery, existing and potential collaborative relationships, profiles of healthcare providers, and a description of patients that Telehealth technology could benefit.

The next step for reimbursement will be a Medicaid internal review of the recommendations changes that they think are necessary, followed by a public comment period. The State Medicaid leadership anticipates that the public comment period will be this fall with reimbursement in place by the first of next year. It is anticipated that Premera will also follow the final recommendations since they have been involved with the process from the beginning.

At the federal level, the Federal Medicare program, in recent legislative language, has provided an exception to Alaska and Hawaii that will allow for billing for store and forward telemedicine. Alaska's guidelines for reimbursement of this technology for the State Medicaid program will be viewed as a model for the national Medicare program's reimbursement.

For specific information on the reimbursement recommendations, please contact Vonne Mason, Alaska State Medicaid Office, 273-3229.

# Summary of Legal and Policy Issues

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No legal or policy issues have been raised that would prevent or impede the development telemedicine in Alaska.

Licensing of telemedicine providers has been an issue in several states. The Alaska State Medical Board has addressed this issue with the following requirement: one must have a medical license in Alaska to provide any telemedicine service. This is not as onerous as it may sound. Alaska has reciprocity with all the states and the license application is approximately \$600. Most of the physicians from outside Alaska who do phone consultation in the state already have Alaska State licenses. There has not been any consideration given to a special telemedicine license.

State Medicaid pays for services for non-resident physicians when they provide service in state, but only if they have an Alaska license. There is a bias toward favoring physicians who are resident in the state for reimbursement to further encourage development of our state capacity. The physician community is very sensitive to having telemedicine consultations done by physicians from outside the state.

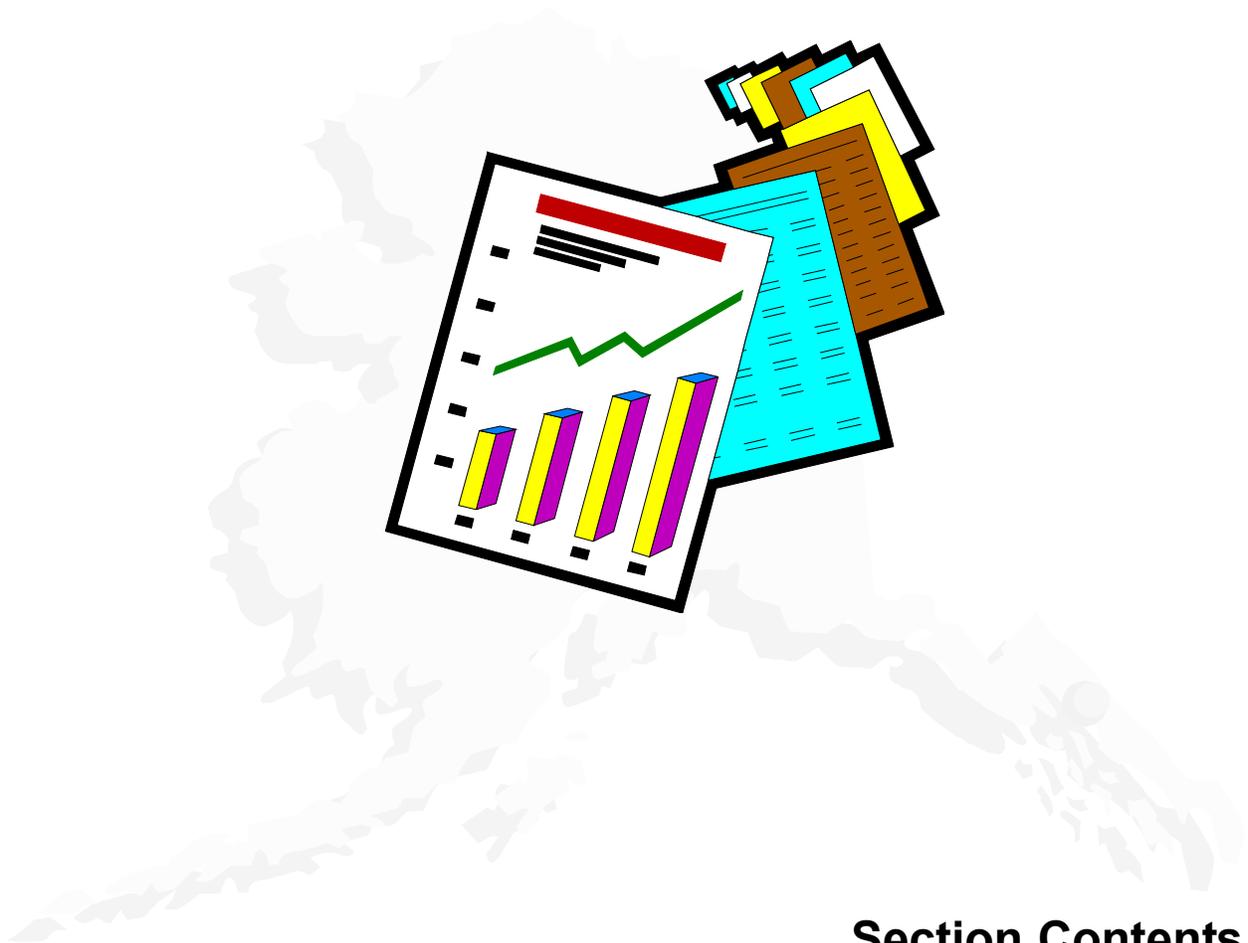
Malpractice issues have not been addressed. In other states, when consultation is performed from outside the state, the issue is, where does the potential malpractice occur--at the patient or physician location? The legal question is what state has jurisdiction. Alaska's use of telemedicine is so new and limited that this question has not arisen.

The significant state policy issue is support for telemedicine infrastructure. Should the communication highway be considered the same as roads and rural airports? Connecting rural Alaska with significant bandwidth capacity is expensive. The Lieutenant Governor has a working group addressing this issue. Senator Stevens has called together all the telecommunication companies in Alaska in an effort to share resources and reduce costs. The Denali Commission has just completed a survey documenting the connectivity capacity of all the communities in the state. This is a very useful document and demonstrates additional needed capacity. (See Appendix B)

The ATAC in the past year has had a joint meeting with the Alaska Distance Delivery Education Technology Consortium. This group, chaired by the President of the University of Alaska, is a consortium similar to ATAC, but focused on Tele-applications for delivering education. This includes educational programs for K-12, undergraduate and graduate level students, and continued education for professionals. The infrastructure support, bandwidth capacity and sustainability are all issues that are shared with ATAC. Joint efforts by the two groups are anticipated in the future. A series of joint staff meetings is planned to see how to most effectively work together.

# Special Reports

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## Section Contents

**Alaska Distance Delivery  
EducationTechnology Consortium**

**Telepsychiatry in Alaska  
Corrections**



# Alaska Distance Delivery Education Technology Consortium

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This consortium was convened in the fall of 2000 to bring various educational organizations together to review the current and future distance education and technology needs of the State of Alaska.

It represents the educational enterprise for the State of Alaska, including the University of Alaska, Alaska Pacific University and Sheldon Jackson College, K to 12 schools operated under the direction of the State Board of Education, those operated by local municipal school boards and the National Guard. It has received \$800,000 of congressional funding for continuing its work for the next three years, and will be hiring permanent administrative staff.

The consortium defines distance education as a learning process in which the student and the teacher and/or learning resources are geographically or temporally separated, and in which a number of media are used to bridge the distance to facilitate learning.

The Consortium has completed an inventory of bandwidth capacity needed to deliver educational programming to all the communities that are served by the various consortium members.

A significant finding was that 62% of Alaskan communities do not have commercial dial-up internet access which would allow off-site “at home” students the means most often required to be a distance student.

ADDETC identified the following key issues and will address each in order of importance:

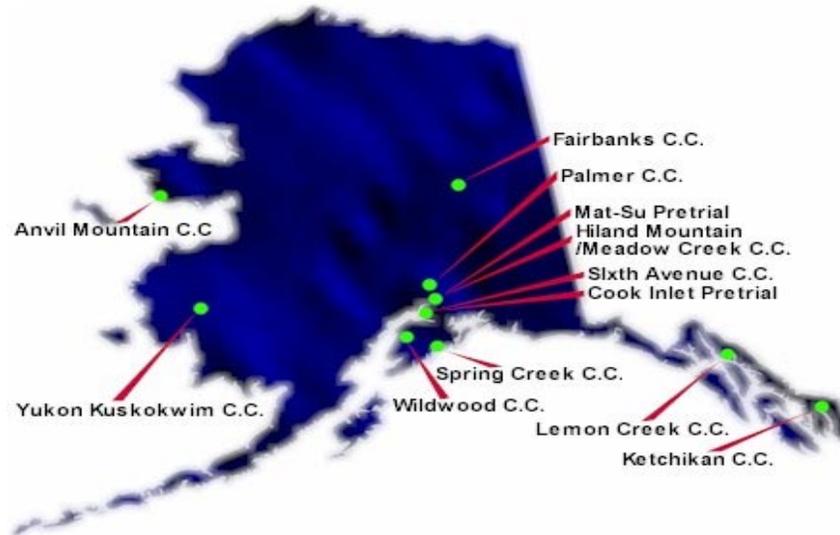
- distance education information technology infrastructure
- education content and pedagogy
- teacher training (and staff development)
- federal and state policy issues
- technical training and support
- mechanisms for partnerships

For details, the report is available from the University of Alaska.

On May 14, the ADDETC and StarBand Communication Inc. announced a partnership with the formation of the StarBand Education Project. Twenty-five educational sites from across the state, including such diverse communities as the Ilisagvik College in Barrow and Sheldon Jackson College in Sitka, will receive StarBand technology potentially allowing for two way, high speed internet access via satellite 24 hours a day. As of mid-May, five of the project sites were installed and working well. It was anticipated that all sites would be installed by July 1. The consortium is developing a comprehensive project evaluation and data collection tool to document the functionality and reliability of the overall project.

For further information, contact Dr. Michael Sfraga at the University of Alaska Statewide System in Fairbanks (phone 474-1997; email: [mike.sfraga@alaska.edu](mailto:mike.sfraga@alaska.edu))

# Telepsychiatry in Alaska Corrections: Improving Access to Psychiatrists on A Shoestring



## Overview

Alaska's Department of Corrections (DOC) started using a POTS based telepsychiatry system in November 1997 in order to improve psychiatric services in outlying correctional facilities. The DOC consists of thirteen state correctional facilities housing a total of about 3,500 prisoners.

Alaska's correctional mental health staff throughout the State is actively treating about 350 inmates at any given time. This represents roughly one in every 10 inmates in custody in Alaska's State correctional facilities. Approximately 1,500 different inmates are seen each year by mental health staff.

Prior to the implementation of telepsychiatry in November 1997 most facilities outside of the Anchorage area were provided onsite psychiatric services on a monthly or bimonthly basis. This was supplemented by onsite mental health clinicians in most locations. Psychiatric consultation with medical and/or mental health staff was provided via telephone as needed. A psychiatrist never saw many patients because they were released before a psychiatrist was scheduled to be onsite. In outlying facilities where there were no onsite mental health clinicians, there was a tendency to examine carefully field medical staff requests to transport patients to the acute unit to make sure that a transport was necessary. This tended to reduce such referrals and to reduce the number of transports.

# Telepsychiatry in Alaska Corrections: Improving Access to Psychiatrists on A Shoestring Continued...

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Using low-tech POTS videophones since November 1997, a total of 1,638 mental health consultations have been done.

Analysis of the data shows a rapid increase in the number of consultations being done with this system over the past three years since this service has been available full time. The primary difference between 1998 and 1999 is that instead of doing telepsychiatry only when requested to do so by rural facilities, we set up regularly scheduled weekly “telepsychiatry clinic” times with each facility. This produced a considerable increase in utilization.

An examination of mental health transfers of acute patients from non-Anchorage facilities into the acute psychiatric units in Anchorage shows a significant increase in the frequency of transfers early on, followed by a more gradual increase over time. The number of transfers appears to be leveling out at this time. This finding may be due to an increase in rural facilities’ access to psychiatrists through telepsychiatry. Initially this resulted in a substantial increase in transfers since there was a tendency to transfer acute patients quickly to a more appropriate treatment setting.

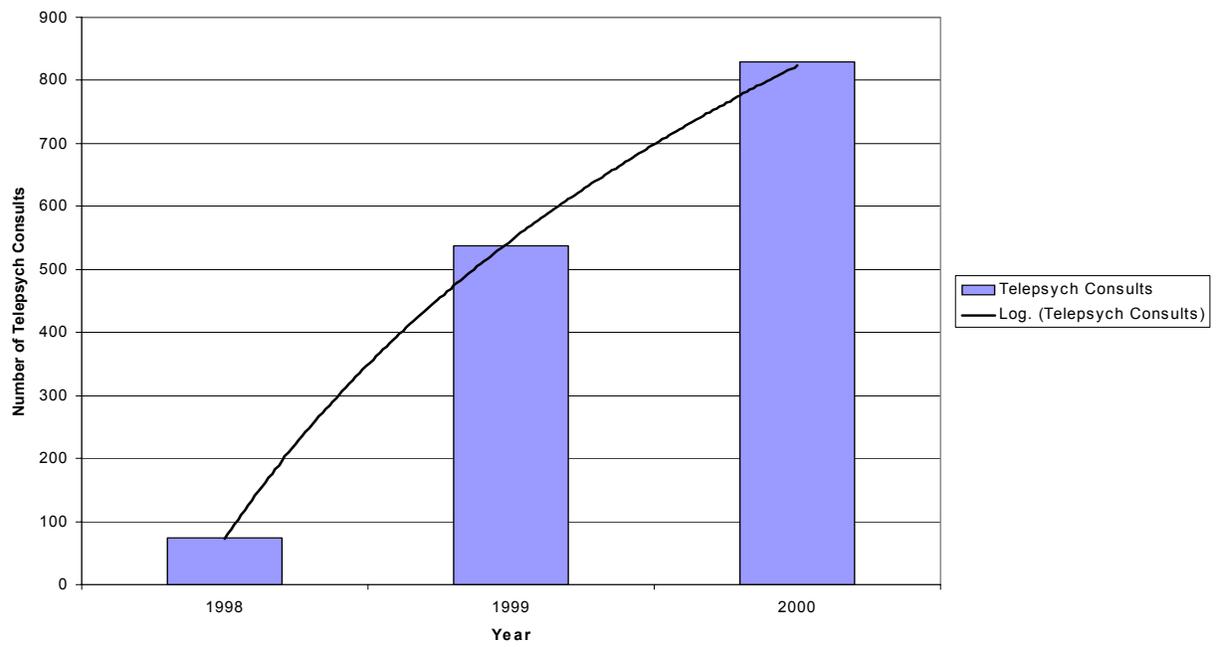
It may be that psychiatrists who see and interact with patients using telepsychiatry, rather than hearing about the patient from on site staff, tend to become more responsible for the patient, which in turn raises the standard of care. Over time, the percentage of transfers per telepsychiatric consults appears to be leveling out. The overall average is 5.8 transfers per 100 telepsychiatric consultations.

Transporting these prisoners from rural facilities in Alaska to Anchorage is expensive. While money has not been saved with regard to transportation, the quality of care has improved.

Money has been saved however in mental health since psychiatrist don’t have to fly to the rural facilities. The two staff psychiatrists at no additional cost do Telepsychiatry almost exclusively for the Department. The Department is saving about \$25,000 per year in contract psychiatrist time and travel (which was monthly or bimonthly to many of our rural facilities). The long distance phone line charges come out of each facility’s telephone budget and that cost is unknown.

For further information, contact Dr. William Worrall at the Department of Corrections (phone 269-7319; email: [william\\_worrall@correct.state.ak.us](mailto:william_worrall@correct.state.ak.us))

Telepsychiatry Usage In Alaska Corrections

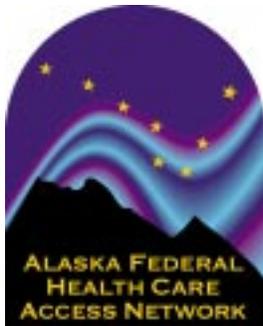


# AFHCAN

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# AFHCAN

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The Alaska Federal Health Care Access Network (AFHCAN), now in its third year of operation, is a federal telehealth initiative sponsored by the Alaska Federal Health Care Partnership to develop an infrastructure for a statewide telecommunications network. The mission of the project is to improve access to health care for federal beneficiaries in Alaska through sustainable telehealth systems.

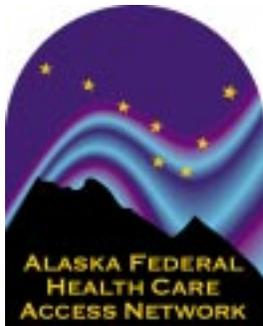
The AFHCAN project has 37 participating member organizations that include IHS/tribal entities, the Veterans Administration, Department of Defense, US Coast Guard, and the Alaska Division of Public Health, Section of Public Health Nursing. The Alaska Native Tribal Health Consortium manages the project. These organizations have a total of 235 federal health care sites across the state.

This past year, five AFHCAN committees continued to meet to address specific areas of emphasis of the health care delivery system that are vital to the success of the project. They include Business, Clinical, Informatics, Technology, and Training. Each committee consists of talented individuals from various member organizations, professional backgrounds, and communities all over the state.

During this fiscal year, the project focused on completion of equipment and software development, deployment of equipment and software to sites, the implementation of training, and development of a long-term sustainability plan.

Currently, AFHCAN has successfully met its goal to develop a telehealth telecommunications infrastructure that uses modern telehealth technology that can link 235 federal and state health care sites in Alaska. The network is referred to as "AFHCANet". AFHCANet has the technological capability to link rural clinics, regional hospitals, and medical centers statewide. The network is co-located at GCI and AT&T. Utilizing an advanced telemedicine workstation and software, the network sends data, digital images, video, and voice between health care providers and referring providers. The workstation includes a standard CPU, touch screen monitor, keyboard, scanner, video otoscope, and EKG. The workstation is operated by Windows 2000 and web-based store and forward software, specially developed for operation of the project.





# AFHCAN Continued...

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## Deployment to date

Currently, AFHCAN has deployed advanced telemedicine equipment and software statewide to 76 sites. Deployed sites include Maniilaq Health Center (12), Norton Sound Regional Health Clinic (16), Eastern Aleutian Tribes (7), Southeast Regional Health Center (10), Bristol Bay Area Health Center (13), Tanana Chiefs Conference (6), Yukon Kuskokwim Health Corporation (1), Kodiak Area Native Association (2), Elmendorf Air Force Base (1), Alaska Native Tribal Health Consortium (1), Southcentral Foundation (1), and Public Health Nursing (6). Deployment will continue throughout the duration of the project, eventually linking 235 sites to the network.

## Training

Clinical staff has continued to coordinate monthly telemedicine training to member organization participants. AFHCAN trainers and guest speakers, primarily physicians, provide training.

The class follows a training manual with hands-on use of the store-and-forward telemedicine workstation and software system. Two new lectures entitled, “Performing a Digital ECG” and “Building a Simple QA Program for Telemedicine” have been added to the original training plan. The class provides 11.0 CEU or 9.2 CME credits to participants. Formal evaluations from participants, which are forwarded to the ANMC Continuing Education department, reflect an overall excellent training rating.

AFHCAN staff has provided training to 13 sites in the Maniilaq region, Public Health Nursing in Juneau, and Audiology in Nome. Upcoming training will include Elmendorf, Tanana Chiefs Conference, Norton Sound Regional Health Corporation, Bristol Bay Area Health Corporation, and Southcentral Foundation.

## Sustainability

This past year, a Business and Sustainability Committee was formed to address the important need to develop a baseline for sustainability of the network. The committee met on several occasions to review the clinical, technical and operational objectives, outline challenges, and generate discussion on potential strategies to sustain AFHCANet. The outcome of these discussions and focus groups will result in a written sustainability plan by the end of this fiscal year.

For more information, contact the AFHCAN Project Office at:

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

# Appendices

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**B - Denali Commission  
Telecommunication Site  
Survey-Selected Data**

**C - ATAC Meeting Agendas**

**D - Operating Budget**

**E - Contact Information**



# Appendix A

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**Telehealth Core Principles**



# Telehealth Core Principles

*Thomas S. Nighswander, MD, MPH*

## Introduction

Alaska has the potential to receive millions of dollars over the next several years to develop telehealth in our state. Funds to accomplish this task will come from special appropriations and specific grants; private industry will also invest sizeable capital. The Alaska Telehealth Advisory Council must seek to establish ground rules that ensure wise utilization of these funds. Lower 48 states have indicated that the infusion of large amounts of money was instrumental in developing sophisticated projects; their efforts, however, faltered when the one-time funding was fully expended. The Commission must carefully develop an infrastructure that keeps in mind the future costs in making telehealth services available to all Alaskans who will benefit from this technology.

With careful planning, the Commission has an opportunity to utilize this technology to advance personal health care and community health throughout the state. The guiding principles for this development include the following:

## Telehealth Core Principles

- 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.**

The underlying principle is to make telehealth technology available to all Alaskans who will benefit from this technology. However, providing access to this technology to Alaskans who will receive the most benefits will be problematic—the small, rural and distant Alaskan community. Access to traditional health service in these communities can be limited due to the cost and difficulty of travel. Yet these same communities also have, potentially, the most difficulty with telecommunication infrastructure. This is especially true if telehealth technology must be supported with more bandwidth than is currently available in the community.

Therefore, technologies using existing telecommunication infrastructure should have standardized applications for telehealth.

- 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.**

As of January 1999, fifteen projects have been identified that are currently operating or in various phases of development. It will be in the best interests of our state if these systems are able to communicate with one another (open architecture), which would allow for the easy exchange of information. The end user should also be able to connect to the provider or system of choice, or the sponsor of the patient's health service with ease.

Furthermore, in order to support the infrastructure and development costs, there should not be a duplication of efforts. While pilot projects of new or upgraded technologies will always be welcomed, the program development costs, where feasible, should not be duplicated and effective telehealth tools should be available to everyone as public domain.

Likewise, the telecommunication infrastructure would need to be shared in order to spread maintenance costs to as many partners as possible. This requires that in the initial telehealth roll out, attempts should be made to partner with as many public and private institutions as possible. These partnerships may include non-traditional partners in health care (i.e., schools and libraries, other state agencies, financial institutions, oil companies, fisheries, the military, and perhaps more).

# Telehealth Core Principles continued...

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**3) All telehealth applications should be acceptable to both the patient and the provider and be easy to use.**

The experience from other states suggests that providers of care do not easily adopt telehealth technologies. There are multiple reasons for this. Some providers are technophobes; this can be resolved as providers become more familiar with the technology. Providers also see the technology as interfering with the way they currently provide care or services to their patients; i.e., there is a break in established routines, or the technology does not fit into the flow of the provider's practice.

Another obstacle has been the telehealth equipment itself, which has not been easy to use. Prior to the telehealth application being introduced, sufficient training was not offered to providers. Current telehealth equipment requires special operating skills which need to be learned by the provider before the equipment can be used. These skills need to be continually upgraded as new hardware and software are introduced. In addition, the telehealth equipment has not been reliable. When equipment breakdowns or computer glitches occur, the repair service has not been easily accessed or provided in a timely manner.

Furthermore, the telecommunications link has been slow or unreliable, which results in the provider viewing telehealth as a chore to access and maintain as a current communication link to the consultation service.

**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.**

Lower 48 states participating in the early development of telemedicine often faltered and failed when funding for their sophisticated and expensive telehealth projects was fully expended. Therefore, a guiding principle for the Commission should be that all potential projects be evaluated with an analysis of the recurring long-term costs. These costs should include: equipment maintenance, replacement, and upgrades; equipment use training, including initial and ongoing training for upgraded technologies and initial training for new providers of care who move into the community; and costs associated with telecommunication links (connectivity).

There is a general agreement that subsidized transmission costs (Universal Services Fund) should not be depended upon for the long term. For planning purposes, telehealth systems must be self-sufficient.

**5) All participants in telehealth in Alaska should engage in a needs assessment and evaluation of services.**

Lastly, for increased provider acceptance, this technology must be viewed as helpful in providing services either in a more efficient manner or at a more specialized level. This requirement suggests that the developers of telehealth services must develop their programs after talking to a variety of providers of care, all the while keeping in mind the fundamental question of how this technology can assist the provider in conducting his/her work.

Once the goal of telehealth technology is clear, and fully in place, an ongoing evaluation needs to occur to design improvements and determine if the original goal is still being met.

# Appendix B

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**Denali Commission Telecommunication Site  
Survey-Selected Data**



# Denali Commission Telecommunication Site Survey-Selected Data

## Eight Star Communications, Inc.

PO Box 84135  
Fairbanks, Alaska 99708-4135  
907-479-2785 Fax: 907-479-2888

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February 10, 2000

To: Mike Sfraga  
Steve Smith

Fr: Tim Olson

Re: **Alaska Three Site Assessment Research**

The following reports detail the research I have undertaken, to date, for the Alaska Three Site Assessment. The contents of the attached materials include:

**Cable Television by Community**

286 Alaska Communities--population and households, whether or not a cable company serves the community, number of subscribers, company contact name, phone number and address when available.

**ARCS/Public TV by Community**

286 Alaska Communities--which communities have ARCS sites and what is the current operating status, is public tv available over the air, which station, is cable television available, are ARCS and Alaska One on local cable.

**Internet Service Providers by Community**

80 Alaska Communities that have local dial-up commercial internet service--a listing of the companies that provide service to each of those communities, listed by community.

**Internet Service Companies**

33 ISP's--company names, internet addresses, phone numbers and mail addresses. Each listing is accompanied by the locations to which they provide service. (This is what I found so far. There are likely more.) Also included is information on three national companies that offer limited local dial-up in Alaska and appear to be used by rural residents on a toll basis.

**GCI School Access Communities**

A listing of the 147 GCI School Access locations, by community, is provided as part of the ISP Company section.

The cooperation of Mark Badger, State ITG, and Don Rinker, Alaska Public Broadcasting was valuable in getting some of this information. They quickly shared information they recently acquired in the telecommunications survey APB did for the Department of Administration.

I hope this information will help with your planning. If I can extend this research or help in other ways, please let me know.

## Denali Commission Telecommunication Site Survey-Selected Data

### Internet Service Providers by Community

Communities (with local dial-up)	ISP's Serving Community
Adak	Core Comm.
Anchorage (incl. Eklutna)	ARCTIC.NET, Core Comm., Custom CPU, GCI, Internet Alaska, PTINet, Sinbad, Unicom, XYZ.Net
Angoon	PTINet
Aleknagik	Nushagak
Atmautluak	Unicom
Barrow	Arctic Slope Telephone Coop., Core Comm.
Bethel	Core Comm., GCI, Unicom
Big Lake	PTINet
Cantwell	Core Comm.
Chevak	Unicom
Chickaloon	same as Palmer
Coffman Cove	CoveConnect
Cooper Landing	ARCTIC.NET
Cordova (Incl. Eyak)	Core Comm., PTINet
Craig	Core Comm., PTINet
Deadhorse	Core Comm.
Delta Junction	Core Comm., Internet Alaska (roaming only), XYZ.Net
Dillingham	Core Comm., Nushagak
Eagle River	GCI, PTINet
Eielson AFB	same as Fairbanks
Fairbanks	Chugach.net, Core Comm., GCI, Internet Alaska, MosquitoNet, PTINet, Sinbad Network Comm., XYZ.net
Ft. Wainwright	same as Fairbanks
Galena	Arctic.net
Glennallen	Core Comm., Internet Alaska, XYZ.net
Haines (incl. Chilkoot)	Core Comm, ICE Comm.
Healy	Core Comm.
Homer	Core Comm., Internet Alaska, PTINet, XYZ.Net
Houston	see Wasilla
Hydaburg	Alaska Power and Tel, PTI.Net
Juneau	Chugach.net, Core Comm., GCI, Internet Alaska, PTINet, Sinbad Network Comm., XYZ.net
Kasigluk	Unicom
Kasilof	Peninsula Internet
Kenai	Chugach.net, Custom CPU, GCI, Internet Alaska, Peninsula Internet, PTINet, Sinbad Network Comm., XYZ.net
Ketchikan	Core Comm., Ketchikan Internet Service PTINet

## Denali Commission Telecommunication Site Survey-Selected Data

### Internet Service Providers by Community continued...

Communities (with local dial-up)	ISP's Serving Community
King Salmon	Bristol Bay Tel. Coop., Core Comm.
Klawock	Alaska Power and Tel, PTI.Net
Kodiak	Chugach.net, Core Comm., GCI, PTINet
Kotzebue	Core Comm., PTINet
Kwethluk	Unicom
Mat-Su	see Palmer or Wasilla
McGrath	Core Comm.
Metlakatla	Seapac.net
Moose Pass	ARCTIC.NET, Seward Internet Services
Naknek	Bristol Bay Telephone Coop.
Napakiak	Unicom
Napaskiak	Unicom
Nenana	Core Comm.
Ninilchik	Peninsula Internet
Nikiski	Peninsula Internet
Nome	Core Comm., NomeNet
North Pole	MosquitoNet, PTINet
Northway	Core Comm.
Nunapitchuk	Unicom
Oscarville	Unicom
Palmer	GCI, Internet Alaska, PTINet, Sinbad Network Comm., XYZ.net
Pelican	PTINet
Petersburg	Core Comm., Internet Alaska, Mitkof.net, XYZ.net
Prudhoe Bay	Core Comm.
Saint Paul	Core Comm.
Sand Point	ARCTIC.NET
Seward	ARCTIC.NET, Core Comm., PTINet, Seward Internet Services
Sitka	Core Comm., GCI, PTINet, Sinbad Network Comm.
Skagway	Core Comm., PTINet
Soldotna	Chugach.net, Custom CPU, GCI, Internet Alaska, Peninsula Internet, PTINet, XYZ.net
South Naknek	Bristol Bay Telephone Coop.
Sterling	Peninsula Internet
Sutton	same as Palmer
Talkeetna	GCI
Tanacross	Alaska Power and Tel, PTI.Net
Tanana	Core Comm.
Thorne Bay	Seapac.net
Tok	Core Comm., PTINet

## Denali Commission Telecommunication Site Survey-Selected Data

### Internet Service Providers by Community continued...

<b>Communities</b> (with local dial-up)	<b>ISP's Serving Community</b>
Trapper Creek	same as Wasilla and Mat-Su
Unalaska/Dutch Harbor	ARCTIC.NET, Core Comm.
Valdez	Core Comm., GCI, Internet Alaska, XYZ.net
Wasilla	GCI, Internet Alaska, PTINet, Sinbad Network Comm.
Whittier	Core Comm.
Willow	same as Wasilla
Wrangell	Core Comm., Seapac.net
Yakutat	Core Comm., PTINet

# Denali Commission Telecommunication Site Survey-Selected Data

## Internet Service Companies

### Alaskan ISP's with local dial-up

#### **A-Online**

Anchorage (affiliated with Sinbad)

[www.aonline.com](http://www.aonline.com)

#### **Absolute Internet** (part of Chugach.net network)

3901 Old Seward Highway #8G (University Shopping Mall)

Anchorage, Alaska 99503

voice: 562-9585

[www.alaskalife.net](http://www.alaskalife.net)

#### **Alaska Power and Telephone** (affiliated with PTI)

191 Otto Street

PO Box 3222

Port Townsend, WA 98368

voice: 800-982-0136

[www.alaskapt.com](http://www.alaskapt.com)

local dial-up locations: (same as PTI.net) and Hydaburg, Klawock, Tanacross

#### **Anch.Net**

Anchorage (Chugach.net affiliated)

[www.anchnet.com](http://www.anchnet.com)

local dial-up locations: Anchorage and all Chugach.net locations

#### **ARCTIC.NET**

Anchorage

voice: 333-8933

[www.arctic.net](http://www.arctic.net)

local dial-up locations: Anchorage, Cooper Landing, Galena, Sand Point, Unalaska, Seward (through Seward Internet)

#### **Arctic Slope Telephone Cooperative**

4300 B Street, Suite 501

Anchorage, Alaska 99503

voice: 800-478-6409

[www.barrow.com](http://www.barrow.com)

local dial-up locations: Barrow (plan to add 6 North Slope villages in 2000)

#### **Bristol Bay Telephone Cooperative**

PO Box 259 - 1 Main Street

King Salmon, Alaska 99613

voice: 907-246-3403

[www.bristolbay.com](http://www.bristolbay.com)

local dial-up locations: King Salmon, Naknek, South Naknek

# Denali Commission Telecommunication Site Survey-Selected Data

## Internet Service Companies continued...

### Alaskan ISP's with local dial-up

#### **Chugach.net**

[www.chugach.net](http://www.chugach.net)

PO Box 196300  
Anchorage, Alaska 99519  
voice: 907-762-7888

local dial-up locations: Mat-Su, Kenai, Soldotna, Fairbanks, Juneau, Kodiak, Sitka, Valdez, Bethel

#### **Core Communications**

[www.corecom.net](http://www.corecom.net)

2020 East Dowling Road, Suite 3A  
Anchorage, Alaska 99507  
voice: 907-563-1191

local dial-up locations: Adak, Barrow, Bethel, Cantwell, Cordova, Craig, Deadhorse, Delta, Dillingham, Dutch Harbor, Fairbanks, Glenallen, Haines, Healy, Homer, Juneau, Ketchikan, King Salmon, Kodiak-City, Kodiak-Navy, Kotzebue, McGrath, Nenana, Nome, Northway, Petersburg, Saint Paul, Seward, Sitka, Skagway, Tanana, Tok, Unalaska, Valdez, Whittier, Wrangell, Yakutat

#### **Cove Connect**

[www.coveconnect.com](http://www.coveconnect.com)

Julie Hull  
Coffman Cove, Alaska  
voice: 907-329-2295

local dial-up locations: Coffman Cove

#### **Custom CPU**

[www.customcpu.com](http://www.customcpu.com)

245 West 5th Avenue, Suite 120  
Anchorage, Alaska 99501  
voice: 277-6969

local dial-up locations: Anchorage, Mat-Su, Kenai, Soldotna, Wasilla

#### **Finite Technologies, Inc.**

[www.finite-tech.com](http://www.finite-tech.com)

(affiliated with ARCTIC.NET)  
3763 Image Drive  
Anchorage, Alaska 99504  
voice: 333-8937

local dial-up locations: same as ARCTIC.NET

# Denali Commission Telecommunication Site Survey-Selected Data

## Internet Service Companies continued...

### Alaskan ISP's with local dial-up

#### **GCI Internet Services**

**www.gci.net**

2550 Denali Street  
Anchorage, Alaska 99504  
voice: 800-800-4800

local access locations: Anchorage, Bethel, Eagle River, Fairbanks, Juneau, Kenai, Kodiak, Palmer, Sitka, Soldotna, Talkeetna, Valdez, Wasilla

other locations: Akutan, Aleknagik, Ambler, Anaktuvuk Pass, Atkasuk, Barrow, Buckland, Chignik, Chignik Lagoon, Chignik Lake, Clarks Point, Cold Bay, Cordova, Deadhorse, Deering, Dillingham, Ekuk, Ekwok, Elim, False Pass, Girdwood, Glennallen, Golovin, Haines, Healy, Homer, Iliamna, Kaktovik, Ketchikan, Kiana, King Cove, King Salmon, Kivalina, Kobuk, Koliganek, Kotzebue, Koyuk, Levelock, Manokotak, Meshik, Naknek, Nelson Lagoon, Newhalen, New Stuyahok, Noatak, Nome, Nondalton, Noorvik, Nuiqsut, Perryville, Petersburg, Pilot Point, Point Hope, Point Lay, Port Heiden, Red Dog Mine, Sand Point, Selawik, Seward, Shaktoolik, Shishmaref, Shungnak, South Naknek, St. Michael, Stebbins, Teller-Brevig, Togiak, Twin Hills, Unalakleet, Unalaska, Wainwright, Wales, White Mountain, Wrangell

School Access locations: see list, appendix A

#### **Hoonah.Net**

**hoonah.net**

Hoonah, Alaska 99829  
voice: 907-945-3643

local dial-up locations: Hoonah, (and Microcom local access locations)

#### **ICE Communications**

**www.wytbear.com**

PO Box 1149  
Haines, Alaska 99827  
voice: 907-766-2092

local dial-up locations: Haines

#### **Internet Alaska Inc.**

**www.alaska.net**

Janene McMahan, Director of Marketing  
4050 Lake Otis Parkway, Suite 107A  
Anchorage, Alaska 99508

local dial-up locations: Anchorage, Fairbanks, Juneau, Palmer, Mat-Su, Soldotna, Kenai, Homer, Valdez, Glennallen, Petersburg, Delta Junction (roaming access only in Delta)

# Denali Commission Telecommunication Site Survey-Selected Data

## Internet Service Companies continued...

### Alaskan ISP's with local dial-up

#### **Ketchikan Internet Service**

[www.ktn.net](http://www.ktn.net)

(Ketchikan Public Utilities/AP&T)

PO Box 23601

Ketchikan, Alaska 99901

voice: 225-5638

local dial-up locations: Ketchikan

#### **knix.net**

[knix.net](http://knix.net)

Delta Junction, Alaska

voice: 895-5110

local dial-up locations: Delta Junction

#### **Matnet, Inc.** (Chugach.net affiliated)

[www.matnet.com](http://www.matnet.com) and [www.anchnet.com](http://www.anchnet.com)

165 East Parks Highway, Suite 105

Wasilla, Alaska 99654

voice: 907-373-3580

local dial-up locations: Anchorage, Eagle River, Mat-Su Valley (Palmer, Wasilla, Trapper Creek, etc.)

#### **Mitkof.net**

[mitkof.net](http://mitkof.net)

Petersburg, Alaska

voice: 907-772-2343

local dial-up locations: Petersburg, Kake

#### **MosquitoNet**

[www.mosquitonet.com](http://www.mosquitonet.com)

530 7th Avenue, Suite 3

Fairbanks, Alaska 99701

voice: 458-7873

local dial-up locations: Fairbanks, North Pole, Fort Wainwright, Eielson AFB

#### **Nook.net**

[www.nooknet.com](http://www.nooknet.com)

PO Box 970

Nome, Alaska 99762

voice: 907-443-7575

local dial-up locations: Nome, Unalakleet, Teller, White Mountain

# Denali Commission Telecommunication Site Survey-Selected Data

## Internet Service Companies continued...

### Alaskan ISP's with local dial-up

#### **nome.net**

PO Box 160  
Nome, Alaska 99762  
voice: 443-5387

**www.nome.net**

local dial-up locations: Nome

#### **Nushagak Telephone Cooperative**

Dillingham, Alaska  
voice: 907-842-7620

**nushtel.com**

local dial-up locations: Dillingham, Aleknagik

#### **Peninsula Internet**

Soldotna  
voice: 907-260-3216

**kenai.net**

local dial-up locations: Nikiski, Kenai, Soldotna, Sterling, Kasilof, Ninilchik

#### **PolarNet**

(see PTI Net)

**www.polarnet.com**

#### **PTI Net**

PO Box 72215  
Fairbanks, Alaska 99707  
voice: 800-784-6384

**www.polarnet.com**

local dial-up locations: Anchorage, Angoon, Big Lake, Cordova, Craig, Eagle River, Eielson AFB, Fairbanks, Ft. Wainwright, Homer, Juneau, Kenai, Ketchikan, Kodiak, Kotzebue, North Pole, Palmer, Pelican, Seattle, Seward, Sitka, Skagway, Soldotna, Tok, Wasilla, Yakutat

#### **Seapac.net**

Kathleen Ellis  
Wrangell, Alaska  
voice: 907-874-4010

**www.seapac.net**

local dial-up locations: Wrangell, Thorne Bay, Metlakatla

**ServCom** (purchased by Sinbad)

**Denali Commission Telecommunication Site Survey-Selected Data**  
**Internet Service Companies continued...**

**Alaskan ISP's with local dial-up**

**Seward Internet Services**

**seward.net**

Seward, Alaska  
voice: 907-224-5150

local dial-up locations: Seward, Moose Pass (and Seward Highway locations between)

**Sinbad Network Communications**

**sinbad.net**

3101 Penland  
Parkland Suite K26  
Anchorage, Alaska 99508  
voice: 907-274-6223

local dial-up locations: Anchorage, Fairbanks, Juneau, Kenai, Palmer, Sitka, Wasilla

**UNICOM Inc.**

**unicom-alaska.com**

5450 A Street  
Anchorage, Alaska 99518-1291  
voice: 800-478-2020

local dial-up locations: Bethel, Kasigluk, Kwethluk, Napakiak, Napaskiak, Oscarville, Nunapitchuk, Atmautluak, Chevak

# Denali Commission Telecommunication Site Survey-Selected Data

## National ISP's with local dial-up

A search of national ISP's shows several dozen who provide "national" service to all area codes in the United States. Some have local dial-up in the larger communities in Alaska through affiliation with Alaska companies. The following are three that have actively advertised to seek Alaskan customers. During my research I asked friends who work for three Regional Native Corporations to provide me with e-mail addresses for constituents from the rural areas they represent. AOL and Micronet seem to be used by rural residents who pay access fees for internet access. ACN has an affiliate office in Anchorage. I looked closer at these three to provide an example of national companies who are trying to provide service to Alaska. These are not included in the listing of ISP's by community.

Most have what seems to be the customary \$.10 per minute/\$6.00 per hour rate through 800 or 700 numbers.

**ACN Internet Access**  
Annapolis, Maryland

**energy.virtualave.net**

local dial-up number in Juneau and Anchorage only

**America Online**

**www.aol.com**

Juneau (local dial)	907-463-6900, 907-463-6939
Anchorage (local dial)	907-222-2983, 907-272-3155
All other Alaska locations	800-716-0023 (.10 cents/minute)

**Micronet**

**micronet.net**

voice: 907-279-0051

locations: (claim 107 Alaska locations\*) local dial-up numbers available in--Anchorage, Angoon, Bethel, Big Lake, Eagle River, Eielson AFB, Fairbanks, Ft. Wainwright, Girdwood, Glennallen, Homer, Hoonah, Juneau, Kenai, Ketchikan, Kodiak, Nikiski, Ninilchik, North Pole, Palmer, Pelican, Petersburg, Seward, Sitka, Soldotna, Sterling, Sutton, Talkeetna, Valdez, Wasilla, Willow, Yakutat

\*others have (700) number



# Appendix C

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## **ATAC Meeting Agendas**

**September 29, 2000 Meeting**

**January 5, 2001 Meeting**

**March 30, 2001 Meeting**



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

**AGENDA**

**ALASKA NATIVE TRIBAL HEALTH CONSORTIUM**  
**4141 AMBASSADOR DRIVE, CONFERENCE ROOM 311**

**SEPTEMBER 29, 2000**

**9:30 A.M. – 2:30 P.M.**

**COUNCIL MEMBERS**

Commissioner Karen Perdue  
 Co-Chair  
 State of Alaska

Paul Sherry  
 Co-Chair  
 Alaska Native Tribal Health Consortium

Douglas A. Bruce, Chief Executive  
 Providence Health System in Alaska

Ron Duncan, CEO  
 GCI

Mark Hamilton, President  
 University of Alaska Fairbanks

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

Tom Posey, President  
 AT&T Alascom

Alex Spector, Director  
 Department of Veterans Affairs

Commissioner Nanette Thompson  
 Regulatory Commission of Alaska

Mary Weiss, RN  
 Alaska Nurses Association (Rep.)

Peter West, MD  
 Associate Medical Director  
 Premera Blue Cross

**STAFF**

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

Edward Deaux  
 Technical Writer

9:30	Introductions Goals for the Day	Commissioner Karen Perdue, Co-Chair Paul Sherry, CEO, ANTHC, Co-Chair
10:00	Progress Report since May Meeting ATAC 1999-2000 Annual Report  National/International Meeting Updates • Circumpolar Health/ Arctic Council (Norway)  • Cybermedicine Test-Bed (NASA)  • Medicare/Medicaid Reimbursement (Washington, DC)  • Telepsychiatry (Portland)  • Regulatory Update	Thomas Nighswander, MD, MPH, Facilitator  Commissioner Karen Perdue, Co-Chair Carl Hild, Institute for Circumpolar Health  Carl Hild, Institute for Circumpolar Health  Kathe Boucha, Director Int'l Telemedicine, Providence Health Systems  Beth Landon, Assistant Director, ACRH  Commissioner Nanette Thompson Regulatory Commission of Alaska
11:00	<b>Break</b>	
11:15	ANTHC Sponsored Projects Update • Telepsychiatry: High-Bandwidth Project  Low-Bandwidth Project  • Telemedicine Efficacy Harold Johnston, MD, Consultant  • Medicaid Reimbursement	Ron Adler, Executive Director, Gateway Center for Human Services Craig Cott, Medical Director, EAT  Terry Daniels, Project Director, Kez'anni, LLC  Jared Duzan, Project Manager, Myers and Stauffer, LLC
12:15	<b>Working Lunch</b>	
12:30	Statewide Projects Update • Alaska Distance Education • AFHCAN • Emergency Medical Services for Children Telemedicine Project	Mike Sfraga, PhD, University of Fairbanks Linda Lekness, AFHCAN Director, ANTHC Anthony Zenk, Health Program Manager SOA, Dept. of Health & Social Services
1:15	Council Membership Review	Co-Chairs and Facilitator
1:30	2000 - 2001 ATAC Focus • Potential New Projects • "Alaska Community Health Access Network" Proposal • Developing a Long-term Alaska Telehealth Coordination Structure	Co-Chairs and Facilitator
2:30	Adjourn	

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

**AGENDA**  
**GCI - DENALI TOWERS**  
**JANUARY 5, 2001**  
**9:30 A.M. – 2 P.M.**

**COUNCIL MEMBERS**

Commissioner Karen Perdue  
 Co-Chair  
 State of Alaska

Paul Sherry  
 Co-Chair  
 Alaska Native Tribal Health Consortium

Douglas A. Bruce, Chief Executive  
 Providence Health System in Alaska

Ron Duncan, CEO  
 GCI

Mark Hamilton, President  
 University of Alaska Fairbanks

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

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 Alaska Regional Hospital

Jerome List, MD  
 Past President  
 Alaska State Medical Association

Tom Posey, President  
 AT&T Alascom

Alex Spector, Director  
 Department of Veterans Affairs

Commissioner Nanette Thompson  
 Regulatory Commission of Alaska

Mary Weiss, RN  
 Alaska Nurses Association (Rep.)

Peter West, MD  
 Associate Medical Director  
 Premera Blue Cross

**STAFF**

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

Edward Deaux  
 Technical Writer

9:30	Introductions Goals for the Day	Commissioner Karen Perdue, Co-Chair Paul Sherry, CEO, ANTHC, Co-Chair
10:00	Council Update	Thomas Nighswander, MD, MPH, Facilitator
10:15	Project Reports	
•	Telepsychiatry	Beth Landon, Assistant Director, ACRH
•	Telemedicine Efficacy Trial	Thomas Nighswander, MD, MPH, Facilitator
•	Reimbursement Analysis	Jared Duzan, Proj. Mgr., Myers & Stauffer, LC
11:15	<b>Break</b>	
11:30	Special Reports	
•	AFHCAN	Linda Lekness, AFHCAN Director, ANTHC
•	Alaska Distance Education	Mike Sfraga, PhD, Univ. of Alaska Fairbanks
12:15	<b>Working Lunch</b>	
•	Regulatory Update Regulatory Commission of Alaska	Commissioner Nanette Thompson
12:30	New Project Proposals	
•	Psychiatric Clinical Support	Jeff Jessee, Executive Director, AMHT to Rural Mental Health Centers
•	Jointly Sponsored Secure Telecommunication Network - Practicing Clinicians in Alaska	Jerome List, MD, Past President, ASMA
•	Survey and Analysis – Costs for Telemedicine to Non-AFHCAN Sites in Alaska	Marilyn Kasmar, Executive Director Alaska Primary Care Association
1:15	ATAC Budget Review Proposals for the Future of ATAC	Co-Chairs

# ALASKA TELEHEALTH ADVISORY COUNCIL

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## AGENDA

Alaska Communications Systems  
740 Communications Avenue

March 30, 2001

9:30 a.m. – 3:15 p.m.

### Joint ATAC/ADETC Meeting

9:30	Welcome/Introductions Goals of the Meeting	Paul Sherry, ATAC Co-Chair Dr Mike Sfraga, UAF, ADETC
10:00	Overview of the Vision and Work: <ul style="list-style-type: none"><li>Alaska Distance Education</li><li>ATAC</li></ul>	Dr Mike Sfraga, UAF, ADETC Paul Sherry, ATAC Co-Chair
10:40	<b>Break</b>	
10:50	Telecommunication Infrastructure in Alaska: <ul style="list-style-type: none"><li>Denali Commission</li></ul>	Krag Johnsen, Denali Commission Staff
11:30	Joint Venture Possibilities	Paul Sherry, ANTHC, ATAC Co-Chair
12:30	<b>Working Lunch</b> <ul style="list-style-type: none"><li>Regulatory Update</li></ul>	Commissioner Nanette Thompson, Regulatory Commission of Alaska

### ATAC Meeting

12:50	Reports <ul style="list-style-type: none"><li>Medicaid Reimbursement</li><li>Telepsychiatry</li><li>Telemedicine Efficacy</li><li>Technical Workgroup—Firewalls</li><li>AFHCAN</li></ul>	
2:05	New Project Proposals <ul style="list-style-type: none"><li>AK Clinical Providers Server</li><li>Telemedicine—Non-federal Locations in Alaska</li></ul>	Jerome List, MD, Past President, ASMA Marilyn Kasmar, Executive Director, Alaska Primary Care Association
2:35	<b>Break</b>	
2:45	American Association for the Advancement of Science, Arctic Division Meeting, September 2001	Carl Hild, Institute for Circumpolar Health
	Next Quarter Focus ATAC Budget Review	Paul Sherry, Co-Chair
3:15	<b>Adjournment</b>	



# Appendix D

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**ANNUAL**



**BUDGET**

**Operating Budget**



# Operating Budget

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## ATAC Operating Budget for FY 2001

	<b>Budgeted FY '01</b>	<b>First Quarter Expenses</b>	<b>Total Obligated FY '01</b>	<b>Approved (Revised) FY '01</b>
Projects	80,000.00	5,000.00	158,342.00	163,342.00
New Projects	50,000.00	0.00	0.00	40,000.00
Staff	80,000.00	18,363.00	60,000.00	78,363.00
Travel	10,000.00	0.00	0.00	5,830.00
Other	3,000.00	215.00	0.00	2,465.00
<b>TOTAL</b>	<b>223,000.00</b>	<b>23,578.00</b>	<b>218,342.00</b>	<b>290,000.00</b>



# Appendix E

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