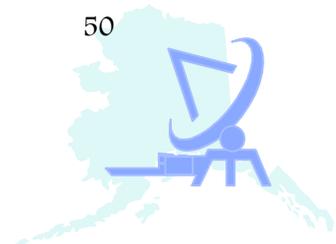


Alaska Telehealth Advisory Council

Annual Report 2004

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History of the Council

GIVEN THE MULTI-FACETED CHALLENGES OF HEALTH CARE IN ALASKA, SENATOR TED STEVENS SAW THE POSSIBILITIES OF WHAT TELEHEALTH TECHNOLOGY COULD PROVIDE, NOT ONLY FOR HEALTH CARE ISSUES BUT FOR EDUCATION, AS WELL. IT WAS NOVEMBER OF 1998 WHEN HE ANNOUNCED THAT FUNDING HAD BEEN APPROPRIATED TO FOSTER TELEMEDICINE IN ALASKA.

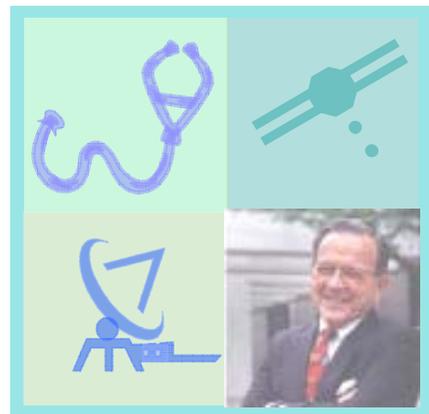
Karen Perdue, then Commissioner of the Alaska Department of Health and Social Services, developed an advisory group of high-level telemedicine stakeholders from various Alaska health care and telecommunication sectors to provide the leadership and coordination of telemedicine activities.

Senator Stevens' vision for the initiative, while initially directed to the Federal Partners in Alaska, would include "spin-offs" that would benefit all Alaskans. He had an active hand in determining the membership of the Alaska Telehealth Advisory Council (ATAC), which includes representatives of the telecommunication industry, major hospitals in the state, professional provider groups, the University of Alaska, and other interested entities. The Alaska Native Tribal Health Consortium has provided administrative support for the Council, and facilitates group meetings and activities.

A companion group, the Distant Education Consortium composed of education leaders in Alaska, was also formed several years later. With a mission similar to that of ATAC, it focuses on coordinated distant delivery education for all grade levels including higher education through telecommunications.

Now, six years later and through the diligence of many Alaskans in both the private and public sector, the initial agenda is largely completed. Reimbursement is now a reality as is the largest telemedicine network in the world. Technology developed through federal funding exists in the public domain, and telemedicine programs are reaching out to areas beyond the Federal Partnership.

Senator Stevens' encouragement and support remain consistent, and improved access to health care for all Alaskans is the visible manifestation of his efforts. The future efforts for Telehealth are highlighted in this report in "Telemedicine Vision 2010."



ALASKA TELEHEALTH ADVISORY COUNCIL
Alaska Native Tribal Health Consortium
Anchorage, Alaska

Core Principles for the Development of 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.



Telemedicine Vision 2010

THE FUTURE OF TELEMEDICINE AND WHERE WE WANT IT TO BE BY 2010 WAS THE ESSENCE OF THE AGENDA FOR THE ATAC PLANNING RETREAT IN APRIL 2004. MEETING AT THE ALASKA NATIVE HERITAGE CENTER, MORE THAN FORTY REPRESENTATIVES OF HOSPITALS, HIGHER EDUCATION, MEDICAL AND NURSING PROFESSIONS, ALLIED HEALTH, DEPARTMENTS OF HEALTH, AND THE TELECOMMUNICATION INDUSTRY FILLED THE DAY ESTABLISHING PRIORITIES FOR THE FUTURE.

THE CORE LEADERSHIP OF THE GROUP REMAINS THE SAME AS IT HAS BEEN SINCE THE INITIATION OF ITS EFFORT IN JANUARY OF 1999.

THE TOPICS OF DISCUSSION AT THE RETREAT WERE TIMELY IN VIEW OF THE COMPLETION OF THE ALASKA FEDERAL HEALTH CARE ACCESS PROJECT DEPLOYMENT.

CLEARLY, THERE REMAINS WORK TO BE DONE.

THE FOCUS OF TELEMEDICINE FUTURE EFFORTS WILL BE AS FOLLOWS:

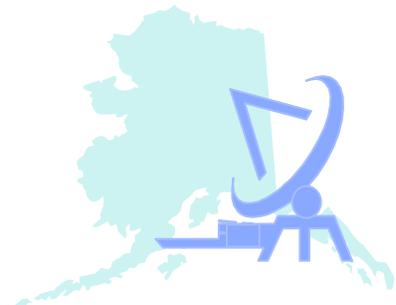
- ⇒ **Implementation of the open access plan: *Networks allowing respective providers access to each other's records as necessary for medical services and information***

This was a fundamental purpose in the establishment of the Alaska Telehealth Advisory Council (ATAC). The necessary agreements will require technical, clinical MOA's between private and public network providers and clinical health providers.

This means that within protocols defined by each institution or provider group, medical data broadly defined should be shared electronically. It is of practical importance when consults are requested, as patients move from one provider to another, and medical data need subsequently to be retrieved from contract health services (i.e., ANMC buys contract health services from both Providence and Alaska Regional, and must have the medical information available electronically).

The ideal situation would be the availability of the medical record through a uniformly written, electronic transmission. This is not yet a reality. Competing systems from private vendors are becoming available. Several have robust billing capacity; others focus on a comprehensive clinical patient record. To date, there is not a system that functions effectively and compatibly with both components even though the dual concept is a significant national priority.

Several types of electronic medical information are generally available in Alaska: laboratory and x-ray reports, operative reports and discharge summaries and x-ray images, in some situations. In the Tribal Health System, the electronic information that is available to an ANMC physician staff member is available at all of the hospitals in



the Native system. Once data is in an electronic format, communicating across systems once agreed to programmatically, will require technical experts. The technical issues are easily solved, if there is agreement to do so. An open access telemedicine network has both economic and political considerations that need to be resolved. The focus of these discussions should be based on what is best for patient care, affordable costs and availability.

Anticipating competition in both the Telemedicine network and in clinical applications, a founding principle of the Council was there was cooperation on the deployment of the network; confining competition to clinical services.

⇒ **Deployment of Telehealth Capacity to More Sites**

1. Community Health Centers (CHC)

Phase I surveys have been completed on all the potential sites, and a target list of sixteen CHCs with expressed interest has been compiled. Phase II surveys will define the desired telemedicine capacity at each site, the necessary equipment for that capacity, and the respective requirements of clinical and technical support.

2. Teleradiology in small rural community hospitals

The Alaska Small Hospital Performance Improvement Network (ASHPIN) is in the process of performing a needs assessment of the rural hospitals, developing a business plan resulting in a cost estimate of a teleradiology network at these hospitals and at least three of the larger community health clinics (in locations such as Dutch Harbor, Glenallen, and Talkeetna).

ASHPIN requested ATAC support when seeking funding, and to be included in the telemedicine “loop” through participation in the Council meetings.

3. Teleradiology at Sites of the Federal Rural Sector

The proposal for the Federal partnership is for completion of the deployment of teleradiology to all Federal health facilities in Alaska, primarily rural, mid-level health centers. ATAC is supportive of this endeavor.

4. Private Provider Inter-Connectivity

Development of additional telemedicine inter-connectivity capability for private providers will further efforts for efficiency and access to health care.



BROADBAND VIDEO CONFERENCING

Enhancing this capacity would make possible the practice of several focus areas identified at the planning meeting: Telepsychiatry, Provider and Patient Education, and Rural Hospitals Emergency Support.

1. A Robust, Comprehensive Telepsychiatry Program Statewide

Telepsychiatry will require broadband video conferencing capability. It will meet several critical needs: psychiatry consultative support to community mental health centers, emergency psychiatric support to small rural hospitals, and enhanced in-state psychiatry capacity in various institutions, making it possible to begin bringing home 400+ patients who are receiving psychiatric services out of state.

API is currently targeted to provide clinical support for this effort for South Central Alaska and North. Bartlett's psychiatric service has expressed interest in serving as a hub for Southeast Alaska. Resource requests will be presented to our congressional delegation in partnership with the Alaska Mental Health Trust Authority.

2. Improving Capacity for Telehealth Skills Training for Providers, especially through Distance Learning Methods

Various programs from the University of Alaska, Alaska Pacific University and the Alaska Vocational Technical Center (AVTC) are now delivering distance education. The Distance Education Consortium facilitates this effort. To date no efforts have been made to use these methods for health education, health provider clinical training or Telehealth skill training.

In partnership with the Norton Sound Health Corporation, the Distance Education Consortium has submitted a grant proposal for distance CHA/P training, maintaining required health aide CME's, board training and small conferences, hazard communication training for new village staff; chronic disease patient education (e.g., diabetics), and injury prevention training.

3. State Emergency Rooms (stat) Video Conferencing

There is an effort underway initiated by the Maniilaq Association to have video conferencing initially with the ANMC ER. This request was prompted by at least four cases in the last six months when the Kotzebue physicians could have used "over the shoulder" consultation from ANMC specialists on an emergency basis. It is anticipated that this capacity would be acquired by most if not all rural emergency rooms.

4. Improving the Capacity of Rural Providers to Enroll and Bill for Telemedicine Services

Programs that are now engaged in telemedicine are not effectively or efficiently billing for telemedicine services. Reports from the State Medicaid program reveal little reimbursement activity for this service. Effective telemedicine billing systems are not in place, even at the Alaska Native Medical Center which experiences a high volume of telemedicine activity. This is a recognized problem among the telemedicine clinical providers.

5. Maintain ATAC as a forum for coordination, advocacy, and creating partnerships; secure continued funding for ATAC.

ATAC will continue as it has operated. In cooperation with the State, an updated website will be initiated in addition to its annual reports. Consideration of a more formalized ATAC will continue to be considered.



ATAC members and associates at the Alaska Native Heritage Center - April 14, 2004

2004 - the Year in Review

Summary of Telehealth Activities in Alaska

Telemedicine

In some areas of the state telemedicine is now just a part of the daily practice of medicine and is considered an essential service.

As of August 26, 2004, 700 providers from around Alaska have been involved with using the AFHCAN telemedicine. These have been store-and-forward cases. They total 18,808 clinical cases. For a complete report, see AFHCAN Update 2004 in this report.

Telepsychiatry

The Alaska Psychiatric Institute (API) has taken the lead in providing Telepsychiatry consultation with a focus on small, rural mental health clinics. API has received funding assistance from the Alaska Mental Health Trust Authority. Operational telepsychiatry programs are now in place in Fort Yukon, Galena, and the Tanana Chiefs Conference in Fairbanks. There is also interest in the communities of Soldotna, Valdez and Bristol Bay.

In Southeast Alaska, the psychiatry program at Bartlett Hospital has provided itinerant clinics in Haines and Angoon and would like to augment these services with Telepsychiatry. Bartlett has telepsychiatry experience from previous participation in the Child Telepsychiatry program in Metlakatla.

Active discussions are underway for 24-hour Telepsychiatry emergency consultation to the States' emergency rooms and a combined consultant psychiatric team from Providence hospital and API.

Telepharmacy

Providing pharmaceuticals to the small village health clinics around the state has always been a challenge. There have been logistic issues with supply and, even a more important, patient safety and monitoring problems.

In the spring of 2003, the Alaska Native Medical Center (ANMC) and Southcentral Foundation (SCF) spearheaded a unique project. Working with the Eastern Aleutian Tribes, four villages were chosen to pilot remote drug-dispensing machines from two different telepharmacy corporations. After the nine-month pilot, the PickPoint FlexRx machine was chosen. Their machines have a capacity to hold up to 120 items and have a bulletproof glass front, looking very similar to common vending machines. They are accessible only by lock and key, or by remote computer access from the hub at the ANMC pharmacy. Expiration dates are tracked for every drug, and reports can be generated in real time. To date, the machines have been placed in 11 villages with another two in the near future. Eventually, all 40 remote Anchorage Service Unit villages will have this technology.

The PickPoint machines are stocked with a variety of acute and chronic medications, including narcotics. Representative drugs from a wide range of drug classes are available, enabling providers to begin or continue therapy for different disease states. The medications vary according to location and can be easily changed. The machines have a variety of sizes of coils that can be modified to hold any medication. The staff at each clinic

stock their machine with drugs sent from ANMC. Each bottle of medication that is sent out has a barcode and must be scanned before putting it into the machine. Once scanned, the PickPoint terminal on the village clinic end tells them in which slot to put the drug. There is a technician in Anchorage who takes care of all of the ordering. Replenishment reports can be generated in real time and drugs are sent as soon as they reach a pre-defined low level. All outgoing orders are reviewed on a daily basis and checked for inconsistencies. If there are any discrepancies, the clinic is immediately called. This makes drug diversion unlikely.

With the advent of direct pharmacist care, tribes are now able to bill for medications. Pharmacists are now able to control inventory much more tightly than ever before. This has resulted in cost savings, and helps prevent drug diversion. Medications are now locked in a secure area and pharmacists have control over stock amounts and outdates. Most importantly, there is a decreased potential for medication errors by having direct pharmacist oversight of every prescription, and the system gives each patient the ability to talk to a pharmacist.

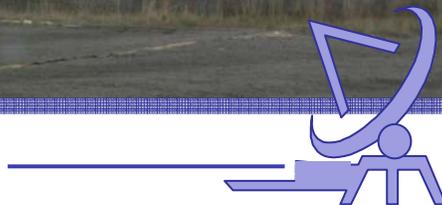
Teleradiology

Teleradiology in both the public and private sector has been successful and financially sustainable. Previously remote hospitals had an itinerant radiologist visit several times a month and official readings of films were done by “snail mail”. Now, same-day readings are done at reduced cost. Following are the numbers of films read, and the consulting radiology site:

RADIOLOGY GROUP	SERVICE AREA	YEAR	# OF READINGS
Open Imaging Wasilla	Kotzebue		Not Avail.
Mt Edgecombe Radiology	Clinics in Juneau, Haines, and Klawok	FY 04	Plain films ~4600
Private Radiologist in Ohio	YKHC Hospital SEARHC Hospital	2003	Plain films - 17,360 Ultrasounds - 1293
Anchorage Radiology Associates	Valdez, Cordova, Seward	2004	Plain films ~ 12,168
ANMC	Dillingham, Barrow; Clinics at McGrath St Paul, King Cove, Akutan, Togiak	FY 04	Plain films 9261



158 sites (67%) are staffed by Community Health Aides/Practitioners.



Geriatric Telemedicine

Telemedicine in nursing homes became available in January of this year. On the first and third Mondays of each month, Providence Extended Care in Anchorage has geriatric telemedicine consultation with the Director of Geriatrics and staff psychiatrist at the University of Colorado Health Sciences Center.

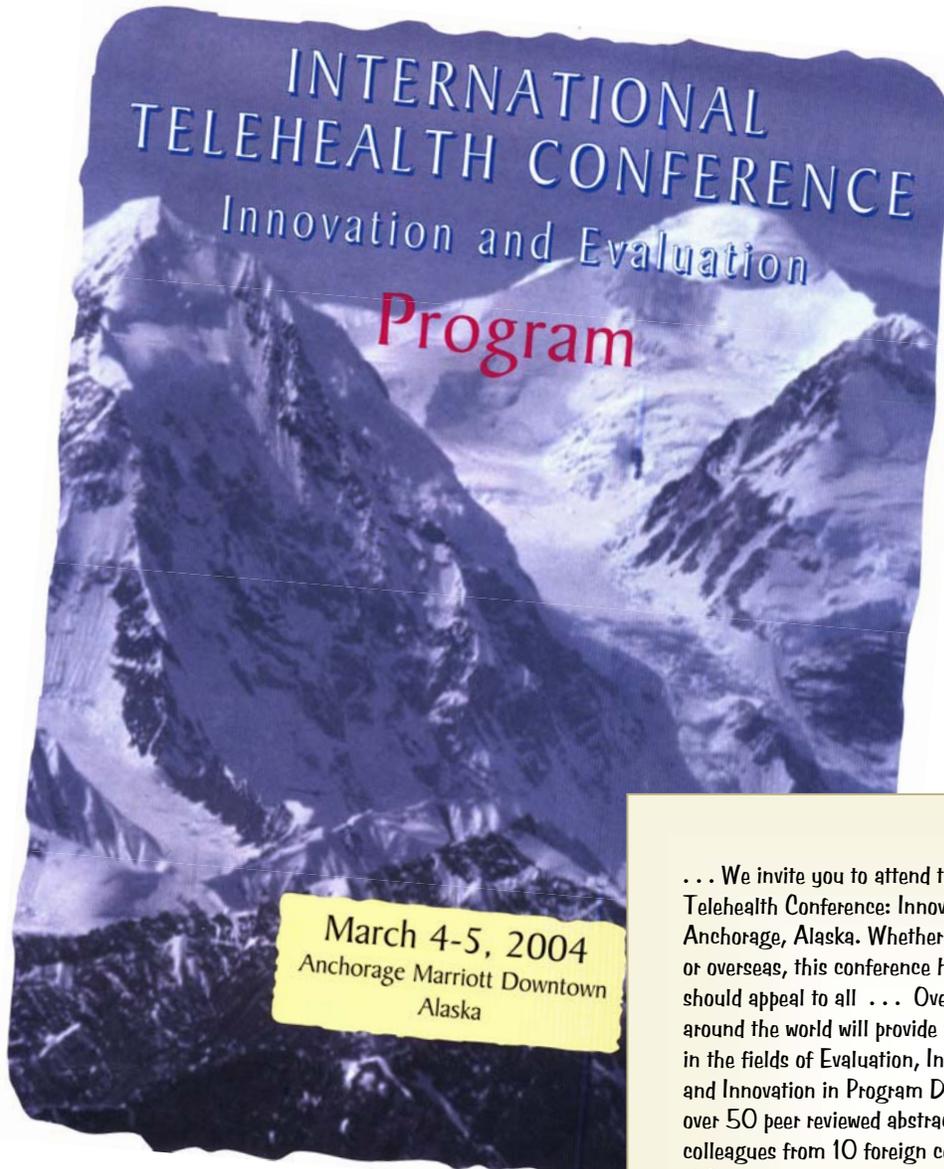
International Telemedicine

In October of 2003 at the international meeting of the Arctic Council in Akureyri, Iceland, Paul Sherry, the ANTHC CEO, proposed to the far north Russian delegation a cooperative agreement for the development of telemedicine in their region. The following March, in conjunction with the International Telehealth Symposia, a delegation of Russian professionals made an introductory visit to Alaska and were able to visit the Maniilaq hospital and two other villages. Dr. Stewart Ferguson chaired a planning meeting of the AFHCAN and ATAC representatives, which resulted in an exploratory trip to the region in May and a visit from an Alaskan team in September. The Russian perspective of this visit and results can be found in "AFHCAN Initiative in Telemedicine in Russia."

International Telemedicine Symposia (see following story)

March 4-5, 2004
International Telehealth Conference
Anchorage, Alaska





... We invite you to attend the International Telehealth Conference: Innovation and Evaluation in Anchorage, Alaska. Whether you live in North America or overseas, this conference has a rich program which should appeal to all ... Over 20 leading experts from around the world will provide plenary talks on telehealth in the fields of Evaluation, Innovation in Clinical Care and Innovation in Program Development. In addition, over 50 peer reviewed abstracts will be presented by colleagues from 10 foreign countries and 20 different U.S. states.

... We are thrilled to be hosting this conference in snow-covered Anchorage, Alaska!



CO-CHAIRS:

Stewart Ferguson, PhD
Director, *AFHCAN*

Chris Patricoski, MD
Clinical Director, *AFHCAN*

First Telehealth Conference in Alaska Judged a Great Success

By Stewart Ferguson, PhD, Director, Alaska Federal Health Care Access Network, Chris Patricoski, MD, Clinical Director, Alaska Federal Health Care Access Network and Joaqlin Estus, Director, Public Communications and Marketing

Innovation and Evaluation, an International Telehealth Conference

Alaska's first International Telehealth Conference, held in downtown Anchorage on March 4th-5th, was a highly successful event. Organizers were delighted with the turnout of more than 260 participants from 25 different states, four Canadian provinces, and 11 other countries.

Coordinators attribute the high turnout to the quality speakers, international experts and state-of-the art telehealth equipment exhibit. The presentations were every bit as compelling and informative as participants hoped, judging by the evaluation comments.

Participants said the conference was "much more scholarly and rigorous than most," "excellent and directly relevant," and "very informative and helpful." One praised the benefits of hearing about "real-people cases, and the successes, as well as challenges and failures of programs." Another said, "Several presenters refreshingly stated that it's all about helping people."

That focus on the role of individuals, whether as technological innovators, care-providers, or patients, began with a review of the status and future goals for telemedicine in Alaska. It continued through discussions of evaluation and innovation of national and international programs.

Liz Connell, MBA, Legislative Assistant of Health Care for Senator Ted Stevens, described the history and evolution of telemedicine in Alaska. She emphasized the dedication and pioneer spirit of Alaskans in developing and using technology to provide outreach care.

Paul Sherry, Chief Executive Officer for Alaska Native Tribal Health Consortium, spoke on accomplishments of the past and future directions. He showed a brief video archive of Telehealth achievements that included a young and (always) dapper Senator Ted Stevens vowing to support telehealth technology for future generations.



International Telehealth Conference at the Anchorage Marriott - March 2004

Sally Brandel, MA, US Senior Arctic Official, US Department of State, underlined the importance of delivering medical care to remote stretches of the Arctic and health care as a collaborative effort among Arctic nations.

Another historical perspective came when a speaker compared the development of telemedicine to the evolution of change in the thinness of a pocket watch. That discussion on the curve of innovation was by Ronald S. Weinstein, MD, Director of the Arizona Telemedicine Program and President of the American Telemedicine Association.

Presenters on innovation in clinical care covered ways to use telemedicine in dermatology, tele-ophthalmology, in homes, in telepsychiatry, and as a high-tech entry point into the emergency room.

Sessions on innovation in programs offered a global view of successes and innovations in telehealth, including what it takes to provide a comprehensive telehealth program for servicing remote Northern Canada and to establish telehealth in the Balkans.

Iditarod musher Mike Williams gave a lunchtime presentation of the challenges of life in remote Alaskan villages. Williams runs the Iditarod Sled Dog Race as a musher who advocates for sobriety and positive lifestyle change.

At another lunchtime presentation, Smiley Shields shared his personal experiences that led him down the road of inventing technical monitoring devices. Shields is creator of the microscope and spokesperson for ClosetoInfinity.com.

For more information on the International Telehealth Conference, visit the web site at www.ruralhealthconference.com/telehealth <<http://www.ruralhealthconference.com/telehealth>>. For more information on the Alaska Federal Health Care Access Network (AFHCAN), call 907-729-2260 or visit www.afhcan.org.



International Telehealth Conference at the Anchorage Marriott - March 2004

ALASKA FEDERAL HEALTH CARE ACCESS NETWORK

AFHCAN

2004 Annual Report



AFHCAN ANNUAL REPORT - 2004

THE ALASKA FEDERAL HEALTH CARE ACCESS NETWORK (AFHCAN) HAS COMPLETED ITS SIXTH YEAR OF OPERATIONS TO IMPROVE ACCESS TO HEALTH CARE FOR FEDERAL BENEFICIARIES IN ALASKA THROUGH SUSTAINABLE TELEHEALTH SYSTEMS. FISCAL YEAR 2004 MARKED THE LAST YEAR OF A TWO-YEAR TRANSITION PHASE, AND WAS A YEAR OF CRITICAL CHANGES AS AFHCAN MIGRATES FROM A PROJECT TOWARDS A MATURE TELEMEDICINE BUSINESS.

System Utilization

Usage of the AFHCAN telemedicine software grew steadily in FY04. 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 to 18,651 on 9/19/04. Similar to previous years, the majority of the cases were related to primary Care, audiology, ENT, dermatology, and cardiology. However, this year saw a significant growth in the number of other clinical services being served through telehealth.

The 50% growth in utilization in FY04 compared to FY03 was accomplished primarily through increased utilization at existing sites and improved support/training services offered by AFHCAN. Very few new sites were deployed this year compared to previous years.

Support and Training

Key factors in the growth of utilization are the increased support and training services now offered by AFHCAN to meet growing statewide usage and needs. AFHCAN now provides professional support services on a 24/7 basis and continues to expand clinical training both within Anchorage and at customer sites.

Significant time and effort has gone into policy and procedure documentation related to support activities - especially focused on coordination between customer support desk, production support, and dispatch and telehealth coordinators. The AFHCAN Support team now actively contacts most, if not all sites every three months to provide support. The three-person call center handles approximately 600-700 calls every quarter with a "first call resolution" (meaning the problem is resolved in the first call) approximately 50% of the time.

The AFHCAN Training team provides training to approximately 50-75 users every quarter, and is actively working to create a certification course for all users, trainers, installers, and system administrators. Training courses are offered regularly in Anchorage at the AFHCAN Offices and on-site at customer premises.

Product Development

FY04 is the first year that AFHCAN has not deployed software upgrades to the existing web-based application, choosing instead to focus all programming efforts on a significant redesign of the core telehealth software. The new software, slated for release to beta-test sites on January 10, 2005, will provide significantly greater security and performance - especially over satellite connectivity. This release will also allow providers to create cases when connectivity with the server fails.

This new platform - a true client-server enterprise solution - is designed to enable AFHCAN staff to add features and capabilities faster and with greater stability. AFHCAN has doubled the size of the programming staff, hired a full time tester, and added a hardware engineer to the team.

AFHCAN is also redesigning the cart to utilize newer technology and support more peripherals. The current cart configuration supports four peripherals, and AFHCAN is developing five more peripherals in FY05 to be integrated into the software and added to the cart. These include tympanometers, spirometers, vitals sign monitors, stethoscopes, and home health peripherals.

AFHCAN/ANTHC is listed with the US Food and Drug Administration as a Medical Device manufacturer, and has listed the carts, software, and servers as medical devices. Few telehealth projects in the US have taken this approach. AFHCAN is working in compliance with the FDA Quality Systems approach for all current and future development efforts on hardware and software.

AFHCAN is also pursuing UL and CE certifications for the AFHCAN cart, a necessary step to move towards commercial sales in the United States and Europe respectively. AFHCAN is also pursuing a longer range goal of achieving ISO 9001/9002 certification.

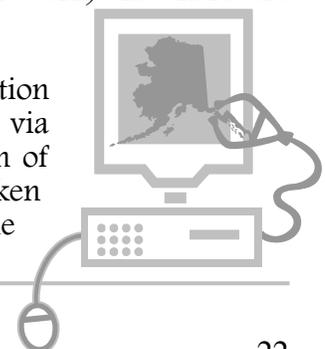
Clinical Care

Many projects, started in previous years, continued in FY04. Some of these projects were "pilot studies" or "validation studies" that are now beginning to demonstrate a return on investment.

The "traveling audiologist program," for example, grew from five clinics in FY03 to a total of 21 remote clinics and has now served 518 patients. This program, jointly supported by the ENT Department at ANMC and by AFHCAN, provides for a contract audiologist to travel to remote sites in Alaska to provide audiological services. The audiologist is trained to create ENT telemedicine cases consisting of clinical histories, images and audiological data. To date, this program has cost approximately \$40,000 and saved more than \$80,000 in patient travel. Most critically, approximately 75% of the patients received much faster access to care, and the 25% who did not need care were saved the expense of traveling to a regional specialty clinic. Based on the demonstrated success and clear business case, ANMC is currently considering offering this as an additional clinical service.

Leslie Neely RN, the case manager for the ENT Clinic in Kotzebue, noted that "Having Beverly LeMaster [audiologist] go out to the villages is a huge financial benefit. Beverly saw 20 patients a day in Selawik which saved us \$2400 in airfare alone, since those patients would have to be flown to Kotzebue for the same service. Since most of the patients she saw were minors, you can add on another \$2400 for a parent to accompany the child. On top of that, the child misses a day of school, the parent misses a day of work, and there are usually other children in the family whose care must be arranged."

In FY03, 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. The conclusion of this study was 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. This study is now being implemented with clinical protocols at regional and village locations. Maniilaq Association estimates it is saving them \$30,000 annually on travel costs.

AFHCAN continues to collect responses from providers to evaluation questions contained within the software. Providers agree or strongly agree that the quality of care provided to patients is improved in 85% of the telehealth cases. Providers also estimate that travel is being saved in 40% of the cases. Extrapolated over 9,000 cases in FY04, this amounts to savings in the range of \$1m to \$3m depending on the cost of round trip airfare and the need for guardians to accompany younger patients.

Strategic Planning

The AFHCAN Office participated in a seven month process – termed the “Framework for the Advancement and Sustainability of Telehealth” (FAST) – with the Alaska Federal Health Care Partnership. The goal was to devise a framework for developing a plan for the sustainability of “AFHCAN” systems. This process involved a detailed analysis of AFHCAN activities, costs, service delivery, product analysis, etc. The conclusion, reached in January 2004, was to develop 4 comprehensive plans:

- A Closure Plan for AFHCAN to end of the original four year project
- A Sustainability Plan to support sites with AFHCAN equipment if no future funding is available
- An ANTHC Telehealth Business Plan to form the AFHCAN Office into a business operation with the capability to take contracts outside the AFHCP with a new name, managed totally by ANTHC. The Wide Area Network – in this scheme – will be separately funded but completely managed within ANTHC / DIT.
- An AFHCP telemedicine plan for the future – to be developed by AFHCP

The first plan is a "Closure Plan" - designed to provide a scope of work, timelines and a budget to complete specific activities required in the original AFHCAN proposal. Essentially, this closes out the original "AFHCAN Project". This plan was approved in July 2004 by the Executive Committee of the Partnership, and is the basis for much of the FY05 AFHCAN activity. It was developed as part of a cost-effective solution to deploy significant upgrades and provide expanded products and services throughout the state of Alaska in FY05. The plan addresses the need to deploy all remaining equipment from the AFHCAN project, complete a USDA funded grant, provide support for the Wide Area Network in FY05, and provides partial funding to update AFHCAN servers and specific components on the AFHCAN carts.

Wide Area Network (WAN)

The wide area network (WAN) (developed as part of the AFHCAN project) is now managed under ANTHC's Division of Information Technology. The network continues to support AFHCAN Telemedicine and other store-and-forward technologies like teleradiology and telepharmacy. Additionally, the WAN is supporting an increasing amount of videoconferencing for telebehavioral health, Community Health Aide training, and administrative meetings.

ANTHC was awarded a 3-year, \$470,000 grant from the Department of Commerce, National Telecommunications and Information Administration Technology Opportunities Program (TOP). This grant will fund the Rural Alaska Video E-Health Network (RAVEN) - a

project that seeks to further develop videoconferencing infrastructure for real-time telehealth applications. This grant will be managed by the ANTHC Wide Area Network Group.

This state-of-the-art, secure network touches more than 160 federal sites throughout the state. ANTHC is working to interconnect a number of non-federal sites which have existing business and clinical relationships with Federal partners.

Funding

AFHCAN received funding in FY04 from the Indian Health Service (\$3,500,000) and Department of Defense (\$2,500,000).

The International Telehealth Conference

Many AFHCAN staff (and other DIT staff) were heavily involved in the planning for the International Telehealth Conference held March 4-5, 2004 in conjunction with the Alaska Rural Health and Primary Care Conference. The co-chairs were Stewart Ferguson and Chris Patricoski of AFHCAN. The two conferences were sponsored by thirteen Alaska organizations, the U.S. DHHS - Office for the Advancement of Telehealth, and the American Telemedicine Association.

The conference included nineteen keynote and plenary speakers from multiple countries and states. Turnout included more than 260 participants from 25 different states, 4 Canadian provinces, and 11 other countries. Feedback from participants was extremely positive, noting that the conference was “much more scholarly and rigorous than most,” “excellent and directly relevant,” and “very informative and helpful.” One praised the benefits of hearing about “real-people cases, and the successes, as well as challenges and failures of programs.” Another said, “Several presenters refreshingly stated that it’s all about helping people.”

AFHCAN staff coordinated numerous other meetings with the ITC, and brought in many outside experts to deliver presentations. These included a special ATAC session, an AFHCAN Integration Committee meeting, special sessions on evaluation, an Arctic Nations / Northern Forum meeting to discuss a joint venture in Russia, and a variety of private meetings and receptions.

The conference closed with a highly successful and enlightening trip for more than 20 participants above the Arctic Circle. The group that visited Kotzebue and two village clinics (Selawik and Kiana) represented a broad spectrum of expertise in global telehealth. The group included experts from multiple states (Alaska, Arizona, Hawaii, New Mexico, New York, Wisconsin, Tennessee, and Wyoming) and several countries including Australia, Taiwan, England, Kazakhstan and five visiting dignitaries from Russia with an interpreter.



Vendors, and exchange of “Shop Talk”



March 2004 - Four planes were chartered from Bering Air to transport 26 Russian delegates to Kiana and Selawik.

Business Growth

The AFHCAN Office is a partner in the "Telemedicine Cooperation Project" - an Arctic Nations project to share telehealth technologies and expertise with two regions in Russia. Following a visit to Anchorage by five Russian delegates in March 2004, AFHCAN / ANTHC and the Northern Forum signed Memorandums of Understanding with both the Khanty-Mansiysk Autonomous Okrug (Russia) and the Sakha Republic (Russia). AFHCAN staff completed on-site assessments with both Russian regions in September 2004, and are working with all partners in this project to develop a deployment and operational plan. Currently, AFHCAN expects to deliver modified AFHCAN technologies in Q1 2005 to four Russian villages and two regional centers, and to empower those sites to manage, maintain, and expand the system.

AFHCAN / ANTHC also signed a Memorandum of Understanding with Papa Ola Lokahi (Hawaii) - a consortium of Native Hawaiian Health Care Systems and public agencies mandated in the Native Hawaiian Health Care Improvement Act to implement Congressional policy as it relates to Native Hawaiian health. A major effort of Papa Ola Lokahi is developing the telemedicine, telehealth, mobile medicine, and distance learning



Delegates from the Int'l Telehealth Conf. 2004 (Russian and U.S.) who traveled to Kotzebue, Kiana & Selawik.

capacities of Native Hawaiian Health Care Systems and other health service providers providing health and wellness services to Native Hawaiians. The projects created within the framework of this Memorandum of Understanding are intended to build a network of specialists within native health systems who can communicate and assist each other in addressing telemedicine issues.

AFHCAN is actively involved in the transition from a grant-funded project to a solid business platform. AFHCAN has begun discussions with non-AFHCAN sites to expand products and services beyond the original "AFHCAN Project" customer base. This process is being driven with the addition of an AFHCAN Director of Sales and Marketing, and includes the development or redesign of costing / pricing models, service level agreements, sales and service contracts, bidding on commercial installation of telehealth systems, discussions with potential business partners, a makeover of the AFHCAN web site, development and deployment of demo kits, multi-language marketing and sales literature, and the provision of new services including application service provision.

For more information, contact:
AFHCAN Telehealth
Alaska Native Tribal Health Consortium
4000 Ambassador Drive, 3rd Floor
Anchorage, AK 99508
Phone: (907) 729-2260
Fax: (907) 729-2269
Email: afhcan @ afhcan.org
Website: <http://www.afhcan.org>

What's next

Sites currently using the AFHCAN system also will see significant improvements in 2005. The next generation of AFHCAN software will be released in Q1 2005 and deployed to sites as rapidly as possible. Providers will experience better performance and, most importantly, more rapid development of requested features. New clinical peripherals, currently being developed and integrated to the AFHCAN software and carts, will be deployed in 2005. This includes tympanometers, spirometers, colposcopes, vital sign monitors, dental cameras, and home health peripherals. The almost 300 carts throughout the state will also be upgraded to include newer technology. Funding from the US Department of Agriculture and support of the Alaska Federal Health Care Partnership is making this possible.

AFHCAN will continue to actively promote telehealth in Alaska during FY05, with programs focused on expanding clinical services, utilization, research, training, and support. AFHCAN is committed to maintaining a position as a market leader in innovative Store-and-forward telehealth solutions. New business opportunities will enhance the sustainability of this system, and deliver better products and services to all AFHCAN customers to improve access and quality of health care delivery.

American Telemedicine Association Award

AFHCAN was honored this year as the recipient of the President's Award from the American Telemedicine Association for substantial contributions towards the advancement of telemedicine. This award, sponsored by AMD Telemedicine and selected by a panel of distinguished experts in the field of medicine and technology, is the highest award bestowed by ATA to a program.



Visitors from New Mexico took great precautions against the cold – but clearly enjoyed the trip.



Dr. Michael Chen (from Taiwan) in Selawik.

Telemedicine International the Russian Exchange

SEVERAL MEMBERS OF THE AFHCAN TEAM LEAD BY STEWART FERGUSON, HAVE BEEN INVOLVED WITH TWO REGIONS OF NORTHERN RUSSIA. THE IDEA FOR SUCH AN EXCHANGE WAS SUGGESTED BY PAUL SHERRY, CEO OF THE ALASKA NATIVE TRIBAL HEALTH CONSORTIUM AT AN INTERNATIONAL MEETING IN ICELAND IN OCTOBER 2003. SINCE THEN, RUSSIAN DELEGATIONS FROM THE RESPECTIVE REGIONS WERE ABLE TO PARTICIPATE IN THE INTERNATIONAL SYMPOSIUM AND JOIN THE POST CONFERENCE TRIP TO KOTZEBUE. DR FERGUSON WAS ABLE TO MAKE AN INITIAL SITE VISIT IN MAY OF THIS YEAR AND A WORK DELEGATION WENT TO THE RUSSIA IN SEPTEMBER. WHAT FOLLOWS IS THE RUSSIAN REPORT OF THAT VISIT.

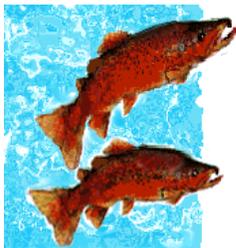
A delegation of Alaska (USA) healthcare experts made a working visit in Khanty-Mansiysk on September 14-17, 2004. The visit was made within the framework of the project “Cooperation in Telemedicine” of the International Association “The Northern Forum”.

The prehistory of the working visit:

The Khanty-Mansiysk Autonomous Okrug – Yugra is a member of the International Association “The Northern Forum” and has already been participating in its projects over a period of several years. The Northern Forum, in its turn, shows interest to the events in the Autonomous Okrug.

In 2003 an official delegation of the Khanty-Mansiysk Autonomous Okrug – Yugra visited Iceland. Director of Ugra Research Institute of Information Technologies Professor G.N. Erokhin, and Director of Compulsory Medical Insurance Foundation A.N. Patrikeyev were on the delegation. During that visit, the idea of a joint project on telemedicine arose and was discussed later at the meetings with The Northern Forum Executive Director, Priscilla Wohl.

The participants of the project named the Khanty-Mansiysk Autonomous Okrug – Yugra as “the most appropriate zone for the project application” because there is a telecommunication network necessary for its realization, high-power server on the basis of a supercomputer of Ugra Research Institute of Information Technologies, and also a wide experience in solution of social problems of the population living in a vast northern region.



In June 2004, in a meeting in URIIT (Khanty-Mansiysk), negotiations on the ways of the project realization were held. A Memorandum of understanding between the Khanty-Mansiysk Autonomous Okrug, the International Association “The Northern Forum” and Alaska Native Tribal Health Consortium. The goal of the Memorandum is to establish

mutually beneficial cooperation in implementing the most up-to-date information technologies achievements into the network of healthcare institutions of the Autonomous Okrug.

There was a decision made on placing telemedicine equipment in the villages of Troitsa and Sogom at the expense of The Northern Forum grant and developing unified software and a training course for the specialists of the Okrug who would maintain the supplied equipment. The dates of the second working visit for discussing technical problems were also determined. The visit took place on September 14-17.

A brief chronicle of the visit

The delegation which arrived in Khanty-Mansiysk consisted of the leading experts of Alaska Federal Health Care Access Network of Alaska Native Tribal Health Consortium: Stewart Ferguson (USA) Director of Health Care Access Network, Director on Operations Rachael La Bounty, Telemedicine System Coordinator Deborah Carr, Clinical Director Christopher Patricoski.

The experts from Alaska have vast experience in the field of telemedicine. According to the Press service of the Governor of the Khanty-Mansiysk Autonomous Okrug – Yugra, the Telemedicine System has been working there for six years.

The work on the second part of the project began at a meeting with N.L. Zapadnova, Deputy Chairman of the Government of the Khanty-Mansiysk Autonomous Okrug – Yugra on Issues of Social Policy. N.L. Zapadnova has interest in cooperation within the telemedicine project framework because it is very important for the Khanty-Mansiysk Autonomous Okrug – Yugra to improve medical service the population in remote areas, to carry out distance consultations and to utilize other advantages of Telemedicine. The principal directions of the cooperation were also determined at the meeting.

A detailed discussion of the project was held in Ugra Research Institute of Information Technologies, led by the director of the institute, Professor G.N. Erokhin. He is the coordinator of the project in the Khanty-Mansiysk Autonomous Okrug. The head of Healthcare Department of the Autonomous Okrug is M.B. Ignatiev, a doctor at the clinic hospital in the Okrug Mr. Belyavskiy and the representatives of the hospital also participated in the meeting.

The next point of the working visit was a trip to the village of Lugovskoye to see the local hospital and its work.

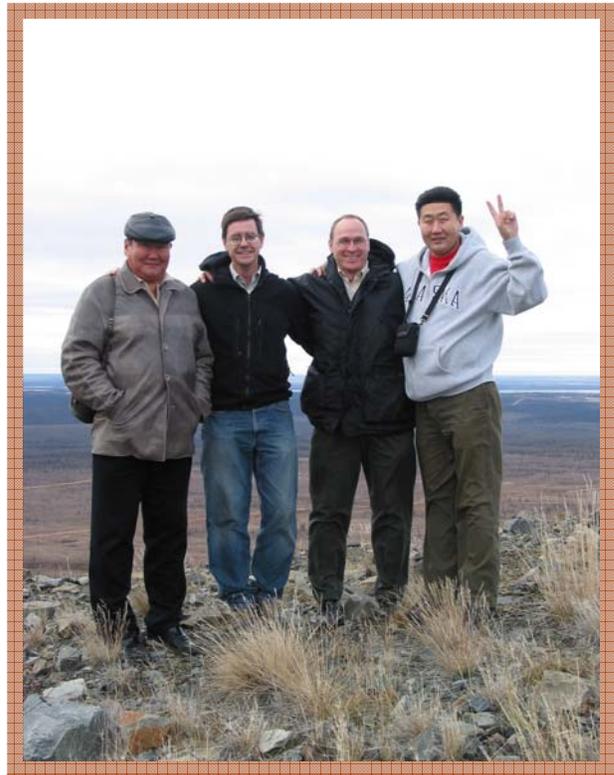
Some results of the working visit

The visit resulted in the signing of the agreement on two standard telehealth platforms (portable working stations with peripheral telemedicine equipment, called “AFHCAN carts”). The village of Lugovskoye and the hospital of the Okrug were chosen as the sites where the equipment would be installed.

The plan for the further actions of the experts from the both sides was outlined. The software actualization will be made taking into consideration the peculiarities of Yugra, a system for personnel training will be developed and other works done. The next meeting is to be held in the spring 2005.



Telecommunications center in a Khanty Mansiysk medical facility



Drs. Stewart Ferguson and Chris Patricocski (middle) with their Siberian peers.



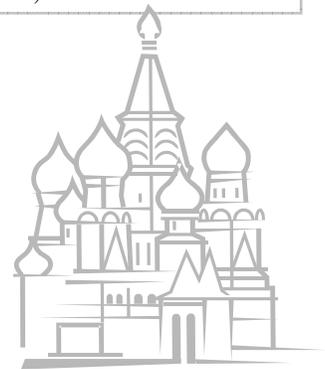
Telehealth Conference in Khanty Mansiysk



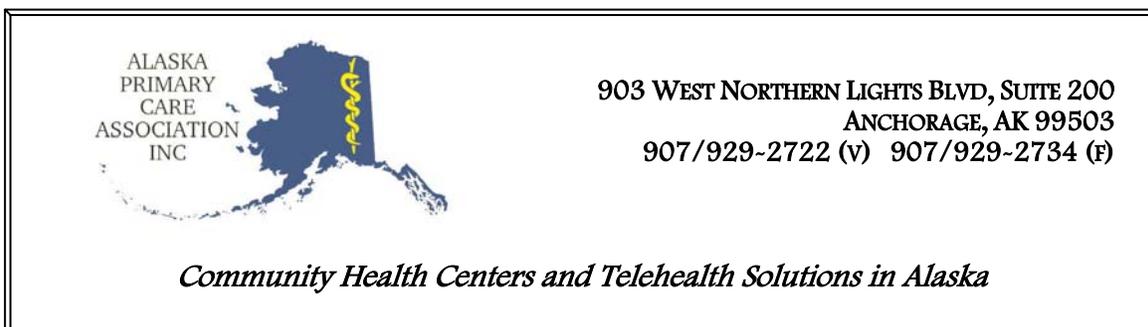
Intensive Care bed in hospital in the Sakha Republic, Russia.



The original hospital in Khanty Mansiysk



Telehealth Expansion to the Community Health Centers



Community Health Centers (CHCs), often referred to as “Section 330” or “HRSA” health centers, are funded by a federal grant program under Section 330 of the Public Health Service Act and are administered by the Health Resources and Services Administration (HRSA). Nationally, CHCs in 3500 sites provide comprehensive primary medical care to more than 13 million patients. With a track record of forty years of delivering quality, cost-effective primary care to those who need it most, the Community Health Center program has strong, broad bipartisan support.

Alaska is home to twenty-two organizations that receive 330 funding and, in return, operate 97 clinics under the CHC umbrella. About one in ten Alaskans receives services at a CHC, and one in six lives in an area served by a health center.

CHCs differ from traditional health care clinics in a number of ways. CHCs focus on improving the health status of the entire community as well as the health of individual patients. Comprehensive primary health care services are accessible to everyone, regardless of ability to pay, and are coordinated with other social services. In addition, CHCs are accountable to the community by involving community members and health center users in program planning and organizational governance. Ongoing assessment of community health needs, program development, and evaluation are all part of the focus on improving health outcomes for the whole community.

CHCs throughout Alaska adhere to the basic concepts of the CHC model, while shaping their programs to respond to their communities’ unique needs. Some centers are owned by private, non-profit organizations, others by a local public government, and some (11 of the 22) are owned and operated by tribal organizations. Some smaller sites are staffed by Community Health Aides and/or a mid-level provider, while those in urban areas are staffed by full-time physicians and dentists. Centers with patients in dispersed communities extend their reach through mobile or itinerant services.

Growth of CHCs in Alaska has been rapid and recent. Anchorage Neighborhood Health Center, funded in 1974, was the pioneering CHC in Alaska. In 1995, Interior Neighborhood Health Center in Fairbanks became the second CHC in the state. Over the next three years, the community health center family expanded to nine grantees with 29 service sites. Between 2002 and 2004, Frontier Health Initiative funding

added an additional twenty-two organizations operating sites in 97 communities statewide. As a testament to this amazing growth, in 2003, 287,450 patient visits were provided at Alaskan CHCs to nearly 64,500 people.

When telehealth and all its known possibilities were first discussed in Alaska, there was only one health center in the state, which was located in Anchorage. CHCs were in no way a significant player in rural health in Alaska. Thus, they were not included in the statewide telehealth services development and expansion strategy. However, the growing network of Alaskan health centers, almost all of which are located in rural and frontier areas now means that CHCs will be both a significant consumer of and potential resource for telehealth services in the state. CHCs have become an important part of the strategic development.

To support this development, ATAC contracted with the Alaska Primary Care Association (APCA) to complete a comprehensive site survey of sixteen non-tribal CHC and other safety net providers interested in expanding their capacity in telehealth. The survey, which is nearly complete at the time of this writing, has sought information regarding telehealth, existing technology infrastructure, training and connectivity needs, and specialty needs and referral requests. As part of the project, the APCA's budget and project plan (in conjunction with AFHCAN) is to outline costs for implementation and training in solutions needed to expand telehealth services to these clinics. A site evaluation will be conducted of each organization to determine the readiness for telehealth implementation.

Clinics included in the survey are located in Anchorage (two sites), Bethel, Delta Junction, Fairbanks, Glennallen, Gustavus, Healy, Kodiak, Naknek, Skagway, Soldotna, Talkeetna, Willow, Wrangell and Unalaska.

Upon completion of the survey and budget development expected in January 2005, the APCA looks forward to providing this information to ATAC, which is seeking funding for the expansion.



ALASKA NATIVE TRIBAL HEALTH CONSORTIUM SUMMATIVE TELEMEDICINE EVALUATION PROJECT

An evaluation of the effectiveness of the AFHCAN project was conducted by the University of Alaska's Center for Human Development, which was funded by The Federal Office for the Advancement of Telemedicine. This project began in November 2003, and is presently in the process of the final draft as this report is being written.

Methodologies included key informant interviews (early leaders in the development of modern telemedicine in Alaska), a provider survey of 45 organizations representing 274 sites, a business survey of 145 health organizations who received AFHCAN funding, and a technology survey of 87 technicians throughout the State involved with this project.

The emphasis on telemedicine in clinical practice varied throughout the State. Some regional health programs have incorporated telemedicine into their daily practice of medicine, while others, due to difficulties with local telephone networks, do not yet have telemedicine capacity within their regional hubs.

The response rates to the surveys ranged from 32 to 56 percent.

Key findings include:

- ✓ 60% of provider indicated that telemedicine is a valued resource,
- ✓ 79% said that telemedicine changed the way health care was delivered, and if telemedicine disappeared, 64% said health care would be adversely affected,
- ✓ 86% of the technology respondents said they were directly involved with telemedicine equipment operations, and
- ✓ 50% of the business respondents said that telemedicine has resulted in an increase in patient care and that it was highly valued.

The two biggest barriers to use of Telemedicine are connectivity and ongoing training.

The use of telemedicine is still evolving with additional applications becoming available in both Store & Forward and real time modalities.

For more information or a complete evaluation report, contact ATAC,
(907) 729-3682 or (907) 729-1936,
tnighswa@anmc.org or drodewald@anmc.org.



Alaska Distance Education Technology Consortium

October 2004

AT THE REQUEST OF U.S. SENATOR TED STEVENS, UNIVERSITY OF ALASKA PRESIDENT, MARK HAMILTON, CONVENED THE ALASKA DISTANCE EDUCATION TECHNOLOGY CONSORTIUM (ADETC) IN THE SUMMER OF 2000. THE CONSORTIUM IS AN EXECUTIVE GROUP OF POLICY MAKERS REPRESENTING HIGHER EDUCATION, K-12 EDUCATION, VOCATIONAL EDUCATION, MILITARY AFFAIRS, HEALTH EDUCATION, AND SEVERAL OTHER KEY STAKE HOLDERS.

At the January 2003 executive meeting, members approved the following mission for the consortium:

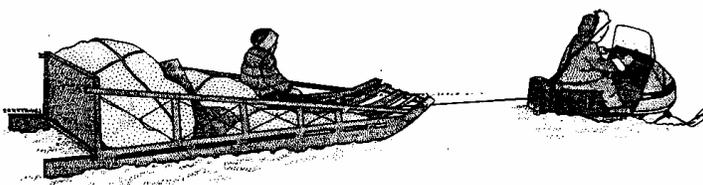
- I.* Develop a long-term distance education and technology strategic plan that effectively develops, coordinates, and expands distance education opportunities and Alaska's information technology infrastructure.
- II.* Determine the role of educators, telecommunication companies, community organizations,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

The year 2003 was very productive for the consortium. ADETC sponsored a distance education seminar in September. Thirty-five participants from member institutions presented best practices and lessons learned from the implementation of distance education programs in Alaska. We also invited Dr. Louis Fox, the director of the Washington Digital Commons, to present an overview of the Washington statewide initiative to meet the digital needs of all Washington citizens. These presentations led to discussions about equity in program deliverables, pedagogy and technology, assessment and instruction, and questions regarding sustainability and support.

At the close of the meeting, participants agreed to pursue three collaborative projects this year.

- ✓ First, we would like to take initial steps toward establishing an Alaska Digital Commons.
- ✓ Second, we'd like to draw upon the extensive resources and expertise currently available in the state to provide shared professional development activities across institutions.
- ✓ Third, ADETC would like to implement an ongoing needs assessment process for determining the digital education needs for Alaskans.

These activities are explained in more detail in Section IV of this report.



↳ As a follow-up to the collaborative priorities established at the Distance Education seminar, ADETC sponsored a two-day work session in Fairbanks to develop detailed action plans for our work. Distance Education practitioners from member institutes participated in this intensive meeting. As a result of this work, there is a genuine spirit of collaboration and a shared mission among our members.

↳ The consortium has shifted from resource allocation and seeking funding, to reaching genuine collaboration between members to better serve the needs of Alaskans. That said, we are still seeking funding to support our work. Funding requests from members are included in this report, as well as a request for ADETC funding to continue to coordinate and support distance education in Alaska. ADETC is also seeking funding from private and public sources, such as the Foundation for the Improvement of Post-Secondary Education, the National Science Foundation, the Technology Opportunity Program, and the Rural Utilities Service.

↳ To create a blueprint for distance education in Alaska, ADETC conducted research projects this year. First, we conducted a survey of all distance education programs in Alaska (provided by Alaskan institutions).

We found that the University of Alaska is the most active provider of distance education at the post-secondary level. For the 2002-03 school year, there were a total of 38,558 credit hours in distance education courses (for three semesters, including summer). The university offers ten pathways to an Associate of Arts degree, five BA programs, nine Master's degree programs, and seven endorsement/credential programs through distance.

Four other ADETC post-secondary member institutions offer distance courses and/or programs (AVTEC, Ilisagvik, Sheldon Jackson College, and Alaska Pacific University). During the 2002-03 school year, 8,084 students (6% of the total K-12 student population) participated in distance education programs. Of these, 4,179 students participated in at least one distance education course. Approximately 15% of the K-12 participants were from small rural schools.

A total of 942 students participated in programs provided by out-of-state institutions. Since this area is rapidly evolving, the results of this data provide a snapshot of the programming available to Alaskans (see our 2003 Annual Report for the complete information).

↳ In addition to the distance education program survey, ADETC surveyed 302 rural communities to identify the service types and bandwidth levels for telecommunication connectivity. This project updated and expanded the study completed by the Denali Commission three years ago. In summary, the survey found that only 60% of the rural communities surveyed had residential access; of these communities, 70% had only dial-up access with a 56K connection speed. The data for tribal, municipal, and health center connectivity is similar. Although great progress has been made in recent years, there is still a dramatic digital divide between telecommunications access for rural and



urban communities in Alaska. The survey data is now available on a public website.

Additionally, the survey revealed a significant gap between the monthly rates that rural schools pay for telecommunications connectivity and the rates paid by urban districts. One conclusion drawn from this survey is that despite the recent progress made, developing the business model for telecommunication carriers to provide broadband access to rural communities is very difficult because of their small populations. ADETC will be working with the new Alaska Telecommunications User Group to find an equitable solution to the digital divide, one that benefits rural citizens while maintaining a healthy business climate for private carriers (see our 2003 Annual Report for the complete information).

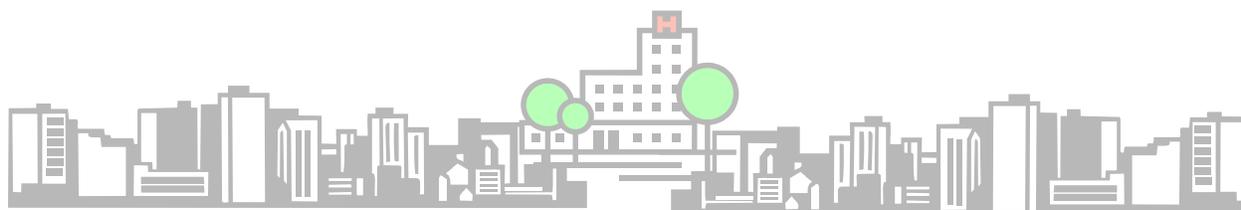
↳ There is a critical need for funding to support the development and coordination of distance education programs in Alaska. As part of our 2003 Annual Report, ADETC has made the following funding requests. All of the funding requests are from ADETC core member institutions.

1. ADETC, statewide projects 1,002,400
2. AVTEC, Connected Education Infrastructure 300,000
3. IC, Distance Education Support Program 283,000
4. SJC, Center for Alaskan Rural Education 300,000
5. APU, RANA sustainability plan 300,000
6. ASTE, professional development for distance educators 270,000
7. AO, middle school writing and math online 300,000
8. UA, distance education program development 300,000

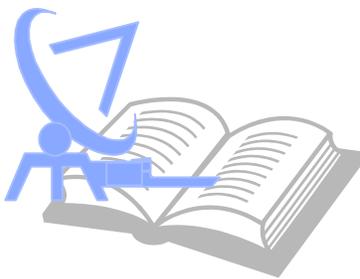
Total 2005 request \$3,055,400

(AVTEC - Alaska Vocational Technical Center; IC - Ilisagvik College; SJC - Sheldon Jackson College; APU - Alaska Pacific University; ASTE - Alaska Society for Technology in Education; AO - Alaska Online; UA - University of Alaska)

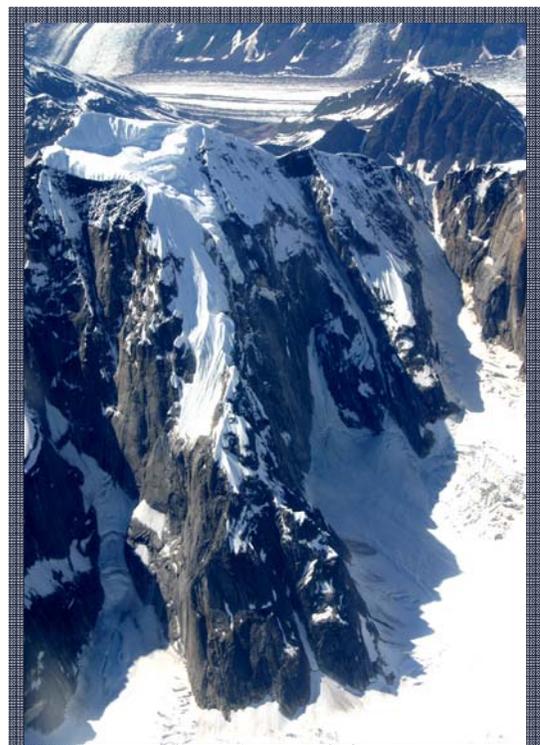
↳ In November 2003, ADETC conducted an evaluation of the consortium using an anonymous online survey tool. The evaluation by members was overwhelmingly positive, with all respondents indicating that participation in the consortium was beneficial to their organization. “One of the major benefits to our organization has been the opportunity to coordinate project activities with other institutions. These institutional connections fostered by participation in ADETC have expanded the educational options for our students and created an atmosphere of learning and sharing within the distance education community. Without ADETC, our organization operated in isolation, limiting educational experiences and technological growth.” Respondents also indicated that the meetings and consortium activities were worthwhile for participants. “The meetings were necessary and beneficial. We have been interested in cooperative endeavors with member institutions for quite some time. This seems to be a step in the right direction. No one institution can do it alone.” Sixty-six of the respondents rated the performance of the director as “excellent” while 33% rated the performance as “good.”



↳ During the spring of 2004, ADETC worked as a group to submit a collaborative proposal to the Technology Opportunity Program at the Dept. of Commerce. We also submitted a proposal to the National Science Foundation. Over the summer, a planning group worked on a draft of distance education standards for Alaska, as well as the plan for our fall meeting in September. The ADETC fall conference “A Digital Plan for Alaska” was held September 27-28, 2004 at the Millennium Hotel in Anchorage, Alaska. This conference was attended by 65 people representing 32 core and affiliate member organizations of ADETC. The conference hosted presentations by various members, work group sessions to tackle ADETC project needs and break-out sessions highlighting ADETC member projects over the last year.



Kongiganak



Mt. McKinley at 14,000 ft.



Alaska Telecommunications Users Consortium

WHO IS ATUC ?

ATUC is a non-profit organization with a statewide non-profit membership composed of K-12 schools, universities, health care organizations, libraries, research institutes, public broadcasting, municipal governments, and state government.

WHAT IS ATUC'S PURPOSE?

The mission of ATUC is advancing education, science, and government services, including health care, libraries, and public broadcasting, through sharing of advanced telecommunications resources.

WHAT DOES ATUC DO?

- PARITY - Like similar consortia in 42 other states, ATUC will be the organization for build-out of Internet2 connectivity across Alaska. Using capacity purchased from regulated and deregulated carriers, ATUC will be building a shared network - *AlaskaExpress* - in order to link Alaska non-profits to each other and to the national Internet2 community. Alaska is about 7 years behind the lower 48 in accomplishing Internet2 connectivity.
- SUSTAINABILITY - Like similar consortia in 42 other states, ATUC will be focused on accomplishing connectivity for its membership at affordable rates. Alaska schools and health care organizations are very dependent on the USF subsidies, and with the opening of the Telecommunications Act of 1996 in the coming session, Alaska non-profits need a collective voice.
- CONTENT AND COLLABORATION - In the long term, ATUC will be highly focused on content and collaboration within Alaska and with the national Internet2 community. As of October, 2004, more than 25,000 K-12 schools, libraries, and museums in 34 states have access to the Internet2 network, along with over 200 universities in all 50 states. These non-profits are actively sharing and developing content in education, health care, science, broadcasting, and many other areas.

ALASKA TELECOMMUNICATIONS USERS CONSORTIUM
P.O. Box 200009
ANCHORAGE, AK 99520
atuc@alaska.net <<mailto:atuc@alaska.net>>

Appendices

- A. Operating Budget
- B. Meeting Agendas
- C. Telemedicine Contacts ~ Directory
- D. Proposed Meeting Schedule 2005

Alaska Telehealth Advisory Council
Annual Report 2004

Alaska Native Tribal Health Consortium
4000 Ambassador Drive
Anchorage, AK 99508

ATAC Administrative: FY 05

Facilitator (Thomas Nighswander)	\$ 85,000
Administrative Support	28,000
Travel	12,000
Printing/Copying/Postage	10,000
Other (General, Dues, Catering, etc.)	12,562
Training - CME	1,000
Indirect (8%)	\$ 11,885
TOTAL	\$ 160,447

Note: In December, ATAC was notified that it had been awarded \$300,000 in program funds. This happened after the operating budget had been approved. The use of these funds will be the agenda for the January 18, 2005 ATAC budget meeting.



SCHEDULE AT-A-GLANCE

WEDNESDAY, MARCH 3, 2004

5:15pm Joint Reception: Alaska Rural Health & Primary Care and International Telehealth Conferences
Pre-Conference Area and Anchorage-Fairbanks Rooms

THURSDAY, MARCH 4, 2004

7:30am Continental Breakfast & Registration
Pre-conference Area

7:50am Kicaput Singers and Dancers
Anchorage-Fairbanks Rooms

8:00am Welcome Address and Opening Ceremony
Anchorage-Fairbanks Rooms

- Karen Perdue
- Liz Connell, MBA
- International Cooperation: The Value Added (Sally Brandel, MA)

8:30am Plenary Talk
Anchorage-Fairbanks Rooms

- Building a Successful Telemedicine Program (Ronald S. Weinstein, MD)

9:00am Break — Pre-Conference Area

9:15am Plenary Session — Telehealth in Alaska
Anchorage-Fairbanks Rooms

- Alaska Telehealth: Past, Present & Future (Paul Sherry, BS)
- AFHCAN: Innovation and Lessons Learned (A. Stewart Ferguson, PhD)
- The Value of Store and Forward Telemedicine (Chris Patricoski, MD)
- Developing Solutions for Delivering ENT Services to Rural Alaska (John Kokesh, MD)
- Technology Innovations Improving the Quality of Health Care (Eugene Smith)
- Telehealth: A Village Health Aide's Perspective (Elsie Dexter, CHP)
- Telehealth: An Itinerant Village Health Aide's Perspective (Hilary Toyukak, I-CHP)

10:45am Break — Pre-Conference Area

Exhibit Hall Opens
Juneau-Haines Rooms

11:00am Abstract Presentations: Telehealth in Alaska

- Session A — Denali Room
- Session B — Kenai Room
- Session C — Anchorage-Fairbanks Rooms
- Session D — Valdez-Skagway Rooms

Noon Lunch — Pre-Conference Area

1:30pm Plenary Session: Evaluation

- Evaluation: Where Do We Go From Here? (Donna Puskin, SoD)
- Assessment of Telehealth — Information for Users and Funders (David Hailey, PhD)
- Rhetoric, Reality and Practical Implications (Pam Whitten, PhD)
- Getting to the Heart of Telehealth: Knowing What Your Providers and Patients Want (Nina M. Antoniotti, RN, MBA, PhD)

3:30pm Break — Pre-Conference Area

Poster Set-up
Valdez-Skagway Rooms

4:00pm Abstract Presentations: Evaluation

- Session A — Denali Room
- Session B — Kenai Room
- Session C — Anchorage-Fairbanks Rooms

5:15pm Reception in Exhibit Hall
Juneau-Haines Rooms

5:30pm Poster Presentations with Authors Present
Valdez-Skagway Rooms

FRIDAY, MARCH 5, 2004

7:30am Continental Breakfast & Registration
Pre-conference Area

Exhibit Hall Opens
Juneau-Haines Rooms

7:45am Plenary Session: Innovation in Clinical Care (Part 1)
Anchorage-Fairbanks Rooms

- Tele dermatology: Today and Tomorrow (Karen Edison, MD)
- Teleophthalmology: A Quality Initiative, Current Status and Future Steps (Mark Horton, OD, MD)
- Innovations in Home Telehealth (Sam Burgess, PhD)

9:15am Break — Pre-Conference Area

9:30am Plenary Session: Innovation in Clinical Care (Part 2)
Anchorage-Fairbanks Rooms

- Telemental Health — The New Era (Linda Godleski, MD)
- Emergency Telemedicine: The High-Tech Point of Entry into the ER (David Ellis, MD, FACEP)

10:30am Break — Pre-Conference Area

11:00am Abstract Presentations: Innovation in Clinical Care

- Session A — Denali Room
- Session B — Kenai Room

Poster Display
Valdez-Skagway Rooms

Noon Keynote Lunch

- Challenges of Life in Village Alaska (Mike Williams)
- The Bumpy Road of Creativity (L. James (Smiley) Shields, PhD)

1:30pm Plenary Session: Innovation in Program Development
Anchorage-Fairbanks Rooms

- A Global View of Successes and Innovations in Telehealth (Mark VanderWerf)
- Telehealth and the Coordination of Care (Adam Darkins, MD, MPH, FRCS)
- Developing Telehealth Services in Rural and Northern Canada (Edward M. Brown, MD)
- From Berlin to Prishtina via Mars: Establishing Telemedicine in the Balkans (Rifat Latifi, MD, FASC)

3:30pm Break — Pre-Conference Area

4:00pm Abstract Presentations: Innovation in Programs

- Session A — Denali Room
- Session B — Kenai Room
- Session B — Anchorage-Fairbanks Rooms

Poster Display — Valdez-Skagway Rooms

4:00pm Exhibit Hall closes
Juneau-Haines Rooms

5:00pm Closing Ceremony and Prize Drawing
Anchorage-Fairbanks Rooms

5:30pm Conference Adjourns

Alaska Telemedicine VISION 2010

Alaska Telehealth Advisory Council

Wednesday, April 14, 2004

AGENDA:

10:00-10:15

Welcome and Introductions

Paul Sherry, Co-Chair

Joel Gibertson, Co-Chair

10:15-11:15

Background

Telemedicine in Alaska 2004

Tom Nighswander, Facilitator

New Directions for AFHCAN

Stewart Ferguson, Director

Overview of the Evaluation Project

Karen Ward, UAA, Center

for Human Development

11:15- 5:00

(Working lunch, noon)

Vision 2010

Bill Dann, Facilitator,

Professional Growth Systems

(Break 3-3:15)

2004 Telemedicine in Alaska

Alaska Telemedicine Vision 2010

Current Telemedicine
Activities Evaluation Results
AFHCAN Future Directions

WHAT: *Level of Service*
WHERE: *Priorities and Locations*
WHEN: *Timelines?*
RESOURCES: *How is it financed?*
PROCESS: *What is the Organizational Framework?*



ALASKA TELEHEALTH ADVISORY COUNCIL

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

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

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

Everett Anderson
Telealaska, Inc., Representative

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

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Health Affairs, University of Alaska

Alex Spector, Director
Department of Veterans Affairs

(Vacant)
Regulatory Commission of Alaska

Eric Wall, MD, Medical Director
Premera Blue Cross

Diane Toebe, RN
Alaska Nurses Association (Rep.)

STAFF

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

Doania Rodewald, Admin. Coordinator
Eva Quest, Admin. Support
Alaska Native Tribal Health Consortium

AGENDA

Tuesday, Oct. 5, 2004, 9:30 to 2:00p
VECO Board Room (Carr/Gottstein Building)
Alaska Pacific University Campus

Paul Sherry / Joel Gilbertson
Co-Chairs

9:30 Introductions

Pauls Sherry, CEO ANTHC
Joel Gilbertson, Commissioner of Health

9:45 eHealth Initiative

David Dieterich, COO
eHealth Initiative, Washington, DC

10:15 Russia/Alaska Initiative, Field
Report

Stewart Ferguson
ANTHC Telemedicine

10:45 Break

11:00 STATUS REPORTS

• Community Health Center
Expansion

Marilyn Walsh Kasmar
Primary Care Association

• Geriatric Telemedicine

Kelly Conright, MD
Medical Dir. Providence Extended Care

• Telepsychiatry Network

Ron Adler
Director, API

• Clinical Access Network

Jerome List

12:15 Working Lunch

Scott Christian, Distance Education
Consortium

12:30 Statewide Telemedicine Evaluation

Karen Ward, Director
Center for Human Development

1:00 ANTHC's new effort in Telehealth

Rich Hall
ANTHC

1:30 Vision 2010 – The work Grid

Paul Sherry / Joel Gilbertson
Co-Chairs

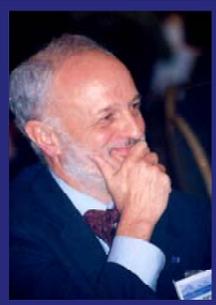
1:45 ATAC Budget Report

Tom Nighswander, MD
Telemedicine Facilitator

2:00 Adjournment

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ATAC ANNUAL REPORT 2004



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