Frequently Asked Questions

What is the West Virginia Telehealth Alliance?

The West Virginia Telehealth Alliance (WVTA) is a non-profit organization dedicated to advancing telehealth use and telemedicine capabilities throughout the Mountain State. Participants in the alliance include hospitals, rural health care centers, medical schools (WVU, Marshall, CAMC, W.Va. School of Osteopathic Medicine), physicians, mental health centers, local health departments, senior groups, consumers as well as AFL-CIO and the West Virginia Chamber of Commerce, and major telecommunications companies.

What is the mission of the alliance?

- Development of a statewide telehealth network infrastructure to enhance healthcare delivery with priority emphasis placed on rural medically underserved regions using telehealth/telemedicine technologies;
- Help rural locations have increased access to health care and supporting services while containing or decreasing healthcare costs;
- Aid in the dissemination of relevant information, training, and technical assistance to healthcare organizations and providers to assist them with the adoption, deployment and utilization of new and emerging telehealth technologies for patient treatment and care coordination;
- Increase use of distance learning in public health and medical care;
- Help spur the use, transmission and exchange of electronic medical records and
- Facilitate access to training for healthcare workers, medical professionals, and patient education in rural and medically underserved areas.

Who governs the West Virginia Telehealth Alliance?

A nine-member board of directors governs and administers the West Virginia Telehealth Alliance.

Are there committees or working groups of the alliance?

The alliance has established several working groups:

- **Technology/Network/Infrastructure**
    - This working group will focus on the technical/technological issues associated with an integrated telehealth network and associated broadband connection requirements.
        1. Develop the parameters and components of a network analysis RFP.
        2. Continue examination of capabilities (or lack thereof) of existing telehealth systems and networks.
        3. Fulfill technology and technical aspects of the FCC's Rural Health Care Pilot Program.

- **Telehealth Applications/Inventory**
    - This working group will focus on developing and sharing an inventory of telehealth systems and applications – both in-state and elsewhere.
        1. Develop an inventory of available telehealth applications and services.
        2. Identify key applications that could be more broadly used.
        3. Examine related public health issues to identify needs/deficiencies that can be resolved/mitigated via telehealth.
        4. Develop ways to get input on what telehealth services are needed.
- **Utilization/ROI-Reimbursement**
    - This working group will focus on analyzing issues associated with the utilization of telehealth systems and applications, as well as connecting with physicians and health care centers regarding ROI/reimbursement factors.
        1. Outline key issues and barriers that are hindering or hurting utilization of telehealth applications and systems among core user groups: physicians, health care centers, nurses, etc.
        2. Research ROI issues and develop possible remedies.
        3. Research and identify state laws and rules that may be impeding or hampering telehealth adoption or uses
- **Education/Training**
    - This working group will focus on how telehealth is being used and can be used to provide health education and health care training via distance learning and telehealth systems. This group also will focus on I2 aspects.
        1. Identify existing training and learning opportunities that can be incorporated and used as part of a statewide, integrated telehealth system.
        2. Develop an Internet2 plan for West Virginia's major health institutions.
- **Communications/Marketing/Web**
    - This working group will focus on developing a communications/marketing program to help educate and promote the use of telehealth applications, as well as develop the components of a telehealth web portal.
        1. Maintain a telehealth web portal.
        2. Develop a marcom plan among telehealth stakeholders and users.

What is the FCC's Rural Health Care Pilot Program?

The West Virginia Telehealth Alliance is one of 69 programs from across the U.S. that has been selected to participate in the FCC's Rural Health Care Pilot Program, and, as such, the WVTA is eligible to receive federal universal service funds over the next several years. The program is designed primarily for rural areas and aims to spur the creation of regional or statewide dedicated broadband health care networks and facilitate the use of telehealth applications/services and electronic medical records. In general, public or non-profit health care centers are eligible to receive discounted telecommunications services.

How much in federal universal funds will the WVTA receive?

The West Virginia Telehealth Alliance has been authorized to receive $8.4 million in federal funds, which requires a 15 percent match ($1.3 million). The funds will be provided on a cost-reimbursement basis and will enable the alliance to undertake two key efforts: 1) upgrading of broadband connections to hospitals and rural health centers all across our state and 2) providing Internet2 access for health care and health education purposes.

For what purposes can these funds be used?

These funds can be used for three key purposes:

1. reimbursement of the costs associated with the design, engineering and construction of broadband connections to eligible health care facilities and education centers;
2. reimbursement to eligible health care facilities and centers of the costs associated with advanced broadband connection fees; and
3. reimbursement of the costs associated with Internet2 connectivity to eligible centers, including medical teaching facilities.

None of the funds can be used for equipment, software or services (except for network design services and actual construction).

What is the time period for the FCC's pilot program?

The pilot program officially runs from July 1, 2007 to June 30, 2011. But, the FCC has granted a three-year extension (through June 30, 2013) to complete approved projects.

How many centers will benefit from this program?

Nearly 300 health care locations across the state will be among those that could benefit from funds provided as part of the FCC's Rural Health Care Pilot Program. In addition, the WVTA will be evaluating other opportunities, such as demonstration projects, to support the needs of additional eligible health care centers.

Who is eligible to participate in this pilot project?

Under the FCC's rules, these health care entities are eligible:

- Primary care centers (including mobile)
- Not-for-profit hospitals
- Teaching hospitals, medical schools, and post-secondary educational institutions offering health care instruction
- Dedicated ERs of rural for-profit hospitals that participate in Medicare
- Local health departments
- Non-profit psychiatric centers and non-profit behavorial health centers
- Free health care clinics
- VA hospitals

What entities are ineligible to participate?

The FCC has ruled that the following health care entities are ineligible under the pilot program:

- For profit hospitals/centers
- Physicians' offices/practices
- Nursing homes/long-term care facilities
- Hospices
- Pharmacies

What does a health care center have to do to participate in the RHCPP?

To be considered for participation, eligible entities will need to do the following:

1) Contact the West Virginia Telehealth Alliance and provide details on its telecommunications services, its health care network relationships and telehealth plans;
2) Sign a "letter of agency" (which is posted on the alliance's web site); and
3) Agree to provide the required financial match (15 percent).

Will some centers be given priority over others?

The WVTA board has established the following priorities in its plan:

- Use available funds to focus on long-term needs and encourage adoption of telehealth among rural health care centers, critical access non-profit hospitals and local health departments (that can demonstrate pressing needs); and
- Additional project priority will be given to existing or emerging networks and those who are prime candidates for demonstration opportunities/short-term outcomes.

A lower priority will be given to those locations seeking just broadband cost reductions or not outlining how they plan to use telehealth to improve care and services or be part of a health care network or have a telehealth relationship.

What are some of the key projects that will be undertaken by the WVTA?

WVTA Backbone Project (inter-carrier Metro/MPLS hub)

- Provide eligible health care centers with enhanced connectivity from among telecommunications providers operating in the state that are utilizing the MPLS protocol
- This will negate the need for health care facilities to change and build out entirely new circuits depending on the winning telco service provider and will facilitate connection to Internet2.

Dedicated Broadband Health Care Networks (among hospitals and clinics)

- To improve broadband connectivity to enable telehealth services and connections
    - Improve diagnostic capabilities and treatment options
- To have the appropriate level of advanced broadband connectivity to facilitate greater telehealth use and applications, as well as foster tele-training and educational opportunities
- To have dedicated virtual private networks to ensure security, reliability and connectivity
- To begin to interconnect these networks into a seamless, interoperable statewide dedicated broadband health care network not only for telehealth, but also for future needs such as advanced electronic medical record transmission and use
- Lay foundation needed for advanced electronic medical record transmission and sharing

Internet2 (for medical schools, teaching hospitals, researchers)

- Funds will permit integration of the facilities of various eligible hospital and healthcare networks with Internet2 via OARNet. Internet2 is a next generation (very high bandwidth) Internet backbone that is open to universities and research facilities on a membership basis.

What is Internet2?

Internet2 is a leading U.S. advanced networking consortium. Led by the research and education community since 1996, Internet2 promotes the missions of its members by providing both leading-edge network capabilities and unique partnership opportunities that together facilitate the development, deployment and use of revolutionary Internet technologies. Internet2 brings the U.S. research and academic community together with technology leaders from industry, government and the international community to undertake collaborative efforts that have a fundamental impact on tomorrow's Internet. Source: http://www.internet2.edu/

What are telehealth applications?

There are two uses, generally, or telehealth applications – clinical and non-clinical. Examples of real-time clinical telehealth include:

- Telemental health -- the use of videoconferencing technology to connect a psychiatrist with a mental health client
- Telerehabilitation
- Telecardiology
- Telestroke
- Teleneurology
- Telenursing
- Teleradiology
- Teledentistry

Clinical uses of telehealth technologies

- Transmission of medical images for trauma situations and diagnosis (often referred to as store and forward telehealth)
- Groups or individuals exchanging health services or education live via videoconference (real-time telehealth)
- Transmission of medical data for diagnosis or disease management (sometimes referred to as remote monitoring)
- Advice on prevention of diseases and promotion of good health by patient monitoring and followup.
- Health advice by telephone in emergent cases(referred to as teletriage)

Nonclinical uses of telehealth technologies

- Distance education including continuing medical education, grand rounds, and patient education
- Administrative uses including meetings among telehealth networks, supervision, and presentations
- Research
- Online information and health data management
    - healthcare system integration
    - asset identification, listing, and patient to asset matching, and movement
    - overall healthcare system management
    - patient movement and remote admission